NOTICE OF A REGULAR MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' FINANCE AND AUDIT COMMITTEE

THURSDAY, FEBRUARY 18, 2021
2:00 P.M.

505 CITY PARKWAY WEST, SUITE, 108-N
ORANGE, CALIFORNIA 92868

BOARD OF DIRECTORS' FINANCE AND AUDIT COMMITTEE
Isabel Becerra, Chair
Clayton Corwin
Scott Schoeffel

CHIEF EXECUTIVE OFFICER	CHIEF COUNSEL	CLERK OF THE BOARD
Richard Sanchez	Gary Crockett	Sharon Dwiers

This agenda contains a brief description of each item to be considered. Except as provided by law, no action shall be taken on any item not appearing on the agenda. To speak on an item, complete a Public Comment Request Form(s) identifying the item(s) and submit to the Clerk of the Board. To speak on a matter not appearing on the agenda, but within the subject matter jurisdiction of the Board of Directors' Finance and Audit Committee, you may do so during Public Comments. Public Comment Request Forms must be submitted prior to the beginning of the Consent Calendar, the reading of the individual agenda items, and/or the beginning of Public Comments. When addressing the Committee, it is requested that you state your name for the record. Address the Committee as a whole through the Chair. Comments to individual Committee Members or staff are not permitted. Speakers are limited to three (3) minutes per item.

In compliance with the Americans with Disabilities Act, those requiring accommodations for this meeting should notify the Clerk of the Board's Office at (714) 246-8806, at least 72 hours prior to the meeting.
The Board of Directors' Finance and Audit Committee Meeting Agenda and supporting materials are available for review at CalOptima, 505 City Parkway West, Orange, CA 92868, Monday-Friday, 8:00 a.m. – 5:00 p.m. These materials are also available online at www.caloptima.org. Board meeting audio is streamed live on the CalOptima website at www.caloptima.org.

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

1) **Listen to the live audio at +1 (213) 929-4212 Access Code: 361-538-456 or**
2) **Participate via Webinar at https://attendee.gotowebinar.com/register/3826007724211187 35 rather than attending in person. Webinar instructions are provided below.**

CALL TO ORDER
Pledge of Allegiance
Establish Quorum

PUBLIC COMMENTS
At this time, members of the public may address the Committee on matters not appearing on the agenda, but under the jurisdiction of the Board of Directors' Finance and Audit Committee. Speakers will be limited to three (3) minutes.

MANAGEMENT REPORTS
1. Chief Financial Officer Report

INVESTMENT ADVISORY COMMITTEE UPDATE
2. Treasurer's Report

CONSENT CALENDAR
3. Minutes
   a. Approve Minutes of the November 19, 2020, Regular Meeting of the CalOptima Board of Directors' Finance and Audit Committee
   b. Receive and File Minutes of the October 19, 2020 Regular Meeting of the CalOptima Board of Directors' Investment Advisory Committee

REPORTS
4. Consider Recommending CalOptima Investment Advisory Committee Membership and Chair Reappointments

5. Consider Recommending that the Board of Directors Authorize Modifications to CalOptima Operations Policies and Procedures

6. Consider Recommending that the Board of Directors Authorize Modifications to CalOptima Policy FF.4000: Whole-Child Model – Financial Reimbursement for Capitated Health Networks

7. Consider Recommending that the Board of Directors Ratify Budget Reapportionment Changes in the CalOptima Fiscal Year 2019-20 Capital Budget for Various Information System Capital Projects

8. Consider Recommending Board of Directors' Ratification and Authorization of Additional Unbudgeted Expenditures Related to Coronavirus (COVID-19) Member Vaccination Incentive Program

9. Consider Recommending Board of Directors' Ratification and Authorization of Expenditures Related to the Coronavirus Pandemic

10. Consider Recommending Board of Directors' Adoption of a Resolution Approving Updates to CalOptima Policy GA. 8058: Salary Schedule and Actions Related to Recommendations from Independent Compensation Consultant Grant Thornton

11. Consider Recommending Board of Directors' Adoption of Investment Policy Statement for CalOptima's 457(b) Deferred Compensation Plan

INFORMATION ITEMS

12. Introduction to the FY 2021-22 CalOptima Budget: Primer

13. Business Insurance Renewal for Policy Year 2021 Update

14. Request for Proposal for Investment Portfolio Manager

15. Risk Assessment and Internal Audit Update

16. December 2020 Financial Summary

17. CalOptima Information Security Update

18. Quarterly Operating and Capital Budget Update

19. Quarterly Reports to the Finance and Audit Committee
    a. Shared Risk Pool Performance
    b. Whole-Child Model Financial Report
    c. Health Homes Financial Report
    d. Reinsurance Report
    e. Health Network Financial Report
    f. Contingency Contract Report

COMMITTEE MEMBER COMMENTS

CLOSED SESSION

CS-1. Pursuant to Government Code Section 54956.8: CONFERENCE WITH REAL PROPERTY NEGOTIATORS
Property: 13300 Garden Grove Blvd, Garden Grove, CA 92843
Agency Negotiators: Justin Hodgdon, David Kluth, and Mai Hu, Newmark Knight Frank
Negotiating Parties: Young S. Kim and Soon Y. Kim
Under Negotiation: Price and Terms of Payment

ADJOURNMENT

How to Join

1. Please register for Regular Meeting of the CalOptima Board of Directors' Finance and Audit Committee on February 18, 2021 at 2:00 PM PDT at: https://attendee.gotowebinar.com/register/382600772421118735

2. After registering, you will **receive a confirmation email containing a link to join** the webinar at the specified time and date.

   Note: This link should not be shared with others; it is unique to you.

   Before joining, be sure to check system requirements to avoid any connection issues.

3. **Choose** one of the following **audio options:**

   TO USE YOUR COMPUTER'S AUDIO:

   When the webinar begins, you will be connected to audio using your computer's microphone and speakers (VoIP). A headset is recommended.

   --OR--

   TO USE YOUR TELEPHONE:

   If you prefer to use your phone, you must select "Use Telephone" after joining the webinar and call in using the numbers below.

   United States: +1 (213) 929-4212

   Access Code: 361-538-456

   Audio PIN: Shown after joining the webinar

1. Chief Financial Officer Report

Verbal Update

Back to Agenda

Board of Directors' Finance and Audit Committee
February 18, 2021

Quarterly Treasurer's Report
October 1, 2020, through December 31, 2020

Overview
To fulfill the requirements of Government Code section 53646, subdivision (b) and the 2020 Annual Investment Policy adopted by CalOptima's Board of Directors on December 5, 2019, the Treasurer submits this quarterly investment report for the period October 1, 2020, through December 31, 2020.

Meketa Investment Group, Inc., completed an independent compliance review of the monthly investment reports prepared by CalOptima's three (3) investment managers: MetLife, Payden & Rygel and Wells Capital. The review found that all investments were compliant with Government Code section 53600 *et seq*., and CalOptima's 2020 Annual Investment Policy.

Portfolio Summary
As of December 31, 2020, the market values of the Short-Term Operating and Restricted Reserve portfolios are as follows:

	Payden & Rygel	MetLife	Wells Capital	Total
Short-Term Operating	$382,334,811	$382,785,859	$381,929,694	$1,147,050,364
Board Designated Reserves				
Tier 1	$160,998,073	$159,847,291	$160,108,714	$480,954,078
Tier 2	--	$107,625,455	--	$107,625,455
Total	$543,332,884	$650,258,605	$542,038,408	$1,735,629,898

Six Month Cash Sufficiency
Based upon a review of forecasted revenues and expenses, CalOptima has sufficient cash on-hand plus projected revenues to meet its operating requirements for the next six (6) months.

Investments Compared to Reserve Policy
In accordance with CalOptima Policy GA.3001: Board-designated Reserve Funds, CalOptima shall maintain a minimum reserve level of one point four (1.4) months and a maximum of two (2) months in consolidated capitation revenues. The following provides a comparison of investments to the minimum and maximum level of Board-designated reserve funds as of December 31, 2020, demonstrating funds in excess to satisfy minimum requirements.

Back to Agenda

A) Board-designated Reserve Fund *(CalOptima Policy GA.3001)*

Reserve Name	Market Value	Benchmark		Variance	
		Low 1.4	*High 2.0*	*Low 1.4*	*High 2.0*
Tier 1 - Payden & Rygel	$160,998,073				
Tier 1 - MetLife	$159,847,291				
Tier 1 - Wells Capital	$160,108,714				
	$480,954,078	$322,707,512	$504,998,739	$158,246,566	($24,044,661)

B) CalOptima's Regulatory Compliance Requirements

Reserve Name	Market Value	Regulatory Compliance Requirements		Variance	
		TNE	*TNE*	*TNE*	*TNE*
Tier 2 – MetLife	$107,625,455	$102,638,683	$102,638,683	$4,986,773	$4,986,773
Consolidated:	**$588,579,534**	**$425,346,195**	**$607,637,422**	**$163,233,338**	**($19,057,888)**
Compliance Level	***1.94***	***1.40***	***2.00***	**-**	**-**

CalOptima continues to meet the minimum level of Board-designated reserve funds with a surplus of $163,233,338 as of December 31, 2020. At the end of December 2020, CalOptima's Board-designated reserve compliance level was 1.94.

Update on Fund Transfers
Pursuant to CalOptima Policy GA.3001: Board-designated Reserve Funds, CalOptima will monitor liquidity requirements for the next twelve (12) months and will transfer funds from Short-Term Operating to Board-designated reserves, if necessary.

Next Quarter's Cash Flow Forecast
CalOptima received final Calendar Year (CY) 2021 Medi-Cal rates from DHCS in December 2020. Most of the rate changes were anticipated and included in CalOptima's Fiscal Year 2020-21 Operating Budget.

DHCS also decided to postpone the transition of the Medi-Cal pharmacy benefit from managed care plans to the fee-for-service (FFS) program initially scheduled for January 1, 2021, to April 1, 2021. The annual impact to CalOptima's cash inflow and outflow will be approximately $600 million.

In January's capitation payment to CalOptima, DHCS included a $209 million Hospital Quality Assurance Fee (HQAF) payment for the Bridge Period (i.e., July 1, 2019 to December 31, 2020). Staff is still waiting for the distribution list from the California Hospital Association and plans to make payments to qualified hospitals in February.

No other changes in terms of inflow or outflow are foreseen for the upcoming quarter.

Back to Agenda

Attachment
Quarterly Investment Report – October 1, 2020, through December 31, 2020

Back to Agenda

MEKETA
INVESTMENT GROUP

CalOptima

Meeting Materials

January 25, 2021

Fund Evaluation Report

Agenda

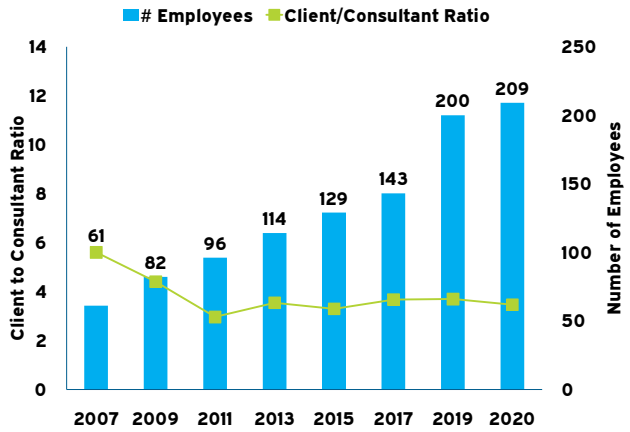
1. Corporate Update
2. 4Q20 Review
3. Quarterly Investment Report Supplement
4. Custom Peer Group
5. Performance Attribution
6. Appendices
    - Characteristics
    - Holdings
    - Economic and Market Update
    - Disclaimer, Glossary, and Notes

Meketa Investment Group
Corporate Update

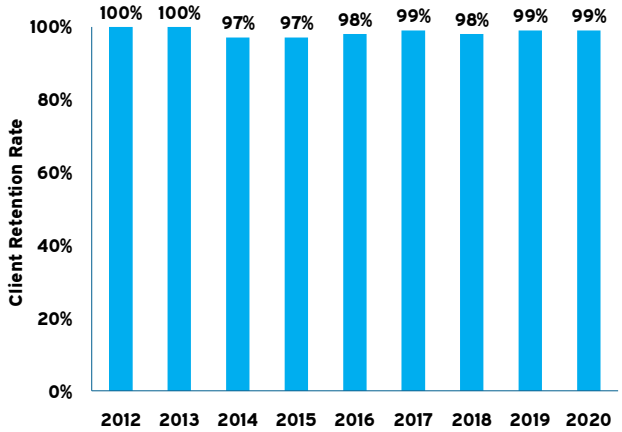
Back to Agenda

- Staff of 209, including 139 investment professionals and 41 CFA Charterholders
- 219 clients, with over 300 funds throughout the United States
- Significant investment in staff and resources
- Offices in Boston, Chicago, Miami, New York, Portland (OR), San Diego, and London
- We advise on $1.5 trillion in client assets
  - Over $125 billion in assets committed to alternative investments
    - Private Equity
    - Infrastructure
    - Natural Resources
    - Real Estate
    - Hedge Funds
    - Commodities

Client to Consultant Ratio[1]



Client Retention Rate[2]



Meketa Investment Group is proud to work for over 5 million American families everyday.

[1] On March 15, 2019, 31 employees joined the firm as part of the merger of Meketa Investment Group and Pension Consulting Alliance.
[2] Client Retention Rate is one minus the number of clients lost divided by the number of clients at prior year-end.

Asset Classes Followed Intensively by Meketa Investment Group

Domestic Equities

- Passive
- Enhanced Index
- Large Cap
- Midcap
- Small Cap
- Microcap
- 130/30

International Equities

- Large Cap Developed
- Small Cap Developed
- Emerging Markets
- Frontier Markets

Private Equity

- Buyouts
- Venture Capital
- Private Debt
- Special Situations
- Secondaries
- Fund of Funds

Real Assets

- Public REITs
- Core Real Estate
- Value Added Real Estate
- Opportunistic Real Estate
- Infrastructure
- Timber
- Natural Resources
- Commodities

Fixed Income

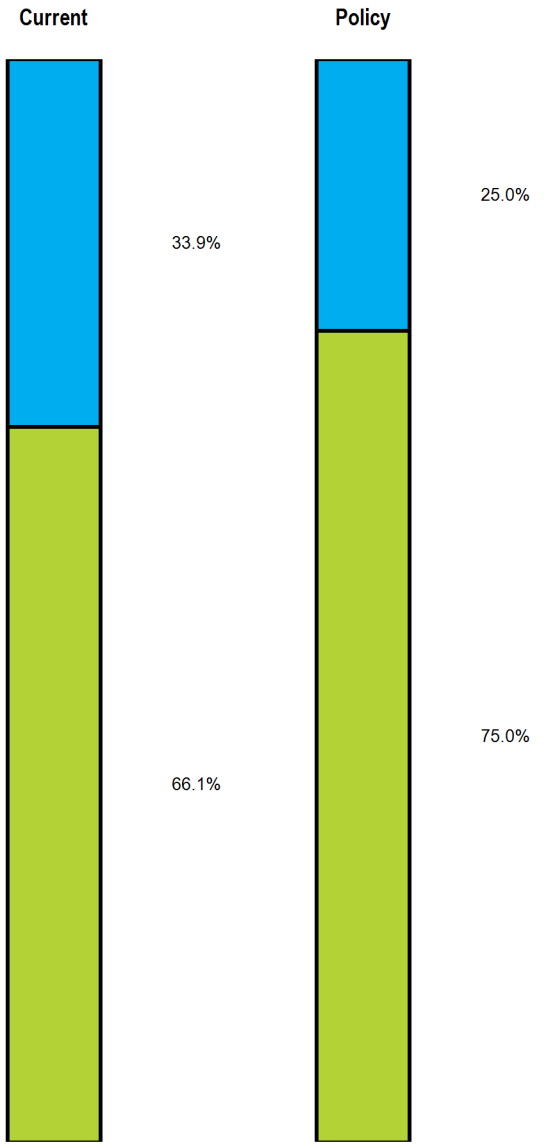
- Short-Term
- Core
- Core Plus
- TIPS
- High Yield
- Bank Loans
- Distressed
- Global
- Emerging Markets

Hedge Funds

- Long/Short Equity
- Event Driven
- Relative Value
- Fixed Income Arbitrage
- Multi Strategy
- Market Neutral
- Global Macro
- Fund of Funds
- Portable Alpha

4Q20 Review

Back to Agenda



Allocation vs. Targets and Policy	Current Balance	Current Allocation
Fixed Income	$588,579,534	34%
Cash	$1,147,050,364	66%
Total	**$1,735,629,898**	**100%**

Asset Allocation History
5 Years Ending December 31, 2020

Asset Class Performance Summary

	Market Value ($)	% of Portfolio	QTD (%)	Fiscal YTD (%)	1 Yr (%)	3 Yrs (%)	5 Yrs (%)	10 Yrs (%)	Inception (%)	Inception Date
Total Fund(Gross)	**1,735,629,898**	**100.000**	**0.121**	**0.341**	**2.066**	**2.369**	**1.820**	--	**1.534**	**Oct-14**
Total Fund(Net)			**0.101**	**0.300**	**1.983**	**2.285**	**1.740**	--	**1.450**	
Fixed Income(Gross)	**588,579,534**	**33.912**	**0.231**	**0.633**	**3.792**	**3.110**	**2.327**	--	**2.038**	**Oct-14**
Fixed Income(Net)			**0.209**	**0.588**	**3.701**	**3.022**	**2.241**	--	**1.974**	
ICE BofA 1-3 Yrs US Treasuries TR			*0.050*	*0.154*	*3.102*	*2.748*	*1.905*	*1.298*	*1.637*	*Oct-14*
Cash(Gross)	**1,147,050,364**	**66.088**	**0.065**	**0.189**	**1.089**	**1.887**	**1.510**	**0.825**	**1.939**	**Jul-99**
Cash(Net)			**0.046**	**0.150**	**1.009**	**1.806**	**1.430**	**0.725**	--	
FTSE T-Bill 3 Months TR			*0.025*	*0.057*	*0.580*	*1.563*	*1.159*	*0.604*	*1.714*	*Jul-99*

Trailing Period Performance

	Market Value ($)	% of Portfolio	% of Sector	QTD (%)	Fiscal YTD (%)	1 Yr (%)	3 Yrs (%)	5 Yrs (%)	10 Yrs (%)	Inception (%)	Inception Date
Total Fund(Gross)	**1,735,629,898**	**100.000**	**--**	**0.121**	**0.341**	**2.066**	**2.369**	**1.820**	**--**	**1.534**	**Oct-14**
Fixed Income(Gross)	**588,579,534**	**33.912**	**33.912**	**0.231**	**0.633**	**3.792**	**3.110**	**2.327**	**--**	**2.038**	**Oct-14**
ICE BofA 1-3 Yrs US Treasuries TR				*0.050*	*0.154*	*3.102*	*2.748*	*1.905*	*1.298*	*1.637*	*Oct-14*
Tier One: Payden Low Duration(Gross)	160,998,073	9.276	27.354	0.207	0.552	3.583	3.138	2.325	1.650	3.026	Jul-99
Tier One: Payden Low Duration(Net)				0.186	0.510	3.499	3.058	2.247	1.550	--	
ICE BofA 1-3 Yrs US Treasuries TR				*0.050*	*0.154*	*3.102*	*2.748*	*1.905*	*1.298*	*2.873*	*Jul-99*
ICE BofA 1-3 Yrs US Corp & Govt TR				*0.227*	*0.502*	*3.344*	*3.017*	*2.234*	*1.634*	*3.200*	*Jul-99*
ICE BofA 1-3 Yrs AAA-A US Corp & Govt TR				*0.124*	*0.298*	*3.231*	*2.900*	*2.088*	*1.507*	*3.086*	*Jul-99*
Tier One: MetLife STAMP 1-3 Year(Gross)	159,847,291	9.210	27.158	0.244	0.634	3.598	2.918	--	--	2.160	May-16
Tier One: MetLife STAMP 1-3 Year(Net)				0.224	0.593	3.513	2.841	--	--	2.080	
ICE BofA 1-3 Yrs US Treasuries TR				*0.050*	*0.154*	*3.102*	*2.748*	*1.905*	*1.298*	*1.839*	*May-16*
ICE BofA 1-3 Yrs US Corp & Govt TR				*0.227*	*0.502*	*3.344*	*3.017*	*2.234*	*1.634*	*2.152*	*May-16*
ICE BofA 1-3 Yrs AAA-A US Corp & Govt TR				*0.124*	*0.298*	*3.231*	*2.900*	*2.088*	*1.507*	*2.018*	*May-16*
Tier One: Wells Capital Reserve Account(Gross)	160,108,714	9.225	27.203	0.194	0.540	3.490	3.053	--	--	2.196	May-16
Tier One: Wells Capital Reserve Account(Net)				0.176	0.504	3.412	2.975	--	--	2.121	
ICE BofA 1-3 Yrs US Treasuries TR				*0.050*	*0.154*	*3.102*	*2.748*	*1.905*	*1.298*	*1.839*	*May-16*
ICE BofA 1-3 Yrs US Corp & Govt TR				*0.227*	*0.502*	*3.344*	*3.017*	*2.234*	*1.634*	*2.152*	*May-16*
ICE BofA 1-3 Yrs AAA-A US Corp & Govt TR				*0.124*	*0.298*	*3.231*	*2.900*	*2.088*	*1.507*	*2.018*	*May-16*
Tier Two: MetLife STAMP 1-5 Year(Gross)	107,625,455	6.201	18.286	0.300	0.888	4.855	3.439	2.671	--	2.089	Apr-13
Tier Two: MetLife STAMP 1-5 Year(Net)				0.268	0.824	4.724	3.310	2.543	--	1.962	
ICE BofA 1-5 Yrs US Treasuries TR				*0.018*	*0.144*	*4.250*	*3.320*	*2.333*	*1.788*	*1.743*	*Apr-13*
ICE BofA 1-5 Yrs US Corp & Govt TR				*0.366*	*0.790*	*4.646*	*3.702*	*2.794*	*2.237*	*2.130*	*Apr-13*
ICE BofA 1-5 Yrs AAA-A US Corp & Govt TR				*0.154*	*0.392*	*4.434*	*3.507*	*2.561*	*2.038*	*1.953*	*Apr-13*

Total Fund | As of December 31, 2020

	Market Value ($)	% of Portfolio	% of Sector	QTD (%)	Fiscal YTD (%)	1 Yr (%)	3 Yrs (%)	5 Yrs (%)	10 Yrs (%)	Inception (%)	Inception Date
Cash(Gross)	**1,147,050,364**	**66.088**	**66.088**	**0.065**	**0.189**	**1.089**	**1.887**	**1.510**	**0.825**	**1.939**	**Jul-99**
FTSE T-Bill 3 Months TR				*0.025*	*0.057*	*0.580*	*1.563*	*1.159*	*0.604*	*1.714*	*Jul-99*
Operating: Payden Enhanced Cash(Gross)	382,334,811	22.029	33.332	0.062	0.176	1.144	1.906	1.554	0.847	1.950	Jul-99
Operating: Payden Enhanced Cash(Net)				0.044	0.138	1.064	1.822	1.474	0.746	--	
FTSE T-Bill 3 Months TR				*0.025*	*0.057*	*0.580*	*1.563*	*1.159*	*0.604*	*1.714*	*Jul-99*
Operating: MetLife Enhanced Cash(Gross)	382,785,859	22.055	33.371	0.081	0.212	1.040	1.882	--	--	1.558	May-16
Operating: MetLife Enhanced Cash(Net)				0.060	0.170	0.955	1.796	--	--	1.473	
FTSE T-Bill 3 Months TR				*0.025*	*0.057*	*0.580*	*1.563*	*1.159*	*0.604*	*1.225*	*May-16*
Operating: Wells Capital Enhanced Cash(Gross)	381,929,694	22.005	33.297	0.051	0.178	1.064	1.876	--	--	1.527	Jun-16
Operating: Wells Capital Enhanced Cash(Net)				0.033	0.142	0.990	1.801	--	--	1.453	
FTSE T-Bill 3 Months TR				*0.025*	*0.057*	*0.580*	*1.563*	*1.159*	*0.604*	*1.243*	*Jun-16*

Asset Class Performance Summary

	Fiscal 2020 (%)	Fiscal 2019 (%)	Fiscal 2018 (%)	Fiscal 2017 (%)	Fiscal 2016 (%)	Fiscal 2015 (%)	Fiscal 2014 (%)	Fiscal 2013 (%)
Total Fund(Gross)	**2.901**	**3.191**	**1.221**	**0.754**	**0.842**	--	--	--
Total Fund(Net)	**2.815**	**3.107**	**1.147**	**0.666**	**0.778**	--	--	--
Fixed Income(Gross)	**4.416**	**4.064**	**0.582**	**0.427**	**1.775**	--	--	--
Fixed Income(Net)	**4.324**	**3.982**	**0.495**	**0.336**	**1.699**	--	--	--
ICE BofA 1-3 Yrs US Treasuries TR	*4.071*	*3.974*	*0.079*	*-0.108*	*1.307*	*0.876*	*0.765*	*0.328*
Cash(Gross)	**2.022**	**2.573**	**1.492**	**0.858**	**0.509**	**0.166**	**0.131**	**0.112**
Cash(Net)	**1.940**	**2.489**	**1.427**	**0.758**	**0.446**	**0.058**	**0.018**	**-0.023**
FTSE T-Bill 3 Months TR	*1.558*	*2.294*	*1.325*	*0.455*	*0.138*	*0.021*	*0.038*	*0.079*

Trailing Period Performance

	Fiscal 2020 (%)	Fiscal 2019 (%)	Fiscal 2018 (%)	Fiscal 2017 (%)	Fiscal 2016 (%)	Fiscal 2015 (%)	Fiscal 2014 (%)	Fiscal 2013 (%)
Total Fund(Gross)	**2.901**	**3.191**	**1.221**	**0.754**	**0.842**	--	--	--
Fixed Income(Gross)	**4.416**	**4.064**	**0.582**	**0.427**	**1.775**	--	--	--
ICE BofA 1-3 Yrs US Treasuries TR	*4.071*	*3.974*	*0.079*	*-0.108*	*1.307*	*0.876*	*0.765*	*0.328*
Tier One: Payden Low Duration(Gross)	4.313	4.239	0.695	0.583	1.461	0.893	1.048	0.534
Tier One: Payden Low Duration(Net)	4.230	4.167	0.615	0.508	1.388	0.783	0.933	0.399
ICE BofA 1-3 Yrs US Treasuries TR	*4.071*	*3.974*	*0.079*	*-0.108*	*1.307*	*0.876*	*0.765*	*0.328*
ICE BofA 1-3 Yrs US Corp & Govt TR	*4.185*	*4.302*	*0.265*	*0.336*	*1.581*	*0.901*	*1.246*	*0.861*
ICE BofA 1-3 Yrs AAA-A US Corp & Govt TR	*4.175*	*4.170*	*0.198*	*0.147*	*1.492*	*0.906*	*1.038*	*0.656*
Tier One: MetLife STAMP 1-3 Year(Gross)	4.192	3.544	0.842	0.478	--	--	--	--
Tier One: MetLife STAMP 1-3 Year(Net)	4.108	3.478	0.761	0.395	--	--	--	--
ICE BofA 1-3 Yrs US Treasuries TR	*4.071*	*3.974*	*0.079*	*-0.108*	*1.307*	*0.876*	*0.765*	*0.328*
ICE BofA 1-3 Yrs US Corp & Govt TR	*4.185*	*4.302*	*0.265*	*0.336*	*1.581*	*0.901*	*1.246*	*0.861*
ICE BofA 1-3 Yrs AAA-A US Corp & Govt TR	*4.175*	*4.170*	*0.198*	*0.147*	*1.492*	*0.906*	*1.038*	*0.656*
Tier One: Wells Capital Reserve Account(Gross)	4.236	4.223	0.425	0.403	--	--	--	--
Tier One: Wells Capital Reserve Account(Net)	4.153	4.145	0.353	0.330	--	--	--	--
ICE BofA 1-3 Yrs US Treasuries TR	*4.071*	*3.974*	*0.079*	*-0.108*	*1.307*	*0.876*	*0.765*	*0.328*
ICE BofA 1-3 Yrs US Corp & Govt TR	*4.185*	*4.302*	*0.265*	*0.336*	*1.581*	*0.901*	*1.246*	*0.861*
ICE BofA 1-3 Yrs AAA-A US Corp & Govt TR	*4.175*	*4.170*	*0.198*	*0.147*	*1.492*	*0.906*	*1.038*	*0.656*
Tier Two: MetLife STAMP 1-5 Year(Gross)	5.177	4.347	0.258	0.140	3.021	1.494	2.095	--
Tier Two: MetLife STAMP 1-5 Year(Net)	5.048	4.217	0.131	0.016	2.894	1.367	1.969	--
ICE BofA 1-5 Yrs US Treasuries TR	*5.254*	*4.903*	*-0.351*	*-0.532*	*2.426*	*1.376*	*1.157*	*-0.027*
ICE BofA 1-5 Yrs US Corp & Govt TR	*5.332*	*5.384*	*-0.156*	*0.134*	*2.649*	*1.344*	*2.000*	*0.718*
ICE BofA 1-5 Yrs AAA-A US Corp & Govt TR	*5.350*	*5.143*	*-0.220*	*-0.172*	*2.570*	*1.376*	*1.641*	*0.409*

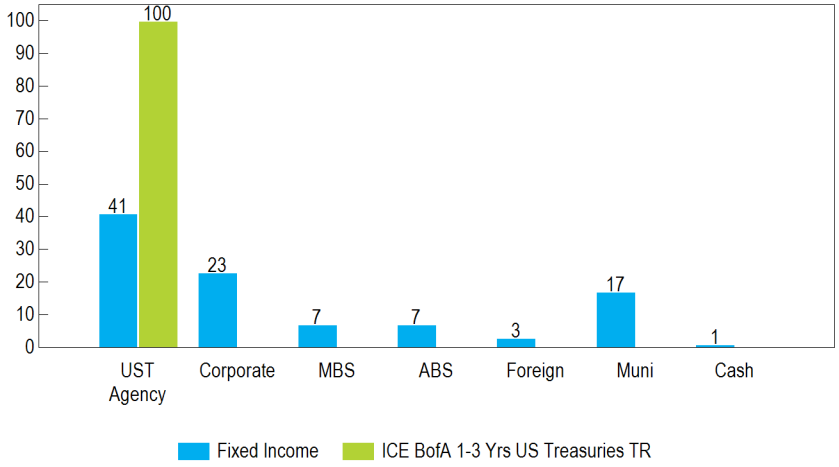
Total Fund | As of December 31, 2020

	Fiscal 2020 (%)	Fiscal 2019 (%)	Fiscal 2018 (%)	Fiscal 2017 (%)	Fiscal 2016 (%)	Fiscal 2015 (%)	Fiscal 2014 (%)	Fiscal 2013 (%)
Cash(Gross)	**2.022**	**2.573**	**1.492**	**0.858**	**0.509**	**0.166**	**0.131**	**0.112**
FTSE T-Bill 3 Months TR	*1.558*	*2.294*	*1.325*	*0.455*	*0.138*	*0.021*	*0.038*	*0.079*
Operating: Payden Enhanced Cash(Gross)	2.049	2.597	1.580	0.887	0.573	0.166	0.131	0.112
Operating: Payden Enhanced Cash(Net)	1.965	2.508	1.500	0.812	0.505	0.058	0.018	-0.023
FTSE T-Bill 3 Months TR	*1.558*	*2.294*	*1.325*	*0.455*	*0.138*	*0.021*	*0.038*	*0.079*
Operating: MetLife Enhanced Cash(Gross)	1.967	2.605	1.501	0.898	--	--	--	--
Operating: MetLife Enhanced Cash(Net)	1.881	2.519	1.416	0.814	--	--	--	--
FTSE T-Bill 3 Months TR	*1.558*	*2.294*	*1.325*	*0.455*	*0.138*	*0.021*	*0.038*	*0.079*
Operating: Wells Capital Enhanced Cash(Gross)	2.030	2.550	1.443	0.721	--	--	--	--
Operating: Wells Capital Enhanced Cash(Net)	1.953	2.474	1.370	0.649	--	--	--	--
FTSE T-Bill 3 Months TR	*1.558*	*2.294*	*1.325*	*0.455*	*0.138*	*0.021*	*0.038*	*0.079*

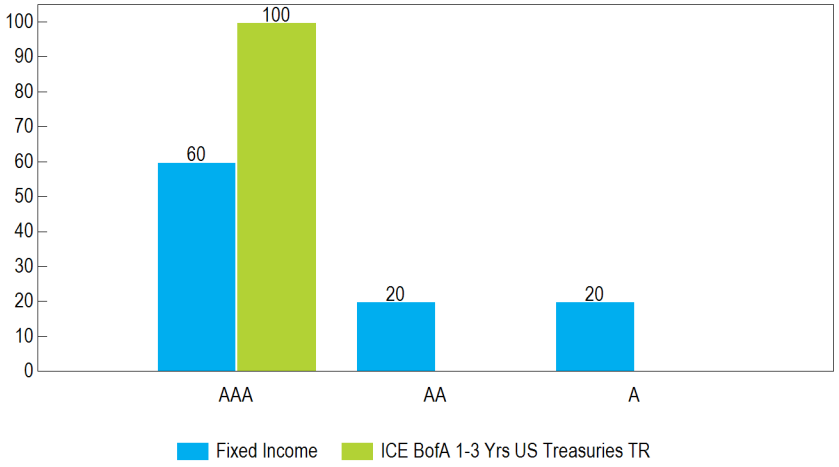
Asset Allocation on December 31, 2020	Actual	Actual
Tier One: Payden Low Duration	$160,998,073	27.4%
Tier One: MetLife STAMP 1-3 Year	$159,847,291	27.2%
Tier One: Wells Capital Reserve Account	$160,108,714	27.2%
Tier Two: MetLife STAMP 1-5 Year	$107,625,455	18.3%
Total	**$588,579,534**	**100.0%**

Fixed Income Characteristics vs. ICE BofA 1-3 Yrs US Treasuries TR	Portfolio Q4-20	Index Q4-20	Portfolio Q3-20
Fixed Income Characteristics			
Yield to Maturity	0.3	0.1	0.4
Average Duration	1.9	1.9	1.9
Average Quality	AA	AAA	AA

Sector Allocation



Credit Quality Allocation



Allocation weights may not add to 100% due to rounding.

Tier One: Payden Low Duration | As of December 31, 2020

Account Information

Account Name	**Tier One: Payden Low Duration**
Account Structure	**Separate Account**
Investment Style	**Active**
Inception Date	**7/01/99**
Account Type	**US Fixed Income Short Term**
Benchmark	**ICE BofA 1-3 Yrs US Treasuries TR**
Universe	**eV US Short Duration Fixed Inc Net**

Portfolio Performance Summary

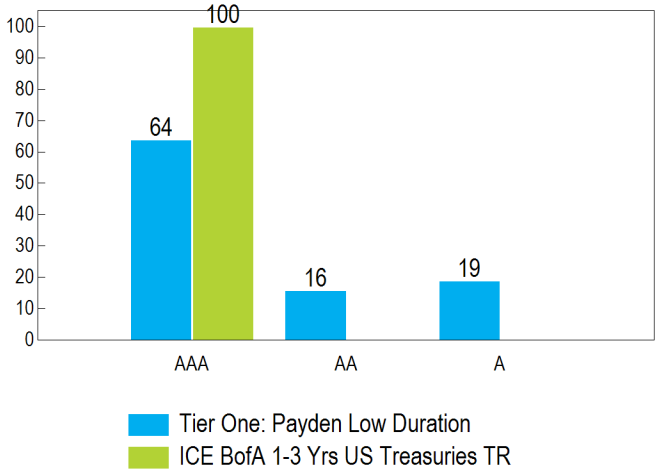
	QTD (%)	YTD (%)	1 Yr (%)	3 Yrs (%)	5 Yrs (%)	10 Yrs (%)	Inception (%)	Inception Date
Tier One: Payden Low Duration(Gross)	0.207	3.583	3.583	3.138	2.325	1.650	3.026	Jul-99
Tier One: Payden Low Duration(Net)	0.186	3.499	3.499	3.058	2.247	1.550	--	
ICE BofA 1-3 Yrs US Treasuries TR	*0.050*	*3.102*	*3.102*	*2.748*	*1.905*	*1.298*	*2.873*	*Jul-99*
ICE BofA 1-3 Yrs US Corp & Govt TR	*0.227*	*3.344*	*3.344*	*3.017*	*2.234*	*1.634*	*3.200*	*Jul-99*
ICE BofA 1-3 Yrs AAA-A US Corp & Govt TR	*0.124*	*3.231*	*3.231*	*2.900*	*2.088*	*1.507*	*3.086*	*Jul-99*

Tier One: Payden Low Duration Fixed Income Characteristics vs. ICE BofA 1-3 Yrs US Treasuries TR

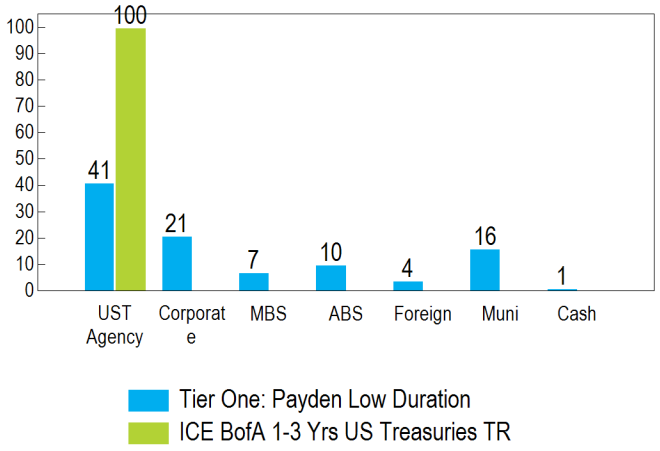
Fixed Income Characteristics	Portfolio Q4-20	Index Q4-20	Portfolio Q3-20
Yield to Maturity	0.34	0.13	0.41
Average Duration	1.87	1.91	1.89
Average Quality	AA	AAA	AA

Allocation weights may not add to 100% due to rounding.

Credit Quality Allocation



US Sector Allocation



Tier One: Wells Capital Reserve Account | As of December 31, 2020

Account Information

Account Name	**Tier One: Wells Capital Reserve Account**
Account Structure	**Separate Account**
Investment Style	**Active**
Inception Date	**5/01/16**
Account Type	**US Fixed Income Short Term**
Benchmark	**ICE BofA 1-3 Yrs US Treasuries TR**
Universe	**eV US Short Duration Fixed Inc Net**

Portfolio Performance Summary

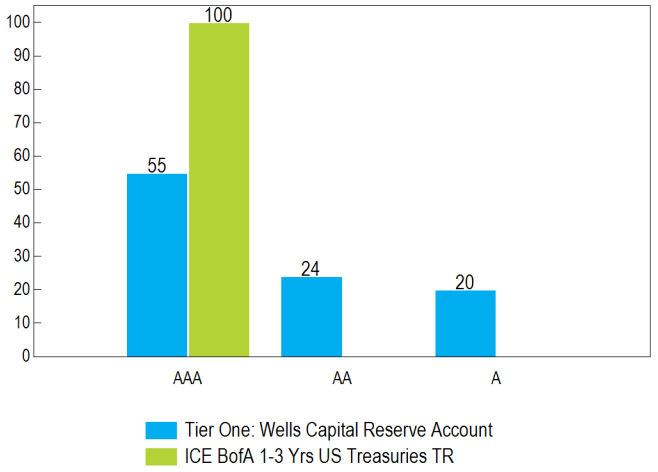
	QTD (%)	YTD (%)	1 Yr (%)	3 Yrs (%)	5 Yrs (%)	10 Yrs (%)	Inception (%)	Inception Date
Tier One: Wells Capital Reserve Account(Gross)	0.194	3.490	3.490	3.053	--	--	2.196	May-16
Tier One: Wells Capital Reserve Account(Net)	0.176	3.412	3.412	2.975	--	--	2.121	
ICE BofA 1-3 Yrs US Treasuries TR	*0.050*	*3.102*	*3.102*	*2.748*	*1.905*	*1.298*	*1.839*	*May-16*
ICE BofA 1-3 Yrs US Corp & Govt TR	*0.227*	*3.344*	*3.344*	*3.017*	*2.234*	*1.634*	*2.152*	*May-16*
ICE BofA 1-3 Yrs AAA-A US Corp & Govt TR	*0.124*	*3.231*	*3.231*	*2.900*	*2.088*	*1.507*	*2.018*	*May-16*

Tier One: Wells Capital Reserve Account Fixed Income Characteristics vs. ICE BofA 1-3 Yrs US Treasuries TR

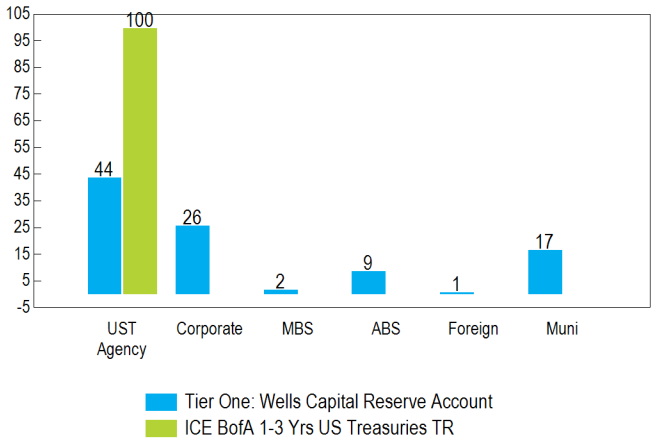
	Portfolio Q4-20	Index Q4-20	Portfolio Q3-20
Fixed Income Characteristics			
Yield to Maturity	0.27	0.13	0.31
Average Duration	1.67	1.91	1.70
Average Quality	AA	AAA	AA

Allocation weights may not add to 100% due to rounding.

Credit Quality Allocation



US Sector Allocation



Tier One: MetLife STAMP 1-3 Year | As of December 31, 2020

Account Information

Account Name	**Tier One: MetLife STAMP 1-3 Year**
Account Structure	**Separate Account**
Investment Style	**Active**
Inception Date	**5/01/16**
Account Type	**US Fixed Income Short Term**
Benchmark	**ICE BofA 1-3 Yrs US Treasuries TR**
Universe	**eV US Short Duration Fixed Inc Net**

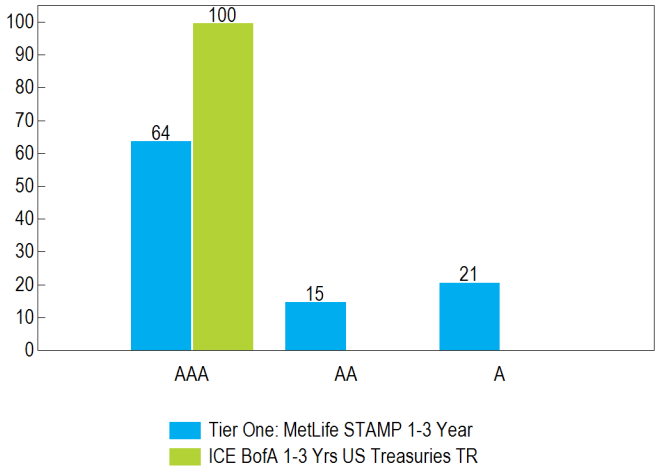
Portfolio Performance Summary

	QTD (%)	YTD (%)	1 Yr (%)	3 Yrs (%)	5 Yrs (%)	10 Yrs (%)	Inception (%)	Inception Date
Tier One: MetLife STAMP 1-3 Year(Gross)	0.244	3.598	3.598	2.918	--	--	2.160	May-16
Tier One: MetLife STAMP 1-3 Year(Net)	0.224	3.513	3.513	2.841	--	--	2.080	
ICE BofA 1-3 Yrs US Treasuries TR	*0.050*	*3.102*	*3.102*	*2.748*	*1.905*	*1.298*	*1.839*	*May-16*
ICE BofA 1-3 Yrs US Corp & Govt TR	*0.227*	*3.344*	*3.344*	*3.017*	*2.234*	*1.634*	*2.152*	*May-16*
ICE BofA 1-3 Yrs AAA-A US Corp & Govt TR	*0.124*	*3.231*	*3.231*	*2.900*	*2.088*	*1.507*	*2.018*	*May-16*

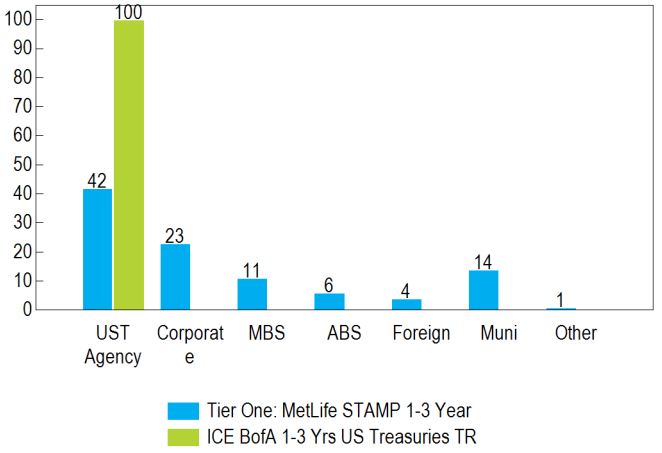
Tier One: MetLife STAMP 1-3 Year Fixed Income Characteristics vs. ICE BofA 1-3 Yrs US Treasuries TR

Fixed Income Characteristics	Portfolio Q4-20	Index Q4-20	Portfolio Q3-20
Yield to Maturity	0.37	0.13	0.44
Average Duration	1.69	1.91	1.58
Average Quality	AA	AAA	AA

Credit Quality Allocation



US Sector Allocation



Allocation weights may not add to 100% due to rounding.

Tier Two: MetLife STAMP 1-5 Year | As of December 31, 2020

Account Information

Account Name	**Tier Two: MetLife STAMP 1-5 Year**
Account Structure	**Separate Account**
Investment Style	**Active**
Inception Date	**4/01/13**
Account Type	**US Fixed Income Short Term**
Benchmark	**ICE BofA 1-5 Yrs US Treasuries TR**
Universe	**eV US Short Duration Fixed Inc Net**

Portfolio Performance Summary

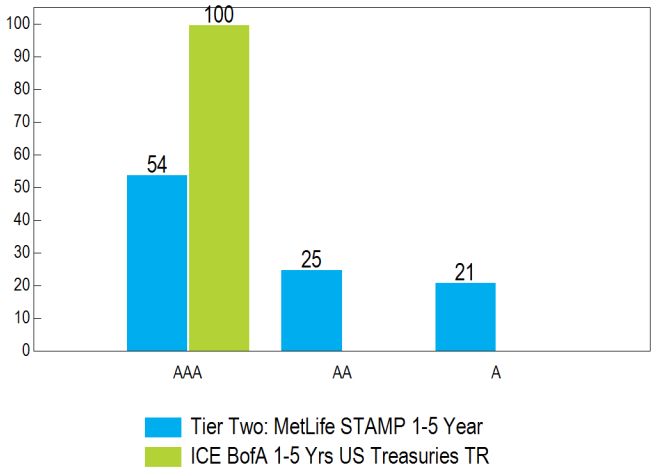
	QTD (%)	YTD (%)	1 Yr (%)	3 Yrs (%)	5 Yrs (%)	10 Yrs (%)	Inception (%)	Inception Date
Tier Two: MetLife STAMP 1-5 Year(Gross)	0.300	4.855	4.855	3.439	2.671	--	2.089	Apr-13
Tier Two: MetLife STAMP 1-5 Year(Net)	0.268	4.724	4.724	3.310	2.543	--	1.962	
ICE BofA 1-5 Yrs US Treasuries TR	*0.018*	*4.250*	*4.250*	*3.320*	*2.333*	*1.788*	*1.743*	*Apr-13*
ICE BofA 1-5 Yrs US Corp & Govt TR	*0.366*	*4.646*	*4.646*	*3.702*	*2.794*	*2.237*	*2.130*	*Apr-13*
ICE BofA 1-5 Yrs AAA-A US Corp & Govt TR	*0.154*	*4.434*	*4.434*	*3.507*	*2.561*	*2.038*	*1.953*	*Apr-13*

Tier Two: MetLife STAMP 1-5 Year Fixed Income Characteristics vs. ICE BofA 1-5 Yrs US Treasuries TR

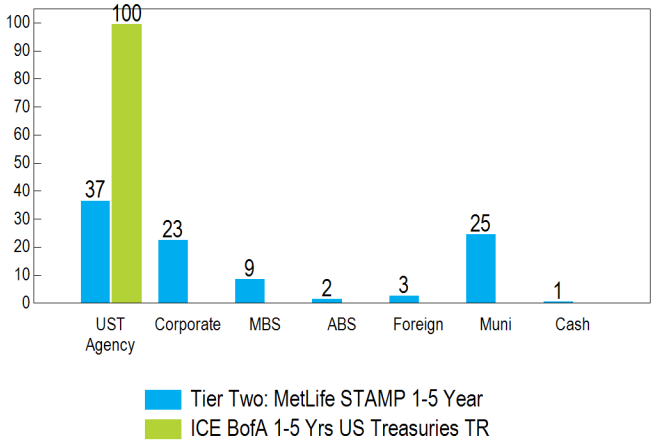
	Portfolio Q4-20	Index Q4-20	Portfolio Q3-20
Fixed Income Characteristics			
Yield to Maturity	0.44	0.18	0.53
Average Duration	2.49	2.66	2.48
Average Quality	AA	AAA	AA

Allocation weights may not add to 100% due to rounding.

Credit Quality Allocation



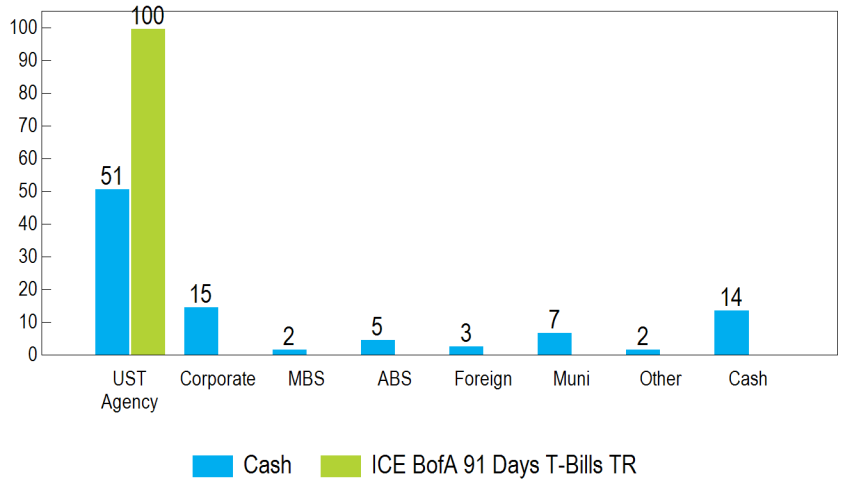
US Sector Allocation



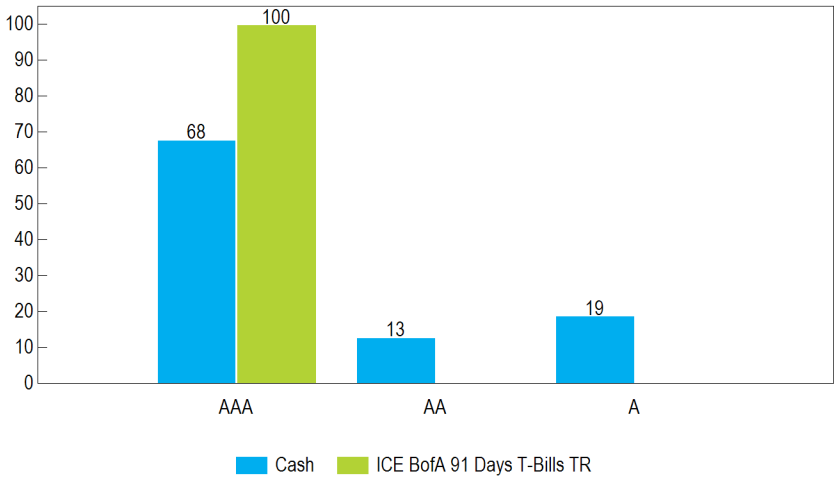
Asset Allocation on December 31, 2020	Actual	Actual
Operating: MetLife Enhanced Cash	$382,785,859	33.4%
Operating: Payden Enhanced Cash	$382,334,811	33.3%
Operating: Wells Capital Enhanced Cash	$381,929,694	33.3%
Total	**$1,147,050,364**	**100.0%**

Cash Characteristics vs. ICE BofA 91 Days T-Bills TR	Portfolio Q4-20	Index Q4-20	Portfolio Q3-20
Fixed Income Characteristics			
Yield to Maturity	0.2	0.1	0.2
Average Duration	0.2	0.3	0.3
Average Quality	AA	AAA	AA

Sector Allocation



Credit Quality Allocation



Allocation weights may not add to 100% due to rounding.

Operating: Payden Enhanced Cash | As of December 31, 2020

Account Information

Account Name	**Operating: Payden Enhanced Cash**
Account Structure	**Separate Account**
Investment Style	**Active**
Inception Date	**7/01/99**
Account Type	**Cash Alternatives**
Benchmark	**FTSE T-Bill 3 Months TR**
Universe	**eV US Enh Cash Management Net**

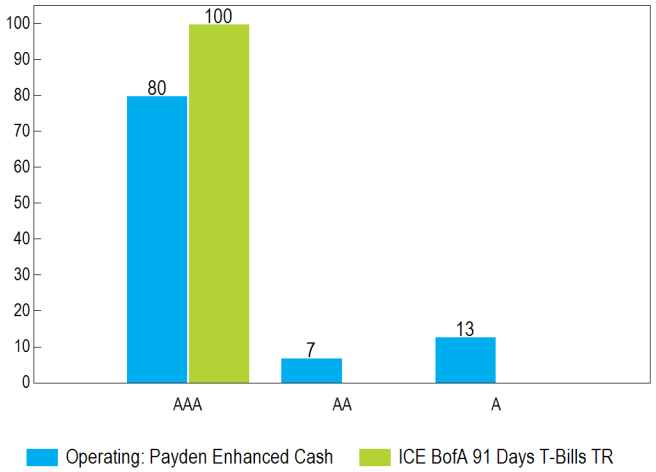
Portfolio Performance Summary

	QTD (%)	YTD (%)	1 Yr (%)	3 Yrs (%)	5 Yrs (%)	10 Yrs (%)	Inception (%)	Inception Date
Operating: Payden Enhanced Cash(Gross)	0.062	1.144	1.144	1.906	1.554	0.847	1.950	Jul-99
Operating: Payden Enhanced Cash(Net)	0.044	1.064	1.064	1.822	1.474	0.746	--	
FTSE T-Bill 3 Months TR	*0.025*	*0.580*	*0.580*	*1.563*	*1.159*	*0.604*	*1.714*	*Jul-99*

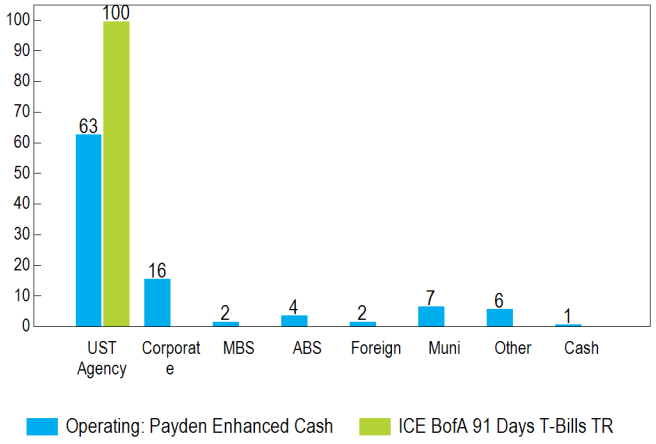
Operating: Payden Enhanced Cash Fixed Income Characteristics vs. ICE BofA 91 Days T-Bills TR

	Portfolio Q4-20	Index Q4-20	Portfolio Q3-20
Fixed Income Characteristics			
Yield to Maturity	0.17	0.07	0.20
Average Duration	0.22	0.25	0.25
Average Quality	AA	AAA	AA

Credit Quality Allocation



US Sector Allocation



Allocation weights may not add to 100% due to rounding.

Operating: MetLife Enhanced Cash | As of December 31, 2020

Account Information

Account Name	**Operating: MetLife Enhanced Cash**
Account Structure	**Separate Account**
Investment Style	**Active**
Inception Date	**5/02/16**
Account Type	**Cash**
Benchmark	**FTSE T-Bill 3 Months TR**
Universe	**eV US Enh Cash Management Net**

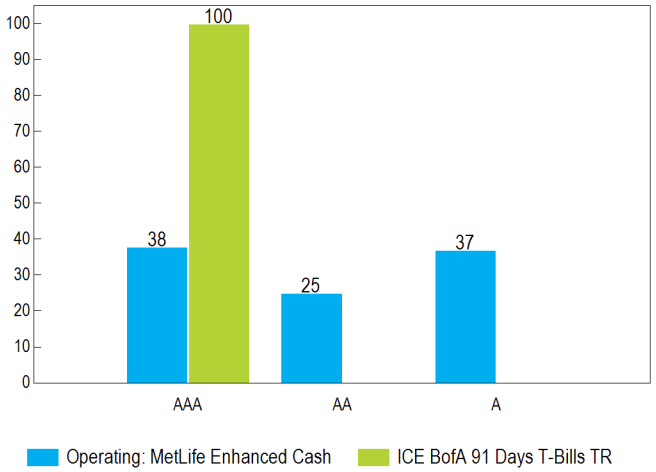
Portfolio Performance Summary

	QTD (%)	YTD (%)	1 Yr (%)	3 Yrs (%)	5 Yrs (%)	10 Yrs (%)	Inception (%)	Inception Date
Operating: MetLife Enhanced Cash(Gross)	0.081	1.040	1.040	1.882	--	--	1.558	May-16
Operating: MetLife Enhanced Cash(Net)	0.060	0.955	0.955	1.796	--	--	1.473	
FTSE T-Bill 3 Months TR	*0.025*	*0.580*	*0.580*	*1.563*	*1.159*	*0.604*	*1.225*	*May-16*

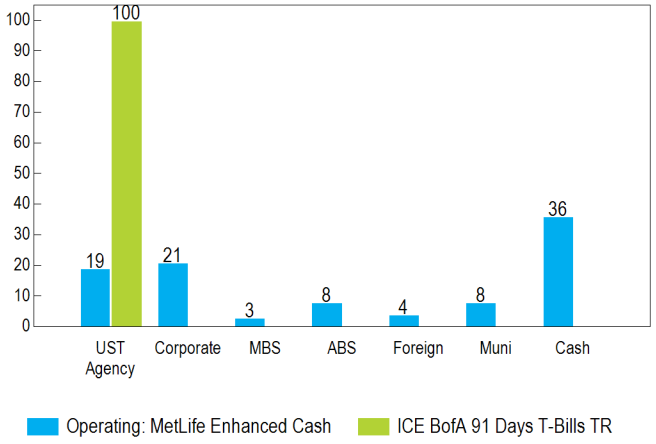
Operating: MetLife Enhanced Cash Fixed Income Characteristics vs. ICE BofA 91 Days T-Bills TR

	Portfolio Q4-20	Index Q4-20	Portfolio Q3-20
Fixed Income Characteristics			
Yield to Maturity	0.34	0.07	0.28
Average Duration	0.29	0.25	0.17
Average Quality	AA	AAA	AA

Credit Quality Allocation



US Sector Allocation



Allocation weights may not add to 100% due to rounding.

Operating: Wells Capital Enhanced Cash | As of December 31, 2020

Account Information

Account Name	**Operating: Wells Capital Enhanced Cash**
Account Structure	**Separate Account**
Investment Style	**Active**
Inception Date	**6/01/16**
Account Type	**Cash**
Benchmark	**FTSE T-Bill 3 Months TR**
Universe	**eV US Enh Cash Management Net**

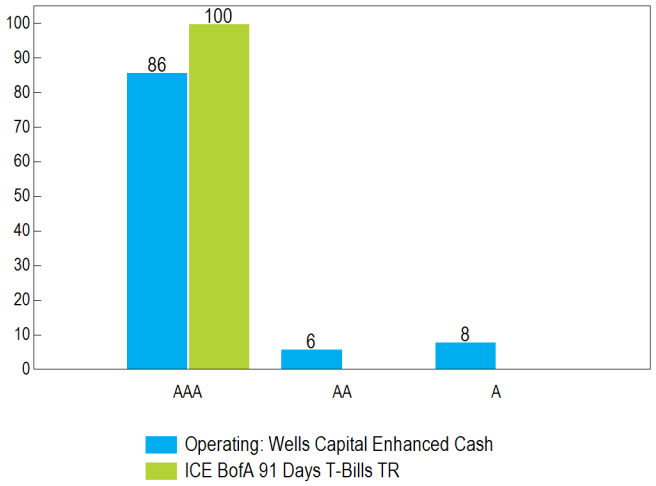
Portfolio Performance Summary

	QTD (%)	YTD (%)	1 Yr (%)	3 Yrs (%)	5 Yrs (%)	10 Yrs (%)	Inception (%)	Inception Date
Operating: Wells Capital Enhanced Cash(Gross)	0.051	1.064	1.064	1.876	--	--	1.527	Jun-16
Operating: Wells Capital Enhanced Cash(Net)	0.033	0.990	0.990	1.801	--	--	1.453	
FTSE T-Bill 3 Months TR	*0.025*	*0.580*	*0.580*	*1.563*	*1.159*	*0.604*	*1.243*	*Jun-16*

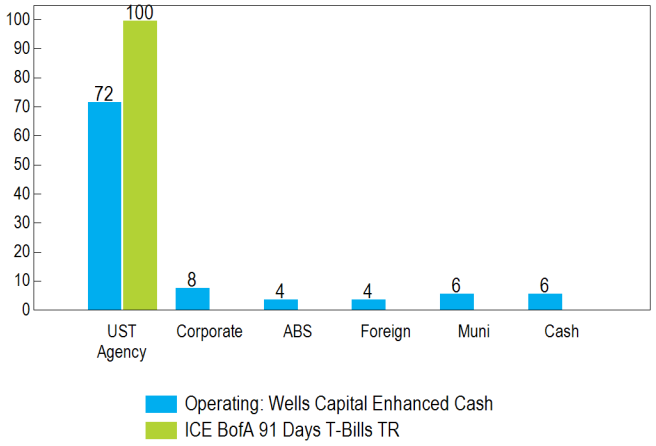
Operating: Wells Capital Enhanced Cash Fixed Income Characteristics vs. ICE BofA 91 Days T-Bills TR

	Portfolio Q4-20	Index Q4-20	Portfolio Q3-20
Fixed Income Characteristics			
Yield to Maturity	0.11	0.07	0.21
Average Duration	0.13	0.25	0.34
Average Quality	AAA	AAA	AA

Credit Quality Allocation



US Sector Allocation



Allocation weights may not add to 100% due to rounding.

Annual Investment Expense Analysis
As Of December 31, 2020

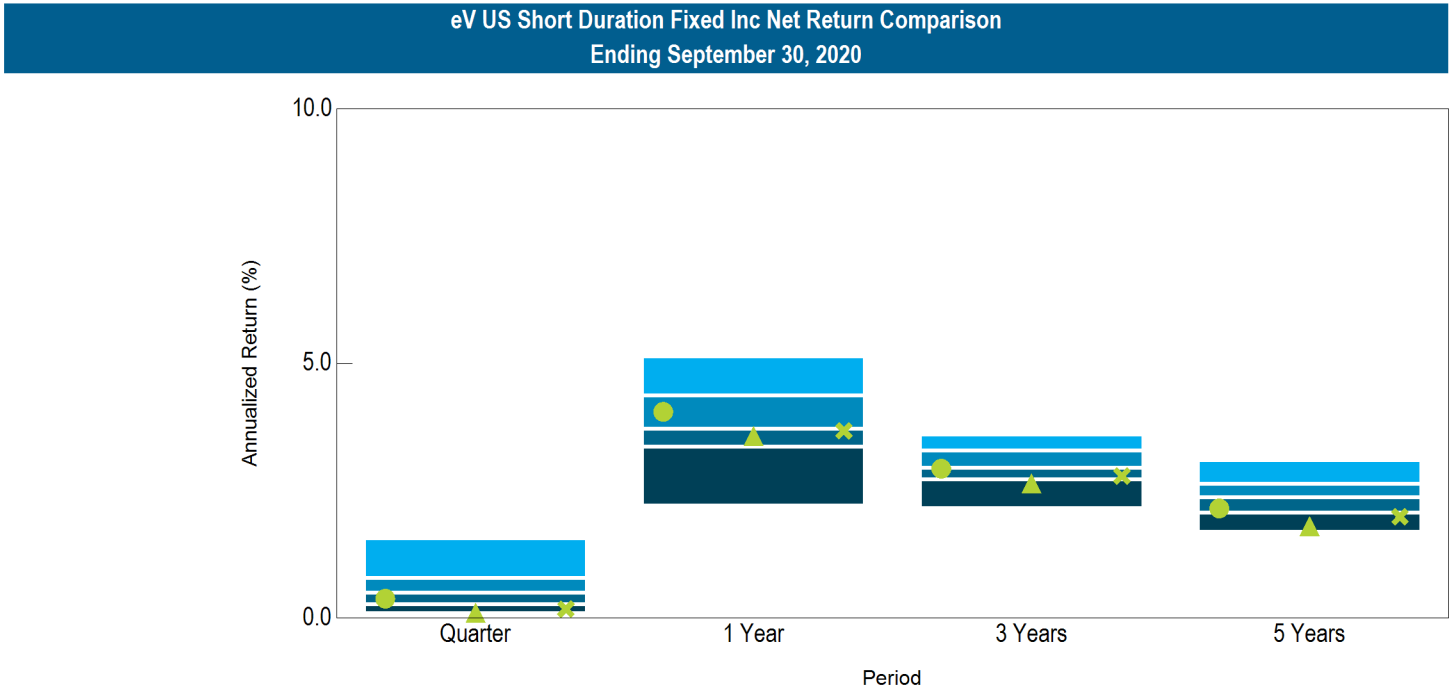
Name	Fee Schedule	Market Value
Fixed Income		**$588,579,534**
Tier One: Payden Low Duration	0.10% of First 100.0 Mil, 0.08% of Next 250.0 Mil, 0.07% Thereafter	$160,998,073
Tier One: MetLife STAMP 1-3 Year	0.10% of First 50.0 Mil, 0.09% of Next 250.0 Mil, 0.07% Thereafter	$159,847,291
Tier One: Wells Capital Reserve Account	0.09% of First 100.0 Mil, 0.07% of Next 200.0 Mil, 0.06% Thereafter	$160,108,714
Tier Two: MetLife STAMP 1-5 Year	0.15% of First 50.0 Mil, 0.10% of Next 250.0 Mil, 0.07% Thereafter	$107,625,455
Cash		**$1,147,050,364**
Operating: Payden Enhanced Cash	0.10% of First 100.0 Mil, 0.08% of Next 250.0 Mil, 0.07% Thereafter	$382,334,811
Operating: MetLife Enhanced Cash	0.10% of First 50.0 Mil, 0.09% of Next 250.0 Mil, 0.07% Thereafter	$382,785,859
Operating: Wells Capital Enhanced Cash	0.09% of First 100.0 Mil, 0.07% of Next 200.0 Mil, 0.06% Thereafter	$381,929,694
Total		**$1,735,629,898**

Please note that MetLife, Payden, and Wells Capital charge their investment management fees on an aggregate basis across Operating Cash,Tier One and Tier Two portfolios.

Statistics Summary 1 Year Ending December 31, 2020	Sharpe Ratio
Fixed Income	3.36
ICE BofA 1-3 Yrs US Treasuries TR	1.72
Tier One: Payden Low Duration	3.16
ICE BofA 1-3 Yrs US Treasuries TR	1.72
Tier One: MetLife STAMP 1-3 Year	3.57
ICE BofA 1-3 Yrs US Treasuries TR	1.72
Tier One: Wells Capital Reserve Account	3.03
ICE BofA 1-3 Yrs US Treasuries TR	1.72
Tier Two: MetLife STAMP 1-5 Year	3.56
ICE BofA 1-5 Yrs US Treasuries TR	1.89
Cash	1.18
FTSE T-Bill 3 Months TR	0.70
Operating: Payden Enhanced Cash	1.41
FTSE T-Bill 3 Months TR	0.70
Operating: MetLife Enhanced Cash	0.65
FTSE T-Bill 3 Months TR	0.70
Operating: Wells Capital Enhanced Cash	1.73
FTSE T-Bill 3 Months TR	0.70

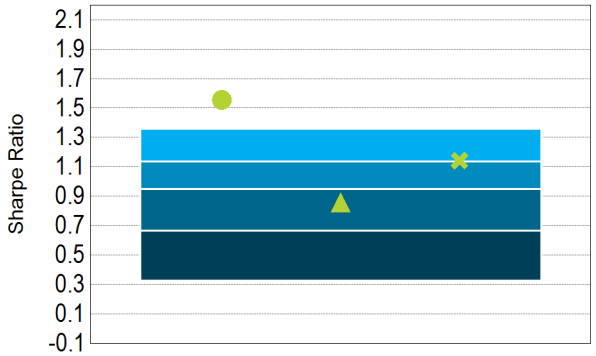
Statistics Summary 3 Years Ending December 31, 2020	Sharpe Ratio
Fixed Income	1.68
ICE BofA 1-3 Yrs US Treasuries TR	1.03
Tier One: Payden Low Duration	1.71
ICE BofA 1-3 Yrs US Treasuries TR	1.03
Tier One: MetLife STAMP 1-3 Year	1.80
ICE BofA 1-3 Yrs US Treasuries TR	1.03
Tier One: Wells Capital Reserve Account	1.57
ICE BofA 1-3 Yrs US Treasuries TR	1.03
Tier Two: MetLife STAMP 1-5 Year	1.53
ICE BofA 1-5 Yrs US Treasuries TR	1.05
Cash	0.96
FTSE T-Bill 3 Months TR	0.33
Operating: Payden Enhanced Cash	1.07
FTSE T-Bill 3 Months TR	0.33
Operating: MetLife Enhanced Cash	0.65
FTSE T-Bill 3 Months TR	0.33
Operating: Wells Capital Enhanced Cash	1.12
FTSE T-Bill 3 Months TR	0.33

Statistics Summary 5 Years Ending December 31, 2020	Sharpe Ratio
Fixed Income	1.26
ICE BofA 1-3 Yrs US Treasuries TR	0.70
Tier One: Payden Low Duration	1.33
ICE BofA 1-3 Yrs US Treasuries TR	0.70
Tier One: MetLife STAMP 1-3 Year	--
ICE BofA 1-3 Yrs US Treasuries TR	0.70
Tier One: Wells Capital Reserve Account	--
ICE BofA 1-3 Yrs US Treasuries TR	0.70
Tier Two: MetLife STAMP 1-5 Year	1.14
ICE BofA 1-5 Yrs US Treasuries TR	0.73
Cash	1.00
FTSE T-Bill 3 Months TR	0.10
Operating: Payden Enhanced Cash	1.20
FTSE T-Bill 3 Months TR	0.10
Operating: MetLife Enhanced Cash	--
FTSE T-Bill 3 Months TR	0.10
Operating: Wells Capital Enhanced Cash	--
FTSE T-Bill 3 Months TR	0.10



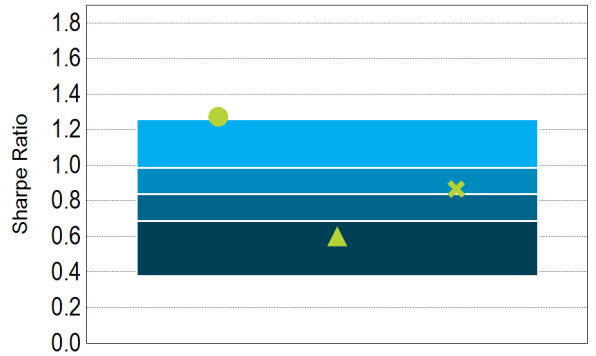
	Return (Rank)							
5th Percentile	1.6		5.1		3.6		3.1	
25th Percentile	0.8		4.4		3.3		2.6	
Median	0.5		3.7		3.0		2.4	
75th Percentile	0.3		3.4		2.7		2.1	
95th Percentile	0.1		2.2		2.2		1.7	
# of Portfolios	142		141		138		131	
● Fixed Income	0.4	(63)	4.0	(35)	2.9	(55)	2.2	(69)
▲ ICE BofA 1-3 Yrs US Treasuries TR	0.1	(96)	3.6	(62)	2.6	(80)	1.8	(92)
✕ ICE BofA 1-3 Yrs AAA-A US Corp & Govt TR	0.2	(87)	3.7	(54)	2.8	(68)	2.0	(79)

3 Year Sharpe Ratio as of 9/30/2020
vs. eV US Short Duration Fixed Inc Net



● Total Fund	
Value	1.6
Rank	2
▲ ICE BofA 1-3 Yrs US Treasuries TR	
Value	0.9
Rank	56
✕ ICE BofA 1-3 Yrs AAA-A US Corp & Govt TR	
Value	1.1
Rank	25
Universe	
5th %tile	1.4
25th %tile	1.1
Median	1.0
75th %tile	0.7
95th %tile	0.3

5 Year Sharpe Ratio as of 9/30/2020
vs. eV US Short Duration Fixed Inc Net



● Total Fund	
Value	1.3
Rank	5
▲ ICE BofA 1-3 Yrs US Treasuries TR	
Value	0.6
Rank	85
✕ ICE BofA 1-3 Yrs AAA-A US Corp & Govt TR	
Value	0.9
Rank	45
Universe	
5th %tile	1.3
25th %tile	1.0
Median	0.8
75th %tile	0.7
95th %tile	0.4

Quarterly Investment Report Supplement

Back to Agenda

Annual Investment Policy (2020)

Maturity and Quality Requirements

Allowable Instruments	Maximum Permitted Maturity			Actual Maximum Maturity							Compliance
	Operating Funds	Tier One	Tier Two	Operating Funds			Tier One			Tier Two	
				ML	*P&R*	*WF*	*ML*	*P&R*	*WF*	*ML*	
US Treasuries	2 years	5 years	5 years	0.83 years	0.69 years	0.02 years	3.29 years	2.96 years	2.71 years	4.75 years	Yes
US Agencies	2 years	5 years	5 years	1.81 years	N/A	0.61 years	4.62 years	3.62 years	2.69 years	4.62 years	Yes
State & Local Obligations[1]	2 years	5 years	5 years	1.45 years	1.04 years	1.45 years	3.92 years	3.58 years	2.75 years	4.33 years	Yes
Supranationals	2 years	5 years	5 years	0.55 years	0.39 years	0.72 years	2.47 years	2.90 years	2.39 years	2.47 years	Yes
Negotiable Cert of Deposit	1 year	1 year	1 year	0.31 years	0.42 years[2]	N/A	N/A	N/A	N/A	N/A	Yes
Commercial Paper	270 days	270 days	270 days	84 days	N/A	N/A	N/A	N/A	N/A	N/A	Yes
Repurchase Agreements	30 days	30 days	30 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes
Medium Term Notes	2 years	5 years	5 years	1.06 years	1.74 years	1.61 years	3.93 years	4.17 years	3.82 years	4.75 years	Yes
Mortgage/ Asset-Backed	2 years	5 years	5 years	0.96 years	1.13 years[3]	1.22 years	4.71 years	3.01 years	4.04 years	4.46 years	Yes
Variable & Floating Rate	2 years	5 years	5 years	0.23 years	0.56 years	0.20 years	3.93 years	3.81 years	N/A	4.75 years	Yes
Manager Confirmed Adherence to 5% Issuer Limit				**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**

- Investment Managers have independently verified that they have maintained compliance with CalOptima's Investment Policy Statement-designated security credit rating requirements during the review quarter.

[1] Includes CA and any other state in the US.

[2] FRN CDs included in Variable & Floating Rate Securities section totaling 2.03% of the combined portfolio.

[3] MBS & ABS minimum for security rating AA-, minimum issuer rating A- despite Code change 1/2019.

Annual Investment Policy (2020)

Diversification Compliance[1]

Allowable Instruments	Maximum (%)	MetLife (%)	MetLife ($ mm)	Payden (%)	Payden ($ mm)	Wells Capital (%)	Wells Capital ($ mm)	Total (%)	Total ($ mm)
US Treasuries	100	13.8	89.8	46.4	252.0	54.6	296.1	36.8	637.9
US Agencies	100	12.4	80.5	2.5	13.5	9.2	49.6	8.3	143.6
State & Local Obligations[2]	30	12.9	84.1	10.0	54.5	9.4	50.7	10.9	189.4
Supranationals	30	4.1	26.7	1.9	10.4	3.3	18.1	3.2	55.2
Negotiable Certificate of Deposit	30	16.3	106.2	2.3	12.6	0.0	0.0	6.8	118.8
Commercial Paper	25	4.7	30.4	0.0	0.0	0.0	0.0	1.8	30.4
Repurchase Agreements	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Medium Term Notes	30	8.9	57.6	8.7	47.3	11.6	62.7	9.7	167.5
Money Market Funds	20	0.7	4.8	0.5	2.7	4.0	21.6	1.7	29.1
Mortgage/Asset-Backed	20	8.7	56.6	8.2	44.4	4.7	25.3	7.3	126.3
Variable & Floating Rate	30	17.4	113.4	19.5	106.1	3.3	17.9	13.7	237.4
Total		**100.0**	**650.3**	**100.0**	**543.3**	**100.0**	**552.6**	**100.0**	**1735.6**

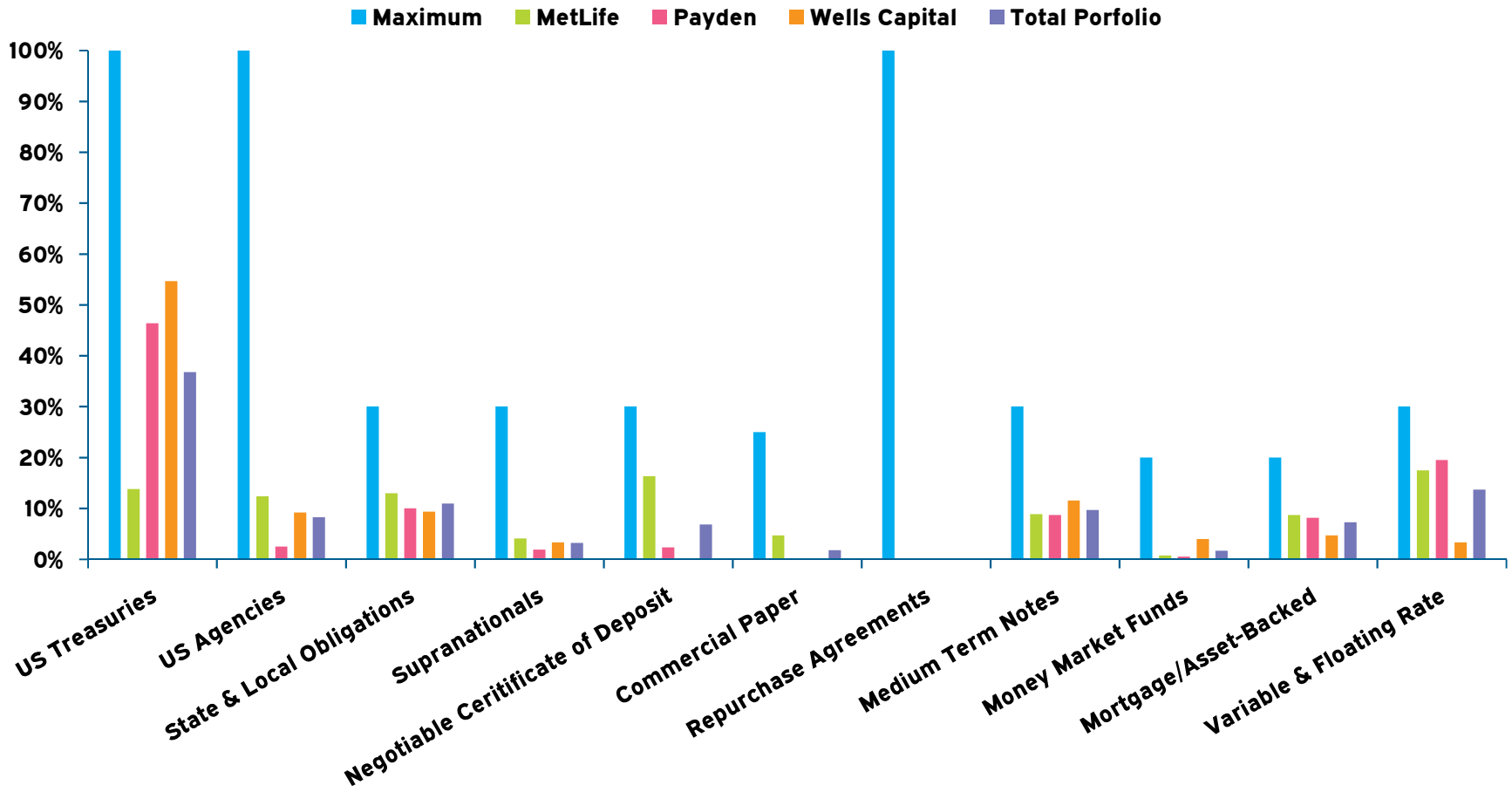
- Investment composition of each portfolio and the total portfolio are in compliance with the CalOptima Annual Investment Policy 2020.

[1] Blended allocations for Payden & Rygel, MetLife, and Wells Capital accounts.

[2] Includes CA and any other state in the US.

Annual Investment Policy (2020)

Actual vs. Diversity Requirements
As of December 31, 2020



Custom Peer Group

Back to Agenda

Custom Peer Group

- Given CalOptima's unique investment guidelines, traditional fixed income peer groups are not the best comparison tool for the Tier One and Tier Two pools.
- Meketa Investment Group surveyed the eVestment Alliance US Short Duration Fixed Income universe and Morningstar's Short Duration Fixed Income universe to create custom peer universes for each of the Tier One and Tier Two pools in order to provide a more accurate performance comparison.[1]
  - For the analysis, the combined eVestment and Morningstar universe was pared down through the elimination of funds with exposure to securities with below-"A"-rated credit.
  - Two unique buckets were established based on each portfolio's historical average effective duration relative to the ICE BofA Merrill Lynch 1-3 Year Treasury index (Tier One peer group) and the ICE BofA Merrill Lynch 1-5 year Treasury index (Tier Two peer group).
  - The Tier One peer group consists of fourteen strategies with a median effective duration of 1.85 years, while the Tier Two peer group consists of eight strategies with a median effective duration of 2.40 years as of September 30, 2020.
- Please note that the analysis is as of September 30, 2020, as the universe of investment managers that had reported data as of December 31, 2020 was very small at the date that these materials were submitted.
- This analysis is based on a small peer universe that may change significantly over time, potentially resulting in large changes in peer rankings quarter-to-quarter.

[1] Though this comparison is more accurate than ranking the managers relative to the broad short duration peer group, these peer managers are not subject to the restrictions of the California Government Code. They are likely to have more degrees of freedom to invest across fixed income securities and sectors.

Custom Peer Group: MetLife Tier One

Gross of Fees Returns as of 9/30/2020[1]	3Q 2020 (%)	1 Year (%)	3 Years (%)	Since Inception[2] (%)
Tier One: MetLife STAMP 1-3 Year	0.39	3.97	2.86	2.23
Peer Group Median Return	0.37	3.88	2.92	2.43
Peer Group Rank (percentile)	48	47	66	68

Standard Deviation as of 9/30/2020[3]	3 Years (%)
Tier One: MetLife STAMP 1-3 Year	0.77
Median Standard Deviation	1.10
Peer Group Rank (percentile)	7

- The MetLife Tier One portfolio slightly outperformed the peer group over the trailing quarter and year but slightly underperformed the peer group over the trailing three-year and since inception time periods.
- Standard deviation has ranked very favorably versus peers over the trailing three-year period.

[1] Investment managers are ranked based on performance gross of fees; given the discounted fee structures offered by CalOptima's investment managers, performance on a net-of-fee basis is more compelling relative to peers.

[2] Formal inception date is May 2016.

[3] For peer group standard deviation rankings, a percentile rank of 1 would indicate that the strategy exhibited the lowest standard deviation relative to the peer group, and a percentile rank of 99 would indicate that the strategy exhibited the highest standard deviation relative to the peer group.

Custom Peer Group: Payden Tier One

Gross of Fees Returns as of 9/30/2020[1]	3Q 2020 (%)	1 Year (%)	3 Years (%)	5 Years (%)	10 Years (%)
Tier One: Payden Low Duration	0.34	3.95	3.06	2.25	1.58
Peer Group Median Return	0.37	3.88	2.92	2.32	1.72
Peer Group Rank (percentile)	53	47	36	56	73

Standard Deviation as of 9/30/2020[2]	3 Years (%)	5 Years (%)	10 Years (%)
Tier One: Payden Low Duration	0.94	0.85	0.76
Median Standard Deviation	1.10	1.01	0.88
Peer Group Rank (percentile)	16	13	6

- The Payden Tier One portfolio's trailing returns rank in the second quartile of the peer group over the one- and three-year time periods, and in the third quartile over the trailing quarter as well as five- and ten-year time periods.
- Standard deviation has ranked very favorably versus peers over all trailing periods.

[1] Investment managers are ranked based on performance gross of fees; given the discounted fee structures offered by CalOptima's investment managers, performance on a net-of-fee basis is more compelling relative to peers.

[2] For peer group standard deviation rankings, a percentile rank of 1 would indicate that the strategy exhibited the lowest standard deviation relative to the peer group, and a percentile rank of 99 would indicate that the strategy exhibited the highest standard deviation relative to the peer group.

Custom Peer Group: Wells Capital Tier One

Gross of Fees Returns as of 9/30/2020[1]	3Q 2020 (%)	1 Year (%)	3 Years (%)	Since Inception[2] (%)
Tier One: Wells Capital Reserve Account	0.35	3.88	2.95	2.28
Peer Group Median Return	0.37	3.88	2.92	2.43
Peer Group Rank (percentile)	53	50	45	60

Standard Deviation as of 9/30/2020[3]	3 Years (%)
Tier One: Wells Capital Reserve Account	0.98
Median Standard Deviation	1.10
Peer Group Rank (percentile)	19

- The Wells Capital Tier One portfolio slightly underperformed the peer group over the trailing quarter and since inception but slightly outperformed over the three-year period.
- Standard deviation has ranked very favorably versus peers over the trailing three-year period.

[1] Investment managers are ranked based on performance gross of fees; given the discounted fee structures offered by CalOptima's investment managers, performance on a net-of-fee basis is more compelling relative to peers.

[2] Formal inception date is May 2016.

[3] For peer group standard deviation rankings, a percentile rank of 1 would indicate that the strategy exhibited the lowest standard deviation relative to the peer group, and a percentile rank of 99 would indicate that the strategy exhibited the highest standard deviation relative to the peer group.

Custom Peer Group: MetLife Tier Two

Gross of Fees Returns as of 9/30/2020[1]	3Q 2020 (%)	1 Year (%)	3 Years (%)	5 Years (%)
Tier Two: MetLife STAMP 1-5 Year	0.59	5.09	3.30	2.52
Peer Group Median Return	0.26	4.01	3.15	2.29
Peer Group Rank (percentile)	22	1	26	23

Standard Deviation as of 9/30/2020[2]	3 Years (%)	5 Years (%)
Tier Two: MetLife STAMP 1-5 Year	1.22	1.26
Median Standard Deviation	1.40	1.35
Peer Group Rank (percentile)	36	43

- MetLife's Tier Two portfolio has performed in or near the top quartile over the trailing quarter and one-, three-, and five-year time periods.
- Standard deviation for the strategy ranks in the second quartile of the peer group over the trailing three- and five-year periods.

[1] Investment managers are ranked based on performance gross of fees; given the discounted fee structures offered by CalOptima's investment managers, performance on a net-of-fee basis is more compelling relative to peers.

[2] For peer group standard deviation rankings, a percentile rank of 1 would indicate that the strategy exhibited the lowest standard deviation relative to the peer group, and a percentile rank of 99 would indicate that the strategy exhibited the highest standard deviation relative to the peer group.

Performance Attribution

Back to Agenda

Performance Attribution

- The following pages present attribution data for the MetLife Tier One and Tier Two portfolios, the Payden & Rygel Tier One portfolio, and the Wells Capital Tier One portfolio.
- Attribution represents outperformance or underperformance, based on active investment decisions across fixed income sub-sectors, relative to a manager's benchmark index. Attribution data demonstrates where managers are able to most effectively add incremental value versus the benchmark.
- Attribution data is provided by the investment managers and is presented gross of investment management fees as of December 31, 2020. Attribution data fields will vary slightly across investment managers.

MetLife Tier One Performance Attribution[1]

Gross of Fees as of 12/31/2020

Benchmark Relative Attribution (basis points)	ICE BofA Merrill Lynch 1-3 Year US Treasury		ICE BofA Merrill Lynch 1-3 Year AAA-A US Corp & Govt	
	4Q 2020	1 Year	4Q 2020	1 Year
Duration	7	-1	6	0
Yield Curve	0	1	0	0
Sector Selection	12	49	6	36
Treasury	0	0	0	0
Agency	0	1	-1	-1
Corporate	5	30	0	19
Financial	4	12	0	3
Industrial	1	16	0	14
Utilities	0	2	0	2
MBS	0	0	0	0
CMBS	-1	0	-1	0
ABS	2	4	2	4
Municipal	6	14	6	14
Total Excess Return[2]	19	49	12	36
MetLife Tier One Return	24	360	24	360
Benchmark Return	5	310	12	324

[1] Performance attribution provided by MetLife.

[2] May not add to actual out/underperformance due to rounding.

Payden & Rygel Tier One Performance Attribution[1]

Gross of Fees as of 12/31/2020

Benchmark Relative Attribution (basis points)	ICE BofA Merrill Lynch 1-3 Year US Treasury		ICE BofA Merrill Lynch 1-3 Year AAA-A US Corp & Govt	
	4Q 2020	1 Year	4Q 2020	1 Year
Duration	0	0	0	0
Yield Curve	-1	3	-1	5
Sector Selection	16	44	9	29
Treasury	0	-1	4	7
Agency	2	4	1	1
Corporate	6	16	0	4
Financial	4	9	0	0
Industrial	2	6	0	3
Utilities	0	1	0	1
ABS/MBS	4	13	2	10
Municipal	4	11	2	7
Residual	1	1	0	0
Total Excess Return[2]	16	48	8	34
Payden & Rygel Tier One Return	21	358	21	358
Benchmark Return	5	310	12	324

[1] Performance attribution provided by Payden.

[2] May not add to actual out/underperformance due to rounding.

Wells Capital Tier One Performance Attribution[1]

Gross of Fees as of 12/31/2020

Benchmark Relative Attribution (basis points)	ICE BofA Merrill Lynch 1-3 Year US Treasury		ICE BofA Merrill Lynch 1-3 Year AAA-A US Corp & Govt	
	4Q 2020	1 Year	4Q 2020	1 Year
Duration	-2	-5	2	8
Sector Selection	16	44	5	17
Treasury[2]	NA	NA	NA	NA
Agency	0	0	-1	-3
Corporate	10	19	3	-7
Financial	6	14	1	-7
Industrial	4	5	2	2
Utilities	0	0	0	-2
MBS	0	2	0	2
CMBS	0	0	0	0
ABS	1	10	0	5
Municipal	4	10	3	14
Error Factor	0	3	0	5
Total Excess Return[3]	14	39	7	25
Wells Capital Tier One Return (%)	19	349	19	349
Benchmark Return (%)	5	310	12	324

[1] Performance attribution provided by Wells Capital.

[2] Treasury sector selection attribution is included in Duration figure.

[3] May not add to actual out/underperformance due to rounding.

MetLife Tier Two Performance Attribution[1]

Gross of Fees as of 12/31/2020

Benchmark Relative Attribution (basis points)	ICE BofA Merrill Lynch 1-5 Year US Treasury		ICE BofA Merrill Lynch 1-5 Year AAA-A US Corp & Govt	
	4Q 2020	1 Year	4Q 2020	1 Year
Duration	7	-5	6	-1
Yield Curve	1	3	1	3
Sector Selection	20	62	8	40
Treasury	0	0	0	0
Agency	0	1	-2	-4
Corporate	6	35	-4	19
Financial	5	15	-2	6
Industrial	1	18	-2	12
Utilities	0	2	0	1
MBS	0	0	0	0
CMBS	-2	-2	-2	-2
ABS	0	3	0	2
Municipal	16	25	16	25
Total Excess Return[2]	28	60	15	42
MetLife Tier Two Return	30	485	30	485
Benchmark Return	2	425	15	443

[1] Performance attribution provided by MetLife.

[2] May not add to actual out/underperformance due to rounding.

Appendices

Back to Agenda

Characteristics

Tier One: Payden Low Duration | As of December 31, 2020

Account Information

Account Name	**Tier One: Payden Low Duration**
Account Structure	**Separate Account**
Investment Style	**Active**
Inception Date	**7/01/99**
Account Type	**US Fixed Income Short Term**
Benchmark	**ICE BofA 1-3 Yrs US Treasuries TR**
Universe	**eV US Short Duration Fixed Inc Net**

Portfolio Performance Summary

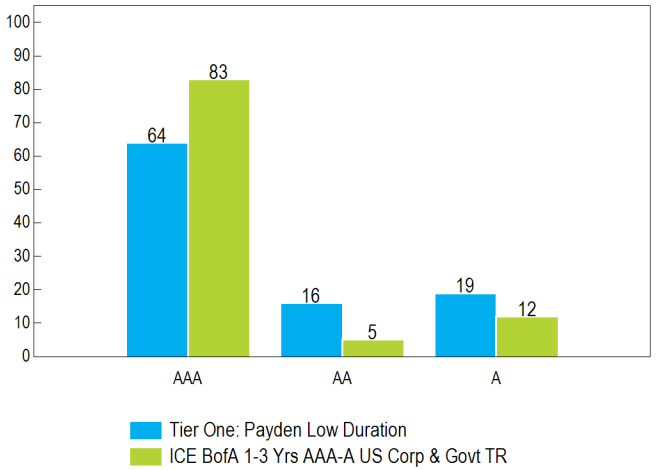
	QTD (%)	YTD (%)	1 Yr (%)	3 Yrs (%)	5 Yrs (%)	10 Yrs (%)	Inception (%)	Inception Date
Tier One: Payden Low Duration(Gross)	0.207	3.583	3.583	3.138	2.325	1.650	3.026	Jul-99
Tier One: Payden Low Duration(Net)	0.186	3.499	3.499	3.058	2.247	1.550	--	
ICE BofA 1-3 Yrs US Treasuries TR	*0.050*	*3.102*	*3.102*	*2.748*	*1.905*	*1.298*	*2.873*	*Jul-99*
ICE BofA 1-3 Yrs US Corp & Govt TR	*0.227*	*3.344*	*3.344*	*3.017*	*2.234*	*1.634*	*3.200*	*Jul-99*
ICE BofA 1-3 Yrs AAA-A US Corp & Govt TR	*0.124*	*3.231*	*3.231*	*2.900*	*2.088*	*1.507*	*3.086*	*Jul-99*

Tier One: Payden Low Duration Fixed Income Characteristics vs. ICE BofA 1-3 Yrs AAA-A US Corp & Govt TR

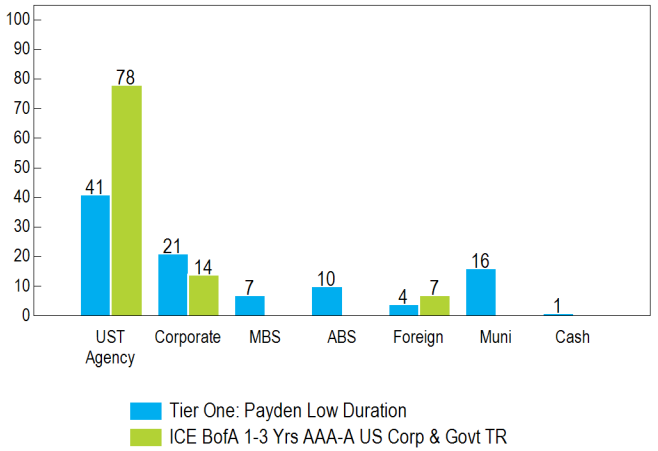
	Portfolio Q4-20	Index Q4-20	Portfolio Q3-20
Fixed Income Characteristics			
Yield to Maturity	0.34	0.19	0.41
Average Duration	1.87	1.91	1.89
Average Quality	AA	AAA	AA

Allocation weights may not add to 100% due to rounding.

Credit Quality Allocation



US Sector Allocation



Tier One: Wells Capital Reserve Account | As of December 31, 2020

Account Information

Account Name	**Tier One: Wells Capital Reserve Account**
Account Structure	**Separate Account**
Investment Style	**Active**
Inception Date	**5/01/16**
Account Type	**US Fixed Income Short Term**
Benchmark	**ICE BofA 1-3 Yrs US Treasuries TR**
Universe	**eV US Short Duration Fixed Inc Net**

Portfolio Performance Summary

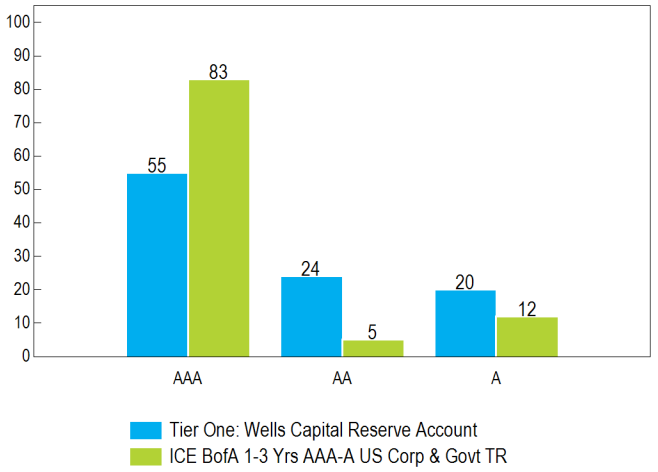
	QTD (%)	YTD (%)	1 Yr (%)	3 Yrs (%)	5 Yrs (%)	10 Yrs (%)	Inception (%)	Inception Date
Tier One: Wells Capital Reserve Account(Gross)	0.194	3.490	3.490	3.053	--	--	2.196	May-16
Tier One: Wells Capital Reserve Account(Net)	0.176	3.412	3.412	2.975	--	--	2.121	
ICE BofA 1-3 Yrs US Treasuries TR	*0.050*	*3.102*	*3.102*	*2.748*	*1.905*	*1.298*	*1.839*	*May-16*
ICE BofA 1-3 Yrs US Corp & Govt TR	*0.227*	*3.344*	*3.344*	*3.017*	*2.234*	*1.634*	*2.152*	*May-16*
ICE BofA 1-3 Yrs AAA-A US Corp & Govt TR	*0.124*	*3.231*	*3.231*	*2.900*	*2.088*	*1.507*	*2.018*	*May-16*

Tier One: Wells Capital Reserve Account Fixed Income Characteristics vs. ICE BofA 1-3 Yrs AAA-A US Corp & Govt TR

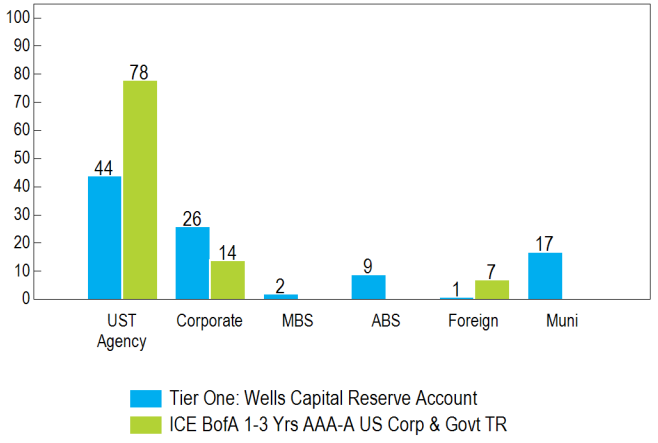
Fixed Income Characteristics	Portfolio Q4-20	Index Q4-20	Portfolio Q3-20
Yield to Maturity	0.27	0.19	0.31
Average Duration	1.67	1.91	1.70
Average Quality	AA	AAA	AA

Allocation weights may not add to 100% due to rounding.

Credit Quality Allocation



US Sector Allocation



Tier One: MetLife STAMP 1-3 Year | As of December 31, 2020

Account Information

Account Name	**Tier One: MetLife STAMP 1-3 Year**
Account Structure	**Separate Account**
Investment Style	**Active**
Inception Date	**5/01/16**
Account Type	**US Fixed Income Short Term**
Benchmark	**ICE BofA 1-3 Yrs US Treasuries TR**
Universe	**eV US Short Duration Fixed Inc Net**

Portfolio Performance Summary

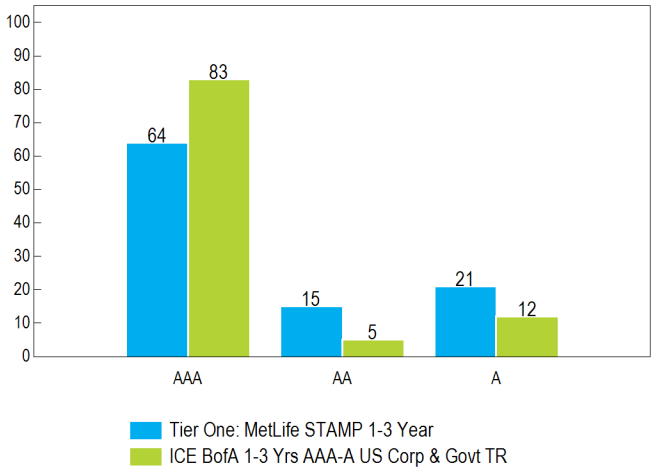
	QTD (%)	YTD (%)	1 Yr (%)	3 Yrs (%)	5 Yrs (%)	10 Yrs (%)	Inception (%)	Inception Date
Tier One: MetLife STAMP 1-3 Year(Gross)	0.244	3.598	3.598	2.918	--	--	2.160	May-16
Tier One: MetLife STAMP 1-3 Year(Net)	0.224	3.513	3.513	2.841	--	--	2.080	
ICE BofA 1-3 Yrs US Treasuries TR	*0.050*	*3.102*	*3.102*	*2.748*	*1.905*	*1.298*	*1.839*	*May-16*
ICE BofA 1-3 Yrs US Corp & Govt TR	*0.227*	*3.344*	*3.344*	*3.017*	*2.234*	*1.634*	*2.152*	*May-16*
ICE BofA 1-3 Yrs AAA-A US Corp & Govt TR	*0.124*	*3.231*	*3.231*	*2.900*	*2.088*	*1.507*	*2.018*	*May-16*

Tier One: MetLife STAMP 1-3 Year Fixed Income Characteristics vs. ICE BofA 1-3 Yrs AAA-A US Corp & Govt TR

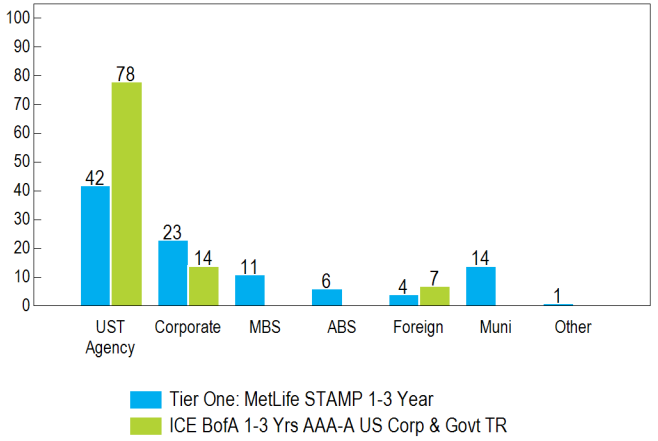
	Portfolio Q4-20	Index Q4-20	Portfolio Q3-20
Fixed Income Characteristics			
Yield to Maturity	0.37	0.19	0.44
Average Duration	1.69	1.91	1.58
Average Quality	AA	AAA	AA

Allocation weights may not add to 100% due to rounding.

Credit Quality Allocation



US Sector Allocation



Tier Two: MetLife STAMP 1-5 Year | As of December 31, 2020

Account Information

Account Name	**Tier Two: MetLife STAMP 1-5 Year**
Account Structure	**Separate Account**
Investment Style	**Active**
Inception Date	**4/01/13**
Account Type	**US Fixed Income Short Term**
Benchmark	**ICE BofA 1-5 Yrs US Treasuries TR**
Universe	**eV US Short Duration Fixed Inc Net**

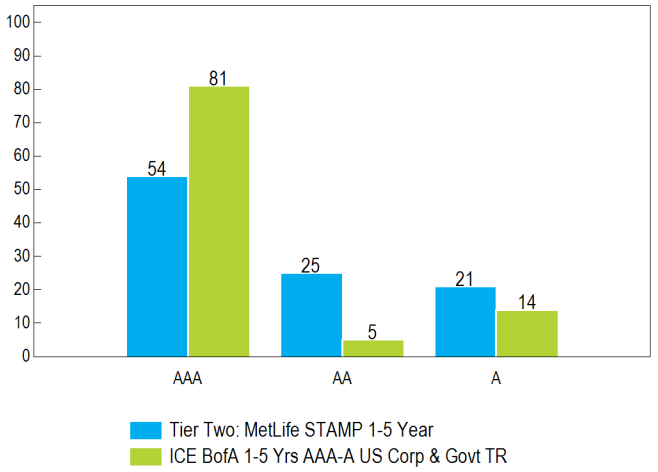
Portfolio Performance Summary

	QTD (%)	YTD (%)	1 Yr (%)	3 Yrs (%)	5 Yrs (%)	10 Yrs (%)	Inception (%)	Inception Date
Tier Two: MetLife STAMP 1-5 Year(Gross)	0.300	4.855	4.855	3.439	2.671	--	2.089	Apr-13
Tier Two: MetLife STAMP 1-5 Year(Net)	0.268	4.724	4.724	3.310	2.543	--	1.962	
ICE BofA 1-5 Yrs US Treasuries TR	*0.018*	*4.250*	*4.250*	*3.320*	*2.333*	*1.788*	*1.743*	*Apr-13*
ICE BofA 1-5 Yrs US Corp & Govt TR	*0.366*	*4.646*	*4.646*	*3.702*	*2.794*	*2.237*	*2.130*	*Apr-13*
ICE BofA 1-5 Yrs AAA-A US Corp & Govt TR	*0.154*	*4.434*	*4.434*	*3.507*	*2.561*	*2.038*	*1.953*	*Apr-13*

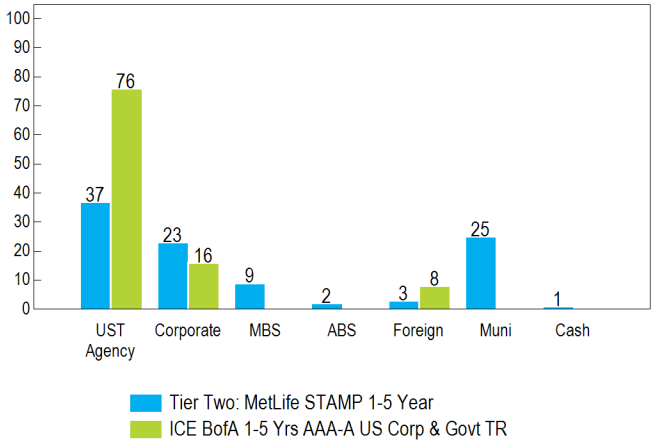
Tier Two: MetLife STAMP 1-5 Year Fixed Income Characteristics vs. ICE BofA 1-5 Yrs AAA-A US Corp & Govt TR

	Portfolio Q4-20	Index Q4-20	Portfolio Q3-20
Fixed Income Characteristics			
Yield to Maturity	0.44	0.26	0.53
Average Duration	2.49	2.68	2.48
Average Quality	AA	AAA	AA

Credit Quality Allocation



US Sector Allocation



Allocation weights may not add to 100% due to rounding.

Holdings

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost Purchased Accrued	Principal Market Value Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
Cash							
	CASH OR STIF	USD	1,286,535.83	1,286,535.83	0.00	1.000	0.80%
Total for Cash			**1,286,535.83**	**1,286,535.83**	**0.00**		**0.80%**
Treasuries							
14,490,000.000	U.S. TREASURY NOTE Mat: 11/30/22 Cpn: 0.13% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 11/30/20 St Date: 12/1/20	91282CAX9	14,491,510.55 855.33	14,491,698.08 1,592.31	187.53	100.012	9.00%
38,565,000.000	U.S. TREASURY NOTE Mat: 12/15/23 Cpn: 0.13% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 12/11/20 St Date: 12/15/20	91282CBA8	38,484,476.92 273.29	38,521,313.18 2,261.85	36,836.26	99.887	23.93%
Total for Treasuries			**52,975,987.47** **1,128.62**	**53,013,011.27** **3,854.15**	**37,023.80**		**32.93%**
Government Related							
910,000.000	INTL FINANCE CORP Mat: 1/25/21 Cpn: 2.25% Moody's: Aaa S&P: AAA Fitch: Tr Date: 1/18/18 St Date: 1/25/18	45950KCM0	907,324.60 0.00	911,082.84 8,872.50	3,758.24	100.119	0.57%
1,350,000.000	INTL BANK RECON & DEVELOP Mat: 7/23/21 Cpn: 2.75% Moody's: Aaa S&P: AAA Fitch: Tr Date: 7/18/18 St Date: 7/25/18	459058GH0	1,346,841.00 0.00	1,369,323.91 16,293.75	22,482.91	101.431	0.86%
1,560,000.000	IBRD C 1/27/21 1X Mat: 1/27/23 Cpn: 1.75% Moody's: Aaa S&P: AAA Fitch: Tr Date: 1/24/20 St Date: 1/28/20	45905U5U4	1,560,000.00 75.83	1,567,820.00 11,678.33	7,820.00	100.501	0.98%
510,000.000	INTER-AMERICAN DEVELOPMENT BANK Mat: 5/24/23 Cpn: 0.50% Moody's: Aaa S&P: AAA Fitch: Tr Date: 4/17/20 St Date: 4/24/20	4581X0DM7	509,826.60 0.00	513,562.19 262.08	3,735.59	100.699	0.32%
960,000.000	INTER-AMERICAN DEVELOPMENT BANK Mat: 11/15/23 Cpn: 0.25% Moody's: Aaa S&P: AAA Fitch: Tr Date: 8/25/20 St Date: 9/2/20	4581X0DP0	958,473.60 0.00	960,389.96 793.33	1,916.36	100.041	0.60%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security			Identifier	Original Principal Cost Purchased Accrued	Principal Market Value Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
1,000,000.000	INTL BANK RECON & DEVELOP			459058JM6	997,850.00 0.00	1,000,648.14 256.94	2,798.14	100.065	0.62%
	Mat: 11/24/23	Cpn: 0.25%							
	Moody's: Aaa	S&P: AAA	Fitch:						
	Tr Date: 11/17/20	St Date: 11/24/20							
Total for Government Related					**6,280,315.80** **75.83**	**6,322,827.04** **38,156.94**	**42,511.24**		**3.95%**
Agencies									
280,000.000	HOUSING URBAN DEVELOPMENT			911759MU9	280,000.00 0.00	284,007.65 2,998.33	4,007.65	101.431	0.18%
	Mat: 8/1/21	Cpn: 2.57%							
	Moody's: Aaa	S&P: AA+u	Fitch: AAA						
	Tr Date: 3/20/19	St Date: 3/28/19							
250,000.000	FNMA			3135G0W33	249,130.00 0.00	255,295.56 1,098.09	6,165.56	102.118	0.16%
	Mat: 9/6/22	Cpn: 1.38%							
	Moody's: Aaa	S&P: AA+	Fitch: AAA						
	Tr Date: 9/5/19	St Date: 9/6/19							
1,620,000.000	FHLMC			3137EAEQ8	1,615,950.00 0.00	1,628,664.75 1,198.13	12,714.75	100.535	1.01%
	Mat: 4/20/23	Cpn: 0.38%							
	Moody's: Aaa	S&P: AA+	Fitch: AAA						
	Tr Date: 4/17/20	St Date: 4/20/20							
1,690,000.000	FNMA			3135G04Q3	1,684,913.10 0.00	1,694,407.06 457.71	9,493.96	100.261	1.05%
	Mat: 5/22/23	Cpn: 0.25%							
	Moody's: Aaa	S&P: AA+	Fitch: AAA						
	Tr Date: 5/20/20	St Date: 5/22/20							
1,540,000.000	FHLMC			3137EAES4	1,535,503.20 0.00	1,543,980.08 53.47	8,476.88	100.259	0.96%
	Mat: 6/26/23	Cpn: 0.25%							
	Moody's: Aaa	S&P: AA+	Fitch: AAA						
	Tr Date: 6/24/20	St Date: 6/26/20							
1,460,000.000	FNMA			3135G05G4	1,456,861.00 0.00	1,462,858.65 1,733.75	5,997.65	100.196	0.91%
	Mat: 7/10/23	Cpn: 0.25%							
	Moody's: Aaa	S&P: AA+	Fitch: AAA						
	Tr Date: 7/8/20	St Date: 7/10/20							
1,500,000.000	FHLMC			3137EAEV7	1,498,470.00 0.00	1,502,911.37 1,354.17	4,441.37	100.194	0.93%
	Mat: 8/24/23	Cpn: 0.25%							
	Moody's: Aaa	S&P: AA+	Fitch: AAA						
	Tr Date: 8/19/20	St Date: 8/21/20							
1,090,000.000	FHLMC			3137EAEW5	1,089,640.30 0.00	1,092,384.73 885.63	2,744.43	100.219	0.68%
	Mat: 9/8/23	Cpn: 0.25%							
	Moody's: Aaa	S&P: AA+	Fitch: AAA						
	Tr Date: 9/2/20	St Date: 9/4/20							

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost Purchased Accrued	Principal Market Value Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
1,210,000.000	FHLMC Mat: 10/16/23 Cpn: 0.13% Moody's: Aaa S&P: AA+ Fitch: AAA Tr Date: 10/14/20 St Date: 10/16/20	3137EAEY1	1,205,486.70 0.00	1,208,747.70 315.10	3,261.00	99.897	0.75%
435,000.000	FHLB Mat: 8/15/24 Cpn: 1.50% Moody's: Aaa S&P: AA+ Fitch: AAA Tr Date: 8/15/19 St Date: 8/16/19	3130AGWK7	433,977.75 0.00	455,299.02 2,465.00	21,321.27	104.666	0.28%
880,000.000	FHLMC C 11/25/22 Q Mat: 11/25/24 Cpn: 0.45% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 12/3/20 St Date: 12/4/20	3134GXDZ4	880,000.00 99.00	881,218.24 396.00	1,218.24	100.138	0.55%
1,430,000.000	FHLMC C 1/21/21 Q Mat: 7/21/25 Cpn: 0.75% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 7/14/20 St Date: 7/21/20	3134GWAR7	1,430,000.00 0.00	1,430,417.49 4,766.67	417.49	100.029	0.89%
Total for Agencies			**13,359,932.05** **99.00**	**13,440,192.29** **17,722.04**	**80,260.24**		**8.36%**
Taxable Muni							
735,000.000	CA INLAND VLY REDEV AGY TAB TXB Mat: 3/1/21 Cpn: 3.98% Moody's: S&P: AA Fitch: Tr Date: 6/12/18 St Date: 6/14/18	45750TAJ2	750,993.60 8,363.30	738,625.65 9,743.65	(12,367.95)	100.493	0.46%
410,000.000	CA ST EDU FACS AUTH REV-CHAPMAN UNV TXB Mat: 4/1/21 Cpn: 2.26% Moody's: A2 S&P: Fitch: Tr Date: 11/9/17 St Date: 11/16/17	130179KQ6	410,000.00 0.00	411,057.75 2,313.43	1,057.75	100.258	0.26%
1,400,000.000	CA STATE GO/ULT TXBL Mat: 4/1/21 Cpn: 2.80% Moody's: Aa2 S&P: AA- Fitch: AA Tr Date: 4/18/18 St Date: 4/25/18	13063DGA0	1,400,056.00 0.00	1,409,071.82 9,800.00	9,015.82	100.648	0.88%
230,064.132	CA DEPT WTR RESOURCES-PWR SUPPLY TXB Mat: 5/1/21 Cpn: 1.71% Moody's: WR S&P: AA+ Fitch: WD Tr Date: 9/22/17 St Date: 9/26/17	13066YTY5	227,747.38 1,587.35	231,227.11 656.83	3,479.72	100.506	0.14%
1,100,000.000	CA SAN FRANCISCO AIRPORT COMMN TXB Mat: 5/1/21 Cpn: 2.93% Moody's: A1 S&P: A Fitch: A+ Tr Date: 1/11/19 St Date: 2/7/19	79766DLQ0	1,100,000.00 0.00	1,108,245.97 5,366.17	8,245.97	100.750	0.69%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost / Purchased Accrued	Principal Market Value / Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
545,000.000	CA SACRAMENTO TRANSIENT OCC TAX REV TXB Mat: 6/1/21 Cpn: 3.46% Moody's: A1 S&P: Fitch: Tr Date: 10/18/18 St Date: 11/1/18	786073AA4	545,000.00 0.00	548,893.11 1,569.15	3,893.11	100.714	0.34%
450,000.000	CA SAN JOSE REDEV AGY TAB TXB Mat: 8/1/21 Cpn: 2.48% Moody's: S&P: AA Fitch: AA Tr Date: 5/16/18 St Date: 5/18/18	798170AD8	440,883.00 3,317.00	455,434.52 4,650.00	14,551.52	101.208	0.29%
450,000.000	CA HESPERIA REDEV AGY SUCCESSOR TXB Mat: 9/1/21 Cpn: 3.00% Moody's: S&P: AA Fitch: Tr Date: 9/12/18 St Date: 10/2/18	42806KAQ6	446,715.00 0.00	456,891.17 4,500.00	10,176.17	101.531	0.29%
1,025,000.000	CA LA QUINTA REDEV AGY TAB TXB Mat: 9/1/21 Cpn: 4.45% Moody's: S&P: AA Fitch: Tr Date: 4/30/19 St Date: 5/2/19	50420BBD3	1,067,814.25 7,728.78	1,051,592.27 15,204.17	(16,221.98)	102.594	0.66%
520,000.000	CA OAKLAND REDEV AGY PRE-21 TXB Mat: 9/1/21 Cpn: 9.25% Moody's: WR S&P: NR Fitch: Tr Date: 5/24/18 St Date: 5/29/18	67232PBB8	618,259.20 11,757.78	549,319.51 16,033.33	(68,939.69)	105.638	0.35%
220,000.000	CA BRENTWOOD INFR FIN AUTH REV TXB Mat: 9/2/21 Cpn: 2.81% Moody's: S&P: AA Fitch: Tr Date: 2/7/18 St Date: 2/28/18	10727XVC9	220,000.00 0.00	223,479.13 2,043.49	3,479.13	101.581	0.14%
330,000.000	CT STATE GO/ULT TXB Mat: 10/15/21 Cpn: 2.40% Moody's: A1 S&P: A Fitch: A+ Tr Date: 6/13/19 St Date: 6/17/19	20772JKP6	330,594.00 1,364.57	335,388.18 1,672.70	4,794.18	101.633	0.21%
560,000.000	CA SAN DIEGO CITY PUB FACS LEASE TXB Mat: 10/15/21 Cpn: 2.99% Moody's: S&P: AA- Fitch: AA- Tr Date: 6/4/18 St Date: 6/21/18	797299LT9	560,000.00 0.00	570,873.97 3,539.57	10,873.97	101.942	0.36%
540,000.000	HI STATE GO/ULT TXB Mat: 1/1/22 Cpn: 2.77% Moody's: Aa2 S&P: AA+ Fitch: AA Tr Date: 2/7/19 St Date: 2/21/19	419792YL4	540,000.00 0.00	553,910.71 7,479.00	13,910.71	102.576	0.35%
640,000.000	CA POMONA REDEV AGY TAX ALLOCATION TXB Mat: 2/1/22 Cpn: 3.55% Moody's: S&P: A+ Fitch: Tr Date: 9/27/18 St Date: 10/11/18	73209MAD9	640,000.00 0.00	660,593.61 9,472.00	20,593.61	103.218	0.42%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost / Purchased Accrued	Principal Market Value / Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
655,000.000	CA STATE GO/ULT-TXBL BABS Mat: 3/1/22 Cpn: 6.65% Moody's: Aa2 S&P: AA- Fitch: AA Tr Date: 7/16/19 St Date: 7/18/19	13063BFS6	715,364.80 16,576.05	682,852.29 14,519.17	(32,512.51)	104.252	0.43%
930,000.000	CA SAN FRANCISCO AIRPORT COMMN TXB Mat: 5/1/22 Cpn: 3.05% Moody's: A1 S&P: A Fitch: A+ Tr Date: 1/11/19 St Date: 2/7/19	79766DLR8	930,000.00 0.00	958,380.14 4,721.30	28,380.14	103.052	0.60%
820,000.000	CA UNIV OF CALIFORNIA REV TXB Mat: 5/15/22 Cpn: 3.28% Moody's: Aa3 S&P: AA- Fitch: AA- Tr Date: 12/13/18 St Date: 12/17/18	91412HDJ9	822,878.20 2,392.94	851,835.69 3,439.85	28,957.49	103.882	0.53%
1,500,000.000	CA HEALTH FACS-NO PLACE LIKE HOME-TXB Mat: 6/1/22 Cpn: 1.89% Moody's: Aa3 S&P: AA- Fitch: AA- Tr Date: 11/20/19 St Date: 11/25/19	13032UUZ9	1,500,000.00 0.00	1,529,524.95 2,366.25	29,524.95	101.968	0.95%
340,000.000	CT STATE OF CONNECTICUT GO/ULT TXB Mat: 7/1/22 Cpn: 2.50% Moody's: A1 S&P: A Fitch: A+ Tr Date: 5/29/20 St Date: 6/11/20	20772KJU4	345,718.80 0.00	350,791.51 4,722.22	5,072.71	103.174	0.22%
960,000.000	CA UPPER SANTA CLARA VLY JPA REV TXB Mat: 8/1/22 Cpn: 0.53% Moody's: S&P: AA Fitch: AA- Tr Date: 7/16/20 St Date: 7/23/20	916544ER6	960,000.00 0.00	959,766.43 2,212.00	(233.57)	99.976	0.60%
350,000.000	CA SAN DIEGO REDEV AGY TAB TXB Mat: 9/1/22 Cpn: 3.25% Moody's: S&P: AA Fitch: Tr Date: 4/20/20 St Date: 4/22/20	79730WAY6	364,962.50 1,611.46	366,612.29 3,791.67	1,649.79	104.746	0.23%
500,000.000	CA MANTECA REDEV AGY TAB TXB Mat: 10/1/22 Cpn: 1.64% Moody's: S&P: AA Fitch: Tr Date: 2/20/20 St Date: 2/28/20	56453RAW4	500,000.00 0.00	511,900.07 2,050.00	11,900.07	102.380	0.32%
435,000.000	CA PALM DESERT REDEV AGY TAB TXB Mat: 10/1/22 Cpn: 2.75% Moody's: S&P: AA Fitch: Tr Date: 7/23/19 St Date: 7/25/19	696624AV7	442,577.70 3,788.13	449,642.16 2,990.63	7,064.46	103.366	0.28%
810,000.000	CA SACRAMENTO CNTY SANTN DIST REV TXB Mat: 12/1/22 Cpn: 0.63% Moody's: Aa2 S&P: AA Fitch: AA- Tr Date: 6/18/20 St Date: 7/14/20	786134WD4	810,000.00 0.00	814,911.47 424.58	4,911.47	100.606	0.51%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost / Purchased Accrued	Principal Market Value / Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
500,000.000	CA RIVERSIDE CNTY PENSN OBLG TXB Mat: 2/15/23 Cpn: 2.36% Moody's: A2 S&P: AA Fitch: Tr Date: 4/23/20 St Date: 5/6/20	76913CAX7	500,000.00 0.00	515,783.39 4,463.44	15,783.39	103.157	0.32%
1,470,000.000	CA BAY AREA TOLL AUTH TOLL BRDG REV TXB Mat: 4/1/23 Cpn: 2.18% Moody's: Aa3 S&P: AA Fitch: AA Tr Date: 9/20/19 St Date: 9/26/19	072024WN8	1,470,000.00 0.00	1,520,146.46 8,026.20	50,146.46	103.411	0.95%
320,000.000	CA BAY AREA TOLL AUTH TOLL BRDG REV TXB Mat: 4/1/23 Cpn: 2.23% Moody's: A1 S&P: AA- Fitch: AA- Tr Date: 9/20/19 St Date: 9/26/19	072024WX6	320,000.00 0.00	331,591.43 1,787.20	11,591.43	103.622	0.21%
570,000.000	CT STATE OF CONNECTICUT TXB Mat: 4/15/23 Cpn: 2.92% Moody's: A1 S&P: A Fitch: A+ Tr Date: 3/29/19 St Date: 4/11/19	20772KGM5	570,000.00 0.00	601,816.45 3,514.94	31,816.45	105.582	0.38%
370,000.000	CA ALAMEDA CNTY JT PWR AUTH LEASE TXB Mat: 6/1/23 Cpn: 3.10% Moody's: Aa1 S&P: AA+ Fitch: AA+ Tr Date: 2/13/20 St Date: 2/18/20	010831DQ5	386,298.50 2,449.35	392,031.84 954.29	5,733.34	105.955	0.24%
1,060,000.000	CA SOUTHERN CA PUBLIC POWER TXB Mat: 7/1/23 Cpn: 0.53% Moody's: S&P: AA- Fitch: AA- Tr Date: 9/11/20 St Date: 9/24/20	842475P58	1,060,000.00 0.00	1,060,123.49 1,505.17	123.49	100.012	0.66%
1,110,000.000	CA LOS ALTOS SCH DIST GO BANS TXB Mat: 8/1/23 Cpn: 2.14% Moody's: MIG1 S&P: SP-1+ Fitch: Tr Date: 9/27/19 St Date: 10/17/19	544290JC4	1,110,000.00 0.00	1,111,207.97 9,911.38	1,207.97	100.109	0.70%
450,000.000	CA SAN BERNARDINO CCD TXB Mat: 8/1/23 Cpn: 0.73% Moody's: Aa1 S&P: AA Fitch: Tr Date: 6/17/20 St Date: 7/7/20	796720NP1	450,000.00 0.00	452,879.00 1,366.88	2,879.00	100.640	0.28%
240,000.000	CA SAN DIEGO PUBLIC FACS WTR REV TXB Mat: 8/1/23 Cpn: 1.33% Moody's: Aa2 S&P: Fitch: AA Tr Date: 4/30/20 St Date: 5/11/20	79730CJG0	240,000.00 0.00	245,745.08 1,327.00	5,745.08	102.394	0.15%
350,000.000	CA GLENDALE USD GO/ULT TXB Mat: 9/1/23 Cpn: 1.18% Moody's: Aa1 S&P: Fitch: Tr Date: 5/13/20 St Date: 6/2/20	378460YC7	350,000.00 0.00	355,529.69 1,379.00	5,529.69	101.580	0.22%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost Purchased Accrued	Principal Market Value Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
430,000.000	CA STATE UNIVERSITY TXB Mat: 11/1/23 Cpn: 0.48% Moody's: Aa2 S&P: AA- Fitch: Tr Date: 8/27/20 St Date: 9/17/20	13077DMJ8	430,000.00 0.00	429,149.20 590.06	(850.80)	99.802	0.27%
550,000.000	CA LOS ANGELES MUNI IMPT CORP LEASE TXB Mat: 11/1/23 Cpn: 0.65% Moody's: S&P: AA- Fitch: Tr Date: 8/14/20 St Date: 8/20/20	544587Y36	550,000.00 0.00	548,917.26 1,300.90	(1,082.74)	99.803	0.34%
790,000.000	CA UNIVERSITY OF CALIFORNIA TXB Mat: 5/15/24 Cpn: 0.83% Moody's: Aa2 S&P: AA Fitch: AA Tr Date: 7/10/20 St Date: 7/16/20	91412HFL2	790,000.00 0.00	798,265.79 840.87	8,265.79	101.046	0.50%
750,000.000	CA BEVERLY HILLS PFA LEASE REV TXB Mat: 6/1/24 Cpn: 0.73% Moody's: S&P: AA+ Fitch: Tr Date: 9/23/20 St Date: 10/15/20	088006JY8	750,000.00 0.00	751,169.42 456.25	1,169.42	100.156	0.47%
450,000.000	CA FRESNO USD GO/ULT TXB Mat: 8/1/24 Cpn: 0.72% Moody's: Aa3 S&P: Fitch: Tr Date: 9/17/20 St Date: 9/30/20	3582326S0	450,000.00 0.00	450,918.66 817.86	918.66	100.204	0.28%
Total for Taxable Muni			**26,115,862.93** **60,936.71**	**26,346,096.60** **173,522.58**	**230,233.66**		**16.47%**
Credit							
1,030,000.000	CITIZENS BANK Mat: 5/13/21 Cpn: 2.55% Moody's: Baa1 S&P: A- Fitch: BBB+ Tr Date: 7/25/19 St Date: 7/29/19	17401QAE1	1,032,575.00 5,544.83	1,036,427.20 3,502.00	3,852.20	100.624	0.65%
500,000.000	AMERICAN EXPRESS FRN Mat: 5/17/21 Cpn: 0.75% Moody's: A3 S&P: BBB+ Fitch: A Tr Date: 5/14/18 St Date: 5/17/18	025816BV0	500,000.00 0.00	500,768.50 466.88	768.50	100.154	0.31%
180,000.000	CITIGROUP Mat: 8/2/21 Cpn: 2.35% Moody's: A3 S&P: BBB+ Fitch: A Tr Date: 7/25/19 St Date: 7/29/19	172967KV2	179,911.80 2,079.75	182,140.20 1,750.75	2,228.40	101.189	0.11%
775,000.000	NEXTERA ENERGY CAPITAL Mat: 9/1/21 Cpn: 2.40% Moody's: Baa1 S&P: BBB+ Fitch: A- Tr Date: 8/28/19 St Date: 8/30/19	65339KAS9	779,960.00 1,138.09	785,850.00 6,207.75	5,890.00	101.400	0.49%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost / Purchased Accrued	Principal Market Value / Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
800,000.000	MORGAN STANLEY Mat: 11/17/21 Cpn: 2.63% Moody's: A2 S&P: BBB+ Fitch: A Tr Date: 7/19/19 St Date: 7/23/19	61746BED4	803,872.00 3,850.00	815,952.00 2,566.67	12,080.00	101.994	0.51%
126,000.000	MORGAN STANLEY FRN-MAKE WHOLE 1/20/21 Mat: 1/20/22 Cpn: 1.40% Moody's: A2 S&P: BBB+ Fitch: A Tr Date: 3/3/17 St Date: 3/8/17	61746BEE2	127,401.12 363.56	126,064.76 357.29	(1,336.36)	100.051	0.08%
680,000.000	BANK OF AMERICA Mat: 1/23/22 Cpn: 2.74% Moody's: A2 S&P: A- Fitch: A+ Tr Date: 1/18/18 St Date: 1/23/18	06051GGY9	680,000.00 0.00	680,836.40 8,171.41	836.40	100.123	0.43%
650,000.000	PACIFICORP Mat: 2/1/22 Cpn: 2.95% Moody's: A1 S&P: A+ Fitch: WD Tr Date: 7/26/19 St Date: 7/30/19	695114CP1	660,484.50 9,534.24	664,332.50 7,989.58	3,848.00	102.205	0.42%
121,000.000	WELLS FARGO FRN-MAKE WHOLE 2/11/21 Mat: 2/11/22 Cpn: 1.14% Moody's: A2 S&P: BBB+ Fitch: A+ Tr Date: 2/6/17 St Date: 2/13/17	949746SP7	121,000.00 0.00	121,108.13 192.19	108.13	100.089	0.08%
650,000.000	WELLS FARGO Mat: 3/8/22 Cpn: 3.50% Moody's: A2 S&P: BBB+ Fitch: A+ Tr Date: 7/29/19 St Date: 7/31/19	94974BFC9	668,089.50 9,036.81	674,037.00 7,140.97	5,947.50	103.698	0.42%
660,000.000	AMERIPRISE FINANCIAL Mat: 3/22/22 Cpn: 3.00% Moody's: A3 S&P: A- Fitch: Tr Date: 3/12/19 St Date: 3/22/19	03076CAJ5	658,320.30 0.00	681,720.60 5,445.00	23,400.30	103.291	0.43%
510,000.000	CITIGROUP FRN Mat: 4/25/22 Cpn: 1.17% Moody's: A3 S&P: BBB+ Fitch: A Tr Date: 4/18/17 St Date: 4/25/17	172967LH2	510,000.00 0.00	514,707.94 1,115.03	4,707.94	100.923	0.32%
500,000.000	NATL RURAL UTILITIES Mat: 4/25/22 Cpn: 2.40% Moody's: A1 S&P: A Fitch: A+ Tr Date: 7/30/19 St Date: 8/1/19	637432NM3	503,355.00 3,200.00	513,010.00 2,200.00	9,655.00	102.602	0.32%
460,000.000	BANK OF AMERICA Mat: 5/17/22 Cpn: 3.50% Moody's: A2 S&P: A- Fitch: A+ Tr Date: 5/14/18 St Date: 5/17/18	06051GHH5	460,000.00 0.00	465,368.20 1,967.22	5,368.20	101.167	0.29%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost / Purchased Accrued	Principal Market Value / Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
785,000.000	TRUIST BANK Mat: 5/17/22 Cpn: 2.80% Moody's: A2 S&P: A Fitch: A+ Tr Date: 5/14/19 St Date: 5/17/19	86787EBE6	784,599.65 0.00	810,834.35 2,686.44	26,234.70	103.291	0.51%
620,000.000	AMERICAN EXPRESS Mat: 5/20/22 Cpn: 2.75% Moody's: A3 S&P: BBB+ Fitch: A Tr Date: 5/15/19 St Date: 5/20/19	025816CD9	619,256.00 0.00	639,610.60 1,941.81	20,354.60	103.163	0.40%
375,000.000	CITIBANK Mat: 5/20/22 Cpn: 2.84% Moody's: Aa3 S&P: A+ Fitch: A+ Tr Date: 7/29/19 St Date: 7/31/19	17325FAY4	377,793.75 2,044.13	378,663.75 1,214.63	870.00	100.977	0.24%
580,000.000	JOHN DEERE CAPITAL CORP Mat: 6/13/22 Cpn: 1.95% Moody's: A2 S&P: A Fitch: A Tr Date: 9/9/19 St Date: 9/12/19	24422EVA4	579,251.80 0.00	594,178.10 565.50	14,926.30	102.445	0.37%
775,000.000	FIFTH THIRD BANK Mat: 6/15/22 Cpn: 2.60% Moody's: Baa1 S&P: BBB+ Fitch: A- Tr Date: 12/12/19 St Date: 12/16/19	316773CU2	783,021.25 55.97	798,999.43 895.56	15,978.18	103.097	0.50%
920,000.000	PNC BANK Mat: 7/22/22 Cpn: 2.23% Moody's: A2 S&P: A Fitch: A+ Tr Date: 7/18/19 St Date: 7/23/19	69353RFP8	920,000.00 0.00	929,899.20 9,069.36	9,899.20	101.076	0.58%
550,000.000	PACCAR FINANCIAL Mat: 8/10/22 Cpn: 2.30% Moody's: A1 S&P: A+ Fitch: Tr Date: 7/12/19 St Date: 7/16/19	69371RN77	550,335.50 5,481.67	568,271.00 4,954.58	17,935.50	103.322	0.36%
545,000.000	CATERPILLAR FINANCIAL Mat: 9/6/22 Cpn: 1.90% Moody's: A3 S&P: A Fitch: A Tr Date: 9/3/19 St Date: 9/6/19	14913Q3A5	544,242.45 0.00	560,156.45 3,307.85	15,914.00	102.781	0.35%
430,000.000	KEYBANK Mat: 9/14/22 Cpn: 2.30% Moody's: A3 S&P: A- Fitch: A- Tr Date: 8/15/19 St Date: 8/19/19	49327M2T0	433,091.70 4,258.19	444,534.00 2,939.53	11,442.30	103.380	0.28%
285,000.000	PACCAR FINANCIAL Mat: 9/26/22 Cpn: 2.00% Moody's: A1 S&P: A+ Fitch: Tr Date: 9/23/19 St Date: 9/26/19	69371RQ33	284,652.30 0.00	293,917.65 1,504.17	9,265.35	103.129	0.18%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost / Purchased Accrued	Principal Market Value / Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
730,000.000	GOLDMAN SACHS FRN Mat: 10/31/22 Cpn: 1.04% Moody's: A3 S&P: BBB+ Fitch: A Tr Date: 11/14/17 St Date: 11/16/17	38148YAB4	729,284.60 700.83	733,033.88 1,329.40	3,749.28	100.416	0.46%
475,000.000	CITIGROUP Mat: 11/4/22 Cpn: 2.31% Moody's: A3 S&P: BBB+ Fitch: A Tr Date: 10/28/19 St Date: 11/4/19	17308CC46	475,000.00 0.00	482,619.00 1,738.82	7,619.00	101.604	0.30%
655,000.000	PNC BANK Mat: 12/9/22 Cpn: 2.03% Moody's: A2 S&P: A Fitch: A+ Tr Date: 12/4/19 St Date: 12/9/19	69353RFS2	655,000.00 0.00	665,480.00 811.76	10,480.00	101.600	0.41%
305,000.000	WAL-MART STORES Mat: 12/15/22 Cpn: 2.35% Moody's: Aa2 S&P: AA Fitch: AA Tr Date: 3/6/20 St Date: 3/10/20	931142DU4	315,394.40 1,692.33	317,270.15 318.56	1,875.75	104.023	0.20%
800,000.000	PRECISION CASTPARTS Mat: 1/15/23 Cpn: 2.50% Moody's: A2 S&P: AA- Fitch: Tr Date: 7/30/19 St Date: 8/1/19	740189AG0	806,160.00 888.89	831,384.00 9,222.22	25,224.00	103.923	0.52%
865,000.000	BNY MELLON Mat: 1/27/23 Cpn: 1.85% Moody's: A1 S&P: A Fitch: AA- Tr Date: 1/21/20 St Date: 1/28/20	06406RAM9	864,394.50 0.00	892,212.90 6,845.51	27,818.40	103.146	0.56%
570,000.000	FIFTH THIRD BANK Mat: 1/30/23 Cpn: 1.80% Moody's: A3 S&P: A- Fitch: A- Tr Date: 1/28/20 St Date: 1/31/20	31677QBS7	569,521.20 0.00	586,587.00 4,303.50	17,065.80	102.910	0.37%
610,000.000	HUNTINGTON NATL BANK Mat: 2/3/23 Cpn: 1.80% Moody's: A3 S&P: A- Fitch: A- Tr Date: 1/28/20 St Date: 2/4/20	44644MAA9	609,487.60 0.00	626,866.50 4,514.00	17,378.90	102.765	0.39%
790,000.000	TRUIST BANK Mat: 3/9/23 Cpn: 1.25% Moody's: A2 S&P: A Fitch: A+ Tr Date: 3/4/20 St Date: 3/9/20	89788JAB5	789,447.00 0.00	806,052.80 3,072.22	16,605.80	102.032	0.50%
985,000.000	DUKE ENERGY CAROLINAS Mat: 3/15/23 Cpn: 2.50% Moody's: Aa2 S&P: A Fitch: WD Tr Date: 7/29/19 St Date: 7/31/19	26442CAQ7	995,766.05 9,302.78	1,028,330.15 7,250.69	32,564.10	104.399	0.64%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost / Purchased Accrued	Principal Market Value / Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
775,000.000	TRUIST FIN CORP Mat: 3/16/23 Cpn: 2.20% Moody's: A3 S&P: A- Fitch: A Tr Date: 9/9/19 St Date: 9/16/19	05531FBJ1	774,426.50 0.00	805,938.00 4,972.92	31,511.50	103.992	0.50%
375,000.000	JPMORGAN CHASE Mat: 4/1/23 Cpn: 3.21% Moody's: A2 S&P: A- Fitch: AA- Tr Date: 3/15/19 St Date: 3/22/19	46647PBB1	375,000.00 0.00	388,845.00 3,006.56	13,845.00	103.692	0.24%
200,000.000	JOHN DEERE CAPITAL CORP Mat: 4/6/23 Cpn: 1.20% Moody's: A2 S&P: A Fitch: A Tr Date: 3/4/20 St Date: 3/9/20	24422EVE6	199,952.00 0.00	204,252.00 566.67	4,300.00	102.126	0.13%
800,000.000	EXXON MOBIL Mat: 4/15/23 Cpn: 1.57% Moody's: Aa1 S&P: AA Fitch: Tr Date: 4/13/20 St Date: 4/15/20	30231GBL5	800,000.00 0.00	823,744.00 2,653.24	23,744.00	102.968	0.51%
490,000.000	PEPSICO Mat: 5/1/23 Cpn: 0.75% Moody's: A1 S&P: A+ Fitch: WD Tr Date: 4/29/20 St Date: 5/1/20	713448EY0	489,029.80 0.00	497,095.20 612.50	8,065.40	101.448	0.31%
560,000.000	APPLE Mat: 5/11/23 Cpn: 0.75% Moody's: Aa1 S&P: AA+ Fitch: Tr Date: 5/4/20 St Date: 5/11/20	037833DV9	558,476.80 0.00	567,263.20 583.33	8,786.40	101.297	0.35%
175,000.000	CHEVRON Mat: 5/11/23 Cpn: 1.14% Moody's: Aa2 S&P: AA Fitch: Tr Date: 5/7/20 St Date: 5/11/20	166764BV1	175,000.00 0.00	178,699.50 277.33	3,699.50	102.114	0.11%
225,000.000	CONSUMERS ENERGY Mat: 6/1/23 Cpn: 0.35% Moody's: Aa3 S&P: A Fitch: A+ Tr Date: 12/2/20 St Date: 12/14/20	210518DM5	224,923.50 0.00	225,501.75 37.19	578.25	100.223	0.14%
150,000.000	INTERCONTINENTALEXCHANGE Mat: 6/15/23 Cpn: 0.70% Moody's: A3 S&P: BBB+ Fitch: Tr Date: 8/17/20 St Date: 8/20/20	45866FAM6	149,854.50 0.00	151,218.00 46.67	1,363.50	100.812	0.09%
600,000.000	CATERPILLAR Mat: 7/7/23 Cpn: 0.65% Moody's: A3 S&P: A Fitch: A Tr Date: 7/6/20 St Date: 7/8/20	14913R2D8	599,664.00 0.00	605,238.00 1,874.17	5,574.00	100.873	0.38%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost Purchased Accrued	Principal Market Value Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
780,000.000	COMERICA Mat: 7/31/23 Cpn: 3.70% Moody's: A3 S&P: BBB+ Fitch: A- Tr Date: 2/19/20 St Date: 2/21/20	200340AS6	826,807.80 1,683.50	842,305.62 12,105.17	15,497.82	107.988	0.53%
670,000.000	GILEAD SCIENCES Mat: 9/29/23 Cpn: 0.75% Moody's: A3 S&P: BBB+ Fitch: Tr Date: 9/23/20 St Date: 9/30/20	375558BW2	670,135.50 0.00	671,943.00 1,270.21	1,807.50	100.290	0.42%
450,000.000	MORGAN STANLEY Mat: 11/10/23 Cpn: 0.56% Moody's: A2 S&P: BBB+ Fitch: A Tr Date: 11/9/20 St Date: 11/13/20	6174468T9	450,000.00 0.00	450,954.00 336.00	954.00	100.212	0.28%
340,000.000	BRISTOL-MYERS SQUIBB Mat: 11/13/23 Cpn: 0.54% Moody's: A2 S&P: A+ Fitch: A- Tr Date: 11/9/20 St Date: 11/13/20	110122DT2	340,000.00 0.00	340,649.40 243.44	649.40	100.191	0.21%
585,000.000	ENTERGY LOUISIANA Mat: 11/17/23 Cpn: 0.62% Moody's: A2 S&P: A Fitch: Tr Date: 11/17/20 St Date: 11/24/20	29364WBF4	585,086.10 0.00	586,953.90 372.78	1,867.80	100.334	0.36%
565,000.000	GOLDMAN SACHS Mat: 11/17/23 Cpn: 0.63% Moody's: A3 S&P: BBB+ Fitch: A Tr Date: 11/16/20 St Date: 11/19/20	38141GXL3	565,000.00 0.00	567,728.95 413.30	2,728.95	100.483	0.35%
565,000.000	KEY BANK Mat: 1/3/24 Cpn: 0.42% Moody's: A3 S&P: A- Fitch: A- Tr Date: 12/7/20 St Date: 12/16/20	49327M3A0	565,000.00 0.00	565,621.50 99.58	621.50	100.110	0.35%
250,000.000	FIRST REPUBLIC BANK Mat: 2/12/24 Cpn: 1.91% Moody's: Baa1 S&P: A- Fitch: A- Tr Date: 2/5/20 St Date: 2/12/20	33616CHQ6	250,000.00 0.00	257,660.00 1,845.61	7,660.00	103.064	0.16%
265,000.000	PHILLIPS 66 Mat: 2/15/24 Cpn: 0.90% Moody's: A3 S&P: BBB+ Fitch: Tr Date: 11/16/20 St Date: 11/18/20	718546AY0	264,713.80 0.00	265,922.20 284.88	1,208.40	100.348	0.17%
450,000.000	JPMORGAN CHASE Mat: 9/16/24 Cpn: 0.65% Moody's: A2 S&P: A- Fitch: AA- Tr Date: 9/9/20 St Date: 9/16/20	46647PBS4	450,000.00 0.00	452,736.00 857.06	2,736.00	100.608	0.28%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost / Purchased Accrued	Principal Market Value / Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
835,000.000	BANK OF AMERICA Mat: 10/24/24 Cpn: 0.81% Moody's: A2 S&P: A- Fitch: A+ Tr Date: 10/16/20 St Date: 10/21/20	06051GJH3	835,000.00 0.00	843,901.10 1,315.13	8,901.10	101.066	0.52%
800,000.000	CITIBANK Mat: 10/30/24 Cpn: 0.78% Moody's: A3 S&P: BBB+ Fitch: A Tr Date: 10/23/20 St Date: 10/30/20	172967MT5	800,000.00 0.00	806,152.00 1,051.91	6,152.00	100.769	0.50%
50,000.000	NIKE Mat: 3/27/25 Cpn: 2.40% Moody's: A1 S&P: AA- Fitch: Tr Date: 3/25/20 St Date: 3/27/20	654106AH6	49,932.00 0.00	53,916.00 313.33	3,984.00	107.832	0.03%
170,000.000	ORACLE Mat: 4/1/25 Cpn: 2.50% Moody's: A3 S&P: A Fitch: A- Tr Date: 3/30/20 St Date: 4/1/20	68389XBT1	169,937.10 0.00	182,724.50 1,062.50	12,787.40	107.485	0.11%
240,000.000	MORGAN STANLEY Mat: 10/21/25 Cpn: 0.86% Moody's: A2 S&P: BBB+ Fitch: A Tr Date: 10/16/20 St Date: 10/21/20	6174468R3	240,000.00 0.00	241,881.60 403.20	1,881.60	100.784	0.15%
Total for Credit			**31,778,608.37** **60,855.57**	**32,330,068.76** **154,163.50**	**551,460.39**		**20.18%**
Mortgage-Backed							
91,293.890	FNA 2011-M5 A2 CMBS Mat: 7/25/21 Cpn: 2.94% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 9/26/18 St Date: 9/28/18	3136A07H4	90,780.36 201.30	92,417.26 223.67	1,636.90	101.231	0.06%
232,799.432	FNA 2018-M5 A2 CMBS Mat: 9/25/21 Cpn: 3.56% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 4/10/18 St Date: 4/30/18	3136B1XP4	237,430.05 667.62	233,959.70 690.64	(3,470.34)	100.498	0.15%
1,200,000.000	FHMS K020 A2 CMBS Mat: 5/25/22 Cpn: 2.37% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 7/25/19 St Date: 7/30/19	3137ATRW4	1,220,943.75 1,467.31	1,228,410.00 2,373.00	7,466.25	102.368	0.76%
353,652.232	FNA 2013-M1 A2 CMBS Mat: 8/25/22 Cpn: 2.36% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 10/28/19 St Date: 10/31/19	3136ABPW7	356,028.33 696.88	361,728.94 696.88	5,700.61	102.284	0.23%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost / Purchased Accrued	Principal Market Value / Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
1,540,000.000	FHMS KSMC A2 CMBS Mat: 1/25/23 Cpn: 2.62% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 2/24/20 St Date: 2/27/20	3137B04Y7	1,580,425.00 2,908.46	1,612,087.40 3,355.92	31,662.40	104.681	1.00%
578,710.842	FHMS KS01 A2 CMBS Mat: 1/25/23 Cpn: 2.52% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 11/22/19 St Date: 11/27/19	3137B1U75	585,628.25 1,054.09	595,413.59 1,216.26	9,785.35	102.886	0.37%
1,370,000.000	FHMS K029 A2 CMBS Mat: 2/25/23 Cpn: 3.32% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 8/14/19 St Date: 8/19/19	3137B36J2	1,431,430.08 2,245.61	1,450,523.12 3,790.33	19,093.04	105.878	0.90%
402,412.946	FHMS K724 A1 CMBS Mat: 3/25/23 Cpn: 2.78% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 7/9/18 St Date: 7/12/18	3137BTTZ4	399,709.24 341.34	409,534.85 930.92	9,825.61	101.770	0.25%
1,380,000.000	FHMS K031 A2 Mat: 4/25/23 Cpn: 3.30% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 3/5/20 St Date: 3/10/20	3137B3NX2	1,470,239.06 1,138.50	1,468,713.30 3,795.00	(1,525.76)	106.429	0.91%
1,410,000.000	FHMS K033 A2 Mat: 7/25/23 Cpn: 3.06% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 2/27/20 St Date: 3/3/20	3137B4WB8	1,479,839.06 239.70	1,499,681.64 3,595.50	19,842.58	106.360	0.93%
820,000.000	FHMS K034 A2 Mat: 7/25/23 Cpn: 3.53% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 3/6/20 St Date: 3/11/20	3137B5JM6	881,500.00 804.28	882,640.62 2,412.85	1,140.62	107.639	0.55%
620,250.900	FHMS KI05 A Mat: 7/25/24 Cpn: 0.49% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 1/16/20 St Date: 1/28/20	3137FQXG3	620,250.90 0.00	622,511.09 58.85	2,260.19	100.364	0.39%
622,264.660	FHMS KJ30 A1 CMBS Mat: 1/25/25 Cpn: 0.53% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 7/23/20 St Date: 7/30/20	3137FUZN7	622,252.84 263.67	624,479.30 272.76	2,226.46	100.356	0.39%
729,078.073	FHMS KJ28 A1 Mat: 2/25/25 Cpn: 1.77% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 2/19/20 St Date: 2/27/20	3137FREB3	729,075.16 929.90	755,367.17 1,072.96	26,292.01	103.606	0.47%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost Purchased Accrued	Principal Market Value Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
Total for Mortgage-Backed			**11,705,532.07** **12,958.66**	**11,837,468.00** **24,485.54**	**131,935.93**		**7.37%**
Asset-Backed							
30,424.296	BMW 2018-1 A3 LEASE Mat: 7/20/21 Cpn: 3.26% Moody's: Aaa S&P: AAA Fitch: Tr Date: 10/10/18 St Date: 10/17/18	05586CAC8	30,420.07 0.00	30,461.14 30.31	41.07	100.121	0.02%
270,000.000	BMW 2018-1 A4 LEASE Mat: 3/21/22 Cpn: 3.36% Moody's: Aaa S&P: AAA Fitch: Tr Date: 10/10/18 St Date: 10/17/18	05586CAD6	269,997.60 0.00	270,949.21 277.20	951.61	100.352	0.17%
460,323.535	HONDA 2018-3 A3 CAR Mat: 8/22/22 Cpn: 2.95% Moody's: Aaa S&P: Fitch: AAA Tr Date: 8/21/18 St Date: 8/28/18	43815HAC1	460,260.38 0.00	465,798.16 377.21	5,537.78	101.189	0.29%
340,000.000	VOLKSWAGEN 2019-A A3 LEASE Mat: 11/21/22 Cpn: 1.99% Moody's: S&P: AAA Fitch: AAA Tr Date: 10/1/19 St Date: 10/4/19	92867XAD8	339,994.63 0.00	345,481.14 206.74	5,486.51	101.612	0.21%
400,000.000	MERCEDES 2020-A A3 CAR LEASE Mat: 12/15/22 Cpn: 1.84% Moody's: Aaa S&P: AAA Fitch: Tr Date: 1/21/20 St Date: 1/29/20	58770FAC6	399,947.28 0.00	405,643.60 327.11	5,696.32	101.411	0.25%
668,813.942	JOHN DEERE 2019-A A3 EQP Mat: 7/17/23 Cpn: 2.91% Moody's: Aaa S&P: Fitch: AAA Tr Date: 3/5/19 St Date: 3/13/19	47789JAD8	668,731.74 0.00	680,047.94 865.00	11,316.20	101.680	0.42%
894,047.657	TOYOTA 2019-A A3 CAR Mat: 7/17/23 Cpn: 2.91% Moody's: Aaa S&P: AAA Fitch: Tr Date: 2/5/19 St Date: 2/13/19	89239AAD5	893,884.77 0.00	909,888.39 1,156.30	16,003.63	101.772	0.57%
720,000.000	HONDA 2019-3 A3 CAR Mat: 8/15/23 Cpn: 1.78% Moody's: Aaa S&P: AAA Fitch: Tr Date: 8/20/19 St Date: 8/27/19	43815NAC8	719,994.02 0.00	731,952.00 569.60	11,957.98	101.660	0.45%
730,000.000	TOYOTA 2019-C A3 CAR Mat: 9/15/23 Cpn: 1.91% Moody's: Aaa S&P: AAA Fitch: Tr Date: 8/6/19 St Date: 8/14/19	89238UAD2	729,994.01 0.00	741,666.86 619.69	11,672.85	101.598	0.46%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost / Purchased Accrued	Principal Market Value / Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
550,000.000	FIFTH THIRD 2019-1 A3 CAR Mat: 12/15/23 Cpn: 2.64% Moody's: Aaa S&P: AAA Fitch: Tr Date: 4/30/19 St Date: 5/8/19	31680YAD9	549,879.11 0.00	559,596.40 645.33	9,717.29	101.745	0.35%
950,000.000	BMW 2019-A A3 CAR Mat: 1/25/24 Cpn: 1.92% Moody's: S&P: AAA Fitch: AAA Tr Date: 9/10/19 St Date: 9/18/19	05588CAC6	949,872.32 0.00	964,600.55 304.00	14,728.23	101.537	0.60%
1,710,000.000	HARLEY 2019-A A3 CYCLE Mat: 2/15/24 Cpn: 2.34% Moody's: Aaa S&P: Fitch: AAA Tr Date: 6/19/19 St Date: 6/26/19	41284WAC4	1,709,867.65 0.00	1,734,562.44 1,778.40	24,694.79	101.436	1.08%
790,000.000	MERCEDES 2019-1 A3 CAR Mat: 3/15/24 Cpn: 1.94% Moody's: Aaa S&P: AAA Fitch: Tr Date: 9/18/19 St Date: 9/25/19	58769TAD7	789,891.22 0.00	804,294.26 681.16	14,403.04	101.809	0.50%
340,000.000	SDART 2020-2 A3 CAR Mat: 4/15/24 Cpn: 0.67% Moody's: Aaa S&P: Fitch: AAA Tr Date: 7/14/20 St Date: 7/22/20	80285RAD0	339,960.87 0.00	341,195.44 101.24	1,234.57	100.352	0.21%
850,000.000	VERIZON 2019-C A1A PHONE Mat: 4/22/24 Cpn: 1.94% Moody's: S&P: AAA Fitch: AAA Tr Date: 10/1/19 St Date: 10/8/19	92348AAA3	849,934.47 0.00	868,561.45 503.86	18,626.98	102.184	0.54%
250,000.000	DRIVE 2020-2 A3 CAR Mat: 5/15/24 Cpn: 0.83% Moody's: Aaa S&P: AAA Fitch: Tr Date: 6/10/20 St Date: 6/17/20	26208VAD8	249,990.45 0.00	251,303.25 92.22	1,312.80	100.521	0.16%
960,000.000	SDART 2020-3 A3 CAR Mat: 7/15/24 Cpn: 0.52% Moody's: Aaa S&P: Fitch: AAA Tr Date: 9/15/20 St Date: 9/23/20	80285WAD9	959,908.22 0.00	962,640.96 221.87	2,732.74	100.275	0.60%
800,000.000	SDART 2020-4 A3 CAR Mat: 7/15/24 Cpn: 0.48% Moody's: Aaa S&P: Fitch: AAA Tr Date: 11/17/20 St Date: 11/24/20	80286WAD8	799,882.32 0.00	802,609.60 170.67	2,727.28	100.326	0.50%
1,230,000.000	JOHN DEERE 2020-A A3 EQP Mat: 8/15/24 Cpn: 1.10% Moody's: Aaa S&P: Fitch: AAA Tr Date: 3/4/20 St Date: 3/11/20	47789KAC7	1,229,924.85 0.00	1,246,186.80 601.33	16,261.95	101.316	0.77%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security			Identifier	Original Principal Cost Purchased Accrued	Principal Market Value Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
830,000.000	TOYOTA 2020-C A3 CAR			89237VAB5	829,936.09 0.00	833,095.07 162.31	3,158.98	100.373	0.52%
	Mat: 10/15/24	Cpn: 0.44%							
	Moody's: Aaa	S&P: AAA	Fitch:						
	Tr Date: 7/21/20	St Date: 7/27/20							
1,200,000.000	HONDA 2020-3 A3 CAR			43813KAC6	1,199,823.72 0.00	1,202,504.40 160.33	2,680.68	100.209	0.75%
	Mat: 10/18/24	Cpn: 0.37%							
	Moody's:	S&P: AAA	Fitch: AAA						
	Tr Date: 9/22/20	St Date: 9/29/20							
830,000.000	CAPITAL ONE 2020-1 A3 CAR			14043MAC5	829,823.54 0.00	846,487.12 590.22	16,663.58	101.986	0.53%
	Mat: 11/15/24	Cpn: 1.60%							
	Moody's:	S&P: AAA	Fitch: AAA						
	Tr Date: 2/11/20	St Date: 2/19/20							
Total for Asset-Backed					**15,801,919.33** **0.00**	**15,999,526.19** **10,442.11**	**197,606.86**		**9.94%**
Grand Total					**159,304,693.85** **136,054.39**	**160,575,725.97** **422,346.86**	**1,271,032.12**		**100.00%**

MetLife Investment Management

Reporting Account Name	Security ID	Security Description 1	Security Description 2	Sector	Shares/Par	Base Cost	Accrued Interest	Base Market Value	Base Unrealized Gain	Base Unrealized Loss	Percent of Asset	Moody's Rating	S&P Rating	Fitch Rating
CALOPTIMA S1-3	GL-110000	CASH			0.0000	2,089,184.92	0.00	2,089,184.92	0.00	0.00	0.00			
CALOPTIMA S1-3	GL-220010	PAYABLE FOR INVESTMENTS PURCHASED			0.0000	-1,599,901.24	0.00	-1,599,901.24	0.00	0.00	0.00			
CALOPTIMA S1-3	05522RCZ9	BA CREDIT CARD TRUST A2 A2	3.000% 09/15/2023 DD 05/17/18	Asset Backed	1,200,000.0000	1,213,191.34	1,600.00	1,209,431.76	0.00	-3,759.58	0.76	Aaa	AAA	NR
CALOPTIMA S1-3	05522RCZ9	BA CREDIT CARD TRUST A2 A2	3.000% 09/15/2023 DD 05/17/18	Asset Backed	430,000.0000	434,726.10	573.33	433,379.71	0.00	-1,346.39	0.27	Aaa	AAA	NR
CALOPTIMA S1-3	05586VAD4	BMW VEHICLE LEASE TRUST 2 1 A4	2.920% 08/22/2022 DD 03/20/19	Asset Backed	1,900,000.0000	1,915,471.01	1,695.22	1,920,727.86	5,256.85	0.00	1.21	Aaa	AAA	NR
CALOPTIMA S1-3	17305EFM2	CITIBANK CREDIT CARD ISS A1 A1	2.880% 01/23/2023 DD 01/24/14	Asset Backed	855,000.0000	854,232.39	10,944.00	856,129.54	1,897.15	0.00	0.54	Aaa	NR	AAA
CALOPTIMA S1-3	17305EGK5	CITIBANK CREDIT CARD ISS A1 A1	2.490% 01/20/2023 DD 01/31/18	Asset Backed	365,000.0000	366,364.49	4,064.58	365,448.48	0.00	-916.01	0.23	Aaa	NR	AAA
CALOPTIMA S1-3	26209AAE1	DRIVE AUTO RECEIVABLES TRU 4 B	2.230% 01/16/2024 DD 09/18/19	Asset Backed	585,000.0000	584,943.87	579.80	590,999.58	6,055.71	0.00	0.37	Aaa	AA	NR
CALOPTIMA S1-3	31680YAB3	FIFTH THIRD AUTO TRUST 2 1 A2A	2.660% 05/16/2022 DD 05/08/19	Asset Backed	8,520.0000	8,519.76	10.07	8,527.60	7.84	0.00	0.01	Aaa	AAA	NR
CALOPTIMA S1-3	34528QFU3	FORD CREDIT FLOORPLAN MAST 3 A	2.480% 09/15/2024 DD 10/11/17	Asset Backed	325,000.0000	336,674.96	358.22	336,878.69	203.73	0.00	0.21	NR	AAA	AAA
CALOPTIMA S1-3	34528QHK3	FORD CREDIT FLOORPLAN MAS 1 A1	0.700% 09/15/2025 DD 09/18/20	Asset Backed	1,570,000.0000	1,569,913.56	488.44	1,581,112.62	11,199.06	0.00	1.00	Aaa	NR	AAA
CALOPTIMA S1-3	362569AE5	GM FINANCIAL AUTOMOBILE LE 3 B	0.760% 10/21/2024 DD 09/29/20	Asset Backed	2,000,000.0000	2,000,660.31	464.44	2,008,290.80	7,630.49	0.00	1.26	Aa1	AA+	NR
CALOPTIMA S1-3	65478LAB5	NISSAN AUTO LEASE TRUST B A2A	2.270% 10/15/2021 DD 07/24/19	Asset Backed	85,137.9100	85,135.23	85.89	85,226.20	90.97	0.00	0.05	Aaa	AAA	AAA
CALOPTIMA S1-3	3137BJP56	FHLMC MULTICLASS MTG K046 A1	2.697% 01/25/2025 DD 06/01/15	CMBS	260,533.7070	270,640.95	585.55	270,922.49	281.54	0.00	0.17	Agency	AA+	AAA
CALOPTIMA S1-3	3137BKRH5	FHLMC MULTICLASS MTG K047 A1	2.827% 12/25/2024 DD 07/01/15	CMBS	302,581.8670	307,806.78	712.83	316,154.21	8,347.43	0.00	0.20	Agency	AA+	AAA
CALOPTIMA S1-3	3137BWVV3	FHLMC MULTICLASS MTG KJ13 A2	2.864% 08/25/2022 DD 04/01/17	CMBS	140,976.1000	142,503.11	336.46	144,798.30	2,295.19	0.00	0.09	Agency	AA+	Agency
CALOPTIMA S1-3	3137FHPZ0	FHLMC MULTICLASS MTG KC02 A1	3.254% 02/25/2025 DD 09/01/18	CMBS	539,922.1550	571,510.38	1,464.09	574,433.06	2,922.68	0.00	0.36	Agency	AA+	Agency
CALOPTIMA S1-3	31381QB54	FNMA POOL #0467260	4.410% 03/01/2021 DD 03/01/11	CMBS	1,034,014.1720	1,035,623.24	3,926.67	1,033,542.54	0.00	-2,080.70	0.65	Agency	AA+	Agency
CALOPTIMA S1-3	3138EKXL4	FNMA POOL #0AL3382	VAR RT 03/01/2023 DD 03/01/13	CMBS	290,861.5150	292,886.33	582.33	298,085.14	5,198.81	0.00	0.19	Agency	AA+	Agency
CALOPTIMA S1-3	3138L0MH1	FNMA POOL #0AM0359	2.310% 08/01/2022 DD 08/01/12	CMBS	1,022,135.4570	1,027,794.94	2,033.20	1,042,204.02	14,409.08	0.00	0.66	Agency	AA+	Agency
CALOPTIMA S1-3	3138L2GH4	FNMA POOL #0AM1999	1.870% 07/01/2021 DD 01/01/13	CMBS	964,301.0370	958,960.93	1,552.79	965,116.85	6,155.92	0.00	0.61	Agency	AA+	Agency
CALOPTIMA S1-3	3138L2GH4	FNMA POOL #0AM1999	1.870% 07/01/2021 DD 01/01/13	CMBS	246,293.3360	245,942.21	396.60	246,501.71	559.50	0.00	0.16	Agency	AA+	Agency
CALOPTIMA S1-3	3140JAU97	FNMA POOL #0BM6007	VAR RT 05/01/2023 DD 05/01/19	CMBS	521,214.2060	537,752.46	1,173.22	535,286.53	0.00	-2,465.93	0.34	Agency	AA+	Agency
CALOPTIMA S1-3	00206RHP0	AT&T INC	VAR RT 12/15/2023 DD 06/05/19	Corporates	1,280,000.0000	1,415,915.95	2,304.00	1,416,192.96	277.01	0.00	0.89	Baa2	BBB	A-
CALOPTIMA S1-3	025816BM0	AMERICAN EXPRESS CO	2.500% 08/01/2022 DD 08/01/17	Corporates	1,100,000.0000	1,118,620.55	11,458.33	1,134,942.95	16,322.40	0.00	0.71	A3	BBB+	A
CALOPTIMA S1-3	0258M0EH8	AMERICAN EXPRESS CREDIT CORP	VAR RT 03/03/2022 DD 03/03/17	Corporates	1,000,000.0000	1,001,137.13	750.78	1,006,196.06	5,058.93	0.00	0.63	A2	A-	A
CALOPTIMA S1-3	05531FBG7	TRUIST FINANCIAL CORP	3.050% 06/20/2022 DD 03/18/19	Corporates	750,000.0000	768,838.50	698.96	778,426.70	9,588.20	0.00	0.49	A3	A-	A
CALOPTIMA S1-3	05531FBJ1	TRUIST FINANCIAL CORP	2.200% 03/16/2023 DD 09/16/19	Corporates	1,175,000.0000	1,174,444.82	7,539.58	1,219,715.38	45,270.56	0.00	0.77	A3	A-	A
CALOPTIMA S1-3	06051GHC6	BANK OF AMERICA CORP	VAR RT 12/20/2023 DD 12/20/17	Corporates	1,070,000.0000	1,119,087.06	982.14	1,126,185.70	7,098.64	0.00	0.71	A2	A-	A+
CALOPTIMA S1-3	06051GJH3	BANK OF AMERICA CORP	VAR RT 10/24/2024 DD 10/21/20	Corporates	1,200,000.0000	1,203,366.69	1,890.00	1,211,213.05	7,846.36	0.00	0.76	A2	A-	A+
CALOPTIMA S1-3	14913R2D8	CATERPILLAR FINANCIAL SERVICES	0.650% 07/07/2023 DD 07/08/20	Corporates	1,190,000.0000	1,189,439.80	3,717.10	1,199,969.53	10,529.73	0.00	0.76	A3	A	A
CALOPTIMA S1-3	172967LC3	CITIGROUP INC	2.900% 12/08/2021 DD 12/08/16	Corporates	855,000.0000	857,325.67	1,584.13	873,477.88	16,152.21	0.00	0.55	A3	BBB+	A
CALOPTIMA S1-3	17308CC46	CITIGROUP INC	VAR RT 11/04/2022 DD 11/04/19	Corporates	1,260,000.0000	1,260,000.00	4,612.44	1,280,131.95	20,131.95	0.00	0.81	A3	BBB+	A
CALOPTIMA S1-3	38141GXL3	GOLDMAN SACHS GROUP INC/THE	VAR RT 11/17/2023 DD 11/19/20	Corporates	1,390,000.0000	1,390,000.00	1,016.79	1,395,624.37	5,624.37	0.00	0.88	A3	BBB+	A
CALOPTIMA S1-3	38141GXL3	GOLDMAN SACHS GROUP INC/THE	VAR RT 11/17/2023 DD 11/19/20	Corporates	1,400,000.0000	1,401,746.53	1,024.10	1,405,664.83	3,918.30	0.00	0.89	A3	BBB+	A
CALOPTIMA S1-3	438516CC8	HONEYWELL INTERNATIONAL INC	0.483% 08/19/2022 DD 08/19/20	Corporates	1,565,000.0000	1,565,000.00	2,771.62	1,567,504.00	2,504.00	0.00	0.99	A2	A	A
CALOPTIMA S1-3	4581X0CN6	INTER-AMERICAN DEVELOPMENT BAN	1.750% 04/14/2022 DD 04/15/15	Corporates	460,000.0000	460,612.46	1,721.81	469,267.66	8,655.20	0.00	0.30	Aaa	AAA	AAA
CALOPTIMA S1-3	4581X0CN6	INTER-AMERICAN DEVELOPMENT BAN	1.750% 04/14/2022 DD 04/15/15	Corporates	755,000.0000	756,030.06	2,826.01	770,211.06	14,181.00	0.00	0.49	Aaa	AAA	AAA
CALOPTIMA S1-3	4581X0CN6	INTER-AMERICAN DEVELOPMENT BAN	1.750% 04/14/2022 DD 04/15/15	Corporates	315,000.0000	315,415.97	1,179.06	321,346.33	5,930.36	0.00	0.20	Aaa	AAA	AAA
CALOPTIMA S1-3	4581X0CZ9	INTER-AMERICAN DEVELOPMENT BAN	1.750% 09/14/2022 DD 09/14/17	Corporates	750,000.0000	746,435.55	3,901.04	770,058.81	23,623.26	0.00	0.48	Aaa	AAA	AAA
CALOPTIMA S1-3	4581X0CZ9	INTER-AMERICAN DEVELOPMENT BAN	1.750% 09/14/2022 DD 09/14/17	Corporates	3,000,000.0000	2,997,604.34	15,604.17	3,080,235.24	82,630.90	0.00	1.94	Aaa	AAA	AAA
CALOPTIMA S1-3	459058GX5	INTERNATIONAL BANK FOR RECONST	1.875% 06/19/2023 DD 06/19/19	Corporates	1,100,000.0000	1,111,116.10	687.50	1,144,750.53	33,634.43	0.00	0.72	Aaa	AAA	NR
CALOPTIMA S1-3	46647PAY2	JPMORGAN CHASE & CO	VAR RT 12/05/2024 DD 12/05/18	Corporates	1,450,000.0000	1,592,450.94	4,212.98	1,597,361.15	4,910.21	0.00	1.01	A2	A-	AA-
CALOPTIMA S1-3	46647PAY2	JPMORGAN CHASE & CO	VAR RT 12/05/2024 DD 12/05/18	Corporates	1,400,000.0000	1,536,032.55	4,067.70	1,542,279.73	6,247.18	0.00	0.97	A2	A-	AA-
CALOPTIMA S1-3	49327M2Q6	KEYBANK NA/CLEVELAND OH	2.500% 11/22/2021 DD 11/22/16	Corporates	500,000.0000	497,017.58	1,354.17	509,615.44	12,597.86	0.00	0.32	A3	A-	A-
CALOPTIMA S1-3	49327M2Y9	KEYBANK NA/CLEVELAND OH	VAR RT 02/01/2022 DD 02/01/19	Corporates	1,670,000.0000	1,670,000.00	2,474.25	1,679,712.09	9,712.09	0.00	1.06	A3	A-	A-
CALOPTIMA S1-3	6174468T9	MORGAN STANLEY	VAR RT 11/10/2023 DD 11/13/20	Corporates	2,230,000.0000	2,230,000.00	1,665.06	2,235,161.73	5,161.73	0.00	1.41	A2	BBB+	A
CALOPTIMA S1-3	6174468T9	MORGAN STANLEY	VAR RT 11/10/2023 DD 11/13/20	Corporates	700,000.0000	700,371.65	522.67	701,620.28	1,248.63	0.00	0.44	A2	BBB+	A
CALOPTIMA S1-3	65339KBF6	NEXTERA ENERGY CAPITAL HOLDING	2.900% 04/01/2022 DD 04/04/19	Corporates	1,500,000.0000	1,533,682.95	10,875.00	1,547,836.04	14,153.09	0.00	0.97	Baa1	BBB+	A-
CALOPTIMA S1-3	69353RFT0	PNC BANK NA	VAR RT 02/24/2023 DD 02/25/20	Corporates	250,000.0000	250,000.00	1,537.23	253,862.23	3,862.23	0.00	0.16	A2	A	A+
CALOPTIMA S1-3	87236YAG3	TD AMERITRADE HOLDING CORP	VAR RT 11/01/2021 DD 11/01/18	Corporates	1,875,000.0000	1,862,823.85	2,047.25	1,879,965.69	17,141.84	0.00	1.18	A2	A	NR
CALOPTIMA S1-3	91159HHV5	US BANCORP	3.375% 02/05/2024 DD 02/04/19	Corporates	2,885,000.0000	3,132,967.24	39,488.44	3,140,706.58	7,739.34	0.00	1.98	A1	A+	A+
CALOPTIMA S1-3	92343VBR4	VERIZON COMMUNICATIONS INC	5.150% 09/15/2023 DD 09/18/13	Corporates	1,200,000.0000	1,332,589.06	18,196.67	1,352,209.62	19,620.56	0.00	0.85	Baa1	BBB+	A-
CALOPTIMA S1-3	95000U2B8	WELLS FARGO & CO	2.625% 07/22/2022 DD 07/24/17	Corporates	1,500,000.0000	1,518,476.36	17,390.63	1,552,677.89	34,201.53	0.00	0.98	A2	BBB+	A+
CALOPTIMA S1-3	95000U2B8	WELLS FARGO & CO	2.625% 07/22/2022 DD 07/24/17	Corporates	750,000.0000	759,296.44	8,695.31	776,338.94	17,042.50	0.00	0.49	A2	BBB+	A+
CALOPTIMA S1-3	04609QAC3	ASSOCIATION OF AMERICAN MEDICA	1.926% 10/01/2022 DD 01/29/20	Municipals	1,170,000.0000	1,170,000.00	5,633.55	1,184,848.19	14,848.19	0.00	0.75	NR	A+	AA
CALOPTIMA S1-3	072024WW8	BAY AREA CA TOLL AUTH TOLL BRI	2.128% 04/01/2022 DD 09/26/19	Municipals	1,145,000.0000	1,145,000.00	6,091.40	1,169,159.50	24,159.50	0.00	0.74	A1	AA-	AA-
CALOPTIMA S1-3	072024WW8	BAY AREA CA TOLL AUTH TOLL BRI	2.128% 04/01/2022 DD 09/26/19	Municipals	425,000.0000	426,362.88	2,261.00	433,967.50	7,604.62	0.00	0.27	A1	AA-	AA-
CALOPTIMA S1-3	072722AC5	BAYCARE HEALTH SYSTEM INC	2.610% 11/15/2022 DD 04/16/20	Municipals	560,000.0000	564,685.45	1,867.60	582,297.33	17,611.88	0.00	0.37	Aa2	NR	AA
CALOPTIMA S1-3	13032UUY2	CALIFORNIA ST HLTH FACS FING A	1.896% 06/01/2021 DD 11/25/19	Municipals	860,000.0000	860,000.00	1,358.80	865,400.80	5,400.80	0.00	0.55	Aa3	AA-	AA-
CALOPTIMA S1-3	13063DLZ9	CALIFORNIA ST	3.000% 04/01/2024 DD 04/04/19	Municipals	1,235,000.0000	1,278,920.48	9,262.50	1,335,170.85	56,250.37	0.00	0.84	Aa2	AA-	AA
CALOPTIMA S1-3	13066YTY5	CALIFORNIA ST DEPT OF WTR RESO	1.713% 05/01/2021 DD 09/28/16	Municipals	879,438.7100	879,438.71	2,510.80	883,686.40	4,247.69	0.00	0.56	NR	AA+	NR
CALOPTIMA S1-3	13067WRB0	CALIFORNIA ST DEPT OF WTR RESO	0.560% 12/01/2024 DD 08/06/20	Municipals	825,000.0000	825,000.00	385.00	829,224.00	4,224.00	0.00	0.52	Aa1	AAA	NR

Back to Agenda

Reporting Account Name	Security ID	Security Description 1	Security Description 2	Sector	Shares/Par	Base Cost	Accrued Interest	Base Market Value	Base Unrealized Gain	Base Unrealized Loss	Percent of Asset	Moody's Rating	S&P Rating	Fitch Rating
CALOPTIMA S1-3	157432KA2	CHAFFEY CA CMNTY CLG DIST	1.606% 06/01/2022 DD 09/24/19	Municipals	285,000.0000	285,000.00	381.43	289,565.70	4,565.70	0.00	0.18	Aa2	AA	NR
CALOPTIMA S1-3	283062DL8	EL DORADO CA IRR DIST REVENUE	0.871% 03/01/2023 DD 06/23/20	Municipals	280,000.0000	280,000.00	812.93	282,511.60	2,511.60	0.00	0.18	Aa3	AA-	NR
CALOPTIMA S1-3	283062DM6	EL DORADO CA IRR DIST REVENUE	1.080% 03/01/2024 DD 06/23/20	Municipals	280,000.0000	280,000.00	1,008.00	284,480.00	4,480.00	0.00	0.18	Aa3	AA-	NR
CALOPTIMA S1-3	41978CAV7	HAWAII ST ARPTS SYS CUSTOMER F	1.819% 07/01/2022 DD 08/27/19	Municipals	285,000.0000	285,000.00	2,592.08	288,220.50	3,220.50	0.00	0.18	A2	A-	A
CALOPTIMA S1-3	41978CAX3	HAWAII ST ARPTS SYS CUSTOMER F	2.008% 07/01/2024 DD 08/27/19	Municipals	285,000.0000	285,000.00	2,861.40	292,732.05	7,732.05	0.00	0.18	A2	A-	A
CALOPTIMA S1-3	544587Y28	LOS ANGELES CA MUNI IMPT CORPL	0.515% 11/01/2022 DD 08/20/20	Municipals	350,000.0000	350,000.00	655.91	350,437.50	437.50	0.00	0.22	NR	AA-	NR
CALOPTIMA S1-3	544587Y36	LOS ANGELES CA MUNI IMPT CORPL	0.650% 11/01/2023 DD 08/20/20	Municipals	280,000.0000	280,000.00	662.28	279,386.80	0.00	-613.20	0.18	NR	AA-	NR
CALOPTIMA S1-3	576000XB4	MASSACHUSETTS ST SCH BLDG AUTH	1.963% 10/15/2022 DD 11/20/19	Municipals	720,000.0000	720,000.00	2,983.76	737,517.60	17,517.60	0.00	0.46	Aa3	AA	AA+
CALOPTIMA S1-3	576051VW3	MASSACHUSETTS ST WTR RESOURCES	1.772% 08/01/2023 DD 11/01/19	Municipals	945,000.0000	945,000.00	6,977.25	980,702.10	35,702.10	0.00	0.62	Aa1	AA+	AA+
CALOPTIMA S1-3	605581MY0	MISSISSIPPI ST	0.422% 11/01/2023 DD 08/06/20	Municipals	1,770,000.0000	1,770,000.00	1,244.90	1,776,141.90	6,141.90	0.00	1.12	Aa2	AA	AA
CALOPTIMA S1-3	67759HMU5	OHIO ST SPL OBLG	0.564% 10/01/2023 DD 08/12/20	Municipals	460,000.0000	460,000.00	648.60	462,879.60	2,879.60	0.00	0.29	Aa2	AA	AA
CALOPTIMA S1-3	752147HG6	RANCHO SANTIAGO CA CMNTY CLG D	0.415% 09/01/2023 DD 09/02/20	Municipals	335,000.0000	335,000.00	459.55	336,283.05	1,283.05	0.00	0.21	Aa2	AA	NR
CALOPTIMA S1-3	76913CAW9	RIVERSIDE CNTY CA PENSN OBLG	2.265% 02/15/2022 DD 05/06/20	Municipals	945,000.0000	945,000.00	8,086.05	962,756.55	17,756.55	0.00	0.61	A2	AA	NR
CALOPTIMA S1-3	797272QM6	SAN DIEGO CA CMNTY CLG DIST	1.936% 08/01/2022 DD 10/16/19	Municipals	600,000.0000	600,000.00	4,840.00	615,834.00	15,834.00	0.00	0.39	Aaa	AAA	NR
CALOPTIMA S1-3	797412DL4	SAN DIEGO CNTY CA WTR AUTH	0.593% 05/01/2024 DD 07/22/20	Municipals	560,000.0000	560,000.00	553.47	563,393.60	3,393.60	0.00	0.35	Aa2	AAA	AA+
CALOPTIMA S1-3	797669XV5	SAN FRANCISCO CA BAY AREA RAPI	2.537% 07/01/2022 DD 12/28/17	Municipals	570,000.0000	576,619.59	7,230.45	589,083.60	12,464.01	0.00	0.37	NR	AA+	AA+
CALOPTIMA S1-3	79766DSS9	SAN FRANCISCO CALIF CITY &CNTY	1.782% 05/01/2022 DD 09/10/19	Municipals	845,000.0000	840,835.40	2,509.65	858,917.15	18,081.75	0.00	0.54	A1	A	A+
CALOPTIMA S1-3	79766DST7	SAN FRANCISCO CALIF CITY &CNTY	1.867% 05/01/2023 DD 09/10/19	Municipals	645,000.0000	639,020.12	2,007.03	662,195.70	23,175.58	0.00	0.42	A1	A	A+
CALOPTIMA S1-3	798189RC2	SAN JOSE CA EVERGREEN CMNTY CL	0.598% 09/01/2021 DD 06/16/20	Municipals	110,000.0000	110,000.00	356.31	110,238.70	238.70	0.00	0.07	Aa1	AA+	NR
CALOPTIMA S1-3	798189RD0	SAN JOSE CA EVERGREEN CMNTY CL	0.698% 09/01/2022 DD 06/16/20	Municipals	170,000.0000	170,000.00	642.74	171,246.10	1,246.10	0.00	0.11	Aa1	AA+	NR
CALOPTIMA S1-3	798189RV0	SAN JOSE CA EVERGREEN CMNTY CL	0.501% 09/01/2023 DD 11/19/20	Municipals	170,000.0000	170,000.00	99.37	170,586.50	586.50	0.00	0.11	Aa1	NR	NR
CALOPTIMA S1-3	882724QX8	TEXAS ST	1.614% 10/01/2022 DD 04/23/20	Municipals	915,000.0000	915,000.00	3,692.03	937,692.00	22,692.00	0.00	0.59	Aaa	AAA	NR
CALOPTIMA S1-3	913366HV5	UNIV OF CALIFORNIA CA RGTS MED	1.620% 05/15/2021 DD 08/17/16	Municipals	485,000.0000	483,915.46	1,003.95	487,070.95	3,155.49	0.00	0.31	Aa3	AA-	AA-
CALOPTIMA S1-3	916544ES4	UPPER SANTA CLARA VY CA JT PWR	0.680% 08/01/2023 DD 07/23/20	Municipals	1,010,000.0000	1,010,000.00	3,014.29	1,013,434.00	3,434.00	0.00	0.64	NR	AA	AA-
CALOPTIMA S1-3	916544ET2	UPPER SANTA CLARA VY CA JT PWR	0.827% 08/01/2024 DD 07/23/20	Municipals	1,025,000.0000	1,025,000.00	3,720.35	1,030,002.00	5,002.00	0.00	0.65	NR	AA	AA-
CALOPTIMA S1-3	9174367H4	UTAH ST HSG CORP SF MTGE REVEN	2.100% 01/01/2022 DD 10/02/19	Municipals	620,000.0000	620,000.00	6,510.00	625,028.20	5,028.20	0.00	0.39	Aa2	NR	NR
CALOPTIMA S1-3	9174367J0	UTAH ST HSG CORP SF MTGE REVEN	2.150% 07/01/2022 DD 10/02/19	Municipals	255,000.0000	255,000.00	2,741.25	258,442.50	3,442.50	0.00	0.16	Aa2	NR	NR
CALOPTIMA S1-3	923078CS6	VENTURA CNTY CA PUBLIC FING AU	0.848% 11/01/2022 DD 06/11/20	Municipals	220,000.0000	220,000.00	310.93	221,603.80	1,603.80	0.00	0.14	Aa1	AA+	NR
CALOPTIMA S1-3	923078CT4	VENTURA CNTY CA PUBLIC FING AU	1.048% 11/01/2023 DD 06/11/20	Municipals	280,000.0000	280,000.00	489.06	284,149.60	4,149.60	0.00	0.18	Aa1	AA+	NR
CALOPTIMA S1-3	923078CT4	VENTURA CNTY CA PUBLIC FING AU	1.048% 11/01/2023 DD 06/11/20	Municipals	280,000.0000	280,919.88	489.07	284,149.60	3,229.72	0.00	0.18	Aa1	AA+	NR
CALOPTIMA S1-3	3128MBQD2	FHLMC POOL #G1-2952	6.000% 12/01/2022 DD 12/01/07	RMBS	52,781.0910	53,752.58	263.91	54,417.58	665.00	0.00	0.03	Agency	AA+	Agency
CALOPTIMA S1-3	3128MMKR3	FHLMC POOL #G1-8303	4.500% 03/01/2024 DD 03/01/09	RMBS	136,915.5490	140,453.78	513.43	144,490.35	4,036.57	0.00	0.09	Agency	AA+	Agency
CALOPTIMA S1-3	3134GV6H6	FEDERAL HOME LN MTG CORP	0.320% 10/20/2022 DD 07/20/20	RMBS	2,000,000.0000	1,999,518.08	2,862.22	2,001,698.14	2,180.06	0.00	1.26	Agency	AA+	Agency
CALOPTIMA S1-3	3134GV6H6	FEDERAL HOME LN MTG CORP	0.320% 10/20/2022 DD 07/20/20	RMBS	2,270,000.0000	2,271,164.98	3,248.62	2,271,927.39	762.41	0.00	1.43	Agency	AA+	Agency
CALOPTIMA S1-3	3134GWGB6	FEDERAL HOME LN MTG CORP	0.450% 07/28/2023 DD 07/28/20	RMBS	1,200,000.0000	1,200,000.00	2,295.00	1,200,258.91	258.91	0.00	0.76	Agency	AA+	Agency
CALOPTIMA S1-3	3134GWGB6	FEDERAL HOME LN MTG CORP	0.450% 07/28/2023 DD 07/28/20	RMBS	800,000.0000	800,000.00	1,530.00	800,172.61	172.61	0.00	0.50	Agency	AA+	Agency
CALOPTIMA S1-3	3134GWND4	FEDERAL HOME LN MTG CORP	0.600% 08/12/2025 DD 08/12/20	RMBS	1,600,000.0000	1,598,372.54	3,706.67	1,592,571.89	0.00	-5,800.65	1.00	Agency	AA+	Agency
CALOPTIMA S1-3	3134GWTL0	FEDERAL HOME LN MTG CORP	0.300% 09/28/2023 DD 09/28/20	RMBS	1,595,000.0000	1,594,781.65	1,236.13	1,595,275.87	494.22	0.00	1.00	Agency	AA+	Agency
CALOPTIMA S1-3	3134GWY42	FEDERAL HOME LN MTG CORP	0.300% 10/13/2023 DD 10/13/20	RMBS	1,600,000.0000	1,599,258.40	1,040.00	1,599,945.79	687.39	0.00	1.01	Agency	AA+	Agency
CALOPTIMA S1-3	3134GXDT8	FEDERAL HOME LN MTG CORP	0.350% 11/24/2023 DD 11/24/20	RMBS	795,000.0000	795,000.00	285.98	795,343.26	343.26	0.00	0.50	Agency	AA+	Agency
CALOPTIMA S1-3	3135G0S38	FEDERAL NATL MTG ASSN	2.000% 01/05/2022 DD 01/09/17	RMBS	3,400,000.0000	3,402,633.42	33,244.44	3,464,701.96	62,068.54	0.00	2.18	Agency	AA+	Agency
CALOPTIMA S1-3	3135G0S38	FEDERAL NATL MTG ASSN	2.000% 01/05/2022 DD 01/09/17	RMBS	2,250,000.0000	2,254,480.98	22,000.00	2,292,817.48	38,336.50	0.00	1.44	Agency	AA+	Agency
CALOPTIMA S1-3	3136A5KR6	FNMA GTD REMIC P/T 12-31 AD	1.750% 10/25/2022 DD 03/01/12	RMBS	29,090.5120	28,873.23	42.42	29,090.12	216.89	0.00	0.02	Agency	AA+	Agency
CALOPTIMA S1-3	3136A5KR6	FNMA GTD REMIC P/T 12-31 AD	1.750% 10/25/2022 DD 03/01/12	RMBS	73,096.0120	72,597.30	106.60	73,095.04	497.74	0.00	0.05	Agency	AA+	Agency
CALOPTIMA S1-3	3136A5X68	FNMA GTD REMIC P/T 12-50 VA	4.000% 07/25/2023 DD 04/01/12	RMBS	95,878.1260	97,570.24	319.59	96,869.56	0.00	-700.68	0.06	Agency	AA+	Agency
CALOPTIMA S1-3	3136A72D3	FNMA GTD REMIC P/T 12-M9 A2	2.482% 04/25/2022 DD 08/01/12	RMBS	141,496.6960	141,902.73	292.66	143,933.56	2,030.83	0.00	0.09	Agency	AA+	Agency
CALOPTIMA S1-3	3136A72D3	FNMA GTD REMIC P/T 12-M9 A2	2.482% 04/25/2022 DD 08/01/12	RMBS	27,870.5590	27,949.73	57.65	28,350.55	400.82	0.00	0.02	Agency	AA+	Agency
CALOPTIMA S1-3	3136AHVQ0	FNMA GTD REMIC P/T 13-136 CV	3.500% 06/25/2023 DD 12/01/13	RMBS	129,679.4450	131,567.91	378.23	131,267.84	0.00	-300.07	0.08	Agency	AA+	Agency
CALOPTIMA S1-3	3136G46A6	FEDERAL NATL MTG ASSN	0.300% 10/27/2023 DD 10/27/20	RMBS	2,400,000.0000	2,399,436.30	1,280.00	2,400,072.31	636.01	0.00	1.51	Agency	AA+	Agency
CALOPTIMA S1-3	3137A2PV7	FHLMC MULTICLASS MTG 3760 BA	1.500% 09/15/2022 DD 11/01/10	RMBS	120,345.9920	119,231.09	150.43	121,172.36	1,941.27	0.00	0.08	Agency	AA+	Agency
CALOPTIMA S1-3	3137APP61	FHLMC MULTICLASS MTG K018 A2	2.789% 01/25/2022 DD 05/01/12	RMBS	31,357.3670	31,565.65	72.88	32,013.01	447.36	0.00	0.02	Agency	AA+	AAA
CALOPTIMA S1-3	3137APP61	FHLMC MULTICLASS MTG K018 A2	2.789% 01/25/2022 DD 05/01/12	RMBS	116,470.2230	117,290.94	270.70	118,905.46	1,614.52	0.00	0.07	Agency	AA+	AAA
CALOPTIMA S1-3	3137AXHP1	FHLMC MULTICLASS MTG K024 A2	2.573% 09/25/2022 DD 01/01/13	RMBS	965,000.0000	970,441.88	2,069.12	994,120.81	23,678.93	0.00	0.63	Aaa	AA+	Agency
CALOPTIMA S1-3	3137AXHP1	FHLMC MULTICLASS MTG K024 A2	2.573% 09/25/2022 DD 01/01/13	RMBS	700,000.0000	703,772.83	1,500.92	721,123.90	17,351.07	0.00	0.45	Aaa	AA+	Agency
CALOPTIMA S1-3	3137AYCE9	FHLMC MULTICLASS MTG K025 A2	2.682% 10/25/2022 DD 02/01/13	RMBS	1,425,000.0000	1,442,792.52	3,184.88	1,473,504.58	30,712.06	0.00	0.93	Aaa	AA+	Agency
CALOPTIMA S1-3	3137AYCE9	FHLMC MULTICLASS MTG K025 A2	2.682% 10/25/2022 DD 02/01/13	RMBS	200,000.0000	202,495.11	447.00	206,807.66	4,312.55	0.00	0.13	Aaa	AA+	Agency
CALOPTIMA S1-3	3137B04Y7	FHLMC MULTICLASS MTG KSMC A2	2.615% 01/25/2023 DD 03/01/13	RMBS	750,000.0000	757,964.51	1,634.38	784,156.50	26,191.99	0.00	0.49	Agency	AA+	Agency
CALOPTIMA S1-3	3137B1UG5	FHLMC MULTICLASS MTG K027 A2	2.637% 01/25/2023 DD 05/01/13	RMBS	1,000,000.0000	1,000,108.74	2,197.50	1,037,301.40	37,192.66	0.00	0.65	Agency	AA+	AAA
CALOPTIMA S1-3	3137B1UG5	FHLMC MULTICLASS MTG K027 A2	2.637% 01/25/2023 DD 05/01/13	RMBS	840,000.0000	840,346.15	1,845.90	871,333.18	30,987.03	0.00	0.55	Agency	AA+	AAA
CALOPTIMA S1-3	3137B2ZH6	FHLMC MULTICLASS MTG 4221 HJ	1.500% 07/15/2023 DD 06/01/13	RMBS	146,042.0680	145,303.27	182.55	147,047.95	1,744.68	0.00	0.09	Agency	AA+	Agency
CALOPTIMA S1-3	3137B6RG8	FHLMC MULTICLASS MTG 4285 BA	2.000% 12/15/2023 DD 12/01/13	RMBS	231,810.2420	235,752.27	386.35	235,959.99	207.72	0.00	0.15	Agency	AA+	Agency
CALOPTIMA S1-3	3137B7MZ9	FHLMC MULTICLASS MTG K036 A2	VAR RT 10/25/2023 DD 02/01/14	RMBS	680,000.0000	734,739.89	1,998.63	734,660.98	0.00	-78.91	0.46	Aaa	AA+	AAA
CALOPTIMA S1-3	3137BFE80	FHLMC MULTICLASS MTG K041 A1	2.720% 08/25/2024 DD 12/01/14	RMBS	2,740,098.2560	2,848,421.43	6,210.89	2,857,583.80	9,162.37	0.00	1.80	Agency	AA+	AAA
CALOPTIMA S1-3	3137EADB2	FEDERAL HOME LN MTG CORP	2.375% 01/13/2022 DD 01/13/12	RMBS	2,250,000.0000	2,262,914.24	24,937.50	2,302,020.00	39,105.76	0.00	1.45	Agency	AA+	Agency
CALOPTIMA S1-3	3137EADB2	FEDERAL HOME LN MTG CORP	2.375% 01/13/2022 DD 01/13/12	RMBS	2,250,000.0000	2,269,083.58	24,937.50	2,302,020.00	32,936.42	0.00	1.45	Agency	AA+	Agency

Back to Agenda

Reporting Account Name	Security ID	Security Description 1	Security Description 2	Sector	Shares/Par	Base Cost	Accrued Interest	Base Market Value	Base Unrealized Gain	Base Unrealized Loss	Percent of Asset	Moody's Rating	S&P Rating	Fitch Rating
CALOPTIMA S1-3	3137EAEV7	FEDERAL HOME LN MTG CORP	0.250% 08/24/2023 DD 08/21/20	RMBS	3,200,000.0000	3,197,127.02	2,888.89	3,206,308.42	9,181.40	0.00	2.02	Agency	AA+	Agency
CALOPTIMA S1-3	31393A2V8	FNMA GTD REMIC P/T 03-38 MP	5.500% 05/25/2023 DD 04/01/03	RMBS	85,050.8540	87,111.81	389.82	88,469.92	1,358.11	0.00	0.06	Agency	AA+	Agency
CALOPTIMA S1-3	31393DLQ2	FNMA GTD REMIC P/T 03-64 HQ	5.000% 07/25/2023 DD 06/01/03	RMBS	137,730.0350	140,559.16	573.88	142,940.51	2,381.35	0.00	0.09	Agency	AA+	Agency
CALOPTIMA S1-3	31394PWU3	FHLMC MULTICLASS MTG 2756 KA	5.000% 02/15/2024 DD 02/01/04	RMBS	151,357.7300	156,905.42	630.66	156,742.28	0.00	-163.14	0.10	Agency	AA+	Agency
CALOPTIMA S1-3	31397UPF0	FNMA GTD REMIC P/T 11-M1 A3	3.763% 06/25/2021 DD 05/01/11	RMBS	62,645.9600	62,843.70	196.45	63,081.59	237.89	0.00	0.04	Agency	AA+	Agency
CALOPTIMA S1-3	9128286N5	US TREAS-CPI INFLAT	0.500% 04/15/2024 DD 04/15/19	US Government	731,924.2180	739,891.36	784.20	784,531.27	44,639.91	0.00	0.49	Govt	AA+	Govt
CALOPTIMA S1-3	9128286N5	US TREAS-CPI INFLAT	0.500% 04/15/2024 DD 04/15/19	US Government	764,052.3620	774,536.52	818.63	818,968.63	44,432.11	0.00	0.52	Govt	AA+	Govt
CALOPTIMA S1-3	9128286U9	U S TREASURY NOTE	2.125% 05/15/2022 DD 05/15/19	US Government	975,000.0000	981,308.88	2,690.01	1,001,660.16	20,351.28	0.00	0.63	Govt	AA+	Govt
CALOPTIMA S1-3	9128286U9	U S TREASURY NOTE	2.125% 05/15/2022 DD 05/15/19	US Government	4,560,000.0000	4,588,380.31	12,580.94	4,684,687.50	96,307.19	0.00	2.95	Govt	AA+	Govt
CALOPTIMA S1-3	9128286U9	U S TREASURY NOTE	2.125% 05/15/2022 DD 05/15/19	US Government	760,000.0000	765,460.48	2,096.82	780,781.25	15,320.77	0.00	0.49	Govt	AA+	Govt
CALOPTIMA S1-3	9128286U9	U S TREASURY NOTE	2.125% 05/15/2022 DD 05/15/19	US Government	2,810,000.0000	2,837,321.56	7,752.73	2,886,835.94	49,514.38	0.00	1.82	Govt	AA+	Govt
CALOPTIMA S1-3	9128286U9	U S TREASURY NOTE	2.125% 05/15/2022 DD 05/15/19	US Government	300,000.0000	302,801.31	827.69	308,203.12	5,401.81	0.00	0.19	Govt	AA+	Govt
CALOPTIMA S1-3	912828L57	U S TREASURY NOTE	1.750% 09/30/2022 DD 09/30/15	US Government	750,000.0000	752,763.60	3,353.37	771,181.64	18,418.04	0.00	0.49	Govt	AA+	Govt
CALOPTIMA S1-3	912828L57	U S TREASURY NOTE	1.750% 09/30/2022 DD 09/30/15	US Government	3,740,000.0000	3,751,766.65	16,722.11	3,845,625.79	93,859.14	0.00	2.42	Govt	AA+	Govt
CALOPTIMA S1-3	912828L57	U S TREASURY NOTE	1.750% 09/30/2022 DD 09/30/15	US Government	3,100,000.0000	3,111,216.74	13,860.58	3,187,550.79	76,334.05	0.00	2.01	Govt	AA+	Govt
CALOPTIMA S1-3	912828L57	U S TREASURY NOTE	1.750% 09/30/2022 DD 09/30/15	US Government	4,675,000.0000	4,696,570.96	20,902.64	4,807,032.24	110,461.28	0.00	3.03	Govt	AA+	Govt
CALOPTIMA S1-3	912828L57	U S TREASURY NOTE	1.750% 09/30/2022 DD 09/30/15	US Government	500,000.0000	501,380.83	2,235.58	514,121.09	12,740.26	0.00	0.32	Govt	AA+	Govt
CALOPTIMA S1-3	912828L57	U S TREASURY NOTE	1.750% 09/30/2022 DD 09/30/15	US Government	765,000.0000	766,410.27	3,420.43	786,605.28	20,195.01	0.00	0.50	Govt	AA+	Govt
CALOPTIMA S1-3	912828YK0	U S TREASURY NOTE	1.375% 10/15/2022 DD 10/15/19	US Government	1,235,000.0000	1,228,883.62	3,638.84	1,262,498.04	33,614.42	0.00	0.80	Govt	AA+	Govt
CALOPTIMA S1-3	912828YK0	U S TREASURY NOTE	1.375% 10/15/2022 DD 10/15/19	US Government	2,350,000.0000	2,347,982.93	6,924.11	2,402,324.21	54,341.28	0.00	1.51	Govt	AA+	Govt
CALOPTIMA S1-3	912828ZD5	U S TREASURY NOTE	0.500% 03/15/2023 DD 03/15/20	US Government	1,580,000.0000	1,591,615.78	2,356.90	1,592,837.50	1,221.72	0.00	1.00	Govt	Govt	Govt
CALOPTIMA S1-3	912828ZD5	U S TREASURY NOTE	0.500% 03/15/2023 DD 03/15/20	US Government	1,975,000.0000	1,989,853.73	2,946.13	1,991,046.87	1,193.14	0.00	1.25	Govt	Govt	Govt
CALOPTIMA S1-3	912828ZD5	U S TREASURY NOTE	0.500% 03/15/2023 DD 03/15/20	US Government	1,600,000.0000	1,611,684.70	2,386.74	1,613,000.00	1,315.30	0.00	1.02	Govt	Govt	Govt
CALOPTIMA S1-3	912828ZD5	U S TREASURY NOTE	0.500% 03/15/2023 DD 03/15/20	US Government	2,200,000.0000	2,215,561.52	3,281.77	2,217,875.01	2,313.49	0.00	1.40	Govt	Govt	Govt
CALOPTIMA S1-3	912828ZD5	U S TREASURY NOTE	0.500% 03/15/2023 DD 03/15/20	US Government	675,000.0000	679,725.06	1,006.91	680,484.37	759.31	0.00	0.43	Govt	Govt	Govt
CALOPTIMA S1-3	912828ZP8	U S TREASURY NOTE	0.125% 05/15/2023 DD 05/15/20	US Government	1,600,000.0000	1,599,625.00	276.24	1,599,562.50	0.00	-62.50	1.01	Govt	AA+	Govt
CALOPTIMA S1-3	91282CAP6	U S TREASURY NOTE	0.125% 10/15/2023 DD 10/15/20	US Government	1,680,000.0000	1,676,777.63	450.00	1,678,818.76	2,041.13	0.00	1.06	Govt	AA+	Govt

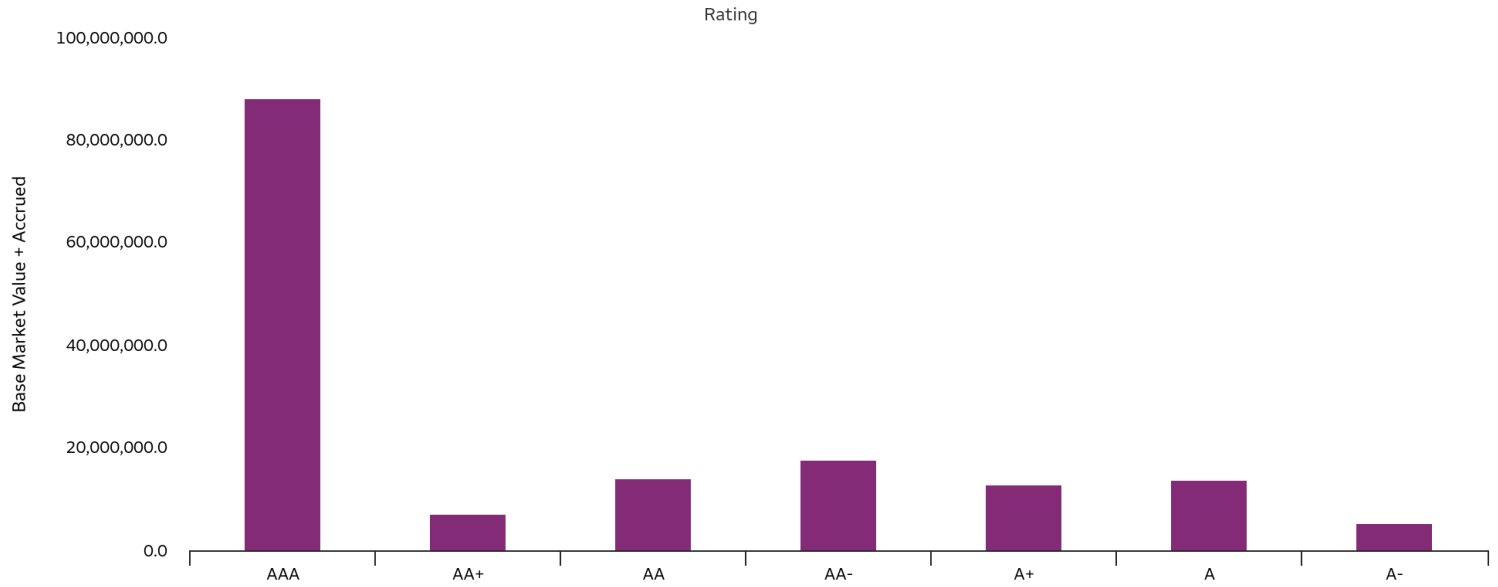
Back to Agenda

Credit Rating

US Dollar

As of 31 December 2020

WC-CalOptima - Tier One
Account: XXXX2501
Investment Strategy: Short Duration Fixed Income
Primary Benchmark: ICE BofA 1-3 Year US Treasury Index



AAA

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
05588CAC6 BMWOT 2019-A A3	730,000.00	USD 01/25/2024	ABS	AAA	NA	AAA	AAA	741,368.80	0.46%
14041NFU0 COMET 2019-2 A	1,000,000.00	USD 09/15/2022	ABS	AAA	NA	AAA	AAA	1,025,036.04	0.64%
14042WAC4 COPAR 2019-1 A3	1,500,000.00	USD 11/15/2023	ABS	AAA	Aaa	AAA	AAA	1,527,362.63	0.95%
14043MAC5 COPAR 2020-1 A3	1,000,000.00	USD 11/15/2024	ABS	AAA	NA	AAA	AAA	1,020,046.81	0.64%
3130AF5B9 FEDERAL HOME LOAN BANKS	1,000,000.00	USD 10/12/2021	AGCY BOND	AAA	Aaa	AA+	AAA	1,028,763.39	0.64%
313380GJ0 FEDERAL HOME LOAN BANKS	2,950,000.00	USD 09/09/2022	AGCY BOND	AAA	Aaa	AA+	AAA	3,060,650.05	1.91%
3133EJ5P0 FEDERAL FARM CREDIT BANKS FUNDING CORP	3,000,000.00	USD 01/18/2022	AGCY BOND	AAA	Aaa	AA+	AAA	3,112,130.35	1.94%
3133EKVD5 FEDERAL FARM CREDIT BANKS FUNDING CORP	4,400,000.00	USD 01/18/2022	AGCY BOND	AAA	Aaa	AA+	AAA	4,517,258.34	2.82%
3135G05G4 FEDERAL NATIONAL MORTGAGE ASSOCIATION	1,000,000.00	USD 07/10/2023	AGCY BOND	AAA	Aaa	AA+	AAA	1,003,575.47	0.63%

The information contained in this report represents estimated trade date investment calculations. Certain calculations may not be available for all time periods. Please refer to your custody statement for official portfolio holdings and transactions. Note that certain accounting methods may cause differences between this investment report and your custody statement.

Back to Agenda

Credit Rating

US Dollar

As of 31 December 2020

WC-CalOptima - Tier One
Account: XXXX2501
Investment Strategy: Short Duration Fixed Income
Primary Benchmark: ICE BofA 1-3 Year US Treasury Index

WELLS FARGO Asset Management

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
3137AN2K0 FHR 4019 EV	784,003.51	USD 06/15/2023	FHLMC CMO	AAA	Aaa	AA+	AAA	813,675.19	0.51%
3137APP61 FHMS K-018 A2	1,164,702.18	USD 01/25/2022	FHLMC	AAA	Aaa	AA+	AAA	1,191,761.55	0.74%
3137BFDQ1 FHMS K-717 A2	1,128,148.26	USD 09/25/2021	FHLMC	AAA	Aaa	AA+	AAA	1,145,377.12	0.72%
3137EAEV7 FEDERAL HOME LOAN MORTGAGE CORP	1,000,000.00	USD 08/24/2023	AGCY BOND	AAA	Aaa	AA+	AAA	1,002,874.16	0.63%
3137EAEW5 FEDERAL HOME LOAN MORTGAGE CORP	1,150,000.00	USD 09/08/2023	AGCY BOND	AAA	Aaa	AA+	AAA	1,153,168.63	0.72%
316175108 FIDELITY IMM:GOVT I	145,966.31	USD 12/31/2020	MMFUND	AAA	Aaa	AAAm	AAA	145,966.31	0.09%
43814WAC9 HAROT 2019-1 A3	1,255,800.12	USD 03/20/2023	ABS	AAA	NA	AAA	AAA	1,278,439.49	0.80%
4581X0DM7 INTER-AMERICAN DEVELOPMENT BANK	2,000,000.00	USD 05/24/2023	SUPRANATIONAL	AAA	Aaa	AAA	NA	2,014,209.32	1.26%
47789JAD8 JDOT 2019 A3	1,860,277.19	USD 07/17/2023	ABS	AAA	Aaa	NA	AAA	1,898,297.97	1.19%
58769EAC2 MBALT 2020-B A3	740,000.00	USD 11/15/2023	ABS	AAA	NA	AAA	AAA	741,690.44	0.46%
58770FAC6 MBALT 2020-A A3	1,295,000.00	USD 12/15/2022	ABS	AAA	Aaa	AAA	NA	1,314,151.08	0.82%
89236XAC0 TAOT 2020-D A3	2,500,000.00	USD 01/15/2025	ABS	AAA	NA	AAA	AAA	2,505,341.39	1.56%
9128285V8 UNITED STATES TREASURY	2,610,000.00	USD 01/15/2022	US GOV	AAA	Aaa	AA+	AAA	2,704,066.78	1.69%
9128285V8 UNITED STATES TREASURY	4,000,000.00	USD 01/15/2022	US GOV	AAA	Aaa	AA+	AAA	4,144,163.65	2.59%
9128286C9 UNITED STATES TREASURY	2,950,000.00	USD 02/15/2022	US GOV	AAA	Aaa	AA+	AAA	3,056,332.56	1.91%
9128286C9 UNITED STATES TREASURY	2,160,000.00	USD 02/15/2022	US GOV	AAA	Aaa	AA+	AAA	2,237,857.06	1.40%
9128286C9 UNITED STATES TREASURY	2,500,000.00	USD 02/15/2022	US GOV	AAA	Aaa	AA+	AAA	2,590,112.34	1.62%
9128286M7 UNITED STATES TREASURY	475,000.00	USD 04/15/2022	US GOV	AAA	Aaa	AA+	AAA	490,241.53	0.31%
9128286U9 UNITED STATES TREASURY	1,670,000.00	USD 05/15/2022	US GOV	AAA	Aaa	AA+	AAA	1,720,271.97	1.07%
9128286U9 UNITED STATES TREASURY	2,700,000.00	USD 05/15/2022	US GOV	AAA	Aaa	AA+	AAA	2,781,278.04	1.74%
9128286U9 UNITED STATES TREASURY	900,000.00	USD 05/15/2022	US GOV	AAA	Aaa	AA+	AAA	927,092.68	0.58%
9128286U9 UNITED STATES TREASURY	1,400,000.00	USD 05/15/2022	US GOV	AAA	Aaa	AA+	AAA	1,442,144.17	0.90%

The information contained in this report represents estimated trade date investment calculations. Certain calculations may not be available for all time periods. Please refer to your custody statement for official portfolio holdings and transactions. Note that certain accounting methods may cause differences between this investment report and your custody statement.

Credit Rating

US Dollar

As of 31 December 2020

WC-CalOptima - Tier One
Account: XXXX2501
Investment Strategy: Short Duration Fixed Income
Primary Benchmark: ICE BofA 1-3 Year US Treasury Index

WELLS FARGO Asset Management

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
9128286U9 UNITED STATES TREASURY	4,800,000.00	USD 05/15/2022	US GOV	AAA	Aaa	AA+	AAA	4,944,494.29	3.09%
912828P38 UNITED STATES TREASURY	1,300,000.00	USD 01/31/2023	US GOV	AAA	Aaa	AA+	AAA	1,353,293.98	0.85%
912828P38 UNITED STATES TREASURY	5,100,000.00	USD 01/31/2023	US GOV	AAA	Aaa	AA+	AAA	5,309,076.38	3.32%
912828P79 UNITED STATES TREASURY	2,300,000.00	USD 02/28/2023	US GOV	AAA	Aaa	AA+	AAA	2,379,464.28	1.49%
912828TY6 UNITED STATES TREASURY	2,000,000.00	USD 11/15/2022	US GOV	AAA	Aaa	AA+	AAA	2,059,923.61	1.29%
912828TY6 UNITED STATES TREASURY	1,500,000.00	USD 11/15/2022	US GOV	AAA	Aaa	AA+	AAA	1,544,942.71	0.96%
912828YA2 UNITED STATES TREASURY	1,900,000.00	USD 08/15/2022	US GOV	AAA	Aaa	AA+	AAA	1,953,070.35	1.22%
912828YW4 UNITED STATES TREASURY	4,500,000.00	USD 12/15/2022	US GOV	AAA	Aaa	AA+	AAA	4,634,900.68	2.89%
912828ZH6 UNITED STATES TREASURY	250,000.00	USD 04/15/2023	US GOV	AAA	Aaa	AA+	AAA	250,749.18	0.16%
91282CAG6 UNITED STATES TREASURY	2,725,000.00	USD 08/31/2022	US GOV	AAA	Aaa	AA+	AAA	2,726,369.92	1.70%
91282CAK7 UNITED STATES TREASURY	1,400,000.00	USD 09/15/2023	US GOV	AAA	Aaa	AA+	AAA	1,399,537.90	0.87%
91282CAK7 UNITED STATES TREASURY	4,000,000.00	USD 09/15/2023	US GOV	AAA	Aaa	AA+	AAA	3,998,679.71	2.50%
91282CAR2 UNITED STATES TREASURY	1,500,000.00	USD 10/31/2022	US GOV	AAA	Aaa	AA+	AAA	1,500,555.13	0.94%
CCYUSD Cash	0.78	USD 12/31/2020	CASH	AAA	Aaa	AAA	AAA	0.78	0.00%
CCYUSD Receivable	2.89	USD 12/31/2020	CASH	AAA	Aaa	AAA	AAA	2.89	0.00%
--- ---	**86,243,901.23**	**USD 10/20/2022**	---	**AAA**	**Aaa**	**AA+**	**AAA**	**88,389,767.11**	**55.21%**

AA+

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
037833DL1 APPLE INC	250,000.00	USD 09/11/2022	CORP	AA+	Aa1	AA+	NA	257,615.07	0.16%
037833DL1 APPLE INC	500,000.00	USD 09/11/2022	CORP	AA+	Aa1	AA+	NA	515,230.14	0.32%
037833DV9 APPLE INC	1,200,000.00	USD 05/11/2023	CORP	AA+	Aa1	AA+	NA	1,215,565.52	0.76%

The information contained in this report represents estimated trade date investment calculations. Certain calculations may not be available for all time periods. Please refer to your custody statement for official portfolio holdings and transactions. Note that certain accounting methods may cause differences between this investment report and your custody statement.

Credit Rating

US Dollar

As of 31 December 2020

WC-CalOptima - Tier One
Account: XXXX2501
Investment Strategy: Short Duration Fixed Income
Primary Benchmark: ICE BofA 1-3 Year US Treasury Index

WELLS FARGO Asset Management

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
212204JC6 CONTRA COSTA CALIF CMNTY COLLEGE DIST	1,000,000.00	USD 08/01/2022	MUNI	AA+	Aa1	AA+	NA	1,027,233.33	0.64%
601670MF6 MILPITAS CALIF UNI SCH DIST	600,000.00	USD 08/01/2023	MUNI	AA+	Aa1	NA	NA	604,543.00	0.38%
80168ACP0 SANTA CLARA VY CALIF WTR DIST WTR SYS REV	570,000.00	USD 06/01/2022	MUNI	AA+	Aa1	NA	AA+	583,490.47	0.36%
92348XAC9 VZOT 2018-A B	2,925,000.00	USD 04/20/2023	ABS	AA+	Aa1	AA+	AA	3,017,464.74	1.88%
--- ---	**7,045,000.00**	**USD 02/04/2023**	---	**AA+**	**Aa1**	**AA+**	**AA**	**7,221,142.28**	**4.51%**

AA

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
084670BR8 BERKSHIRE HATHAWAY INC	2,000,000.00	USD 03/15/2023	CORP	AA	Aa2	AA	A+	2,116,517.68	1.32%
13079XBR6 CALIFORNIA STATEWIDE CMNTYS DEV AUTH TRANSN REV CT	500,000.00	USD 06/01/2023	MUNI	AA	NA	AA	NA	501,497.08	0.31%
166756AJ5 CHEVRON USA INC	2,500,000.00	USD 08/11/2023	CORP	AA	Aa2	AA	NA	2,516,725.53	1.57%
30231GBB7 EXXON MOBIL CORP	530,000.00	USD 08/16/2022	CORP	AA	Aa1	AA	NA	549,028.81	0.34%
30231GBL5 EXXON MOBIL CORP	1,500,000.00	USD 04/15/2023	CORP	AA	Aa1	AA	NA	1,547,572.94	0.97%
419792ZJ8 HAWAII ST	1,700,000.00	USD 10/01/2023	MUNI	AA	Aa2	AA+	AA	1,713,112.76	1.07%
702274CN9 PASADENA CALIF PUB FING AUTH LEASE REV	1,100,000.00	USD 12/01/2022	MUNI	AA	NA	AA+	AA	1,163,328.83	0.73%
79730CJF2 SAN DIEGO CALIF PUB FACS FING AUTH WTR REV	1,000,000.00	USD 08/01/2022	MUNI	AA	Aa2	NA	AA	1,019,359.17	0.64%
798306WM4 SAN JUAN CALIF UNI SCH DIST	1,000,000.00	USD 08/01/2023	MUNI	AA	Aa2	NA	WR	1,003,739.39	0.63%
931142EJ8 WALMART INC	2,000,000.00	USD 06/23/2021	CORP	AA	Aa2	AA	AA	2,028,800.53	1.27%
--- ---	**13,830,000.00**	**USD 01/17/2023**	---	**AA**	**Aa2**	**AA**	**AA-**	**14,159,682.74**	**8.84%**

AA-

The information contained in this report represents estimated trade date investment calculations. Certain calculations may not be available for all time periods. Please refer to your custody statement for official portfolio holdings and transactions. Note that certain accounting methods may cause differences between this investment report and your custody statement.

Back to Agenda

Credit Rating

US Dollar

As of 31 December 2020

WC-CalOptima - Tier One
Account: XXXX2501
Investment Strategy: Short Duration Fixed Income
Primary Benchmark: ICE BofA 1-3 Year US Treasury Index

WELLS FARGO Asset Management

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
032556GN6 ANAHEIM CALIF HSG & PUB IMPT AUTH REV	630,000.00	USD 10/01/2022	MUNI	AA-	NA	AA-	AA-	645,918.53	0.40%
072024WW8 BAY AREA TOLL AUTH CALIF TOLL BRDG REV	2,000,000.00	USD 04/01/2022	MUNI	AA-	A1	AA-	AA-	2,052,840.00	1.28%
3582326R2 FRESNO CALIF UNI SCH DIST	500,000.00	USD 08/01/2023	MUNI	AA-	Aa3	NA	NA	501,293.92	0.31%
376087FX5 GILROY CALIF UNI SCH DIST	500,000.00	USD 08/01/2022	MUNI	AA-	Aa3	AA-	NA	513,000.83	0.32%
544647BE9 LOS ANGELES CALIF UNI SCH DIST	1,575,000.00	USD 07/01/2023	MUNI	AA-	Aa3	NA	AA+	1,801,185.75	1.12%
61741GAB6 MORGAN HILL CALIF REDEV AGY SUCCESSOR AGY TAX ALLO	1,400,000.00	USD 09/01/2023	MUNI	AA-	NA	AA-	NA	1,405,799.50	0.88%
738850SV9 POWAY CALIF UNI SCH DIST	1,140,000.00	USD 08/01/2022	MUNI	AA-	NA	AA-	NA	1,173,799.10	0.73%
769059ZY5 RIVERSIDE CALIF UNI SCH DIST	1,000,000.00	USD 02/01/2022	MUNI	AA-	Aa2	AA-	NA	1,021,496.67	0.64%
79727LBQ1 SAN DIEGO CALIF CONVENTION CTR EXPANSION FING AUTH	2,445,000.00	USD 04/15/2023	MUNI	AA-	NA	AA-	AA-	2,487,481.33	1.55%
798153NV0 SAN JOSE CALIF FING AUTH LEASE REV	1,015,000.00	USD 06/01/2023	MUNI	AA-	Aa3	AA	AA-	1,018,966.73	0.64%
842475P58 SOUTHERN CALIF PUB PWR AUTH PWR PROJ REV	2,250,000.00	USD 07/01/2023	MUNI	AA-	NA	AA-	AA-	2,258,414.94	1.41%
913366HW3 UNIV CALIF REGTS MED CTR POOLED REV	1,000,000.00	USD 05/15/2022	MUNI	AA-	Aa3	AA-	AA-	1,021,331.17	0.64%
916544ES4 UPPER SANTA CLARA VY JT PWRS AUTH CALIF REV	1,900,000.00	USD 08/01/2023	MUNI	AA-	NA	AA	AA-	1,912,130.44	1.19%
--- ---	**17,355,000.00**	**USD 01/31/2023**	**MUNI**	**AA-**	**Aa3**	**AA-**	**AA-**	**17,813,658.90**	**11.13%**

A+

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
023135BP0 AMAZON.COM INC	1,000,000.00	USD 06/03/2023	CORP	A+	A2	AA-	A+	1,005,931.80	0.63%
06406RAM9 BANK OF NEW YORK MELLON CORP	2,250,000.00	USD 01/27/2023	CORP	A+	A1	A	AA-	2,338,123.36	1.46%
17325FAS7 CITIBANK NA	2,000,000.00	USD 01/23/2024	CORP	A+	Aa3	A+	A+	2,218,321.31	1.39%
69371RP42 PACCAR FINANCIAL CORP	2,000,000.00	USD 08/09/2021	CORP	A+	A1	A+	NA	2,059,116.90	1.29%

The information contained in this report represents estimated trade date investment calculations. Certain calculations may not be available for all time periods. Please refer to your custody statement for official portfolio holdings and transactions. Note that certain accounting methods may cause differences between this investment report and your custody statement.

Credit Rating

US Dollar

As of 31 December 2020

WC-CalOptima - Tier One
Account: XXXX2501
Investment Strategy: Short Duration Fixed Income
Primary Benchmark: ICE BofA 1-3 Year US Treasury Index

WELLS FARGO Asset Management

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
69371RQ82 PACCAR FINANCIAL CORP	500,000.00	USD 06/08/2023	CORP	A+	A1	A+	NA	505,610.91	0.32%
857477AV5 STATE STREET CORP	2,000,000.00	USD 05/19/2021	CORP	A+	A1	A	AA-	2,017,868.86	1.26%
89236TCZ6 TOYOTA MOTOR CREDIT CORP	600,000.00	USD 04/08/2021	CORP	A+	A1	A+	A+	605,159.86	0.38%
89236THF5 TOYOTA MOTOR CREDIT CORP	1,263,000.00	USD 08/14/2023	CORP	A+	A1	A+	A+	1,271,855.90	0.79%
9523472D3 WEST CONTRA COSTA CALIF UNI SCH DIST	1,000,000.00	USD 08/01/2023	MUNI	A+	A1	AA-	NA	1,018,487.50	0.64%
--- ---	**12,613,000.00**	**USD 10/18/2022**	---	**A+**	**A1**	**A+**	**A+**	**13,040,476.40**	**8.14%**

A

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
06051GJH3 BANK OF AMERICA CORP	2,250,000.00	USD 10/24/2024	CORP	A	A2	A-	A+	2,274,568.22	1.42%
14913Q3C1 CATERPILLAR FINANCIAL SERVICES CORP	2,250,000.00	USD 11/18/2022	CORP	A	A3	A	A	2,326,656.39	1.45%
24422EVJ5 JOHN DEERE CAPITAL CORP	675,000.00	USD 10/10/2023	CORP	A	A2	A	A	678,988.32	0.42%
369550BE7 GENERAL DYNAMICS CORP	1,000,000.00	USD 05/11/2021	CORP	A	A2	A	WR	1,013,799.25	0.63%
369550BE7 GENERAL DYNAMICS CORP	500,000.00	USD 05/11/2021	CORP	A	A2	A	WR	506,899.62	0.32%
46625HJE1 JPMORGAN CHASE & CO	2,250,000.00	USD 09/23/2022	CORP	A	A2	A-	AA-	2,386,253.64	1.49%
61746BDJ2 MORGAN STANLEY	1,250,000.00	USD 02/25/2023	CORP	A	A2	BBB+	A	1,356,620.41	0.85%
69353REY0 PNC BANK NA	945,000.00	USD 12/09/2021	CORP	A	A2	A	A+	964,977.19	0.60%
69353REY0 PNC BANK NA	925,000.00	USD 12/09/2021	CORP	A	A2	A	A+	944,554.39	0.59%
76913CAX7 RIVERSIDE CNTY CALIF PENSION OBLIG	500,000.00	USD 02/15/2023	MUNI	A	A2	AA	NA	523,018.44	0.33%
808513AW5 CHARLES SCHWAB CORP	950,000.00	USD 05/21/2021	CORP	A	A2	A	A	961,935.53	0.60%
--- ---	**13,495,000.00**	**USD 11/07/2022**	---	**A**	**A2**	**A**	**A+**	**13,938,271.40**	**8.71%**

The information contained in this report represents estimated trade date investment calculations. Certain calculations may not be available for all time periods. Please refer to your custody statement for official portfolio holdings and transactions. Note that certain accounting methods may cause differences between this investment report and your custody statement.

Back to Agenda

Credit Rating

US Dollar

As of 31 December 2020

WC-CalOptima - Tier One
Account: XXXX2501
Investment Strategy: Short Duration Fixed Income
Primary Benchmark: ICE BofA 1-3 Year US Treasury Index

WELLS FARGO Asset Management

A-

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
05531FBG7 TRUIST FINANCIAL CORP	2,000,000.00	USD 06/20/2022	CORP	A-	A3	A-	A	2,077,668.43	1.30%
31677QBS7 FIFTH THIRD BANK NA (OHIO)	2,000,000.00	USD 01/30/2023	CORP	A-	A3	A-	A-	2,071,964.68	1.29%
46124HAA4 INTUIT INC	1,380,000.00	USD 07/15/2023	CORP	A-	A3	A-	NA	1,396,082.41	0.87%
--- ---	**5,380,000.00**	**USD 12/19/2022**	**CORP**	**A-**	**A3**	**A-**	**A**	**5,545,715.52**	**3.46%**

Summary

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
--- ---	**155,961,901.23**	**USD 11/17/2022**	---	**AA**	**Aa1**	**AA**	**AA+**	**160,108,714.34**	**100.00%**

* Grouped by: Rating. * Groups Sorted by: Rating. * Weighted by: Base Market Value + Accrued.

The information contained in this report represents estimated trade date investment calculations. Certain calculations may not be available for all time periods. Please refer to your custody statement for official portfolio holdings and transactions. Note that certain accounting methods may cause differences between this investment report and your custody statement.

MetLife Investment Management

Reporting Account Name	Security ID	Security Description 1	Security Description 2	Sector	Shares/Par	Base Cost	Accrued Interest	Base Market Value	Base Unrealized Gain	Base Unrealized Loss	Percent of Asset	Moody's Rating	S&P Rating	Fitch Rating
CALOPTIMA S1-5	GL-110000	CASH			0.0000	253,114.44	0.00	253,114.44	0.00	0.00	0.00			
CALOPTIMA S1-5	17305EFM2	CITIBANK CREDIT CARD ISS A1 A1	2.880% 01/23/2023 DD 01/24/14	Asset Backed	565,000.0000	564,482.79	7,232.00	565,746.42	1,263.63	0.00	0.53	Aaa	NR	AAA
CALOPTIMA S1-5	26208RAE5	DRIVE AUTO RECEIVABLES TRU 2 B	3.170% 11/15/2023 DD 03/20/19	Asset Backed	378,617.2200	378,598.56	533.43	381,111.13	2,512.57	0.00	0.36	Aaa	AAA	NR
CALOPTIMA S1-5	477870AB5	JOHN DEERE OWNER TRUST 20 B A2	2.280% 05/16/2022 DD 07/24/19	Asset Backed	101,596.3500	101,596.02	102.95	101,802.73	206.71	0.00	0.10	Aaa	NR	AAA
CALOPTIMA S1-5	98162VAF6	WORLD OMNI AUTO RECEIVABLE B B	2.860% 06/16/2025 DD 05/15/19	Asset Backed	1,030,000.0000	1,072,362.30	1,309.24	1,073,824.23	1,461.93	0.00	1.00	NR	AA	AA
CALOPTIMA S1-5	3137B1BS0	FHLMC MULTICLASS MTG K026 A2	2.510% 11/25/2022 DD 05/01/13	CMBS	2,005,000.0000	2,016,499.85	4,193.79	2,070,418.94	53,919.09	0.00	1.94	Agency	AA+	AAA
CALOPTIMA S1-5	3137BKRH5	FHLMC MULTICLASS MTG K047 A1	2.827% 12/25/2024 DD 07/01/15	CMBS	159,253.6070	161,998.02	375.17	166,396.94	4,398.92	0.00	0.16	Agency	AA+	AAA
CALOPTIMA S1-5	3137BYPQ7	FHLMC MULTICLASS MTG K726 A2	2.905% 04/25/2024 DD 06/01/17	CMBS	483,912.3470	515,857.29	1,171.47	517,198.69	1,341.40	0.00	0.48	Agency	AAA	Agency
CALOPTIMA S1-5	3138EJRP5	FNMA POOL #0AL2293	VAR RT 06/01/2021 DD 08/01/12	CMBS	158,068.5920	162,120.29	601.76	158,014.14	0.00	-4,106.15	0.15	Agency	AA+	Agency
CALOPTIMA S1-5	3138EJRP5	FNMA POOL #0AL2293	VAR RT 06/01/2021 DD 08/01/12	CMBS	10,647.1060	10,902.61	40.53	10,643.44	0.00	-259.17	0.01	Agency	AA+	Agency
CALOPTIMA S1-5	3138EJRP5	FNMA POOL #0AL2293	VAR RT 06/01/2021 DD 08/01/12	CMBS	16,380.1640	16,459.50	62.36	16,374.51	0.00	-84.99	0.02	Agency	AA+	Agency
CALOPTIMA S1-5	3138EJRP5	FNMA POOL #0AL2293	VAR RT 06/01/2021 DD 08/01/12	CMBS	40,131.4020	40,325.59	152.78	40,117.58	0.00	-208.01	0.04	Agency	AA+	Agency
CALOPTIMA S1-5	3138EK7G4	FNMA POOL #0AL3594	VAR RT 04/01/2023 DD 05/01/13	CMBS	381,201.2440	387,781.09	885.64	395,506.57	7,725.48	0.00	0.37	Agency	AA+	Agency
CALOPTIMA S1-5	3138EKXL4	FNMA POOL #0AL3382	VAR RT 03/01/2023 DD 03/01/13	CMBS	194,773.3330	196,129.27	389.95	199,610.58	3,481.31	0.00	0.19	Agency	AA+	Agency
CALOPTIMA S1-5	3138L0MH1	FNMA POOL #0AM0359	2.310% 08/01/2022 DD 08/01/12	CMBS	705,760.1930	709,660.54	1,403.87	719,617.06	9,956.52	0.00	0.67	Agency	AA+	Agency
CALOPTIMA S1-5	3140JAU97	FNMA POOL #0BM6007	VAR RT 05/01/2023 DD 05/01/19	CMBS	347,476.1370	358,501.98	782.15	356,857.68	0.00	-1,644.30	0.33	Agency	AA+	Agency
CALOPTIMA S1-5	025816BR9	AMERICAN EXPRESS CO	3.000% 10/30/2024 DD 10/30/17	Corporates	500,000.0000	523,330.75	2,541.67	546,092.46	22,761.71	0.00	0.51	A3	BBB+	A
CALOPTIMA S1-5	05531FBJ1	TRUIST FINANCIAL CORP	2.200% 03/16/2023 DD 09/16/19	Corporates	790,000.0000	789,630.07	5,069.17	820,063.96	30,433.89	0.00	0.77	A3	A-	A
CALOPTIMA S1-5	06051GEU9	BANK OF AMERICA CORP	3.300% 01/11/2023 DD 01/11/13	Corporates	370,000.0000	368,944.65	5,765.83	392,277.70	23,333.05	0.00	0.37	A2	A-	A+
CALOPTIMA S1-5	06051GEU9	BANK OF AMERICA CORP	3.300% 01/11/2023 DD 01/11/13	Corporates	1,000,000.0000	1,029,737.28	15,583.34	1,060,210.00	30,472.72	0.00	0.99	A2	A-	A+
CALOPTIMA S1-5	06051GGT0	BANK OF AMERICA CORP	VAR RT 10/01/2025 DD 09/18/17	Corporates	750,000.0000	809,760.21	5,799.38	811,887.23	2,127.02	0.00	0.76	A2	A-	A+
CALOPTIMA S1-5	06406RAE7	BANK OF NEW YORK MELLON CORP/T	2.950% 01/29/2023 DD 01/29/18	Corporates	882,000.0000	880,134.96	10,985.80	927,745.69	47,610.73	0.00	0.87	A1	A	AA-
CALOPTIMA S1-5	14913R2D8	CATERPILLAR FINANCIAL SERVICES	0.650% 07/07/2023 DD 07/08/20	Corporates	800,000.0000	799,622.80	2,498.89	806,702.21	7,079.41	0.00	0.75	A3	A	A
CALOPTIMA S1-5	31677QBG3	FIFTH THIRD BANK NA	2.250% 06/14/2021 DD 06/14/16	Corporates	215,000.0000	215,343.25	228.44	216,488.75	1,145.50	0.00	0.20	A3	A-	A-
CALOPTIMA S1-5	31677QBG3	FIFTH THIRD BANK NA	2.250% 06/14/2021 DD 06/14/16	Corporates	500,000.0000	500,644.42	531.25	503,462.20	2,817.78	0.00	0.47	A3	A-	A-
CALOPTIMA S1-5	38141GGQ1	GOLDMAN SACHS GROUP INC/THE	5.250% 07/27/2021 DD 07/27/11	Corporates	750,000.0000	759,539.52	16,843.75	771,060.06	11,520.54	0.00	0.72	A3	BBB+	A
CALOPTIMA S1-5	38141GWT7	GOLDMAN SACHS GROUP INC/THE	3.200% 02/23/2023 DD 01/23/18	Corporates	1,000,000.0000	1,025,117.88	11,377.78	1,056,618.75	31,500.87	0.00	0.99	A3	BBB+	A
CALOPTIMA S1-5	44644AAB3	HUNTINGTON NATIONAL BANK/THE	2.500% 08/07/2022 DD 08/07/17	Corporates	445,000.0000	438,744.30	4,450.00	459,517.11	20,772.81	0.00	0.43	A3	A-	A-
CALOPTIMA S1-5	458140BP4	INTEL CORP	3.400% 03/25/2025 DD 03/25/20	Corporates	1,000,000.0000	1,091,813.05	9,066.67	1,112,065.98	20,252.93	0.00	1.04	A1	A+	A+
CALOPTIMA S1-5	4581X0CZ9	INTER-AMERICAN DEVELOPMENT BAN	1.750% 09/14/2022 DD 09/14/17	Corporates	1,000,000.0000	995,347.47	5,201.39	1,026,745.08	31,397.61	0.00	0.96	Aaa	AAA	AAA
CALOPTIMA S1-5	4581X0CZ9	INTER-AMERICAN DEVELOPMENT BAN	1.750% 09/14/2022 DD 09/14/17	Corporates	1,500,000.0000	1,498,802.01	7,802.08	1,540,117.62	41,315.61	0.00	1.44	Aaa	AAA	AAA
CALOPTIMA S1-5	459058GX5	INTERNATIONAL BANK FOR RECONST	1.875% 06/19/2023 DD 06/19/19	Corporates	750,000.0000	757,580.55	468.75	780,511.73	22,931.18	0.00	0.73	Aaa	AAA	NR
CALOPTIMA S1-5	46625HJE1	JPMORGAN CHASE & CO	3.250% 09/23/2022 DD 09/24/12	Corporates	920,000.0000	930,322.38	8,139.44	967,573.15	37,250.77	0.00	0.91	A2	A-	AA-
CALOPTIMA S1-5	46625HJH4	JPMORGAN CHASE & CO	3.200% 01/25/2023 DD 01/25/13	Corporates	1,000,000.0000	993,466.22	13,866.67	1,058,612.69	65,146.47	0.00	0.99	A2	A-	AA-
CALOPTIMA S1-5	55279HAL4	MANUFACTURERS & TRADERS TRUST	2.500% 05/18/2022 DD 05/18/17	Corporates	900,000.0000	901,493.05	2,687.50	925,883.96	24,390.91	0.00	0.87	A3	A	A
CALOPTIMA S1-5	6174468J1	MORGAN STANLEY	VAR RT 07/22/2025 DD 07/23/19	Corporates	1,750,000.0000	1,867,026.79	21,023.33	1,871,759.65	4,732.86	0.00	1.75	A2	BBB+	A
CALOPTIMA S1-5	65339KBF6	NEXTERA ENERGY CAPITAL HOLDING	2.900% 04/01/2022 DD 04/04/19	Corporates	1,000,000.0000	1,022,455.79	7,250.00	1,031,890.69	9,434.90	0.00	0.97	Baa1	BBB+	A-
CALOPTIMA S1-5	68389XBR5	ORACLE CORP	2.625% 02/15/2023 DD 11/09/17	Corporates	1,000,000.0000	987,329.95	9,916.67	1,046,712.63	59,382.68	0.00	0.98	A3	A	A-
CALOPTIMA S1-5	69353RFT0	PNC BANK NA	VAR RT 02/24/2023 DD 02/25/20	Corporates	750,000.0000	750,000.00	4,611.69	761,586.68	11,586.68	0.00	0.71	A2	A	A+
CALOPTIMA S1-5	87236YAG3	TD AMERITRADE HOLDING CORP	VAR RT 11/01/2021 DD 11/01/18	Corporates	1,250,000.0000	1,241,882.17	1,364.83	1,253,310.46	11,428.29	0.00	1.17	A2	A	NR
CALOPTIMA S1-5	91159HHZ6	US BANCORP	1.450% 05/12/2025 DD 05/12/20	Corporates	1,000,000.0000	1,001,744.13	1,973.61	1,037,802.42	36,058.29	0.00	0.97	A1	A+	A+
CALOPTIMA S1-5	92343VBR4	VERIZON COMMUNICATIONS INC	5.150% 09/15/2023 DD 09/18/13	Corporates	1,000,000.0000	1,110,491.08	15,163.89	1,126,841.35	16,350.27	0.00	1.05	Baa1	BBB+	A-
CALOPTIMA S1-5	94974BFC9	WELLS FARGO & CO	3.500% 03/08/2022 DD 03/08/12	Corporates	1,000,000.0000	1,019,685.52	10,986.11	1,036,759.82	17,074.30	0.00	0.97	A2	BBB+	A+
CALOPTIMA S1-5	95000U2B8	WELLS FARGO & CO	2.625% 07/22/2022 DD 07/24/17	Corporates	750,000.0000	759,284.29	8,695.31	776,338.94	17,054.65	0.00	0.73	A2	BBB+	A+
CALOPTIMA S1-5	04609QAD1	ASSOCIATION OF AMERICAN MEDICA	2.027% 10/01/2023 DD 01/29/20	Municipals	710,000.0000	710,000.00	3,597.93	717,055.23	7,055.23	0.00	0.67	NR	A+	AA
CALOPTIMA S1-5	072024WX6	BAY AREA CA TOLL AUTH TOLL BRI	2.234% 04/01/2023 DD 09/26/19	Municipals	790,000.0000	794,534.28	4,412.15	820,193.80	25,659.52	0.00	0.77	A1	AA-	AA-
CALOPTIMA S1-5	072722AD3	BAYCARE HEALTH SYSTEM INC	2.695% 11/15/2023 DD 04/16/20	Municipals	655,000.0000	655,000.00	2,255.57	689,261.86	34,261.86	0.00	0.65	Aa2	NR	AA
CALOPTIMA S1-5	13063DLZ9	CALIFORNIA ST	3.000% 04/01/2024 DD 04/04/19	Municipals	680,000.0000	703,979.35	5,100.00	735,154.80	31,175.45	0.00	0.69	Aa2	AA-	AA
CALOPTIMA S1-5	13067WRB0	CALIFORNIA ST DEPT OF WTR RESO	0.560% 12/01/2024 DD 08/06/20	Municipals	555,000.0000	555,000.00	259.00	557,841.60	2,841.60	0.00	0.52	Aa1	AAA	NR
CALOPTIMA S1-5	212204JE2	CONTRA COSTA CA CMNTY CLG DIST	1.774% 08/01/2024 DD 09/12/19	Municipals	410,000.0000	410,000.00	3,030.58	426,416.40	16,416.40	0.00	0.40	Aa1	AA+	NR
CALOPTIMA S1-5	283062DN4	EL DORADO CA IRR DIST REVENUE	1.280% 03/01/2025 DD 06/23/20	Municipals	1,000,000.0000	1,000,000.00	4,266.67	1,021,980.00	21,980.00	0.00	0.96	Aa3	AA-	NR
CALOPTIMA S1-5	419792YQ3	HAWAII ST	0.670% 08/01/2025 DD 08/12/20	Municipals	535,000.0000	535,000.00	1,384.02	537,214.90	2,214.90	0.00	0.50	Aa2	AA+	AA
CALOPTIMA S1-5	50520PAD2	LA VERNE CA PENSN OBLIG	3.216% 06/01/2022 DD 08/15/18	Municipals	1,000,000.0000	997,574.95	2,680.00	1,038,690.00	41,115.05	0.00	0.97	NR	AA+	NR
CALOPTIMA S1-5	544587Y44	LOS ANGELES CA MUNI IMPT CORPL	0.890% 11/01/2024 DD 08/20/20	Municipals	1,000,000.0000	1,000,000.00	3,238.61	998,130.00	0.00	-1,870.00	0.93	NR	AA-	NR
CALOPTIMA S1-5	576000XB4	MASSACHUSETTS ST SCH BLDG AUTH	1.963% 10/15/2022 DD 11/20/19	Municipals	480,000.0000	480,000.00	1,989.17	491,678.40	11,678.40	0.00	0.46	Aa3	AA	AA+
CALOPTIMA S1-5	576051VX1	MASSACHUSETTS ST WTR RESOURCES	1.862% 08/01/2024 DD 11/01/19	Municipals	830,000.0000	830,000.00	6,439.42	871,533.20	41,533.20	0.00	0.82	Aa1	AA+	AA+
CALOPTIMA S1-5	605581MY0	MISSISSIPPI ST	0.422% 11/01/2023 DD 08/06/20	Municipals	1,190,000.0000	1,190,000.00	836.97	1,194,129.30	4,129.30	0.00	1.12	Aa2	AA	AA
CALOPTIMA S1-5	63968A2A2	NEBRASKA ST PUBLIC PWR DIST RE	2.216% 01/01/2024 DD 10/29/19	Municipals	295,000.0000	295,000.00	3,268.60	307,156.95	12,156.95	0.00	0.29	A1	A+	A+
CALOPTIMA S1-5	63968A2K0	NEBRASKA ST PUBLIC PWR DIST RE	2.216% 01/01/2024 DD 10/29/19	Municipals	220,000.0000	220,000.00	2,437.60	229,066.20	9,066.20	0.00	0.21	A1	A+	A+
CALOPTIMA S1-5	658289J87	NORTH CAROLINA ST UNIV AT RALE	1.069% 10/01/2024 DD 07/07/20	Municipals	850,000.0000	850,000.00	2,271.63	874,208.00	24,208.00	0.00	0.82	Aa1	AA	NR
CALOPTIMA S1-5	677765GV5	OHLONE CA CMNTY CLG DIST	1.814% 08/01/2024 DD 09/26/19	Municipals	1,000,000.0000	1,000,000.00	7,558.33	1,045,430.00	45,430.00	0.00	0.98	Aa1	AA+	NR
CALOPTIMA S1-5	752147HH4	RANCHO SANTIAGO CA CMNTY CLG D	0.634% 09/01/2024 DD 09/02/20	Municipals	1,000,000.0000	1,000,000.00	2,095.72	1,005,020.00	5,020.00	0.00	0.94	Aa2	AA	NR
CALOPTIMA S1-5	762326AD8	RHODE ISLAND ST TURNPIKE & BRI	2.232% 12/01/2023 DD 12/10/19	Municipals	680,000.0000	680,000.00	1,264.80	696,775.60	16,775.60	0.00	0.65	NR	A-	A

Back to Agenda

Reporting Account Name	Security ID	Security Description 1	Security Description 2	Sector	Shares/Par	Base Cost	Accrued Interest	Base Market Value	Base Unrealized Gain	Base Unrealized Loss	Percent of Asset	Moody's Rating	S&P Rating	Fitch Rating
CALOPTIMA S1-5	76913CAW9	RIVERSIDE CNTY CA PENSN OBLG	2.265% 02/15/2022 DD 05/06/20	Municipals	635,000.0000	635,000.00	5,433.48	646,931.65	11,931.65	0.00	0.61	A2	AA	NR
CALOPTIMA S1-5	784710AB1	SSM HEALTH CARE CORP	3.688% 06/01/2023 DD 05/08/18	Municipals	100,000.0000	100,276.86	307.33	106,793.50	6,516.64	0.00	0.10	A1	A+	AA-
CALOPTIMA S1-5	784710AB1	SSM HEALTH CARE CORP	3.688% 06/01/2023 DD 05/08/18	Municipals	500,000.0000	498,301.06	1,536.67	533,967.49	35,666.43	0.00	0.50	A1	A+	AA-
CALOPTIMA S1-5	786073AA4	SACRAMENTO CA TRANSIENT OCCUPA	3.455% 06/01/2021 DD 11/01/18	Municipals	805,000.0000	805,000.00	2,317.73	810,425.70	5,425.70	0.00	0.76	A1	NR	NR
CALOPTIMA S1-5	796720ME7	SAN BERNARDINO CA CMNTY CLG DI	1.883% 08/01/2022 DD 12/12/19	Municipals	735,000.0000	735,000.00	5,766.69	753,669.00	18,669.00	0.00	0.71	Aa1	AA	NR
CALOPTIMA S1-5	796720NQ9	SAN BERNARDINO CA CMNTY CLG DI	0.942% 08/01/2024 DD 07/07/20	Municipals	765,000.0000	765,000.00	3,002.63	778,639.95	13,639.95	0.00	0.73	Aa1	AA	NR
CALOPTIMA S1-5	797272QP9	SAN DIEGO CA CMNTY CLG DIST	2.046% 08/01/2024 DD 10/16/19	Municipals	760,000.0000	760,000.00	6,479.00	803,259.20	43,259.20	0.00	0.75	Aaa	AAA	NR
CALOPTIMA S1-5	797412DM2	SAN DIEGO CNTY CA WTR AUTH	0.743% 05/01/2025 DD 07/22/20	Municipals	1,020,000.0000	1,020,000.00	1,263.10	1,030,169.40	10,169.40	0.00	0.96	Aa2	AAA	AA+
CALOPTIMA S1-5	797669ZJ0	SAN FRANCISCO CA BAY AREA RAPI	1.971% 07/01/2024 DD 10/31/19	Municipals	750,000.0000	750,000.00	7,391.25	784,080.00	34,080.00	0.00	0.73	NR	AA+	AA+
CALOPTIMA S1-5	79766DSU4	SAN FRANCISCO CALIF CITY &CNTY	1.977% 05/01/2024 DD 09/10/19	Municipals	510,000.0000	510,000.00	1,680.45	527,952.00	17,952.00	0.00	0.49	A1	A	A+
CALOPTIMA S1-5	79771FAX5	SAN FRANCISCO CA CITY & CNTY P	0.723% 11/01/2024 DD 10/21/20	Municipals	1,000,000.0000	1,000,000.00	1,405.83	1,010,710.00	10,710.00	0.00	0.95	Aa2	AA-	NR
CALOPTIMA S1-5	798189RE8	SAN JOSE CA EVERGREEN CMNTY CL	3.500% 09/01/2023 DD 06/16/20	Municipals	500,000.0000	534,969.58	9,479.17	541,315.00	6,345.42	0.00	0.51	Aa1	AA+	NR
CALOPTIMA S1-5	798189RW8	SAN JOSE CA EVERGREEN CMNTY CL	0.721% 09/01/2024 DD 11/19/20	Municipals	750,000.0000	750,000.00	630.88	754,485.00	4,485.00	0.00	0.71	Aa1	NR	NR
CALOPTIMA S1-5	835569GR9	SONOMA CNTY CA JNR CLG DIST	2.061% 08/01/2024 DD 11/12/19	Municipals	750,000.0000	750,000.00	6,440.63	784,095.00	34,095.00	0.00	0.73	Aa2	AA	NR
CALOPTIMA S1-5	88278PZA5	TEXAS ST UNIV SYS FING REVENUE	2.103% 03/15/2024 DD 11/21/19	Municipals	490,000.0000	490,000.00	3,034.16	513,417.10	23,417.10	0.00	0.48	Aa2	NR	AA
CALOPTIMA S1-5	899154AV0	TULARE CNTY CA PENSN OBLG	3.348% 06/01/2023 DD 06/25/18	Municipals	1,000,000.0000	1,000,000.00	2,790.00	1,063,050.00	63,050.00	0.00	0.99	A1	AA-	NR
CALOPTIMA S1-5	914455UC2	UNIV OF MICHIGAN MI	1.004% 04/01/2025 DD 06/16/20	Municipals	695,000.0000	695,000.00	1,744.45	706,126.95	11,126.95	0.00	0.66	Aaa	AAA	NR
CALOPTIMA S1-5	916544ET2	UPPER SANTA CLARA VY CA JT PWR	0.827% 08/01/2024 DD 07/23/20	Municipals	690,000.0000	690,000.00	2,504.43	693,367.20	3,367.20	0.00	0.65	NR	AA	AA-
CALOPTIMA S1-5	9174367M3	UTAH ST HSG CORP SF MTGE REVEN	2.340% 01/01/2024 DD 10/02/19	Municipals	445,000.0000	445,000.00	5,206.50	456,445.40	11,445.40	0.00	0.43	Aa2	NR	NR
CALOPTIMA S1-5	923078CU1	VENTURA CNTY CA PUBLIC FING AU	1.223% 11/01/2024 DD 06/11/20	Municipals	505,000.0000	505,000.00	1,029.36	515,519.15	10,519.15	0.00	0.48	Aa1	AA+	NR
CALOPTIMA S1-5	977100DA1	WISCONSIN ST GEN FUND ANNUAL A	2.183% 05/01/2024 DD 08/16/16	Municipals	760,000.0000	763,677.54	2,765.13	801,078.00	37,400.46	0.00	0.75	Aa2	AA-	AA
CALOPTIMA S1-5	3134GWGB6	FEDERAL HOME LN MTG CORP	0.450% 07/28/2023 DD 07/28/20	RMBS	800,000.0000	800,000.00	1,530.00	800,172.61	172.61	0.00	0.75	Agency	AA+	Agency
CALOPTIMA S1-5	3134GWND4	FEDERAL HOME LN MTG CORP	0.600% 08/12/2025 DD 08/12/20	RMBS	1,100,000.0000	1,098,881.65	2,548.33	1,094,893.17	0.00	-3,988.48	1.02	Agency	AA+	Agency
CALOPTIMA S1-5	3134GXDT8	FEDERAL HOME LN MTG CORP	0.350% 11/24/2023 DD 11/24/20	RMBS	530,000.0000	530,000.00	190.65	530,228.84	228.84	0.00	0.50	Agency	AA+	Agency
CALOPTIMA S1-5	3135G0S38	FEDERAL NATL MTG ASSN	2.000% 01/05/2022 DD 01/09/17	RMBS	2,250,000.0000	2,251,743.62	22,000.00	2,292,817.48	41,073.86	0.00	2.15	Agency	AA+	Agency
CALOPTIMA S1-5	3135G0S38	FEDERAL NATL MTG ASSN	2.000% 01/05/2022 DD 01/09/17	RMBS	1,500,000.0000	1,502,980.98	14,666.67	1,528,544.98	25,564.00	0.00	1.43	Agency	AA+	Agency
CALOPTIMA S1-5	3135G0V75	FEDERAL NATL MTG ASSN	1.750% 07/02/2024 DD 07/08/19	RMBS	1,100,000.0000	1,105,235.72	9,625.00	1,158,202.90	52,967.18	0.00	1.08	Agency	AA+	Agency
CALOPTIMA S1-5	3135G0V75	FEDERAL NATL MTG ASSN	1.750% 07/02/2024 DD 07/08/19	RMBS	1,010,000.0000	1,013,559.30	8,837.50	1,063,440.85	49,881.55	0.00	1.00	Agency	AA+	Agency
CALOPTIMA S1-5	3136A5KR6	FNMA GTD REMIC P/T 12-31 AD	1.750% 10/25/2022 DD 03/01/12	RMBS	19,189.0890	19,046.89	27.98	19,188.83	141.94	0.00	0.02	Agency	AA+	Agency
CALOPTIMA S1-5	3136A5KR6	FNMA GTD REMIC P/T 12-31 AD	1.750% 10/25/2022 DD 03/01/12	RMBS	48,360.9430	48,033.29	70.53	48,360.30	327.01	0.00	0.05	Agency	AA+	Agency
CALOPTIMA S1-5	3136G46A6	FEDERAL NATL MTG ASSN	0.300% 10/27/2023 DD 10/27/20	RMBS	1,600,000.0000	1,599,623.76	853.33	1,600,048.21	424.45	0.00	1.50	Agency	AA+	Agency
CALOPTIMA S1-5	3137AXHP1	FHLMC MULTICLASS MTG K024 A2	2.573% 09/25/2022 DD 01/01/13	RMBS	460,000.0000	462,413.95	986.32	473,881.42	11,467.47	0.00	0.44	Aaa	AA+	Agency
CALOPTIMA S1-5	3137AXHP1	FHLMC MULTICLASS MTG K024 A2	2.573% 09/25/2022 DD 01/01/13	RMBS	640,000.0000	643,513.88	1,372.26	659,313.28	15,799.40	0.00	0.62	Aaa	AA+	Agency
CALOPTIMA S1-5	3137B1UG5	FHLMC MULTICLASS MTG K027 A2	2.637% 01/25/2023 DD 05/01/13	RMBS	560,000.0000	560,228.97	1,230.60	580,888.78	20,659.81	0.00	0.54	Agency	AA+	AAA
CALOPTIMA S1-5	3137B1UG5	FHLMC MULTICLASS MTG K027 A2	2.637% 01/25/2023 DD 05/01/13	RMBS	700,000.0000	700,074.77	1,538.25	726,110.98	26,036.21	0.00	0.68	Agency	AA+	AAA
CALOPTIMA S1-5	3137B2ZH6	FHLMC MULTICLASS MTG 4221 HJ	1.500% 07/15/2023 DD 06/01/13	RMBS	68,273.5380	67,656.17	85.34	68,743.78	1,087.61	0.00	0.06	Agency	AA+	Agency
CALOPTIMA S1-5	3137B7MZ9	FHLMC MULTICLASS MTG K036 A2	VAR RT 10/25/2023 DD 02/01/14	RMBS	450,000.0000	486,225.23	1,322.63	486,172.71	0.00	-52.52	0.45	Aaa	AA+	AAA
CALOPTIMA S1-5	3137BFE80	FHLMC MULTICLASS MTG K041 A1	2.720% 08/25/2024 DD 12/01/14	RMBS	1,836,448.8320	1,909,048.61	4,162.62	1,915,189.15	6,140.54	0.00	1.79	Agency	AA+	AAA
CALOPTIMA S1-5	3137EADB2	FEDERAL HOME LN MTG CORP	2.375% 01/13/2022 DD 01/13/12	RMBS	1,500,000.0000	1,508,564.10	16,625.00	1,534,680.00	26,115.90	0.00	1.44	Agency	AA+	Agency
CALOPTIMA S1-5	3137EAEV7	FEDERAL HOME LN MTG CORP	0.250% 08/24/2023 DD 08/21/20	RMBS	1,100,000.0000	1,099,012.33	993.06	1,102,168.52	3,156.19	0.00	1.03	Agency	AA+	Agency
CALOPTIMA S1-5	3137GAUY1	FHLMC MULTICLASS MTG 3737 MA	1.500% 10/15/2022 DD 10/01/10	RMBS	150,838.7640	148,712.99	188.55	151,815.14	3,102.15	0.00	0.14	Agency	AA+	Agency
CALOPTIMA S1-5	9128284H0	US TREAS-CPI INFLAT	0.625% 04/15/2023 DD 04/15/18	US Government	508,415.8000	509,658.02	680.91	535,326.09	25,668.07	0.00	0.50	Govt	AA+	Govt
CALOPTIMA S1-5	9128286N5	US TREAS-CPI INFLAT	0.500% 04/15/2024 DD 04/15/19	US Government	511,047.9000	518,048.92	547.55	547,779.47	29,730.55	0.00	0.51	Govt	AA+	Govt
CALOPTIMA S1-5	912828D56	U S TREASURY NOTE	2.375% 08/15/2024 DD 08/15/14	US Government	535,000.0000	550,221.22	4,799.38	576,608.79	26,387.57	0.00	0.54	Govt	AA+	Govt
CALOPTIMA S1-5	912828D56	U S TREASURY NOTE	2.375% 08/15/2024 DD 08/15/14	US Government	640,000.0000	655,873.92	5,741.30	689,775.00	33,901.08	0.00	0.65	Govt	AA+	Govt
CALOPTIMA S1-5	912828D56	U S TREASURY NOTE	2.375% 08/15/2024 DD 08/15/14	US Government	1,475,000.0000	1,510,496.05	13,231.91	1,589,715.83	79,219.78	0.00	1.49	Govt	AA+	Govt
CALOPTIMA S1-5	912828G38	U S TREASURY NOTE	2.250% 11/15/2024 DD 11/15/14	US Government	750,000.0000	766,737.27	2,190.95	807,949.22	41,211.95	0.00	0.76	Govt	AA+	Govt
CALOPTIMA S1-5	912828G38	U S TREASURY NOTE	2.250% 11/15/2024 DD 11/15/14	US Government	495,000.0000	506,028.95	1,446.03	533,246.48	27,217.53	0.00	0.50	Govt	AA+	Govt
CALOPTIMA S1-5	912828G38	U S TREASURY NOTE	2.250% 11/15/2024 DD 11/15/14	US Government	995,000.0000	1,013,891.09	2,906.66	1,071,879.29	57,988.20	0.00	1.00	Govt	AA+	Govt
CALOPTIMA S1-5	912828G38	U S TREASURY NOTE	2.250% 11/15/2024 DD 11/15/14	US Government	950,000.0000	981,355.12	2,775.21	1,023,402.34	42,047.22	0.00	0.96	Govt	AA+	Govt
CALOPTIMA S1-5	912828T26	U S TREASURY NOTE	1.375% 09/30/2023 DD 09/30/16	US Government	1,035,000.0000	1,028,167.84	3,636.01	1,069,809.96	41,642.12	0.00	1.00	Govt	AA+	Govt
CALOPTIMA S1-5	912828T26	U S TREASURY NOTE	1.375% 09/30/2023 DD 09/30/16	US Government	1,200,000.0000	1,198,751.79	4,215.66	1,240,359.37	41,607.58	0.00	1.16	Govt	AA+	Govt
CALOPTIMA S1-5	912828YK0	U S TREASURY NOTE	1.375% 10/15/2022 DD 10/15/19	US Government	1,030,000.0000	1,025,480.86	3,034.83	1,052,933.59	27,452.73	0.00	0.99	Govt	AA+	Govt
CALOPTIMA S1-5	912828YK0	U S TREASURY NOTE	1.375% 10/15/2022 DD 10/15/19	US Government	290,000.0000	288,727.39	854.46	296,457.03	7,729.64	0.00	0.28	Govt	AA+	Govt
CALOPTIMA S1-5	912828YK0	U S TREASURY NOTE	1.375% 10/15/2022 DD 10/15/19	US Government	515,000.0000	512,740.51	1,517.41	526,466.79	13,726.28	0.00	0.49	Govt	AA+	Govt
CALOPTIMA S1-5	912828YK0	U S TREASURY NOTE	1.375% 10/15/2022 DD 10/15/19	US Government	1,800,000.0000	1,792,506.74	5,303.57	1,840,078.12	47,571.38	0.00	1.72	Govt	AA+	Govt
CALOPTIMA S1-5	912828YK0	U S TREASURY NOTE	1.375% 10/15/2022 DD 10/15/19	US Government	925,000.0000	921,058.18	2,725.45	945,595.70	24,537.52	0.00	0.88	Govt	AA+	Govt
CALOPTIMA S1-5	912828YK0	U S TREASURY NOTE	1.375% 10/15/2022 DD 10/15/19	US Government	1,030,000.0000	1,024,578.19	3,034.82	1,052,933.59	28,355.40	0.00	0.99	Govt	AA+	Govt
CALOPTIMA S1-5	912828ZD5	U S TREASURY NOTE	0.500% 03/15/2023 DD 03/15/20	US Government	530,000.0000	533,896.48	790.61	534,306.25	409.77	0.00	0.50	Govt	Govt	Govt
CALOPTIMA S1-5	912828ZD5	U S TREASURY NOTE	0.500% 03/15/2023 DD 03/15/20	US Government	1,170,000.0000	1,178,393.94	1,745.30	1,179,506.25	1,112.31	0.00	1.10	Govt	Govt	Govt
CALOPTIMA S1-5	912828ZD5	U S TREASURY NOTE	0.500% 03/15/2023 DD 03/15/20	US Government	480,000.0000	483,307.77	716.02	483,900.00	592.23	0.00	0.45	Govt	Govt	Govt
CALOPTIMA S1-5	912828ZL7	U S TREASURY NOTE	0.375% 04/30/2025 DD 04/30/20	US Government	2,125,000.0000	2,115,295.93	1,364.81	2,132,719.72	17,423.79	0.00	2.00	Govt	AA+	Govt
CALOPTIMA S1-5	912828ZP8	U S TREASURY NOTE	0.125% 05/15/2023 DD 05/15/20	US Government	2,145,000.0000	2,140,882.23	348.12	2,144,413.47	3,531.24	0.00	2.01	Govt	AA+	Govt
CALOPTIMA S1-5	912828ZP8	U S TREASURY NOTE	0.125% 05/15/2023 DD 05/15/20	US Government	1,725,000.0000	1,721,926.28	279.95	1,724,528.32	2,602.04	0.00	1.61	Govt	AA+	Govt
CALOPTIMA S1-5	91282CAJ0	U S TREASURY NOTE	0.250% 08/31/2025 DD 08/31/20	US Government	1,075,000.0000	1,073,772.34	913.16	1,071,514.65	0.00	-2,257.69	1.00	Govt	AA+	Govt

Back to Agenda

Reporting Account Name	Security ID	Security Description 1	Security Description 2	Sector	Shares/Par	Base Cost	Accrued Interest	Base Market Value	Base Unrealized Gain	Base Unrealized Loss	Percent of Asset	Moody's Rating	S&P Rating	Fitch Rating
CALOPTIMA S1-5	91282CAM3	U S TREASURY NOTE	0.250% 09/30/2025 DD 09/30/20	US Government	1,100,000.0000	1,095,823.59	702.61	1,095,832.03	8.44	0.00	1.03	Govt	AA+	Govt
CALOPTIMA S1-5	91282CAM3	U S TREASURY NOTE	0.250% 09/30/2025 DD 09/30/20	US Government	1,080,000.0000	1,071,723.44	689.83	1,075,907.81	4,184.37	0.00	1.01	Govt	AA+	Govt
CALOPTIMA S1-5	91282CAM3	U S TREASURY NOTE	0.250% 09/30/2025 DD 09/30/20	US Government	810,000.0000	805,767.45	517.38	806,930.87	1,163.42	0.00	0.76	Govt	AA+	Govt

Back to Agenda

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost / Purchased Accrued	Principal Market Value / Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
Cash							
	CASH OR STIF	USD	1,394,661.61	1,394,661.61	0.00	1.000	0.36%
Total for Cash			**1,394,661.61**	**1,394,661.61**	**0.00**		**0.36%**
Money Markets							
37,000,000.000	U.S. TREASURY BILL Mat: 1/5/21 Cpn: 0.00% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 11/9/20 St Date: 11/10/20	912796A58	36,995,107.78 0.00	36,995,470.59 4,542.77	362.81	100.000	9.68%
45,000,000.000	U.S. TREASURY BILL Mat: 1/7/21 Cpn: 0.00% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 9/30/20 St Date: 9/30/20	9127963T4	44,989,173.41 0.00	44,989,783.09 10,164.51	609.68	100.000	11.77%
25,000,000.000	U.S. TREASURY BILL Mat: 1/21/21 Cpn: 0.00% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 7/21/20 St Date: 7/23/20	9127963V9	24,983,885.42 0.00	24,985,142.50 14,343.75	1,257.08	99.998	6.54%
2,000,000.000	BAYERISCHE LANDESBANK FRN YCD Mat: 1/22/21 Cpn: 0.42% Moody's: S&P: Fitch: Tr Date: 1/28/20 St Date: 1/29/20	0727MAX30	2,000,414.76 444.53	2,000,422.48 1,639.90	7.72	100.021	0.52%
1,500,000.000	CREDIT SUISSE NY YCD Mat: 1/22/21 Cpn: 1.80% Moody's: P-1 S&P: A-1 Fitch: F1 Tr Date: 1/23/20 St Date: 1/24/20	22549LZD0	1,500,000.00 0.00	1,501,585.32 25,725.00	1,585.32	100.106	0.40%
1,000,000.000	MIZUHO BANK YCD Mat: 1/22/21 Cpn: 1.73% Moody's: P-1 S&P: A-1 Fitch: F1 Tr Date: 1/24/20 St Date: 1/24/20	60710AJP8	1,000,000.00 0.00	1,001,014.13 16,483.06	1,014.13	100.101	0.27%
2,000,000.000	NATIXIS NY YCD Mat: 1/22/21 Cpn: 1.77% Moody's: P-1 S&P: A-1 Fitch: F1 Tr Date: 1/24/20 St Date: 1/24/20	63873QDQ4	2,000,000.00 0.00	2,002,077.12 33,728.33	2,077.12	100.104	0.53%
1,970,000.000	BANCO SANTANDER YCD Mat: 1/25/21 Cpn: 1.83% Moody's: P-1 S&P: A-1 Fitch: F1 Tr Date: 1/24/20 St Date: 1/27/20	05966DXF4	1,970,000.00 0.00	1,972,401.41 34,048.17	2,401.41	100.122	0.52%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost / Purchased Accrued	Principal Market Value / Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
2,000,000.000	CREDIT AGRICOLE YCD Mat: 1/25/21 Cpn: 1.76% Moody's: P-1 S&P: A-1 Fitch: F1+ Tr Date: 1/24/20 St Date: 1/27/20	22535CKZ3	2,000,000.00 0.00	2,002,340.82 33,244.44	2,340.82	100.117	0.53%
2,000,000.000	BANK OF MONTREAL CHICAGO YCD Mat: 2/3/21 Cpn: 0.20% Moody's: P-1 S&P: A-1 Fitch: F1+ Tr Date: 11/13/20 St Date: 11/16/20	06367BYG8	2,000,087.63 288.89	2,000,221.66 800.00	134.03	100.011	0.52%
30,000,000.000	U.S. TREASURY BILL Mat: 2/18/21 Cpn: 0.00% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 11/19/20 St Date: 11/19/20	9127964D8	29,995,791.25 0.00	29,995,370.66 1,988.75	(420.59)	99.991	7.85%
1,000,000.000	MIZUHO BANK LTD FRN YCD Mat: 3/11/21 Cpn: 0.31% Moody's: S&P: Fitch: Tr Date: 9/2/20 St Date: 9/3/20	60710ARE4	1,000,118.00 206.60	1,000,159.65 179.60	41.65	100.016	0.26%
1,000,000.000	SKANDINAV ENSKILDA BK YCD Mat: 3/18/21 Cpn: 0.19% Moody's: P-1 S&P: A-1 Fitch: F1+ Tr Date: 12/17/20 St Date: 12/18/20	83050PQE2	1,000,000.00 0.00	1,000,168.27 73.89	168.27	100.017	0.26%
25,000,000.000	U.S. TREASURY BILL Mat: 4/22/21 Cpn: 0.00% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 7/21/20 St Date: 7/21/20	9127962Q1	24,974,696.18 0.00	24,979,432.85 15,090.28	4,736.67	99.978	6.54%
2,000,000.000	NATL AUSTRALIA BANK YCD FRN Mat: 5/24/21 Cpn: 0.21% Moody's: S&P: Fitch: Tr Date: 10/21/20 St Date: 10/22/20	63253TW38	2,000,000.00 0.00	2,000,179.80 94.78	179.80	100.009	0.52%
1,000,000.000	SKANDINAV ENSKILDA BK YCD Mat: 6/1/21 Cpn: 0.24% Moody's: P-1 S&P: A-1 Fitch: F1+ Tr Date: 12/1/20 St Date: 12/2/20	83050PPX1	999,999.99 6.67	1,000,354.30 206.67	354.31	100.035	0.26%
25,000,000.000	U.S. TREASURY BILL Mat: 6/3/21 Cpn: 0.00% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 12/8/20 St Date: 12/9/20	912796A41	24,989,305.56 0.00	24,990,246.67 1,397.57	941.11	99.966	6.54%
2,000,000.000	CANADIAN IMPERIAL BANK FRN YCD Mat: 8/6/21 Cpn: 0.39% Moody's: S&P: Fitch: Tr Date: 12/17/20 St Date: 12/21/20	13606CDK7	2,001,688.00 980.63	2,000,741.70 1,220.33	(946.30)	100.037	0.52%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost Purchased Accrued	Principal Market Value Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
12,000,000.000	U.S. TREASURY BILL Mat: 9/9/21 Cpn: 0.00% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 9/30/20 St Date: 9/30/20	9127964L0	11,986,756.00 0.00	11,989,301.20 3,580.50	2,545.20	99.940	3.14%
2,000,000.000	CREDIT AGRICOLE YCD FRN Mat: 9/10/21 Cpn: 0.71% Moody's: S&P: Fitch: Tr Date: 12/23/20 St Date: 12/24/20	22532XMW5	2,006,238.00 552.22	2,005,344.92 867.78	(893.08)	100.267	0.52%
2,000,000.000	COOPERATIEVE RABOBANK FRN YCD Mat: 9/15/21 Cpn: 0.27% Moody's: S&P: Fitch: Tr Date: 12/14/20 St Date: 12/15/20	21684LAL6	2,000,000.00 0.00	1,999,843.62 251.69	(156.38)	99.992	0.52%
Total for Money Markets			**222,393,261.98** **2,479.54**	**222,411,602.76** **199,671.76**	**18,340.78**		**58.22%**
Government Related							
1,000,000.000	INTER-AMERICAN DEVELOPMENT BANK Mat: 3/15/21 Cpn: 1.88% Moody's: Aaa S&P: AAA Fitch: AAA Tr Date: 9/23/20 St Date: 9/25/20	4581X0CS5	1,007,900.00 520.83	1,003,400.58 5,520.83	(4,499.42)	100.340	0.26%
3,000,000.000	INTL BANK RECON & DEVELOP Mat: 5/24/21 Cpn: 1.38% Moody's: Aaa S&P: AAA Fitch: AAAu Tr Date: 7/22/20 St Date: 7/28/20	459058FH1	3,028,980.00 7,338.67	3,014,322.39 4,239.58	(14,657.61)	100.477	0.79%
1,000,000.000	INTER-AMERICAN DEVELOPMENT BANK FRN Mat: 9/16/22 Cpn: 0.35% Moody's: Aaa S&P: AAA Fitch: Tr Date: 9/16/20 St Date: 9/18/20	45818WCP9	1,001,210.00 19.44	1,001,918.82 153.75	708.82	100.192	0.26%
2,100,000.000	INTER-AMERICAN DEVELOPMENT BANK FRN Mat: 2/4/25 Cpn: 0.36% Moody's: Aaa S&P: AAA Fitch: Tr Date: 10/28/20 St Date: 11/4/20	4581X0DR6	2,100,000.00 0.00	2,103,306.32 1,213.94	3,306.32	100.157	0.55%
Total for Government Related			**7,138,090.00** **7,878.94**	**7,122,948.11** **11,128.11**	**(15,141.89)**		**1.87%**
Agencies							
10,000,000.000	FHLB 1ML+7 FRN Mat: 2/1/21 Cpn: 0.23% Moody's: Aaa S&P: AA+ Fitch: AAA Tr Date: 6/30/20 St Date: 6/30/20	3130AHH97	10,004,185.30 1,957.50	10,001,349.40 1,937.50	(2,835.90)	100.014	2.62%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security			Identifier	Original Principal Cost Purchased Accrued	Principal Market Value Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
5,000,000.000	FHLB FRN			3130AJVE6	5,000,000.00	5,001,531.70	1,531.70	100.031	1.31%
	Mat: 5/24/21	Cpn: 0.13%			0.00	147.78			
	Moody's: Aaa	S&P: AA+u	Fitch: AAA						
	Tr Date: 7/21/20	St Date: 7/24/20							
3,000,000.000	FFCB FRN			3133EJZP7	3,000,736.98	3,001,282.80	545.82	100.043	0.79%
	Mat: 9/17/21	Cpn: 0.17%			83.70	215.63			
	Moody's: Aaa	S&P: AA+	Fitch: AAA						
	Tr Date: 7/21/20	St Date: 7/22/20							
10,000,000.000	FFCB FRN			3133ELW42	10,000,240.90	10,005,019.30	4,778.40	100.050	2.62%
	Mat: 10/20/21	Cpn: 0.16%			491.88	538.77			
	Moody's: Aaa	S&P: AA+	Fitch: AAA						
	Tr Date: 7/28/20	St Date: 7/29/20							
3,000,000.000	FFCB 1ML+13 FRN			3133EK5T9	3,006,024.00	3,004,195.71	(1,828.29)	100.140	0.79%
	Mat: 11/5/21	Cpn: 0.28%			108.35	636.19			
	Moody's: Aaa	S&P: AA+	Fitch: AAA						
	Tr Date: 5/4/20	St Date: 5/8/20							
10,000,000.000	FHLMC FRN SOFR+15			3134GVFL7	9,998,295.30	10,016,086.70	17,791.40	100.161	2.62%
	Mat: 3/4/22	Cpn: 0.24%			1,658.33	1,816.67			
	Moody's: Aaa	S&P: AA+u	Fitch: AAA						
	Tr Date: 6/30/20	St Date: 6/30/20							
Total for Agencies					**41,009,482.48**	**41,029,465.61**	**19,983.13**		**10.73%**
					4,299.76	**5,292.52**			
Tax-Exempt									
1,320,000.000	CA LOS ANGELES CITY TRANS			544351PK9	1,366,120.80	1,344,084.63	(22,036.17)	101.825	0.36%
	Mat: 6/24/21	Cpn: 4.00%			0.00	24,640.00			
	Moody's: MIG1	S&P: SP-1+	Fitch:						
	Tr Date: 7/8/20	St Date: 7/13/20							
2,000,000.000	CA LOS ANGELES COUNTY TRANS			544657HX0	2,072,120.00	2,038,509.98	(33,610.02)	101.926	0.54%
	Mat: 6/30/21	Cpn: 4.00%			0.00	38,000.00			
	Moody's: MIG1	S&P: SP-1+	Fitch: F1+						
	Tr Date: 7/1/20	St Date: 7/10/20							
500,000.000	CT STATE GO/ULT			20772KLH0	514,170.00	514,289.10	119.10	102.858	0.13%
	Mat: 1/15/22	Cpn: 3.00%			0.00	0.00			
	Moody's: A1	S&P: A	Fitch: A+						
	Tr Date: 12/16/20	St Date: 1/6/21							
Total for Tax-Exempt					**3,952,410.80**	**3,896,883.70**	**(55,527.10)**		**1.04%**
					0.00	**62,640.00**			
Taxable Muni									

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost / Purchased Accrued	Principal Market Value / Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
2,000,000.000	CA SAN DIEGO USD GO/ULT TXB Mat: 1/1/21 Cpn: 0.23% Moody's: Aa2 S&P: Fitch: F1+ Tr Date: 8/14/20 St Date: 8/27/20	797356BD3	2,000,000.00 0.00	2,000,000.00 1,584.44	0.00	100.000	0.52%
2,000,000.000	CA LOS ANGELES MTA CP TXB Mat: 1/5/21 Cpn: 0.20% Moody's: P-1 S&P: A-1 Fitch: Tr Date: 10/1/20 St Date: 10/1/20	54531HBQ9	2,000,000.00 0.00	2,000,004.00 1,008.22	4.00	100.000	0.52%
510,000.000	CA RIVERSIDE CNTY PENSN OBLG TXB Mat: 2/15/21 Cpn: 2.17% Moody's: A2 S&P: AA Fitch: Tr Date: 4/23/20 St Date: 5/6/20	76913CAV1	510,000.00 0.00	510,828.86 4,171.23	828.86	100.163	0.13%
3,000,000.000	CA LOS ANGELES WASTEWATER CP TXB Mat: 3/2/21 Cpn: 0.20% Moody's: P-1 S&P: A-1 Fitch: F1 Tr Date: 12/9/20 St Date: 12/9/20	54466CAE7	3,000,000.00 0.00	3,000,078.00 383.33	78.00	100.003	0.78%
1,400,000.000	CA STATE GO/ULT CP TXB Mat: 3/23/21 Cpn: 0.45% Moody's: P-1 S&P: A-1+ Fitch: F1+ Tr Date: 12/23/20 St Date: 12/23/20	13068BGM3	1,400,000.00 0.00	1,400,000.00 155.34	0.00	100.000	0.37%
2,508,441.179	CA DEPT WTR RESOURCES-PWR SUPPLY TXB Mat: 5/1/21 Cpn: 1.71% Moody's: WR S&P: AA+ Fitch: WD Tr Date: 6/18/19 St Date: 6/20/19	13066YTY5	2,503,755.87 10,303.10	2,521,121.37 7,161.60	17,365.51	100.506	0.66%
1,000,000.000	CA UNIVERSITY OF CALIFORNIA TXB Mat: 5/15/21 Cpn: 1.79% Moody's: Aa2 S&P: AA Fitch: AA Tr Date: 2/27/20 St Date: 3/2/20	91412GD51	1,004,870.00 5,320.28	1,005,064.01 2,287.22	194.01	100.506	0.26%
1,000,000.000	CA UNIVERSITY OF CALIFORNIA TXB Mat: 5/15/21 Cpn: 1.91% Moody's: Aa2 S&P: AA Fitch: AA Tr Date: 10/5/20 St Date: 10/7/20	91412GF59	1,005,610.00 7,533.89	1,001,729.74 2,440.56	(3,880.26)	100.173	0.26%
1,720,000.000	CA UNIVERSITY OF CALIFORNIA TXB Mat: 5/15/21 Cpn: 0.33% Moody's: Aa2 S&P: AA Fitch: AA Tr Date: 7/10/20 St Date: 7/16/20	91412HFH1	1,720,000.00 0.00	1,719,662.88 725.27	(337.12)	99.980	0.45%
1,200,000.000	CA BEVERLY HILLS PFA LEASE REV TXB Mat: 6/1/21 Cpn: 0.26% Moody's: S&P: AA+ Fitch: Tr Date: 9/23/20 St Date: 10/15/20	088006JV4	1,200,000.00 0.00	1,199,355.92 263.00	(644.08)	99.946	0.31%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost Purchased Accrued	Principal Market Value Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
1,900,000.000	CA HEALTH FACS-NO PLACE LIKE HOME-TXB Mat: 6/1/21 Cpn: 1.90% Moody's: Aa3 S&P: AA- Fitch: AA- Tr Date: 11/20/19 St Date: 11/25/19	13032UUY2	1,900,000.00 0.00	1,911,368.23 3,002.00	11,368.23	100.598	0.50%
1,120,000.000	MA STATE GO/ULT RANS TXB Mat: 6/17/21 Cpn: 0.25% Moody's: MIG1 S&P: SP-1+ Fitch: F1+ Tr Date: 12/10/20 St Date: 12/16/20	57582RM45	1,120,000.00 0.00	1,120,584.73 116.67	584.73	100.052	0.29%
610,000.000	CA SAN BERNARDINO CCD TXB Mat: 8/1/21 Cpn: 1.82% Moody's: Aa1 S&P: AA Fitch: Tr Date: 11/21/19 St Date: 12/12/19	796720MD9	610,000.00 0.00	615,250.10 4,636.00	5,250.10	100.861	0.16%
1,400,000.000	CA UPPER SANTA CLARA VLY JPA REV TXB Mat: 8/1/21 Cpn: 0.42% Moody's: S&P: AA Fitch: AA- Tr Date: 7/16/20 St Date: 7/23/20	916544EQ8	1,400,000.00 0.00	1,399,085.37 2,549.94	(914.63)	99.935	0.37%
1,000,000.000	CA ANAHEIM HSG & PUB IMPT AUTH TXB Mat: 10/1/21 Cpn: 1.65% Moody's: S&P: AA- Fitch: AA- Tr Date: 2/7/20 St Date: 3/4/20	032556GM8	1,000,000.00 0.00	1,007,960.13 4,117.50	7,960.13	100.796	0.26%
520,000.000	CA LOS ANGELES MUNI IMPT CORP LEASE TXB Mat: 11/1/21 Cpn: 0.42% Moody's: S&P: AA- Fitch: Tr Date: 8/14/20 St Date: 8/20/20	544587X94	520,000.00 0.00	519,306.91 785.27	(693.09)	99.867	0.14%
1,020,000.000	MI STATE GO/ULT TXB Mat: 11/1/21 Cpn: 1.78% Moody's: Aa1 S&P: AA Fitch: AA Tr Date: 9/28/20 St Date: 9/30/20	594612CX9	1,037,013.60 7,510.35	1,034,552.46 3,024.30	(2,461.14)	101.427	0.27%
Total for Taxable Muni			**23,931,249.47** **30,667.62**	**23,965,952.72** **38,411.90**	**34,703.25**		**6.28%**
Credit							
1,000,000.000	MORGAN STANLEY Mat: 1/25/21 Cpn: 5.75% Moody's: A2 S&P: BBB+ Fitch: A Tr Date: 10/24/19 St Date: 10/28/19	61747WAF6	1,045,110.00 14,854.17	1,003,030.00 24,916.67	(42,080.00)	100.303	0.27%
1,235,000.000	US BANK CINCINNATI FRN Mat: 4/26/21 Cpn: 0.53% Moody's: A1 S&P: AA- Fitch: AA- Tr Date: 4/24/18 St Date: 4/26/18	90331HNQ2	1,235,000.00 0.00	1,235,897.85 1,229.11	897.85	100.073	0.32%

payden.com
Los Angeles | Boston | London | Milan
Back to Agenda

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost / Purchased Accrued	Principal Market Value / Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
1,000,000.000	AMERICAN EXPRESS Mat: 5/5/21 Cpn: 2.25% Moody's: A2 S&P: A- Fitch: A Tr Date: 2/28/20 St Date: 3/3/20	0258M0EB1	1,009,080.00 7,375.00	1,005,120.00 3,500.00	(3,960.00)	100.512	0.26%
810,000.000	APPLE Mat: 5/6/21 Cpn: 2.85% Moody's: Aa1 S&P: AA+ Fitch: Tr Date: 3/6/20 St Date: 3/10/20	037833AR1	826,775.10 7,951.50	817,281.90 3,526.88	(9,493.20)	100.899	0.21%
1,000,000.000	TRUIST FIN CORP Mat: 5/10/21 Cpn: 2.05% Moody's: A3 S&P: A- Fitch: A Tr Date: 10/24/19 St Date: 10/28/19	05531FAV5	1,001,440.00 9,566.67	1,004,800.00 2,904.17	3,360.00	100.480	0.26%
1,000,000.000	CITIZENS BANK Mat: 5/13/21 Cpn: 2.55% Moody's: Baa1 S&P: A- Fitch: BBB+ Tr Date: 11/1/19 St Date: 11/5/19	17401QAE1	1,007,940.00 12,183.33	1,006,240.00 3,400.00	(1,700.00)	100.624	0.26%
1,250,000.000	HUNTINGTON NATL BANK Mat: 5/14/21 Cpn: 3.25% Moody's: A3 S&P: A- Fitch: A- Tr Date: 10/24/19 St Date: 10/28/19	44644AAD9	1,273,607.50 19,138.89	1,260,375.00 5,303.82	(13,232.50)	100.830	0.33%
850,000.000	AMERICAN EXPRESS FRN Mat: 5/17/21 Cpn: 0.75% Moody's: A3 S&P: BBB+ Fitch: A Tr Date: 5/14/18 St Date: 5/17/18	025816BV0	850,000.00 0.00	851,306.45 793.69	1,306.45	100.154	0.22%
635,000.000	CITIGROUP Mat: 7/23/21 Cpn: 3.40% Moody's: Aa3 S&P: A+ Fitch: A+ Tr Date: 10/24/19 St Date: 10/28/19	17325FAQ1	650,119.35 5,697.36	644,442.45 9,475.61	(5,676.90)	101.487	0.17%
500,000.000	FIFTH THIRD BANK Mat: 7/26/21 Cpn: 3.35% Moody's: A3 S&P: A- Fitch: A- Tr Date: 7/31/20 St Date: 8/4/20	31677QBN8	513,725.00 372.22	507,380.00 7,211.81	(6,345.00)	101.476	0.13%
1,000,000.000	APPLE Mat: 8/4/21 Cpn: 1.55% Moody's: Aa1 S&P: AA+ Fitch: Tr Date: 2/28/20 St Date: 3/3/20	037833CC2	1,004,176.20 1,248.61	1,006,600.00 6,329.17	2,423.80	100.660	0.26%
1,000,000.000	MICROSOFT Mat: 8/8/21 Cpn: 1.55% Moody's: Aaa S&P: AAA Fitch: AA+u Tr Date: 2/28/20 St Date: 3/3/20	594918BP8	1,004,540.00 1,076.39	1,006,940.00 6,156.94	2,400.00	100.694	0.26%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost Purchased Accrued	Principal Market Value Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
1,350,000.000	CATERPILLAR FINANCIAL FRN Mat: 9/7/21 Cpn: 0.51% Moody's: A3 S&P: A Fitch: A Tr Date: 9/4/18 St Date: 9/7/18	14913Q2P3	1,350,000.00 0.00	1,352,315.70 473.79	2,315.70	100.172	0.35%
1,250,000.000	JOHN DEERE CAPITAL CORP FRN Mat: 9/10/21 Cpn: 0.49% Moody's: A2 S&P: A Fitch: A Tr Date: 9/5/18 St Date: 9/10/18	24422EUJ6	1,250,000.00 0.00	1,252,064.54 374.31	2,064.54	100.165	0.33%
450,000.000	GILEAD SCIENCES FRN Mat: 9/17/21 Cpn: 0.38% Moody's: A3 S&P: BBB+ Fitch: Tr Date: 9/23/20 St Date: 9/30/20	375558BU6	450,000.00 0.00	450,285.29 71.02	285.29	100.063	0.12%
1,185,000.000	WELLS FARGO FRN Mat: 10/22/21 Cpn: 0.73% Moody's: Aa2 S&P: A+ Fitch: AA- Tr Date: 10/16/18 St Date: 10/23/18	94988J5U7	1,185,000.00 0.00	1,188,942.45 1,696.14	3,942.45	100.333	0.31%
1,215,000.000	TD AMERITRADE FRN Mat: 11/1/21 Cpn: 0.64% Moody's: A2 S&P: A Fitch: Tr Date: 10/30/18 St Date: 11/1/18	87236YAG3	1,215,000.00 0.00	1,218,376.49 1,326.62	3,376.49	100.278	0.32%
960,000.000	CATERPILLAR FINANCIAL FRN Mat: 11/12/21 Cpn: 0.41% Moody's: A3 S&P: A Fitch: A Tr Date: 1/9/20 St Date: 1/13/20	14913Q3D9	960,000.00 0.00	961,416.58 551.51	1,416.58	100.148	0.25%
400,000.000	SO CAL EDISON FRN Mat: 12/3/21 Cpn: 0.50% Moody's: A3 S&P: A- Fitch: BBB+ Tr Date: 12/1/20 St Date: 12/4/20	842400GX5	400,000.00 0.00	400,577.60 155.71	577.60	100.144	0.10%
1,000,000.000	CITIGROUP Mat: 1/14/22 Cpn: 4.50% Moody's: A3 S&P: BBB+ Fitch: A Tr Date: 7/27/20 St Date: 7/29/20	172967FT3	1,058,710.00 1,875.00	1,042,970.00 20,875.00	(15,740.00)	104.297	0.28%
1,000,000.000	TRUIST BANK Mat: 1/15/22 Cpn: 2.63% Moody's: A2 S&P: A Fitch: A+ Tr Date: 11/6/20 St Date: 11/10/20	07330NAQ8	1,025,640.00 8,385.42	1,022,490.00 12,104.17	(3,150.00)	102.249	0.27%
377,000.000	MORGAN STANLEY FRN-MAKE WHOLE 1/20/21 Mat: 1/20/22 Cpn: 1.40% Moody's: A2 S&P: BBB+ Fitch: A Tr Date: 1/17/17 St Date: 1/20/17	61746BEE2	377,000.00 0.00	377,193.78 1,069.02	193.78	100.051	0.10%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost / Purchased Accrued	Principal Market Value / Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
1,904,000.000	NATL RURAL UTILITIES Mat: 1/21/22 Cpn: 1.75% Moody's: A2 S&P: A Fitch: A Tr Date: 1/22/20 St Date: 2/5/20	63743HET5	1,902,324.48 0.00	1,935,339.84 15,364.22	33,015.36	101.646	0.51%
1,030,000.000	US BANK CINCINNATI Mat: 1/21/22 Cpn: 1.80% Moody's: A1 S&P: AA- Fitch: AA- Tr Date: 1/16/20 St Date: 1/21/20	90331HPJ6	1,029,639.50 0.00	1,046,449.10 8,240.00	16,809.60	101.597	0.28%
1,000,000.000	BANK OF AMERICA Mat: 1/24/22 Cpn: 5.70% Moody's: A2 S&P: A- Fitch: A+ Tr Date: 7/17/20 St Date: 7/21/20	06051GEM7	1,079,080.00 28,025.00	1,056,930.00 24,858.33	(22,150.00)	105.693	0.28%
1,000,000.000	GOLDMAN SACHS Mat: 1/24/22 Cpn: 5.75% Moody's: A3 S&P: BBB+ Fitch: A Tr Date: 7/16/20 St Date: 7/20/20	38141GGS7	1,077,120.00 28,111.11	1,057,030.00 25,076.39	(20,090.00)	105.703	0.28%
552,000.000	WELLS FARGO FRN-MAKE WHOLE 2/11/21 Mat: 2/11/22 Cpn: 1.14% Moody's: A2 S&P: BBB+ Fitch: A+ Tr Date: 10/3/17 St Date: 10/5/17	949746SP7	557,944.56 1,027.10	552,493.29 876.78	(5,451.27)	100.089	0.14%
520,000.000	DUKE ENERGY FRN Mat: 2/18/22 Cpn: 0.40% Moody's: A2 S&P: A- Fitch: Tr Date: 8/17/20 St Date: 8/20/20	26442UAJ3	520,000.00 0.00	519,960.57 254.46	(39.43)	99.992	0.14%
1,330,000.000	CAPITAL ONE FINL FRN Mat: 3/9/22 Cpn: 1.18% Moody's: Baa1 S&P: BBB Fitch: A- Tr Date: 3/6/17 St Date: 3/9/17	14040HBM6	1,330,000.00 0.00	1,341,345.63 1,003.00	11,345.63	100.853	0.35%
2,000,000.000	AMERIPRISE FINANCIAL Mat: 3/22/22 Cpn: 3.00% Moody's: A3 S&P: A- Fitch: Tr Date: 12/4/20 St Date: 12/8/20	03076CAJ5	2,069,060.00 12,666.67	2,065,820.00 16,500.00	(3,240.00)	103.291	0.54%
1,325,000.000	CITIGROUP FRN Mat: 4/25/22 Cpn: 1.17% Moody's: A3 S&P: BBB+ Fitch: A Tr Date: 4/18/17 St Date: 4/25/17	172967LH2	1,325,000.00 0.00	1,337,231.41 2,896.90	12,231.41	100.923	0.35%
1,300,000.000	UNITED PARCEL SERVICE FRN Mat: 5/16/22 Cpn: 0.60% Moody's: A2 S&P: A- Fitch: Tr Date: 8/17/17 St Date: 8/22/17	911312BB1	1,306,617.00 367.07	1,305,650.39 998.33	(966.62)	100.435	0.34%

payden.com
Los Angeles | Boston | London | Milan
Back to Agenda

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost / Purchased Accrued	Principal Market Value / Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
1,000,000.000	AMERICAN EXPRESS Mat: 5/20/22 Cpn: 2.75% Moody's: A3 S&P: BBB+ Fitch: A Tr Date: 7/27/20 St Date: 7/29/20	025816CD9	1,039,226.90 5,270.83	1,031,630.00 3,131.94	(7,596.90)	103.163	0.27%
1,000,000.000	WELLS FARGO FRN Mat: 5/27/22 Cpn: 0.85% Moody's: Aa2 S&P: A+ Fitch: AA- Tr Date: 5/20/19 St Date: 5/28/19	94988J5W3	1,000,000.00 0.00	1,002,068.48 829.31	2,068.48	100.207	0.26%
1,000,000.000	PNC BANK Mat: 7/22/22 Cpn: 2.23% Moody's: A2 S&P: A Fitch: A+ Tr Date: 7/31/20 St Date: 8/4/20	69353RFP8	1,018,190.00 744.00	1,010,760.00 9,858.00	(7,430.00)	101.076	0.27%
730,000.000	CHEVRON FRN Mat: 8/12/22 Cpn: 0.32% Moody's: Aa2 S&P: AA Fitch: Tr Date: 8/10/20 St Date: 8/12/20	166756AG1	730,000.00 0.00	730,413.44 324.44	413.44	100.057	0.19%
2,190,000.000	HONEYWELL Mat: 8/19/22 Cpn: 0.48% Moody's: A2 S&P: A Fitch: A Tr Date: 8/17/20 St Date: 8/19/20	438516CC8	2,190,000.00 0.00	2,193,635.40 3,878.49	3,635.40	100.166	0.57%
225,000.000	HONEYWELL FRN Mat: 8/19/22 Cpn: 0.46% Moody's: A2 S&P: A Fitch: A Tr Date: 8/17/20 St Date: 8/19/20	438516CD6	225,000.00 0.00	225,231.66 123.89	231.66	100.103	0.06%
1,515,000.000	NEXTERA ENERGY CAPITAL Mat: 9/1/22 Cpn: 1.95% Moody's: Baa1 S&P: BBB+ Fitch: A- Tr Date: 11/2/20 St Date: 11/4/20	65339KBN9	1,556,920.05 5,169.94	1,555,753.50 9,847.50	(1,166.55)	102.690	0.41%
1,000,000.000	PAYPAL Mat: 9/26/22 Cpn: 2.20% Moody's: A3 S&P: BBB+ Fitch: BBB+ Tr Date: 10/28/20 St Date: 10/30/20	70450YAB9	1,035,050.00 2,077.78	1,033,506.00 5,805.56	(1,544.00)	103.351	0.27%
1,015,000.000	PNC BANK FRN Mat: 12/9/22 Cpn: 0.66% Moody's: A2 S&P: A Fitch: A+ Tr Date: 12/4/19 St Date: 12/9/19	69353RFR4	1,015,000.00 0.00	1,017,868.15 428.24	2,868.15	100.283	0.27%
1,015,000.000	MORGAN STANLEY FRN Mat: 1/20/23 Cpn: 0.79% Moody's: A2 S&P: BBB+ Fitch: A Tr Date: 1/16/20 St Date: 1/22/20	6174468K8	1,015,000.00 0.00	1,018,422.08 1,623.98	3,422.08	100.337	0.27%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost Purchased Accrued	Principal Market Value Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
1,570,000.000	GOLDMAN SACHS FRN Mat: 2/23/23 Cpn: 0.96% Moody's: A3 S&P: BBB+ Fitch: A Tr Date: 8/13/20 St Date: 8/17/20	38141GWU4	1,577,578.10 3,302.64	1,585,123.81 1,637.27	7,545.71	100.963	0.42%
745,000.000	PNC BANK FRN Mat: 2/24/23 Cpn: 0.53% Moody's: A2 S&P: A Fitch: A+ Tr Date: 2/20/20 St Date: 2/25/20	69353RFU7	745,000.00 0.00	746,338.34 416.69	1,338.34	100.180	0.20%
2,000,000.000	ALLSTATE FRN Mat: 3/29/23 Cpn: 0.88% Moody's: A3 S&P: A- Fitch: BBB+ Tr Date: 12/4/20 St Date: 12/8/20	020002BF7	2,021,540.00 3,297.31	2,017,268.00 146.83	(4,272.00)	100.863	0.53%
1,000,000.000	JPMORGAN CHASE FRN Mat: 4/25/23 Cpn: 1.11% Moody's: A2 S&P: A- Fitch: AA- Tr Date: 11/20/20 St Date: 11/24/20	46647PAD8	1,009,250.00 897.99	1,009,172.18 2,074.67	(77.82)	100.917	0.26%
610,000.000	CHEVRON FRN Mat: 5/11/23 Cpn: 1.11% Moody's: Aa2 S&P: AA Fitch: Tr Date: 5/7/20 St Date: 5/11/20	166764BU3	610,000.00 0.00	621,393.92 936.18	11,393.92	101.868	0.16%
950,000.000	INTERCONTINENTALEXCHANGE FRN Mat: 6/15/23 Cpn: 0.87% Moody's: A3 S&P: BBB+ Fitch: Tr Date: 8/17/20 St Date: 8/20/20	45866FAR5	950,000.00 0.00	953,037.15 388.72	3,037.15	100.320	0.25%
2,000,000.000	M&T BANK FRN Mat: 7/26/23 Cpn: 0.89% Moody's: A3 S&P: A- Fitch: A Tr Date: 11/2/20 St Date: 11/4/20	55261FAK0	2,020,760.00 447.38	2,019,637.72 3,330.46	(1,122.28)	100.982	0.53%
1,000,000.000	FLORIDA POWER & LIGHT FRN Mat: 7/28/23 Cpn: 0.60% Moody's: A1 S&P: A Fitch: Tr Date: 7/28/20 St Date: 7/31/20	341081GA9	1,000,000.00 0.00	1,000,289.98 1,087.40	289.98	100.029	0.26%
745,000.000	CHEVRON FRN Mat: 8/11/23 Cpn: 0.41% Moody's: Aa2 S&P: AA Fitch: Tr Date: 8/10/20 St Date: 8/12/20	166756AK2	745,000.00 0.00	746,721.81 427.99	1,721.81	100.231	0.20%
595,000.000	SOUTHERN CAL GAS FRN Mat: 9/14/23 Cpn: 0.57% Moody's: A2 S&P: A Fitch: A+ Tr Date: 9/14/20 St Date: 9/21/20	842434CV2	595,000.00 0.00	595,073.23 169.43	73.23	100.012	0.16%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost Purchased Accrued	Principal Market Value Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
300,000.000	PPL ELECTRIC UTILITIES FRN Mat: 9/28/23 Cpn: 0.50% Moody's: A1 S&P: A Fitch: Tr Date: 9/28/20 St Date: 10/1/20	69351UAX1	300,000.00 0.00	300,281.67 16.70	281.67	100.094	0.08%
190,000.000	GILEAD SCIENCES FRN Mat: 9/29/23 Cpn: 0.77% Moody's: A3 S&P: BBB+ Fitch: Tr Date: 9/23/20 St Date: 9/30/20	375558BV4	190,000.00 0.00	190,485.53 12.21	485.53	100.256	0.05%
2,000,000.000	JPMORGAN CHASE FRN Mat: 10/24/23 Cpn: 1.44% Moody's: A2 S&P: A- Fitch: AA- Tr Date: 7/2/20 St Date: 7/7/20	46625HRW2	2,032,140.00 4,745.91	2,036,612.00 5,377.68	4,472.00	101.831	0.53%
2,000,000.000	BANK OF AMERICA FRN Mat: 3/5/24 Cpn: 1.02% Moody's: A2 S&P: A- Fitch: A+ Tr Date: 7/22/20 St Date: 7/24/20	06051GHE2	2,004,364.00 3,039.72	2,015,582.00 1,410.25	11,218.00	100.779	0.53%
1,000,000.000	BANK OF AMERICA Mat: 10/24/24 Cpn: 0.82% Moody's: A2 S&P: A- Fitch: A+ Tr Date: 10/16/20 St Date: 10/21/20	06051GJJ9	1,000,000.00 0.00	1,007,762.51 1,640.00	7,762.51	100.776	0.26%
Total for Credit			**60,514,667.74** **188,915.01**	**60,498,364.85** **264,437.38**	**(16,302.89)**		**15.89%**
Mortgage-Backed							
2,410,850.570	FHMS K015 A2 CMBS Mat: 7/25/21 Cpn: 3.23% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 6/30/20 St Date: 7/6/20	3137AH6C7	2,465,094.71 1,081.53	2,437,521.81 6,489.21	(27,572.90)	101.106	0.64%
1,000,000.000	FHMS K020 A2 CMBS Mat: 5/25/22 Cpn: 2.37% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 10/1/20 St Date: 10/6/20	3137ATRW4	1,025,742.19 329.58	1,023,675.00 1,977.50	(2,067.19)	102.368	0.27%
823,440.518	FHMS KI04 A 1MOFRN CMBS Mat: 7/25/24 Cpn: 0.51% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 8/8/19 St Date: 8/21/19	3137FNAV2	823,440.52 0.00	825,432.42 81.34	1,991.90	100.242	0.22%
1,594,930.887	FHMS KI05 A Mat: 7/25/24 Cpn: 0.49% Moody's: Aaa S&P: AA+u Fitch: AAA Tr Date: 1/16/20 St Date: 1/28/20	3137FQXG3	1,594,930.89 0.00	1,600,742.81 151.34	5,811.93	100.364	0.42%

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost Purchased Accrued	Principal Market Value Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
1,667,047.593	FHMS KI06 A 1MOFRN CMBS	3137FVNA6	1,667,047.59	1,670,908.48	3,860.88	100.232	0.44%
	Mat: 3/25/25 Cpn: 0.36%		0.00	116.77			
	Moody's: Aaa S&P: AA+u Fitch: AAA						
	Tr Date: 8/11/20 St Date: 8/25/20						
Total for Mortgage-Backed			**7,576,255.90**	**7,558,280.52**	**(17,975.38)**		**1.98%**
			1,411.11	**8,816.16**			
Asset-Backed							
209,503.656	TOYOTA 2020-C A1 CAR	89237VAE9	209,503.66	209,504.91	1.26	100.001	0.05%
	Mat: 8/16/21 Cpn: 0.20%		0.00	19.94			
	Moody's: P-1 S&P: A-1+ Fitch:						
	Tr Date: 7/21/20 St Date: 7/27/20						
822,298.636	MERCEDES 2020-B A1 LEASE	58769EAA6	822,298.64	822,312.62	13.98	100.002	0.22%
	Mat: 10/15/21 Cpn: 0.18%		0.00	71.51			
	Moody's: S&P: A-1+ Fitch: F1+						
	Tr Date: 9/15/20 St Date: 9/23/20						
249,624.426	SDART 2020-3 A1 CAR	80285WAA5	249,624.43	249,625.67	1.25	100.001	0.07%
	Mat: 10/15/21 Cpn: 0.28%		0.00	33.20			
	Moody's: P-1 S&P: Fitch: F1+						
	Tr Date: 9/15/20 St Date: 9/23/20						
668,552.852	TOYOTA 2020-D A1 CAR	89236XAA4	668,552.85	668,548.17	(4.68)	99.999	0.17%
	Mat: 10/15/21 Cpn: 0.16%		0.00	51.70			
	Moody's: S&P: A-1+ Fitch: F1+						
	Tr Date: 10/6/20 St Date: 10/13/20						
1,639,130.391	HONDA 2020-3 A1 CAR	43813KAA0	1,639,130.39	1,639,159.90	29.50	100.002	0.43%
	Mat: 10/18/21 Cpn: 0.19%		0.00	120.33			
	Moody's: S&P: A-1+ Fitch: F1+						
	Tr Date: 9/22/20 St Date: 9/29/20						
1,140,225.384	MERCEDES 2019-A A3 LEASE	58772TAC4	1,151,672.18	1,144,634.86	(7,037.31)	100.387	0.30%
	Mat: 11/15/21 Cpn: 3.10%		2,160.09	1,570.98			
	Moody's: Aaa S&P: AAA Fitch:						
	Tr Date: 7/2/20 St Date: 7/7/20						
786,682.845	SDART 2020-4 A1 CAR	80286WAA4	786,682.85	786,693.07	10.23	100.001	0.21%
	Mat: 12/15/21 Cpn: 0.22%		0.00	83.05			
	Moody's: P-1 S&P: Fitch: F1+						
	Tr Date: 11/17/20 St Date: 11/24/20						
294,891.612	TOYOTA 2019-B A2A CAR	89239JAB0	296,769.24	295,492.31	(1,276.94)	100.204	0.08%
	Mat: 2/15/22 Cpn: 2.59%		466.75	339.45			
	Moody's: Aaa S&P: AAA Fitch:						
	Tr Date: 5/5/20 St Date: 5/7/20						

Portfolio Positions

as of December 31, 2020

Currency: USD

Units	Security	Identifier	Original Principal Cost Purchased Accrued	Principal Market Value Accrued Income	Gain / (Loss) from Cost	Market Price	Percent of Portfolio
2,098,051.718	MERCEDES 2020-A A2 CAR LEASE Mat: 3/15/22 Cpn: 1.82% Moody's: Aaa S&P: AAA Fitch: Tr Date: 10/7/20 St Date: 10/9/20	58770FAB8	2,107,066.78 2,545.63	2,104,950.11 1,697.09	(2,116.67)	100.329	0.55%
1,560,000.000	BMW 2018-1 A4 LEASE Mat: 3/21/22 Cpn: 3.36% Moody's: Aaa S&P: AAA Fitch: Tr Date: 9/14/20 St Date: 9/16/20	05586CAD6	1,578,403.13 3,785.60	1,565,484.34 1,601.60	(12,918.79)	100.352	0.41%
1,759,099.996	VOLKSWAGEN 2019-A A2A LEASE Mat: 3/21/22 Cpn: 2.00% Moody's: S&P: AAA Fitch: AAA Tr Date: 7/1/20 St Date: 7/6/20	92867XAB2	1,770,712.80 769.61	1,769,876.24 1,075.01	(836.56)	100.613	0.46%
224,939.268	TOYOTA 2019-C A2B CAR 1MOFRN Mat: 4/15/22 Cpn: 0.36% Moody's: Aaa S&P: AAA Fitch: Tr Date: 8/6/19 St Date: 8/14/19	89238UAC4	224,939.27 0.00	225,006.30 38.09	67.03	100.030	0.06%
1,044,496.308	MERCEDES 2019-1 A2A CAR Mat: 6/15/22 Cpn: 2.04% Moody's: Aaa S&P: AAA Fitch: Tr Date: 8/17/20 St Date: 8/18/20	58769TAB1	1,052,126.02 177.56	1,049,825.33 947.01	(2,300.70)	100.510	0.27%
1,318,455.491	HONDA 2020-1 A2 CAR Mat: 10/21/22 Cpn: 1.63% Moody's: Aaa S&P: Fitch: AAA Tr Date: 10/22/20 St Date: 10/26/20	43813RAB3	1,328,086.40 298.49	1,326,893.61 596.97	(1,192.80)	100.640	0.35%
Total for Asset-Backed			**13,885,568.63** **10,203.74**	**13,858,007.44** **8,245.92**	**(27,561.20)**		**3.63%**
Grand Total			**381,795,648.61** **245,855.71**	**381,736,167.32** **598,643.75**	**(59,481.29)**		**100.00%**

MetLife Investment Management

Reporting Account Name	Security ID	Security Description 1	Security Description 2	Sector	Shares/Par	Base Cost	Accrued Interest	Base Market Value	Base Unrealized Gain	Base Unrealized Loss	Percent of Asset	Moody's Rating	S&P Rating	Fitch Rating
CALOPTIMA EC	GL-110000	CASH			0.0000	2,516,231.65	0.00	2,516,231.65	0.00	0.00	0.00	0	0	0
CALOPTIMA EC	02587AAL8	AMERICAN EXPRESS CREDIT AC 2 A	VAR RT 09/16/2024 DD 02/21/17	Asset Backed	3,255,000.0000	3,268,194.14	935.52	3,269,147.21	953.07	0.00	0.86	Aaa	NR	AAA
CALOPTIMA EC	05586CAC8	BMW VEHICLE LEASE TRUST 2 1 A3	3.260% 07/20/2021 DD 10/17/18	Asset Backed	135,219.0810	135,703.32	134.69	135,430.51	0.00	-272.81	0.04	Aaa	AAA	NR
CALOPTIMA EC	05586CAC8	BMW VEHICLE LEASE TRUST 2 1 A3	3.260% 07/20/2021 DD 10/17/18	Asset Backed	202,715.9390	203,442.08	201.93	203,032.91	0.00	-409.17	0.05	Aaa	AAA	NR
CALOPTIMA EC	05586VAC6	BMW VEHICLE LEASE TRUST 2 1 A3	2.840% 11/22/2021 DD 03/20/19	Asset Backed	41,530.6760	41,664.61	36.04	41,677.20	12.59	0.00	0.01	Aaa	AAA	NR
CALOPTIMA EC	05586VAC6	BMW VEHICLE LEASE TRUST 2 1 A3	2.840% 11/22/2021 DD 03/20/19	Asset Backed	579,497.8070	581,889.21	502.88	581,542.40	0.00	-346.81	0.15	Aaa	AAA	NR
CALOPTIMA EC	05586VAC6	BMW VEHICLE LEASE TRUST 2 1 A3	2.840% 11/22/2021 DD 03/20/19	Asset Backed	142,459.8770	143,031.81	123.62	142,962.50	0.00	-69.31	0.04	Aaa	AAA	NR
CALOPTIMA EC	161571HD9	CHASE ISSUANCE TRUST A3 A3	VAR RT 06/15/2023 DD 06/23/16	Asset Backed	2,400,000.0000	2,410,977.03	803.11	2,405,956.80	0.00	-5,020.23	0.63	NR	AAA	AAA
CALOPTIMA EC	161571HN7	CHASE ISSUANCE TRUST A1 A1	VAR RT 04/17/2023 DD 05/10/18	Asset Backed	2,000,000.0000	2,001,059.07	338.71	2,000,884.60	0.00	-174.47	0.53	NR	AAA	AAA
CALOPTIMA EC	362569AH8	GM FINANCIAL AUTOMOBILE L 3 A1	0.178% 10/20/2021 DD 09/29/20	Asset Backed	5,013,399.2600	5,013,399.26	297.70	5,013,399.26	0.00	0.00	1.32	NR	NR	NR
CALOPTIMA EC	43813FAC7	HONDA AUTO RECEIVABLES 20 4 A3	2.050% 11/22/2021 DD 11/29/17	Asset Backed	30,437.7140	30,449.19	17.33	30,474.83	25.64	0.00	0.01	Aaa	NR	AAA
CALOPTIMA EC	43813KAA0	HONDA AUTO RECEIVABLES 20 3 A1	0.189% 10/18/2021 DD 09/29/20	Asset Backed	7,084,377.1000	7,084,377.10	520.07	7,084,377.81	0.71	0.00	1.87	NR	NR	NR
CALOPTIMA EC	58769EAA6	MERCEDES-BENZ AUTO LEASE B A1	0.184% 10/15/2021 DD 09/23/20	Asset Backed	1,152,755.0700	1,152,755.07	100.25	1,152,760.03	4.96	0.00	0.30	NR	NR	NR
CALOPTIMA EC	58769QAB7	MERCEDES-BENZ AUTO LEASE B A2	2.010% 12/15/2021 DD 11/20/19	Asset Backed	1,049,923.0900	1,050,412.36	937.93	1,052,038.37	1,626.01	0.00	0.28	NR	AAA	AAA
CALOPTIMA EC	80285WAA5	SANTANDER DRIVE AUTO RECE 3 A1	0.282% 10/15/2021 DD 09/23/20	Asset Backed	337,330.3000	337,330.30	44.86	337,330.27	0.00	-0.03	0.09	NR	NR	NR
CALOPTIMA EC	92349GAB7	VERIZON OWNER TRUST 2019 B A1B	VAR RT 12/20/2023 DD 06/12/19	Asset Backed	7,450,000.0000	7,477,770.77	1,492.99	7,475,189.20	0.00	-2,581.57	1.97	Aaa	AAA	NR
CALOPTIMA EC	51501GZ79	LANDESBANK BADEN C/D	0.230% 02/08/2021 DD 11/06/20	CD	6,500,000.0000	6,499,931.38	2,325.56	6,499,931.38	0.00	0.00	1.71	P-1	NR	F1
CALOPTIMA EC	65602VX76	NORINCHUKIN BK C/D	0.250% 02/26/2021 DD 08/28/20	CD	2,500,000.0000	2,499,999.17	2,187.50	2,499,999.17	0.00	0.00	0.66	P-1	A-1	NR
CALOPTIMA EC	05586F5B9	BNP PARIBAS NY C/D	0.210% 04/05/2021 DD 10/05/20	CD	6,900,000.0000	6,899,639.54	3,542.00	6,899,639.54	0.00	0.00	1.82	P-1	A-1	F1+
CALOPTIMA EC	06367BYK9	BANK OF MONTREAL INSTL C/D	0.190% 01/21/2021 DD 10/21/20	CD	13,500,000.0000	13,500,000.00	5,130.00	13,500,000.00	0.00	0.00	3.56	P-1	A-1	F1+
CALOPTIMA EC	22535CKZ3	CREDIT AGRICOLE CRP INSTL C/D	1.760% 01/25/2021 DD 01/27/20	CD	13,500,000.0000	13,514,008.98	224,400.00	13,514,008.98	0.00	0.00	3.56	P-1	A-1	F1+
CALOPTIMA EC	60683BK44	MITSUBISHI TR & BKG INSTL C/D	0.220% 02/04/2021 DD 09/02/20	CD	9,000,000.0000	8,999,915.08	6,655.00	8,999,915.08	0.00	0.00	2.37	P-1	A-1	F1
CALOPTIMA EC	60683BK44	MITSUBISHI TR & BKG INSTL C/D	0.220% 02/04/2021 DD 09/02/20	CD	7,500,000.0000	7,499,999.75	5,545.83	7,499,999.75	0.00	0.00	1.98	P-1	A-1	F1
CALOPTIMA EC	60710ASU7	MIZUHO BANK LTD C/D	0.210% 02/04/2021 DD 10/05/20	CD	10,000,000.0000	10,000,000.00	5,133.33	10,000,000.00	0.00	0.00	2.63	P-1	A-1	F1
CALOPTIMA EC	63873QHR8	COLLATERALIZED CP DISC	0.550% 02/19/2021 DD 05/19/20	CD	11,100,000.0000	11,104,973.88	38,495.42	11,104,973.88	0.00	0.00	2.93	P-1	A-1	F1
CALOPTIMA EC	65602VS72	COLLATERALIZED CP DISC	0.300% 01/27/2021 DD 07/28/20	CD	10,000,000.0000	10,000,648.21	13,083.33	10,000,648.21	0.00	0.00	2.64	P-1	A-1	NR
CALOPTIMA EC	86565CSM2	SUMITOMO MTSU BKG CO INSTL C/D	0.250% 04/23/2021 DD 10/23/20	CD	12,500,000.0000	12,500,000.00	6,076.39	12,500,000.00	0.00	0.00	3.29	P-1	A-1	F1
CALOPTIMA EC	89114NKG9	TORONTO-DOMINION INSTL C/D	0.550% 02/01/2021 DD 05/04/20	CD	3,000,000.0000	3,000,848.90	11,091.67	3,000,848.90	0.00	0.00	0.79	P-1	A-1+	F1+
CALOPTIMA EC	3137FMTW2	FHLMC MULTICLASS MTG Q009 A	VAR RT 04/25/2024 DD 07/19/19	CMBS	1,864,384.3200	1,864,384.32	182.48	1,862,558.53	0.00	-1,825.79	0.49	Agency	AA+	Agency
CALOPTIMA EC	31381TBJ8	FNMA POOL #0469941	3.300% 12/01/2021 DD 12/01/11	CMBS	1,505,615.9400	1,531,489.85	4,278.46	1,522,337.31	0.00	-9,152.54	0.40	Agency	AA+	Agency
CALOPTIMA EC	3138EJRP5	FNMA POOL #0AL2293	VAR RT 06/01/2021 DD 08/01/12	CMBS	163,801.6400	167,235.11	623.59	163,745.21	0.00	-3,489.90	0.04	Agency	AA+	Agency
CALOPTIMA EC	025816BU2	AMERICAN EXPRESS CO	3.375% 05/17/2021 DD 05/17/18	Corporates	5,000,000.0000	5,022,546.34	20,625.00	5,043,379.75	20,833.41	0.00	1.33	A3	BBB+	A
CALOPTIMA EC	025816CE7	AMERICAN EXPRESS CO	VAR RT 05/20/2022 DD 05/20/19	Corporates	2,000,000.0000	2,000,000.00	1,968.75	2,012,700.74	12,700.74	0.00	0.53	A3	BBB+	A
CALOPTIMA EC	06051GGY9	BANK OF AMERICA CORP	VAR RT 01/23/2022 DD 01/23/18	Corporates	1,525,000.0000	1,527,167.35	18,325.58	1,526,846.67	0.00	-320.68	0.40	A2	A-	A+
CALOPTIMA EC	06051GGY9	BANK OF AMERICA CORP	VAR RT 01/23/2022 DD 01/23/18	Corporates	2,530,000.0000	2,533,601.20	30,402.45	2,533,063.65	0.00	-537.55	0.67	A2	A-	A+
CALOPTIMA EC	06051GHJ1	BANK OF AMERICA CORP	VAR RT 06/25/2022 DD 06/25/18	Corporates	2,100,000.0000	2,105,845.80	361.84	2,105,323.48	0.00	-522.32	0.55	A2	A-	A+
CALOPTIMA EC	17308CC38	CITIGROUP INC	VAR RT 11/04/2022 DD 11/04/19	Corporates	5,000,000.0000	5,010,659.91	7,439.68	5,022,600.00	11,940.09	0.00	1.32	A3	BBB+	A
CALOPTIMA EC	22550UAA9	CREDIT SUISSE AG/NEW YORK NY	VAR RT 02/04/2022 DD 02/04/20	Corporates	2,350,000.0000	2,350,000.00	2,032.04	2,354,125.59	4,125.59	0.00	0.62	Aa3	A+	A
CALOPTIMA EC	31677QBP3	FIFTH THIRD BANK NA	VAR RT 07/26/2021 DD 07/26/18	Corporates	2,200,000.0000	2,193,713.47	2,680.84	2,204,133.98	10,420.51	0.00	0.58	A3	A-	A-
CALOPTIMA EC	369550BF4	GENERAL DYNAMICS CORP	VAR RT 05/11/2021 DD 05/11/18	Corporates	3,975,000.0000	3,971,574.05	3,347.16	3,979,837.97	8,263.92	0.00	1.05	A2	A	NR
CALOPTIMA EC	38141GGS7	GOLDMAN SACHS GROUP INC/THE	5.750% 01/24/2022 DD 01/24/12	Corporates	1,070,000.0000	1,130,414.97	26,831.74	1,130,985.46	570.49	0.00	0.30	A3	BBB+	A
CALOPTIMA EC	38141GWD2	GOLDMAN SACHS GROUP INC/THE	VAR RT 04/26/2022 DD 01/26/17	Corporates	2,794,000.0000	2,801,297.95	6,888.63	2,801,734.46	436.51	0.00	0.74	A3	BBB+	A
CALOPTIMA EC	38143U8F1	GOLDMAN SACHS GROUP INC/THE	2.875% 02/25/2021 DD 02/25/16	Corporates	4,000,000.0000	4,006,691.87	40,250.00	4,007,447.20	755.33	0.00	1.06	A3	BBB+	A
CALOPTIMA EC	45818WCP9	INTER-AMERICAN DEVELOPMENT BAN	VAR RT 09/16/2022 DD 09/18/19	Corporates	6,440,000.0000	6,440,000.00	990.16	6,449,922.17	9,922.17	0.00	1.70	Aaa	AAA	AAA
CALOPTIMA EC	45818WCP9	INTER-AMERICAN DEVELOPMENT BAN	VAR RT 09/16/2022 DD 09/18/19	Corporates	1,000,000.0000	1,000,176.33	153.75	1,001,540.71	1,364.38	0.00	0.26	Aaa	AAA	AAA
CALOPTIMA EC	459058EW9	INTERNATIONAL BANK FOR RECONST	1.625% 03/09/2021 DD 03/09/16	Corporates	4,500,000.0000	4,512,096.24	22,750.00	4,512,383.78	287.54	0.00	1.19	Aaa	AAA	AAA
CALOPTIMA EC	459200KD2	INTERNATIONAL BUSINESS MACHINE	VAR RT 05/13/2021 DD 05/15/19	Corporates	1,693,000.0000	1,692,476.05	1,430.16	1,695,457.24	2,981.19	0.00	0.45	A2	A	NR
CALOPTIMA EC	45950KCJ7	INTERNATIONAL FINANCE CORP	1.125% 07/20/2021 DD 07/20/16	Corporates	4,800,000.0000	4,825,221.12	24,150.00	4,824,615.79	0.00	-605.33	1.27	Aaa	AAA	NR
CALOPTIMA EC	55279HAM2	MANUFACTURERS & TRADERS TRUST	VAR RT 05/18/2022 DD 05/18/17	Corporates	2,740,000.0000	2,753,096.26	2,780.85	2,758,993.32	5,897.06	0.00	0.73	A3	A	A
CALOPTIMA EC	6174468H5	MORGAN STANLEY	VAR RT 06/10/2022 DD 06/10/19	Corporates	3,000,000.0000	3,004,806.99	1,678.62	3,007,829.52	3,022.53	0.00	0.79	A2	BBB+	A
CALOPTIMA EC	61746BEE2	MORGAN STANLEY	VAR RT 01/20/2022 DD 01/20/17	Corporates	2,067,000.0000	2,067,872.52	5,700.61	2,068,054.31	181.79	0.00	0.54	A2	BBB+	A
CALOPTIMA EC	61746BEE2	MORGAN STANLEY	VAR RT 01/20/2022 DD 01/20/17	Corporates	1,538,000.0000	1,538,867.34	4,241.68	1,538,784.49	0.00	-82.85	0.41	A2	BBB+	A
CALOPTIMA EC	61746BEE2	MORGAN STANLEY	VAR RT 01/20/2022 DD 01/20/17	Corporates	2,750,000.0000	2,751,530.14	7,584.27	2,751,402.69	0.00	-127.45	0.72	A2	BBB+	A
CALOPTIMA EC	69353REW4	PNC BANK NA	2.150% 04/29/2021 DD 04/29/16	Corporates	1,500,000.0000	1,501,744.27	5,554.17	1,507,038.59	5,294.32	0.00	0.40	A2	A	A+
CALOPTIMA EC	842434CV2	SOUTHERN CALIFORNIA GAS CO	VAR RT 09/14/2023 DD 09/21/20	Corporates	1,815,000.0000	1,815,000.00	516.82	1,815,358.83	358.83	0.00	0.48	A2	A	A+
CALOPTIMA EC	86787EBD8	TRUIST BANK	VAR RT 05/17/2022 DD 05/17/19	Corporates	3,500,000.0000	3,500,000.00	3,552.50	3,521,274.93	21,274.93	0.00	0.93	A2	A	A+
CALOPTIMA EC	89236TCZ6	TOYOTA MOTOR CREDIT CORP	1.900% 04/08/2021 DD 04/08/16	Corporates	4,967,000.0000	4,988,844.25	21,758.22	4,987,956.82	0.00	-887.43	1.31	A1	A+	A+
CALOPTIMA EC	90331HPD9	US BANK NA/CINCINNATI OH	VAR RT 05/23/2022 DD 05/23/19	Corporates	6,000,000.0000	6,029,415.60	4,242.10	6,028,530.96	0.00	-884.64	1.59	A1	AA-	NR
CALOPTIMA EC	92343VDX9	VERIZON COMMUNICATIONS INC	VAR RT 03/16/2022 DD 03/16/17	Corporates	3,674,000.0000	3,709,155.56	1,990.90	3,714,074.63	4,919.07	0.00	0.98	Baa1	BBB+	A-
CALOPTIMA EC	949746SB8	WELLS FARGO & CO	VAR RT 07/26/2021 DD 07/25/16	Corporates	2,000,000.0000	2,007,050.00	4,614.63	2,010,768.80	3,718.80	0.00	0.53	A2	BBB+	A+
CALOPTIMA EC	949746SP7	WELLS FARGO & CO	VAR RT 02/11/2022 DD 02/13/17	Corporates	3,500,000.0000	3,502,925.36	5,674.27	3,502,971.12	45.76	0.00	0.92	A2	BBB+	A+
CALOPTIMA EC	949746SP7	WELLS FARGO & CO	VAR RT 02/11/2022 DD 02/13/17	Corporates	2,500,000.0000	2,502,089.77	4,053.05	2,502,122.23	32.46	0.00	0.66	A2	BBB+	A+
CALOPTIMA EC	949746SP7	WELLS FARGO & CO	VAR RT 02/11/2022 DD 02/13/17	Corporates	2,000,000.0000	2,001,776.79	3,242.44	2,001,697.77	0.00	-79.02	0.53	A2	BBB+	A+
CALOPTIMA EC	46640PP15	J P MORGAN SEC DISC	02/01/2021	CP	13,000,000.0000	12,997,873.02	0.00	12,997,873.02	0.00	0.00	3.42	P-1	A-1	F1+
CALOPTIMA EC	50000DPJ9	KOCH INDUSTRIES DISC	02/18/2021	CP	9,400,000.0000	9,397,618.63	0.00	9,397,618.63	0.00	0.00	2.48	P-1	A-1+	NR
CALOPTIMA EC	30229AQR3	EXXON CORP DISC	03/25/2021	CP	8,000,000.0000	7,996,495.30	0.00	7,996,495.30	0.00	0.00	2.11	P-1	A-1+	NR
CALOPTIMA EC	544647CQ1	LOS ANGELES CA UNIF SCH DIST	1.350% 01/01/2021 DD 11/10/20	Municipals	3,180,000.0000	3,179,999.88	6,081.75	3,179,999.88	0.00	0.00	0.84	Aa3	NR	AA+
CALOPTIMA EC	60636UJJ9	MISSOURI ST ENVRNMNTL IMPT & E	0.211% 01/01/2021 DD 12/03/20	Municipals	3,000,000.0000	3,000,000.00	492.33	3,000,000.00	0.00	0.00	0.79	Aaa	NR	AAA
CALOPTIMA EC	13032UXJ2	CALIFORNIA ST HLTH FACS FING A	0.417% 06/01/2022 DD 11/04/20	Municipals	4,320,000.0000	4,320,000.00	1,501.20	4,325,788.80	5,788.80	0.00	1.14	Aa3	AA-	AA-
CALOPTIMA EC	20775HCR2	CONNECTICUT ST HSG FIN AUTH HS	0.437% 05/15/2021 DD 11/05/20	Municipals	6,000,000.0000	6,000,000.00	4,078.67	6,000,000.00	0.00	0.00	1.58	Aaa	NR	NR

Back to Agenda

Reporting Account Name	Security ID	Security Description 1	Security Description 2	Sector	Shares/Par	Base Cost	Accrued Interest	Base Market Value	Base Unrealized Gain	Base Unrealized Loss	Percent of Asset	Moody's Rating	S&P Rating	Fitch Rating
CALOPTIMA EC	283062DJ3	EL DORADO CA IRR DIST REVENUE	0.639% 03/01/2021 DD 06/23/20	Municipals	1,380,000.0000	1,380,000.00	2,939.40	1,380,000.00	0.00	0.00	0.36	Aa3	AA-	NR
CALOPTIMA EC	544587X94	LOS ANGELES CA MUNI IMPT CORPL	0.415% 11/01/2021 DD 08/20/20	Municipals	2,000,000.0000	2,000,000.00	3,020.28	2,001,480.00	1,480.00	0.00	0.53	NR	AA-	NR
CALOPTIMA EC	57582RM37	MASSACHUSETTS ST	0.230% 05/20/2021 DD 12/16/20	Municipals	3,595,000.0000	3,595,000.00	344.52	3,595,000.00	0.00	0.00	0.95	MIG1	SP-1+	UNK
CALOPTIMA EC	607802BW4	MODESTO CA WSTWTR REVENUE	0.379% 11/01/2021 DD 11/10/20	Municipals	1,150,000.0000	1,150,000.00	617.45	1,150,000.00	0.00	0.00	0.30	NR	AA	NR
CALOPTIMA EC	679111ZP2	OKLAHOMA ST TURNPIKE AUTH	0.491% 01/01/2022 DD 10/29/20	Municipals	2,250,000.0000	2,250,000.00	1,902.63	2,252,857.50	2,857.50	0.00	0.59	Aa3	AA-	AA-
CALOPTIMA EC	797356BD3	SAN DIEGO CA UNIF SCH DIST	0.230% 01/01/2021 DD 08/27/20	Municipals	2,000,000.0000	2,000,000.00	1,584.44	2,000,000.00	0.00	0.00	0.53	Aa2	NR	NR
CALOPTIMA EC	797683HF9	SAN FRANCISCO CA CMNTY CLG DIS	3.000% 06/15/2022 DD 12/17/20	Municipals	2,780,000.0000	2,883,787.80	3,243.33	2,883,916.40	128.60	0.00	0.76	Aa3	NR	A+
CALOPTIMA EC	3133EL7F5	FEDERAL FARM CR BK CONS BD	0.180% 09/15/2022 DD 09/15/20	RMBS	7,500,000.0000	7,496,159.32	3,975.00	7,497,324.30	1,164.98	0.00	1.98	Agency	AA+	Agency
CALOPTIMA EC	3133EL7F5	FEDERAL FARM CR BK CONS BD	0.180% 09/15/2022 DD 09/15/20	RMBS	1,500,000.0000	1,499,103.70	795.00	1,499,464.86	361.16	0.00	0.40	Agency	AA+	Agency
CALOPTIMA EC	3133EMCU4	FEDERAL FARM CR BK CONS BD	0.190% 10/13/2022 DD 10/13/20	RMBS	15,000,000.0000	14,990,624.80	6,175.00	14,994,729.60	4,104.80	0.00	3.95	Agency	AA+	Agency
CALOPTIMA EC	3133EMDR0	FEDERAL FARM CR BK CONS BD	0.170% 10/21/2022 DD 10/21/20	RMBS	13,000,000.0000	12,990,013.30	4,297.22	13,000,777.53	10,764.23	0.00	3.43	Agency	AA+	Agency
CALOPTIMA EC	3134GWEH5	FEDERAL HOME LN MTG CORP	0.280% 07/27/2022 DD 07/27/20	RMBS	3,000,000.0000	2,999,527.17	3,593.33	3,001,302.75	1,775.58	0.00	0.79	Agency	AA+	Agency
CALOPTIMA EC	3135G05F6	FEDERAL NATL MTG ASSN	VAR RT 07/08/2022 DD 07/09/20	RMBS	2,150,000.0000	2,153,808.13	929.87	2,153,951.44	143.31	0.00	0.57	Agency	AA+	Agency
CALOPTIMA EC	3137ABFH9	FHLMC MULTICLASS MTG KAIV A2	3.989% 06/25/2021 DD 06/01/11	RMBS	431,561.6500	434,724.14	1,434.58	435,253.36	529.22	0.00	0.11	Agency	AA+	Agency
CALOPTIMA EC	3137ADTJ6	FHLMC MULTICLASS MTG K014 A2	3.871% 04/25/2021 DD 08/01/11	RMBS	723,167.0400	725,933.40	2,332.82	725,413.34	0.00	-520.06	0.19	Agency	AA+	Agency
CALOPTIMA EC	3137AFT77	FHLMC MULTICLASS MTG 3938 BE	2.000% 10/15/2021 DD 10/01/11	RMBS	979,141.5200	979,377.74	1,631.90	982,048.40	2,670.66	0.00	0.26	Agency	AA+	Agency
CALOPTIMA EC	3137FQXG3	FHLMC MULTICLASS MTG KI05 A	VAR RT 07/25/2024 DD 01/28/20	RMBS	4,430,363.5500	4,430,363.55	420.39	4,438,431.69	8,068.14	0.00	1.17	Agency	AA+	Agency
CALOPTIMA EC	31397UPG8	FNMA GTD REMIC P/T 11-M1 FA	VAR RT 06/25/2021 DD 05/25/11	RMBS	293,655.4240	293,639.24	29.27	293,471.86	0.00	-167.38	0.08	Agency	AA+	Agency
CALOPTIMA EC	9128285Y2	U S TREASURY NOTE	VAR RT 01/31/2021 DD 01/31/19	US Government	7,500,000.0000	7,500,720.60	2,628.38	7,500,626.25	0.00	-94.35	1.98	Govt	AA+	Govt
CALOPTIMA EC	9128285Y2	U S TREASURY NOTE	VAR RT 01/31/2021 DD 01/31/19	US Government	1,500,000.0000	1,500,143.07	525.68	1,500,125.25	0.00	-17.82	0.40	Govt	AA+	Govt
CALOPTIMA EC	912828S76	U S TREASURY NOTE	1.125% 07/31/2021 DD 07/31/16	US Government	9,750,000.0000	9,808,011.31	45,901.83	9,807,128.96	0.00	-882.35	2.58	Govt	AA+	Govt
CALOPTIMA EC	912828T67	U S TREASURY NOTE	1.250% 10/31/2021 DD 10/31/16	US Government	12,000,000.0000	12,109,057.11	25,690.61	12,111,562.56	2,505.45	0.00	3.19	Govt	AA+	Govt

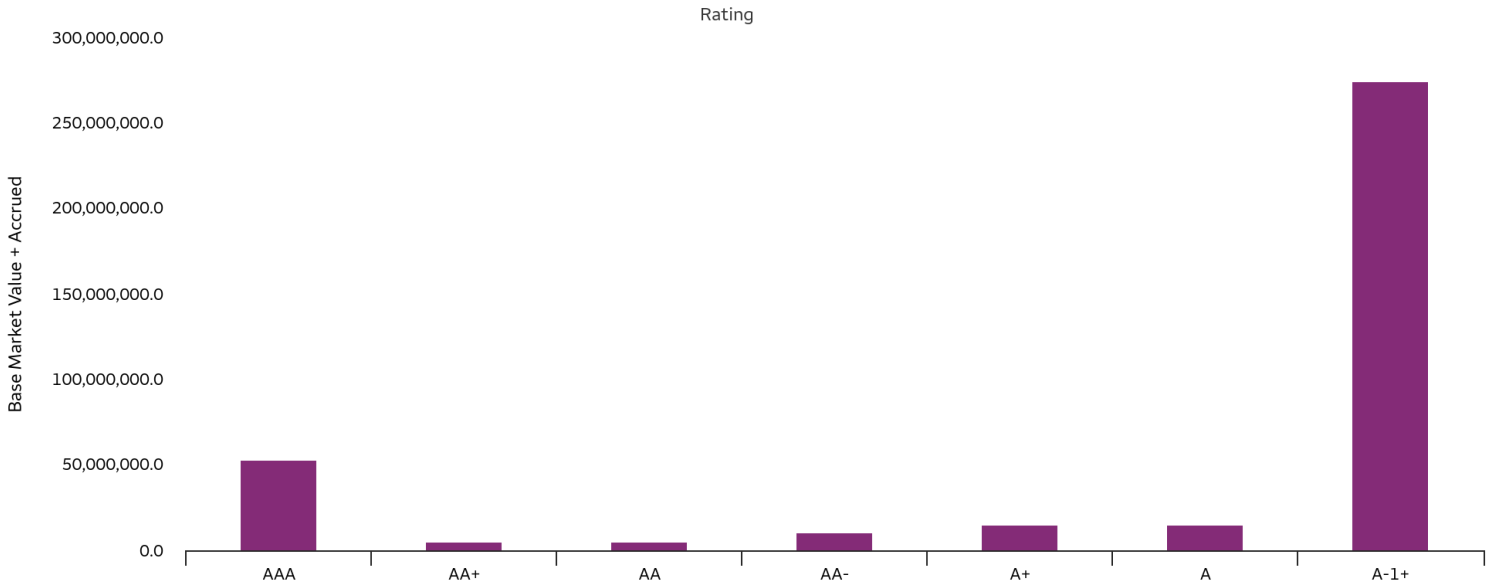
Back to Agenda

Credit Rating

US Dollar

As of 31 December 2020

WC-CalOptima
Account: XXXX2500
Investment Strategy: Short Duration Fixed Income
Primary Benchmark: FTSE 3 Month T-Bill Index - Monthly



AAA

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
05586VAC6 BMWLT 2019-1 A3	1,299,040.95	USD 11/22/2021	ABS	AAA	Aaa	AAA	NA	1,304,751.50	0.34%
17305EFY6 CCCIT 2016-A3 A3	4,380,000.00	USD 12/07/2021	ABS	AAA	Aaa	AAA	NA	4,399,971.29	1.15%
3137BAHA3 FHMS K-715 A2	203,980.45	USD 01/25/2021	FHLMC	AAA	Aaa	AA+	AAA	204,401.81	0.05%
316175108 FIDELITY IMM:GOVT I	21,430,270.84	USD 12/31/2020	MMFUND	AAA	Aaa	AAAm	AAA	21,430,270.84	5.61%
43814UAC3 HAROT 2018-1 A3	1,560,125.60	USD 02/15/2022	ABS	AAA	Aaa	AAA	NA	1,570,364.29	0.41%
459058FP3 INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPM	1,000,000.00	USD 09/20/2021	SUPRANATIONAL	AAA	Aaa	AAA	AAA	1,012,396.79	0.27%
459058GH0 INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPM	5,000,000.00	USD 07/23/2021	SUPRANATIONAL	AAA	Aaa	AAA	NA	5,131,718.32	1.34%
45950KCJ7 INTERNATIONAL FINANCE CORP	4,831,000.00	USD 07/20/2021	SUPRANATIONAL	AAA	Aaa	AAA	NA	4,880,080.74	1.28%

The information contained in this report represents estimated trade date investment calculations. Certain calculations may not be available for all time periods. Please refer to your custody statement for official portfolio holdings and transactions. Note that certain accounting methods may cause differences between this investment report and your custody statement.

Back to Agenda

Credit Rating

US Dollar

As of 31 December 2020

WC-CalOptima
Account: XXXX2500
Investment Strategy: Short Duration Fixed Income
Primary Benchmark: FTSE 3 Month T-Bill Index - Monthly

WELLS FARGO Asset Management

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
45950KCM0 INTERNATIONAL FINANCE CORP	5,000,000.00	USD 01/25/2021	SUPRANATIONAL	AAA	Aaa	AAA	NA	5,055,081.90	1.32%
58769QAB7 MBALT 2019-B A2	326,063.08	USD 12/15/2021	ABS	AAA	NA	AAA	AAA	327,011.28	0.09%
58772TAC4 MBALT 2019-A A3	1,041,448.80	USD 11/15/2021	ABS	AAA	Aaa	AAA	NA	1,047,169.77	0.27%
817409YB5 SEQUOIA CALIF UN HIGH SCH DIST	1,360,000.00	USD 07/01/2021	MUNI	AAA	Aaa	NA	NA	1,430,475.20	0.37%
89237RAD0 TAOT 2017-C A3	24,230.37	USD 11/15/2021	ABS	AAA	Aaa	AAA	NA	24,265.69	0.01%
92349GAB7 VZOT 2019-B A1B	3,110,000.00	USD 12/20/2023	ABS	AAA	Aaa	AAA	NA	3,121,086.94	0.82%
92867XAB2 VWALT 2019-A A2A	2,597,970.80	USD 03/21/2022	ABS	AAA	NA	AAA	AAA	2,612,226.16	0.68%
CCYUSD Cash	1.64	USD 12/31/2020	CASH	AAA	Aaa	AAA	AAA	1.64	0.00%
CCYUSD Receivable	345.61	USD 12/31/2020	CASH	AAA	Aaa	AAA	AAA	345.61	0.00%
--- ---	**53,164,478.13**	**USD 07/11/2021**	---	**AAA**	**Aaa**	**AAA**	**AAA**	**53,551,619.75**	**14.02%**

AA+

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
088006JV4 BEVERLY HILLS CALIF PUB FING AUTH LEASE REV	600,000.00	USD 06/01/2021	MUNI	AA+	NA	AA+	NA	600,173.50	0.16%
13067WQY1 CALIFORNIA ST DEPT WTR RES CENT VY PROJ REV	1,925,000.00	USD 12/01/2021	MUNI	AA+	Aa1	AAA	NA	1,926,711.65	0.50%
798189RT5 SAN JOSE EVERGREEN CALIF CMNTY COLLEGE DIST	3,145,000.00	USD 09/01/2021	MUNI	AA+	Aa1	NA	NA	3,146,796.32	0.82%
--- ---	**5,670,000.00**	**USD 09/22/2021**	**MUNI**	**AA+**	**Aa1**	**AAA**	**NA**	**5,673,681.46**	**1.49%**

AA

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
13079XBP0 CALIFORNIA STATEWIDE CMNTYS DEV AUTH TRANSN REV CT	500,000.00	USD 06/01/2021	MUNI	AA	NA	AA	NA	500,241.25	0.13%

The information contained in this report represents estimated trade date investment calculations. Certain calculations may not be available for all time periods. Please refer to your custody statement for official portfolio holdings and transactions. Note that certain accounting methods may cause differences between this investment report and your custody statement.

Credit Rating

US Dollar

As of 31 December 2020

WC-CalOptima
Account: XXXX2500
Investment Strategy: Short Duration Fixed Income
Primary Benchmark: FTSE 3 Month T-Bill Index - Monthly

WELLS FARGO Asset Management

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
542424WH5 LONG BEACH CALIF HBR REV	2,500,000.00	USD 07/15/2021	MUNI	AA	Aa2	NA	AA	2,596,861.11	0.68%
697511EY5 PALOMAR CALIF CMNTY COLLEGE DIST	200,000.00	USD 08/01/2021	MUNI	AA	Aa2	AA	NA	200,141.88	0.05%
697511EY5 PALOMAR CALIF CMNTY COLLEGE DIST	500,000.00	USD 08/01/2021	MUNI	AA	Aa2	AA	NA	500,354.69	0.13%
835588AU8 SONOMA-MARIN AREA RAIL TRAN DIST CALIF MEASURE Q S	530,000.00	USD 03/01/2021	MUNI	AA	NA	AA	NA	530,436.34	0.14%
91412HFJ7 UNIVERSITY CALIF REVS	1,500,000.00	USD 05/15/2022	MUNI	AA	Aa2	AA	AA	1,503,812.08	0.39%
--- ---	**5,730,000.00**	**USD 09/17/2021**	**MUNI**	**AA**	**Aa2**	**AA**	**AA**	**5,831,847.35**	**1.53%**

AA-

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
544587X94 LOS ANGELES CALIF MUN IMPT CORP LEASE REV	1,250,000.00	USD 11/01/2021	MUNI	AA-	NA	AA-	NA	1,252,812.67	0.33%
544647CQ1 LOS ANGELES CALIF UNI SCH DIST	1,255,000.00	USD 01/01/2021	MUNI	AA-	Aa3	NA	AA+	1,257,400.19	0.33%
79727LBN8 SAN DIEGO CALIF CONVENTION CTR EXPANSION FING AUTH	500,000.00	USD 04/15/2021	MUNI	AA-	NA	AA-	AA-	501,655.00	0.13%
79727LBP3 SAN DIEGO CALIF CONVENTION CTR EXPANSION FING AUTH	1,000,000.00	USD 04/15/2022	MUNI	AA-	NA	AA-	AA-	1,009,916.67	0.26%
79765R4L0 SAN FRANCISCO CALIF CITY & CNTY PUB UTILS COMMN WT	1,000,000.00	USD 11/01/2021	MUNI	AA-	Aa2	AA-	NA	1,016,066.67	0.27%
84247PLG4 SOUTHERN CALIF PUB PWR AUTH REV	1,000,000.00	USD 07/01/2021	MUNI	AA-	Aa2	NA	AA-	1,048,640.00	0.27%
90331HNP4 US BANK NA	1,000,000.00	USD 04/26/2021	CORP	AA-	A1	AA-	AA-	1,012,332.05	0.27%
90331HPK3 US BANK NA	1,500,000.00	USD 01/21/2022	CORP	AA-	A1	AA-	AA-	1,502,516.50	0.39%
916544EQ8 UPPER SANTA CLARA VY JT PWRS AUTH CALIF REV	2,180,000.00	USD 08/01/2021	MUNI	AA-	NA	AA	AA-	2,184,995.23	0.57%
--- ---	**10,685,000.00**	**USD 08/27/2021**	**---**	**AA-**	**Aa3**	**AA-**	**AA-**	**10,786,334.98**	**2.82%**

The information contained in this report represents estimated trade date investment calculations. Certain calculations may not be available for all time periods. Please refer to your custody statement for official portfolio holdings and transactions. Note that certain accounting methods may cause differences between this investment report and your custody statement.

Back to Agenda

Credit Rating

US Dollar

As of 31 December 2020

WC-CalOptima
Account: XXXX2500
Investment Strategy: Short Duration Fixed Income
Primary Benchmark: FTSE 3 Month T-Bill Index - Monthly

WELLS FARGO Asset Management

A+

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
22546QAR8 CREDIT SUISSE AG (NEW YORK BRANCH)	2,000,000.00	USD 10/29/2021	YANKEE	A+	Aa3	A+	A	2,054,147.55	0.54%
22546QAR8 CREDIT SUISSE AG (NEW YORK BRANCH)	2,952,000.00	USD 10/29/2021	YANKEE	A+	Aa3	A+	A	3,031,921.79	0.79%
69371RN77 PACCAR FINANCIAL CORP	2,000,000.00	USD 08/10/2022	CORP	A+	A1	A+	NA	2,085,141.15	0.55%
797683HF9 SAN FRANCISCO CALIF CMNTY COLLEGE DIST	1,000,000.00	USD 06/15/2022	MUNI	A+	Aa3	NA	A+	1,038,546.67	0.27%
798736AT1 SAN LUIS UNIT/WESTLANDS WTR DIST FING AUTH CALIF R	1,500,000.00	USD 09/01/2021	MUNI	A+	NA	AA	A+	1,510,795.00	0.40%
857477AG8 STATE STREET CORP	950,000.00	USD 03/07/2021	CORP	A+	A1	A	AA-	969,953.81	0.25%
857477AG8 STATE STREET CORP	1,000,000.00	USD 03/07/2021	CORP	A+	A1	A	AA-	1,021,004.01	0.27%
857477AV5 STATE STREET CORP	825,000.00	USD 05/19/2021	CORP	A+	A1	A	AA-	832,370.90	0.22%
89236TFQ3 TOYOTA MOTOR CREDIT CORP	1,500,000.00	USD 01/08/2021	CORP	A+	A1	A+	A+	1,522,350.67	0.40%
89236TGJ8 TOYOTA MOTOR CREDIT CORP	1,709,000.00	USD 10/07/2021	CORP	A+	A1	A+	A+	1,735,065.46	0.45%
--- ---	**15,436,000.00**	**USD 10/07/2021**	**---**	**A+**	**A1**	**A+**	**A+**	**15,801,297.00**	**4.14%**

A

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
06051GEE5 BANK OF AMERICA CORP	819,000.00	USD 01/05/2021	CORP	A	A2	A-	A+	842,523.50	0.22%
07330NAQ8 TRUIST BANK	2,000,000.00	USD 01/15/2022	CORP	A	A2	A	A+	2,069,197.73	0.54%
14913Q2P3 CATERPILLAR FINANCIAL SERVICES CORP	1,000,000.00	USD 09/07/2021	CORP	A	A3	A	A	1,001,931.89	0.26%
24422ESL4 JOHN DEERE CAPITAL CORP	2,000,000.00	USD 03/04/2021	CORP	A	A2	A	A	2,026,475.72	0.53%
24422EUV9 JOHN DEERE CAPITAL CORP	715,000.00	USD 06/07/2021	CORP	A	A2	A	A	722,499.77	0.19%
24422EUV9 JOHN DEERE CAPITAL CORP	1,000,000.00	USD 06/07/2021	CORP	A	A2	A	A	1,010,489.19	0.26%
341081GA9 FLORIDA POWER & LIGHT CO	3,450,000.00	USD 07/28/2023	CORP	A	A1	A	NA	3,454,453.25	0.90%

The information contained in this report represents estimated trade date investment calculations. Certain calculations may not be available for all time periods. Please refer to your custody statement for official portfolio holdings and transactions. Note that certain accounting methods may cause differences between this investment report and your custody statement.

Back to Agenda

Credit Rating

US Dollar

As of 31 December 2020

WC-CalOptima
Account: XXXX2500
Investment Strategy: Short Duration Fixed Income
Primary Benchmark: FTSE 3 Month T-Bill Index - Monthly

WELLS FARGO Asset Management

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
438516CD6 HONEYWELL INTERNATIONAL INC	1,500,000.00	USD 08/19/2022	CORP	A	A2	A	A	1,502,328.10	0.39%
61746BEB8 MORGAN STANLEY	1,400,000.00	USD 04/21/2021	CORP	A	A2	BBB+	A	1,410,107.82	0.37%
91324PDG4 UNITEDHEALTH GROUP INC	1,500,000.00	USD 06/15/2021	CORP	A	A3	A+	A	1,501,791.88	0.39%
--- ---	**15,384,000.00**	**USD 01/20/2022**	**CORP**	**A**	**A2**	**A**	**A**	**15,541,798.85**	**4.07%**

A-1+

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
313313AM0 FEDERAL FARM CREDIT BANKS FUNDING CORP	20,000,000.00	USD 01/12/2021	AGCY DISC	A-1+	P-1	A-1+	F1+	19,999,688.80	5.24%
313313DY1 FEDERAL FARM CREDIT BANKS FUNDING CORP	2,000,000.00	USD 04/05/2021	AGCY DISC	A-1+	P-1	A-1+	F1+	1,999,545.00	0.52%
313313FS2 FEDERAL FARM CREDIT BANKS FUNDING CORP	750,000.00	USD 05/17/2021	AGCY DISC	A-1+	P-1	A-1+	F1+	749,722.92	0.20%
313313JY5 FEDERAL FARM CREDIT BANKS FUNDING CORP	3,000,000.00	USD 08/03/2021	AGCY DISC	A-1+	P-1	A-1+	F1+	2,998,241.67	0.79%
313313KG2 FEDERAL FARM CREDIT BANKS FUNDING CORP	1,000,000.00	USD 08/11/2021	AGCY DISC	A-1+	P-1	A-1+	F1+	999,391.67	0.26%
313313KG2 FEDERAL FARM CREDIT BANKS FUNDING CORP	3,000,000.00	USD 08/11/2021	AGCY DISC	A-1+	P-1	A-1+	F1+	2,998,175.01	0.79%
313385ER3 FEDERAL HOME LOAN BANKS	5,000,000.00	USD 04/22/2021	AGCY DISC	A-1+	P-1	A-1+	F1+	4,998,650.00	1.31%
9127963T4 UNITED STATES TREASURY	100,000,000.00	USD 01/07/2021	T-BILL	A-1+	P-1	A-1+	F1+	99,999,700.00	26.18%
912796A58 UNITED STATES TREASURY	70,000,000.00	USD 01/05/2021	T-BILL	A-1+	P-1	A-1+	F1+	70,000,000.00	18.33%
912796A58 UNITED STATES TREASURY	70,000,000.00	USD 01/05/2021	T-BILL	A-1+	P-1	A-1+	F1+	70,000,000.00	18.33%
--- ---	**274,750,000.00**	**USD 01/15/2021**	---	**A-1+**	**P-1**	**A-1+**	**F1+**	**274,743,115.07**	**71.94%**

Summary

Identifier, Description	Ending Base Current Units	Currency, Ending Final Maturity	Security Type	Rating	Moody's	S&P	Fitch	Base Market Value + Accrued	% of Base Market Value + Accrued
--- ---	**380,819,478.13**	**USD 03/20/2021**	---	**AAA**	**Aaa**	**AAA**	**AAA**	**381,929,694.47**	**100.00%**

The information contained in this report represents estimated trade date investment calculations. Certain calculations may not be available for all time periods. Please refer to your custody statement for official portfolio holdings and transactions. Note that certain accounting methods may cause differences between this investment report and your custody statement.

Back to Agenda

Credit Rating

US Dollar

As of 31 December 2020

WC-CalOptima
Account: XXXX2500
Investment Strategy: Short Duration Fixed Income
Primary Benchmark: FTSE 3 Month T-Bill Index - Monthly

WELLS FARGO Asset Management

* Grouped by: Rating. * Groups Sorted by: Rating. * Weighted by: Base Market Value + Accrued.

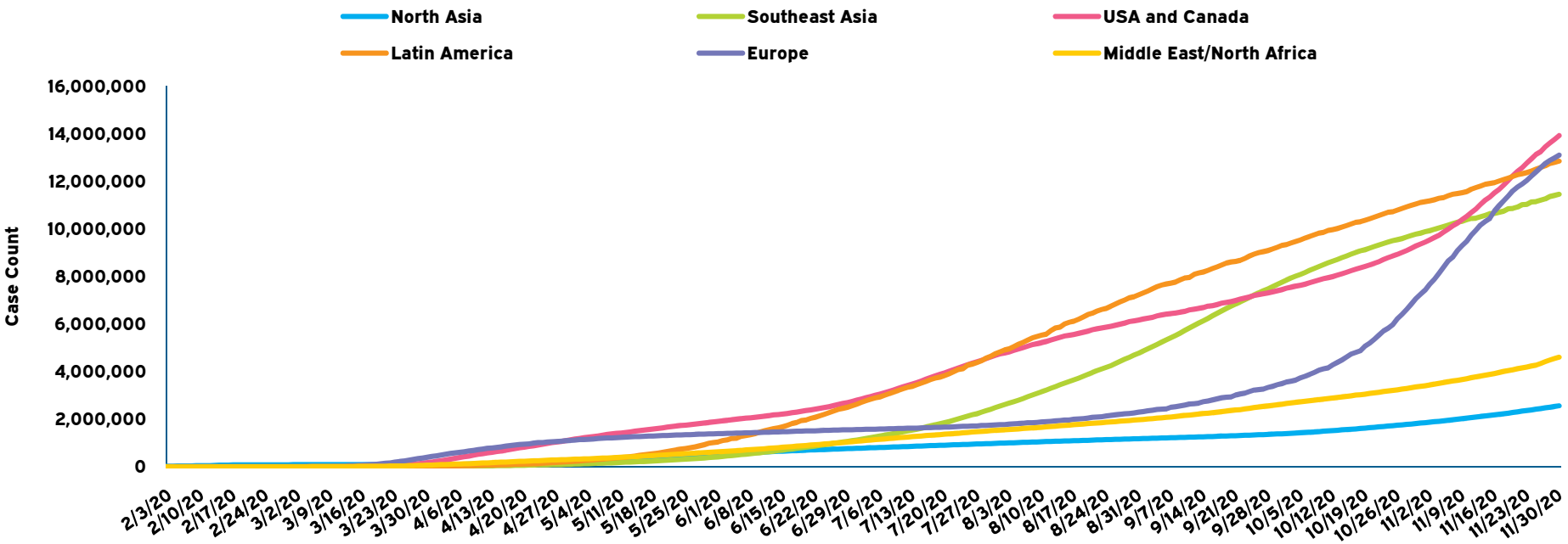
The information contained in this report represents estimated trade date investment calculations. Certain calculations may not be available for all time periods. Please refer to your custody statement for official portfolio holdings and transactions. Note that certain accounting methods may cause differences between this investment report and your custody statement.

Back to Agenda

Economic and Market Update

Data as of November 30, 2020

Case Count by Select Region[1,2]

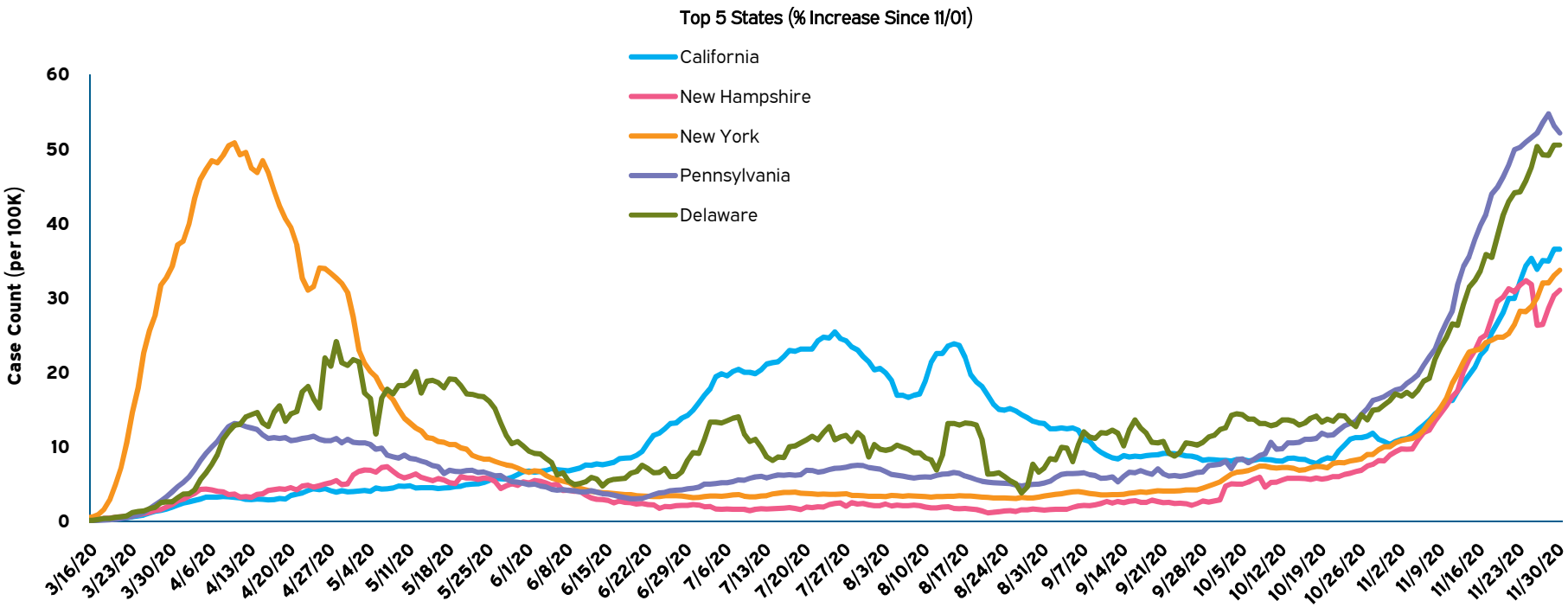


- Cases of COVID-19 continue to grow globally with now around 75 million reported cases across 191 countries.
- The US still has the highest number of cases, with India surpassing Brazil for the second spot. Europe has also recently experienced a large spike in cases.

[1] Source: Bloomberg. Data is as of November 30, 2020.

[2] North Asia: China, Hong Kong, Japan, Russia, South Korea, and Taiwan. Southeast Asia: Singapore, India, Indonesia, Malaysia, Pakistan, Philippines, Thailand, Bangladesh, Sri Lanka, and Vietnam. Europe: Austria, Belarus, Bulgaria, Croatia, Czech Republic, Denmark, France, Germany, Hungary, Italy, Netherlands, Norway, Poland, Romania, Spain, Sweden, United Kingdom, Switzerland, and Ukraine. Latin America: Chile, Brazil, Mexico, Argentina, Colombia, Peru, Venezuela, Ecuador, Panama, Paraguay, Costa Rica, Bolivia, Uruguay, El Salvador, Honduras, Cuba, Dominican Republic, Haiti, and Nicaragua. Middle East/North Africa: Algeria, Bahrain, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, Syria, Turkey, Tunisia, United Arab Emirates, and Yemen.

New Daily Reported COVID-19 Cases[1]



- Cases are trending back up in most states with some areas being particularly hard hit.
- Moving into the colder months, with flu season and people spending more time indoors, infections are rising notably and putting significant stresses on the hardest hit areas and their respective healthcare systems.

[1] Source: TrackTheRecovery. Data is as of November 30, 2020.

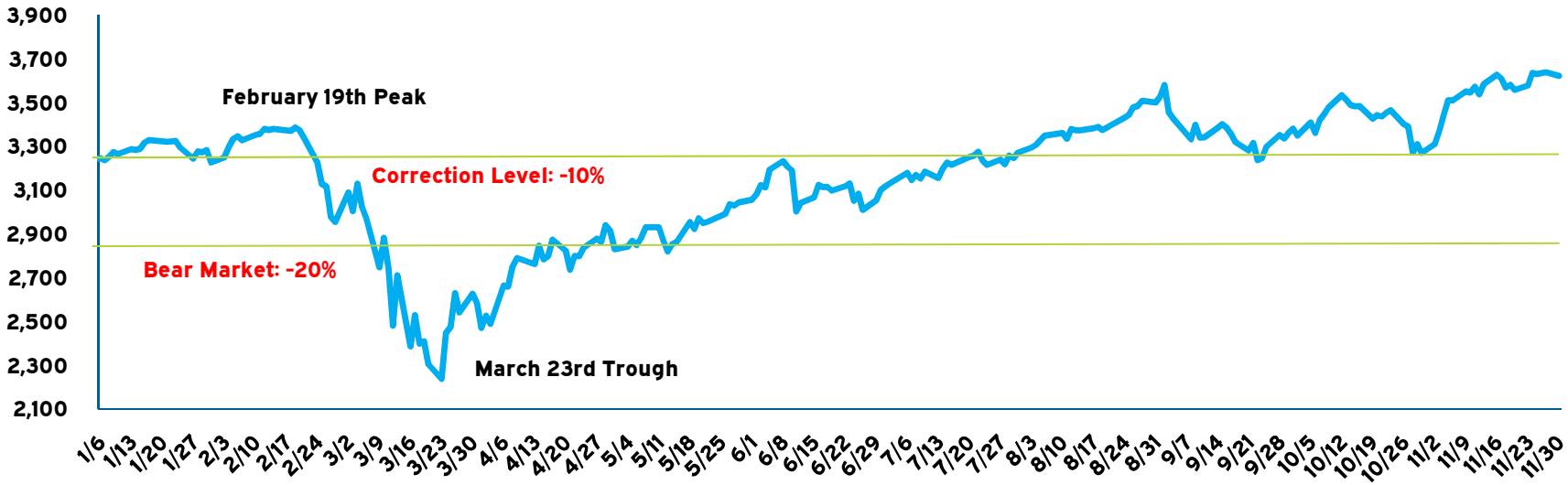
Market Returns[1]

Indices	November	YTD	1 Year	3 Year	5 Year	10 Year
S&P 500	10.9%	14.0%	17.5%	13.2%	14.0%	14.2%
MSCI EAFE	15.5%	3.0%	6.4%	3.3%	6.2%	5.9%
MSCI Emerging Markets	9.2%	10.2%	18.4%	4.9%	10.7%	3.6%
MSCI China	2.8%	26.0%	36.5%	8.8%	14.1%	7.2%
Bloomberg Barclays Aggregate	1.0%	7.4%	7.3%	5.5%	4.3%	3.7%
Bloomberg Barclays TIPS	1.1%	9.7%	10.1%	5.8%	4.7%	3.5%
Bloomberg Barclays High Yield	4.0%	5.1%	7.2%	5.7%	7.6%	6.8%
10-year US Treasury	0.3%	11.2%	10.0%	6.4%	4.4%	3.9%
30-year US Treasury	1.4%	20.5%	16.1%	11.1%	8.7%	8.0%

- Global risk assets have recovered meaningfully from their lows, largely driven by record fiscal and monetary policy stimulus. The S&P 500 has appreciated by over 60% from its mid-March trough.
- European and Japanese equity markets have lagged behind the recovery in the US and emerging markets. China has been a particular standout as they were able to contain the virus earlier than others and consequently start the reopening of their economy.
- High quality fixed income remains a standout for the year given their perceived safety, with Treasuries, particularly longer dated issues, posting strong results.
- In November, risk assets and longer-dated sovereign debt yields across developed economies, generally rose with the passing of the US presidential election, and positive developments regarding a COVID-19 vaccine.

[1] Source: InvestorForce and Bloomberg. Data is as of November 30, 2020.

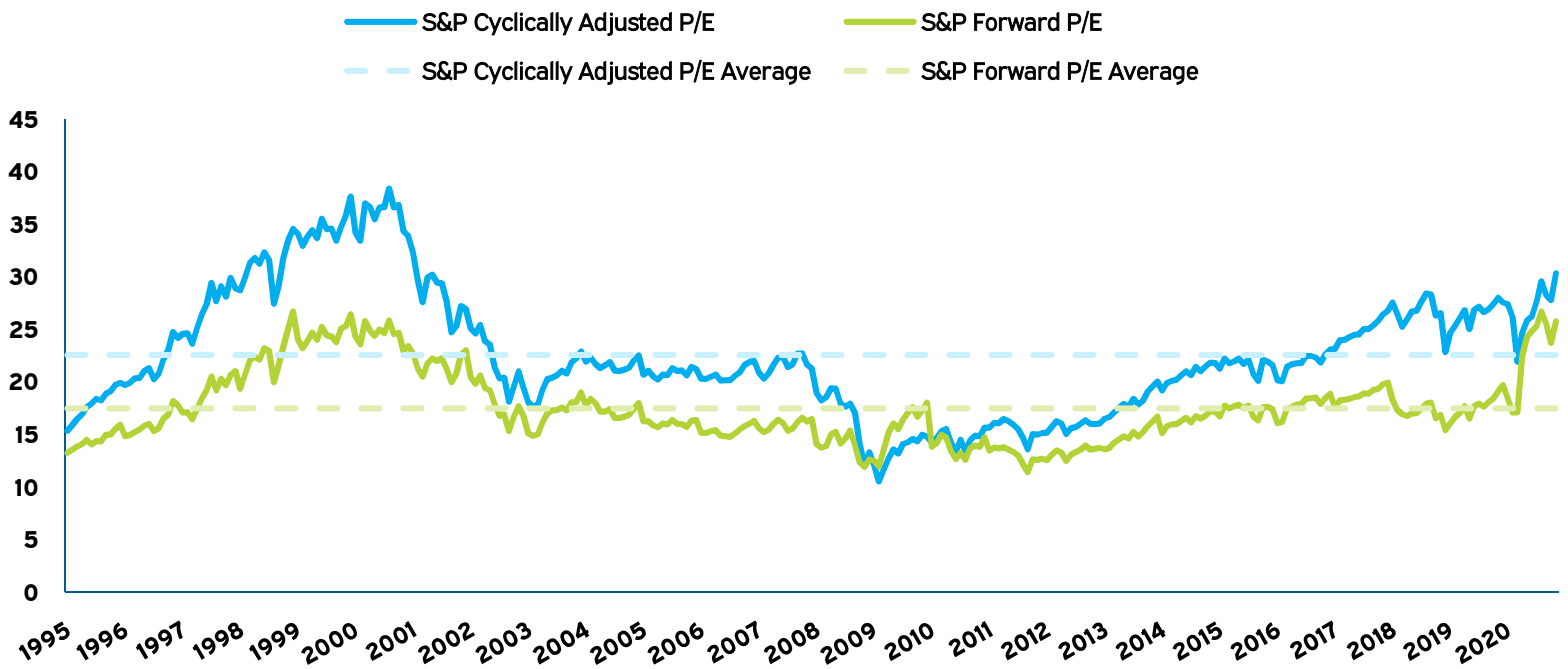
S&P 500 Surpasses Prior Peak[1]



- Given the anticipated economic disruption surrounding the pandemic, US stocks declined from a February peak into bear market (-20%) territory at the fastest pace in history.
- From the February 19 peak, the S&P 500 plunged 34% in just 24 trading days.
- After quickly rebounding from its lows and finishing above its pre-COVID levels at the end of August, the market appreciated 10.9% in November, bringing its year-to-date gain to 14.0%.
- The key risk going forward remains that a spike in COVID-19 cases could slow, or reverse, reopening plans. The distribution process of the vaccine and people's willingness to take it will be important as well.

[1] Source: Bloomberg. Data is as of November 30, 2020.

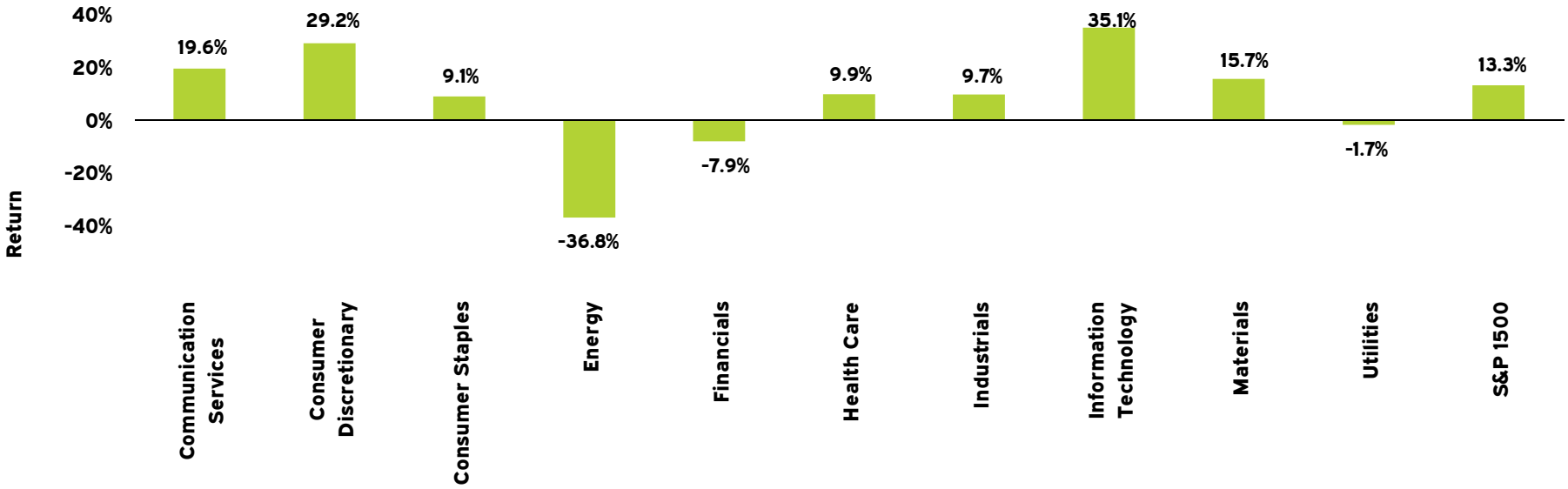
S&P Equity Valuations[1]



- With the positive developments regarding a COVID vaccine, valuations based on both forward- and backward-looking earnings rose to levels not seen since 2001.
- Many are looking to improvements in earnings growth as the US economy continues to reopen to justify market levels, with historically low interest rates also providing support.

[1] Source: Bloomberg. Data is as of November 30, 2020.

2020 YTD Sector Returns[1]

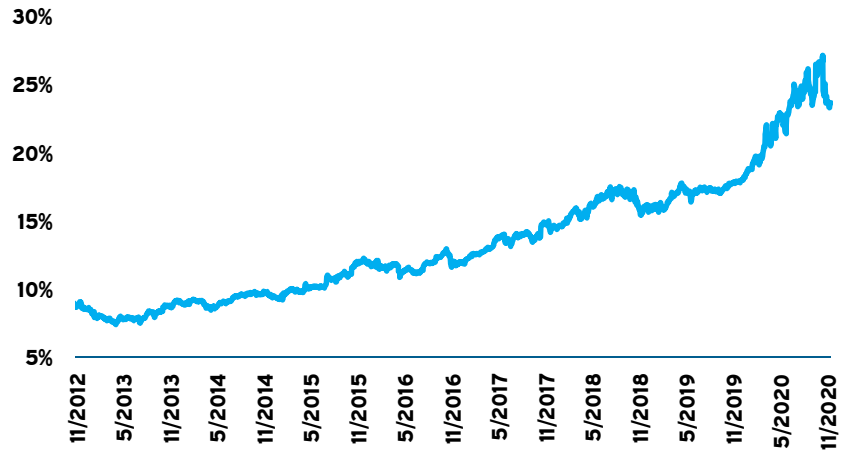


- Recently with the development of mutiple vaccines, there has been signs of a rotation into more cyclical stocks, but the dynamic remains of stay-at-home focused areas performing best in 2020.
- Information technology remains the best performing sector, with a narrow group of companies including Amazon and Netflix driving market gains. The outperformance has been due to consumers moving to online purchases and streaming services.
- The consumer discretionary sector also experienced gains as the economy reopened, people returned to work, and stimulus checks were spent.
- Energy remains the sector with the greatest 2020 decline, triggered by the plunge in oil prices. Financials have also struggled in this slow growth environment with demand for loans down and low interest rates weighing on loan revenue.

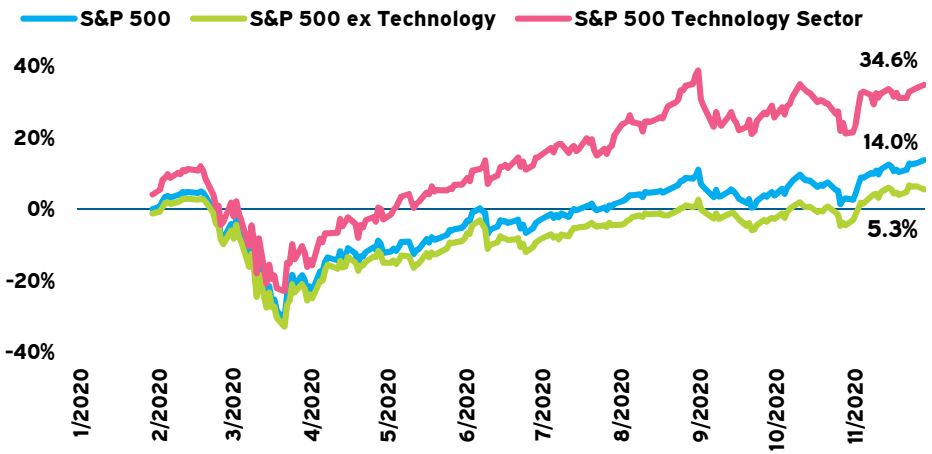
[1] Source: Bloomberg. Data is as of November 30, 2020.

Technology has led the way in the Rebound

FAANG+M Share of S&P 500[1]



Returns Year to Date through November 30[2]



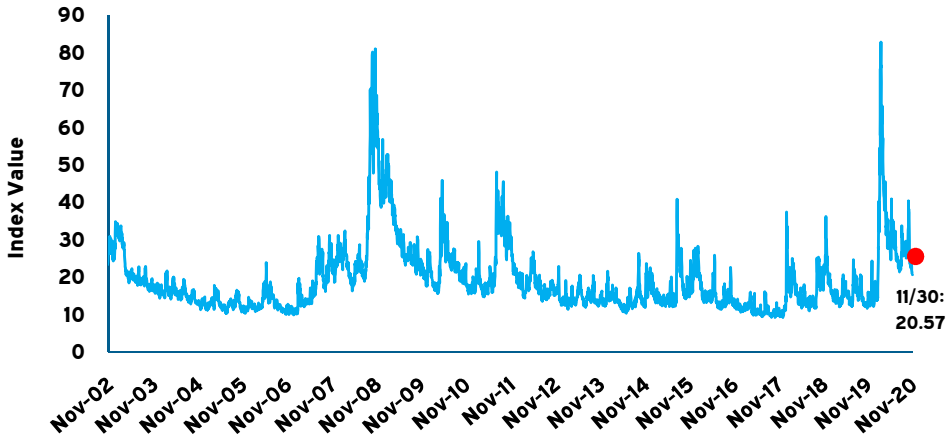
- The market recovery has largely been driven by a few select technology companies that benefited from the stay-at-home environment related to the virus.
- Year-to-date, the S&P 500 technology sector returned +34.6%, compared to 5.3% for the S&P 500 ex-technology index, with Amazon (+71%), Netflix (+52%), and Apple (+62%) posting especially strong results.
- The outsized relative returns of these companies has led to them comprising an increasingly large portion (24%) of the S&P 500, which makes their future performance particularly impactful.

[1] FAANG+M = Facebook, Amazon, Apple, Netflix, Google (Alphabet), and Microsoft. The percentage represents the aggregate market capitalization of the 6 companies compared to the total market capitalization of the S&P 500 as of November 30, 2020.

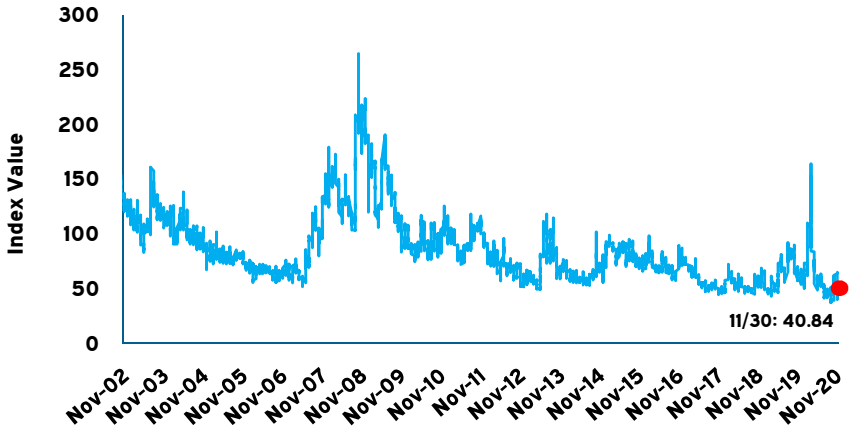
[2] Each data point represents the price change relative to the 12/31/2019 starting value.

Volatility has Declined

VIX Index[1]



MOVE Index[2]



- Expectations of short-term equity volatility, as measured by the VIX index, have trended down from record levels, and are now trading at lows experienced prior to the height of the March crisis.
- At the recent peak, the VIX reached 82.7, surpassing the pinnacle of volatility during the GFC, thus showing the magnitude of the crisis and of investor fear.
- Expectations of volatility within fixed income, as represented by the MOVE index, also spiked earlier in the year and then dropped to historic lows, helped by the broad level of monetary support and forward guidance by the Fed. Volatility expectations in fixed income decreased in November, as a likely divided goverenment reduced fears of a large fiscal stimulus package.

[1] Source: Chicago Board of Exchange. Data is as of November 30, 2020.

[2] Source: Bloomberg. Data is as of November 30, 2020.

Global Financial Crisis Comparison

	2007-2009 Global Financial Crisis	COVID-19 Crisis
Primary Causes	Excess Risk Taking Due to: • Deregulation, un-constrained securitization, shadow banking system, fraud	Pandemic/Natural Disaster: • Large scale global restrictions on businesses and individuals leading to immediate and significant deterioration in economic fundamentals

	2007-2009 Global Financial Crisis	COVID-19 Crisis
Fiscal Measures	• American Recovery Reinvestment Act of 2009: $787 billion • Economic Stimulus Act of 2008: $152 billion	• PPP Act: $659 billion • CARES Act of 2020: $2.3 trillion • Families First Coronavirus Response Act: $150 billion • Coronavirus Preparedness & Response Supplemental Appropriations Act 2020: $8.3 billion • National Emergency: $50 billion

	2007-2009 Global Financial Crisis	COVID-19 Crisis
Monetary Measures		
Lowering Fed Funds Rate	X	X
Quantitative Easing	X	X
Primary Dealer Repos	X	X
Central Bank Swap Lines	X	X
Commercial Paper Funding Facility	X	X
Primary Dealers Credit Facility	X	X
Money Market Lending Facility	X	X
Term Auction Facility	X	
TALF	X	X
TSLF	X	
FIMA Repo Facility		X
Primary & Secondary Corp. Debt		X
PPP Term Facility		X
Municipal Liquidity Facility		X
Main Street Loan Facility		X

Global Financial Crisis Comparison (continued)

- The US fiscal response to the COVID-19 Crisis has been materially larger than the response to the 2007-2009 Global Financial Crisis (GFC), and stimulus is acutely focused on areas of the economy showing the greatest need, including small- and mid-sized companies. For example, the Paycheck Protection Program (PPP) helped small businesses keep employees working by offering forgivable loans to cover salaries.
- On the monetary side, markets targeted during both crises represent those most in need, but for the COVID-19 Crisis the policy response was dramatically faster, measured in weeks, not years, as in the GFC.
- Of the monetary stimulus measures, the corporate debt (Primary & Secondary Corporate Debt) programs and Main Street Loan Facility are new and garnered much attention from market participants.
- Through the end of November, Fed programs have experienced various degrees of usage. However, at this point, none has come close to reaching program limits. Still, programs have been extended through December 2020, and the psychological value of knowing the programs are available, if necessary, likely supports market sentiment.

Policy Responses

	Fiscal	Monetary
United States	$50 billion to states for virus related support, interest waived on student loans, flexibility on tax payments and filings, expanded COVID-19 testing, paid sick leave for hourly workers, $2 trillion package for individuals, businesses, and state/local governments. Additional $484 billion package to replenish small business loans, provide funding to hospitals, and increase testing.	Cut policy rates to zero, outcome-based forward guidance suggesting aggressively accommodative policy for the foreseeable future, unlimited QE4, offering trillions in repo market funding, restarted and extended CPFF, PDCF, MMMF programs to support lending and financing markets, expanded US dollar swap lines with foreign central banks, announced IG corporate debt buying program with subsequent amendment for certain HY securities, Main Street Lending program, Muni liquidity facility, repo facility with foreign central banks, easing of some financial regulations for lenders, and changing the inflation mandate to an average target of 2.0%
Euro Area	European Union: Shared 750 billion euro stimulus package. Germany: 220 billion euro stimulus France: 57 billion euro stimulus. Italy: 75 billion euro stimulus. Spain: 200 billion euro and 700 million euro loan and aid package, respectively.	Targeted longer-term refinancing operations aimed at small and medium sized businesses, under more favorable pricing, and announced the 750 billion euro Pandemic Emergency Purchase Program (PEPP). Purchases under PEPP have been expanded in size, and further to include lower-quality corporate debt. Currency swap programs were also extended.
Japan	Hundreds of trillions in yen stimulus for citizens and businesses, including low interest loans, deferrals on taxes, and direct cash handouts.	Initially increased QE purchases (ETFs, corporate bonds, and CP) and then expanded to unlimited purchases and doubling of corporate debt and commercial paper, expanded collateral and liquidity requirements, and 0% interest loans to businesses hurt by virus.
China	Tax cuts, low-interest business loans, extra payments to gov't benefit recipients.	Expanded repo facility, policy rate cuts, lowered reserve requirements, loan-purchase scheme.
Canada	$7.1 billion in loans to businesses to help with virus damage, C$381 billion stimulus.	Cut policy rates, expanded bond-buying and repos, lowered bank reserve requirements.
UK (BOE)	190 billion pound stimulus, Tax cut for retailers, small business cash grants, benefits for those infected with virus, expanded access to gov't benefits for self and un-employed.	Lowered policy rates and capital requirements for UK banks, restarts QE program and subsequently increased the purchase amounts.
Australia	$11.4 billion, subsidies for impacted industries like tourism, one-time payment to gov't benefit recipients.	Policy rate cut, started QE.

Key Elements of Next Round of US Fiscal Stimulus

	Joint Proposal (as of 12/17)
Status	Still in Discussion/ Negotiation
Direct Payments	$600-700 per person
Enhanced Unemployment	$300 per week for roughly 10 more weeks
State and Local Aid/Liability Protections	Excluded
Small Business Relief	$330 billion ($257 billion in paycheck protection)
Total	~$900 billion

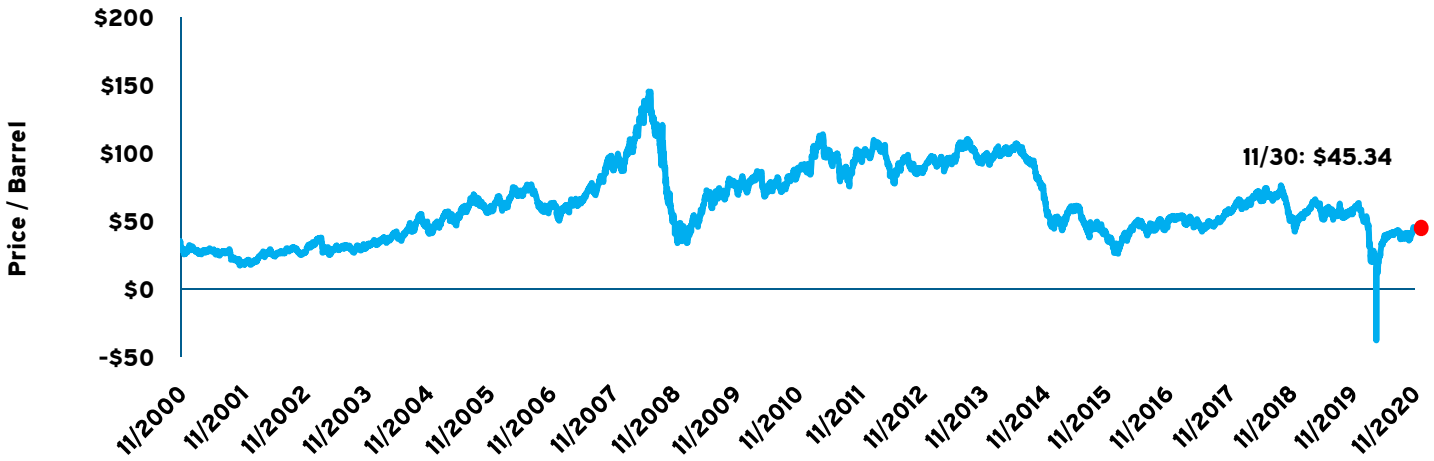
- The next round of fiscal stimulus that the market has been anticipating remains in gridlock, but as of this writing it appears a deal is close.
- Without further assistance, many businesses might not survive, particularly services like restaurants, as we move into the colder months in much of the country.
- Enhanced unemployment benefits from the initial stimulus program were particularly impactful to those without jobs. After it ended in July an extension of a lesser amount ($300 extra per week) was implemented, but is in the process of winding down.

Election Results Likely Leave a Split Government

	Result	Change from Previous	Potential Implications
Presidency	• Democratic victory.	• Donald Trump, Republican, to leave office January 20th.	• Day one executive actions announced to set new 12 person COVID-19 task force, rejoin the WHO, repeal Muslim travel ban, reinstate DACA program, and rejoin Paris climate accord. • Biden listed a number of other priorities on the campaign trail that include addressing systemic racism, climate change, and expanding protections for union employees. • Additional plans include bills for infrastructure, trade, foreign policy, and tax increases, but all seem less likely given the potential for a divided congress.
Senate	• 48 seats for the Democrats. • 50 seats for the Republicans. • 2 seats to be decided in a January run off in Georgia.	• Yet to be determined. Democrats will pick up between 2 and 4 seats. • It is possible, though unlikely, that the Democrats can win both run offs and obtain a supermajority with Vice President elect Harris casting the tiebreaking vote.	• Biden's agenda is particularly impacted by a divided Congress in a few key areas, namely the next round of fiscal stimulus (lesser amount), cabinet appointments (more moderate), tax reform (less rollbacks of Trump cuts), infrastructure spending (less green, less in amount).
House	• Democratic majority maintained. • As of December 3rd 222 seats for Democrats, 209 seats for Republicans, and 4 still to be decided.	• Heading into the November 3, 2020, election, Democrats held a 232-197 advantage in the US House. Libertarians held one seat, and five seats were vacant.	• While the Democrats maintained their majority and therefore control of the agenda, Republicans gained ground, setting up a close battle for the midterms in 2022. • Nancy Pelosi remains Speaker of the House.

- Biden recently secured enough electors to become President, with legal challenges by the current administration continuing. The two run-off elections in Georgia will be taking place in January with the results key to the make-up of the Senate, as well as the overall balance of power.
- Markets responded positively to the election results, as the potential for a divided government reduced the likelihood of higher taxes and fiscal stimulus.

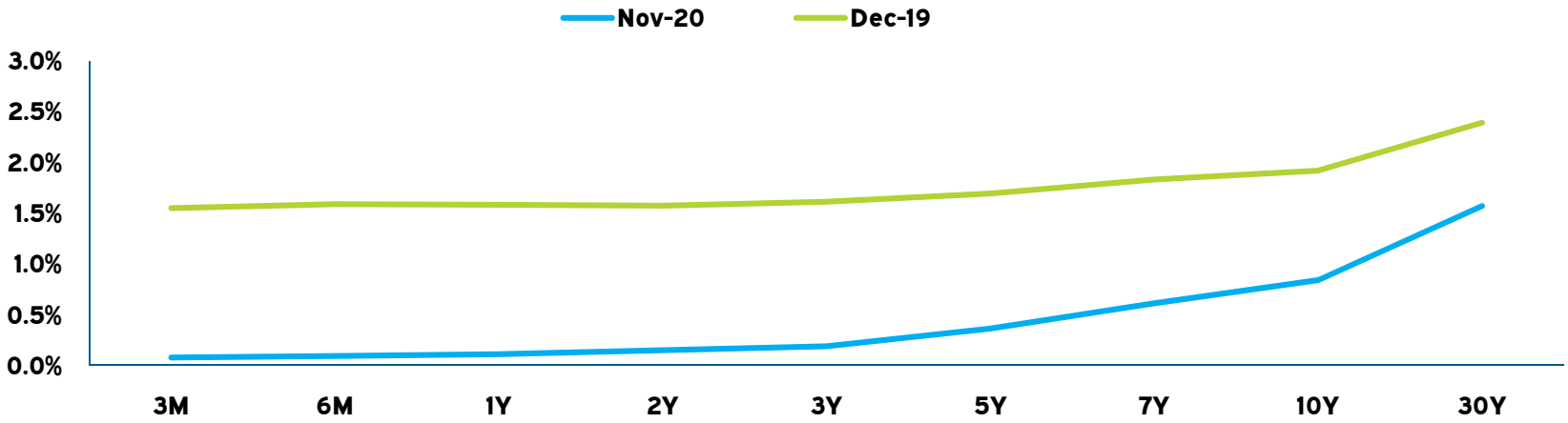
Oil Prices (WTI)[1]



- While global oil prices rallied from April lows, they remain below their pre-pandemic level.
- After month-end, OPEC+ agreed to slowly reduce their production cuts by 500,000 barrels/day signaling that they view the worst of the demand shock from the virus could be over.
- Oil prices could experience renewed downward pressure in the short-term with OPEC+ starting to roll back production cuts, US oil producers (particularly shale output) turning wells back on, and increasing virus spread potentially weighing on demand.
- Looking forward, global economies slowly reopening next year and a weaker US dollar should be supportive for demand.

[1] Source: Bloomberg. Represents WTI first available futures contract. Data is as of November 30, 2020.

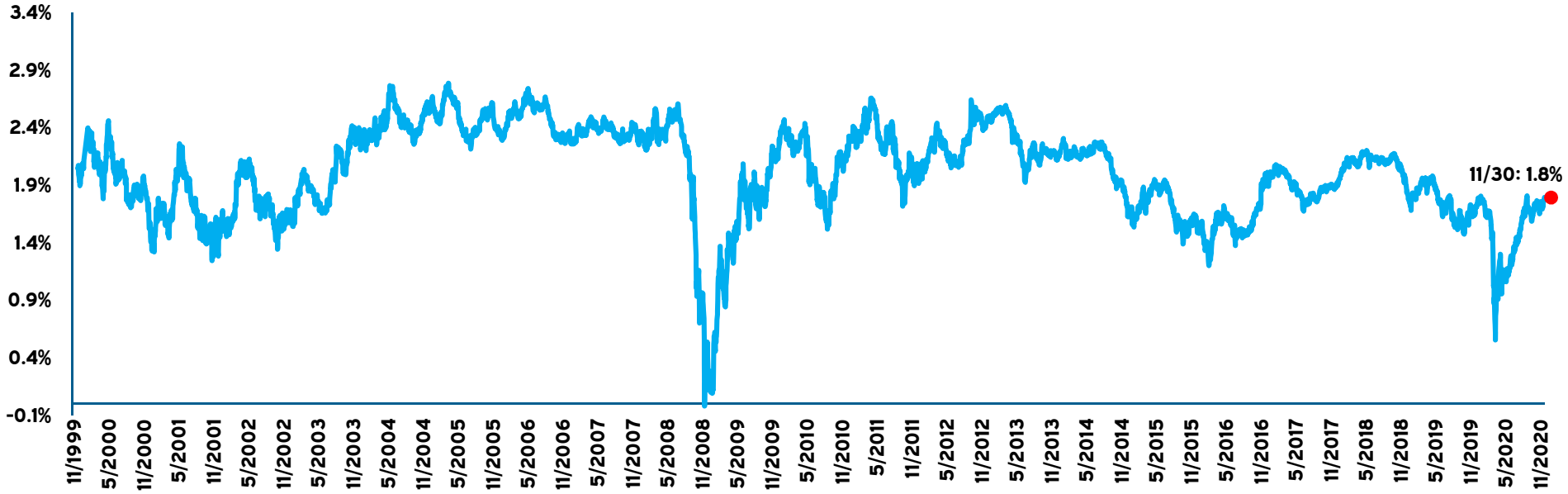
US Yield Curve Declines[1]



- The US Treasury yield curve declined materially during 2020, driven by safe-haven demand, Federal Reserve polices (policy rate cuts and the quantitative easing program), and weak US economic fundamentals.
- Over the last few months, the curve has steepened on gradual signs of economic improvement, vaccine developments, and expectations for longer-dated Treasury issuance to support additional fiscal stimulus in the coming months.
- Higher yields relative to other countries and the Fed potentially extending the duration of their purchases could counterbalance steepening trends.

[1] Source: Bloomberg. Data is as of November 30, 2020.

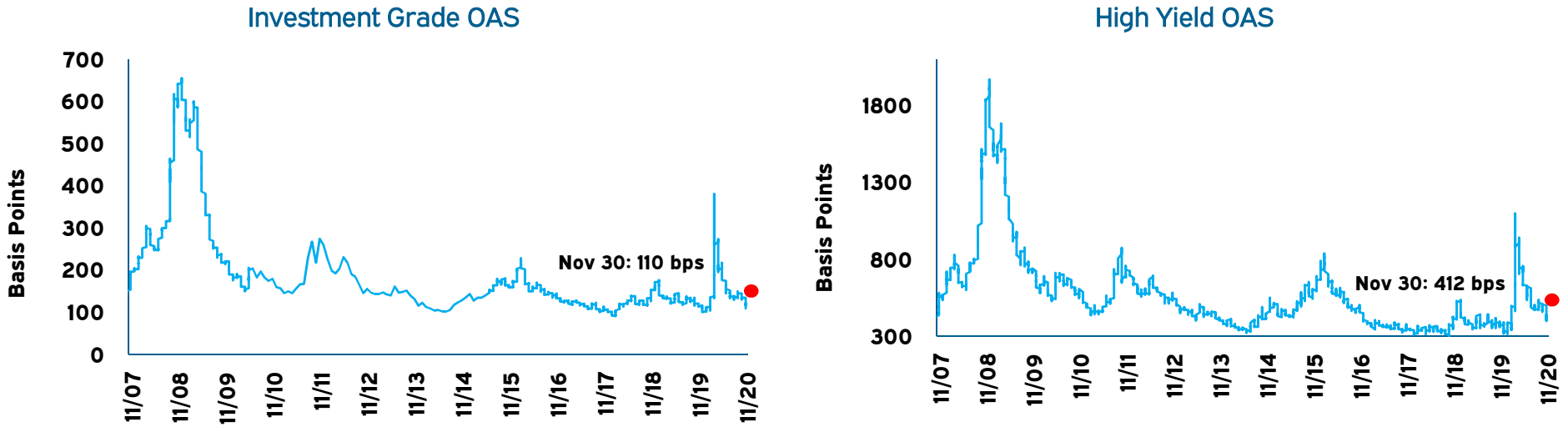
10-Year Breakeven Inflation[1]



- Inflation breakeven rates initially declined sharply, due to a combination of lower growth and inflation expectations, as well as liquidity dynamics in TIPS during the height of market volatility.
- Liquidity eventually improved and breakeven rates increased as deflationary concerns moderated. Recently, inflation expectations continued to increase given the vaccine announcements.
- Looking forward, the track of economic growth and the inflationary effects of the unprecedented US fiscal response will be key issues.

[1] Source: Bloomberg. Data is as of November 30, 2020.

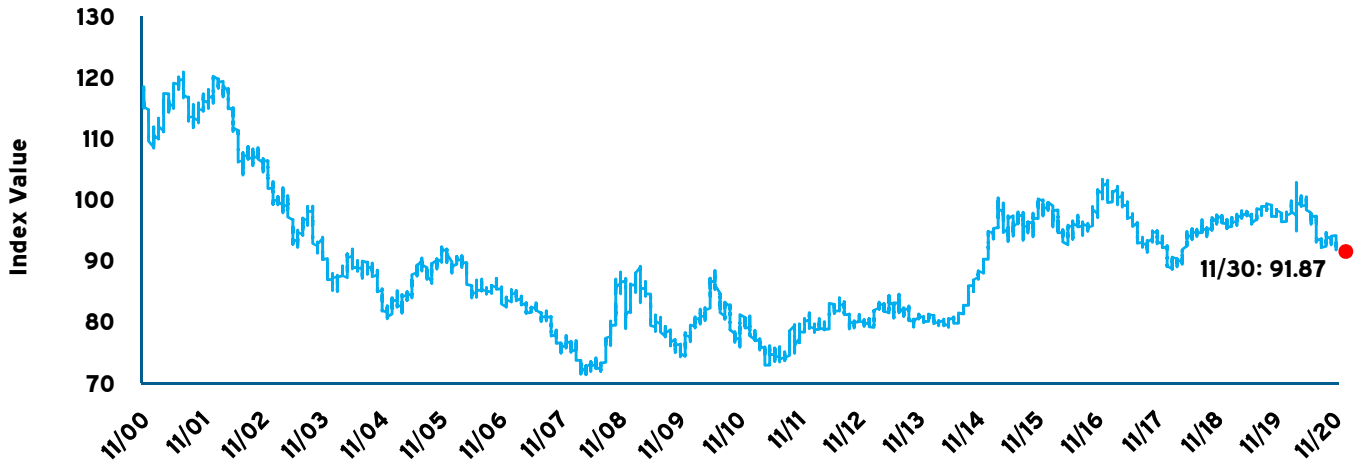
Credit Spreads (High Yield & Investment Grade)[1]



- Credit spreads (the spread above a comparable Treasury) for investment grade and high yield corporate debt widened sharply at the start of the pandemic as investors sought safety.
- Investment grade bonds held up better than high yield bonds. The Federal Reserve's corporate debt purchase program for investment grade and certain high yield securities recently downgraded from investment grade, was well received by investors, leading to a decline in spreads to around long-term averages.
- Overall, corporate debt issuance has more than doubled since 2008, which magnifies the impact of deterioration in the corporate debt market. This is particularly true in the energy sector, which represents over 10% of the high yield bond market.

[1] Source: Federal Reserve Bank of St. Louis Economic Research. Data is as of November 30, 2020.

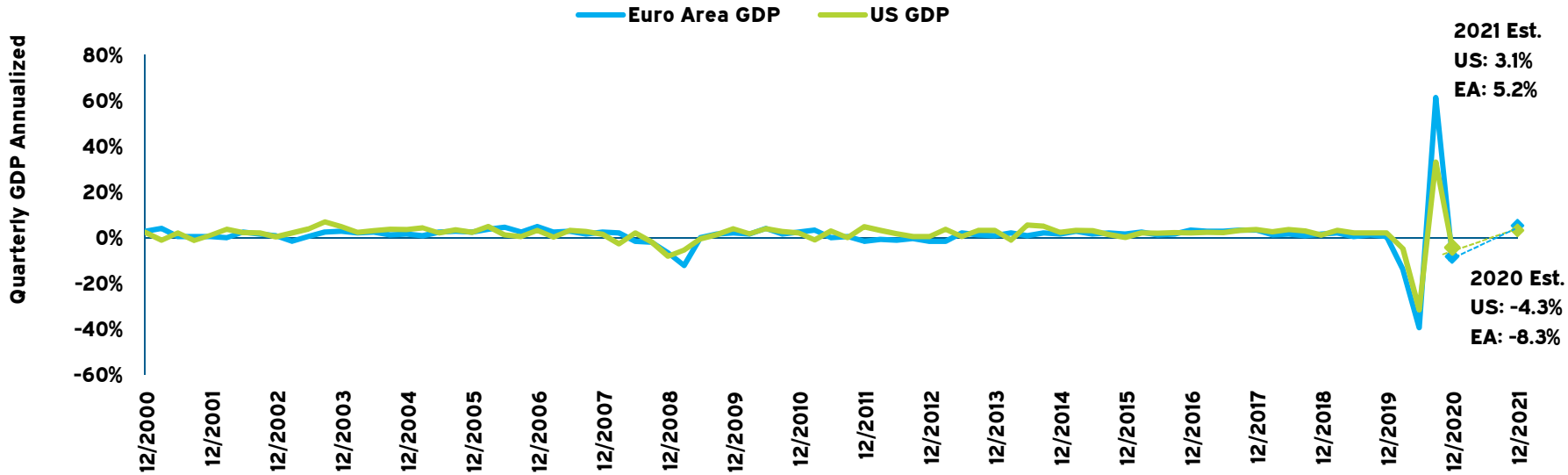
US Dollar versus Broad Currencies[1]



- When financial markets began aggressively reacting to COVID-19 developments, the US dollar came under selling pressure as investors sought safe-haven exposure.
- As the crisis grew into a pandemic, investors' preferences shifted to holding US dollars and highly liquid, short-term securities like US Treasury bills.
- Recently we have seen some weakness in the dollar as the US struggles with containing the virus and investors seek higher growth non-US assets, particularly in emerging markets. This has created pressures on already stressed export-focused countries.
- Going forward, the dollar's safe haven quality and the relatively higher rates in the US could provide support.

[1] Source: Bloomberg. Represents the DXY Index. Data is as of November 30, 2020.

GDP Data Shows Impact of the Pandemic[1]

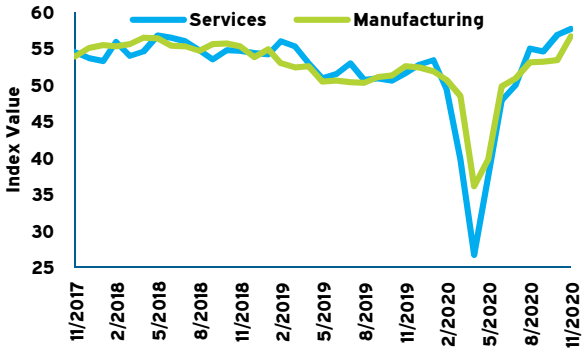


- The global economy faces major recessionary pressures this year, but optimism remains for improvements in 2021, as economies are expected to gradually reopen despite the recent spike in virus cases.
- Historic declines in growth in the US and Europe during the second quarter, were followed by record increases in the third quarter, due to pent up demand from the lockdown measures earlier in the year.
- In early December, GDPNow from the Atlanta Fed estimated that fourth quarter US GDP growth could be 11.1% (QoQ annualized). Full year US GDP growth is forecasted to decline by 4.3% by the IMF.

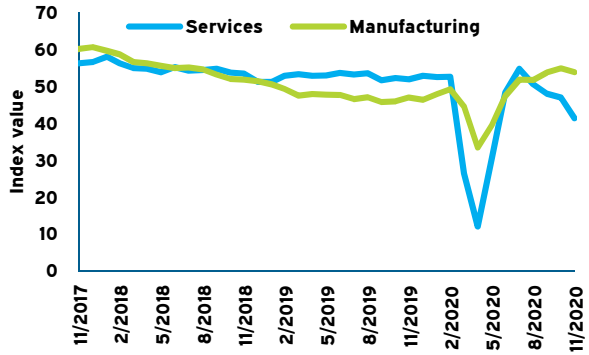
[1] Source: Bloomberg, Atlanta FED and IMF. Q3 2020 data represents the second estimate of GDP for the Euro Area and United States. Euro Area figures annualized by Meketa. Projections via October 2020 IMF World Economic Outlook and represent annual numbers.

Global PMIs

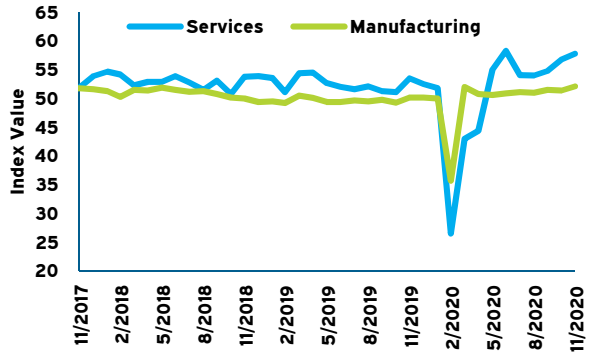
US PMI[1]



Eurozone PMI[2]



China PMI[3]



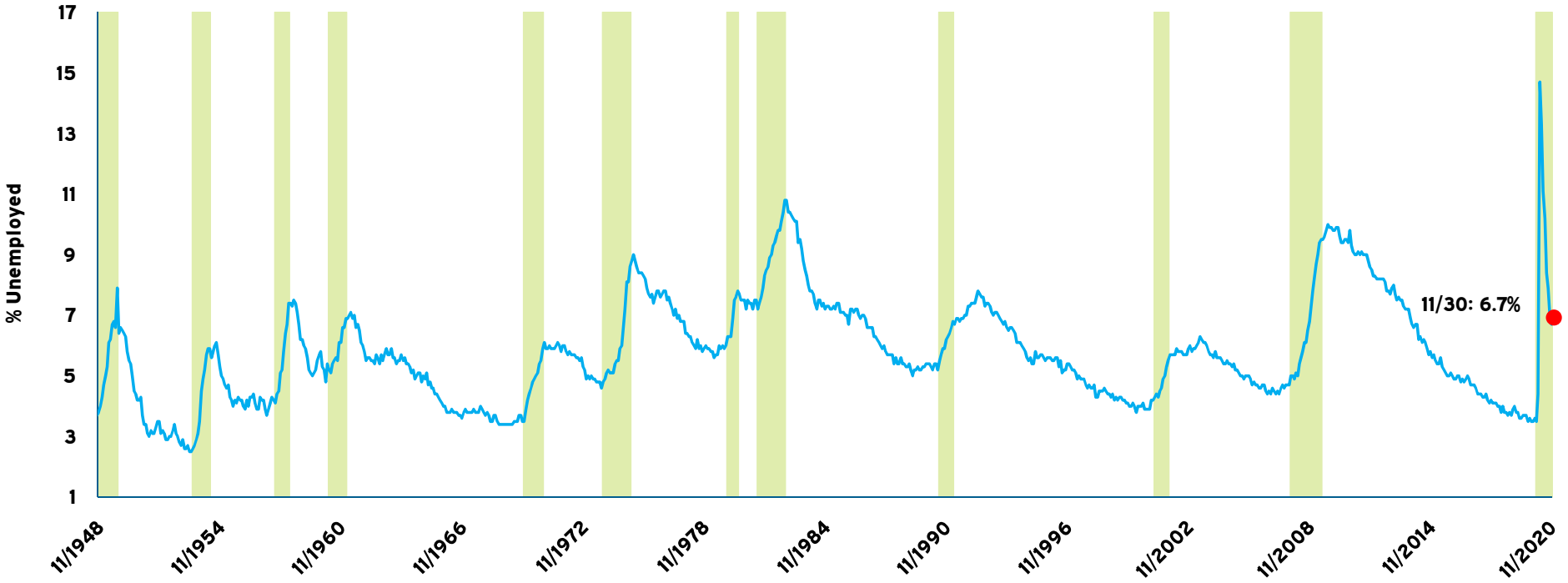
- Purchasing Managers Indices (PMI), based on surveys of private sector companies, initially collapsed across the world to record lows, as closed economies depressed output, new orders, production, and employment.
- Readings below 50 represent contractions across underlying components and act as a leading indicator of economic activity, including the future paths of GDP, employment, and industrial production.
- The services sector was particularly hard hit by stay-at-home restrictions in many places.
- As the Chinese economy reopened, their PMIs, particularly in the service sector, recovered materially. In the US, the indices have also improved from their lows to above contraction levels. In Europe, manufacturing has largely recovered, but services continue to show weakness due to increased lockdowns.

[1] Source: Bloomberg. US Markit Services and Manufacturing PMI. Data is as of November 2020.

[2] Source: Bloomberg. Eurozone Markit Services and Manufacturing PMI. Data is as of November 2020.

[3] Source: Bloomberg. Caixin Services and Manufacturing PMI. Data is as of November 2020.

US Unemployment Rate[1]

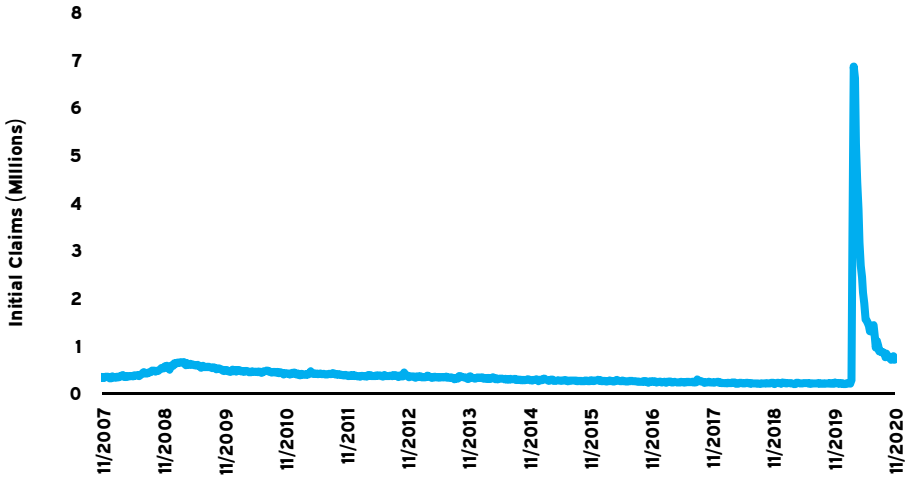


- In November, the unemployment rate continued its decline from the recent April 14.7% peak, falling to 6.7%.
- Despite the improvement, unemployment levels remain well above pre-virus readings and are likely higher than reported, as some workers appear misclassified. According to the Bureau of Labor Statistics, absent the misclassification issue, the November unemployment rate would be higher by 0.4%.

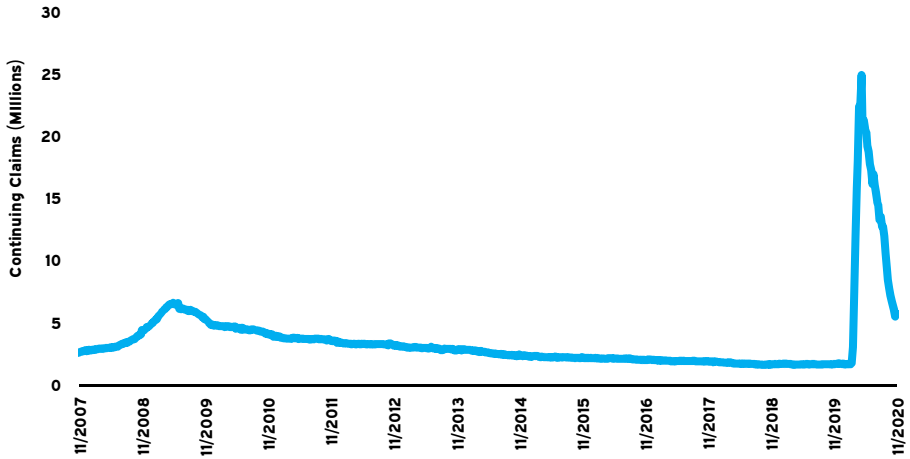
[1] Source: Bloomberg. Data is as of November 30, 2020. Bars represent recessions.

US Jobless Claims

US Initial Jobless Claims[1]



Continuing Claims[2]



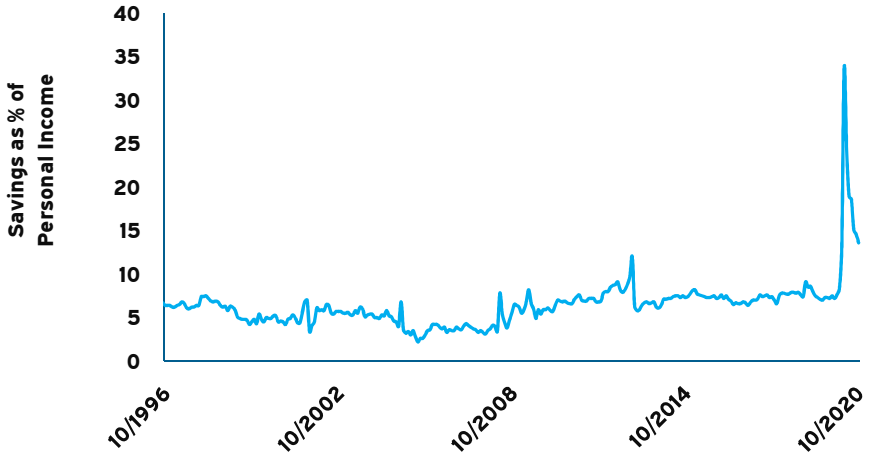
- Over the last 37 weeks, roughly 65 million people filed for initial unemployment. This level far exceeds the 22 million jobs added since the GFC, highlighting the unprecedented impact of the virus.
- Despite the continued decline in initial jobless claims to below one million per week, levels remain many multiples above the worst reading during the Global Financial Crisis.
- Continuing jobless claims (i.e., those currently receiving benefits) have also declined from record levels, but remain elevated at 5.5 million.

[1] Source: Bloomberg. First reading of seasonally adjusted initial jobless claims. Data is as of November 27, 2020.

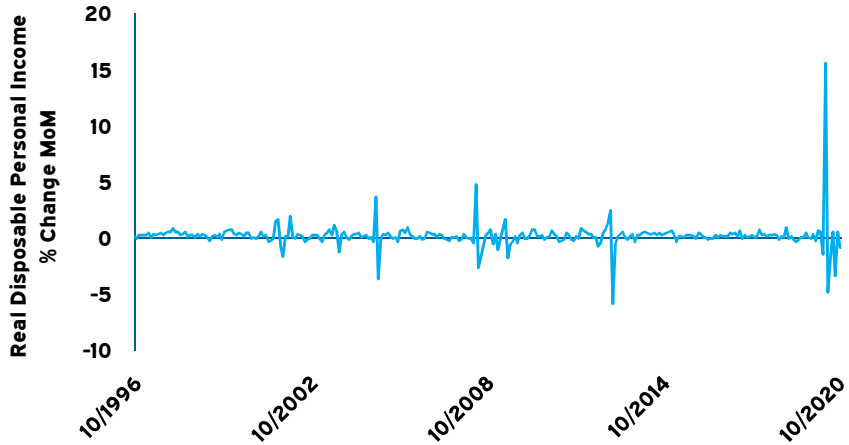
[2] Source: Bloomberg. US Continuing Jobless Claims SA. Data is as of November 27, 2020.

Savings and Spending

Savings Rate[1]



Personal Income[1]

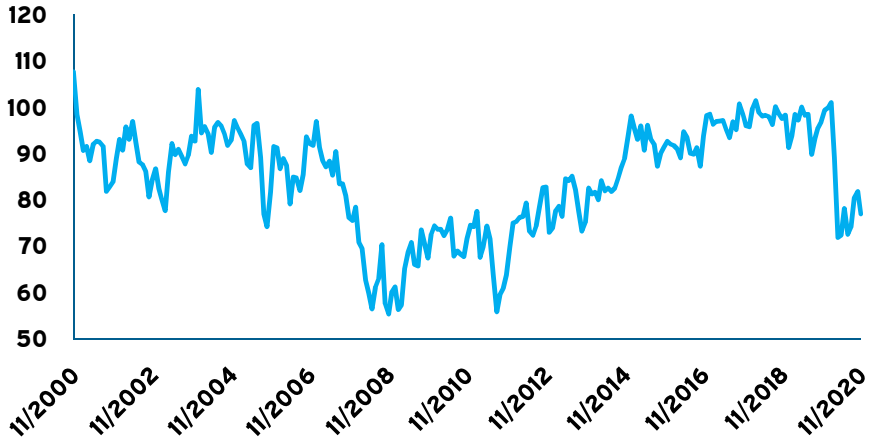


- Fiscal programs including stimulus checks, enhanced unemployment benefits, and loans to small businesses through the Paycheck Protection Program (PPP) have largely supported income levels through the shutdown. This trend has dramatically slowed as fiscal support has waned.
- Despite the income support, the savings rate increased due to the decline in consumer spending, driven by the initial lock-down of the economy, and by uncertainties related to the future of the job market and stimulus programs.
- More recently, the savings rate declined from its peak as spending increased with the economy slowly reopening.

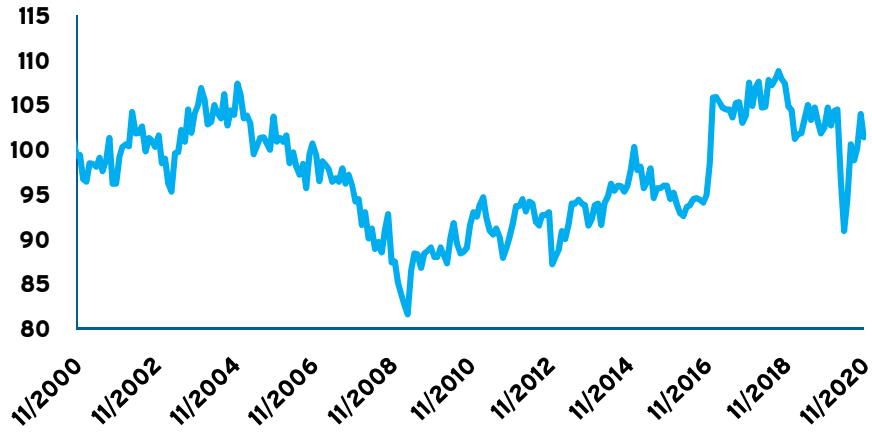
[1] Source: Bloomberg. Latest data is as of October 2020.

Sentiment Indicators

University of Michigan Consumer Sentiment[1]



Small Business Confidence[2]



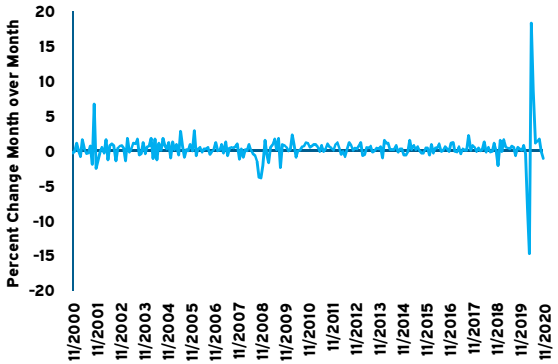
- A strong indicator of future economic activity are the attitudes of businesses and consumers today.
- Consumer spending comprises close to 70% of US GDP, making the attitudes of consumers an important driver of economic growth. Additionally, small businesses generate around half of US GDP, making sentiment in that segment important.
- Sentiment indicators have shown improvements as the economy re-opens, particularly for small businesses which are approaching pre-pandemic levels.
- Higher cases and the potential for increased restrictions could weigh on short-term sentiment.

[1] Source: Bloomberg. University of Michigan Consumer Sentiment Index. Data is as of November 30, 2020.

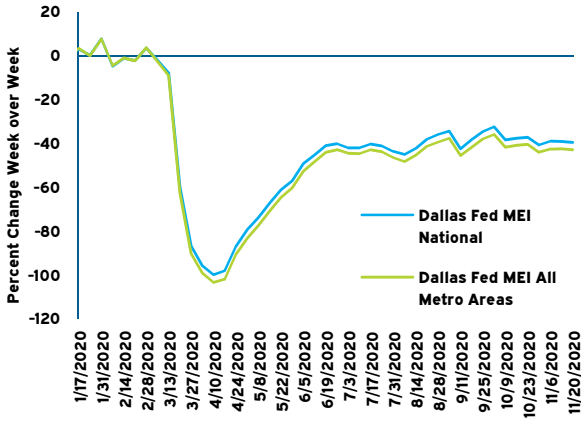
[2] Source: Bloomberg. NFIB Small Business Optimism Index. Latest data is as of November 30, 2020.

Some US Data has Improved

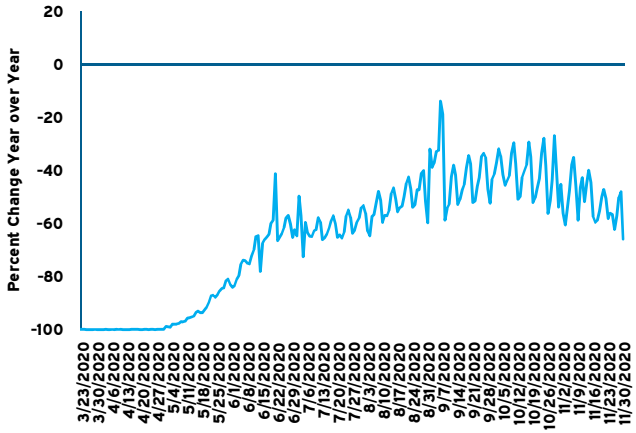
Retail Sales[1]



Dallas Fed Mobility and Engagement Index[2]



OpenTable Seated Diners YoY % Change[3]



- There have been improvements in high frequency data from the lows, but overall levels remain well below historical averages, and have slowed in some instances from the recent spike in cases.
- Generally, consumers have become more active as restrictions eased and stores reopened. Retail sales recovered from a record decline as the economy reopened, but the pace of growth has been slowing.
- Restaurants have seen some improvements from the dramatic declines earlier in the year, but seating remains around half the level from a year prior as in-store dining has contributed to the increase in infections.

---

[1] Source: Bloomberg. Data is as of November 30, 2020 and represents the US Retail Sales SA MoM%.

[2] Source: Bloomberg. Data is as of November 20, 2020 and represents the deviation from normal mobility behaviors induced by COVID-19 (formerly the "Social Distancing Index"). The index represents a weighted average of various lengths of time that a mobile device, like a cell phone, leaves its "home" or place of residence, and/or how long a device stays at home. A decline in this index represents a mobile device at home for a longer period of time than average.

[3] Source: Bloomberg. This data shows year-over-year seated diners at restaurants on the OpenTable network across all channels: online reservations, phone reservations, and walk-ins. Only states or cities with 50+ restaurants in the sample are included. All such restaurants on the OpenTable network in either period are included. Data is as of November 30, 2020. Index start date 2/19/20.

Prior Drawdowns and Recoveries from 1926-2020[1]

Period	Peak-to-Trough Decline of the S&P 500	Approximate Time to Recovery
Sept 1929 to June 1932	-85%	266 months
February 1937 to April 1942	-57%	48 months
May 1946 to February 1948	-25%	27 months
August 1956 to October 1957	-22%	11 months
December 1961 to June 1962	-28%	14 months
February 1966 to October 1966	-22%	7 months
November 1968 to May 1970	-36%	21 months
January 1973 to October 1974	-48%	69 months
October 1976 to March 1978	-19%	17 months
November 1980 to August 1982	-27%	3 months
August 1987 to December 1987	-32%	19 months
July 1990 to October 1990	-20%	4 months
July 1998 to August 1998	-19%	3 months
March 2000 to October 2002	-49%	56 months
October 2007 to March 2009	-57%	49 months
February 2020 to March 2020	-34%	6 months
Average	**-36%**	**39 months**
Average ex. Great Depression	**-33%**	**24 months**

- As markets have fully recovered to above pre-COVID levels, questions remain about the sustainability of the rally.
- The six-month recovery period represents one of the shortest on record, similar to the historic decline.

[1] Source: Goldman Sachs.

Implications for Clients

- Portfolios have experienced significant improvements from the March lows.
- Diversification and a disciplined rebalancing approach worked.
- Even though equity markets have recovered from their lows, it is important to remain vigilant and be prepared to rebalance if high volatility returns.
  - Before rebalancing, consider changes in liquidity needs given the potential for cash inflows to decline in some cases.
  - Also, consider the cost of rebalancing if investment liquidity declines.

Performance YTD
(through November 30, 2020)

S&P 500	ACWI (ex. US)	Aggregate Bond Index	Balanced Portfolio[1]
14.0%	5.2%	7.4%	9.8%

- Meketa will continue to monitor the situation and communicate frequently.
  - The situation is fluid and the economic impact is uncertain at this stage.
- Please feel free to reach out with any questions.

[1] Source: InvestorForce. Balanced Portfolio represents 60% MSCI ACWI and 40% Bloomberg Barclays Global Aggregate.

Disclaimer, Glossary, and Notes

WE HAVE PREPARED THIS REPORT (THIS "REPORT") FOR THE SOLE BENEFIT OF THE INTENDED RECIPIENT (THE "RECIPIENT").

SIGNIFICANT EVENTS MAY OCCUR (OR HAVE OCCURRED) AFTER THE DATE OF THIS REPORT AND THAT IT IS NOT OUR FUNCTION OR RESPONSIBILITY TO UPDATE THIS REPORT. ANY OPINIONS OR RECOMMENDATIONS PRESENTED HEREIN REPRESENT OUR GOOD FAITH VIEWS AS OF THE DATE OF THIS REPORT AND ARE SUBJECT TO CHANGE AT ANY TIME. ALL INVESTMENTS INVOLVE RISK. THERE CAN BE NO GUARANTEE THAT THE STRATEGIES, TACTICS, AND METHODS DISCUSSED HERE WILL BE SUCCESSFUL.

INFORMATION USED TO PREPARE THIS REPORT WAS OBTAINED FROM INVESTMENT MANAGERS, CUSTODIANS, AND OTHER EXTERNAL SOURCES. WHILE WE HAVE EXERCISED REASONABLE CARE IN PREPARING THIS REPORT, WE CANNOT GUARANTEE THE ACCURACY OF ALL SOURCE INFORMATION CONTAINED HEREIN.

CERTAIN INFORMATION CONTAINED IN THIS REPORT MAY CONSTITUTE "FORWARD - LOOKING STATEMENTS," WHICH CAN BE IDENTIFIED BY THE USE OF TERMINOLOGY SUCH AS "MAY," "WILL," "SHOULD," "EXPECT," "AIM", "ANTICIPATE," "TARGET," "PROJECT," "ESTIMATE," "INTEND," "CONTINUE" OR "BELIEVE," OR THE NEGATIVES THEREOF OR OTHER VARIATIONS THEREON OR COMPARABLE TERMINOLOGY. ANY FORWARD-LOOKING STATEMENTS, FORECASTS, PROJECTIONS, VALUATIONS, OR RESULTS IN THIS PRESENTATION ARE BASED UPON CURRENT ASSUMPTIONS. CHANGES TO ANY ASSUMPTIONS MAY HAVE A MATERIAL IMPACT ON FORWARD - LOOKING STATEMENTS, FORECASTS, PROJECTIONS, VALUATIONS, OR RESULTS. ACTUAL RESULTS MAY THEREFORE BE MATERIALLY DIFFERENT FROM ANY FORECASTS, PROJECTIONS, VALUATIONS, OR RESULTS IN THIS PRESENTATION.

PERFORMANCE DATA CONTAINED HEREIN REPRESENT PAST PERFORMANCE. PAST PERFORMANCE IS NO GUARANTEE OF FUTURE RESULTS.

Credit Risk: Refers to the risk that the issuer of a fixed income security may default (i.e., the issuer will be unable to make timely principal and/or interest payments on the security.)

Duration: Measure of the sensitivity of the price of a bond to a change in its yield to maturity. Duration summarizes, in a single number, the characteristics that cause bond prices to change in response to a change in interest rates. For example, the price of a bond with a duration of three years will rise by approximately 3% for each 1% decrease in its yield to maturity. Conversely, the price will decrease 3% for each 1% increase in the bond's yield. Price changes for two different bonds can be compared using duration. A bond with a duration of six years will exhibit twice the percentage price change of a bond with a three-year duration. The actual calculation of a bond's duration is somewhat complicated, but the idea behind the calculation is straightforward. The first step is to measure the time interval until receipt for each cash flow (coupon and principal payments) from a bond. The second step is to compute a weighted average of these time intervals. Each time interval is measured by the present value of that cash flow. This weighted average is the duration of the bond measured in years.

Information Ratio: This statistic is a measure of the consistency of a portfolio's performance relative to a benchmark. It is calculated by subtracting the benchmark return from the portfolio return (excess return), and dividing the resulting excess return by the standard deviation (volatility) of this excess return. A positive information ratio indicates outperformance versus the benchmark, and the higher the information ratio, the more consistent the outperformance.

Jensen's Alpha: A measure of the average return of a portfolio or investment in excess of what is predicted by its beta or "market" risk. Portfolio Return- [Risk Free Rate+Beta*(market return-Risk Free Rate)].

Market Capitalization: For a firm, market capitalization is the total market value of outstanding common stock. For a portfolio, market capitalization is the sum of the capitalization of each company weighted by the ratio of holdings in that company to total portfolio holdings; thus it is a weighted-average capitalization. Meketa Investment Group considers the largest 65% of the broad domestic equity market as large capitalization, the next 25% of the market as medium capitalization, and the smallest 10% of stocks as small capitalization.

Market Weighted: Stocks in many indices are weighted based on the total market capitalization of the issue. Thus, the individual returns of higher market-capitalization issues will more heavily influence an index's return than the returns of the smaller market-capitalization issues in the index.

Maturity: The date on which a loan, bond, mortgage, or other debt/security becomes due and is to be paid off.

Prepayment Risk: The risk that prepayments will increase (homeowners will prepay all or part of their mortgage) when mortgage interest rates decline; hence, investors' monies will be returned to them in a lower interest rate environment. Also, the risk that prepayments will slow down when mortgage interest rates rise; hence, investors will not have as much money as previously anticipated in a higher interest rate environment. A prepayment is any payment in excess of the scheduled mortgage payment.

Price-Book Value (P/B) Ratio: The current market price of a stock divided by its book value per share. Meketa Investment Group calculates P/B as the current price divided by Compustat's quarterly common equity. Common equity includes common stock, capital surplus, retained earnings, and treasury stock adjusted for both common and nonredeemable preferred stock. Similar to high P/E stocks, stocks with high P/B's tend to be riskier investments.

Price-Earnings (P/E) Ratio: A stock's market price divided by its current or estimated future earnings. Lower P/E ratios often characterize stocks in low growth or mature industries, stocks in groups that have fallen out of favor, or stocks of established blue chip companies with long records of stable earnings and regular dividends. Sometimes a company that has good fundamentals may be viewed unfavorably by the market if it is an industry that is temporarily out of favor. Or a business may have experienced financial problems causing investors to be skeptical about is future. Either of these situations would result in lower relative P/E ratios. Some stocks exhibit above-average sales and earnings growth or expectations for above average growth. Consequently, investors are willing to pay more for these companies' earnings, which results in elevated P/E ratios. In other words, investors will pay more for shares of companies whose profits, in their opinion, are expected to increase faster than average. Because future events are in no way assured, high P/E stocks tend to be riskier and more volatile investments. Meketa Investment Group calculates P/E as the current price divided by the I/B/E/S consensus of twelve-month forecast earnings per share.

Quality Rating: The rank assigned a security by such rating services as Fitch, Moody's, and Standard & Poor's. The rating may be determined by such factors as (1) the likelihood of fulfillment of dividend, income, and principal payment of obligations; (2) the nature and provisions of the issue; and (3) the security's relative position in the event of liquidation of the company. Bonds assigned the top four grades (AAA, AA, A, BBB) are considered investment grade because they are eligible bank investments as determined by the controller of the currency.

Sharpe Ratio: A commonly used measure of risk-adjusted return. It is calculated by subtracting the risk free return (usually three-month Treasury bill) from the portfolio return and dividing the resulting excess return by the portfolio's total risk level (standard deviation). The result is a measure of return per unit of total risk taken. The higher the Sharpe ratio, the better the fund's historical risk adjusted performance.

STIF Account: Short-term investment fund at a custodian bank that invests in cash-equivalent instruments. It is generally used to safely invest the excess cash held by portfolio managers.

Standard Deviation: A measure of the total risk of an asset or a portfolio. Standard deviation measures the dispersion of a set of numbers around a central point (e.g., the average return). If the standard deviation is small, the distribution is concentrated within a narrow range of values. For a normal distribution, about two thirds of the observations will fall within one standard deviation of the mean, and 95% of the observations will fall within two standard deviations of the mean.

Style: The description of the type of approach and strategy utilized by an investment manager to manage funds. For example, the style for equities is determined by portfolio characteristics such as price-to-book value, price-to-earnings ratio, and dividend yield. Equity styles include growth, value, and core.

Tracking Error: A divergence between the price behavior of a position or a portfolio and the price behavior of a benchmark, as defined by the difference in standard deviation.

Yield to Maturity: The yield, or return, provided by a bond to its maturity date; determined by a mathematical process, usually requiring the use of a "basis book." For example, a 5% bond pays $5 a year interest on each $100 par value. To figure its current yield, divide $5 by $95—the market price of the bond—and you get 5.26%. Assume that the same bond is due to mature in five years. On the maturity date, the issuer is pledged to pay $100 for the bond that can be bought now for $95. In other words, the bond is selling at a discount of 5% below par value. To figure yield to maturity, a simple and approximate method is to divide 5% by the five years to maturity, which equals 1% pro rata yearly. Add that 1% to the 5.26% current yield, and the yield to maturity is roughly 6.26%.

$$\frac{\text{5\% (discount)}}{\text{5 (yrs. to maturity)}} = \text{1\% pro rata, plus 5.26\% (current yield)} = \text{6.26\% (yield to maturity)}$$

Yield to Worst: The lowest potential yield that can be received on a bond without the issuer actually defaulting. The yield to worst is calculated by making worst-case scenario assumptions on the issue by calculating the returns that would be received if provisions, including prepayment, call, or sinking fund, are used by the issuer.

NCREIF Property Index (NPI): Measures unleveraged investment performance of a very large pool of individual commercial real estate properties acquired in the private market by tax-exempt institutional investors for investment purposes only. The NPI index is capitalization-weighted for a quarterly time series composite total rate of return.

NCREIF Fund Index - Open End Diversified Core Equity (NFI-ODCE): Measures the investment performance of 28 open-end commingled funds pursuing a core investment strategy that reflects funds' leverage and cash positions. The NFI-ODCE index is equal-weighted and is reported gross and net of fees for a quarterly time series composite total rate of return.

Sources: Investment Terminology, International Foundation of Employee Benefit Plans, 1999.
The Handbook of Fixed Income Securities, Fabozzi, Frank J., 1991

The Russell Indices®, TM, SM are trademarks/service marks of the Frank Russell Company.

Throughout this report, numbers may not sum due to rounding.

Returns for periods greater than one year are annualized throughout this report.

Values shown are in millions of dollars, unless noted otherwise.

MINUTES

REGULAR MEETING
OF THE
CALOPTIMA BOARD OF DIRECTORS'
FINANCE AND AUDIT COMMITTEE

CALOPTIMA
505 CITY PARKWAY WEST
ORANGE, CALIFORNIA

November 19, 2020

A Regular Meeting of the CalOptima Board of Directors' Finance and Audit Committee was held on November 19, 2020 at CalOptima, 505 City Parkway West, Orange, California and via teleconference (Go-to-Webinar) in light of the COVID-19 public health emergency and consistent with Governor Newsom's executive orders EO-N-25-20 and EO-N-29-20, which temporarily relax the teleconferencing limitations of the Brown Act.

CALL TO ORDER
Chair Isabel Becerra called the meeting to order at 2:04 p.m. Director Corwin led the Pledge of Allegiance.

Members Present: Isabel Becerra, Chair; Clayton Corwin; Scott Schoeffel (all Members at teleconference locations)

Members Absent: None

Others Present: Richard Sanchez, Chief Executive Officer; Gary Crockett, Chief Counsel; Nancy Huang, Chief Financial Officer; Ladan Khamseh, Chief Operating Officer; David Ramirez, M.D., Chief Medical Officer; Sharon Dwiers, Clerk of the Board

PUBLIC COMMENTS
There were no requests for public comment.

MANAGEMENT REPORTS
1. Chief Financial Officer Report
Nancy Huang, Chief Financial Officer, provided three high-level updates. The first was that the Department of the Health Care Services (DHCS) has announced the delay of the Medi-Cal Pharmacy Carve-out (Medi-Cal Rx), which will occur no earlier than April 1, 2021. The second was related to the DHCS rate schedule release. CalOptima received draft Medi-Cal Classic and Expansion rates at the end of September. As part of the rate release, DHCS notified CalOptima that it had granted a glide-path on the Medi-Cal Expansion rates. The DHCS did not implement the full reduction in the coming year, which will allow additional time for CalOptima and its providers to make necessary operational changes related to the future reductions. In late October, CalOptima received updated rates for the Health Homes Program and Whole-Child Model program, and last Monday, DHCS also released t CCI rates for CalOptima's Medi-Medi dual-eligible population. Those rates are draft and subject final adjustments

Back to Agenda

based on factors such as population acuity and plan efficiency, as well as miscellaneous COVID-19 adjustments. Staff is evaluating the overall budget impact, and the preliminary analysis of the draft rates received is that they are tracking very closely with CalOptima's fiscal year 2021 budget assumptions. The third update is on the Coordinated Care Initiative (CCI) data reconciliation. Ms. Huang noted that in July of 2020, DHCS identified a system logic error during its processing of the CCI indicator file for managed care plans. The logic error affects the institutional and Home and Community-Based Services (HCBS) members in the Cal MediConnect (CMC) program. The logic error has been occurring since the implementation date of the CMC program in 2015. DHCS has acknowledged that this issue is complex and will work directly with individual health plans on the reconciliation details.

INVESTMENT ADVISORY COMMITTEE UPDATE

2. Treasurer's Report

Ms. Huang presented the Treasurer's Report for the period July 1, 2020 through September 30, 2020. As reported to the Board of Directors' Investment Advisory Committee, she noted that all investments were compliant with Government Code section 53600 *et seq.*, and with CalOptima's Annual Investment Policy during that period.

CONSENT CALENDAR

3. Approve the Minutes of the September 17, 2020 Regular Meeting of the CalOptima Board of Directors' Finance and Audit Committee; Receive and File Minutes of the July 20, 2020 Regular Meeting of the CalOptima Board of Directors' Investment Advisory Committee

Action: ***On motion of Director Corwin, seconded and carried, the Committee approved the Consent Calendar as presented. (Motion carried 3-0-0)***

Chair Becerra reordered the agenda to hear Agenda Item 10, before Agenda Item 4 due to its relevance to Agenda Item 4.

INFORMATION ITEM

10. Investment Advisory Committee Overview

Patrick Moore, Chair, CalOptima Investment Advisory Committee (IAC), presented the Finance and Audit Committee (FAC) with an introduction to the IAC, and answered Committee member questions.

REPORTS

4. Consider Recommending Board of Directors' Approval of Proposed Changes to CalOptima Policy GA. 3400: Annual Investments

Ms. Huang introduced the item.

Action: ***On motion of Director Schoeffel, seconded and carried, the Committee recommended that the Board of Directors approve the proposed changes to CalOptima Policy GA. 3400: Annual Investments. (Motion carried 3-0-0)***

Back to Agenda

5. Consider Recommending that the Board of Directors' Authorize an Amendment to the Amended and Restated Development Agreement with the City of Orange to Extend CalOptima's Development Rights
Staff noted a correction to the date in the first recommended action, which should be October 28, 2026, instead of October 23, 2026.

Director Schoeffel did not participate in this item due to potential conflicts of interest and left the room during the discussion and vote.

Action: ***On motion of Director Corwin, seconded and carried, the Committee recommended that the Board of Directors: 1.) Authorize the Chief Executive Officer, with the assistance of Legal Counsel, to amend the Amended and Restated Development Agreement with the City of Orange to extend its term for up to six (6) additional years, through October ~~23~~ 28, 2026, contingent upon approval of the Orange City Council; and 2.) Authorize unbudgeted expenditures in an amount up to $105,000 from existing reserves for fees associated with the amendment through June 30, 2021, with correction noted. (Motion carried 2-0-0; Director Schoeffel absent)*** *Rev. 11/19/20*

6. Consider Recommending that the Board of Directors' Approval of Proposed Revisions to CalOptima's Operations Policies and Procedures

Action: ***On motion of Director Corwin, seconded and carried, the Committee recommend that the Board of Directors: 1) Approve modification of the following policies and procedures in connection with CalOptima's regular review process: a.) DD.2013: Customer Services Grievance Process b.) FF.2003: Coordination of Benefits c). FF.2005: Conlan, Member Reimbursement d.) FF.2011: Direct Payments for Qualifying Services Rendered to CalOptima Health Network Members when Health Networks are Financially Responsible for the Qualifying Services e.) FF.2012: Direct Payments for Qualifying Services Rendered to CalOptima Direct Members or Shared Risk Group Members When CalOptima is Financially Responsible for the Qualifying Services, and f.) MA.3101: Claims Processing; and 2) Authorize Staff to further update Attachment A of Policies FF.2011 and FF.2012 for the continuation of payment of Directed Payments to eligible non-contracted providers for qualifying non-contracted Ground Emergency Medical Transport (GEMT) services for State Fiscal Year (SFY) 2020-2021 with dates of services between July 1, 2020 and June 30, 2021, upon receipt of and pursuant to DHCS's written instruction to CalOptima prior to the release of DHCS final guidance, with any further changes to Attachment A remaining subject to Board approval. (Motion carried 3-0-0)***

7. Consider Recommending Board of Directors' Authorization for the Reallocation of Budgeted but Unspent Salary Dollars to Expand the Scope of Work of a Contract for External Peer Review Services Contract and Extend a Contract for Medical Consulting Services

Back to Agenda

Director Schoeffel did not participate in this item due to potential conflicts of interest and left the room during the discussion and vote.

Action: ***On motion of Director Corwin, seconded and carried, the Committee recommended that the Board of Directors: 1.) Authorize the Chief Executive Officer, with the assistance of Legal Counsel, to amend the contract with Advanced Medical Reviews (AMR) to expand the scope of work to include the provision of the following services: a.) Retro claims review to ensure medical services are billed appropriately; b.) Review of Grievance and Appeal cases to ensure same or similar specialty review; c.) Review of Behavioral Health cases; and d.) Review of Fraud, Waste and Abuse cases. 2.) Authorize reallocation of budgeted but unused funds to support the expanded scope of services for AMR through June 30, 2021: a.) Up to $28,000 from Medical Management – Salaries to Medical Management – Professional Fees; and b.) Up to $52,000 from Medical Management – Salaries to Administrative Expenses – Professional Fees; and 3.) Authorize reallocation of budgeted but unused funds of up to $45,000 from Medical Management – Salaries to Medi-Cal Management – Professional Fees and to extend the contract with medical consultant, Peter Scheid, M.D., to assist with Potential Quality Issue (PQI) cases through June 30, 2021 (Motion carried 2-0-0; Director Schoeffel absent)***

8. Consider Recommending Board of Directors' Approval of Actions Authorizing Extensions and Other Modifications for Whole Person Care Agreements with the Orange County Health Care Agency
Director Schoeffel did not participate in this item due to potential conflicts of interest and left the room during the discussion and vote.

Candice Gomez, Executive Director, Business Implementation, introduced the item, noting that the extension request for the Whole Person Care (WPC) Administrative Services Agreement and the WPC Grant Agreement for Recuperative Care Services with the Orange County Health Care Agency (HCA) is due to CalAIM being postponed due to the COVID-19 pandemic. The state is asking the federal government for an extension of the WPC program until the end of 2021. Ms. Gomez noted that with the extension of the WPC, CalOptima and HCA were equally splitting the cost of recuperative care services for qualifying CalOptima members. CalOptima was using pre-IGT 8 dollars to fund its fifty percent of the recuperative care costs. Ms. Gomez noted that the available IGT dollars funding recuperative care services could be exhausted as early as April 2021.

Ms. Gomez explained that the IGT funds received after IGT 7 (i.e., IGT 8, 9, 10, and any future IGT payments) could not be used for this purpose as they are categorized by the state as part of the capitation payments CalOptima receives, and their use is limited to Medi-Cal covered benefits. Mr. Sanchez added that CalOptima has reached out to the state to ask whether these funds could be used for "in lieu of services."

Action: ***On motion of Director Corwin, seconded and carried, the Committee recommended that the Board of Directors, contingent on extension of the Whole Person Care (WPC) pilot in the Medi-Cal 2020 Waiver authorize the Chief Executive Officer (CEO), with assistance of legal counsel, to extend and***

amend the following agreements with the Orange County Health Care Agency (OCHCA) consistent with the WPC extension(s) granted: 1.) WPC Administrative Services Agreement; and 2.) WPC Grant Agreement for Recuperative Care Services. (Motion carried 2-0-0; Director Schoeffel absent)

9. Consider Recommending Board of Directors' Authorization of Proposed Budget Allocation Changes in the CalOptima Fiscal Year 2020-2021 Capital Budget
Ladan Khamseh, Chief Operating Officer, introduced the item.

Director Schoeffel did not participate in this item due to potential conflicts of interest and left the room during the discussion and vote.

Action: ***On motion of Director Corwin, seconded and carried, the Committee recommended that the Board of Directors authorize reallocation of budgeted but unused funds in the amount of up to $430,000 from the Network – Wireless System Upgrade project to fund the Telephony – Upgrade Contact Center project through June 30, 2021. (Motion carried 2-0-0; Director Schoeffel absent)***

INFORMATION ITEMS
Chair Becerra had reordered the agenda to hear Agenda Item 10 prior to Agenda Item 4

11. Overview of the Office of Compliance
Silver Ho, Executive Director, Compliance, provided an overview of the Office of Compliance and answered Committee member questions. Ms. Ho reviewed the internal structure of the Office of Compliance, CalOptima's audit and oversight activities, both internally and externally, and independent internal audits. Ms. Ho noted that CalOptima is also subject to regulatory audits from the Centers for Medicare & Medicaid Services (CMS) and the Department of Health Care Services (DHCS).

12. DHCS Medical Audit Corrective Action Plan Status
TC Roady, Director, Regulatory Affairs & Compliance (Medi-Cal), provided an update on the status of CalOptima's corrective action plan response to the Department of Health Care Services (DHCS) Medical Audit, which resulted in seven findings.

The following Information Items were accepted as presented.

13. September 2020 Financial Summary
14. CalOptima Information Security Update
15. Quarterly Operating and Capital Budget Update
16. Quarterly Reports to the Finance and Audit Committee
    a. Shared Risk Pool Performance
    b. Whole-Child Model Financial Report
    c. Health Homes Financial Report
    d. Reinsurance Report
    e. Health Network Financial Report
    f. Contingency Contract Report

Back to Agenda

COMMITTEE MEMBER COMMENTS

Committee members thanked one another and recognized staff for the work that went into preparing for the meeting, and that they looked forward to future meetings.

CLOSED SESSION

The Finance and Audit Committee adjourned to closed session at 3:49 p.m. pursuant to Government Code section 54956.8: CONFERENCE WITH REAL PROPERTY NEGOTIATIORS Property: 13300 Garden Grove Blvd., Garden Grove, CA 92843 Agency Negotiators: Justin Hodgdon, David Kluth, and Mai Hu, Newmark Knight Frank Negotiating Parties: Young S. Kim and Soon Y. Kim Under Negotiation: Price and Terms of Payment

The Finance and Audit Committee reconvened to open session at 4:50 p.m. with no reportable action taken.

ADJOURNMENT

With no further business, the Finance and Audit Committee meeting was adjourned at 4:51 p.m.

_____

Sharon Dwiers
Clerk of the Board

Back to Agenda

MINUTES

MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
INVESTMENT ADVISORY COMMITTEE

October 19, 2020

A virtual meeting of the CalOptima Board of Directors' Investment Advisory Committee (IAC) was held on Monday, October 19, 2020, at CalOptima, 505 City Parkway West, Orange, California. The meeting was held via teleconference in light of the COVID-19 public health emergency and consistent with Governor Newsom's executive orders EO-N-25-20 and EO-N-29-20, which temporarily relax the teleconferencing limitations of the Brown Act.

CALL TO ORDER
Chair Patrick Moore called the meeting to order at 3:06 p.m. and led the Pledge of Allegiance.

ROLL CALL

Members Present:	Chair Patrick Moore, Colleen Clark, Caroline Harkins, Nancy Huang, Rodney Johnson
Members Absent:	David Hutchison, David Young
Others Present:	Hannah Schriner, Jared Pratt, Meketa Investment Group; Asha Joshi, Darren Marco, Jeffrey Cleveland, Payden & Rygel; Scott Pavlak, Erin Klepper, MetLife Investment Management; Seth Tekata, Tony Mellville, Wells Capital Management; Richard Sanchez, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Gary Crockett, Chief Counsel; Jason Kaing, Controller; Eric Rustad, Director, Financial Analysis; Joyce Mellinger, Accounting Manager; Faye Heidari, Accounting Supervisor; Junna Yeo, Project Manager Senior; Pamela Reichardt, Executive Assistant

MINUTES

Approve Minutes of the July 20, 2020, Meeting of the CalOptima Board of Directors' Investment Advisory Committee

Action: ***On motion of Chair Moore, seconded and carried, the Minutes of the July 20, 2020, Meeting of the CalOptima Board of Directors' Investment Advisory Committee were approved as presented. (Motion carried 4-0-0). Member Clark abstained.***

PUBLIC COMMENT
There were no requests for public comment.

Back to Agenda

MANAGEMENT REPORTS

Chief Executive Officer (CEO) Report

CEO Richard Sanchez reported that October 2020 is CalOptima's 25th anniversary as the Medi-Cal Health Plan for Orange County. Mr. Sanchez recognized staff for their hard work and dedication in serving our members. Mr. Sanchez also reported that CalOptima is the only Medi-Cal plan in California that has performed above the benchmarks in all the quality measures for Reporting Year 2020, commenting that as the CEO, he is proud that CalOptima achieved this high level of performance because it reflects the organization's commitment to ensuring that members have access to the health care services they need.

Chief Financial Officer (CFO) Report

CFO Nancy Huang also touched on CalOptima celebrating its 25th anniversary year as a community-based health plan for low-income Orange County families and provided additional information to the Committee. She noted that, over the past 25 years, CalOptima has grown from serving 180,000 members to nearly 790,000 members today. CalOptima's first year's revenue was $180 million, and today annual revenue totals over $3.6 billion. Ms. Huang echoed Mr. Sanchez's comments and congratulated the Medical and Quality teams for their work that resulted in CalOptima receiving the top overall quality ranking from the Department of Health Care Services (DHCS) among Medi-Cal plans in the State of California.

Ms. Huang reported that DHCS released Medi-Cal draft rates for calendar year 2021 in September, but that staff has not yet received rates for the dual eligible population (i.e., who have both Medi-Cal and Medicare coverage) from DHCS. She also noted that 2021 is the first year for which DHCS will be releasing the rates on a calendar year basis; final rates are expected to be available in December. Once they are received, staff will confirm that they are in line with CalOptima's budget assumption, but based on preliminary discussions with the state, staff anticipates no changes to provider reimbursement at this time.

Ms. Huang also updated the Committee on a change from DHCS regarding pharmacy benefit administration effective January 1, 2021. The State plans to transition drug benefits for approximately 11 million Medi-Cal beneficiaries from managed care plans to Medi-Cal fee-for-service. Ahead of implementation, the State plans to develop and release operational guidance on this important benefit change at a later date. This carve-out will impact both CalOptima's cash inflow and outflow. Assuming that there are no changes to the currently proposed timeline, for the January through June 2021 period, the estimated cash inflow reduction will be approximately $260 million to $300 million. The annual estimate is around $560 million to $600 million. Once the state makes this change, CalOptima will no longer be responsible for paying for prescription drugs, so the cash outflow will also be lower after the transition.

Back to Agenda

REPORTS

Recommend that the Board of Directors' Finance and Audit Committee (FAC) recommend approval of the proposed changes to CalOptima Policy GA.3400: Annual Investments to the CalOptima Board of Directors.

Action: ***On motion of Member Clark, seconded and carried, the Investment Advisory Committee recommended the Proposed Changes to CalOptima Policy GA.3400 Annual Investments to the CalOptima Board of Directors' Finance and Audit Committee. (Motion Carried 5-0)***

Adopt CalOptima Board of Directors' Investment Advisory Committee Meeting Schedule for Calendar Year 2021

Action: ***On motion of Member Harkins, seconded and carried, the Investment Advisory Committee recommended to Adopt CalOptima Board of Directors' Investment Advisory Committee Meeting Schedule for Calendar Year 2021 (Motion Carried 5-0)***

INFORMATION ITEMS

Presentation by Meketa Investment Group

Hannah Schriner, Vice President, provided a firm update and also reported on the third quarter 2020 results for CalOptima's investment portfolio. Total assets were $1.76 billion, with 33% allocated to fixed income portfolios or cash reserves. She noted that the overall portfolio has performed very well during the quarter, and that all investments were in compliance with CalOptima's Annual Investment Policy for the quarter end as of October 30, 2020.

Jared Pratt, Investment Analyst, reported on the performance and custom peer group results for the investment managers.

Presentation by Payden & Rygel

Asha Joshi, Managing Principal, provided a firm update, and reported on the current U.S. and global environment during the third quarter.

Jeffrey Cleveland, Director, provided an update on current U.S. and global economic themes, with an emphasis on economic recovery, inflation and federal fiscal relief.

Darren Marco, Senior Vice President, gave an operating portfolio update and reported on total fund performance attributes.

Back to Agenda

Presentation by Wells Capital Management

Seth Takata, Senior Vice President, Insurance Investments, provided a firm update, including a leadership update.

Tony Mellville, Senior Portfolio Manager, provided an operating portfolio update and a summary of market themes.

Presentation by MetLife Investment Management

Erin Klepper, Associate Director, provided a firm overview. She also gave an operating portfolio strategy update and noted that the portion of CalOptima's investment portfolio managed by MetLife was in compliance with CalOptima's Annual Investment Policy for the quarter ending October 30, 2020.

Scott Pavlak, Managing Director, reported on current market themes and provided a CalOptima portfolio performance update.

Juan Peruyero, Portfolio Manager gave a fund update for the period ending October 30, 2020.

Financial Update

Nancy Huang, CFO, provided highlights of CalOptima's August 2020 financials. She reported that, as of August 31, 2020, CalOptima's consolidated enrollment was 785,000, which was slightly higher than budget. She noted that there is continued growth in Medi-Cal enrollment, primarily due to newly eligible members during this pandemic. Growth is on track with staff's original projection, and the year-to-date variance is less than 0.2%. She also noted that, for the month of August, CalOptima posted a $2 million loss due to the recent state cuts to CalOptima's Medi-Cal rates. In June, CalOptima's Board made the decision not to pass the full extent of the revenue cuts on to our provider partners during the COVID-19 pandemic. This resulted in a budgeted $55 million deficit for the current fiscal year. For the month of August, the non-operating deficit was $880,000, driven primarily by a shortfall in funding from the Managed Care Organization (MCO) tax. Ms. Huang reported that CalOptima's Medical Loss Ratio (MLR) was 97.4% for the months of August, in line with the year-to-date figure of 97.5%. The Administrative Loss Ratio (ALR) for the month was 3.4%, slightly below the year-to-date figure of 3.6%.

Ms. Huang reported on CalOptima's balance sheet, as of August 31, 2020. Current assets were $1.5 billion and current liabilities were $1.2 billion. The current ratio remained at 1.3. The board-designated reserves totaled $587 million, or 1.95 months' capitation, in compliance with CalOptima's policy requirements.

Member Comments

Committee member Clark thanked her fellow Committee members and the Investment Managers for their introductions, and for each management team providing detailed reports.

Back to Agenda

Chair Moore provided an update that he has been invited and asked to present and introduce the IAC to the CalOptima Finance and Audit Committee (FAC) on November 19, 2020. Chair Moore plans to provide the FAC with an overview of the role of the IAC Committee. This information on the IAC is expected to be beneficial since the FAC Committee includes two new Board Members.

ADJOURNMENT

Hearing no further business, Chair Moore adjourned the meeting at 4:51 p.m.

/s/ Pamela Reichardt
Pamela Reichardt
Executive Assistant

Approved: January 25, 2021

Back to Agenda

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken February 18, 2021
Regular Meeting of the CalOptima Board of Directors'
Finance Audit Committee

Report Item

4. Consider Recommending CalOptima Investment Advisory Committee Membership and Chair Reappointments

Contact

Nancy Huang, Chief Financial Officer & Treasurer, (657) 235-6935

Recommended Actions

Recommend that the CalOptima Board of Directors (Board) reappoint Patrick Moore:

1. To the Board's Investment Advisory Committee (IAC) for a two-year term effective March 7, 2021; and
2. To serve as Chair of the IAC, for a two-year term beginning March 7, 2021, or until a successor is appointed.

Background

At its September 10, 1996 Special Meeting, the CalOptima Board of Directors authorized the creation of the IAC, established qualifications for committee membership, and directed staff to proceed with the recruitment of the volunteer members of the IAC.

When creating the IAC, the Board stipulated that it would be comprised of five (5) members; one (1) member would automatically serve by virtue of his or her position as CalOptima's Chief Financial Officer. The remaining four (4) members would be Orange County residents possessing experience in one (1) or more of the following areas: investment banking, investment brokerage and sales, investment management, financial management and planning, commercial banking, or financial accounting.

At the September 5, 2000, meeting, the Board expanded the size of the IAC from five (5) members to seven (7) members in order to include more diverse opinions and backgrounds to advise CalOptima on its investment activities.

Discussion

The candidate recommended for reappointment, Patrick Moore, has consistently provided leadership and service to CalOptima through his long-time participation as an IAC member and chairman.

Mr. Moore, an attorney, represented health care provider clients for 40 years before retiring in 2018. He started his own firm, Patrick K. Moore Law Corporation, in March 2001. Prior to that, he was in-house counsel for the University of California and a partner at several law firms with significant health care practices. Mr. Moore now serves as an arbitrator, mediator and expert witness in health care disputes. He holds preeminent A/V peer review rating in the Martindale-Hubbell Law Directory.

Mr. Moore has served as director of the California Society for Healthcare Attorneys, the UCI Foundation (Executive and Finance Committees), Laguna Playhouse and Anaheim Memorial Medical

Back to Agenda

Center (Finance and Audit Committees). He also was a member of the Audit Committee of Memorial Health Services.

Mr. Moore began serving as a member of the IAC when it was initiated in November 1996. From 2000 to 2002, he did not serve on the IAC due to his being a partner at Foley & Lardner, which at the time was CalOptima's counsel. He returned to the IAC in January 2002 and has served continuously since that time. His current term expires on March 6, 2021.

At its January 25, 2021, meeting, the IAC recommended that the Finance and Audit Committee recommend that the Board reappoint Patrick Moore to the IAC and to serve as the Chair of the IAC.

Fiscal Impact
There is no fiscal impact. An individual appointed to the IAC assists CalOptima in suggesting updates to and ensuring compliance with CalOptima's Board-approved Annual Investment Policy, and to monitor the performance of CalOptima's investments, investment advisor and investment managers.

Rationale for Recommendation
The individual recommended for CalOptima's IAC has extensive experience that meets or exceeds the specified qualifications for membership on the IAC. In addition, the candidate has long provided outstanding service as a member and chairman of the IAC.

Concurrence
Board of Directors' Investment Advisory Committee
Gary Crockett, Chief Counsel

Attachment
None

/s/ Richard Sanchez *02/10/2021*
Authorized Signature **Date**

Back to Agenda

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken February 18, 2021
Regular Meeting of the CalOptima Board of Directors'
Finance and Audit Committee

Report Item

5. Consider Recommending that the Board of Directors Authorize Modifications to CalOptima Operations Policies and Procedures

Contacts

Ladan Khamseh, Chief Operating Officer, 714-246-8866
Belinda Abeyta, Executive Director, Operations, 657-235-6755

Recommended Actions:

Recommend that the Board of Directors approve modifications to the following policies and procedures:

1. CMC.4010: Health Network and Primary Care Provider Selection, Assignment and Notification
2. MA.4010: Health Network and Primary Care Provider Selection, Assignment and Notification

Background/Discussion

CalOptima staff regularly reviews the organization's policies and procedures to ensure that they are current and aligned with Federal and State health care program requirements, contract obligations, and laws, as well as CalOptima operations.

Modification to CalOptima Policies. Proposed policy modifications are summarized below:

1. ***CMC.4010: Health Network and Primary Care Provider Selection, Assignment and Notification*** defines the criteria guiding CalOptima's OneCare Connect process for member selection of or assignment to a Health Network and Primary Care Provider (PCP), and the notification to a OneCare Connect member of a PCP contract termination. CalOptima staff recommends revising the policy to ensure alignment with current operational processes and regulatory requirements. Proposed revisions include modifying definitions; adding requirements for member selection of a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC); adding references to other relevant policies, including *CMC.4003: Member Enrollment (Voluntary)* and *CMC.4011: Notice of Change in Location and Availability of Covered Services*; and removing references to policies that are no longer applicable, including *CMC.1207a: Member Auto Assignment, CMC.4003: Member Enrollment* and *CMC.4011: Notice of Change in Location and Availability of Covered Services.*

2. ***MA.4010: Health Network and Primary Care Provider Selection, Assignment and Notification*** defines the criteria guiding CalOptima's OneCare process for member selection of or assignment to a Health Network and Primary Care Provider (PCP), and the notification to a OneCare Connect member of a PCP contract termination. CalOptima staff recommends revising the policy to ensure alignment with current operational processes and regulatory requirements. Proposed revisions include modifying definitions and adding requirements for member selection of a Federally Qualified Health Center or Rural Health Clinic.

Back to Agenda

Fiscal Impact
The recommended action to approve revisions to CalOptima Policies CMC.4010 and MA.4010 is operational in nature and has no additional fiscal impact beyond what was incorporated in the CalOptima Fiscal Year 2020–21 Operating Budget approved by the Board on June 4, 2020.

Rational for Recommendation
Reflecting CalOptima's commitment to operating in compliance with all applicable requirements, staff recommends that the Board approve and adopt the proposed updates to the aforementioned CalOptima policies and procedures, which will supersede prior versions.

Concurrence
Gary Crockett, Chief Counsel

Attachments
1. CMC.4010: Health Network and Primary Care Provider Selection, Assignment and Notification
2. MA.4010: Health Network and Primary Care Provider Selection Assignment and Notification
3. CMC.4003: Member Enrollment (Voluntary)
4. CMC.4011: Notice of Change in Location and Availability of Covered Services

/s/ Richard Sanchez *02/10/2021*
Authorized Signature **Date**

Back to Agenda

Policy:	CMC.4010
Title:	**Health Network and Primary Care Provider Selection, Assignment, and Notification**
Department:	Customer Service
Section:	Not Applicable
CEO Approval:	
Effective Date:	05/01/2015
Revised Date:	TBD
Applicable to:	☐ Medi-Cal ☐ OneCare ☒ OneCare Connect ☐ PACE ☐ Administrative

For 20210218 FAC Review Only

I. PURPOSE

This policy defines the CalOptima OneCare Connect process for Member selection of, or assignment to, a Health Network and Primary Care Provider (PCP), and the notification to a OneCare Connect Member of a PCP or Health Network contract termination.

II. POLICY

A. CalOptima is committed to a Member's right to select a Health Network and a PCP.

B. CalOptima shall ask each individual who voluntarily enrolls into OneCare Connect to select a Health Network and a PCP from the OneCare Connect Provider directory, prior to the Member's effective date of OneCare Connect coverage.

C. A Member may only select a PCP within their selected Health Network.

D. A OneCare Connect Member may select a specialist Provider as a PCP, within their selected Health Network, so long as the specialist Provider is willing to perform the role of the PCP and the specialist Provider is set up in OneCare Connect systems as a PCP and is open and available to Members.

E. A Member who selects or is assigned to a participating Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) as his or her PCP:

1. Shall be assigned directly to the FQHC or RHC; and

2. Shall not be assigned to an individual PCP performing services on behalf of the FQHC or RHC.

~~E.~~F. If a Member fails to select a Health Network and a PCP prior to the Member's enrollment effective date, CalOptima shall assign such Member to a Health Network and a PCP in accordance with the terms and conditions of this ~~policy, and in accordance with CalOptima Policy CMC.1207a: OneCare Connect Auto Assignment~~Policy.

~~F.~~G. CalOptima may assign a Member to a Health Network if CalOptima and Centers for Medicare & Medicaid (CMS) eligibility information indicate a Member is eligible, even if the eligibility

information received from the Department of Health Care Services (DHCS) does not indicate the Member is eligible. Any eligibility discrepancies requiring regulatory action shall be submitted to CMS and/or DHCS for resolution, as appropriate.

~~G.~~H. CalOptima shall notify a Member, in writing, of the Member's Health Network and PCP assignment, with instructions on how the Member may change their Health Network and/or PCP.

~~H.~~I. Upon termination of a PCP's contract with a Health Network, the Health Network shall notify CalOptima, in accordance with the terms and conditions of this policy and CalOptima Policy CMC.4011: Notice of Change in Location and Availability of Covered Services.

~~I.~~J. If a Member transitions to a Long-Term Care (LTC) facility or is identified as residing in an LTC facility after enrollment, the Member may be assigned to the CalOptima Community Network (CCN) in accordance this policy.

~~J.~~K. CalOptima shall notify affected Members of a PCP or Health Network contract termination, in accordance with the terms and conditions of this policy.

III. PROCEDURE

A. For voluntary enrollments, if an individual completes an enrollment application during a face-to-face or telephonic interview with a qualified OneCare Connect enrollment representative, the representative shall assist the prospective Member in selecting a Health Network and a PCP at the time of the interview and completion of the application.

B. If a Member submits the OneCare Connect enrollment application by mail or facsimile, CalOptima enrollment staff shall use ensure the selection of a Health Network and/or PCP as follows:

1. If the Member selected a PCP but failed to select a Health Network, CalOptima shall assign the Member to a Health Network as follows:

   a. If the Member's selected PCP contracts with only one (1) Health Network, CalOptima shall assign the Member to that Health Network.

   b. If the Member's selected PCP contracts with more than one (1) Health Network, CalOptima shall contact the Member to obtain the Member's choice of Health Network.

   c. If CalOptima's attempt to contact the Member is unsuccessful, CalOptima shall assign the Member to a Health Network that contracts with the selected PCP, taking into consideration the geographic concentration of available Providers in the Health Network(s) in relation to the location of the Member's residence.

2. If the Member selected a Health Network, but failed to select a PCP, CalOptima shall assign the Member to a PCP as follows:

   1. CalOptima shall contact the Member to obtain the Member's PCP selection.

   2. If CalOptima's attempt to contact the Member is unsuccessful, CalOptima shall assign the Member to a PCP contracted with the Member's Health Network, taking into consideration the geographic location of the PCP's office in relation to the Member's residence and the Member's preferred language, if available.

For 20210218 FAC Preview Only

Back to Agenda Back to Item

3. If the Member selected a PCP who is not available to new Members, CalOptima shall assign the Member to another PCP as follows:

    a. CalOptima shall contact the Member to inform the Member that the selected PCP is not available to new Members, and obtain the Member's new PCP selection.

    b. If CalOptima's attempt to contact the Member is unsuccessful, CalOptima shall assign the Member to another PCP contracted with the Member's Health Network, taking into consideration the geographic location of the PCP's office in relation to the Member's residence and the Member's preferred language, if available.

4. If the Member fails to select both a Health Network and a PCP, CalOptima shall assign the Member to a Health Network and PCP as follows:

    a. CalOptima shall contact the Member to obtain the Member's choice of Health Network and PCP.

    b. If CalOptima's attempt to contact the Member is unsuccessful , CalOptima shall assign the Member to a Health Network and PCP, taking into consideration the geographic location of the Member's residence and the Member's preferred language, if available.

C. A Member may request to change their Health Network and/or PCP every month. A Member, their conservator, or the Member's Legal ~~/Authorized~~ Representative shall contact the OneCare Connect Customer Service Department to request a Health Network and/or PCP change.

1. If the request to change the Health Network and/or PCP is received by CalOptima by close of business on the last business day of the month, the effective date with the new Health Network and/or PCP shall be the first (1st) calendar day of the immediately following calendar month.

2. If the request to change Health Network and/or PCP is received by OneCare Connect after the close of business on the last business day of the month, the effective date with the new Health Network and/or PCP shall be the first (1st) calendar day of the immediately following calendar month.

3. A Member may only select a PCP within their selected Health Network.

D. Upon termination of a PCP's contract with a Health Network, the Health Network shall notify CalOptima not later than sixty (60) calendar days prior to the PCP's contract termination date.

1. The Health Network(s) notice to CalOptima shall indicate an affected Member's new PCP assignment, the new PCP's name, and the new PCP's state license number, tax ID number, and NPI number (National Provider Identifier).

2. In the case of unforeseen circumstances (i.e., if the Health Network received less than sixty (60) calendar days notice from a PCP), the Health Network shall notify CalOptima of a PCP termination immediately upon receipt of such notice.

3. CalOptima shall make a good faith effort to notify an affected Member via telephone of a PCP termination no later than fifteen (15) calendar days after CalOptima receives notification from the Health Network or Provider. CalOptima's telephonic outreach to an affected Member shall include:

For 20210218 FAC Review Only

a. A minimum of three (3) telephonic attempts to reach the Member

b. Provide the name and contact information of the Member's newly assigned PCP; and

c. Assist the Members in selecting a different PCP if they are not satisfied with their new PCP assignment.

E. Upon termination of a Health Network, CalOptima shall notify affected Members of a Health Network termination thirty (30) calendar days prior to the Health Network(s) contract termination date, or in the case of unforeseen circumstances, as soon as CalOptima receives notification from the Health Network.

1. CalOptima shall request the Members to select another Health Network.

2. If CalOptima is unable to contact a Member, or if the Member does not make a new Health Network selection prior to the end date of the terminating Health Network(s) contract, CalOptima shall assign the Member to an active Health Network contracted with the Member's current PCP.

3. If the Member's current PCP is not contracted with any other CalOptima Health Network, CalOptima shall assign the Member to a PCP and Health Network, taking into consideration the location of the PCP's office in relation to the Member's residence and the Member's preferred language, if available.

F. Notwithstanding the above, if a Member:

1. Is known to reside in an LTC facility at enrollment, PCP and Health Network assignment shall ~~follow the logic described in CalOptima Policy CMC.1207a: OneCare Connect Auto Assignment.~~be to:

a. The LTC facility; and

b. The provider rendering services to the Member at the LTC facility.

2. Transitions to an LTC after enrollment in OneCare Connect or is identified later as residing in an LTC:

a. If the current PCP does not participate with CalOptima Community Network, the Member will remain assigned to that PCP and Health Network.

b. If the current PCP participates with CalOptima Community Network, the Member will be assigned to CalOptima Community Network and the same PCP.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

~~A. CalOptima Policy CMC.1207a: Member Auto Assignment~~
~~B. CalOptima Policy CMC.4003: Member Enrollment~~

For 20210218 FAC Review Only

Back to Agenda Back to Item

~~C.~~A. ~~CalOptima Policy CMC.4011: Notice of Change in Location and Availability of Covered Services~~
~~D.~~A. CalOptima Three-Way Contract with the Centers for Medicare and Medicaid Services (CMS) and the Department of Health Care Services (DHCS) for Cal MediConnect
B. CalOptima Policy CMC.4003: Member Enrollment (Voluntary)
C. CalOptima Policy CMC.4011: Notice of Change in Location and Availability of Covered Services
~~E.~~D. Title 42, Code of Federal Regulations (CFR.), §422.111(e)
E. Welfare and Institutions Code §14087.325(b)

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

Date	Meeting
12/05/2013	Regular Meeting of the CalOptima Board of Directors
05/07/2015	Regular Meeting of the CalOptima Board of Directors
08/06/2015	Regular Meeting of the CalOptima Board of Directors
12/03/2015	Regular Meeting of the CalOptima Board of Directors
TBD	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	05/01/2015	CMC.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare Connect
Revised	12/01/2015	CMC.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare Connect
Revised	08/01/2016	CMC.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare Connect
Revised	08/01/2017	CMC.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare Connect
Revised	07/01/2018	CMC.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare Connect
Revised	09/01/2019	CMC.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare Connect
Revised	TBD	CMC.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare Connect

For 20210218 FAC Review Only

IX. GLOSSARY

Term	Definition
CalOptima Community Network (CCN)	A managed care network operated by CalOptima that contracts directly with physicians and hospitals and requires a Primary Care Provider (PCP) to manage the care of the Members.
Centers for Medicare & Medicaid Services (CMS)	The federal agency under the United States Department of Health and Human Services responsible for administering the Medicare and Medicaid programs.
Federally Qualified Health Center (FQHC)	A type of Provider defined by the Medicare and Medicaid statutes. FQHCs include all organizations receiving grants under Section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. An FQHC must be a public entity or a private non-profit organization. FQHCs must provide primary care services for all age groups.
Department of Health Care Services (DHCS)	The state department in California responsible for administration of the federal Medicaid Program (referred to as Medi-Cal in California). DHCS is generally referred to as the state in this document.
Health Network	A Physician Hospital Consortium (PHC), Physician Medical Group (PMG), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima to provide Covered Services to Members assigned to that Health Network.
Legal Representative~~/Authorized Representative~~	For the purposes of this policy, an individual who is the Legal Representative or otherwise legally able to act on behalf of a Member, as the law of the State in which the beneficiary resides may allow, in order to execute an enrollment or disenrollment request; e.g., court appointed legal guardians, persons having durable power of attorney for health care decisions, or individuals authorized to make health care decisions under state surrogate consent laws, provided they have the authority to act for the beneficiary in this capacity. (Form CMS-1696 may not be used to appoint an Authorized Representative for the purposes of enrollment and disenrollment. This form is solely for use in the Claims Adjudication or Claim Appeals process, and does not provide broad legal authority to make another individual's healthcare decisions.)
Long Term Care (LTC)	A variety of services that help Members with health or personal needs and Activities of Daily Living over a period of time. Long Term Care (LTC) may be provided at home, in the community, or in various types of facilities, including nursing homes and assisted living facilities.
Member	A beneficiary enrolled in the CalOptima ~~An enrollee beneficiary of the~~ OneCare Connect program.
Primary Care Provider (PCP)	A physician who focuses their practice of medicine to general practice or who is a board certified or board eligible internist, pediatrician, obstetrician/gynecologist, or family practitioner. The PCP is responsible for supervising, coordinating, and providing initial and primary care to Members, initiating referrals, and maintaining the continuity of Member care under Medicare.
Provider	A physician, nurse, nurse mid-wife, nurse practitioner, medical technician, physician assistant, hospital, laboratory, ancillary Provider, health maintenance organization, or other person or institution that furnishes Covered Services.

For 2021021 8 FAC Review Only

Back to Agenda Back to Item

Policy:	CMC.4010
Title:	**Health Network and Primary Care Provider Selection, Assignment, and Notification**
Department:	Customer Service
Section:	Not Applicable
CEO Approval:	
Effective Date:	05/01/2015
Revised Date:	TBD
Applicable to:	☐ Medi-Cal ☐ OneCare ☒ OneCare Connect ☐ PACE ☐ Administrative

For 20210218 FAC Review Only

I. PURPOSE

This policy defines the CalOptima OneCare Connect process for Member selection of, or assignment to, a Health Network and Primary Care Provider (PCP), and the notification to a OneCare Connect Member of a PCP or Health Network contract termination.

II. POLICY

A. CalOptima is committed to a Member's right to select a Health Network and a PCP.

B. CalOptima shall ask each individual who voluntarily enrolls into OneCare Connect to select a Health Network and a PCP from the OneCare Connect Provider directory, prior to the Member's effective date of OneCare Connect coverage.

C. A Member may only select a PCP within their selected Health Network.

D. A OneCare Connect Member may select a specialist Provider as a PCP, within their selected Health Network, so long as the specialist Provider is willing to perform the role of the PCP and the specialist Provider is set up in OneCare Connect systems as a PCP and is open and available to Members.

E. A Member who selects or is assigned to a participating Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) as his or her PCP:

1. Shall be assigned directly to the FQHC or RHC; and

2. Shall not be assigned to an individual PCP performing services on behalf of the FQHC or RHC.

F. If a Member fails to select a Health Network and a PCP prior to the Member's enrollment effective date, CalOptima shall assign such Member to a Health Network and a PCP in accordance with the terms and conditions of this Policy.

G. CalOptima may assign a Member to a Health Network if CalOptima and Centers for Medicare & Medicaid (CMS) eligibility information indicate a Member is eligible, even if the eligibility information received from the Department of Health Care Services (DHCS) does not indicate the

Member is eligible. Any eligibility discrepancies requiring regulatory action shall be submitted to CMS and/or DHCS for resolution, as appropriate.

H. CalOptima shall notify a Member, in writing, of the Member's Health Network and PCP assignment, with instructions on how the Member may change their Health Network and/or PCP.

I. Upon termination of a PCP's contract with a Health Network, the Health Network shall notify CalOptima, in accordance with the terms and conditions of this policy and CalOptima Policy CMC.4011: Notice of Change in Location and Availability of Covered Services.

J. If a Member transitions to a Long-Term Care (LTC) facility or is identified as residing in an LTC facility after enrollment, the Member may be assigned to the CalOptima Community Network (CCN) in accordance this policy.

K. CalOptima shall notify affected Members of a PCP or Health Network contract termination, in accordance with the terms and conditions of this policy.

III. PROCEDURE

A. For voluntary enrollments, if an individual completes an enrollment application during a face-to-face or telephonic interview with a qualified OneCare Connect enrollment representative, the representative shall assist the prospective Member in selecting a Health Network and a PCP at the time of the interview and completion of the application.

B. If a Member submits the OneCare Connect enrollment application by mail or facsimile, CalOptima enrollment staff shall use ensure the selection of a Health Network and/or PCP as follows:

1. If the Member selected a PCP but failed to select a Health Network, CalOptima shall assign the Member to a Health Network as follows:

   a. If the Member's selected PCP contracts with only one (1) Health Network, CalOptima shall assign the Member to that Health Network.

   b. If the Member's selected PCP contracts with more than one (1) Health Network, CalOptima shall contact the Member to obtain the Member's choice of Health Network.

   c. If CalOptima's attempt to contact the Member is unsuccessful, CalOptima shall assign the Member to a Health Network that contracts with the selected PCP, taking into consideration the geographic concentration of available Providers in the Health Network(s) in relation to the location of the Member's residence.

2. If the Member selected a Health Network, but failed to select a PCP, CalOptima shall assign the Member to a PCP as follows:

   1. CalOptima shall contact the Member to obtain the Member's PCP selection.

   2. If CalOptima's attempt to contact the Member is unsuccessful, CalOptima shall assign the Member to a PCP contracted with the Member's Health Network, taking into consideration the geographic location of the PCP's office in relation to the Member's residence and the Member's preferred language, if available.

For 20210218 FAC Review Only

Back to Agenda Back to Item

3. If the Member selected a PCP who is not available to new Members, CalOptima shall assign the Member to another PCP as follows:

    a. CalOptima shall contact the Member to inform the Member that the selected PCP is not available to new Members, and obtain the Member's new PCP selection.

    b. If CalOptima's attempt to contact the Member is unsuccessful, CalOptima shall assign the Member to another PCP contracted with the Member's Health Network, taking into consideration the geographic location of the PCP's office in relation to the Member's residence and the Member's preferred language, if available.

4. If the Member fails to select both a Health Network and a PCP, CalOptima shall assign the Member to a Health Network and PCP as follows:

    a. CalOptima shall contact the Member to obtain the Member's choice of Health Network and PCP.

    b. If CalOptima's attempt to contact the Member is unsuccessful , CalOptima shall assign the Member to a Health Network and PCP, taking into consideration the geographic location of the Member's residence and the Member's preferred language, if available.

C. A Member may request to change their Health Network and/or PCP every month. A Member, their conservator, or the Member's Legal Representative shall contact the OneCare Connect Customer Service Department to request a Health Network and/or PCP change.

1. If the request to change the Health Network and/or PCP is received by CalOptima by close of business on the last business day of the month, the effective date with the new Health Network and/or PCP shall be the first (1st) calendar day of the immediately following calendar month.

2. If the request to change Health Network and/or PCP is received by OneCare Connect after the close of business on the last business day of the month, the effective date with the new Health Network and/or PCP shall be the first (1st) calendar day of the immediately following calendar month.

3. A Member may only select a PCP within their selected Health Network.

D. Upon termination of a PCP's contract with a Health Network, the Health Network shall notify CalOptima not later than sixty (60) calendar days prior to the PCP's contract termination date.

1. The Health Network(s) notice to CalOptima shall indicate an affected Member's new PCP assignment, the new PCP's name, and the new PCP's state license number, tax ID number, and NPI number (National Provider Identifier).

2. In the case of unforeseen circumstances (i.e., if the Health Network received less than sixty (60) calendar days notice from a PCP), the Health Network shall notify CalOptima of a PCP termination immediately upon receipt of such notice.

3. CalOptima shall make a good faith effort to notify an affected Member via telephone of a PCP termination no later than fifteen (15) calendar days after CalOptima receives notification from the Health Network or Provider. CalOptima's telephonic outreach to an affected Member shall include:

For 20210218 FAC Review Only

Back to Agenda Back to Item

a. A minimum of three (3) telephonic attempts to reach the Member

b. Provide the name and contact information of the Member's newly assigned PCP; and

c. Assist the Members in selecting a different PCP if they are not satisfied with their new PCP assignment.

E. Upon termination of a Health Network, CalOptima shall notify affected Members of a Health Network termination thirty (30) calendar days prior to the Health Network(s) contract termination date, or in the case of unforeseen circumstances, as soon as CalOptima receives notification from the Health Network.

1. CalOptima shall request the Members to select another Health Network.

2. If CalOptima is unable to contact a Member, or if the Member does not make a new Health Network selection prior to the end date of the terminating Health Network(s) contract, CalOptima shall assign the Member to an active Health Network contracted with the Member's current PCP.

3. If the Member's current PCP is not contracted with any other CalOptima Health Network, CalOptima shall assign the Member to a PCP and Health Network, taking into consideration the location of the PCP's office in relation to the Member's residence and the Member's preferred language, if available.

F. Notwithstanding the above, if a Member:

1. Is known to reside in an LTC facility at enrollment, PCP and Health Network assignment shall be to:

a. The LTC facility; and

b. The provider rendering services to the Member at the LTC facility.

2. Transitions to an LTC after enrollment in OneCare Connect or is identified later as residing in an LTC:

a. If the current PCP does not participate with CalOptima Community Network, the Member will remain assigned to that PCP and Health Network.

b. If the current PCP participates with CalOptima Community Network, the Member will be assigned to CalOptima Community Network and the same PCP.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

A. CalOptima Three-Way Contract with the Centers for Medicare and Medicaid Services (CMS) and the Department of Health Care Services (DHCS) for Cal MediConnect
B. CalOptima Policy CMC.4003: Member Enrollment (Voluntary)
C. CalOptima Policy CMC.4011: Notice of Change in Location and Availability of Covered Services

For 20210218 FAC Preview Only

D. Title 42, Code of Federal Regulations (CFR.), §422.111(e)
E. Welfare and Institutions Code §14087.325(b)

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

Date	Meeting
12/05/2013	Regular Meeting of the CalOptima Board of Directors
05/07/2015	Regular Meeting of the CalOptima Board of Directors
08/06/2015	Regular Meeting of the CalOptima Board of Directors
12/03/2015	Regular Meeting of the CalOptima Board of Directors
TBD	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	05/01/2015	CMC.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare Connect
Revised	12/01/2015	CMC.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare Connect
Revised	08/01/2016	CMC.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare Connect
Revised	08/01/2017	CMC.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare Connect
Revised	07/01/2018	CMC.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare Connect
Revised	09/01/2019	CMC.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare Connect
Revised	TBD	CMC.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare Connect

For 20210218 F&C Review Only

IX. GLOSSARY

Term	Definition
CalOptima Community Network (CCN)	A managed care network operated by CalOptima that contracts directly with physicians and hospitals and requires a Primary Care Provider (PCP) to manage the care of the Members.
Centers for Medicare & Medicaid Services (CMS)	The federal agency under the United States Department of Health and Human Services responsible for administering the Medicare and Medicaid programs.
Federally Qualified Health Center (FQHC)	A type of Provider defined by the Medicare and Medicaid statutes. FQHCs include all organizations receiving grants under Section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. An FQHC must be a public entity or a private non-profit organization. FQHCs must provide primary care services for all age groups.
Department of Health Care Services (DHCS)	The state department in California responsible for administration of the federal Medicaid Program (referred to as Medi-Cal in California). DHCS is generally referred to as the state in this document.
Health Network	A Physician Hospital Consortium (PHC), Physician Medical Group (PMG), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima to provide Covered Services to Members assigned to that Health Network.
Legal Representative	For the purposes of this policy, an individual who is the Legal Representative or otherwise legally able to act on behalf of a Member, as the law of the State in which the beneficiary resides may allow, in order to execute an enrollment or disenrollment request; e.g., court appointed legal guardians, persons having durable power of attorney for health care decisions, or individuals authorized to make health care decisions under state surrogate consent laws, provided they have the authority to act for the beneficiary in this capacity. (Form CMS-1696 may not be used to appoint an Authorized Representative for the purposes of enrollment and disenrollment. This form is solely for use in the Claims Adjudication or Claim Appeals process, and does not provide broad legal authority to make another individual's healthcare decisions.)
Long Term Care (LTC)	A variety of services that help Members with health or personal needs and Activities of Daily Living over a period of time. Long Term Care (LTC) may be provided at home, in the community, or in various types of facilities, including nursing homes and assisted living facilities.
Member	A beneficiary enrolled in the CalOptima OneCare Connect program.
Primary Care Provider (PCP)	A physician who focuses their practice of medicine to general practice or who is a board certified or board eligible internist, pediatrician, obstetrician/gynecologist, or family practitioner. The PCP is responsible for supervising, coordinating, and providing initial and primary care to Members, initiating referrals, and maintaining the continuity of Member care under Medicare.
Provider	A physician, nurse, nurse mid-wife, nurse practitioner, medical technician, physician assistant, hospital, laboratory, ancillary Provider, health maintenance organization, or other person or institution that furnishes Covered Services.

For 20210218 FAC Review Only

Policy:	MA.4010
Title:	**Health Network and Primary Care Provider Selection, Assignment, and Notification**
Department:	Customer Services
Section:	Not Applicable
CEO Approval:	
Effective Date:	08/01/2005
Revised Date:	TBD
Applicable to:	☐ Medi-Cal ☒ OneCare ☐ OneCare Connect ☐ PACE ☐ Administrative

For 20210218 FAC Review Only

I. PURPOSE

This policy defines CalOptima's process for Member selection of, or assignment to, a Health Network and Primary Care Provider (PCP) and the process to notify a Member of a PCP contract termination.

II. POLICY

A. CalOptima is committed to a Member's right to select a Health Network and a Primary Care Physician (PCP).

B. CalOptima shall ensure that a Member is enrolled in a Health Network, and assigned to a PCP, no later than the Member's effective date of OneCare coverage.

C. CalOptima shall request an individual to select a Health Network and a PCP at the time of enrollment with OneCare.

D. A Member may only select a PCP within his or her selected Health Network.

E. A Member who selects or is assigned to a participating Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) as his or her PCP:

1. Shall be assigned directly to the FQHC or RHC; and

2. Shall not be assigned to an individual PCP performing services on behalf of the FQHC or RHC.

~~E.~~F. If a Member fails to select a Health Network and/or a PCP at the time of enrollment, CalOptima shall assign such Member to a Health Network and/or a PCP, in accordance with this Policy.

~~F.~~G. CalOptima shall notify a Member, in writing or by telephonic outreach, of the Member's Health Network and/or PCP assignment, with instructions on how the Member may change his or her Health Network and PCP.

~~G.~~H. Upon termination of a PCP's contract with a Health Network, the Health Network shall notify CalOptima, in accordance with the terms and conditions of this policy and CalOptima Policy

Back to Agenda Back to Item

EE.1101Δ: Additions, Changes, and Terminations to CalOptima Provider Information, CalOptima Provider Directory, and Web-based Directory.

~~H.~~I. CalOptima shall notify affected Members of a PCP and/or Health Network contract termination, in accordance with this Policy.

III. PROCEDURE

A. If a Member completes the OneCare Enrollment Form during a face-to-face or telephonic interview, CalOptima staff shall assist the Member in selecting a Health Network and PCP.

B. If a Member submits the OneCare Enrollment Form to CalOptima by mail or facsimile, or makes the Election through another method approved by the Centers for Medicare & Medicaid Services (CMS), CalOptima staff shall ensure the Member's selection of a Health Network and PCP as follows:

1. If the Member selected a PCP, but failed to select a Health Network, CalOptima shall assign the Member to a Health Network as follows:

   a. If the Member's selected PCP contracts with only one (1) Health Network, CalOptima shall assign the Member to that Health Network.

   b. If the Member's selected PCP contracts with more than one (1) Health Network, CalOptima staff shall contact the Member to obtain the Member's choice of Health Network.

   c. If CalOptima staff is unable to contact the Member within the designated time frame, CalOptima staff shall contact the Member's PCP to determine a Health Network for the Member.

   d. If the PCP is unable to provide the Health Network selection within the same day of CalOptima's request, CalOptima shall assign the Member to a Health Network.

2. If the Member selected a Health Network, but failed to select a PCP, CalOptima shall assign the Member to a PCP as follows:

   a. CalOptima staff shall contact the Member to obtain the Member's PCP selection.

   b. If CalOptima staff is unable to contact the Member within the designated time frame, CalOptima shall assign the Member to a PCP contracted with the Member's Health Network, taking into consideration the geographic location of the PCP's office in relation to the Member's residence and the Member's preferred language, if available.

3. If the Member selected a PCP, who is not available to new Members, CalOptima shall assign the Member to another PCP as follows:

   a. CalOptima staff shall contact the Member to inform the Member that the selected PCP is not available to new Members, and obtain the Member's new PCP selection.

   b. If CalOptima staff is unable to contact the Member within the designated time frame, CalOptima shall assign the Member to another PCP contracted with the Member's Health Network, taking into consideration the geographic location of the PCP's office in relation to the Member's residence and the Member's preferred language, if available.

For 20210218 FAC Review Only

4. If the Member fails to select both a Health Network and a PCP, CalOptima shall assign the Member to a Health Network and PCP as follows:

    a. CalOptima staff shall contact the Member to obtain the Member's choice of Health Network and PCP.

    b. If CalOptima staff is unable to contact the Member within a designated timeframe, CalOptima shall assign the Member to a PCP and Health Network, taking into consideration the geographic location of the Member's residence and the Member's preferred language, if available.

C. A Member or Authorized Representative may request to change his or her Health Network or PCP at any time. A Member or Authorized Representative shall contact the CalOptima OneCare Customer Service Department to request a Health Network or PCP change.

1. If the Member requests to change his or her Health Network or PCP by close of business on the last business day of the month, the effective date with the new Health Network or PCP shall be the first (1st) calendar day of the immediate following month.

2. If the Member requests to change Health Network or PCP after the close of business on last business day of the month, the effective date with the new Health Network or PCP shall be the first (1st) calendar day of the month after the immediate following month.

3. A Member may only select a PCP within his or her selected Health Network.

D. Upon termination of a PCP's contract with a Health Network, the Health Network shall notify CalOptima no later than sixty (60) calendar days prior to the PCP's contract termination date.

1. The Health Network notice to CalOptima shall indicate an affected Member's new PCP assignment, the new PCP's name, and the new PCP's Medicare identification number.

2. In the case of unforeseen circumstances (i.e., if the Health Network received less than sixty (60) calendar ~~days~~days' notice from a PCP), the Health Network shall notify CalOptima of a PCP termination immediately upon receipt of such notice.

3. CalOptima shall make a good faith effort to notify an affected Member of a PCP termination thirty (30) calendar days prior to the PCP's contract termination date, or, in the case of unforeseen circumstances, as soon as CalOptima receives notification from the Health Network. CalOptima shall make a minimum of three (3) telephonic outreach attempts to inform the Member:

    a. The name and contact information of the Member's newly assigned PCP; and

    b. How the Member may select a different PCP if he or she is not satisfied with his or her new PCP assignment.

4. If the Member is not reached on the 3rd telephonic attempt, CalOptima shall send an "Unable to Reach You Notice" to the Member.

E. Upon termination of a Health Network, CalOptima shall notify an affected Member of a Health Network termination thirty (30) calendar days prior to the Health Network's contract termination date.

For 20210218 FAC Review Only

1. CalOptima's notice shall request the Member to contact CalOptima to select another Health Network.

2. If the Member does not contact CalOptima within the designated timeframe, CalOptima shall assign the Member to a Health Network contracted with the Member's selected PCP.

    a. If the Member's ~~selected~~currently assigned PCP contracts with more than one (1) Health Network, CalOptima staff shall contact the Member's ~~selected~~currently assigned PCP to determine a Health Network for the Member.

    b. If the Member's ~~selected~~currently assigned PCP is unable to provide the Health Network selection within the same day of CalOptima's request, or the Member's ~~selected~~currently assigned PCP is not contracted with any other Health Network, CalOptima shall assign the Member to a new Health Network and PCP.

    c. CalOptima shall assign the Member to a new PCP, taking into consideration the geographic location of the Member's residence and the Member's preferred language, if available.

IV. ATTACHMENT(S)

A. Notice of Physician Medical Group Termination
B. Unable to Reach You Notice

V. REFERENCE(S)

A. CalOptima Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
B. CalOptima Policy MA.4003: Member Enrollment
C. CalOptima Policy EE.1101Δ: Additions, Changes, and Terminations to CalOptima Provider Information, CalOptima Provider Directory, and Web-based Directory

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	08/01/2005	MA.4010	Physician Group and PCP Selection, Assignment, and Notification	OneCare
Revised	07/01/2007	MA.4010	Physician Group and PCP Selection, Assignment, and Notification	OneCare
Revised	08/01/2012	MA.4010	Physician Medical Group and PCP Selection, Assignment and Notification	OneCare
Revised	02/01/2014	MA.4010	Physician Medical Group and PCP Selection, Assignment and Notification	OneCare

For 20210218 FAC Review Only

Action	Date	Policy	Policy Title	Program(s)
Revised	04/01/2016	MA.4010	Physician Medical Group and PCP Selection, Assignment and Notification	OneCare
Revised	05/01/2017	MA.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare
Revised	10/01/2019	MA.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare
Revised	TBD	MA.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare

1

For 20210218 FAC Review Only

IX. GLOSSARY

Term	Definition
Authorized Representative	Has the meaning given to the term Personal Representative in Section 164.502(g) of Title 45, Code of Federal Regulations. A person who has the authority under applicable law to make health care decisions on behalf of adults or emancipated minors, as well as parents, guardians or other persons acting *in loco parentis* who have the authority under applicable law to make health care decisions on behalf of unemancipated minors and as further described in CalOptima Policy HH.3009.
Election	Enrollment in, or voluntary disenrollment from, a Medicare Advantage (MA) plan or Original Medicare.
Election Period	The time during which an eligible individual may elect a Medicare Advantage (MA) plan or Original Medicare. The type of Election Period determines the effective date of MA coverage as well as the types of enrollment requests allowed.
Federally Qualified Health Center (FQHC)	A type of Provider defined by the Medicare and Medicaid statutes. FQHCs include all organizations receiving grants under Section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. An FQHC must be a public entity or a private non-profit organization. FQHCs must provide primary care services for all age groups.
Member	For the purposes of this policy, an enrollee-beneficiary of the CalOptima OneCare program.
Health Network	A Physician Hospital Consortium (PHC), ~~Physician Medical Group (PMG)~~physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima to provide Covered Services to Members assigned to that Health Network.
Primary Care Physician (PCP)	A physician who focuses his or her practice of medicine to general practice or who is a board certified or board eligible internist, pediatrician, obstetrician/gynecologist, or family practitioner. The PCP is responsible for supervising, coordinating, and providing initial and primary care to Members, initiating referrals, and maintaining the continuity of Member care under OneCare.

For 20210218 FAC Review Only

Policy:	MA.4010
Title:	**Health Network and Primary Care Provider Selection, Assignment, and Notification**
Department:	Customer Services
Section:	Not Applicable
CEO Approval:	
Effective Date:	08/01/2005
Revised Date:	TBD
Applicable to:	☐ Medi-Cal ☒ OneCare ☐ OneCare Connect ☐ PACE ☐ Administrative

For 20210218 FAC Review Only

I. PURPOSE

This policy defines CalOptima's process for Member selection of, or assignment to, a Health Network and Primary Care Provider (PCP) and the process to notify a Member of a PCP contract termination.

II. POLICY

A. CalOptima is committed to a Member's right to select a Health Network and a Primary Care Physician (PCP).

B. CalOptima shall ensure that a Member is enrolled in a Health Network, and assigned to a PCP, no later than the Member's effective date of OneCare coverage.

C. CalOptima shall request an individual to select a Health Network and a PCP at the time of enrollment with OneCare.

D. A Member may only select a PCP within his or her selected Health Network.

E. A Member who selects or is assigned to a participating Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) as his or her PCP:

1. Shall be assigned directly to the FQHC or RHC; and

2. Shall not be assigned to an individual PCP performing services on behalf of the FQHC or RHC.

F. If a Member fails to select a Health Network and/or a PCP at the time of enrollment, CalOptima shall assign such Member to a Health Network and/or a PCP, in accordance with this Policy.

G. CalOptima shall notify a Member, in writing or by telephonic outreach, of the Member's Health Network and/or PCP assignment, with instructions on how the Member may change his or her Health Network and PCP.

H. Upon termination of a PCP's contract with a Health Network, the Health Network shall notify CalOptima, in accordance with the terms and conditions of this policy and CalOptima Policy

Back to Agenda Back to Item

EE.1101Δ: Additions, Changes, and Terminations to CalOptima Provider Information, CalOptima Provider Directory, and Web-based Directory.

I. CalOptima shall notify affected Members of a PCP and/or Health Network contract termination, in accordance with this Policy.

III. PROCEDURE

A. If a Member completes the OneCare Enrollment Form during a face-to-face or telephonic interview, CalOptima staff shall assist the Member in selecting a Health Network and PCP.

B. If a Member submits the OneCare Enrollment Form to CalOptima by mail or facsimile, or makes the Election through another method approved by the Centers for Medicare & Medicaid Services (CMS), CalOptima staff shall ensure the Member's selection of a Health Network and PCP as follows:

1. If the Member selected a PCP, but failed to select a Health Network, CalOptima shall assign the Member to a Health Network as follows:

   a. If the Member's selected PCP contracts with only one (1) Health Network, CalOptima shall assign the Member to that Health Network.

   b. If the Member's selected PCP contracts with more than one (1) Health Network, CalOptima staff shall contact the Member to obtain the Member's choice of Health Network.

   c. If CalOptima staff is unable to contact the Member within the designated time frame, CalOptima staff shall contact the Member's PCP to determine a Health Network for the Member.

   d. If the PCP is unable to provide the Health Network selection within the same day of CalOptima's request, CalOptima shall assign the Member to a Health Network.

2. If the Member selected a Health Network, but failed to select a PCP, CalOptima shall assign the Member to a PCP as follows:

   a. CalOptima staff shall contact the Member to obtain the Member's PCP selection.

   b. If CalOptima staff is unable to contact the Member within the designated time frame, CalOptima shall assign the Member to a PCP contracted with the Member's Health Network, taking into consideration the geographic location of the PCP's office in relation to the Member's residence and the Member's preferred language, if available.

3. If the Member selected a PCP, who is not available to new Members, CalOptima shall assign the Member to another PCP as follows:

   a. CalOptima staff shall contact the Member to inform the Member that the selected PCP is not available to new Members, and obtain the Member's new PCP selection.

   b. If CalOptima staff is unable to contact the Member within the designated time frame, CalOptima shall assign the Member to another PCP contracted with the Member's Health Network, taking into consideration the geographic location of the PCP's office in relation to the Member's residence and the Member's preferred language, if available.

For 20210218 FAC Review Only

4. If the Member fails to select both a Health Network and a PCP, CalOptima shall assign the Member to a Health Network and PCP as follows:

    a. CalOptima staff shall contact the Member to obtain the Member's choice of Health Network and PCP.

    b. If CalOptima staff is unable to contact the Member within a designated timeframe, CalOptima shall assign the Member to a PCP and Health Network, taking into consideration the geographic location of the Member's residence and the Member's preferred language, if available.

C. A Member or Authorized Representative may request to change his or her Health Network or PCP at any time. A Member or Authorized Representative shall contact the CalOptima OneCare Customer Service Department to request a Health Network or PCP change.

1. If the Member requests to change his or her Health Network or PCP by close of business on the last business day of the month, the effective date with the new Health Network or PCP shall be the first (1st) calendar day of the immediate following month.

2. If the Member requests to change Health Network or PCP after the close of business on last business day of the month, the effective date with the new Health Network or PCP shall be the first (1st) calendar day of the month after the immediate following month.

3. A Member may only select a PCP within his or her selected Health Network.

D. Upon termination of a PCP's contract with a Health Network, the Health Network shall notify CalOptima no later than sixty (60) calendar days prior to the PCP's contract termination date.

1. The Health Network notice to CalOptima shall indicate an affected Member's new PCP assignment, the new PCP's name, and the new PCP's Medicare identification number.

2. In the case of unforeseen circumstances (i.e., if the Health Network received less than sixty (60) calendar days' notice from a PCP), the Health Network shall notify CalOptima of a PCP termination immediately upon receipt of such notice.

3. CalOptima shall make a good faith effort to notify an affected Member of a PCP termination thirty (30) calendar days prior to the PCP's contract termination date, or, in the case of unforeseen circumstances, as soon as CalOptima receives notification from the Health Network. CalOptima shall make a minimum of three (3) telephonic outreach attempts to inform the Member:

    a. The name and contact information of the Member's newly assigned PCP; and

    b. How the Member may select a different PCP if he or she is not satisfied with his or her new PCP assignment.

4. If the Member is not reached on the 3rd telephonic attempt, CalOptima shall send an "Unable to Reach You Notice" to the Member.

E. Upon termination of a Health Network, CalOptima shall notify an affected Member of a Health Network termination thirty (30) calendar days prior to the Health Network's contract termination date.

For 20210218 FAC Review Only

1. CalOptima's notice shall request the Member to contact CalOptima to select another Health Network.

2. If the Member does not contact CalOptima within the designated timeframe, CalOptima shall assign the Member to a Health Network contracted with the Member's selected PCP.

    a. If the Member's currently assigned PCP contracts with more than one (1) Health Network, CalOptima staff shall contact the Member's currently assigned PCP to determine a Health Network for the Member.

    b. If the Member's currently assigned PCP is unable to provide the Health Network selection within the same day of CalOptima's request, or the Member's currently assigned PCP is not contracted with any other Health Network, CalOptima shall assign the Member to a new Health Network and PCP.

    c. CalOptima shall assign the Member to a new PCP, taking into consideration the geographic location of the Member's residence and the Member's preferred language, if available.

IV. ATTACHMENT(S)

A. Notice of Physician Medical Group Termination
B. Unable to Reach You Notice

V. REFERENCE(S)

A. CalOptima Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
B. CalOptima Policy MA.4003: Member Enrollment
C. CalOptima Policy EE.1101Δ: Additions, Changes, and Terminations to CalOptima Provider Information, CalOptima Provider Directory, and Web-based Directory

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	08/01/2005	MA.4010	Physician Group and PCP Selection, Assignment, and Notification	OneCare
Revised	07/01/2007	MA.4010	Physician Group and PCP Selection, Assignment, and Notification	OneCare
Revised	08/01/2012	MA.4010	Physician Medical Group and PCP Selection, Assignment and Notification	OneCare
Revised	02/01/2014	MA.4010	Physician Medical Group and PCP Selection, Assignment and Notification	OneCare

For 20210218 FAC Review Only

Action	Date	Policy	Policy Title	Program(s)
Revised	04/01/2016	MA.4010	Physician Medical Group and PCP Selection, Assignment and Notification	OneCare
Revised	05/01/2017	MA.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare
Revised	10/01/2019	MA.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare
Revised	TBD	MA.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare

1

For 20210218 FAC Review Only

IX. GLOSSARY

Term	Definition
Authorized Representative	Has the meaning given to the term Personal Representative in Section 164.502(g) of Title 45, Code of Federal Regulations. A person who has the authority under applicable law to make health care decisions on behalf of adults or emancipated minors, as well as parents, guardians or other persons acting *in loco parentis* who have the authority under applicable law to make health care decisions on behalf of unemancipated minors and as further described in CalOptima Policy HH.3009.
Election	Enrollment in, or voluntary disenrollment from, a Medicare Advantage (MA) plan or Original Medicare.
Election Period	The time during which an eligible individual may elect a Medicare Advantage (MA) plan or Original Medicare. The type of Election Period determines the effective date of MA coverage as well as the types of enrollment requests allowed.
Federally Qualified Health Center (FQHC)	A type of Provider defined by the Medicare and Medicaid statutes. FQHCs include all organizations receiving grants under Section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. An FQHC must be a public entity or a private non-profit organization. FQHCs must provide primary care services for all age groups.
Member	For the purposes of this policy, an enrollee-beneficiary of the CalOptima OneCare program.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima to provide Covered Services to Members assigned to that Health Network.
Primary Care Physician (PCP)	A physician who focuses his or her practice of medicine to general practice or who is a board certified or board eligible internist, pediatrician, obstetrician/gynecologist, or family practitioner. The PCP is responsible for supervising, coordinating, and providing initial and primary care to Members, initiating referrals, and maintaining the continuity of Member care under OneCare.

For 20210212 PAC Review Only

[DATE]

[Member Name]
[Member Address]
[City State ZIP]

Dear [Member Name]:

Your OneCare Primary Care Provider (PCP) is associated with [PMG Name]. As of [Date of Termination], [PMG Name] will no longer be a OneCare Physician Medical Group (PMG). This means you will need to choose a new PMG and you may also need to choose a new PCP. This change will not affect your benefits or coverage as a OneCare member.

You can continue to get health care services from your current PCP and [PMG Name] through [Effective Date of Termination]. It is important, however, that you make a choice before [Effective Date of Termination].

Please refer to your Provider Directory for a list of available PCPs and PMGs, or visit our website at www.caloptima.org/onecare and view the Provider Directory online. We will be contacting you very soon by phone to help you choose a new PMG and a new PCP if necessary. Or, you may call OneCare Customer Service and ask us to help you with these changes. If you have already been contacted by OneCare and you have given us your choices, you can disregard this notice.

If we cannot reach you and you do not contact us directly, we will choose a PCP and PMG for you, so that you continue to have access to health care.

What if I am currently receiving care from my PCP/Specialist?
You may be able to keep seeing your PCP/Specialist if you are receiving care. Call OneCare's Customer Service Department toll-free at 1-877-412-2734 for help. TTY/TDD users can call 1-800-735-2929.

Please note, your hospital and specialty physicians may change as a result of your PMG change. It is important that you call OneCare Customer Service if:

- You are currently undergoing medical care or have a scheduled surgery. If so we will work with you to ensure that the medically necessary treatment you are receiving is not interrupted.

- You have a prior authorization in process.

Back to Agenda Back to Item

For 20210218 FAC Review Only

- You are in need of help with any health care services you're currently receiving.

If you have questions, please call our Customer Service Department toll-free 7 days a week, 24 hours a day, at **1-877-412-2734** or visit our office Monday through Friday, from 8 a.m. to 5 p.m. at 505 City Parkway West, Orange, CA 92868. TTY/TDD users can call toll-free at **1-800-735-2929**. You can also visit our website at **www.caloptima.org/onecare**.

Sincerely,

OneCare Customer Service

OneCare (HMO SNP) is a Medicare Advantage organization with a Medicare Contract and a contract with the California Medi-Cal (Medicaid) program. Enrollment in OneCare depends on contract renewal. Other Pharmacy/Physicians/Providers are available in our network. This information is available for free in other languages. Please call our Customer Service number at 1-877-412-2734 for additional information. TTY users should call 1-800-735-2929, 24 hours a day, 7 days a week. To get an interpreter, Customer Service has free language interpreter services available for non-English speakers. This information is available in a different format (ex. large print, audio tapes). Please call Customer Service if you need plan information in another format.

Esta información está disponible gratis en otros idiomas. Para más información, por favor llame al Departamento de Servicios para Miembros al 1-877-412-2734, las 24 horas al día, los 7 días de la semana. (Usuarios de la línea TTY pueden llamar al 1-800-735-2929). El Departamento de Servicios para Miembros cuenta con servicios de intérprete gratuitos para aquellos miembros que no hablan inglés. Esta información está disponible en otros formatos (por ejemplo, impresa grande y cintas de audio). Si necesita información del plan en otro formato, por favor llame al Departamento de Servicios para Miembros al número de teléfono que aparece arriba.

Thông tin này cũng có sẵn miễn phí bằng những ngôn ngữ khác. Xin vui lòng liên lạc Văn Phòng Dịch Vụ của chúng tôi qua số điện thoại 1-877-412-2734 để biết thêm chi tiết. (Thành viên sử dụng máy TTY có thể liên lạc qua số 1-800-735-2929). Quý vị có thể liên lạc 24 giờ một ngày, 7 ngày một tuần. Văn Phòng Dịch Vụ có dịch vụ thông dịch miễn phí cho các thành viên không nói tiếng Anh. Thông tin này có sẵn bằng những hình thức khác (ví dụ như khổ chữ in lớn, qua băng thâu thanh). Xin vui lòng liên lạc Văn Phòng Dịch Vụ ở số điện thoại ghi phía trên nếu quý vị cần thông tin về chương trình bằng những hình thức khác.

For 20210218 PAC Review Only

OneCare (HMO SNP)
CalOptima
A Public Agency
Better. Together.

[Date]

[Member Name]
[Address]
[City, State Zip]

Dear [Member Name]:

We recently tried to call you, but have not been able to reach you. We would like to contact you by telephone if that is possible.

Please call OneCare Customer Service at your earliest convenience at **1-877-412-2734**. Let us know if your phone number has changed.

You can call Customer Service toll-free 7 days a week, 24 hours a day, at **1-877-412-2734.** TTY/TDD users can call toll-free at **1-800-735-2929**.

Sincerely,

Customer Service Department

For 20210218 EAC Review Only

OneCare (HMO SNP) is a Coordinated Care plan with a Medicare Advantage contract and a contract with the California Medicaid program.

Policy:	CMC.4003
Title:	**Member Enrollment (Voluntary)**
Department:	Customer Service
Section:	Not Applicable
CEO Approval:	*/s/ Michael Schrader 03/25/2020*
Effective Date:	05/01/2015
Revised Date:	03/01/2020

Applicable to:
- ☐ Medi-Cal
- ☐ OneCare
- ☒ OneCare Connect
- ☐ PACE
- ☐ Administrative

I. PURPOSE

This policy describes procedures for enrolling an individual in OneCare Connect through voluntary enrollment.

II. POLICY

A. Subject to the provisions of this Policy, an individual is eligible to elect the OneCare Connect plan in accordance with the three-way contract between CalOptima, the Centers for Medicare & Medicaid Services (CMS), and the Department of Health Care Services (DHCS) when they meet all of the following requirements:

1. The individual is entitled to, or enrolled in, Medicare Part A and Part B and eligible to enroll in a Part D plan as of the effective date of coverage under OneCare Connect.

2. The individual permanently resides in Orange County, the OneCare Connect Service Area, and is a U.S. citizen or lawfully present in the United States;

3. The individual, their Legal Representative, or DHCS or CMS, on behalf of the individual, completes an enrollment request and includes all the information required to process the enrollment, or meets alternative conditions for enrollment specified by CMS;

4. The individual is eligible for full Medi-Cal (Medicaid) through CalOptima's contract with the DHCS, including:

   a. Individuals enrolled in the Multipurpose Senior Services Program (MSSP);

   b. Individuals without Share of Cost; and

   c. Individuals with Share of Cost enrolled in the following:

      i. Nursing facility residents;

      ii. MSSP enrollees; or

      iii. In-Home Supportive Services (IHSS) recipients.

Back to Agenda Back to Item

5. The individual is not in the following 1915(c) waivers:

    a. Nursing Facility/Acute Hospital Waiver;

    b. AIDS Medi-Cal Waiver Program (MCWP);

    c. Assisted Living Waiver (ALW); or

    d. In-Home Operations Waiver.

6. The individual is not Developmentally Disabled, receiving services through a DDS 1915(c) waiver, regional center, or state developmental center;

7. The individual is not an Intermediate Care Facility-Developmentally Disabled (ICF-DD) Resident;

8. The individual is age twenty-one (21), or older;

9. The individual is not covered under an employee benefit plan through an employer, union, or spouse's group health benefits program, or has any Other Health Coverage;

10. The individual is fully informed of, and agrees to abide by, the rules of the OneCare Connect program that were provided during the enrollment process; and

11. The individual is not currently "at risk" or "potentially at risk" under the Comprehensive Addiction and Recovery Act (CARA) and flagged in the Medicare Advantage Prescription Drug (MARx) System User Interface (UI) as such.

B. Following enrollment, if the individual has a Medi-Cal Share of Cost, they must meet it each month of continuous enrollment by being in a Medi-Cal funded nursing facility, Long Term Care (LTC) facility, Multi Senior Services Program (MSSP), or receiving In-Home Supportive Services (IHSS).

C. CalOptima shall not impose any additional eligibility requirements as a condition of enrollment other than those described in the Memorandum of Understanding (MOU) between CMS and the State of California, the three-way contract between CalOptima, DHCS, and CMS, or established by the State and CMS in the Medicare-Medicaid Plan Enrollment and Disenrollment Guidance.

D. CalOptima shall not deny enrollment in OneCare Connect to any individual who has elected the hospice benefit. Until CalOptima acknowledges receipt of a completed enrollment form and gives a coverage effective date to the individual, CalOptima shall not ask any questions related to the existence of a terminal illness or Election of the hospice benefit.

E. CalOptima may ask health related questions during an individual's completion of the voluntary enrollment request form for the purpose of successful care management and transition of care activities, such as whether the individual has end-stage renal disease (ESRD). These questions shall be asked subsequent to the requirement enrollment request elements. The individual is not required to answer health related questions in order for the enrollment request to be processed, and responses to such questions shall not have an effect on an individual's eligibility to enroll in OneCare Connect.

F. CalOptima shall ask whether the individual is currently admitted to a certified Medicare or Medicaid nursing facility or is receiving IHSS or MSSP, for the purpose of determining eligibility for an individual who has a Medi-Cal Share of Cost.

G. The Election Period in which a Member makes an Election shall determine the effective date, in accordance with CalOptima Policy CMC.4005: Election Periods and Effective Dates.

H. CalOptima shall retain all enrollment forms for the current contract period and ten (10) prior periods.

III. PROCEDURE

A. Enrollment Process (Voluntary):

1. Voluntary enrollment in OneCare Connect is predicated on a beneficiary completing an enrollment request. The enrollment request may be made by the eligible individual or the individual's Legal Representative. CalOptima must deny enrollment to any individual who does not properly complete the voluntary enrollment request, within time frames established in MMP enrollment guidance.

2. An individual is eligible to enroll in OneCare Connect if they are fully informed of, and agree to abide by, the rules of OneCare Connect that were provided during the enrollment process. Fully informed means that the individual must be provided the applicable rules of the MMP as described in the MMP Enrollment/Disenrollment Guidance.

3. CalOptima shall deny enrollment to any individual who does not properly complete the voluntary enrollment request within required time frames in accordance with MMP Enrollment/Disenrollment Guidance.

4. If CalOptima mails Marketing Materials together with an enrollment form to an individual, such mailing shall be considered an Enrollment Kit. An Enrollment Kit shall include:

    a. Cover Letter which includes OneCare Connect's toll-free Customer Service telephone number, TTY number, Customer Service hours of operation, physical address, and notice that the individual may contact Medicare for further information on Medicare benefits and services;

    b. Summary of Benefits;

    c. Enrollment form instructions;

    d. Combined Pharmacy and Provider directory insert; and

    e. Multi-language inserts.

5. The enrollment form shall include the following statements that the individual:

    a. Understands the requirement to keep Medicare Part A and Part B;

    b. Agrees to abide by the OneCare Connect membership rules, as outlined in materials provided to the individual, including the Provider access requirement;

c. Consents to the Disclosure and exchange of necessary information to provide Covered Services;

d. Understands that enrollment in OneCare Connect automatically disenrolls the individual from any other Medicare, or prescription drug plan in which they are enrolled;

e. Knows that the effective date is the date they shall begin receiving care through OneCare Connect;

f. Knows they have the right to Appeal service and payment denials made by CalOptima;

g. Understands that to qualify for OneCare Connect, the individual must be entitled to receive services under Medi-Cal;

h. Understands that prescription drugs are covered, but not always the same drugs the individual is already taking, and that the individual shall have access to at least one (1) thirty (30)-day supply of their current Part D drugs for at least ninety (90) calendar days, until they can switch to a different drug;

i. Understands that they shall have access to their current doctors for up to twelve (12) months for Medicare and Medi-Cal services from the effective date of enrollment, pursuant to CalOptima Policy CMC.6021a: Continuity of Care for New Members;

j. Knows that OneCare Connect may share their information, including prescription drug information, with Medicare and Medi-Cal, and that it may be released for research and other purposes as allowed by Federal statutes and regulations.

6. An individual shall submit an original enrollment form, except if they submit the enrollment form by facsimile. Enrollments shall not be accepted by phone.

B. Verification of Information:

1. If an individual completes an enrollment form during a face-to-face or telephonic interview, OneCare Connect sales staff shall use the individual's Medicare card to verify the spelling of the individual's name and to confirm the correct recording of gender, Medicare Beneficiary Identifier (MBI) number, and dates of entitlement to receive services under Medicare Part A and Part B, when possible.

2. If an individual submits an enrollment form to CalOptima by mail or facsimile (fax) or makes the Election through another CMS-approved method, CalOptima shall verify the individual's name, gender, MBI number, and dates of entitlement to receive services under Medicare Part A and Part B by telephone or other means, or request that the individual includes a copy of their Medicare card when mailing/faxing the enrollment form to CalOptima.

3. CalOptima shall ensure that all of the following data elements are included and accurate:

a. Permanent Residence Information: The individual shall have a permanent residence address to determine that they reside within the OneCare Connect Service Area. If an individual indicates a Post Office Box as their place of residence on the enrollment form, CalOptima may consider the enrollment form incomplete and shall contact the individual to determine the individual's place of permanent residence. If the individual claims permanent residency in two (2) or more states, or if there is a dispute over where the individual permanently resides, CalOptima shall consider California state guidance in determining whether the

enrollee is considered a resident of the state. In the case of a homeless individual, CalOptima shall consider a Post Office Box, an address of a shelter or clinic, or the address where the individual receives mail (e.g., social security checks) as the place of permanent residence.

b. Medicare Entitlement Information: CalOptima may accept the following as evidence of an individual's entitlement to Medicare Part A and Part B:

   i. Medicare card; or

   ii. Verification of Medicare Part A and Part B through one of CMS' systems, including CMS data available through CMS subcontractors.

c. Medi-Cal Entitlement Information: CalOptima may accept the following as evidence of an individual's entitlement to Medi-Cal benefits:

   i. Verification through the State of California beneficiary eligibility verification system; or

   ii. CalOptima's Medi-Cal membership system.

d. Comprehensive Addition and Recovery Act (CARA): CalOptima shall confirm the individual is not "at risk" or "potentially at risk".

   i. CalOptima shall follow the lock-in requirement for a beneficiary in this category up to a period of twenty-four (24) months unless the CMS System indicates an earlier end to the period.

e. Statement of Understanding: An individual shall understand and agree to abide by the rules of OneCare Connect in order to enroll.

   i. CalOptima shall consider the beneficiary signature on the enrollment form (or completion of the enrollment process) to signify that the individual has read and understands the statements on the form.

   ii. If an enrollment request is received in the mail or by fax, CalOptima shall contact the individual to review the Election requirements, complete the enrollment form, and verify the individual's signature. If CalOptima is unable to contact the individual to ensure understanding, CalOptima shall consider the enrollment form incomplete.

f. Enrollee Signature and Date: An individual shall sign the enrollment form. If the individual is unable to sign the form, an Authorized Representative shall sign the enrollment form. If an Authorized Representative signs the form for the individual, the Authorized Representative must attest to having the authority to do so under state law and confirm that a copy of the proof of court-appointed legal guardian, durable power of attorney, or proof of other authorization required by state law that empowers the Authorized Representative to effect an enrollment request on behalf of the applicant is available and can be presented upon request. The individual, or Authorized Representative, shall indicate the date they signed the enrollment form. If they inadvertently fail to include the date on the enrollment form, CalOptima shall stamp the date of receipt on the enrollment form, and such date shall serve as the signature date of the form. If CalOptima has reason to believe that an individual making an Election on behalf of a Member may not be authorized under State law to do so, CalOptima shall contact CMS, in accordance with the Medicare-Medicaid Plan Enrollment

and Disenrollment Guidance.

i. Other Signatures: If a OneCare Connect representative or any other person helps the individual complete an enrollment form, they shall also sign the enrollment form and indicate their relationship to the individual. However, the form does not require co-signature if such OneCare Connect representative, or person:

a) Pre-fills the individual's name and mailing address when the individual has requested that an enrollment form be mailed to them;

b) Fills in the "office use only" block; or

c) Corrects information on the enrollment form after verifying information, in accordance with Section III.B.3.g of this Policy.

ii. Signature Dates: If CalOptima receives an enrollment form that was signed more than thirty (30) calendar days prior to CalOptima's receipt of the form, CalOptima shall contact the individual to reaffirm the individual's intent to enroll prior to processing the enrollment and to advise the individual of the upcoming effective date.

iii. If a paper enrollment form is submitted and the signature is not included, CalOptima shall verify the individual's intent to enroll with a phone call and document the contact, rather than return the paper enrollment form as incomplete. The documentation of this contact will complete the enrollment request (assuming all other required elements are complete).

g. Determining the Application Date: CalOptima shall date stamp all enrollment forms upon initial receipt in the enrollment office. If the enrollment form is complete at the time it is date stamped, then the date stamp is equivalent to the "Application Date". If the enrollment form is not complete at the time it is date stamped, CalOptima shall date stamp the additional documentation required for the enrollment form to be complete upon receipt. OneCare Connect shall consider the date stamp on the last piece of additional documentation as the "Application Date."

h. Final Verification of Information: If CalOptima makes corrections to an individual's enrollment form, the individual making those corrections shall place their initials and the date next to the correction. OneCare Connect may use a separate "correction" sheet, signed and dated by the individual making the correction, in place of the initialing procedure.

i. Completed enrollment forms: Once the enrollment form is complete, CalOptima shall transmit the enrollment to CMS within the time frames set forth in Section III.F of this Policy.

4. If CalOptima receives an enrollment form that contains all elements described in Section III.B.3 of this Policy, including any elements defined by OneCare Connect and approved by CMS, CalOptima shall consider the enrollment form complete even if all other data elements on the enrollment form are not filled out.

C. If CalOptima receives an enrollment form that does not have all necessary elements required in order to consider the enrollment form complete, CalOptima shall consider the enrollment incomplete.

1. CalOptima shall contact the individual within ten (10) calendar days after receipt of the

enrollment form to request additional information to complete the enrollment form.

a. If CalOptima verbally contacts the individual, CalOptima shall document the contact and shall retain documentation of such contact in its records.

b. CalOptima shall explain to the individual that the additional information must be received by CalOptima no later than the end of the month in which the enrollment form was received or twenty-one (21) calendar days after the date the additional information/documentation was requested, whichever is later.

c. For incomplete enrollment requests received prior to the month of entitlement to Medicare Part A and enrollment in Part B, CalOptima shall explain to the individual that the additional information/documentation to make the request complete must be received by the end of the month immediately preceding the individual's Part A and Part B effective date, or within twenty-one (21) calendar days of the request for additional information, whichever is later.

d. If CalOptima does not receive the additional information within the allowable time frame, CalOptima shall deny the enrollment.

e. If the individual does not provide evidence of entitlement to Medicare Part A and enrollment in Part B with the enrollment form, CalOptima may obtain such evidence through available CMS systems within ten (10) calendar days after receipt of the enrollment form.

j. If the CMS systems indicate that the individual is entitled to Medicare Part A and enrolled in Part B, and CalOptima has all the other information it needs to complete the enrollment form, CalOptima shall consider the enrollment form complete.

ii. If the CMS systems do not provide evidence of entitlement, CalOptima shall promptly contact the individual to obtain such evidence in accordance to Sections III.C.1 and 2 of this Policy.

2. CalOptima shall document all efforts to obtain necessary information to complete the enrollment form.

3. If CalOptima receives all documentation within allowable time frame and the enrollment form is complete, CalOptima shall transmit the enrollment to CMS, in accordance with this Policy.

4. If CalOptima does not receive the documentation needed to make the enrollment form complete within the allowable time frame, CalOptima must deny the enrollment, in accordance with Section III.D of this Policy.

D. Denial of Enrollment:

1. CalOptima shall deny an individual enrollment in OneCare Connect based on:

a. Its determination of the ineligibility of the individual to elect OneCare Connect as set forth in this Policy; or

b. The individual's failure to provide information to complete the enrollment form in accordance with this Policy.

2. CalOptima shall send written notice of denial to an individual, including an explanation of the reason for denial, within ten (10) calendar days after its denial determination, or expiration of the time frame to provide the required information/documentation.

E. Effective Date of Coverage: CalOptima shall determine an individual's effective date of coverage with OneCare Connect, in accordance with CalOptima Policy CMC.4005: Election Periods and Effective Dates.

1. If the individual completes an enrollment form in a face-to-face or telephonic interview, the OneCare Connect representative may advise the individual of the proposed effective date, but shall also stress to the individual that it is only a proposed effective date, and that the individual shall receive confirmation directly from CalOptima regarding the actual effective date. CalOptima shall notify the individual of the effective date of coverage prior to the effective date and shall indicate the actual effective date on the enrollment form, where applicable.

2. CalOptima shall assign the appropriate effective date based on the Election Period.

   a. Medicare-Medicaid enrollees who are entitled to Medicare Part A, Part B, and Part D and receive any type of assistance from the Title XIX (Medicaid) program have a continuous Medicare Special Enrollment Period (SEP) to request enrollment in, or disenrollment from a Medicare health or drug plan.

   b. The effective date of an Election made using this SEP is the first of the month following receipt of the enrollment or disenrollment request.

   c. During face-to-face or telephonic enrollments, the OneCare Connect representative shall ensure that an individual does not choose an effective date other than the one that is applicable.

3. If an individual completes an enrollment form with an unallowable effective date, or if the OneCare Connect representative allows the individual to choose an unallowable effective date, CalOptima shall notify the individual in a timely manner, and explain that CalOptima shall process the enrollment with a different effective date. CalOptima shall resolve the issue with the individual as to the correct effective date and document the notification. If the individual refuses to have the enrollment processed with the correct effective date, the individual may cancel the Election.

F. Transmission of Enrollment to CMS:

1. CalOptima shall submit information necessary for CMS to add an individual to its records as a member to CMS within seven (7) calendar days after receipt of a completed enrollment form. CMS counts the enrollment request receipt date as day zero.

2. CalOptima shall process enrollment forms in chronological order by date of receipt of completed enrollment forms.

G. Prior to an individual's effective date of coverage, or within ten (10) calendar days of receipt of CMS confirmation of acceptance of enrollment, CalOptima shall provide the individual with:

1. A copy of the completed enrollment form, if the individual does not already have a copy of the enrollment form and a paper application was used;

2. A letter acknowledging receipt of the completed enrollment request and confirming Medicare and Medicaid approval of enrollment, showing the effective date of coverage. This notice must be mailed no later than seven (7) calendar days after receipt of the Daily Transaction Reply Report (DTRR) from CMS confirming acceptance of the enrollment;

3. Evidence of health insurance coverage (Member Handbook) so that the individual may begin using OneCare Connect services as of the actual effective date;

4. A Summary of Benefits;

5. A combined Provider/Pharmacy directory insert; and

6. Comprehensive Integrated Formulary.

H. Regardless of an individual's Election in a face-to-face interview, by fax, by mail, or by other mechanisms defined by CMS, CalOptima shall explain:

1. The prospective Member's liability for charges and any amounts attributable to the Medicare deductible and coinsurance;

2. The prospective Member's authorization for the Disclosure and exchange of necessary information between CalOptima and CMS;

3. The potential Member financial liability if it is found that they are not entitled to Medicare Part A and Part B at the time coverage begins and have used OneCare Connect services after the effective date; and

4. The effective date of coverage and how to obtain services prior to the receipt of a OneCare Connect identification (ID) card.

I. Outbound Enrollment and Verification (OEV):

1. The OEV requirements in this section apply with respect to voluntary opt-in enrollments effectuated by plan employed agents.

2. Within fifteen (15) calendar days after receipt of the completed application from an individual, CalOptima OneCare Connect Customer Service shall contact the individual by mail to ensure they requested the enrollment and understands the rules of OneCare Connect.

3. CalOptima shall utilize an approved CMS verification letter.

J. Prior to enrollment, CalOptima shall obtain an acknowledgment by the individual that they understand the requirement for a Member to access services through designated Providers within OneCare Connect with the exception of Emergency Services and Urgent Care.

K. If CalOptima is unable to mail the materials described in Section III.G of this Policy to the individual prior to the effective date, CalOptima:

1. May verbally contact the individual within three (3) calendar days after the availability of the Daily Transaction Reply Report (DTRR) to provide the effective date, the information necessary to access benefits and to explain OneCare Connect rules; and

2. Shall mail such materials no later than seven (7) calendar days after receipt of the DTRR from CMS confirming acceptance of the enrollment.

L. Acceptance or Rejection of Enrollment:

1. Upon receipt of a DTRR report from CMS indicating whether the individual's enrollment has been accepted or rejected, CalOptima shall notify the individual in writing of CMS' acceptance or rejection within seven (7) calendar days after the availability of the DTRR.

2. If CalOptima rejects an enrollment and later receives additional information from the individual substantiating eligibility, CalOptima shall obtain a new enrollment request from the individual in order to enroll the individual and process the enrollment with a current, i.e., not retroactive, effective date.

3. During the voluntary enrollment process, CalOptima shall check State and CMS systems for employer or union coverage and, if no data are available, ask detailed questions to determine whether such coverage exists. Once an individual has been identified as having Other Health Coverage, or other exclusionary criteria, e.g., waiver programs, CalOptima shall cease the enrollment process and inform the individual that they are not eligible to enroll in the OneCare Connect plan.

4. Within ten (10) calendar days of receipt of DTRR report indicating Part D enrollment rejection due to an individual’s existing employer/union coverage, CalOptima shall send a notice to the individual that they are not eligible to enroll in OneCare Connect due to having Other Health Coverage.

M. Enrollments Not Legally Valid:

1. An enrollment is not legally valid if:

a. The enrollment form is not complete;

b. An enrollment request was signed by the individual, when a Legal Representative should have signed for the individual;

c. CalOptima determines at a later date that the individual did not meet eligibility requirements at the time of enrollment;

d. The individual enrolled in a supplemental insurance program immediately after enrolling in OneCare Connect;

e. The individual, or the individual’s Authorized Representative, did not intend to enroll the individual in OneCare Connect; or

f. The individual received non-emergency, or non-urgent, services out-of-plan immediately after the effective date of coverage under OneCare Connect.

2. If there is evidence that the individual did not intend to enroll in OneCare Connect, CalOptima shall submit a retroactive disenrollment request to CMS.

N. Retroactive Enrollment:

1. The request for a retroactive enrollment shall be made within the time frames provided in the

Standard Operating Procedure for the CMS Retroactive Processing Contractor (RPC).

2. When an individual has fulfilled all enrollment requirements, but CalOptima, or CMS, has not been able to process the enrollment in a timely manner, the following documentation must be submitted to CMS or the RPC:

    a. A copy of the signed and completed enrollment form, signed and received by CalOptima prior to the requested effective date of coverage; or

    b. A copy of the enrollment request record showing that the enrollment request was made and received by CalOptima prior to the requested effective date of coverage.

3. CMS shall only process requests for retroactive enrollments when CalOptima has notified the individual that they shall use OneCare Connect services during the period covered by the retroactive enrollment request.

4. CalOptima shall not make retroactive enrollments back to a date when OneCare Connect was closed for enrollment.

5. If CalOptima makes a retroactive request that is a result of a CalOptima error, CalOptima shall provide a clear and detailed explanation of the plan error including why the retroactive action is necessary to correct the error. The explanation shall include:

    a. Clear information regarding what CalOptima has communicated to the affected beneficiary throughout the period in question; and

    b. Any relevant information, or documentation, supporting the requested correction, for example:

        i. A copy of the enrollment request form (or clear evidence of the use of another enrollment mechanism); and

        ii. Evidence of notices sent to the individual related to, or caused by, the error.

O. Prior to the effective date of enrollment, within ten (10) calendar days after receipt of the DTRR from CMS confirming enrollment acceptance, CalOptima shall provide all Members with information including, but not limited to:

    1. Welcome letter;

    2. OneCare Connect identification (ID) card;

    3. Member Handbook;

    4. Member rights and responsibilities;

    5. Provider/Pharmacy Directory insert;

    6. Pharmacy information;

    7. Formulary;

    8. Vision services information;

9. New Member orientation information; and

10. OneCare Connect Customer Service contact information**.**

IV. ATTACHMENT(S)

A. OneCare Connect Enrollment Form
B. Notice for OneCare Connect Denial of Enrollment

V. REFERENCE(S)

A. California Medicare-Medicaid Plan Enrollment and Disenrollment Guidance
B. CalOptima Policy CMC.4005: Election Periods and Effective Dates
C. CalOptima Policy CMC.6021a: Continuity of Care for New Members
D. CalOptima Three-Way Contract with the Centers for Medicare & Medicare Services (CMS) and the Department of Health Care Services (DHCS) for Cal MediConnect
E. Final Contract Year (CY) 2020 Medicare Marketing Guidance for California Medicare-Medicaid Plans
F. Medicare Marketing Guidelines for Medicare Advantage Plans, Medicare Advantage Prescription Drug Plans, Prescription Drugs Plans, and 1876 Cost Plans (Issued July 20, 2017)
G. Medicare-Medicaid Plan (MMP) Enrollment and Disenrollment Guidance (Revised: August 2, 2018, eff 01/01/2019)
H. Memorandum of Understanding (MOU) Between CMS and the State of California
I. Title 42, Code of Federal Regulations (CFR) §§422.66(b) and 422.74

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	05/01/2015	CMC.4003	Member Enrollment (Voluntary)	OneCare Connect
Revised	07/01/2016	CMC.4003	Member Enrollment (Voluntary)	OneCare Connect
Revised	07/01/2017	CMC.4003	Member Enrollment (Voluntary)	OneCare Connect
Revised	07/01/2018	CMC.4003	Member Enrollment (Voluntary)	OneCare Connect
Revised	01/01/2019	CMC.4003	Member Enrollment (Voluntary)	OneCare Connect
Revised	03/01/2020	CMC.4003	Member Enrollment (Voluntary)	OneCare Connect

IX. GLOSSARY

Term	Definition
AIDS Medi-Cal Waiver Program (MCWP)	A waiver program authorized by the Centers for Medicare and Medicaid Services (CMS) for Medi-Cal recipients under Title XIX of the Social Security Act.
Appeal	In general, a Member's actions, both internal and external to CalOptima requesting review of CalOptima's denial, reduction or termination of benefits or services, from CalOptima. Appeals relating to Medi-Cal covered benefits and services shall proceed pursuant to the laws and regulations governing Medi-Cal Appeals. Appeals relating to Medicare covered benefits and services shall proceed pursuant to the laws and regulations governing Medicare Appeals. A Medi-Cal based Appeal is defined as review by CalOptima of an Adverse Benefit Determination.
Application Date	For paper enrollment forms and other enrollment request mechanisms, the Application Date is the date the enrollment request is initially received by the organization as defined by the method of enrollment. Plans must use this date in the appropriate field when submitting enrollment transactions to Centers of Medicare & Medicaid Services (CMS). For requests submitted to sales agents, including brokers, the Application Date is the date the agent/broker receives (accepts) the enrollment request and not the date the organization receives the enrollment request from the agent/broker. For purposes of enrollment, receipt by the agent or broker employed by or contracting with the organization, is considered receipt by the plan, thus all CMS required timeframes for enrollment processing begin on this date.
Assisted Living Waiver	A Home and Community-Based Services (HCBS) waiver program that was created by legislation that directed the California Department of Health Care Services (DHCS) to develop and implement the project to test the efficacy of assisted living as a Medi-Cal benefit.
Centers for Medicare & Medicaid Services (CMS)	The federal agency under the United States Department of Health and Human Services responsible for administering the Medicare and Medicaid programs.
Covered Services	Those medical services, equipment, or supplies that CalOptima is obligated to provide to Members under the Three-Way Agreement with the Department of Health Care Services (DHCS) and Centers for Medicare & Medicaid Services (CMS) Contract.
Department of Health Care Services (DHCS)	The state department in California responsible for administration of the federal Medicaid Program (referred to as Medi-Cal in California). DHCS is generally referred to as the state in this document.
Developmental Disability	A disability which originates before the individual attains age 18, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual as defined in the California Code of Regulations.
Disclosure	Has the meaning given such term in Section 160.103 of Title 45, Code of Federal Regulations. The release, transfer, provision of access to, or divulging in any other manner of information outside of the entity holding the information.
Election	Enrollment in or voluntary disenrollment from a Medicare Advantage Plan (MA) or a Medicare Medicaid Plan (MMP) or Original Medicare.
Election Period	The time during which an eligible individual may elect a Medicare Advantage (MA) plan, a Medicare Medicaid Plan (MMP) or Original Medicare. The Election period determines the effective date of MA coverage.

Term	Definition
Emergency Services	Those covered inpatient and outpatient services required that are: 1. Furnished by a physician qualified to furnish emergency services; and 2. Needed to evaluate or stabilize an Emergency Medical Condition.
Formulary	The approved list of outpatient medications, medical supplies and devices, and the Utilization and Contingent Therapy Protocols as approved by the CalOptima Pharmacy & Therapeutics (P&T) Committee for prescribing to Members without the need for Prior Authorization.
In-Home Supportive Services (IHSS)	A program that provides in-home care for people who cannot remain in their own homes without assistance.
Intermediate Care Facility (ICF)	A facility that primarily provides health-related care and services above the level of custodial care but does not provide the level of care available in a hospital or Skilled Nursing Facility.
Legal Representative or Authorized Representative	An individual who is the Legal Representative or otherwise legally able to act on behalf of a Member, as the law of the State in which the beneficiary resides may allow, in order to execute an enrollment or disenrollment request; e.g., court appointed legal guardians, persons having durable power of attorney for health care decisions, or individuals authorized to make health care decisions under state surrogate consent laws, provided they have the authority to act for the beneficiary in this capacity. (Form CMS-1696 may not be used to appoint an Authorized Representative for the purposes of enrollment and disenrollment. This form is solely for use in the Claims Adjudication or Claim Appeals process, and does not provide broad legal authority to make another individual's healthcare decisions.)
Long Term Care	A variety of services that help Members with health or personal needs and Activities of Daily Living over a period of time. Long Term Care (LTC) may be provided at home, in the community, or in various types of facilities, including nursing homes and assisted living facilities.
Marketing Materials	Marketing Materials: Materials defined in the Centers for Medicare & Medicaid Services (CMS) marketing guidelines set forth in the Medicare Managed Care Manual as any informative materials targeted to Medicare beneficiaries that: 1. Promotes or communicates or explains the Medicare Medicaid plan (MMP); 2. Informs Medicare beneficiaries that they may enroll, or remain enrolled in, the MMP; 3. Explains the benefits of enrollment in the MMP or rules that apply to enrollees; and 4. Explains how Medicare services are covered under the MMP including conditions that apply to such coverage. Marketing Materials include notification forms and letters used to enroll, disenroll, and communicate with a Member, any information or product that is designed to encourage retention of or an increase in Contracted Membership, and is produced in a variety of print, broadcast, and direct marketing media that include, but are not limited to: radio, television, billboards, newspapers, the internet, leaflets, informative materials (ex. Summary of Benefits, Approved Formulary), videos, advertisements, letters, posters, and items of nominal value.
Medicaid	The program of medical assistance benefits under Title XIX of the Social Security Act and various Demonstrations and waivers thereof. California's state-specific name for this program is Medi-Cal.

Term	Definition
Medicare	Title XVIII of the Social Security Act, the federal health insurance program for people age 65 or older, people under 65 with certain disabilities, and people with End Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis. Medicare Part A provides coverage of inpatient hospital services and services of other institutional providers, such as skilled nursing facilities and home health agencies. Medicare Part B provides supplementary medical insurance that covers physician services, outpatient services, some home health care, durable medical equipment, and laboratory services and supplies, generally for the diagnosis and treatment of illness or injury. Medicare Part C provides Medicare beneficiaries with the option of receiving Part A and Part B services through a private health plan. Medicare Part D provides outpatient prescription drug benefits.
Medicare Part A	Medicare Part A (Hospital Insurance) helps cover inpatient care in hospitals, including critical access hospitals, and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and some home health care. Certain conditions must be met to get these benefits.
Medicare Part B	Medicare Part B (Medical Insurance) helps cover doctors' services and outpatient care. It also covers some other medical services that Part A doesn't cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary.
Member	An enrollee-beneficiary of the CalOptima OneCare Connect program.
Multi-Purpose Senior Services Program (MSSP)	A California-specific program, the 1915(c) Home and Community-Based Services Waiver that provides Home and Community-Based Services (HCBS) to Medi-Cal eligible individuals who are 65 or older with disabilities as an alternative to nursing facility placement.
Other Health Coverage (OHC)	Evidence of health coverage other than OneCare Connect including, but not necessarily limited to 1. The CalOptima Medi-Cal program; 2. Group health plans; 3. Federal Employee Health Benefits Program (FEHB); 4. Military coverage, including TRICARE; 5. Worker's Compensation; 6. Personal Injury Liability compensation; 7. Black Lung federal coverage; 8. Indian Health Service; 9. Federally qualified health centers (FQHC); 10. Rural health centers (RHC); and 11. Other health benefit plans or programs that provide coverage or financial assistance for the purchase or provision of Covered Part D Drugs on behalf of Part D eligible individuals as the Centers for Medicare & Medicaid Services (CMS) may specify.
Pharmacy	An area, place, or premises licensed by the State Board of Pharmacy in which the profession of pharmacy is practiced and where Prescriptions are compounded and dispensed, and for the purpose of this policy, the licensed dispensing area of a community clinic.
Provider	A physician, pharmacist, nurse, nurse mid-wife, nurse practitioner, medical technician, physician assistant, hospital, laboratory, health maintenance organization, Health Network, Physician Group, or other person or institution who furnishes Covered Services.

Term	Definition
Service Area	Orange County, California, and ten (10) air miles of any portion of Orange County, California.
Share of Cost (SOC)	Medi-Cal requires some Members, based on their income, to contribute to the cost of their health care each month before Medi-Cal will pay. The amount Members must contribute is set by Medi-Cal and is called Share of Cost (SOC).
Special Enrollment Period	Election Period provided to individuals in situations where; 1. The individual has made a change in residence outside of the service area or continuation area or has experienced another change in circumstances as determined by Centers for Medicare & Medicaid Services (CMS) (other than termination for non-payment of premiums or disruptive behavior) that causes the individual to no longer be eligible to elect the Medicare Advantage plan; 2. CMS or the organization has terminated the Medicare Advantage organization's contract for the Medicare Advantage plan in the area in which the individual resides, or the organization has notified the individual of the impending termination of the plan or the impending discontinuation of the plan in the area in which the individual resides; 3. The individual demonstrates that the Medicare Advantage organization offering the Medicare Advantage plan substantially violated a material provision of its contract under Medicare Advantage in relation to the individual, or the Medicare Advantage organization (or its agent) materially misrepresented the plan when marketing the plan; 4. The individual is entitled to Medicare Part A and Part B and receives any type of assistance from Medi-Cal; or 5. The individual meets such other exceptional conditions as CMS may provide.
Urgent Care	Any request for medical care or treatment with respect to which the application of the time periods for making non-urgent determinations: 1. Could seriously jeopardize the life or health of the Member or the Member's ability to regain maximum function, based on a prudent layperson's judgment; or 2. In the opinion of a Practitioner with knowledge of the Member's medical condition, would subject the Member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.

Policy:	CMC.4011
Title:	**Notice of Change in Location and Availability of Covered Services**
Department:	Customer Service
Section:	Not Applicable
Interim CEO Approval:	*/s/ Richard Sanchez 10/02/2020*
Effective Date:	05/01/2015
Revised Date:	10/01/2020
Applicable to:	☐ Medi-Cal ☐ OneCare ☒ OneCare Connect ☐ PACE ☐ Administrative

I. PURPOSE

This policy describes the processes by which CalOptima shall notify affected Members and other interested parties, including Sales and Marketing Vendors, of changes in the location and availability of Covered Services.

II. POLICY

A. If CalOptima changes any aspect of OneCare Connect that may impact Members, it shall notify Members as follows:

1. If the change in Covered Services shall take effect on January 1, CalOptima shall notify all Members no later than September 30 of the prior calendar year.

2. For all other changes in Covered Services, CalOptima shall notify all Members at least thirty (30) calendar days before the effective date of the change.

3. In the event of a natural disaster or emergency, CalOptima shall notify Members of any significant changes in the availability or location of Covered Services, as soon as possible.

B. Except as otherwise provided in this policy, if a contracted Health Network changes availability or location of Covered Services, CalOptima or the Health Network shall make best efforts to notify affected Members at least thirty (30) calendar days prior to the effective date of such change.

C. Upon termination of a Primary Care Provider (PCP)'s contract with a Health Network:

1. The Health Network shall notify CalOptima no later than sixty (60) calendar days prior to the PCP's contract termination date.

2. CalOptima and the Health Network shall notify affected Member, in accordance with CalOptima Policy CMC.4010: Health Network and Primary Care Provider Selection, Assignment, and Notification.

D. CalOptima shall submit any changes in the availability or location of Covered Services to the Centers for Medicare & Medicaid Services (CMS) and California Department of Health Care

Back to Agenda Back to Item

Services (DHCS), if applicable for review and approval, in accordance with the latest Medicare-Medicaid Plan (MMP) marketing guidelines.

E. CalOptima shall notify all interested parties of changes in the availability or location of Covered Services to ensure that accurate information is conveyed to current and prospective Members regarding the availability of Providers in each Health Network.

III. PROCEDURE

A. Subject to the provisions of this policy, a Health Network or CalOptima shall make best efforts to provide notification to Members enrolled in the Health Network at least thirty (30) calendar days prior to the effective date of a change in Covered Services.

1. In the case of unforeseen circumstances (i.e., the Health Network or CalOptima receives less than thirty (30) calendar days notice of a change in a Provider contract status), the Health Network or CalOptima shall notify Members enrolled in the Health Network of a change in the availability of a Covered Service or the location where Members may obtain Covered Services immediately upon receipt of notice of such change.

2. If a Health Network terminates a Contracted Provider's contract without prior notice as a result of his or her endangering the health and safety of Members, committing criminal or fraudulent acts, or engaging in grossly unprofessional conduct, the Health Network or CalOptima shall provide notice to affected Members within thirty (30) calendar days after the date of the contract termination.

3. The Health Network or CalOptima notice to Members shall include a description of the change in availability or location of Covered Services, and instructions for obtaining those Covered Services affected by the change.

B. Notice of Change in Availability or Location of Service

1. CalOptima shall provide Sales and Marketing Vendors with written notice via website, letter or mailings of any change in the availability or location of Covered Service within one (1) business day after receipt of notification of a change in Providers.

2. CalOptima shall notify all other interested parties, including but not limited to, Providers, community-based organizations, and other related health care entities, of such changes if CalOptima determines that notification ensures continuity of care for Members.

C. CalOptima shall ensure continuity of care for Members in accordance with CalOptima Policy CMC.6021: Continuity of Care for Members Involuntarily Transitioning Between Providers or Practitioners.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

A. CalOptima Policy CMC.4010: Health Network and Primary Care Provider Selection, Assignment, and Notification
B. CalOptima Policy CMC.6021: Continuity of Care for Members Involuntarily Transitioning Between Providers or Practitioners

C. CalOptima Three-way Contract with the Centers for Medicare and Medicaid Services (CMS) and the Department of Health Care Services (DHCS)
D. Medicare Managed Care Manual, Chapter 11, Section 100.4: Provider and Supplier Contract Requirements
E. Medicare Managed Care Manual: CY2019 Final Medicare Marketing Guidelines
F. Medicare-Medicaid Plan (MMP) CY 2020 Marketing Guidance for California Cal MediConnect Plans (Issued: August 29, 2019)
G. Title 42, Code of Federal Regulations (CFR.), § 422.111(e)

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	05/01/2015	CMC.4011	Notice of Change in Location and Availability of Covered Services	OneCare Connect
Revised	08/01/2016	CMC.4011	Notice of Change in Location and Availability of Covered Services	OneCare Connect
Revised	08/01/2017	CMC.4011	Notice of Change in Location and Availability of Covered Services	OneCare Connect
Revised	08/01/2018	CMC.4011	Notice of Change in Location and Availability of Covered Services	OneCare Connect
Revised	09/01/2019	CMC.4011	Notice of Change in Location and Availability of Covered Services	OneCare Connect
Revised	10/01/2020	CMC.4011	Notice of Change in Location and Availability of Covered Services	OneCare Connect

IX. GLOSSARY

Term	Definition
Centers for Medicare & Medicaid Services (CMS)	The federal agency under the United States Department of Health and Human Services responsible for administering the Medicare and Medicaid programs.
Covered Service	Those medical services, equipment, or supplies that CalOptima is obligated to provide to Members under the Three-Way contract with the Department of Health Care Services (DHCS) and Centers for Medicare & Medicaid Services (CMS).
Department of Health Care Services (DHCS)	The single State Department responsible for administration of the Medi-Cal program, California Children Services (CCS), Genetically Handicapped Persons Program (GHPP), Child Health and Disabilities Prevention (CHDP), and other health related programs.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima to provide Covered Services to Members assigned to that Health Network.
Member	An enrollee-beneficiary of the OneCare Connect program.
Non-Physician Medical Practitioner	A nurse practitioner, certified nurse midwife, or physician assistant authorized to provide Primary Care under Physician supervision.
Primary Care Practitioner/Physician	A Practitioner/Physician responsible for supervising, coordinating, and providing initial and primary care to Members and serves as the medical home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, or obstetrician/gynecologist (OB/GYN). For Members who are Seniors or Persons with Disabilities or eligible for the Whole Child Model, "Primary Care Practitioner" or "PCP" shall additionally mean any Specialty Care Provider who is a Participating Provider and is willing to perform the role of the PCP. A PCP may also be a Non-physician Medical Practitioner (NMP) (e.g., Nurse Practitioner [NP], Nurse Midwife, Physician Assistant [PA]) authorized to provide primary care services under supervision of a physician. For SPD or Whole Child Model beneficiaries, a PCP may also be a Specialty Care Provider or clinic.
Primary Care Provider (PCP)	A person responsible for supervising, coordinating, and providing initial and Primary Care to Members; for initiating referrals; and for maintaining the continuity of patient care. A PCP may be a Primary Care Physician or Non-Physician Medical Practitioner.
Provider	A physician, nurse, nurse mid-wife, nurse practitioner, medical technician, physician assistant, hospital, laboratory, ancillary provider, health maintenance organization, physician group or other person or institution that furnishes Covered Services.
Sales and Marketing Vendor	A vendor contracted with CalOptima to provide sales and marketing functions for OneCare Connect.

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken February 18, 2021
Regular Meeting of the CalOptima Board of Directors'
Finance and Audit Committee

Report Item

6. Consider Recommending that the Board of Directors Authorize Modifications to CalOptima Policy FF.4000: Whole-Child Model – Financial Reimbursement for Capitated Health Networks

Contact

Nancy Huang, Chief Financial Officer, (657) 235-6935

Recommended Actions

Recommend Board of Directors' approval of modifications to CalOptima Policy FF.4000: Whole-Child Model – Financial Reimbursement for Capitated Health Networks

Background

CalOptima establishes new and modifies existing policies and procedures to implement federal and state laws, regulations, contracts, and business practices. In addition, CalOptima staff performs an annual policy review to update internal policies and procedures to ensure compliance with applicable requirements.

Discussion

Staff recommends revisions to CalOptima Policy FF.4000: Whole-Child Model – Financial Reimbursement for Capitated Health Networks. This policy establishes the reimbursement process for CalOptima to distribute Whole-Child Model (WCM) payments timely and accurately to health networks, including HMOs, Physician Hospital Consortia (PHC), and Shared Risk Groups (SRG).

Proposed revisions to this policy include:

- Identifying that claims will be at 100% of the amount paid if Medi-Cal has no value for the Current Procedural Terminology (CPT) code, Healthcare Common Procedure Coding System (HCPCS) code or other code as assigned by the California Department of Health Care Services (DHCS)
- Clarifying that, should a value be assigned following repricing but before final settlement of any given measurement period, CalOptima will reevaluate the value assigned in the retrospective risk corridor period; and
- Changing the Medi-Cal Rx implementation date to identify that it will be no sooner than April 1, 2021.

Fiscal Impact

The recommended action to approve revisions to CalOptima Policy FF.4000 is operational in nature and has no additional fiscal impact beyond what was incorporated in the CalOptima Fiscal Year 2020-21 Operating Budget approved by the Board on June 4, 2020.

Back to Agenda

Rationale for Recommendation

The recommended action is expected to enhance the efficiency of CalOptima's operations and governance and ensure compliance with applicable regulatory requirements.

Concurrence

Gary Crockett, Chief Counsel

Attachments

1. CalOptima Policy FF. 4000: Whole-Child Model – Financial Reimbursement for Capitated Health Networks (redlined and clean)

/s/ Richard Sanchez — *02/10/2021*

Authorized Signature — **Date**

Back to Agenda

Policy:	FF.4000
Title:	**Whole-Child Model – Financial Reimbursement for Capitated Health Networks**
Department:	Finance
Section:	Accounting
CEO Approval:	
Effective Date:	07/01/2019
Revised Date:	TBD
Applicable to:	☒ Medi-Cal ☐ OneCare ☐ OneCare Connect ☐ PACE ☐ Administrative

For 2021 0218 FAC Review Only

I. PURPOSE

This policy establishes the reimbursement process for CalOptima to distribute Whole-Child Model (WCM) payments timely and accurately to Health Networks, including Health Maintenance Organizations (HMO), Physician Hospital Consortia (PHC), and Shared Risk Groups (SRG).

II. POLICY

A. CalOptima shall pay the Health Network in accordance with the Health Network's Contract for Health Care Services, the CalOptima Board of Directors (BOD)-approved payment methodology, and the terms and conditions of this Policy.

B. CalOptima's WCM reimbursement methodology for Health Networks is based on the number of California Children's Services (CCS) Program-eligible Members, as identified by the local CCS Program, enrolled in Health Networks during the applicable period.

C. If the local CCS Program identifies that an individual was not eligible for the CCS Program and retroactively terminates CCS eligibility, CalOptima shall recover payments made to the Health Network for such individual.

D. CalOptima Direct-Administrative (COD-A) is financially responsible for all Covered Services provided during a month in which a CCS-eligible Member has retroactive eligibility.

E. In accordance with CalOptima Policy FF.1007: Health Network Reinsurance Coverage, CalOptima shall exclude Members from the provision of reinsurance as of the effective date of the Member being CCS-eligible.

F. The Measurement Period for WCM payments is established by fiscal year (FY), July 1 to June 30. In accordance with Section II.J.3 of this Policy, CalOptima shall keep each Measurement Period (FY1) open for thirty (30) months after the end of each Measurement Period before the risk corridor reconciliation is considered finalized (e.g., Measurement Period FY 2019-20 (July 1, 2019 – June 30, 2020) will be finalized based on claims paid through December 31, 2022).

Back to Agenda Back to Item

G. CalOptima reimburses Health Networks, with the exception of Kaiser Foundation Health Plan, Inc. (Kaiser), for services rendered to enrolled CCS-eligible Members based on a methodology that includes the following components described in this Policy:

1. Initial Capitation Payments;

2. Interim catastrophic payment; and

3. Retrospective risk corridor settlements.

H. CalOptima shall reimburse Kaiser for services rendered to enrolled CCS-eligible Members based on a methodology described in Section III.G. of this Policy.

I. CalOptima may adjust Health Network initial Capitation Payment rates subject to Department of Health Care Services (DHCS) funding updates for the Measurement Period.

J. The WCM payment timelines are:

1. Initial Capitation Payment: CalOptima shall pay monthly on or before the fifteenth (15th) calendar day of the month.

2. Interim catastrophic payment: CalOptima shall pay quarterly based on the refreshed data for each Measurement Period as follows:

CCS Eligible and Claims Incurred for Dates of Service	Claims Payment Period	Interim Catastrophic Calculation (Payment/ Recoupment) Date
July 1 – September 30, FY1	FY1 paid through September 30, FY1	No later than November 30, FY1
July 1 – December 31, FY1	FY1 paid through December 31, FY1	No later than February 28, FY1
July 1 – March 31, FY1	FY1 paid through March 31, FY1	No later than May 31, FY1
July 1 – June 30, FY1	FY1 paid through June 30, FY1	No later than August 31, FY2
July 1 – June 30, FY1	FY1 paid through September 30, FY2	No later than November 30, FY2

3. Retrospective risk corridor settlement: CalOptima shall pay annually based on the refreshed data for each Measurement Period as follows:

Measurement Period (CCS Eligible and Claims Incurred for Dates of Service for FY1)	Claims Payment Period	Risk Corridor Settlement (Payment/ Recoupment) Date
July 1 – June 30, FY1	Measurement Period plus 6 months: FY1 paid through December 31, FY2	No later than May 15, FY2
July 1 – June 30, FY1	Measurement Period plus 18 months: FY1 paid through December 31, FY3	No later than May 15, FY3

For 20210218 PAC Review Only

Measurement Period (CCS Eligible and Claims Incurred for Dates of Service for FY1)	Claims Payment Period	Risk Corridor Settlement (Payment/ Recoupment) Date
July 1 – June 30, FY1	Measurement Period plus 30 months (final): FY1 paid through December 31, FY4	No later than May 15, FY4

III. PROCEDURE

A. Initial Capitation Payment

1. CalOptima shall provide monthly Capitation Payments for CCS-eligible Members enrolled in the Health Networks at Capitation Rates per Member per month (PMPM) developed by CalOptima, approved by the BOD and set forth in the Health Network's Contract for Health Care Services.

2. CalOptima shall process the initial Capitation Payment in accordance with CalOptima Policy FF.1001: Capitation Payments. CalOptima shall issue one (1) payment that includes the initial Capitation Payment for CCS-eligible Members combined with the Capitation Payment for non-CCS eligible Members.

B. Interim Catastrophic Payment

1. Health Networks shall submit paid claims through the existing monthly External Decision Data submission for covered hospital and covered physician expenses rendered to enrolled CCS-eligible Members monthly, by the fifteenth (15th) calendar day after the month ends for all Open Measurement Periods. Health Networks shall submit claims using CalOptima's proprietary format and file naming convention.

   a. An HMO, with the exception of Kaiser, shall submit claims for covered hospital and covered physician expenses;

   b. The Primary Physician Group of a PHC shall submit claims for covered physician expenses;

   c. The Primary Hospital of a PHC shall submit claims for covered hospital expenses; and

   d. An SRG shall submit claims for covered physician expenses.

2. CalOptima shall validate and reprice the submitted claims based on the CalOptima contracted and non-contracted rates following the lesser of the amount paid for covered physician and hospital expenses. Repricing will be made at ~~fifty~~one hundred percent (~~50~~100%) of the amount paid if Medi-Cal has no value for the five (5)-digit numerical Current Procedural Terminology (CPT) code, Healthcare Common Procedure Coding System (HCPCS) code, or other code as assigned by DHCS. Should a value be assigned following the repricing of these claims prior to the final settlement of any given measurement period, CalOptima will utilize that value for the five (5)-digit numerical CPT code, HCPCS code, or other code as assigned by DHCS in the Retrospective Risk Corridor discussed in Section III.C. These allowable claims, as determined by CalOptima, shall represent the repriced WCM medical expenses used in the reconciliation process for the interim catastrophic reimbursement. Claims paid by the Health Network at a higher rate than would be payable by CalOptima, based on the above methodology, may be subject to additional review for potential adjustment of the payment methodology to represent what CalOptima would have paid under similar circumstances, not to exceed actual payments made.

For 20210218 F&C Review Only

3. Upon request, an eligible Health Network shall provide, within five (5) business days, detailed support for any individual claim for which billed charges are greater than or equal to ten thousand dollars ($10,000), including copies of the claim form, cancelled check, explanation of benefits (EOB), Remittance Advice Detail (RAD), and other information as requested by CalOptima. All non-contracted emergency hospital inpatient claims require submission of the authorization distinguishing days considered emergency and post-stabilization.

4. CalOptima shall notify an eligible Health Network of file acceptance or rejection no later than three (3) business days after receipt. CalOptima may reject a file for missing information or incorrect data. If CalOptima rejects a file, an eligible Health Network shall resubmit a corrected file no later than September 30, FY2 of the claims payment period pursuant to Section II.J.2 of this Policy. Any timely resubmission after the fifteenth (15th) of the month will be included in the subsequent month's process. A paid claims file initially submitted or a corrected file resubmitted by an eligible Health Network after the September 30, FY2 deadline will be processed in accordance with the requirements of the annual retrospective risk corridor reconciliation as set forth in Sections II.J.3 and III.C of this Policy.

5. For a complete claims paid file accepted by CalOptima, CalOptima shall notify an eligible Health Network of the results as follows:

    a. If CalOptima receives the file by the fifteenth (15th) of the month, notice of the results will be provided no later than thirty (30) business days after the fifteenth (15th) of that month.

    b. If CalOptima receives the file after the fifteenth (15th) of the month, notice of the results will be provided no later than thirty (30) business days after the fifteenth (15th) of the subsequent month.

6. An eligible Health Network may appeal claim denials and payments within sixty (60) business days after the date of CalOptima's quarterly interim catastrophic payment remittance advice.

    a. The eligible Health Network shall submit a request for appeal, in writing, to CalOptima at:

        WCMReimb@caloptima.org

        Or by U.S. mail to:

        Attn: Coding Initiatives Department - WCM Claims
        CalOptima
        505 City Parkway West
        Orange CA 92868

    b. An appeal claims submission file shall only include specific claims to be reconsidered.

    c. The eligible Health Network shall provide detailed claims support for each claim, including copies of the claim form, cancelled check, EOB, RAD, or any other information, as requested by CalOptima.

    d. CalOptima shall notify the eligible Health Network of file acceptance or rejection within three (3) business days after receipt of the appeal file.

        i. CalOptima may reject a file for any missing information or incorrect data.

For 20210218 FAC Review Only

ii. If CalOptima rejects a file, the eligible Health Network shall resubmit a corrected file within five (5) business days after receipt of notification from CalOptima.

e. CalOptima shall process an appeal and provide an eligible Health Network with the detailed report and payment, if applicable, on the following quarterly reimbursement period or within forty-five (45) business days after receipt of the appeal, whichever is later.

7. For each CCS-eligible Member in a given Measurement Period, CalOptima shall reimburse at one hundred percent (100%) of the repriced amount for the covered hospital and covered physician expenses rendered to enrolled CCS-eligible Members in excess of the thresholds which are:

a. $17,000 for covered physician expenses; and

b. $150,000 for covered hospital expenses.

8. CalOptima shall reconcile covered physician and covered hospital expenses separately.

9. CalOptima shall issue interim catastrophic payments to Health Networks in accordance with the timelines in Section II.J.2 of this Policy.

10. In the event of an extraordinary case(s) or significant cash deficiencies, a Health Network may submit a formal written request, along with supporting documentation, for an expedited cash funding payment.

a. Within forty-five (45) business days after receipt of the Health Network's request, CalOptima Claims Department will review the request and documentation and forward the recommendation to approve or deny the request to CalOptima Chief Executive Officer (CEO) and Chief Financial Officer (CFO).

b. The CEO and CFO will make a final determination. CalOptima Finance Department will provide written notification of the final determination to the Health Network no later than sixty (60) business days after receipt of the Health Network's request. If and to the extent approved by CalOptima, the expedited cash funding will be included and reconciled in the next quarterly interim catastrophic payment or annual risk corridor calculation.

C. Retrospective Risk Corridor

1. After the December claims submission, CalOptima shall perform an annual retrospective risk corridor reconciliation for all Open Measurement Periods.

2. CalOptima shall validate and reprice the submitted claims, as described in Sections III.B.1 and III.B.2. of this Policy, based on the lesser of the CalOptima contracted and non-contracted rates or the amount actually paid for covered physician and hospital expenses. Repricing will be made at ~~fifty~~one hundred percent (~~50~~100%) of the amount paid if Medi-Cal has no value for the five-digit numerical CPT code, HCPCS code, or other code as assigned by the DHCS~~.~~ within the retrospective risk corridor period. These allowable claims, as determined by CalOptima, shall represent the covered hospital and covered physician expenses rendered to enrolled CCS-eligible Members used in the retrospective risk corridor reconciliation. Similar to the interim catastrophic reimbursement, claims paid by the Health Network at a higher rate than would be payable by CalOptima, based on the above methodology, may be subject to additional review for potential adjustment of the payment methodology to represent what CalOptima would have paid under similar circumstances, not to exceed actual payments made.

For 20210218 PAC Review Only

3. CalOptima shall perform the retrospective risk corridor reconciliation for physician capitation and hospital capitation separately.

   a. The baseline for the retrospective risk corridor reconciliation is an amount equal to the total Capitation Rate PMPM less the administrative and medical management loads PMPM developed by CalOptima, approved by the BOD, and set forth in the Health Network's Contract for Health Care Services, multiplied by the number of CCS-eligible Members enrolled in the Health Networks during the applicable Measurement Period.

   b. The net difference between the baseline and the qualified WCM medical expenses from Section III.C.2 of this Policy shall be applied to the risk corridor ranges approved by the BOD to determine an amount to be added or subtracted in the retrospective risk corridor reconciliation and referred to as risk corridor result in this Policy.

Threshold	CalOptima's Risk/Surplus Share
> 115%	95%
115%	90%
105%	75%
102%	50%
100%	0%
98%	50%
95%	75%
85%	90%
< 85%	100%

   c. If a total of baseline and risk corridor result subtracting initial Capitation Payments (less the administrative and medical management loads) and interim catastrophic reimbursement from Sections III.A. and III.B. of this Policy respectively for the applicable Measurement Period results in a positive amount, the retrospective risk corridor reconciliation computes the risk corridor payment.

   d. If a total of baseline and risk corridor result subtracting initial Capitation Payments (less the administrative and medical management loads) and interim catastrophic reimbursement from Sections III.A and III.B of this Policy respectively for the applicable Measurement Period results in a negative amount, the retrospective risk corridor reconciliation computes the risk corridor recoupment, which will be deducted from future initial Capitation Payments pursuant to Section III.C. of this Policy.

   e. Administrative and medical management components of CCS reimbursement will be based on total reimbursement at the established percentage, inclusive of all reimbursement attributed to the Measurement Period regardless of when paid, including the initial Capitation Payment, interim catastrophic reimbursement, and retrospective risk corridor settlements. The established percentage shall be the administrative rate established by DHCS for the WCM program for the rate period, subject to a final reconciliation process once DHCS issues final rates for the rate period.

4. No later than March 31, CalOptima shall provide the retrospective risk corridor reconciliation to the Health Networks. If, upon review of the retrospective risk corridor reconciliation, the Health Networks object to the calculations or medical expenses determination, the Health Networks may follow the dispute process outlined in Section III.B.6. of this Policy within thirty (30) calendar days from the issuance of the retrospective risk corridor reconciliation.

For 2021 02 18 HAC Review Only

5. If CalOptima does not receive any written objection from the Health Networks, CalOptima shall pay the risk corridor payment within fifteen (15) calendar days after the expiration of the review period or deduct the risk corridor recoupment from the initial Capitation Payment of a month following the expiration of the review period.

6. If CalOptima receives written objection from the Health Networks within the objection period, CalOptima shall review and provide responses to the Health Networks within forty-five (45) calendar days after the date of receipt of the written objection.

7. CalOptima shall pay the risk corridor payment within fifteen (15) calendar days after the date of issuance of the final retrospective risk corridor reconciliation or deduct the risk corridor recoupment from the initial Capitation Payment of a month following the issuance of the final retrospective risk corridor reconciliation.

8. In the event of significant interim cash deficiencies, a Health Network may submit a formal written request, along with supporting documentation, for an expedited cash funding payment.

    a. Within the time limit specified in Section III.B.10.a. of this Policy, CalOptima Claims Administration Department will review the request and documentation and forward the recommendation to approve or deny the request to the CEO and CFO.

    b. The CEO and CFO will make a final determination. CalOptima will notify the Health Network of the final determination in accordance with Section III.B.10.b. of this Policy. If and to the extent approved by CalOptima, the expedited cash funding will be included and reconciled in the next annual risk corridor calculation.

D. Medical expenses used in the reconciliation process for interim catastrophic reimbursement and retrospective risk corridor settlement shall be consistent with the financial risk in accordance with the Division of Financial Responsibility (DOFR) of the Health Network's Contract for Health Care Services.

E. In the event of an extraordinary case(s), where a claim is paid at rates greater than the CalOptima contracted or non-contracted rates, a Health Network may submit a formal written request for additional review. CalOptima will conduct further evaluation of such cases and determine whether any repricing adjustments are warranted and appropriate. Any approved repricing adjustments will be included in the next interim catastrophic payment or annual retrospective risk corridor reconciliation, whichever occurs first.

F. In the event that a Health Network is dissatisfied with the results of the interim catastrophic payment or annual retrospective risk corridor reconciliation after utilizing the dispute process set forth in this Policy, then the Health Network shall be entitled to pursue the matter through the provider complaint process in accordance with CalOptima Policy HH.1101 CalOptima Provider Complaint.

G. Kaiser Reimbursement Process

1. CalOptima shall provide a monthly administrative capitation payment to Kaiser for enrolled CCS-eligible Members following the regular Medi-Cal capitation process and timeline.

2. Effective upon the implementation of Medi-Cal Rx, no sooner than ~~January~~April 1, 2021, pharmacy expenses for services rendered to enrolled CCS-eligible Kaiser Members, including Hepatitis C drug therapy, shall be excluded from this Policy and shall not be subject to reimbursement as described in Sections III.G.3 through III.G.5 of this Policy.

For 20210218 FAC Review Only

3. Kaiser shall submit a monthly report for covered hospital, physician, ancillary, facility and pharmacy expenses for services rendered to enrolled CCS-eligible Members in a format as agreed by CalOptima and Kaiser. Kaiser shall submit a report using CalOptima's proprietary format and file naming convention, or the equivalent, as agreed by CalOptima and Kaiser.

    a. Reimbursement for Kaiser Hepatitis C drug therapy and Behavioral Health Therapy (BHT) claims for services provided to CCS-eligible Members shall be at the same supplemental rates at which such services are reimbursed for all other Kaiser Members, under a separate process. Therefore, all Hepatitis C drug therapy and BHT claims will be excluded from the monthly reconciliation described in Section III.G.5.

4. CalOptima shall validate and reprice the submitted claims based on:

    a. Internal Kaiser pharmacy claims shall be reimbursed at the equivalent of one hundred percent (100%) of the CalOptima contracted Pharmacy Network rate;

    b. Physician, Hospital and Ancillary Kaiser system claims (services provided by those providers operating through the Kaiser System as defined in Kaiser's Contract for Health Care Services with CalOptima), shall be reimbursed at the equivalent of one hundred percent (100%) of the CalOptima Medi-Cal Fee Schedule. CalOptima updates the CalOptima Medi-Cal Fee Schedule in accordance with CalOptima Policy FF.1002: CalOptima Medi-Cal Fee Schedule. Reimbursement will be based on the CalOptima Medi-Cal Fee Schedule in effect on the date of service;

    c. Professional services provided by Kaiser system CCS-paneled providers shall be reimbursed at one hundred forty percent (140%) of the CalOptima Medi-Cal Fee Schedule; and

    d. For non-Kaiser system pharmacy and other services, CalOptima shall reprice the claims at the rate paid by Kaiser under its contract with the provider, or the rate negotiated and paid by Kaiser. Kaiser may elect to enter into a contract with CalOptima providers that have reciprocity requirements, in which case, CalOptima will reprice the claim at the contracted reciprocal rate.

5. Repricing Results and Reconciliation

    a. CalOptima shall notify Kaiser of the results within thirty (30) business days after the date of CalOptima's receipt of the complete claims paid file.

    b. Kaiser shall provide a rebuttal to, or acceptance of, the results within thirty (30) business days after the date of receipt of the results.

    c. CalOptima, with the cooperation of Kaiser, shall perform a reconciliation of paid covered service expenses, if necessary.

    d. CalOptima shall issue payment to Kaiser within fifteen (15) business days after receipt of the repricing acceptance or the completion of the reconciliation.

    e. In the event that Kaiser is still dissatisfied with the repricing after rebuttal, reconciliation, and payment, then Kaiser shall be entitled to pursue the matter through the provider complaint process in accordance with CalOptima Policy HH.1101 CalOptima Provider Complaint.

For 20210218 FAC Review Only

H. If a Health Network identifies an Overpayment of WCM payments, a Health Network shall return the Overpayment within sixty (60) calendar days after the date on which the Overpayment was identified, and shall notify CalOptima's Accounting Department, in writing, of the reason for the Overpayment.

1. CalOptima shall notify a Health Network of acceptance, adjustment or rejection of the Overpayment no later than three (3) business days after receipt.

2. CalOptima shall coordinate with a Health Network on the process to return the Overpayment.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

A. CalOptima Contract for Health Care Services
B. CalOptima Contract with the Department of Health Care Services (DHCS) for Medi-Cal
C. CalOptima Policy FF.1001: Capitation Payments
D. CalOptima Policy FF.1002: CalOptima Medi-Cal Fee Schedule
E. CalOptima Policy FF.1007: Health Network Reinsurance Coverage
F. CalOptima Policy HH.1101: CalOptima Provider Complaint
G. DHCS All Plan Letter 17-003: Treatment of Recoveries Made by the Managed Care Health Plan of Overpayment to Providers

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

Date	Meeting
08/02/2018	Regular Meeting of the CalOptima Board of Directors
10/04/2018	Regular Meeting of the CalOptima Board of Directors
10/03/2019	Regular Meeting of the CalOptima Board of Directors
12/03/2020	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	07/01/2019	FF.4000	Whole-Child Model – Financial Reimbursement for Capitated Health Networks	Medi-Cal
Revised	12/03/2020	FF.4000	Whole-Child Model – Financial Reimbursement for Capitated Health Networks	Medi-Cal
Revised	TBD	FF.4000	Whole-Child Model – Financial Reimbursement for Capitated Health Networks	Medi-Cal

For 2021 0218 FAC Review Only

IX. GLOSSARY

Term	Definition
Aid Code	The two (2) character code, defined by the State of California, which identifies the aid category under which a Member is eligible to receive Medi-Cal Covered Services.
California Children's Services (CCS) Program	The public health program that assures the delivery of specialized diagnostic, treatment, and therapy services to financially and medically eligible persons under the age of twenty-one (21) years who have CCS-Eligible Conditions, as defined in Title 22, California Code of Regulations (CCR), Sections 41515.2 through 41518.9.
CalOptima Direct-Administrative (COD-A)	The managed Fee-For-Service health care program operated by CalOptima that provides services to Members as described in CalOptima Policy DD.2006: Enrollment in/Eligibility with CalOptima Direct
CalOptima Medi-Cal Fee Schedule	Fee schedule adopted by CalOptima for reimbursement of Covered Services rendered to Medi-Cal Members for which CalOptima is responsible.
Capitation Rate	The per capita rate set by CalOptima for the delivery of Covered Services to Members based upon Aid Code, age, and gender.
Capitation Payment	The monthly amount paid to a Health Network by CalOptima for delivery of Covered Services to Members, which is determined by multiplying the applicable Capitation Rate by a Health Network's monthly enrollment based upon Aid Code, age, and gender.
Contract for Health Care Services	The written instrument between CalOptima and Physicians, Hospitals, Health Maintenance Organizations (HMO), or other entities. Contract shall include all applicable DHCS Medi-Cal Managed Care Division Policy Letters and All Plan letters, and any Memoranda of Understanding entered into by CalOptima that is binding on a Physician Hospital Consortium (PHC) ~~or HMO, DHCS Medi-Cal Managed Cared Division Policy Letters, Contract Interpretation, and Financial Bulletins issued pursuant to the Contract.~~a physician group under a shared risk contract, or an HMO.
Covered Services	Those services provided in the Fee-For-Service Medi-Cal program (as set forth in Title 22, CCR, Division 3, Subdivision 1, Chapter 3, beginning with Section 51301), the Child Health and Disability Prevention program (as set forth in Title 17, CCR, Division 1, Chapter 4, Subchapter 13, Article 4, beginning with section 6842), and the California Children's Services (as set forth in Title 22, CCR, Division 2, subdivision 7, and Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 2.985, beginning with section 14094.4) under the Whole-Child Model program, to the extent those services are included as Covered Services under CalOptima's Medi-Cal Contract with DHCS and are Medically Necessary, along with chiropractic services (as defined in Section 51308 of Title 22, CCR), podiatry services (as defined in Section 51310 of Title 22, CCR), speech pathology services and audiology services (as defined in Section 51309 of Title 22, CCR), and Health Homes Program (HHP) services (as set forth in DHCS All Plan Letter 18-012 and Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 3.9, beginning with section 14127), for HHP Members with eligible physical chronic conditions and substance use disorders, or other services as authorized by the CalOptima Board of Directors, which shall be covered for Members notwithstanding whether such benefits are provided under the Fee-For-Service Medi-Cal program.

For 2021 QIC/PAC Review Only

Term	Definition
Division of Financial Responsibility (DOFR)	A matrix that identifies how CalOptima identifies the responsible parties for components of medical associated with the provision of Covered Services. The responsible parties include, but are not limited to, Physician, Hospital, CalOptima and the County of Orange
Health Maintenance Organization (HMO)	A health care service plan, as defined in the Knox-Keene Health Care Service Plan Act of 1975, as amended, commencing with Section 1340 of the California Health and Safety Code.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, and Health Maintenance Organization (HMO) that contracts with CalOptima to provide Covered Services to Members enrolled to that Health Network.
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima program.
Measurement Period	The Fiscal ~~year~~Year spanning July 1 to June 30. Each Measurement Period will remain open until the third annual report is issued to the Health Network.
~~Open Measurement Period~~	~~The measurement year will remain open until the third annual report is issued to health network~~
Overpayment	Any payment made by CalOptima to a ~~provider~~Provider to which the ~~provider~~Provider is not entitled to under Title XIX of the Social Security Act, or any payment to CalOptima by DHCS to which CalOptima is not entitled to under Title XIX of the Social Security Act.
Physician Hospital Consortium (PHC)	A Physician Group or Physician Groups contractually aligned with at least one (1) hospital, as described in CalOptima's Contract for Health Care Services.
Primary Hospital	A hospital contracted with CalOptima on a capitated and delegated basis as the hospital partner of a Physician Hospital Consortium (PHC).
Primary Physician Group	A physician group contracted with CalOptima on a capitated and delegated basis as the physician partner of a Physician Hospital Consortium (PHC).
Shared Risk Group (SRG)	A Health Network who accepts delegated clinical and financial responsibility for professional services for enrolled Members, as defined by written contract and enters into a risk sharing agreement with CalOptima as the responsible partner for facility services.

For 20210216 FAC Review Only

Policy:	FF.4000
Title:	**Whole-Child Model – Financial Reimbursement for Capitated Health Networks**
Department:	Finance
Section:	Accounting
CEO Approval:	
Effective Date:	07/01/2019
Revised Date:	TBD
Applicable to:	☒ Medi-Cal ☐ OneCare ☐ OneCare Connect ☐ PACE ☐ Administrative

For 2021 0218 FAC Review Only

I. PURPOSE

This policy establishes the reimbursement process for CalOptima to distribute Whole-Child Model (WCM) payments timely and accurately to Health Networks, including Health Maintenance Organizations (HMO), Physician Hospital Consortia (PHC), and Shared Risk Groups (SRG).

II. POLICY

A. CalOptima shall pay the Health Network in accordance with the Health Network's Contract for Health Care Services, the CalOptima Board of Directors (BOD)-approved payment methodology, and the terms and conditions of this Policy.

B. CalOptima's WCM reimbursement methodology for Health Networks is based on the number of California Children's Services (CCS) Program-eligible Members, as identified by the local CCS Program, enrolled in Health Networks during the applicable period.

C. If the local CCS Program identifies that an individual was not eligible for the CCS Program and retroactively terminates CCS eligibility, CalOptima shall recover payments made to the Health Network for such individual.

D. CalOptima Direct-Administrative (COD-A) is financially responsible for all Covered Services provided during a month in which a CCS-eligible Member has retroactive eligibility.

E. In accordance with CalOptima Policy FF.1007: Health Network Reinsurance Coverage, CalOptima shall exclude Members from the provision of reinsurance as of the effective date of the Member being CCS-eligible.

F. The Measurement Period for WCM payments is established by fiscal year (FY), July 1 to June 30. In accordance with Section II.J.3 of this Policy, CalOptima shall keep each Measurement Period (FY1) open for thirty (30) months after the end of each Measurement Period before the risk corridor reconciliation is considered finalized (e.g., Measurement Period FY 2019-20 (July 1, 2019 – June 30, 2020) will be finalized based on claims paid through December 31, 2022).

Back to Agenda Back to Item

G. CalOptima reimburses Health Networks, with the exception of Kaiser Foundation Health Plan, Inc. (Kaiser), for services rendered to enrolled CCS-eligible Members based on a methodology that includes the following components described in this Policy:

1. Initial Capitation Payments;

2. Interim catastrophic payment; and

3. Retrospective risk corridor settlements.

H. CalOptima shall reimburse Kaiser for services rendered to enrolled CCS-eligible Members based on a methodology described in Section III.G. of this Policy.

I. CalOptima may adjust Health Network initial Capitation Payment rates subject to Department of Health Care Services (DHCS) funding updates for the Measurement Period.

J. The WCM payment timelines are:

1. Initial Capitation Payment: CalOptima shall pay monthly on or before the fifteenth (15th) calendar day of the month.

2. Interim catastrophic payment: CalOptima shall pay quarterly based on the refreshed data for each Measurement Period as follows:

CCS Eligible and Claims Incurred for Dates of Service	Claims Payment Period	Interim Catastrophic Calculation (Payment/ Recoupment) Date
July 1 – September 30, FY1	FY1 paid through September 30, FY1	No later than November 30, FY1
July 1 – December 31, FY1	FY1 paid through December 31, FY1	No later than February 28, FY1
July 1 – March 31, FY1	FY1 paid through March 31, FY1	No later than May 31, FY1
July 1 – June 30, FY1	FY1 paid through June 30, FY1	No later than August 31, FY2
July 1 – June 30, FY1	FY1 paid through September 30, FY2	No later than November 30, FY2

3. Retrospective risk corridor settlement: CalOptima shall pay annually based on the refreshed data for each Measurement Period as follows:

Measurement Period (CCS Eligible and Claims Incurred for Dates of Service for FY1)	Claims Payment Period	Risk Corridor Settlement (Payment/ Recoupment) Date
July 1 – June 30, FY1	Measurement Period plus 6 months: FY1 paid through December 31, FY2	No later than May 15, FY2
July 1 – June 30, FY1	Measurement Period plus 18 months: FY1 paid through December 31, FY3	No later than May 15, FY3

For 20210218 PAC Review Only

Measurement Period (CCS Eligible and Claims Incurred for Dates of Service for FY1)	Claims Payment Period	Risk Corridor Settlement (Payment/ Recoupment) Date
July 1 – June 30, FY1	Measurement Period plus 30 months (final): FY1 paid through December 31, FY4	No later than May 15, FY4

III. PROCEDURE

A. Initial Capitation Payment

1. CalOptima shall provide monthly Capitation Payments for CCS-eligible Members enrolled in the Health Networks at Capitation Rates per Member per month (PMPM) developed by CalOptima, approved by the BOD and set forth in the Health Network's Contract for Health Care Services.

2. CalOptima shall process the initial Capitation Payment in accordance with CalOptima Policy FF.1001: Capitation Payments. CalOptima shall issue one (1) payment that includes the initial Capitation Payment for CCS-eligible Members combined with the Capitation Payment for non-CCS eligible Members.

B. Interim Catastrophic Payment

1. Health Networks shall submit paid claims through the existing monthly External Decision Data submission for covered hospital and covered physician expenses rendered to enrolled CCS-eligible Members monthly, by the fifteenth (15th) calendar day after the month ends for all Open Measurement Periods. Health Networks shall submit claims using CalOptima's proprietary format and file naming convention.

   a. An HMO, with the exception of Kaiser, shall submit claims for covered hospital and covered physician expenses;

   b. The Primary Physician Group of a PHC shall submit claims for covered physician expenses;

   c. The Primary Hospital of a PHC shall submit claims for covered hospital expenses; and

   d. An SRG shall submit claims for covered physician expenses.

2. CalOptima shall validate and reprice the submitted claims based on the CalOptima contracted and non-contracted rates following the lesser of the amount paid for covered physician and hospital expenses. Repricing will be made at one hundred percent (100%) of the amount paid if Medi-Cal has no value for the five (5)-digit numerical Current Procedural Terminology (CPT) code, Healthcare Common Procedure Coding System (HCPCS) code, or other code as assigned by DHCS. Should a value be assigned following the repricing of these claims prior to the final settlement of any given measurement period, CalOptima will utilize that value for the five (5)-digit numerical CPT code, HCPCS code, or other code as assigned by DHCS in the Retrospective Risk Corridor discussed in Section III.C. These allowable claims, as determined by CalOptima, shall represent the repriced WCM medical expenses used in the reconciliation process for the interim catastrophic reimbursement. Claims paid by the Health Network at a higher rate than would be payable by CalOptima, based on the above methodology, may be subject to additional review for potential adjustment of the payment methodology to represent what CalOptima would have paid under similar circumstances, not to exceed actual payments made.

For 20210218 F&C Review Only

3. Upon request, an eligible Health Network shall provide, within five (5) business days, detailed support for any individual claim for which billed charges are greater than or equal to ten thousand dollars ($10,000), including copies of the claim form, cancelled check, explanation of benefits (EOB), Remittance Advice Detail (RAD), and other information as requested by CalOptima. All non-contracted emergency hospital inpatient claims require submission of the authorization distinguishing days considered emergency and post-stabilization.

4. CalOptima shall notify an eligible Health Network of file acceptance or rejection no later than three (3) business days after receipt. CalOptima may reject a file for missing information or incorrect data. If CalOptima rejects a file, an eligible Health Network shall resubmit a corrected file no later than September 30, FY2 of the claims payment period pursuant to Section II.J.2 of this Policy. Any timely resubmission after the fifteenth (15th) of the month will be included in the subsequent month's process. A paid claims file initially submitted or a corrected file resubmitted by an eligible Health Network after the September 30, FY2 deadline will be processed in accordance with the requirements of the annual retrospective risk corridor reconciliation as set forth in Sections II.J.3 and III.C of this Policy.

5. For a complete claims paid file accepted by CalOptima, CalOptima shall notify an eligible Health Network of the results as follows:

    a. If CalOptima receives the file by the fifteenth (15th) of the month, notice of the results will be provided no later than thirty (30) business days after the fifteenth (15th) of that month.

    b. If CalOptima receives the file after the fifteenth (15th) of the month, notice of the results will be provided no later than thirty (30) business days after the fifteenth (15th) of the subsequent month.

6. An eligible Health Network may appeal claim denials and payments within sixty (60) business days after the date of CalOptima's quarterly interim catastrophic payment remittance advice.

    a. The eligible Health Network shall submit a request for appeal, in writing, to CalOptima at:

        WCMReimb@caloptima.org

        Or by U.S. mail to:

        Attn: Coding Initiatives Department - WCM Claims
        CalOptima
        505 City Parkway West
        Orange CA 92868

    b. An appeal claims submission file shall only include specific claims to be reconsidered.

    c. The eligible Health Network shall provide detailed claims support for each claim, including copies of the claim form, cancelled check, EOB, RAD, or any other information, as requested by CalOptima.

    d. CalOptima shall notify the eligible Health Network of file acceptance or rejection within three (3) business days after receipt of the appeal file.

        i. CalOptima may reject a file for any missing information or incorrect data.

For 20210218 FAC Review Only

ii. If CalOptima rejects a file, the eligible Health Network shall resubmit a corrected file within five (5) business days after receipt of notification from CalOptima.

e. CalOptima shall process an appeal and provide an eligible Health Network with the detailed report and payment, if applicable, on the following quarterly reimbursement period or within forty-five (45) business days after receipt of the appeal, whichever is later.

7. For each CCS-eligible Member in a given Measurement Period, CalOptima shall reimburse at one hundred percent (100%) of the repriced amount for the covered hospital and covered physician expenses rendered to enrolled CCS-eligible Members in excess of the thresholds which are:

   a. $17,000 for covered physician expenses; and

   b. $150,000 for covered hospital expenses.

8. CalOptima shall reconcile covered physician and covered hospital expenses separately.

9. CalOptima shall issue interim catastrophic payments to Health Networks in accordance with the timelines in Section II.J.2 of this Policy.

10. In the event of an extraordinary case(s) or significant cash deficiencies, a Health Network may submit a formal written request, along with supporting documentation, for an expedited cash funding payment.

    a. Within forty-five (45) business days after receipt of the Health Network's request, CalOptima Claims Department will review the request and documentation and forward the recommendation to approve or deny the request to CalOptima Chief Executive Officer (CEO) and Chief Financial Officer (CFO).

    b. The CEO and CFO will make a final determination. CalOptima Finance Department will provide written notification of the final determination to the Health Network no later than sixty (60) business days after receipt of the Health Network's request. If and to the extent approved by CalOptima, the expedited cash funding will be included and reconciled in the next quarterly interim catastrophic payment or annual risk corridor calculation.

C. Retrospective Risk Corridor

1. After the December claims submission, CalOptima shall perform an annual retrospective risk corridor reconciliation for all Open Measurement Periods.

2. CalOptima shall validate and reprice the submitted claims, as described in Sections III.B.1 and III.B.2. of this Policy, based on the lesser of the CalOptima contracted and non-contracted rates or the amount actually paid for covered physician and hospital expenses. Repricing will be made at one hundred percent (100%) of the amount paid if Medi-Cal has no value for the five-digit numerical CPT code, HCPCS code, or other code as assigned by the DHCS within the retrospective risk corridor period. These allowable claims, as determined by CalOptima, shall represent the covered hospital and covered physician expenses rendered to enrolled CCS-eligible Members used in the retrospective risk corridor reconciliation. Similar to the interim catastrophic reimbursement, claims paid by the Health Network at a higher rate than would be payable by CalOptima, based on the above methodology, may be subject to additional review for potential adjustment of the payment methodology to represent what CalOptima would have paid under similar circumstances, not to exceed actual payments made.

For 20210218 PAC Review Only

3. CalOptima shall perform the retrospective risk corridor reconciliation for physician capitation and hospital capitation separately.

   a. The baseline for the retrospective risk corridor reconciliation is an amount equal to the total Capitation Rate PMPM less the administrative and medical management loads PMPM developed by CalOptima, approved by the BOD, and set forth in the Health Network's Contract for Health Care Services, multiplied by the number of CCS-eligible Members enrolled in the Health Networks during the applicable Measurement Period.

   b. The net difference between the baseline and the qualified WCM medical expenses from Section III.C.2 of this Policy shall be applied to the risk corridor ranges approved by the BOD to determine an amount to be added or subtracted in the retrospective risk corridor reconciliation and referred to as risk corridor result in this Policy.

Threshold	CalOptima's Risk/Surplus Share
> 115%	95%
115%	90%
105%	75%
102%	50%
100%	0%
98%	50%
95%	75%
85%	90%
< 85%	100%

   c. If a total of baseline and risk corridor result subtracting initial Capitation Payments (less the administrative and medical management loads) and interim catastrophic reimbursement from Sections III.A. and III.B. of this Policy respectively for the applicable Measurement Period results in a positive amount, the retrospective risk corridor reconciliation computes the risk corridor payment.

   d. If a total of baseline and risk corridor result subtracting initial Capitation Payments (less the administrative and medical management loads) and interim catastrophic reimbursement from Sections III.A and III.B of this Policy respectively for the applicable Measurement Period results in a negative amount, the retrospective risk corridor reconciliation computes the risk corridor recoupment, which will be deducted from future initial Capitation Payments pursuant to Section III.C. of this Policy.

   e. Administrative and medical management components of CCS reimbursement will be based on total reimbursement at the established percentage, inclusive of all reimbursement attributed to the Measurement Period regardless of when paid, including the initial Capitation Payment, interim catastrophic reimbursement, and retrospective risk corridor settlements. The established percentage shall be the administrative rate established by DHCS for the WCM program for the rate period, subject to a final reconciliation process once DHCS issues final rates for the rate period.

4. No later than March 31, CalOptima shall provide the retrospective risk corridor reconciliation to the Health Networks. If, upon review of the retrospective risk corridor reconciliation, the Health Networks object to the calculations or medical expenses determination, the Health Networks may follow the dispute process outlined in Section III.B.6. of this Policy within thirty (30) calendar days from the issuance of the retrospective risk corridor reconciliation.

For 20210218 HAC Review Only

5. If CalOptima does not receive any written objection from the Health Networks, CalOptima shall pay the risk corridor payment within fifteen (15) calendar days after the expiration of the review period or deduct the risk corridor recoupment from the initial Capitation Payment of a month following the expiration of the review period.

6. If CalOptima receives written objection from the Health Networks within the objection period, CalOptima shall review and provide responses to the Health Networks within forty-five (45) calendar days after the date of receipt of the written objection.

7. CalOptima shall pay the risk corridor payment within fifteen (15) calendar days after the date of issuance of the final retrospective risk corridor reconciliation or deduct the risk corridor recoupment from the initial Capitation Payment of a month following the issuance of the final retrospective risk corridor reconciliation.

8. In the event of significant interim cash deficiencies, a Health Network may submit a formal written request, along with supporting documentation, for an expedited cash funding payment.

    a. Within the time limit specified in Section III.B.10.a. of this Policy, CalOptima Claims Administration Department will review the request and documentation and forward the recommendation to approve or deny the request to the CEO and CFO.

    b. The CEO and CFO will make a final determination. CalOptima will notify the Health Network of the final determination in accordance with Section III.B.10.b. of this Policy. If and to the extent approved by CalOptima, the expedited cash funding will be included and reconciled in the next annual risk corridor calculation.

D. Medical expenses used in the reconciliation process for interim catastrophic reimbursement and retrospective risk corridor settlement shall be consistent with the financial risk in accordance with the Division of Financial Responsibility (DOFR) of the Health Network's Contract for Health Care Services.

E. In the event of an extraordinary case(s), where a claim is paid at rates greater than the CalOptima contracted or non-contracted rates, a Health Network may submit a formal written request for additional review. CalOptima will conduct further evaluation of such cases and determine whether any repricing adjustments are warranted and appropriate. Any approved repricing adjustments will be included in the next interim catastrophic payment or annual retrospective risk corridor reconciliation, whichever occurs first.

F. In the event that a Health Network is dissatisfied with the results of the interim catastrophic payment or annual retrospective risk corridor reconciliation after utilizing the dispute process set forth in this Policy, then the Health Network shall be entitled to pursue the matter through the provider complaint process in accordance with CalOptima Policy HH.1101 CalOptima Provider Complaint.

G. Kaiser Reimbursement Process

1. CalOptima shall provide a monthly administrative capitation payment to Kaiser for enrolled CCS-eligible Members following the regular Medi-Cal capitation process and timeline.

2. Effective upon the implementation of Medi-Cal Rx, no sooner than April 1, 2021, pharmacy expenses for services rendered to enrolled CCS-eligible Kaiser Members, including Hepatitis C drug therapy, shall be excluded from this Policy and shall not be subject to reimbursement as described in Sections III.G.3 through III.G.5 of this Policy.

For 20210218 FAC Review Only

3. Kaiser shall submit a monthly report for covered hospital, physician, ancillary, facility and pharmacy expenses for services rendered to enrolled CCS-eligible Members in a format as agreed by CalOptima and Kaiser. Kaiser shall submit a report using CalOptima's proprietary format and file naming convention, or the equivalent, as agreed by CalOptima and Kaiser.

    a. Reimbursement for Kaiser Hepatitis C drug therapy and Behavioral Health Therapy (BHT) claims for services provided to CCS-eligible Members shall be at the same supplemental rates at which such services are reimbursed for all other Kaiser Members, under a separate process. Therefore, all Hepatitis C drug therapy and BHT claims will be excluded from the monthly reconciliation described in Section III.G.5.

4. CalOptima shall validate and reprice the submitted claims based on:

    a. Internal Kaiser pharmacy claims shall be reimbursed at the equivalent of one hundred percent (100%) of the CalOptima contracted Pharmacy Network rate;

    b. Physician, Hospital and Ancillary Kaiser system claims (services provided by those providers operating through the Kaiser System as defined in Kaiser's Contract for Health Care Services with CalOptima), shall be reimbursed at the equivalent of one hundred percent (100%) of the CalOptima Medi-Cal Fee Schedule. CalOptima updates the CalOptima Medi-Cal Fee Schedule in accordance with CalOptima Policy FF.1002: CalOptima Medi-Cal Fee Schedule. Reimbursement will be based on the CalOptima Medi-Cal Fee Schedule in effect on the date of service;

    c. Professional services provided by Kaiser system CCS-paneled providers shall be reimbursed at one hundred forty percent (140%) of the CalOptima Medi-Cal Fee Schedule; and

    d. For non-Kaiser system pharmacy and other services, CalOptima shall reprice the claims at the rate paid by Kaiser under its contract with the provider, or the rate negotiated and paid by Kaiser. Kaiser may elect to enter into a contract with CalOptima providers that have reciprocity requirements, in which case, CalOptima will reprice the claim at the contracted reciprocal rate.

5. Repricing Results and Reconciliation

    a. CalOptima shall notify Kaiser of the results within thirty (30) business days after the date of CalOptima's receipt of the complete claims paid file.

    b. Kaiser shall provide a rebuttal to, or acceptance of, the results within thirty (30) business days after the date of receipt of the results.

    c. CalOptima, with the cooperation of Kaiser, shall perform a reconciliation of paid covered service expenses, if necessary.

    d. CalOptima shall issue payment to Kaiser within fifteen (15) business days after receipt of the repricing acceptance or the completion of the reconciliation.

    e. In the event that Kaiser is still dissatisfied with the repricing after rebuttal, reconciliation, and payment, then Kaiser shall be entitled to pursue the matter through the provider complaint process in accordance with CalOptima Policy HH.1101 CalOptima Provider Complaint.

For 20210218 FAC Review Only

H. If a Health Network identifies an Overpayment of WCM payments, a Health Network shall return the Overpayment within sixty (60) calendar days after the date on which the Overpayment was identified, and shall notify CalOptima's Accounting Department, in writing, of the reason for the Overpayment.

1. CalOptima shall notify a Health Network of acceptance, adjustment or rejection of the Overpayment no later than three (3) business days after receipt.

2. CalOptima shall coordinate with a Health Network on the process to return the Overpayment.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

A. CalOptima Contract for Health Care Services
B. CalOptima Contract with the Department of Health Care Services (DHCS) for Medi-Cal
C. CalOptima Policy FF.1001: Capitation Payments
D. CalOptima Policy FF.1002: CalOptima Medi-Cal Fee Schedule
E. CalOptima Policy FF.1007: Health Network Reinsurance Coverage
F. CalOptima Policy HH.1101: CalOptima Provider Complaint
G. DHCS All Plan Letter 17-003: Treatment of Recoveries Made by the Managed Care Health Plan of Overpayment to Providers

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

Date	Meeting
08/02/2018	Regular Meeting of the CalOptima Board of Directors
10/04/2018	Regular Meeting of the CalOptima Board of Directors
10/03/2019	Regular Meeting of the CalOptima Board of Directors
12/03/2020	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	07/01/2019	FF.4000	Whole-Child Model – Financial Reimbursement for Capitated Health Networks	Medi-Cal
Revised	12/03/2020	FF.4000	Whole-Child Model – Financial Reimbursement for Capitated Health Networks	Medi-Cal
Revised	TBD	FF.4000	Whole-Child Model – Financial Reimbursement for Capitated Health Networks	Medi-Cal

For 20210218 FAC Review Only

IX. GLOSSARY

Term	Definition
Aid Code	The two (2) character code, defined by the State of California, which identifies the aid category under which a Member is eligible to receive Medi-Cal Covered Services.
California Children's Services (CCS) Program	The public health program that assures the delivery of specialized diagnostic, treatment, and therapy services to financially and medically eligible persons under the age of twenty-one (21) years who have CCS-Eligible Conditions, as defined in Title 22, California Code of Regulations (CCR), Sections 41515.2 through 41518.9.
CalOptima Direct-Administrative (COD-A)	The managed Fee-For-Service health care program operated by CalOptima that provides services to Members as described in CalOptima Policy DD.2006: Enrollment in/Eligibility with CalOptima Direct
CalOptima Medi-Cal Fee Schedule	Fee schedule adopted by CalOptima for reimbursement of Covered Services rendered to Medi-Cal Members for which CalOptima is responsible.
Capitation Rate	The per capita rate set by CalOptima for the delivery of Covered Services to Members based upon Aid Code, age, and gender.
Capitation Payment	The monthly amount paid to a Health Network by CalOptima for delivery of Covered Services to Members, which is determined by multiplying the applicable Capitation Rate by a Health Network's monthly enrollment based upon Aid Code, age, and gender.
Contract for Health Care Services	The written instrument between CalOptima and Physicians, Hospitals, Health Maintenance Organizations (HMO), or other entities. Contract shall include all applicable DHCS Medi-Cal Managed Care Division Policy Letters and All Plan letters, and any Memoranda of Understanding entered into by CalOptima that is binding on a Physician Hospital Consortium (PHC) a physician group under a shared risk contract, or an HMO.
Covered Services	Those services provided in the Fee-For-Service Medi-Cal program (as set forth in Title 22, CCR, Division 3, Subdivision 1, Chapter 3, beginning with Section 51301), the Child Health and Disability Prevention program (as set forth in Title 17, CCR, Division 1, Chapter 4, Subchapter 13, Article 4, beginning with section 6842), and the California Children's Services (as set forth in Title 22, CCR, Division 2, subdivision 7, and Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 2.985, beginning with section 14094.4) under the Whole-Child Model program, to the extent those services are included as Covered Services under CalOptima's Medi-Cal Contract with DHCS and are Medically Necessary, along with chiropractic services (as defined in Section 51308 of Title 22, CCR), podiatry services (as defined in Section 51310 of Title 22, CCR), speech pathology services and audiology services (as defined in Section 51309 of Title 22, CCR), and Health Homes Program (HHP) services (as set forth in DHCS All Plan Letter 18-012 and Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 3.9, beginning with section 14127), for HHP Members with eligible physical chronic conditions and substance use disorders, or other services as authorized by the CalOptima Board of Directors, which shall be covered for Members notwithstanding whether such benefits are provided under the Fee-For-Service Medi-Cal program.
Division of Financial Responsibility (DOFR)	A matrix that identifies how CalOptima identifies the responsible parties for components of medical associated with the provision of Covered Services. The responsible parties include, but are not limited to, Physician, Hospital, CalOptima and the County of Orange

For 2021 2 PAC Review Only

Term	Definition
Health Maintenance Organization (HMO)	A health care service plan, as defined in the Knox-Keene Health Care Service Plan Act of 1975, as amended, commencing with Section 1340 of the California Health and Safety Code.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, and Health Maintenance Organization (HMO) that contracts with CalOptima to provide Covered Services to Members enrolled to that Health Network.
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima program.
Measurement Period	The Fiscal Year spanning July 1 to June 30. Each Measurement Period will remain open until the third annual report is issued to the Health Network.
Overpayment	Any payment made by CalOptima to a Provider to which the Provider is not entitled to under Title XIX of the Social Security Act, or any payment to CalOptima by DHCS to which CalOptima is not entitled to under Title XIX of the Social Security Act.
Physician Hospital Consortium (PHC)	A Physician Group or Physician Groups contractually aligned with at least one (1) hospital, as described in CalOptima's Contract for Health Care Services.
Primary Hospital	A hospital contracted with CalOptima on a capitated and delegated basis as the hospital partner of a Physician Hospital Consortium (PHC).
Primary Physician Group	A physician group contracted with CalOptima on a capitated and delegated basis as the physician partner of a Physician Hospital Consortium (PHC).
Shared Risk Group (SRG)	A Health Network who accepts delegated clinical and financial responsibility for professional services for enrolled Members, as defined by written contract and enters into a risk sharing agreement with CalOptima as the responsible partner for facility services.

1
2

For 20210216 FAC Review Only

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken February 18, 2021
Regular Meeting of the CalOptima Board of Directors'
Finance and Audit Committee

Report Item

7. Consider Recommending that the Board of Directors Ratify Budget Reapportionment Changes in the CalOptima Fiscal Year 2019-20 Capital Budget for Various Information System Capital Projects

Contacts

Nancy Huang, Chief Financial Officer, (657) 235-6935
Ladan Khamseh, Chief Operating Officer, (714) 246-8866

Recommended Action

Recommend that the Board of Directors ratify reapportionment of budgeted funds among capital expense categories for various Information Systems capital projects.

Background/Discussion

CalOptima Policy GA.5003: Budget and Operations Forecasting includes provisions that delegate authority to the Chief Executive Officer (CEO) to make budget allocation changes within certain parameters. Pursuant to this policy, budget allocations between different capital expense categories for the Board-approved capital project (e.g., hardware, software and professional fees related to implementation for Information Systems) require Board approval. Management is looking into the options for the Board to consider delegating authority to the CEO to make budget expense category changes within certain parameters for Board-approved capital projects as Staff may not always have sufficient information at the time of budgeting to accurately estimate actual costs by expense category within a particular project. Capital budget projects may carry over into subsequent years if they have been initiated or are in progress.

The CalOptima FY 2019-20 Capital Budget was approved by the CalOptima Board of Directors on June 6, 2019. Information Systems represent $9.6 million of the total Capital Budget and were budgeted by asset categories. Staff included the best available information at the time of budgeting. During the procurement process performed in accordance with CalOptima Policy GA.5022, the quoted pricing from vendors did not fall within the Board-approved expense categories. Management recommends ratification of the reapportionment of budgeted funds among capital expense categories for the Information System capital projects summarized in the following table and detailed below:

Project Description	Hardware	Software	Professional Fees	Total Capital
ADT RealTime Notification				
Original Budget	$0	$1,400,000	$100,000	$1,500,000
Reapportionment	$0	($500,000)	$500,000	$0
Revised Budget	$0	$900,000	$600,000	$1,500,000

Back to Agenda

Project Description	Hardware	Software	Professional Fees	Total Capital
Hospital Data Sharing System				
Original Budget	$0	$400,000	$606,250	$1,006,250
Reapportionment	$0	$500,000	($500,000)	$0
Revised Budget	$0	$900,000	$106,250	$1,006,250

Fiscal Impact

The fiscal impact for the recommended action is budget neutral. If further budget reapportionment changes are needed before the completion of the capital projects, Management will return to the Board to request authorization.

Rationale for Recommendation

Staff recommends approval of the recommended action as a budget-neutral way to better align budgeted funds with anticipated expenditures on Capital Projects in accordance with the CalOptima Policy: GA.5003 Budget and Operations Forecasting.

Concurrence

Gary Crockett, Chief Counsel

Attachments

1. FY 2019-20 Capital Attachment A

/s/ Richard Sanchez — **Authorized Signature**

02/10/2021 — **Date**

Back to Agenda

Attachment A

Fiscal Year 2019-20 Capital Budget by Project

INFRASTRUCTURE	HARDWARE	SOFTWARE	PROFESSIONAL FEES	TOTAL CAPITAL
Network	2,153,200	-	75,000	2,228,200
Upgrades/Replacements	325,000	118,000	5,000	448,000
Storage	225,000	25,000	5,000	255,000
Security	50,000	150,000	50,000	250,000
Disaster Recovery	-	-	-	-
TOTAL INFRASTRUCTURE	**$ 2,753,200**	**$ 293,000**	**$ 135,000**	**$ 3,181,200**

APPLICATIONS MANAGEMENT	HARDWARE	SOFTWARE	PROFESSIONAL FEES	TOTAL CAPITAL
ADT RealTime Notifications	-	1,400,000	100,000	1,500,000
Hospital Data Sharing System	-	400,000	606,250	1,006,250
Hierarchical Condition Category Risk Adjustment Factor	-	781,848	-	781,848
EHR System	-	500,000	32,500	532,500
Predictive Modeling	-	300,000	75,000	375,000
Telehealth	-	250,000	100,000	350,000
Credentialing Management	-	76,000	122,850	198,850
TOTAL APPLICATIONS MANAGEMENT	**$ -**	**$ 3,707,848**	**$ 1,036,600**	**$ 4,744,448**

APPLICATIONS DEVELOPMENT	HARDWARE	SOFTWARE	PROFESSIONAL FEES	TOTAL CAPITAL
Provider Portal Continuation	-	-	750,000	750,000
Alternative to Microsoft Access Operational Applications	50,000	15,000	500,000	565,000
Employee Learning Management System	-	110,000	25,000	135,000
Data Warehouse and Business Intelligence Governance and Catalog Tool	-	75,000	2,500	77,500
Threshold Language In Memory Translation Software	5,000	60,000	2,000	67,000
Vendor and Employee Exclusion Monitoring	-	30,000	-	30,000
Code Secure Software Veracode Static Analysis	-	24,000	-	24,000
Employee Emergency Notification System	-	10,000	2,000	12,000
Great Plains Accounting Automated Integration	-	5,000	1,000	6,000
TOTAL APPLICATIONS DEVELOPMENT	**$ 55,000**	**$ 329,000**	**$ 1,282,500**	**$ 1,666,500**

505 BUILDING IMPROVEMENTS	BUILDING	EQUIPMENT	PROFESSIONAL FEES	TOTAL CAPITAL
Main Cooling Tower Replacement	881,000	-	-	881,000
New Roof Membrane	200,000	-	-	200,000
Annual Xerox Capital Lease	125,000	-	-	125,000
Conference Room 910 Upgrades	25,000	-	-	25,000
Replace HVAC Unit for Intermediate Distribution Frame Room	25,000	-	-	25,000
Replace Magnetic Starters for Motor Control Center in Basement	25,000	-	-	25,000
Main Fire Line Replacement	25,000	-	-	25,000
Replace Conference Room Audio Visual Equipment	20,000	-	-	20,000
Security Cameras	20,000	-	-	20,000
6th Floor Lunchroom Remodel	13,000	-	-	13,000
TOTAL 505 BUILDING IMPROVEMENTS	**$ 1,359,000**	**$ -**	**$ -**	**$ 1,359,000**

PACE	EQUIPMENT	PROFESSIONAL FEES	TOTAL CAPITAL
Food Service Kitchen	22,500	-	2,500	25,000
Dishwasher	11,000	-	-	11,000
Patio Upgrade	10,000	-	-	10,000
Electronic Patient Board	4,000	-	3,500	7,500
TOTAL PACE	**$ 47,500**	**$ -**	**$ 6,000**	**$ 53,500**

TOTAL FY19 NEW CAPITAL BUDGET	**$ 4,214,700**	**$ 4,329,848**	**$ 2,460,100**	**$ 11,004,648**

Back to Agenda Back to Item

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken February 18, 2021
Regular Meeting of the CalOptima Board of Directors'
Finance and Audit Committee

Report Item

8 Consider Recommending Board of Directors Ratification and Authorization of Additional Unbudgeted Expenditures Related to Coronavirus (COVID-19) Member Vaccination Incentive Program

Contacts

Emily Fonda, M.D., MMM, CHCQM, Interim Chief Medical Officer, (714) 246-8887
Marie Jeannis, Interim Executive Director, Quality and Population Health Management, (714) 246-8591

Recommended Actions

1. Ratify and authorize the unbudgeted expenditures in an amount up to $262,500 from existing reserves for mailing member education materials related to the Coronavirus (COVID-19) vaccination;
2. Authorize unbudgeted expenditures in an amount up to $695,974 from existing reserves for the COVID-19 Member Vaccination Incentive Program (VIP) to include the OneCare and OneCare Connect populations, subject to regulator(s) approval, as necessary;
3. Authorize the allocation of Intergovernmental Transfer (IGT) 10 funds in an amount not to exceed $221,145 for staffing resources for the COVID-19 Member VIP; and
4. Authorize funding for staffing resources for the COVID-19 Member VIP prior to CalOptima's receipt of IGT 10 funds from the State of California.

Background

On January 7, 2021, the CalOptima Board of Directors (Board) approved a COVID-19 Member VIP for calendar year 2021 (see Attachment 1). The goal of this program is to motivate members to get the required doses of COVID-19 vaccination by providing nonmonetary gift cards.

In addition to offering nonmonetary incentives, another essential strategy to promote vaccination is tailoring member education on the importance of vaccination and correcting misconceptions. As discussed at the Board's January 7, 2021 meeting, one element of the member communication plan is to mail information about the vaccine to all members. To provide this information in a timely manner, in February 2021, CalOptima has mailed member educational pieces (e.g., a cover letter addressing the importance of receiving vaccines, information on incentive administration, frequently asked questions, etc.) to all members. In addition, the texting campaign, which is another element of the strategy for member outreach, is currently pending approval by the Department of Health Care Services (DHCS), and staff will seek any additional required approvals as appropriate.

Staff also note that the OneCare (OC) and OneCare Connect (OCC) populations, among CalOptima's most vulnerable populations, were initially excluded from the COVID-19 Member VIP as this initiative is funded by IGT 10 dollars. In order to ensure the safety of these vulnerable populations and promote vaccination, staff recommend that the Board allocate additional funding for outreach and education of the OC and OCC members to align CalOptima's efforts with the County of Orange's COVID-19 Vaccine Equity Pilot Program (VEPP) deployment.

Back to Agenda

Discussion

Member Education Mailing

Staff have been working with various internal and external partners on a member outreach program that provides COVID-19 vaccine information. The program includes a mailing to all members with information about the vaccine. Mailing outreach allows members who do not have a mobile phone or access to internet services to receive CalOptima's COVID-19 Member VIP information and other important vaccine-related information.

Staff estimates that the total cost for mailing educational materials, including postage, envelop, and printing and fulfillment, is $250,000. In addition, staff estimates mailing approximately 5,000 to 5,500 gift cards each month from March through June 2021. The total estimated cost for gift card mailing is $12,500.

Expanding the COVID-19 Member VIP to OC and OCC

OC and OCC members are among the highest risk populations that CalOptima serves due to their age and underlying chronic conditions. The OC/OCC populations are not eligible for IGT dollars as Medicare is their primary health insurance coverage; therefore, they were excluded from the COVID-19 Member VIP request that was approved at the Board's January 7, 2021 meeting. In order to promote vaccination among these populations, staff recommends that the Board authorize unbudgeted expenditures to expand the COVID-19 Member VIP to include OC and OCC members, subject to regulator(s) approvals as necessary.

Staff estimates a 70% vaccine take-up rate by OC and OCC members. The total estimated cost for Medicare member incentive gift cards and related gift card activation fees is $64,000 for OC and $631,974 for OCC. Staff note that OC and OCC members residing in long-term care settings and PACE members are excluded from this COVID-19 Member VIP.

Staffing Resources for COVID-19 Member VIP

In order to deploy the COVID-19 Member VIP in a timely and effective manner, staff recommends hiring a dedicated Program Specialist, Int. and two temporary staff under the Population Health Management department. The Program Specialist, Int. will work with various internal and external stakeholders to execute the planned activities, track vaccination status and member incentive distribution status. Staff proposes making this position permanent beyond the pandemic as member incentive programs continue to grow, and permanent staff resources would be beneficial to support coordination and tracking of various member incentives. Temporary staff will support any administrative and data entry related responsibilities.

The estimated salary and benefit expenses for the Program Specialist, Int. is $147,225 for an 18 month period. The estimated cost for 2 temporary staff for a 9 month period or approximately 1,000 work hours is $73,920.

CalOptima staff proposes staffing resources for COVID-19 Member VIP for up to $221,145 through allocation of IGT 10 funds. It is anticipated that CalOptima's share of IGT 10 funds will be

Back to Agenda

approximately $66 million ($43.3 million in Spring 2021 and $22.7 million in Fall 2021). Due to timing issues, staff requests the Board to authorize the CEO to approve this staff resources request prior to CalOptima's receipt of the IGT 10 funds from DHCS. As of February 1, 2021, the CalOptima Board of Directors has allocated $36.2 million of the anticipated IGT 10 funds, leaving $29.8 million unallocated. IGT 10 funds allocation recommendation requests totaling $221,145, including this one, are being made today. More information on IGT 10 is attached.

Fiscal Impact

The recommended actions to ratify and authorize mailing member education materials related to the COVID-19 vaccination and to include the OC and OCC populations in the COVID-19 Member VIP are unbudgeted items. An allocation of up to $958,474 from existing reserves will fund these actions.

The recommended action to allocate up to $221,145 for staffing resources for the COVID-19 Member VIP has no net fiscal impact to CalOptima's Fiscal Year 2020-21 Operating Budget approved by the Board on June 4, 2020. Staff anticipates any cash expended for this purpose will be replenished when IGT 10 funds are received from DHCS. Expenditure of IGT funds is for restricted, one-time purposes for covered Medi-Cal services to CalOptima members and does not commit CalOptima to future budget allocations.

Rationale for Recommendation

Ratification and authorization of the expenditures will allow CalOptima to promote vaccination for all members regardless of their eligibility program. The recommended actions will support CalOptima's efforts to help the community reach herd immunity and continue providing access to quality health care for members during the COVID-19 public health crisis.

Concurrence

Gary Crockett, Chief Counsel

Attachments

1. Board Action Dated January 7, 2021, Consider Authorizing Coronavirus (COVID-19) Vaccination Member Incentive Program for Calendar Year 2021
2. Intergovernmental Transfers (IGT) 10 Summary

/s/ Richard Sanchez — *02/10/2021*
Authorized Signature — **Date**

Back to Agenda

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken January 7, 2021
Special Meeting of the CalOptima Board of Directors

Report Item

5. Consider Authorizing Coronavirus (COVID-19) Vaccination Member Incentive Program for Calendar Year 2021

Contacts

Emily Fonda, M.D., MMM, CHCQM, Interim Chief Medical Officer, 714-246-8887
Betsy Ha, Executive Director, Quality and Population Health Management, 714-246-8574
Ladan Khamseh, Chief Operating Officer, (714) 246-8866

Recommended Actions

1. Authorize the development and implementation of a COVID-19 Vaccination Incentive Program (VIP) for Calendar Year (CY) 2021, as described below, to increase member participation and ensure community safety amid the COVID-19 pandemic, subject to DHCS approval prior to implementation;
2. Approve the recommended allocation of Intergovernmental Transfer (IGT) 10 funds, not to exceed $20 million, to provide two $25 nonmonetary gift cards to individual Medi-Cal members age 14 and older for receiving the two required doses of the COVID-19 vaccine (one gift card per shot); and
3. Authorize implementation of the VIP prior to CalOptima's receipt of IGT 10 funds from the State of California.
4. Authorize the Chief Executive Officer, with the assistance of Legal Counsel, to enter into an Memorandum of Understanding (MOU), and/or contract or contract amendment with the Orange County Health Care Agency (OCHCA) as appropriate for administration and implementation of the VIP.

Background

In late December 2020, the first doses of the COVID-19 vaccines arrived in Orange County. Vaccines will be distributed according to a phased approach, with high-priority groups vaccinated first and eventually the general public as determined by the California Department of Public Health and local health department. The U.S. Food and Drug Administration issued an emergency use authorization (EUA) for the Pfizer-BioNTech and Moderna vaccines, both of which offer more than 94% protection against COVID-19 when two doses are taken. Public health experts recommend that at least 70% of the population needs to get vaccinated to develop herd community, which can bring an end to the pandemic.

As the only Medi-Cal plan serving Orange County's most vulnerable residents, CalOptima is responding in collaboration with the Orange County Health Care Agency (OCHCA) to support the community in achieving herd immunity. The first step is a strategy that promotes COVID-19 vaccination, including tailoring member education on the importance of vaccination, dispelling misconceptions, and providing nonmonetary member incentives to ensure health equity across race, ethnicity and socioeconomic status. To support this effort, CalOptima staff is seeking an allocation of IGT 10 funds.

Intergovernmental Transfers (IGT) are transfers of public funds between eligible government entities, which are used to draw down federal funds for the Medi-Cal program. To date, CalOptima has participated in ten Voluntary Rate Range IGT transactions. Funds from IGTs 1 through 9 have been

received, and IGT 10 funds will be distributed in two separate installments, which are expected from the state in 2021.

Discussion

Subject to state approval, staff will work with various internal and external partners on a member outreach program that provides COVID-19 vaccine information. The proposed program includes:

1. A mailing to all members with information about the vaccine.
2. A targeted text messaging campaign. When different priority groups are permitted to be vaccinated, CalOptima will send out targeted text messages to these members letting them know the following:
    a. They are now eligible to be vaccinated.
    b. Where they need to go to be vaccinated. (This information is not yet available, but staff continue to work with OCHCA to establish vaccine events in targeted geographic locations within the county. The vaccine events are likely to begin in Spring 2021, but may extend into the fall, depending on the vaccine distribution timeline as established by OCHCA.)
3. A targeted phone call campaign to population segments who are at high risk for not getting vaccinated. This will begin once the vaccine is widely available to at least essential workers, according to the phased approach.

Staff projects that as many as 400,000 members will participate in this program. To encourage members to participate in vaccination, staff proposes to provide two $25 nonmonetary gift cards for Medi-Cal members age 14 and older for receiving each of two doses of the COVID-19 vaccine, for a total of $50. Members will be encouraged to sign up with the OCHCA's app, Othena, at no cost, to receive the gift card incentives, one gift card for each shot received. The app is being developed to help healthcare providers track vaccine recipients to ensure they get a booster shot and to monitor for side effects. Staff is also seeking authority to enter into a Memorandum of Understanding (MOU) and/or contract or contract amendment with the County as necessary to implement the program. If it is subsequently determined that agreements with other entities, organizations or vendors are necessary, staff will return to the Board with further recommendations for consideration at a later date.

The targeted timeframe for the COVID-19 nonmonetary incentive is CY 2021. IGT 10 funds have not yet been received. For the approved and funded IGT transactions to date, the net proceeds have been evenly divided between CalOptima and the respective funding partners, and funds retained by CalOptima have been invested in addressing member's unmet health care needs. It is anticipated that CalOptima's share of IGT 10 funds will be approximately $66 million ($43.3 million in Spring 2021 and $22.7 million in Fall 2021).

Due to timing issues, staff requests that the Board authorize the CEO to implement the COVID-19 Vaccination Incentive Program for CY 2021 prior to CalOptima's receipt of IGT 10 funds from DHCS. Providing the nonmonetary incentive to coincide with the availability of the COVID-19 vaccination to members will support CalOptima's health promotion efforts in our community.

It should be noted that since IGT 10 funds are accounted for in the same fashion as the Medi-Cal capitation revenue CalOptima receives from DHCS, to the extent that these funds are not expended on covered, medically necessary Medi-Cal services or qualifying quality initiatives, the expenditures would be charged to CalOptima's administrative loss ratio (ALR), rather than the medical loss ratio (MLR).

Fiscal Impact

The recommended action to allocate up to $20 million in IGT 10 funds to support the COVID-19 Vaccination Member Incentive Program has no net fiscal impact to CalOptima's Fiscal Year 2020-21 Operating Budget approved by the Board on June 4, 2020. Staff anticipates any cash expended to implement the program will be replenished when IGT 10 funds are received from DHCS. Expenditure of IGT funds is for restricted one-time purposes for covered Medi-Cal services to CalOptima members and does not commit CalOptima to future budget allocations.

Rationale for Recommendation

Staff recommends adding a COVID-19 vaccination member incentive component to CalOptima's preventive initiatives to educate and encourage member participation. The recommended actions will support CalOptima's efforts to help the community reach herd immunity, address health disparities, and continue providing access to quality health care for members during the COVID-19 public health crisis.

Concurrence

Gary Crockett, Chief Counsel

Attachments

1. Entities Covered by this Recommended Action
2. CalOptima Board Action dated February 6, 2020, Consider Pursuit of Proposals with Qualifying Funding Partners to Secure Medi-Cal Funds Through the Voluntary Rate Range Intergovernmental Transfer Program for Rating Period 2019-20 (IGT 10)

/s/ Richard Sanchez — *12/31/2020*

Authorized Signature — **Date**

ENTITITES COVERED BY THIS RECOMMENDED ACTION

Legal Name	Address	City	State	Zip code
County of Orange	405 W. 5th Street, Suite 756	Santa Ana	CA	92701

Back to Agenda Back to Item

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken February 6, 2020
Regular Meeting of the CalOptima Board of Directors

Report Item

15. Consider Pursuit of Proposals with Qualifying Funding Partners to Secure Medi-Cal Funds Through the Voluntary Rate Range Intergovernmental Transfer Program for Rating Period 2019-20 (IGT 10)

Contact

Candice Gomez, Executive Director, Program Implementation, (714) 246-8400

Recommended Actions

Authorize the following activities to secure Medi-Cal funds through the Voluntary Intergovernmental Transfer (IGT) Rate Range Program:

1. Submission of a proposal to the California Department of Health Care Services (DHCS) to participate in the Voluntary Rate Range IGT Program for Rating Period 2019-20 (IGT 10);
2. Pursuit of IGT funding partnerships with the University of California-Irvine, the Children and Families Commission, the County of Orange, the City of Orange, and the City of Newport Beach to participate in the upcoming Voluntary Rate Range IGT Program for Rating Period 2019-20 (IGT 10); and,
3. Authorize the Chief Executive Officer to execute agreements with these entities and their designated providers as necessary to seek IGT 10 funds.

Background

Intergovernmental Transfers (IGT) are transfers of public funds between eligible government entities which are used to draw down federal funds for the Medi-Cal program. To date, CalOptima has participated in eight Rate Range IGT transactions. Funds from IGTs 1 through 8 have been received and IGT 9 funds are expected from the state in the first quarter of 2020. IGTs 1 through 9 covered the applicable twelve-month state fiscal year (FY) periods (i.e., FY 2010-11 through FY 2018-19). IGT 1 through 7 funds were retrospective payments for prior rate range years and were designated to be used to provide enhanced/additional benefits to existing Medi-Cal beneficiaries, as represented to CMS. These funds have been best suited for one-time investments or as seed capital for enhanced health care services for the benefit of Medi-Cal beneficiaries.

The IGT funds received under IGTs 1 through 7 have supported special projects that address unmet healthcare needs of CalOptima members, such as vision and dental services for children, obesity prevention and intervention services, provider incentives for adolescent depression screenings, recuperative care for homeless members, and support for members through the Personal Care Coordinator (PCC) program.

Beginning with IGT 8, the IGT program covers the current fiscal year and funds will be incorporated into the contract between DHCS and CalOptima for the current fiscal year. Unlike previous IGTs (1-7), beginning with IGT 8 funds must be used in the current rate year for CalOptima covered Medi-Cal services per DHCS direction. IGT 8 funds have been allocated to the Homeless Health Initiative. IGT 9 funds have not yet been received, nor allocated; CalOptima staff anticipates returning with recommendations on an allocation plan in a separate Board action; however, as indicated,

per DHCS, the use of these funds is limited to covered Medi-Cal benefits for existing CalOptima members.

For the approved and funded IGT transactions to date, the net proceeds have been evenly divided between CalOptima and the respective funding partners, and funds retained by CalOptima have been invested in addressing Member's unmet healthcare needs.

Discussion

On December 20, 2019, CalOptima received notification from DHCS regarding the Rating Period 2019 - 20 Voluntary Rate Range IGT Program (IGT 10). Unlike the prior IGTs, which covered the applicable twelve-month state fiscal year, IGT 10 covers eighteen months including the periods of July 1, 2019 through June 30, 2020 and July 1, 2020. through December 31, 2020. CalOptima's proposal, along with the funding entities' supporting documents are due to DHCS no later than February 19, 2020.

The five eligible funding entities from the previous IGT transactions have been contacted regarding their interest in participation in IGT 10. All five funding entities have informally indicated that they are interested in participation in the IGT program this year. The formal DHCS required Letter of Interest is due to CalOptima by February 14, 2020 for delivery to DHCS by February 19, 2020. These entities are:

1. University of California, Irvine,
2. Children and Families Commission of Orange County,
3. County of Orange,
4. City of Orange, and
5. City of Newport Beach.

Board approval is requested to authorize staff to submit the proposal letter to DHCS for participation in the 2019-20 Voluntary IGT Rate Range Program and to authorize the Chief Executive Officer to enter into agreements with each of the five proposed funding entities submitting a letter of interest (or their designated providers) for the purpose of securing available IGT funds. Consistent with the nine prior IGT transactions, it is anticipated that the net proceeds will be split evenly between the respective funding entities and CalOptima.

Staff will return to the Board with additional information regarding the IGT 10 transaction and a proposed expenditure plan for CalOptima's share of the net proceeds at a later date.

Fiscal Impact

The recommended actions to submit a proposal to DHCS and pursue IGT funding partnerships with five governmental funding entities for IGT 10 is expected to generate one-time IGT revenue that will be invested in covered Medi-Cal services for CalOptima members. As such, there is no net fiscal impact on CalOptima's current and future operating budgets.

Rationale for Recommendation

Consistent with the previous nine IGT transactions, submission of the proposal and authorization of funding agreements will allow the ability to maximize Orange County's available IGT funds for Rate Year 2019-20 (IGT 10). Also, consistent with the 2020-22 Strategic Plan, it would increase funding to support delivery of covered Medi-Cal services for CalOptima members.

Concurrence

Gary Crockett, Chief Counsel

Attachment

1. Entities Covered by this Recommended Board Action
2. Department of Health Care Services Voluntary IGT Rate Range Program Notification Letter

/s/ Michael Schrader — **Authorized Signature**

01/28/2020 — **Date**

Attachment 1 to February 6, 2020 Board of Directors Meeting – Agenda Item 15

ENTITIES COVERED BY THIS RECOMMENDED BOARD ACTION

Legal Name	Address	City	State	Zip code
Children and Families Commission of Orange County	1505 E. 17th Street, 230	Santa Ana	CA	92705
City of Newport Beach	100 Civic Center Drive	Newport Beach	CA	92660
City of Orange	300 E. Chapman Avenue	Orange	CA	92866
Orange County Health Care Agency	405 W. 5th Street, 7th Floor	Santa Ana	CA	92701
University of California, Irvine UCI Health	333 City Blvd. West, Suite 200	Orange	CA	92868

Back to Agenda Back to Item

State of California—Health and Human Services Agency
Department of Health Care Services

RICHARD FIGUEROA
ACTING DIRECTOR

GAVIN NEWSOME
GOVERNOR

DEC 2 0 2019

Nancy Huang
Interim Chief Financial Officer
CalOptima
505 City Parkway West
Orange, CA 92868

SUBJECT: Rating Period 2019–20 (July 1, 2019 through December 31, 2020) Voluntary Rate Range Program – Request for Medi-Cal Managed Care Plan's (MCP) Proposal

Dear Ms. Nancy Huang:

The Rating Period 2019-20 Voluntary Rate Range Program, authorized by Welfare and Institutions (W&I) Code sections 14164, 14301.4, and 14301.5, provides a mechanism for funding the non-federal share of the difference between the lower and upper bounds of a MCP's actuarially sound rate range, as determined by the Department of Health Care Services (DHCS). Governmental funding entities eligible to transfer the non-federal share are defined as counties, cities, special purpose districts, state university teaching hospitals, and other political subdivisions of the state, pursuant to W&I Code section 14164(a). These governmental funding entities may voluntarily transfer funds to DHCS via intergovernmental transfer (IGT). These voluntary IGTs, together with the applicable Federal Financial Participation (FFP), will be used to fund payments by DHCS to MCPs as part of the capitation rates paid for the service periods of July 1, 2019 through June 30, 2020, and July 1, 2020 through December 31, 2020.

DHCS shall not direct the MCP's expenditure of payments received under the Rating Period 2019-20 Voluntary Rate Range Program. These payments are subject to all applicable requirements set forth in the MCP's contract with DHCS. These payments must also be tied to covered Medi-Cal services provided on behalf of Medi-Cal beneficiaries enrolled within the MCP's rating region.

The funds transferred by an eligible governmental funding entity must qualify for FFP pursuant to Title 42 Code of Federal Regulations (CFR) Part 433, Subpart B, including the requirements that the funding source(s) shall not be derived: from impermissible sources such as recycled Medicaid payments, Federal money excluded from use as state match, impermissible taxes, and non-bona fide provider-related donations. Impermissible sources do not include patient care or other revenue received from

programs such as Medicare or Medicaid to the extent that the program revenue is not obligated to the state as the source of funding.

DHCS shall continue to administer all aspects of the IGT related to the Rating Period 2019-20 Voluntary Rate Range Program, including determinations related to fees.

PROCESS FOR RATING PERIOD 2019-20:

MCPs should refer to the estimated Rating Period 2019-20 (service periods July 1, 2019 through June 30, 2020, and July 1, 2020 through December 31, 2020) county/region-specific non-federal share required to fund available rate range amounts for the MCP (see Attachment C). As a reminder, participation in the Rating Period 2019-20 Voluntary Rate Range Program is voluntary on the part of the transferring entity and the MCP. Note that for service periods July 1, 2019 through June 30, 2020 and July 1, 2020 through December 31, 2020, the Contribution (Non-Federal Share) amounts are based on Estimated Member Months, and the actual amounts may change based on actual enrollment. Note that for service period July 1, 2020 through December 31, 2020, the Contribution (Non-Federal Share) amounts are based on Projected Contribution PMPMs, and the actual amounts may change based on the risk adjustment process that DHCS uses as part of its rate development methodology.

If an MCP elect to participate in the Rating Period 2019-20 Voluntary Rate Range Program, the MCP must adhere to the process for participation outlined below:

Soliciting Interest

The MCP shall contact potential governmental funding entities to determine their interest, ability, and desired level of participation in the Rating Period 2019-20 Voluntary Rate Range Program. All providers and governmental funding entities who express their interest directly to DHCS will be redirected to the applicable MCP to facilitate negotiations related to participation. If, following the submission of the MCP's proposal, one or more governmental funding entities included in the MCP's proposal are unable or unwilling to participate in the Voluntary Rate Range Program, the MCP shall attempt to find other governmental funding entities able and willing to participate in their place.

The MCP must inform all participating governmental entities that, unless DHCS determines a statutory exemption applies, IGTs submitted in accordance with W&I Code section 14301.4 are subject to an additional 20 percent assessment fee (calculated on the value of their IGT contribution amount) to reimburse DHCS for the administrative costs of operating the Voluntary Rate Range Program and to support the Medi-Cal program. DHCS will determine if a fee waiver is appropriate.

Submission Requirements

Once the MCP has coordinated with the relevant governmental funding entities, the following documents must be submitted to DHCS in accordance with the requirements and procedures set forth below:

- The MCP must submit a **proposal** to DHCS. This proposal must include:

    1. A cover letter signed by the MCP's Chief Executive Officer or Chief Financial Officer on MCP letterhead.
    2. The MCP's primary contact information (name, e-mail address, mailing address, and phone number).
    3. County/region-specific summaries of the selected governmental funding entities, related providers, and participation levels specified for Rating Period 2019-20. The combined amounts or percentages must not exceed 100 percent of the estimated non-federal share of the available rate range amounts provided by DHCS. If the MCP is unable to use the entire available rate range, the MCP must indicate the unfunded amount and percentage.
    4. All letters of interest (described below) and supporting documents must be attached to the proposal. If the Rating Period 2019-20 Voluntary Rate Range Program Supplemental Attachment described below is not collected by the MCP and attached to the proposal at the time of submission, please indicate if the information will be submitted to DHCS directly by each governmental funding entity.

- The MCP must obtain a **letter of interest** from each governmental funding entity included in the MCP's proposal to DHCS. The highlighted sections in the letter of interest form provided in Attachment A must be filled out completely and printed on the participating governmental funding entity's letterhead. A separate letter of interest must be provided for each county or rating region. An individual who is authorized to sign the certification on behalf of the governmental funding entity must sign the letter of interest.

- The MCP must distribute to governmental funding entities and ensure submission to DHCS, either by the MCP or the governmental funding entity, of the **Rating Period 2019-20 Voluntary Rate Range Program Supplemental Attachment** (see Attachment B) by Wednesday, February 19, 2020.

- The proposals and letters of interest are due to DHCS ***by 5pm on* Wednesday, February 19, 2020**. Please send a PDF copy of the required documents by e-

mail to Sandra.Dixon@dhcs.ca.gov. ***Failure to submit all required documents by the due date may result in exclusion from the Rating Period 2019-20 Voluntary Rate Range Program.***

Each proposal is subject to review and approval by DHCS. The review will include an evaluation of the proposed provider participation levels in comparison to their uncompensated contracted Medi-Cal costs and/or charges. DHCS reserves the right to approve, amend, or deny the proposal at its discretion.

Upon DHCS' approval of the governmental funding entities and non-federal share amounts for the Rating Period 2019-20 Voluntary Rate Range Program, DHCS will provide the necessary funding agreement templates, forms, and related due dates to the specified governmental funding entities and MCP contacts. The governmental funding entities will be responsible for completing all necessary funding agreement documents, responding to any inquiries necessary for obtaining approval, and obtaining all required signatures.

If you have any questions regarding this letter, please contact Sandra Dixon at (916) 345-8269 or by email at Sandra.Dixon@dhcs.ca.gov.

Sincerely,

Jennifer Lopez
Division Chief
Capitated Rates Development Division

Attachments

cc: Michael Schrader
CalOptima
505 City Parkway West
Orange, CA 92868

Sandra Dixon
Capitated Rates Development Division
Department of Health Care Services
1501 Capitol Avenue, MS 4413
P.O. Box 997413
Sacramento, CA 95899-7413

ATTACHMENT A – LETTER OF INTEREST

Jennifer Lopez
Division Chief
Capitated Rates Development Division
Department of Health Care Services
1501 Capitol Avenue, MS 4413
P.O. Box 997413
Sacramento, CA 95899-7413

Dear Ms. Lopez:

This letter confirms the interest of _Insert Participating Funding Entity Name, a governmental entity, federal I.D. Number _Insert Federal Tax I.D. Number, in working with Managed Care Plan's Name (hereafter, "the MCP") and the California Department of Health Care Services (DHCS) to participate in the Voluntary Rate Range Program, including providing an Intergovernmental Transfer (IGT) to DHCS to be used as a portion of the non-federal share of actuarially sound Medi-Cal managed care capitation rate payments incorporated into the contract between the MCP and DHCS for the service periods of July 1, 2019 through June 30, 2020, and July 1, 2020 through December 31, 2020. This is a non-binding letter, stating our interest in helping to finance health improvements for Medi-Cal beneficiaries receiving services in our jurisdiction. The governmental entity's funds are being provided voluntarily, and the State of California is in no way requiring the governmental entity to provide any funding.

_Insert Participating Funding Entity Name is willing to contribute approximately $_____ for the Rating Period 2019-20 (July 1, 2019 through December 31, 2020) as negotiated with the MCP. We recognize that, unless a waiver is approved by DHCS, there will be an additional 20-percent assessment fee payable to DHCS on the funding amount, for the administrative costs of operating the voluntary rate range program.

The following individual from our organization will serve as the point of communication between our organization, the MCP and DHCS on this issue:

Entity Contact Information:

(Please provide complete information including name, street address, e-mail address and phone number.)

I certify that I am authorized to sign this certification on behalf of the governmental entity and that the statements in this letter are true and correct.

Sincerely,

Signature

Attachment B

Voluntary Rate Range Program Supplemental Attachment
Rating Period 2019-20 (July 1, 2019 through December 31, 2020)

Provider Name:	
County:	
Health Plan:	

Instructions

Complete all yellow-highlighted fields. **Submit this completed form via e-mail to Sandra Dixon (sandra.dixon@dhcs.ca.gov) at the Department of Health Care Services (DHCS) by no later than February 19, 2020.**

1. In the table below, report charges/costs and payments received or expected to be received from the Health Plan indicated above for Medi-Cal services (Inpatient, Outpatient, and All Other) provided to Medi-Cal beneficiaries enrolled in the Health Plan and residing in the County indicated above, for dates of service from July 1, 2018 - June 30, 2019.

	Charges	Costs	Payments from Health Plan*	Uncompensated Chares (charges less payments)	Uncompensated Costs (Costs less payments)
Inpatient				$	$
Outpatient				$	$
All Other				$	$
Total	$	$	$	$	$

* Include payments received and anticipated to be received for service dates of July 1, 2018 through June 30, 2019.

2. Are you able to fund 100% of the higher of the uncompensated charges or uncompensated costs (as stated above)? *(Yes / No)*

If No, please specify the amount of funding available:

3. Describe the scope of services provided to the specified Health Plan's Medi-Cal members, and if these services were provided under a contract arrangement.

4. Please provide the following information:

(i) The name of the entity transferring funds:

(ii) The operational nature of the entity (county, city, special purpose district, state university teaching hospitals or other political subdivisions of the state) transferring funding:

(iii) The source of the funds:
(Funds must not be derived from impermissible sources such as recycled Medicaid payments, federal funds excluded from use as State match, impermissible taxes, and non-bona fide provider-related donations. Impermissible sources do not include patient care or other revenue received from programs such as Medicare or Medicaid to the extent that the program revenue is not obligated to the State as the source of

(iv) Does the transferring entity have general taxing authority? *(Yes / No)*

If No, does the transferring entity receive State appropriations (identify level of appropriation)? This may include, but not limited to, annual State appropriations for various programs, or realignment funds to support programs transferred by State Law to local control. *(Yes / No)*

5. Comments / Notes

Back to Agenda Back to Item

ATTACHMENT C

TOTAL AVAILABLE RATE RANGE

Back to Agenda Back to Item

Back to Agenda

Back to Item

CalOptima - Orange (HCP 506)
IGT - 2019/20 (July 2019 - June 2020)

	Total	50% FFP (Non-MCHIP,SPD and LTC)	88% FFP (MCHIP - 7/2019 to 9/2019)	76.5% FFP (MCHIP - 10/2019 to 6/2020)	BCCTP[3]	WCM[4]	93% FFP Optional Expansion (7/2019 - 12/2019)	90% FFP Optional Expansion (1/2020 - 6/2020)
Total Funds Available	$ 143,831,947	$ 60,609,553	$ 2,248,273	$ 6,744,806	$ 567,560	$ 20,884,320	$ 26,388,727	$ 26,388,708
Federal Match	$ 98,389,329	$ 30,304,777	$ 1,978,480	$ 5,159,777	$ 189,344	$ 12,465,598	$ 24,541,516	$ 23,749,837
Governmental Funding Entity's Portion	$ 45,442,618	$ 30,304,776	$ 269,793	$ 1,585,029	$ 378,216	$ 8,418,722	$ 1,847,211	$ 2,638,871
	31.6%	50.0%	12.0%	23.5%	66.6%	40.3%	7.0%	10.0%

Rate Categories[1]	Member Months (per Mercer est.)	Lower Bound (per Mercer Rate Worksheets)	Upper Bound (per Mercer Rate Worksheets)	Difference between Upper and Lower Bound	Other Departmental Usage[2]	Available PMPM (less Other Dept. Usage)	Estimated Available Total Fund
Child - non MCHIP	2,271,664	$ 87.64	$ 94.40	$ 6.76	$ -	$ 6.76	$ 15,356,449
Child - MCHIP 7/2019 - 9/2019	303,510	$ 87.64	$ 94.40	$ 6.76	$ -	$ 6.76	$ 2,051,728
Child - MCHIP 10/2019 - 6/2020	910,531	$ 87.64	$ 94.40	$ 6.76	$ -	$ 6.76	$ 6,155,190
Adult - non MCHIP	1,007,518	$ 324.35	$ 344.15	$ 19.80	$ -	$ 19.80	$ 19,948,856
Adult - MCHIP 7/2019 - 9/2019	9,788	$ 324.35	$ 344.15	$ 19.80	$ -	$ 19.80	$ 193,802
Adult - MCHIP 10/2019 - 6/2020	29,363	$ 324.35	$ 344.15	$ 19.80	$ -	$ 19.80	$ 581,387
SPD	448,861	$ 814.48	$ 859.81	$ 45.33	$ -	$ 45.33	$ 20,346,869
SPD/Full-Dual	24,336	$ 205.34	$ 215.02	$ 9.68	$ -	$ 9.68	$ 235,572
BCCTP	7,026	$ 1,430.69	$ 1,511.47	$ 80.78	$ -	$ 80.78	$ 567,560
LTC	15,492	$ 11,026.93	$ 11,331.72	$ 304.79	$ -	$ 304.79	$ 4,721,807
LTC - MCHIP 7/2019 - 9/2019	9	$ 11,026.93	$ 11,331.72	$ 304.79	$ -	$ 304.79	$ 2,743
LTC - MCHIP 10/2019 - 6/2020	27	$ 11,026.93	$ 11,331.72	$ 304.79	$ -	$ 304.79	$ 8,229
LTC/Full-Dual	0	$ 6,630.57	$ 6,780.31	$ 149.74	$ -	$ 149.74	$ -
WCM	146,382	$ 1,876.85	$ 2,019.52	$ 142.67	$ -	$ 142.67	$ 20,884,320
Optional Expansion 7/2019 - 12/2019	1,394,753	$ 424.87	$ 450.10	$ 25.23	$ 6.31	$ 18.92	$ 26,388,727
Optional Expansion 1/2020 - 6/2020	1,394,752	$ 424.87	$ 450.10	$ 25.23	$ 6.31	$ 18.92	$ 26,388,708
	7,964,012	$ 333.59	$ 353.87	$ 20.27	$ 2.21	$ 18.06	$ 143,831,947

[1]The supplemental payments (Maternity, BHT and HEP C) and CCI population are not included in the rate range calculation.

[2] Other Departmental Usages decreases available rate range funding.

[3] BCCTP Federal Match is based on the portion of the population enrolleed in a BCCTP aid code associated with a FFP percentage of 65%.

[4] WCM Federal Match is based on the FFP percentage associated with the aid codes within each rating categories.

Back to Agenda

Back to Item

CalOptima - Orange (HCP 506)
IGT - 2019/20 (July 2020 - December 2020)

	Total	50% FFP (Non-MCHIP and SPD)	76.5% FFP (MCHIP - 7/2020 to 9/2020)	65% FFP (MCHIP - 10/2020 to 12/2020)	BCCTP [3]	WCM [4]	90% FFP Optional Expansion
Total Funds Available	$ 71,458,138	$ 30,053,529	$ 2,227,321	$ 2,227,321	$ 282,165	$ 10,402,926	$ 26,264,876
Federal Match	$ 47,878,762	$ 15,026,765	$ 1,703,901	$ 1,447,759	$ 94,133	$ 5,967,816	$ 23,638,388
Governmental Funding Entity's Portion	$ 23,579,376	$ 15,026,764	$ 523,420	$ 779,562	$ 188,032	$ 4,435,110	$ 2,626,488
	33.0%	50.0%	23.5%	35.0%	66.6%	42.6%	10.0%

Rate Categories [1]	Member Months (per Mercer est.)	Lower Bound (per Mercer Rate Worksheets)	Upper Bound (per Mercer Rate Worksheets)	Difference between Upper and Lower Bound	Other Departmental Usage [2]	Available PMPM (less Other Dept. Usage)	Estimated Available Total Fund
Child - non MCHIP	1,126,338	$ 87.64	$ 94.40	$ 6.76	$ -	$ 6.76	$ 7,614,045
Child - MCHIP 7/2020 - 9/2020	300,973	$ 87.64	$ 94.40	$ 6.76	$ -	$ 6.76	$ 2,034,577
Child - MCHIP 10/2020 - 12/2020	300,973	$ 87.64	$ 94.40	$ 6.76	$ -	$ 6.76	$ 2,034,577
Adult - non MCHIP	493,892	$ 324.35	$ 344.15	$ 19.80	$ -	$ 19.80	$ 9,779,062
Adult - MCHIP 7/2020 - 9/2020	9,596	$ 324.35	$ 344.15	$ 19.80	$ -	$ 19.80	$ 190,001
Adult - MCHIP 10/2020 - 12/2020	9,596	$ 324.35	$ 344.15	$ 19.80	$ -	$ 19.80	$ 190,001
SPD	224,524	$ 814.48	$ 859.81	$ 45.33	$ -	$ 45.33	$ 10,177,673
SPD/Full-Dual	12,241	$ 205.34	$ 215.02	$ 9.68	$ -	$ 9.68	$ 118,493
BCCTP	3,493	$ 1,430.69	$ 1,511.47	$ 80.78	$ -	$ 80.78	$ 282,165
LTC	7,757	$ 11,026.93	$ 11,331.72	$ 304.79	$ -	$ 304.79	$ 2,364,256
LTC - MCHIP 7/2020 - 9/2020	9	$ 11,026.93	$ 11,331.72	$ 304.79	$ -	$ 304.79	$ 2,743
LTC - MCHIP 10/2020 - 12/2020	9	$ 11,026.93	$ 11,331.72	$ 304.79	$ -	$ 304.79	$ 2,743
LTC/Full-Dual	0	$ 6,630.57	$ 6,780.31	$ 149.74	$ -	$ 149.74	$ -
WCM	72,916	$ 1,876.85	$ 2,019.52	$ 142.67	$ -	$ 142.67	$ 10,402,926
Optional Expansion	1,388,207	$ 424.87	$ 450.10	$ 25.23	$ 6.31	$ 18.92	$ 26,264,876
	3,950,524	$ 334.30	$ 354.61	$ 20.31	$ 2.22	$ 18.09	$ 71,458,138

[1] The supplemental payments (Maternity, BHT and HEP C) and CCI population are not included in the rate range calculation.

[2] Other Departmental Usages decreases available rate range funding.

[3] BCCTP Federal Match is based on the portion of the population enrolleed in a BCCTP aid code associated with a FFP percentage of 65%.

[4] WCM Federal Match is based on the FFP percentage associated with the aid codes within each rating categories.

Intergovernmental Transfers (IGT) 10 Summary

Intergovernmental Transfers (IGT) are transfers of public funds between eligible government entities, which are used to draw down federal funds for the Medi-Cal program. To date, CalOptima has participated in ten Voluntary Rate Range IGT transactions. Funds from IGTs 1 through 9 have been received. IGT 10 funds are expected to be received from DHCS in two installments in 2021.

For the DHCS approved and funded IGT transactions to date, the net proceeds have been evenly divided between CalOptima and the respective funding partners, and funds retained by CalOptima have been invested in addressing member's unmet health care needs. It is anticipated that CalOptima's share of IGT 10 funds will be approximately $66 million ($43.3 million in Spring 2021 and $22.7 million in Fall 2021). As of February 1, 2021, the CalOptima Board of Directors has allocated $36.2 million of IGT 10 funds, leaving $29.8 unallocated as follows:

Date	Initiative	Amount
	Total Anticipated	**$66.0 million**
1/7/2021	Orange County COVID-19 Nursing Home Prevention Program Grant Extension and Expansion	$1.2 million
1/7/2021	COVID-19 Vaccination Member Incentive Program for Calendar Year 2021	$35.0 million
	Total Allocated	**$36.2 million**
	Unallocated	**$29.8 million**
	Total Allocation Recommendation Requested at the February 2021 Finance and Audit Committee Meeting	**$221,145**

It should be noted that since IGT 10 funds are accounted for in the same fashion as the Medi-Cal capitation revenue CalOptima receives from DHCS, to the extent that these funds are not expended on covered, medically necessary Medi-Cal services or qualifying quality initiatives, the expenditures would be charged to CalOptima's administrative loss ratio (ALR), rather than the medical loss ratio (MLR).

Back to Agenda Back to Item

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken February 18, 2021
Regular Meeting of the CalOptima Board of Directors'
Finance and Audit Committee

Report Item

9. Consider Recommending Board of Directors Ratification and Authorization of Expenditures Related to the Coronavirus Pandemic

Contact

Nancy Huang, Chief Financial Officer, (657) 235-6935

Recommended Actions

Recommend that the Board of Directors ratify and authorize unbudgeted expenditures related to the coronavirus pandemic from existing reserves for emergency purchases in an amount not to exceed $17,925 through June 30, 2021

Background

On January 31, 2020, the U.S. Secretary of Health and Human Services declared a public health emergency under section 319, of the Public Health Service Act (42 U.S.C. 247) in response to a novel coronavirus known as SARS-CoV-2 (coronavirus). On March 13, 2020, the President of the United States declared a national emergency based on the spread of this coronavirus. Along with other federal, state, and local agencies, CalOptima is taking action to continue efforts to protect the health and safety of our providers, partners, and the members we serve.

Discussion

To protect employees during the pandemic, CalOptima has implemented various infection control measures consistent with the guidelines provided by the Centers for Disease Control and Prevention (CDC) and other regulatory agencies. Additional expenditures are necessary as part of CalOptima's continued efforts to provide health and safety measures to protect employees who are working in CalOptima facilities.

The Occupational Safety and Health Administration (OSHA) has moved toward more aggressive and robust criteria to ensure workplace safety. Both the CDC and OSHA are focused on issuing recommendations that are expected to lead to significant changes to standards addressing safety in the office workplace environment.

In an effort to fully meet these requirements, staff is taking proactive steps to ensure that CalOptima worksites are safe and recommends the Board ratify and authorize unbudgeted expenditures related to the coronavirus pandemic for emergency purchases.

CalOptima contracted with existing vendors to ensure timely and efficient service and delivery of the required equipment and products for the protection and security of CalOptima's employees and members. Staff utilized the emergency bidding exception to perform an informal Request for Proposal (RFP) for the building path of travel signage, which was a new requirement by the CDC and OSHA. The RFP was released in September 2020, and CalOptima received two responses. The contract was awarded in October 2020 to Signarama.

Back to Agenda

CalOptima contracted with our existing moving vendor in December 2020. Emergency purchases with contracted vendors were completed with an emergency bidding exception in accordance with section II.P. of CalOptima Policy GA.5002: Purchasing Policy.

Department	Description	Amount
Facilities	505 Building Path of Travel signage (one-time expense)	$16,525
	505 Building: Temporary telework moving expenses: Estimate from December 2020 through June 2021	$1,400
	Total	**$17,925**

Fiscal Impact
The recommended action to ratify and authorize unbudgeted expenditures related to the coronavirus pandemic for emergency purchases is an unbudgeted item. An allocation of up to $17,925 from existing reserves will fund this action through June 30, 2021.

Rationale for Recommendation
Ratification and authorization of the expenditures will allow CalOptima to provide a secure and professional work environment for our employees and members during the coronavirus pandemic.

Concurrence
Gary Crockett, Chief Counsel

Attachments
1. Contracted Entities Covered by this Recommended Board Action
2. Board Action dated April 2, 2020, Consider Ratification of Actions Taken in Response to the Public Health Emergency Arising from the Coronavirus (COVID-19) Pandemic
3. Board Action dated April 16, 2020, Consider Ratification and Authorization of Expenditures Related to Coronavirus Pandemic
4. Board Action dated October 1, 2020, Consider Ratification and Authorization of Expenditures Related to the Coronavirus Pandemic

/s/ Richard Sanchez — *02/10/2021*
Authorized Signature — **Date**

Back to Agenda

ENTITIES COVERED BY THIS RECOMMENDED BOARD ACTION

Name	Address	City	State	Zip Code
Corovan	1000 East Valencia Drive	Fullerton	CA	92831
Signarama	1022 North Tustin Avenue	Anaheim	CA	92807

Back to Agenda Back to Item

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken April 2, 2020
Regular Meeting of the CalOptima Board of Directors

Report Item

3. Consider Ratification of Actions Taken in Response to the Public Health Emergency Arising from the Coronavirus (COVID-19) Pandemic

Contact

Candice Gomez, Executive Director Program Implementation, (714) 246-8400
Brigette Gibb, Executive Director Human Resources, (714) 246-8400

Recommended Actions

1. Ratify the implementation of mitigation strategies to slow the transmission of COVID-19 through temporary telework for CalOptima employees; and
2. Ratify unbudgeted expenditures from existing reserves for emergency purchases to support these mitigation strategies, including CalOptima's Temporary Telework process in the amount not to exceed $915,000

Background

On January 31, 2020, the Secretary of U.S. Department of Health and Human Services declared a public health emergency under section 319, of the Public Health Service Act (42 U.S.C. 247d) in response to a novel coronavirus known as SARS-CoV-2 (COVID-19). On February 27, 2020, Orange County declared a local health emergency. The Governor of California declared a State of Emergency on March 4, 2020. On March 11, 2020, the World Health Organization declared the coronavirus a pandemic. On March 13, 2020, the President declared a national emergency based on the spread of the coronavirus.

On March 11, 2020, the Orange County Health Care Agency provided recommendations for COVID-19 community mitigation strategies. While social distancing has been encouraged to limit the spread of COVID-19, beginning on March 17, 2020, state and local agencies began implementing stay-at-home orders to prohibit professional, social, and community gatherings outside of a list of "essential activities."

Discussion

Along with federal, state, and local agencies, CalOptima management has been actively engaged in efforts to evaluate business needs and protect the health and safety of CalOptima employees, members, providers, and our community, and mitigate the spread and limit exposure to the disease. CalOptima management has been closely monitoring this public health emergency and taking preventive actions based on information and guidelines provided by federal, state, and local agencies including, but not limited to, the Centers for Disease Control and Prevention (CDC), the California Department of Public Health, and the Orange County Health Care Agency.
The health and safety of CalOptima employees is critical to ensuring business continuity and access to health care services for CalOptima members. CalOptima has considered the following objectives in evaluating the organization's response to the pandemic as the current situation constantly evolves:

- Maintaining continuity of essential services and business functions while maintaining a safe work environment for CalOptima employees;

- Maximizing social distancing and limiting group meetings and interactions that might spread COVID-19;
- Developing flexible work arrangements for employees as appropriate;
- Maintaining a unified response consistent with actions taken by state and local government; and
- Ensuring that CalOptima is transparent in its processes and communications to its employees, providers and members.

CalOptima's operations are considered part of the critical infrastructure in both the healthcare/public health sector as well as the government sector. As an essential business, CalOptima's operations must continue to be fully functioning and effective. As part of business continuity and emergency planning, CalOptima management has evaluated job functions, and categorized CalOptima staff according to the following five categories:

1. Job duties cannot be performed remotely;
2. Job duties can be performed remotely;
3. Job duties support essential functions in the 505 City Parkway West building:
    - Facility support
    - Building security
    - Building management
    - Information Services 3rd Shift
    - Information Services Help Desk
    - Mail room
    - Member enrollment and reconciliation
    - Finance accounts payable;
4. Job duties support essential functions in the PACE Center, 13300 Garden Grove Blvd:
    - PACE clinic, transportation, and reception staff
    - PACE records management; and
5. Job duties can be performed remotely, but employee's home environment is not conducive to working remotely.

To protect employees during the pandemic, CalOptima management has been implementing infection control and social distancing measures as these are released by the CDC or other regulatory agencies. Based on the guidelines provided by regulatory agencies, on March 13, 2020, CalOptima management has moved forward with its business continuity and emergency plan, and initiated temporary telework for CalOptima staff whose job duties can be performed remotely. In order to institute an orderly process for temporary telework, CalOptima management implemented phases for deployment. This process was made voluntary to employees and only applied to those with job duties that meet the requirements for temporary telework.

> Phase 1: Employees identified in the high risk categories (as defined by CDC guidelines as of March 13, 2020), including those eligible for leave under the Family Medical Leave Act (FMLA) and/or the California Family Rights Act (CFRA), or those requiring a reasonable accommodation under the Americans with Disabilities Act (ADA).

Phase 2: Employees who had already been issued the necessary equipment to work remotely.

Phase 3: Employees who had not previously been issued the necessary equipment to work remotely have been and will continue to be deployed when fully equipped and according to job function with the following priority:

a. Employees with direct member interaction (e.g., talk to Members);
b. Employees whose job duties result in an organizational decisions or determinations (e.g., approval, denial, or appeal of medical service authorization requests);
c. All other staff as equipment needs are met.

The temporary telework process was not contemplated as part of CalOptima Policy GA. 8044: Telework Program, and the number of employees on temporary telework exceeds the Board-authorized number of teleworkers (1/3 of CalOptima staff). Currently, approximately 82% of CalOptima employees are working remotely, and management anticipates that this number may increase to as many as 85-90%. Management is seeking Board ratification of the actions taken to respond to the COVID-19 pandemic and implement mitigation strategies by placing employees on temporary telework, which:

(1) Reduces the number of employees present in the administration building and facilitates social distancing measures to mitigate the spread of COVID-19;
(2) Ensures business continuity while employees are working remotely;
(3) Protects the health and safety of CalOptima employees; and
(4) Ensures that CalOptima is continuing to carry out its essential operations by meeting the needs of members and being responsive to providers.

To support temporary telework, CalOptima staff also recommends ratification of unbudgeted expenditures in the amount of $915,000 for equipment and mobile ready software to allow CalOptima employees to work remotely. Expenditures also include replenishment of back-up laptop inventory plus additional laptops for urgent and unforeseeable needs due to COVID-19. The recommended amount of unbudgeted expenditures is based on estimated costs and approximately 10% contingency for unanticipated costs. Estimated itemized costs are as follows:

Item	**Amount**
RSA Tokens to allow connectivity outside of building	$43,911
VPN Licenses to allow connectivity to the CalOptima network	$76,600
IP Softphone Licenses to allow connectivity to the phone system	$259,893
Power Cords	$4,505
Headsets and Headset Adapters	$42,185
Surge Protectors	$10,532
Cables and Soundbars for Computer Monitors	$28,458

ACD License to support phone system	$38,510
Bluecoat Web Security Service (WSS)	$21,970
Computer Monitors	$184,145
Cat6 Patch Cables for Computer Parts	$759
Back-up Laptops	$121,879
Contingency	$81,653
Estimated Costs	$915,000

For employees remaining in the two CalOptima buildings, additional space planning efforts have been implemented to promote social distancing practices. Additional planning is also being evaluated should it be necessary through local, state, or federal action that employees remain locked-down at home and all essential work functions must be performed remotely. CalOptima staff will return to the CalOptima Board of Directors for consideration of future actions as appropriate.

Fiscal Impact

The recommended action to ratify unbudgeted expenditures for emergency purchases to support CalOptima's response to the public health emergency and implementation of temporary telework is unbudgeted. An allocation of up to $915,000 from existing reserves will fund this action.

Rationale for Recommendation

Implementing temporary telework ensures that CalOptima takes appropriate action to not only protect the health and safety of our employees and community during the COVID-19 pandemic, but also ensure that CalOptima members and providers are able to access covered, medically necessary health care services during this pandemic.

Concurrence

Gary Crockett, Chief Counsel

Attachments

1. Temporary Telework Agreement
2. CalOptima Policy GG.8044 Telework Program

/s/ Michael Schrader — *03/26/2020*
Authorized Signature — **Date**

CalOptima Temporary Telework Agreement

Name:	
Title:	
Department:	
Supervisor/Manager:	
Reason for Request:	☐ **Health conditions resulting in a higher risk** ☐ **Direct exposure to individual with COVID-19** ☐ **Suspected exposure to individual with COVID-19** ☐ **Caring for family member with COVID-19** ☐ **Quarantine order by government entity** ☐ **Minor illness or influence/cold-like illness** ☐ **Childcare as a result of school closure** ☐**Specify school district:** _____ ☐**School closure dates:** _____ ☐ **Travel to/from particular locations with known outbreaks** ☐ **Other: Please specify** _____
Temporary Telework Start Date:	
Anticipated Return Date:	

CalOptima recognizes the unique circumstances surrounding the current COVID-19 pandemic and would like to support alternative work arrangements, where feasible, to help protect CalOptima employees and prevent the further spread of the virus. A voluntary temporary telework arrangement is being made available as an alternative method of meeting the work needs of the organization through a flexible work structure for positions where the essential functions of the job can be performed off-site. This temporary telework agreement will commence once approved by the Human Resources Department, and the termination date will be evaluated weekly based on the conditions and circumstances surrounding COVID-19. You may need to take PTO or unpaid leave if you cannot come to the Office, but are either not yet approved for temporary telework or do not yet have the necessary equipment to perform the essential functions of your job position. Please maintain regular contact with your management regarding your attendance, and HR regarding protected leave and/or reasonable accommodations.

I _____, ("Employee") and CalOptima, mutually agree that the
Print Name

Employee is eligible to work at a Remote Work Location, on a temporary basis, commencing on the date approved by HR below pursuant to this Temporary Telework.
Work Agreement (the "Agreement"). This is not considered or counted as a permanent telework position and will only be granted for the amount of time necessary. This privilege is voluntary, temporary and may be terminated at any time by CalOptima, the employee or manager.

Participation:

CalOptima plays a vital role in the community as a resource for care, information, and support. Our focus is to enable our employees to manage the community response and to serve the needs of CalOptima members, while also taking care of our own employees. Employee recognizes that the temporary telework option is voluntary and at the Employee's discretion. This work arrangement may be reassessed, modified and/or terminated by either the employee or CalOptima, with or without notice or cause.

Other than those duties and obligations expressly imposed on the employee under this Agreement, the duties obligations, responsibilities and conditions of Employee's employment with CalOptima remain unchanged. The employee's salary and benefits shall remain unchanged.

Approval of the temporary telework arrangement will be made based on an evaluation of the appropriateness of your position to work from home, the resources available to enable you to work, business priorities, and staffing concerns. Business continuity for critical areas is our utmost priority to ensure CalOptima is providing excellent services to our members and responding in a timely manner to all inquiries and regulatory requirements.

Application of CalOptima Policies, Procedures and Rules:

a. Employee agrees to abide by the terms and requirements of CalOptima Policy GA. 8044: Telework Program and all other applicable CalOptima policies, including, but not limited to, liability, compliance, use of personal computer from the Remote Work Location, use of electronic mail with PHI-security of CalOptima assets, dependent care, etc.
b. Employee understands and agrees that the temporary telework arrangement is not intended to supersede or override CalOptima's policies, procedures, rules or standards of conduct and the Employee agrees to adhere to all applicable CalOptima policies, procedures, rules and standards of conduct.

Technological Capabilities: When using CalOptima devices, the Employee understands and agrees that the Employee is expected to maintain an appropriate level of connectivity and technological capability as required by CalOptima.

Safety and Security: Employee understands and agrees that the Employee is expected to maintain an appropriate safe and secure Remote Work Location when working off-site, with particular sensitivity to any protected health information in written or oral form. In the event employee is not working from a Home Office location, any alternative Remote Work Location must be pre-approved by Employee's supervisor.

Confirmation of Agreement:

This Agreement is the entire agreement with respect to the subject-matter addressed herein. This Agreement takes precedence over any prior discussions Employee has had with any CalOptima personnel with respect to the topics addressed in this Agreement.

I understand that any violation of CalOptima's policies and procedures or any violations of state or federal law while working off-site may result in disciplinary action, up to and including termination, and/or civil or criminal prosecution.

I affirm by my signature below that I have read, understand and agree to comply with all of the work rules and policies described in this Agreement and Telework Program Policy. I further agree with the duties, responsibilities and conditions for temporary telework as set forth by my supervisor, including the condition that I am expected to accomplish the job tasks in accordance with the agreed upon schedule and performance standards.

CalOptima may terminate this agreement at any time, with or without notice.

Employee:

Print Name	Signature	Date

Immediate Supervisor:

Print Name	Signature	Date

APPROVED BY HUMAN RESOURCES:

Print Name	Signature	Date

Policy #:	GA.8044
Title:	**Telework Program**
Department:	Human Resources
Section:	Not Applicable
CEO Approval:	Michael Schrader MS

Effective Date:	03/01/12
Last Review Date:	02/01/18
Last Revised Date:	02/01/18

Board Approved Policy

I. PURPOSE

This policy describes guidelines for a work structure that: 1) permits an employee to perform their work from a Remote Work Location, unless business needs require otherwise; 2) increases quality of life for employees; 3) reduces operation and overhead costs; 4) supports recruitment and retention of skilled employees; and 5) promotes a culture of managing by results.

II. POLICY

A. Telework is a workplace arrangement in which an eligible employee works his or her entire work schedule away from the Central Worksite at a Remote Work Location, unless business needs require otherwise.

1. A partial teleworking arrangement is not allowed. A Teleworker may not elect to routinely work a portion of his or her scheduled days at the Central Worksite and the remainder from the Remote Work Location.

B. Telework is not a universal employee benefit or entitlement, but rather, an alternative method of meeting the work needs of the organization through a flexible work structure. Department managers, at their discretion, may discontinue an individual's, group's, or department's participation in the telework program based on business needs.

C. Telework is voluntary unless specifically stated as a condition of employment and may be terminated at any time by either the Teleworker or CalOptima, with or without cause.

D. The total number of employees in telework positions at any point in time may equal but not exceed the maximum number telework positions as directed by the CalOptima Board of Directors.

E. Telework positions may be identified as follows:

1. Human Resources (HR) may designate a position as a telework position if it is classified as a difficult to recruit and/or retain position, and the position is appropriate for telework.

2. HR may reserve a number of telework positions for use in granting reasonable work accommodations, for employees transitioning back to work after a qualifying leave of absence, or for other exigencies, which would require the approval of the Executive Director of HR.

3. A department leader may designate one (1) or more positions as suitable for teleworking if the duties and responsibilities of the position can be performed remotely at the same or higher level of productivity and quality compared to working at the Central Worksite.

F. Remote Work exception to the Telework policy: When special circumstances require it, an employee's manager has the discretion to allow an employee, to work from a Remote Work Location on an occasional basis.

1. Occasional is defined as rare, infrequent and not regularly scheduled for brief periods (usually a day or part of a day); with no specific or implied expectation from an employee that he or she will be allowed to work from a Remote Work Location routinely. This is not considered or counted as a telework position.

2. All employees who occasionally work from a Remote Work Location must abide by the same requirements as employees who telework, including, but not limited to, the applicable conditions set forth in this policy concerning terms of employment, work schedule and accessibility, dependent care, liability, compliance, use of personal computer from the Remote Work Location, use of electronic mail with PHI, establishing a Remote Work Location, security of CalOptima assets, inspection, etc.

3. Furthermore, for departments which permit employees to work from a Remote Work Location, to be eligible to work occasionally from a Remote Work Location, the employee must execute the CalOptima Occasional Off-site Work Agreement and submit the signed document to the Human Resources Department prior to being permitted to work from a Remote Work Location.

G. Terms of Employment

1. The conditions of employment, such as employee salary, benefits and employer-sponsored insurance coverage, will remain the same for an employee designated as a Teleworker as for non-telework employee.

2. CalOptima's policies, rules and practices are applicable to a Teleworker's Remote Work Location, including, but not limited to, confidentiality, internal communications, communications with the public, public records requests, employee rights and responsibilities, facilities and equipment management, financial management, information resource management, purchasing of property and services, unlawful harassment, drug and alcohol, and safety.

3. Telework will be voluntary unless specifically stated as a condition of employment.

4. Other than those additional duties and obligations expressly imposed on a Teleworker under this policy, the duties, obligations, responsibilities and conditions of a Teleworker's employment with CalOptima shall remain unchanged.

H. Teleworker Selection

1. The employee's department manager, with final review and evaluation by HR, shall consider and ensure that the selected employee and their work responsibilities meet the following conditions:

a. The nature of the work and job responsibilities can be performed effectively away from the Central Worksite.

b. The nature of resources and tools necessary for an employee's work assignments and job responsibilities can be accessed from the employee's Home Office location while ensuring confidentiality where necessary and compliance with all applicable laws, including, but not limited to, Health Insurance Portability and Accountability Act (HIPAA) regulations.

c. The nature of the work and the employee's job responsibilities do not require daily face-to-face contact with other employees or supervisors, and/or the employee and/or the employee's work does not require supervision that can only be accomplished at the Central Worksite.

d. The nature of the work is not dependent on accessing equipment, materials, files, etc., that are only available in the Central Worksite.

2. To be eligible for telework, the following considerations will be evaluated:

a. Employee must be in good standing, with no prior disciplinary action in the last year or on a Performance Improvement Plan, and may be scheduled for full-time or part-time and/or may be exempt or non-exempt (hourly).

b. Based on business considerations and management discretion, supervisors and managers may be approved for telework only if their entire team teleworks.

c. If supervisors and managers have staff that does not telework and/or are not eligible for telework, they must be present in the office to supervise their non-telework staff.

d. Telework is not available for senior manager level positions and above, unless the position is classified as a difficult to recruit and/or retain position, and the position is appropriate for telework as determined by the Executive Director of Human Resources, with the approval of the Chief Operating Officer.

3. To participate in the telework program, an employee must meet additional eligibility and selection criteria established by CalOptima, including the suitability of performing the requirements of the job from a Remote Work Location and the ability of the employee to meet performance expectations in a work environment away from the Central Worksite.

4. To be eligible to work from a Remote Work Location the employee must obtain approval from the employee's supervisor/manager and director prior to submitting the request to HR. Employees are required to sign and submit the CalOptima Telework Agreement, along with all other required documentation, to the HR Department prior to being deployed.

I. Termination of Telework Arrangement

1. A Teleworker may elect at any time to move from working at a Remote Work Location to working at the Central Worksite, contingent on space availability.

a. The Teleworker must notify and discuss the change with his or her manager and receive approval.

b. The Teleworker's manager will notify HR of the request to terminate the telework arrangement.

2. A Teleworker's manager may change or end the teleworking arrangement at any time based on business needs, performance or productivity concerns, or changes in the Teleworker's eligibility to telework.

    a. Requests to end the telework arrangement must go through the manager of the Teleworker and be approved by HR.

3. As needed, the Teleworker's manager, in collaboration with HR, may evaluate changes to a Teleworker's job responsibilities and determine if continued participation in the telework program or return to the Central Worksite is appropriate.

J. Work Schedule and Accessibility

1. A Teleworker's schedule of work hours, including breaks, overtime, and deviations from regular work hours, should be approved by the Teleworker's manager.

    a. A manager shall take into consideration the overall impact of a Teleworker assignment to the department's service delivery, employee productivity, or the progress of individual or team assignments.

    b. A manager shall also take into consideration the overall impact of the Teleworker's total time outside of the Central Worksite. Considerations include, but are not limited to: meetings, consultations, presentations and conferences.

    c. CalOptima shall also give consideration to the overall effect of a Teleworker's and co-workers' schedules in maintaining adequate manager supervision and communication.

2. The number of hours normally scheduled to work by an employee shall not change because of telework.

3. Employees will not be eligible to participate in both the telework program and the 9/80 Work Schedule during the same period. Employees eligible for both may only request one alternative at a time.

4. Before working overtime, a non-exempt (hourly) Teleworker must receive his or her manager's written approval in advance.

5. An exempt Teleworker who plans to deviate from the Teleworker's regular work hours, including working beyond normal working hours and making up time, shall obtain his or her supervisor's approval in advance, where feasible.

6. Teleworkers will be required to complete their timecard electronically, consistent with employees at the Central Worksite.

7. Meal periods and breaks for a Teleworker will be consistent with those at the Central Worksite.

8. The Teleworker's manager should ensure that the Teleworker's schedule shall allow adequate time at the Central Worksite for meetings, access to facilities and supplies, and communication with other employees, providers or members.

9. When visiting the Central Worksite, a Teleworker will notify their direct supervisor or alternate of their presence in office building, including their physical location and tentative length of stay.

10. A Teleworker will attend job-related meetings, training sessions, and conferences, as requested by the manager. In addition, management may request a Teleworker to attend "short notice" meetings or to come into the Central Worksite for other CalOptima business related purposes. A Teleworker's manager will use telephone conference calling whenever possible as an alternative to requesting attendance at short notice meetings.

11. During telework hours, a Teleworker must be reachable via telephone, facsimile, office communicator, and/or e-mail during agreed-upon work hours or specific core hours of accessibility. The manager and Teleworker will agree on how to handle telephone messages, including the feasibility of call forwarding and frequency of checking telephone messages.

12. If the Central Worksite is closed due to an emergency or inclement weather, a Teleworker's manager will contact the Teleworker as soon as possible. A Teleworker may continue to work at the Remote Work Location. If there is an emergency at the Remote Work Location such as a power outage, a Teleworker will notify his or her manager as soon as possible. CalOptima may assign the Teleworker to the Central Worksite.

K. Dependent Care

1. A Teleworker will **not** act as a primary caregiver for dependent(s) during the agreed upon telework hours. Dependents may be present in the home during telework hours if care for the dependent will not require the Teleworker's attention. A Teleworker must make dependent care arrangements to permit concentration on performing work duties and responsibilities to the same extent as if he or she were performing work at the Central Worksite.

L. Deployment Preparation

1. All Teleworkers will complete mandatory pre-deployment documentation and telework orientation prior to final approval for telework deployment. Understanding the policies and procedures of telework is an important determinant of success in the telework program. Teleworkers may be required to complete additional educational or informational programs as deemed needed.

M. Telework Site/ Home Office

1. A Teleworker must maintain a suitable and secure designated workspace inside the Teleworker's residence that is clean, safe, and free from distractions.

   a. A Teleworker must set up a designated workspace as required by standards set by Environmental Health and Safety (EH&S) prior to beginning the Telework assignment.

   b. Preferably, this workspace will be a separate room that is designated as a home office.

   c. The home office location and specified workstation and internet access must be in compliance with the EH&S standards and the safety checklists.

d. The employee must sign and submit the CalOptima Teleworking Agreement, along with all other required documentation to HR within the required period of time.

2. A Teleworker will not hold face-to-face business meetings with providers, Members, or professional colleagues at the Home Office.

3. CalOptima may send agents of the organization to assist with equipment set-up in the Home Office.

   a. CalOptima will provide advanced notice of any delivery.

   b. The Teleworker must allow access to the Home Office at the designated day and time.

4. CalOptima will provide a predefined basic set of equipment as required for the Teleworker to perform his or her work duties.

5. All equipment that is provided initially for use at the telework site will be documented in the Telework Equipment Release Agreement.

   a. The Information Systems (IS) Department will maintain a list of CalOptima's equipment and software that is located in the Home Office Locations of Teleworkers.

6. If additional equipment or supplies are required related to Telework, the Teleworker must obtain prior approval for any additional costs.

   a. CalOptima will provide standard office supplies (i.e., pens, paper, and pencils).

   b. CalOptima shall not reimburse out-of-pocket expenses for supplies normally available at the Central Worksite.

7. Prior to beginning the telework program, a Teleworker will provide documentation of the workspace, in the form of current photograph, and must submit such documentation to the EH &S and HR departments.

8. Teleworkers are advised to consult with an insurance agent and/or tax consultant for information regarding their home office site. Individual tax implications, auto and homeowners' insurance, and incidental residential utility costs are the responsibility of the Teleworker.

N. Teleworker Performance Management

1. The manager and Teleworker will develop and agree upon any relevant goals and performance guidelines, as well as the frequency of performance discussions.

2. The manager of the Teleworker shall:

   a. Monitor the Teleworker's productivity and performance consistently and as business needs require.

   b. Provide timely and specific feedback to the Teleworker on a regular basis.

c. Plan for and use multiple channels to keep the Teleworker informed and up-to-date about departmental and CalOptima activities.

d. Remove a Teleworker from the program if the employee does not or continues to not meet the set performance standards.

O. Program Reporting and Evaluation

1. Teleworkers agree to monthly reporting and analyses, at a minimum, relating to his or her performance in order to evaluate the effectiveness of the Teleworker and telework program at CalOptima.

2. Each manager of one or more Teleworkers shall be required to provide documentation of goals, performance standards and outcomes for the Teleworkers to HR upon request.

P. Liability

1. A Teleworker is responsible for ensuring the safety of his or her Remote Work Location or alternative work environment.

2. A Teleworker will agree to a safety inspection and photographic documentation of the Telework Remote Work Location site to comply with workers' compensation liabilities, as well as comply with all items in the EH&S safety checklists.

3. Because liability may arise from hazards in the Remote Work Location that might cause serious harm or injury, CalOptima reserves the right to periodically inspect the Teleworker's Remote Work Location workspace. CalOptima will precede any such inspection by advanced notice and will schedule an appointment.

4. All ergonomic issues must be reported to the EH&S department. It is the responsibility of a Teleworker to notify EH&S early of any potential ergonomic issues in the home office workspace in the Remote Work Location.

5. CalOptima is not liable for any incident or accident that occurs outside of normal job-related activities or hours.

6. In the event of a job-related incident or accident during telework hours, a Teleworker must immediately report the incident to his or her manager.

a. A Teleworker, manager, and CalOptima must follow the policies regarding the reporting of injuries for employees injured while at work.

7. CalOptima is not responsible for any injuries to family members, visitors, and others in a Teleworker's Remote Work Location workspace.

8. CalOptima is not responsible for any loss or damage to:

a. A Teleworker's property;

b. Personal property owned by a Teleworker or any of the Teleworker's family members; or

c. Property of others in the custody of a Teleworker.

9. A Teleworker is responsible for contacting his or her insurance agent and a tax consultant and consulting local ordinances for information regarding Remote Work Location workplaces.

Q. Compliance: Handling PHI from a Remote Work Location

1. The same precautions governing the treatment of PHI at the Central Worksite shall apply to the Remote Work Location.

2. A Teleworker shall not leave documents including, but not limited to (electronic and/or hard copies): assessment forms, prior authorization, or other data collection forms unattended in areas accessible by unauthorized persons.

a. If PHI is being accessed by the Teleworker, when the Teleworker leaves the Remote Work Location or workspace, all paper PHI shall be stowed in a locked drawer designated for such storage. The Teleworker shall remain in possession of the key.

3. A Teleworker shall protect all documents that contain Member PHI from the view or access by unauthorized persons during transport to and from the Central Worksite through the use of:

a. Binders; or

b. Folders or other protective cover.

4. Upon their disposal, a Teleworker shall shred all PHI documents or files. A Teleworker shall transport PHI documents that are taken to the Remote Work Location and ready for destruction back to the Central Worksite for shredding.

5. A Teleworker shall immediately report any security incidents or compromised PHI to the Office of Compliance, in accordance with CalOptima Policy HH.3020Δ: Reporting and Providing Notice of Security Incidents, Breaches of Unsecured PHI/PI or other Unauthorized Use or Disclosure of PHI/PI and contractual requirements, applicable federal and state statutes and regulations, and CalOptima policies.

R. Use of Computer from Remote Work Location

1. CalOptima will provide a Teleworker with a CalOptima personal computer (PC) or, with the approval of IS Infrastructure Management in certain circumstances, a laptop computer (laptop), and grant access to the CalOptima network.

2. A Teleworker shall adhere to the following information security procedures:

a. Maintain the confidentiality of his or her user sign-on identification code and password;

b. Keep the PC or laptop secure at all times;

c. Log off the VPN network when the PC or laptop will be left inactive or unattended, including but not limited to, during breaks, lunch periods, and at the end of the workday;

d. Ensure that passwords or operating instructions are not stored with the computer; and

e. Ensure that any issues with CalOptima equipment or systems are referred to the Help Desk for assistance, and that no unauthorized persons, or organizations, provide technical support for any CalOptima equipment or systems.

3. A Teleworker shall report any security incidents to the CalOptima Help Desk including, but not limited to:

a. Loss of a PC or laptop;

b. Software irregularities indicating possible virus infection; and

c. Access by unauthorized persons.

4. Failure to comply with the requirements listed above will result in the termination of the employee's telework arrangement and may also include disciplinary action up to and including termination of employment.

5. In the event of security or PHI incidents, Teleworkers are required to cooperate in internal investigations, outside investigators, law enforcement, and/or criminal and/or civil prosecution, when applicable.

S. Use of electronic mail with PHI

1. Internal e-mail: E-mail sent within the secure virtual private network (VPN) CalOptima system may contain PHI that is limited to the use and disclosure of the minimum necessary data to complete the required message.

2. External e-mail: E-mail that is sent external to CalOptima via the open internet shall not contain PHI unless the e-mail is encrypted using the required encryption system and the recipient is authorized to receive it.

T. Use of printer from Remote Work Location

1. Teleworkers are not allowed to print anything work related to a home printer. All printing should be done at the Central Worksite when the Teleworker comes into the Central Worksite On rare circumstances, HR, the Compliance Officer, and the Chief Security Officer may make an exception to allow for a Teleworker to receive a printer for use at home, but only if the employee is not dealing with any PHI.

U. Security of CalOptima Assets

1. The Teleworker must take reasonable precautions to secure and prevent damage to equipment provided and delivered to the Remote Location Worksite.

2. CalOptima's equipment must only be used by the Teleworker and may not be used by other guests or individuals for personal use.

3. If property of CalOptima is stolen or damaged in a Teleworker's home, CalOptima will repair or replace the property at CalOptima's expense, provided there is no contributory negligence on the part of the Teleworker.

4. Upon termination of employment or the telework arrangement, voluntary or otherwise, the employee shall return all CalOptima property to CalOptima.

5. CalOptima may pursue recovery from a Teleworker for CalOptima property that is:

   a. Not returned at the conclusion of employment; or

   b. Deliberately, or through negligence, damaged, destroyed, or lost while in the Teleworker's control.

6. In case of injury, theft, loss, or liability related to telework, a Teleworker must allow agents of the organization to investigate and/or inspect the telework site. CalOptima shall provide reasonable notice of inspection and/or investigation to the Teleworker.

V. Travel Reimbursement

1. CalOptima will not reimburse mileage for Teleworkers who come into **the Central Worksite** from a local Remote Worksite Location.

2. CalOptima will reimburse mileage when a Teleworker is required by management to drive into the Central Worksite only if the employee is required to travel two hundred fifty (250) or more miles one-way.

3. For off-site visits from the Teleworker's home, CalOptima shall base reimbursement for use of privately owned vehicles on actual mileage, to the nearest mile, less the number of miles required to drive from the Teleworker's residence to the Central Worksite, and back again, on a single day and in accordance with CalOptima GA.5004: Travel Policy.

4. Reimbursement shall be made at the mileage rate currently in effect for CalOptima, and in accordance with CalOptima GA.5004: Travel Policy. Different requirements for travel may apply to out-of-state Teleworkers, in which they should receive prior approval from their department executive before such travel arrangements are made.

W. Other Remote Work arrangements

1. In certain cases, arrangements other than those defined in this policy may be negotiated between CalOptima management, HR, and the Teleworker. All policy deviations must be approved by HR and the Teleworker's executive.

X. Failure to comply with the requirements of this Policy or follow CalOptima's policies, rules and procedures may result in: termination of the employee's telework arrangement and/or disciplinary action, up to and including termination of the employee. Certain violations of this Policy, other

applicable CalOptima policies, and/or state and federal laws may also result in criminal or civil prosecution, where applicable.

III. PROCEDURE

Not Applicable

IV. ATTACHMENTS

A. CalOptima Telework Agreement
B. CalOptima Occasional Off-site Work Agreement

V. REFERENCES

A. CalOptima Employee Handbook
B. CalOptima Policy GA.5004: Travel Policy
C. CalOptima Policy GA.8000: Glossary of Terms
D. CalOptima Policy GA.8020: 9/80 Work Schedule
E. CalOptima Policy HH.3020Δ: Reporting and Providing Notice of Security Incidents, Breaches of Unsecured PHI/PI or other Unauthorized Use or Disclosure of PHI/PI

VI. REGULATORY AGENCY APPROVALS

None to Date

VII. BOARD ACTIONS

A. 02/01/18: Regular Meeting of the CalOptima Board of Directors
B. 12/03/15: Regular Meeting of the CalOptima Board of Directors
C. 05/01/14: Regular Meeting of the CalOptima Board of Directors
D. 06/06/13: Regular Meeting of the CalOptima Board of Directors
E. 03/01/12: Regular Meeting of the CalOptima Board of Directors

VIII. REVIEW/REVISION HISTORY

Version	Date	Policy Number	Policy Title	Line(s) of Business
Effective	03/01/2012	GA.8044	Telework Program	Administrative
Revised	06/06/2013	GA.8044	Telework Program	Administrative
Revised	05/01/2014	GA.8044	Telework Program	Administrative
Revised	12/03/2015	GA.8044	Telework Program	Administrative
Revised	02/01/2018	GA.8044	Telework Program	Administrative

IX. GLOSSARY

Term	Definition
9/80 Work Schedule	The 9/80 alternate work schedule consists of eight (8) business days of nine (9) hours per day and one (1) business day of eight (8) hours, for a total of eighty (80) hours during two (2) consecutive workweeks. The eight (8) hour work day must be on the same day of the week as the employee's regularly scheduled day off. Therefore, under the 9/80 work schedule, one calendar week will consist of forty-four (44) hours (four (4) nine (9) hour days and one (1) eight (8) hour day) and the alternating calendar week will consist of thirty-six (36) hours (four (4) nine (9) hour days and one (1) day off). However, each workweek will only consist of forty (40) hours, in accordance with the 9/80 Federal Labor Standards Act (FLSA) Workweek.
Central Worksite	CalOptima's primary physical location of business applicable to the employee, which is either CalOptima's administration building at 505 City Parkway West or the PACE building.
Health Insurance Portability and Accountability Act (HIPAA)	The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, was enacted on August 21, 1996. Sections 261 through 264 of HIPAA require the Secretary of the U.S. Department of Health and Human Services (HHS) to publicize standards for the electronic exchange, privacy and security of health information, and as subsequently amended.
Home Office	A designated workspace within the Teleworker' residence.
Protected Health Information (PHI)	Has the meaning given such term in Section 160.103 of Title 45, Code of Federal Regulations. Individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. This information identifies the individual or there is reasonable basis to believe the information can be used to identify the individual. The information was created or received by CalOptima or Business Associates and relates to: 1. The past, present, or future physical or mental health or condition of a Member; 2. The provision of health care to a Member; or 3. Past, present, or future Payment for the provision of health care to a Member.
Remote Work Location	The Employee's Home Office or designated pre-approved work location.
Teleworker	An employee who meets CalOptima's Teleworker eligibility criteria and is approved to routinely work their regularly scheduled work hours from a Remote Work Location, unless business needs require otherwise.

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken April 16, 2020
Special Meeting of the CalOptima Board of Directors

Report Item
4. Consider Ratification and Authorization of Expenditures Related to Coronavirus Pandemic

Contact
Nancy Huang, Chief Financial Officer, (714) 246-8400

Recommended Actions
1. Ratify and authorize unbudgeted expenditures from existing reserves for emergency purchases related to the coronavirus pandemic not to exceed $80,327; and

2. Authorize amendments to contracts with medical consultants Tanya Dansky, M.D. and Peter Scheid, M.D., who are assisting with CalOptima's response to the coronavirus pandemic, and authorize unbudgeted expenditures from existing reserves in an amount not to exceed $48,000 to fund contract extensions through June 30, 2020.

Background
On January 31, 2020, the U.S. Secretary of Health and Human Services declared a public health emergency under section 319, of the Public Health Service Act (42 U.S.C. 247) in response to a novel coronavirus known as SARS-CoV-2 (coronavirus). On March 13, 2020, the President of the United States declared a national emergency based on the spread of this coronavirus. Along with other federal, state, and local agencies, CalOptima is taking action to continue efforts to protect the health and safety of our providers and members.

At its April 2, 2020, meeting, the Board ratified unbudgeted expenditures for emergency purchases to support coronavirus mitigation strategies, including CalOptima's Temporary Telework process, in an amount not to exceed $915,000. Under a separate action, the Board also ratified contracts with medical consultants, Tanya Dansky, M.D. and Peter Scheid, M.D., to assist with CalOptima's response to the coronavirus situation, and reallocated budgeted but unused funds of $20,000 from the Professional Fees budget to fund these contracts.

Discussion
Emergency Purchases Related to Coronavirus Pandemic
Staff recommends the Board ratify and authorize unbudgeted expenditures for the following emergency purchases related to the coronavirus pandemic:

Department	Description	Amount
PACE	Staff personal protective equipment	$30,110
	Member personal protective equipment	$4,734
Information Services	Remote printing, mailing for operational areas (i.e., UM, Claims, MLTSS, GARs)	$30,000
Facilities	Staff personal protective equipment	$11,905
	Gloves, disinfectant products	$578

Back to Agenda Back to Item

Department	Description	Amount
	Estimated expenses for disinfectant products through June 30, 2020 ($1,000/month)	$3,000
	Total	**$80,327**

CalOptima contracted with the existing vendors to ensure timely and efficient service, compatibility with existing equipment, and the protection and security of CalOptima's employees and members. Emergency purchases with contracted vendors were completed with an emergency bidding exception in accordance with section II.P. of CalOptima Policy GA.5002: Purchasing Policy.

Contract Extensions with Medical Consultants

Staff recommends extending contracts with medical consultants, Tanya Dansky, M.D. and Peter Scheid, M.D., through June 30, 2020, in order to continue work related to coronavirus mitigation activities, including information review and dissemination, regulatory reporting, collaboration with state, county and local entities, and other support activities for the Chief Medical Officer, as needed. The additional cost for the contract extensions through June 30, 2020, is $48,000.

Fiscal Impact

The recommended actions to ratify and authorize unbudgeted expenditures related to coronavirus pandemic and extend contracts with medical consultants are unbudgeted items. An allocation of up to $128,327 from existing reserves will fund these actions.

Rationale for Recommendation

Ratification and authorization of the expenditures will allow CalOptima to provide a secure and professional work environment for our employees and members during the coronavirus pandemic.

Concurrence

Gary Crockett, Chief Counsel

Attachments

1. Contracted Entities Covered by this Recommended Board Action
2. Board Action dated April 2, 2020, Consider Ratification of Coronavirus Disease (COVID-19) Mitigation Activities

/s/ Richard Sanchez — *04/10/2020*

Authorized Signature — **Date**

Back to Agenda Back to Item

CONTRACTED ENTITIES COVERED BY THIS RECOMMENDED BOARD ACTION

Name	Address	City	State	Zip Code
Tanya Dansky, M.D.	3030 Children's Way	San Diego	CA	92123
Peter Scheid, M.D.	17 Calle Frutas	San Clemente	CA	92673

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken April 2, 2020
Regular Meeting of the CalOptima Board of Directors

Report Item

5. Consider Ratification of Coronavirus Disease (COVID-19) Mitigation Activities

Contact

David Ramirez, M.D., Chief Medical Officer, Medical Management, 714-246-8400
Betsy Ha, Executive Director, Quality and Population Health Management, 714-246-8400

Recommended Actions

1. Ratify CalOptima Medi-Cal Policy GG.1665: Telehealth and Other Technology-Enabled Services and Medicare Policy MA.2100: Telehealth and Other Technology-Enabled Services and authorize Staff to update the COVID-19 addendums to such policies on an ongoing basis, as necessary and appropriate to align with new government waivers and guidance;
2. Ratify contracts with a virtual care expert consultant to assess and assist with CalOptima's virtual care strategy;
3. Ratify contracts with medical consultants to assist with CalOptima's response to the COVID-19 situation; and
4. Authorize reallocation of budgeted but unused funds of $20,000 from the Professional Fees budget to fund the contracts with medical consultants.

Background/Discussion

Telehealth Policies and Procedures (P&Ps)

One of CalOptima's primary strategic priorities is to expand the Plan's member-centric focus and improve member access to care by using telehealth (also known as virtual care) to fill gaps in provider networks and meet network certification requirements. CalOptima would like to improve member experience by incorporating new modalities to make it more convenient for members to access care on a timely basis. In addition to better assisting our members, we believe telehealth can increase value and improve care delivery by deploying innovative delivery models.

In addition, as the new novel coronavirus has emerged and continues to spread around the United States (COVID-19 Crisis), it has become more imminent that CalOptima needs to establish telehealth (virtual care) services as soon as possible to ensure safe access to care for our community, members and providers.

As a result of the COVID-19 Crisis, the Department of Health Care Services (DHCS) and the Centers for Medicare and Medicaid Services (CMS) have been issuing guidance addressing Medi-Cal and Medicare telehealth options and requirements including, DHCS All-Plan Letter (APL) 19-009: Telehealth, APL 19-009 Supplement: Emergency Telehealth Guidance - COVID-19 Pandemic and CMS' telehealth guidelines, The U.S. Department of Health and Human Services, Office for Civil Rights, has also provided guidance related to relaxation of certain enforcement actions for use of technology platforms that may not be HIPAA-complaint but are used in providing telehealth covered services curing the COVID-19 crisis.

Back to Agenda Back to Item

Medi-Cal and Medicare telehealth guidelines differ in some respects such that CalOptima has developed separate Medi-Cal and Medicare policies. These policies include addendums addressing criteria and requirements that are waived during the COVID-19 Crisis. Since government waivers and guidance are fluid, staff also seeks Board authority to update telehealth guidance on the COVID-19 crisis as necessary and appropriate.

Medi-Cal Telehealth Policy

CalOptima's GG.1665: Telehealth and Other Technology-Enabled Services Policy addresses coverage, billing, coding and reimbursement for Medi-Cal Telehealth and Other Technology-Enabled Covered Services including:

- CalOptima and its Health Networks shall permit Qualified Providers to render and be reimbursed for Covered Services through Telehealth when consistent with applicable laws, regulations and DHCS guidance;

- CalOptima and its Health Networks shall permit Qualified Providers to render and be reimbursed for Covered Services through Telehealth when consistent with applicable laws, regulations and DHCS guidance;

- CalOptima and its Health Networks shall ensure that Covered Services provided through Telehealth are rendered by Qualified Providers who meet appropriate licensing and regulatory requirements;

- Requirements that Qualified Providers must comply with when using Telehealth to furnish Covered Services including, but not limited to Member consent, confidentiality, setting, and documentation requirements;

- The Qualified Provider must comply with all applicable laws and regulations governing the security and confidentiality of Telehealth transmission as more particularly described in the Policy.

- CalOptima and its Health Networks may use Telehealth to satisfy network adequacy requirements as outlined in DHCS APL 20-003: Network Certification Requirements, as well as any applicable DHCS guidance.

- Other Technology-Enabled Services including Virtual Check-In Services, E-Visits, E-Consults, and Remote Monitoring Services that are commonly furnished remotely using telecommunications technology without the same restrictions that apply to Medi-Cal Telehealth Covered Services may also be furnished and reimbursed if they otherwise meet the Medi-Cal laws, regulations, and other guidance, and the requirements set forth in this Policy.

- In the event of a health-related national emergency, DHCS may request, and CMS may grant temporary waivers regarding Telehealth or Other Technology-Enabled Services requirements.

The addendum attached to this Policy contains information related to health-related national emergency waivers and specifically those applicable to the COVID-19 Crisis.

Medicare Telehealth Policy

CalOptima's MA.2100: Telehealth and Other Technology-Enabled Services Policy addresses coverage, billing, coding and reimbursement requirements for Medicare Telehealth and Other Technology-Enabled Covered Services including:

- CalOptima and its Health Networks shall permit Qualified Providers to render and be reimbursed for Covered Services through Telehealth when consistent with applicable laws, regulations, CMS guidance and this Policy.

- CalOptima and its Health Networks shall ensure that Qualified Providers using Telehealth to deliver Covered Services comply with applicable laws, regulations, guidance addressing coverage and reimbursement of Covered Services provided via Telehealth including, but not limited to:

    - CalOptima Members may receive Medicare Telehealth Covered Services if they are present at an Originating Site located in either a Rural Health Professional Shortage Area (HPSA), or in a county outside of a Metropolitan Statistical Area (MSA).

    - Covered Services normally furnished on an in-person basis to Members and included on the CMS List of Services (*e.g.,* encounters for professional consultations, office visits, office psychiatry services, and certain other Physician Fee Schedule Services) may be furnished to CalOptima OneCare and OneCare Connect Members via Telehealth, subject to compliance with other requirements for Telehealth Covered Services as set forth in this Policy and applicable laws, regulations and guidance.

    - For purposes of Covered Services furnished via Telehealth, the Originating Site must be at a location of a type approved by CMS.

    - Telehealth Covered Services Encounter must be provided at a Distant Site by Qualified Providers.

- The Qualified Provider must comply with all applicable laws and regulations governing the security and confidentiality of Telehealth transmission as more particularly described in the Policy.

- Other Technology-Enabled Services including Virtual Check-In Services, E-Visits, E-Consults, and Remote Monitoring Services that are commonly furnished remotely using telecommunications technology without the same restrictions that apply to Medicare Telehealth Covered Services may also be furnished and reimbursed if they otherwise meet the Medicare laws and regulations and the requirements set forth in this Policy.

- In the event of a health-related national emergency, CMS may temporarily waive or otherwise modify Telehealth or Other Technology-Enabled Services requirements. The Addendum attached to this Policy contains information related to health-related national emergency waivers and specifically those applicable to the COVID-19 crisis.

Virtual Care Expert Consultant

Virtual care is the use of digital information and communication technologies, such as computers and mobile devices, to access health care services remotely and manage health care. CalOptima desires to improve member's access to care by using virtual modalities to fill gaps in provider networks.

Since the release of DHCS APL 19-009: Telehealth Services Policy, CalOptima concluded that the organization needs to create a broader virtual care strategy that includes telehealth and other virtual modalities (e.g., virtual provider network).

CalOptima currently does not have staff with virtual care expertise and its executives decided to bring in a consultant with subject matter expertise with Medi-Cal managed care operational and delegated model experiences in the virtual care space.

The consultant is committed to provide strategic planning and coordination, meeting the following milestones:

- A review of past attempts CalOptima has made toward developing a telehealth strategy by March 30, 2020
- Assessment of CalOptima's proposed virtual care strategy by April 15, 2020
- A gap analysis between what currently exists, cross-functional dependency processes and the virtual care strategy implication by April 30, 2020
- Provide recommendations to fill gaps in the current care delivery system leveraging virtual care modalities by May 1, 2020
- Vet the recommendations with stakeholders by May 15, 2020
- Develop an implementation workplan for a vendor to implement the recommendations by June 30, 2020
- Provide virtual care recommendations related to emergency situations as needed to address the COVID-19 crisis until June 30, 2020

In order to meet the milestones below, CalOptima staff recommends ratification of the contract with virtual care consultant to address the COVID-19 Crisis and ensure safety of our members, providers, community and staff.

PAYMENT SCHEDULE

Milestone	**Completion Date**	**Fee**
Review Past Telehealth Attempts	March 30, 2020	$3,500
Assessment of Virtual Care Strategy	April 17, 2020	$10,500
Gap Analysis	May 1, 2020	$21,000

Provide Recommendations	May 15, 2020	$21,000
Vet Recommendations to Stakeholders	May 15, 2020	$21,000
Present Plan to CalOptima Board on June 4, 2020	June 4, 2020	$3,500
Develop Implementation Workplan	June 30,2020	$14,350
TOTAL		**$94,850**

Medical Consultants in Response to COVID-19 Situation
On March 11, 2020, the World Health Organization (WHO) officially declared COVID-19 as a pandemic. California's governor also declared a state of emergency over COVID-19 in the state, while the situation has moved from containment phase to mitigation phase with documented community spread.

As the COVID-19 mitigation phase activities intensify with increasing demand for daily identification and reporting of cases to the DHCS and Orange County Health Care Agency (OC HCA), it became critical that CalOptima address its two vacant Medical Directors to support Chief Medical Officer (CMO) and provide timely direction to providers.

While Dr. Miles Masatsugu, one of CalOptima's Medical Directors, has done a tremendous job as a clinical leader and a point of contact during the containment phase, he now needs to direct his attention to CalOptima's PACE members who are considered the highest risk population. Therefore, the Plan's executives decided to bring in medical consultants immediately to help the CMO mitigate the spread of COVID-19.

The medical consultants are committed to providing the following professional consultant services:

- Oversee daily COVID-19 reporting to DHCS;
- Gather and review COVID-19 related information and make recommendations related to members, staff, providers and health networks for CalOptima leadership's considerations;
- Review and provide updates on daily information regarding the spread of COVID-19 including WHO, Centers for Disease Control and Prevention (CDC), DHCS, California Public Health Agency, OC HCA, and OC Public Health Laboratory;
- Collaborate as clinical leads on COVID-19 related projects and initiatives;
- Support CMO to prepare for COVID-19 responses in coordination with OC HCA; and
- Support CMO with additional duties related to COVID-19 containment as needed.

In order to provide accurate and timely recommendations and responses amid COVID-19, CalOptima staff recommends ratification of contracts with medical consultants to address the COVID-19 Crisis and ensure safety of our members, providers, community and staff.

PAYMENT INFORMATION

- $10,000 for each medical consultant
- Total: $20,000

Fiscal Impact

The recommended action to ratify CalOptima Policies GG.1665 and MA.2100 are operational in nature and does not have a fiscal impact.

The recommended action to ratify a contract with a virtual care expert consultant is a budgeted capital item. Funding of $100,000 is included under Telehealth Professional Fees as part of the CalOptima Fiscal Year 2019-20 Capital Budget approved on June 6, 2019.

The recommended action to ratify contracts with medical consultants for an amount not to exceed $20,000 is an unbudgeted item and budget neutral. Unspent budgeted funds from professional fees budget approved in the CalOptima FY 2019-20 Operating Budget on June 6, 2019, will fund the total cost of up to $20,000.

Rationale for Recommendation

The recommended actions will enable CalOptima to be compliant with telehealth requirements and address the COVID-19 public health crisis.

Concurrence

Gary Crockett, Chief Counsel

Attachment

1. Entities Covered by this Recommended Action
2. GG.1665: Telehealth and Other Technology-Enabled Services P&P
3. MA.2100: Telehealth and Other Technology-Enabled Services P&P
4. APL 19-009: Telehealth
5. APL 19-009 Supplement: Emergency Telehealth Guidance - COVID-19 Pandemic
6. Virtual Care Consultant Résumé (Sajid Ahmed)
7. Medical Consultant Résumé (Dr. Peter Scheid)
8. Medical Consultant Résumé (Dr. Tanya Dansky)

/s/ Michael Schrader — *03/26/2020*

Authorized Signature — **Date**

ENTITIES COVERED BY THIS RECOMMENDED BOARD ACTION

Name	Address	City	State	Zip Code
Sajid Ahmed	1300 Prospect Drive	Redlands	CA	92373
Tanya Dansky M.D.	3030 Children's Way	San Diego	CA	92123
Peter Scheid M.D.	17 Calle Frutas	San Clemente	CA	92673

Back to Agenda Back to Item

Policy:	GG.1665
Title:	Telehealth and Other Technology-Enabled Services
Department:	Medical Management
Section:	Population Health Management
CEO Approval:	
Effective Date:	03/01/2020
Revised Date:	Not applicable
Applicable to:	☒ Medi-Cal ☐ OneCare ☐ OneCare Connect ☐ PACE ☐ Administrative - Internal ☐ Administrative – External

For 2020/02/02 BOD Review Only

I. PURPOSE

This policy sets forth the requirements for coverage and reimbursement of Telehealth Covered Services rendered to CalOptima Medi-Cal Members.

II. POLICY

A. Qualified Providers may provide Medi-Cal Covered Services to Members through Telehealth as outlined in this Policy and in compliance with applicable statutory, regulatory, contractual requirements, and Department of Health Care Services (DHCS) guidance.

B. CalOptima and its Health Networks shall ensure that Covered Services provided through Telehealth are rendered by Qualified Providers who meet appropriate licensing and regulatory requirements as provided in Section III.A. of this Policy and in accordance with CalOptima Policies GG.1650Δ: Credentialing and Recredentialing of Practitioners, and GG.1605: Delegation and Oversight of Credentialing or Recredentialing Activities prior to providing services to any Member.

C. Qualified Providers who use Telehealth to furnish Covered Services must comply with the following requirements:

1. Obtain verbal or written consent from the Member for the use of Telehealth as an acceptable mode of delivering health care services;

2. Comply with all state and federal laws regarding the confidentiality of health care information;

3. Maintain the rights of CalOptima Members access to their own medical information for telehealth interactions;

4. Document treatment outcomes appropriately; and

5. Share records, as needed, with other providers (Telehealth or in-person) delivering services as part of Member's treatment.

Back to Agenda Back to Item

D. Members shall not be precluded from receiving in-person Covered Services after agreeing to receive Covered Services through Telehealth.

E. CalOptima and its Health Networks shall not require a Qualified Provider to be present with the Member at the Originating Site unless determined Medically Necessary by the provider at the Distant Site.

F. CalOptima or a Health Network shall not limit the type of setting where Telehealth Covered Services are provided to the Member.

G. CalOptima and its Health Networks shall permit Qualified Providers to render and be reimbursed for Covered Services through Telehealth when consistent with applicable laws, regulations, DHCS guidance and this Policy.

H. CalOptima and its Health Networks shall ensure that Qualified Providers using Telehealth to deliver Covered Services comply with applicable laws, regulations, guidance addressing coverage and reimbursement of Covered Services provided via Telehealth.

I. CalOptima and its Health Networks may use Telehealth to satisfy network adequacy requirements as outlined in DHCS All Plan Letter (APL) 20-003: Network Certification Requirements, as well as any applicable DHCS guidance.

J. Other Technology-Enabled Services including Virtual Check-In Services, E-Visits, E-Consults, and Remote Monitoring Services that are commonly furnished remotely using telecommunications technology without the same restrictions that apply to Medi-Cal Telehealth Covered Services may also be furnished and reimbursed if they otherwise meet the Medi-Cal laws, regulations, and other guidance, and the requirements set forth in this Policy.

K. In the event of a health-related national emergency, DHCS may request, and CMS may grant temporary waivers regarding Telehealth or Other Technology-Enabled Services requirements. Please see addenda attached to this Policy for information related to health-related national emergency waivers.

III. PROCEDURE

A. Member Consent to Telehealth Modality

1. Qualified Providers furnishing Covered Services through Telehealth must inform the Member about the use of Telehealth and obtain verbal or written consent from the Member for the use of Telehealth as an acceptable mode of delivering health care services.

2. Qualified Providers may use a general consent agreement that specifically mentions the use of Telehealth as an acceptable modality for the delivery of Covered Services as appropriate consent from the Member.

3. Qualified Providers must document consent as provided in Section III.D.

B. Qualifying Provider Requirements

1. The following requirements apply to Qualified Providers rendering Medi-Cal Covered Services via Telehealth:

a. The Qualified Provider meets the following licensure requirements:

For 20200402 BOD Review Only

i. The Qualified Provider is licensed in the state of California and enrolled as a Medi-Cal rendering provider or non-physician medical practitioner (NMP); or

ii. If the Qualified Provider is out of state, the Qualified Provider must be affiliated with a Medi-Cal enrolled provider group in California (or a border community) as outlined in the Medi-Cal Provider Manual.

2. The Qualified Provider must satisfy the requirements of California Business and Professions Code (BPC) section 2290.5(a)(3), or the requirements equivalent to California law under the laws of the state in which the provider is licensed or otherwise authorized to practice (such as the California law allowing providers who are certified by the Behavior Analyst Certification Board, which is accredited by the National Commission on Certifying Agencies, to practice as Behavior Analysts, despite there being no state licensure).

3. Qualified Providers who do not have a path to enroll in fee-for-service Medi-Cal do not need to enroll with DHCS in order to provide Covered Services through Telehealth.

C. Provision of Covered Services through Telehealth

1. Qualified Providers may provide any existing Medi-Cal Covered Service, identified by Current Procedural Terminology – 4th Revision (CPT-4) or Healthcare Common Procedure Coding System (HCPCS) codes and subject to any existing utilization management treatment authorization requirements, through a Telehealth modality if all of the following criteria are satisfied:

a. The treating Qualified Provider at the Distant Site believes the Covered Services being provided are clinically appropriate to be delivered through Telehealth based upon evidence-based medicine and/or best clinical judgment;

b. The Member has provided verbal or written consent in accordance with this Policy;

c. The medical record documentation substantiates the Covered Services delivered via Telehealth meet the procedural definition and components of the CPT-4 or HCPCS code(s) associated with the Covered Service;

d. The Covered Services provided through Telehealth meet all laws regarding confidentiality of health care information and a Member's right to the Member's own medical information; and

e. The Covered Services provided must support the appropriateness of using the Telehealth modality based on the Member's level of acuity at the time of the service.

f. The Covered Services must not otherwise require the in-person presence of the Member for any reason, including, but not limited to, Covered Services that are performed:

i. In an operating room;

ii. While the Member is under anesthesia;

iii. Where direct visualization or instrumentation of bodily structures is required; or

iv. Involving sampling of tissue or insertion/removal of medical devices.

For 20200402 BOD Review Only

2. Telehealth Covered Services must meet Medi-Cal reimbursement requirements and the corresponding CPT or HCPCS code definition must permit the use of the technology.

D. Documentation Requirements

1. Documentation for Covered Services delivered through Telehealth are the same as documentation requirements for a comparable in-person Covered Service.

2. All Distant Site providers shall maintain appropriate supporting documentation in order to bill for Medi-Cal Covered Services delivered through Telehealth using the appropriate CPT or HCPCS code(s) with the corresponding modifier as defined in the Medi-Cal Provider Manual Part 2: Medicine: Telehealth and in accordance with CalOptima Policy GG.1603: Medical Records Maintenance.

3. CalOptima and its Health Networks shall not require providers to:

   a. Provide documentation of a barrier to an in-person visit for Medi-Cal services provided through Telehealth; or

   b. Document cost effectiveness of Telehealth to be reimbursed for Telehealth services or store and forward services.

4. Qualified Providers must document the Member's verbal or written consent in the Member's Medical Record. General consent agreements must also be kept in the Member's Medical Record. Consent records must be available to DHCS upon request, and in accordance with CalOptima Policy GG.1603: Medical Records Maintenance.

5. Qualified Providers must use the modifiers defined in the Medi-Cal Provider Manual with the appropriate CPT-4 or HCPCS codes when coding for services delivered through Telehealth, for both Synchronous Interactions and Asynchronous Store and Forward telecommunications. Consultations via asynchronous electronic transmission cannot be initiated directly by CalOptima Members.

E. Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)

1. FQHC/RHC Established Member

   a. A Member is an FQHC/RHC Established Member if the Member has a Medical Record with the FQHC or RHC that was created or updated during a visit that occurred in the clinic or during a synchronous Telehealth visit in a Member's residence or home with a clinic provider and a billable provider at the clinic. The Member's Medical Record must have been created or updated within the previous three (3) years; or,

   b. The Member is experiencing homelessness, homebound, or a migratory or seasonal worker and has an established Medical Record that was created from a visit occurring within the last three years that was provided outside the Originating Site clinic, but within the service area of the FQHC or RHC; or,

   c. The Member is assigned to the FQHC or RHC by CalOptima or their Health Network pursuant to a written agreement between the plan and the FQHC or RHC.

2. Services rendered through Telehealth to an FQHC/RHC Established Member must comply with Section II.C. of this Policy and be FQHC or RHC Covered Services and billable as documented

For 20200402 BOD Review Only

in the Medi-Cal Provider Manual Part 2: Rural Clinics (RHCs) and Federally Qualified Health Centers (FQHCs).

F. CalOptima or a Health Network shall authorize Covered Services provided through Telehealth as follows:

1. For a CalOptima Direct Member, a Qualified Provider shall submit a routine Prior Authorization Request (ARF) based on Medical Necessity for services that would require prior authorization if provided in an in-person encounter, in accordance with CalOptima Policies GG.1500: Authorization Instructions for CalOptima Direct and CalOptima Community Network Providers and GG.1508: Authorization and Processing of Referrals.

2. For a Health Network Member, a Qualified Provider shall obtain authorization from the Member's Health Network, in accordance with the Health Network's authorization policies and procedures.

G. Other Technology-Enabled Services

1. E-Consults

a. E-consults are permissible only between Qualified Providers.

b. Consultations via asynchronous electronic transmission cannot be initiated directly by patients.

c. E-consults are permissible using CPT-4 code 99451, and appropriate modifiers, subject to the service requirements, limitations, and documentation requirements of the Medi-Cal Provider Manual, Part 2—Medicine: Telehealth.

2. Virtual/Telephonic Communication

a. Virtual/telephonic communication includes a brief communication with another practitioner or with a patient who cannot or should not be physically present (face-to-face).

b. Virtual/Telephonic Communications are classified as follows:

i. HCPCS code G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within twenty-four (24) hours, not originating from a related evaluation and management (E/M) service provided within the previous seven (7) days nor leading to an E/M service or procedure within the next twenty-four (24) hours or soonest available appointment.

ii. HCPCS code G2012: Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous seven (7) days nor leading to an E/M service or procedure within the next twenty-four (24) hours or soonest available appointment; 5-10 minutes of medical discussion. G2012 can be billed when the virtual communication occurred via a telephone call.

H. Service Requirements and Electronic Security

For 20200402 BOD Review Only

1. Qualified Providers must use an interactive audio, video or data telecommunications system that permits real-time communication between the Qualified Provider at the Distant Site and the Member at the Originating Site for Telehealth Covered Services.

    a. The audio-video Telehealth system used must, at a minimum, have the capability of meeting the procedural definition of the code provided through Telehealth.

    b. The telecommunications equipment must be of a quality or resolution to adequately complete all necessary components to document the level of service for the CPT code or HCPCS code billed.

2. The Qualified Provider must comply with all applicable laws and regulations governing the security and confidentiality of Telehealth transmission. Qualified Providers may not use popular applications that allow for video chats (including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype) when they are not HIPAA compliant except where state and federal agencies have otherwise permitted such use (e.g., public emergency declarations) and when so permitted, they may only be used for the time period such applications are allowed. In such public emergency circumstances, Qualified Providers are encouraged to notify Members that these third-party applications potentially introduce privacy risks. Qualified Providers should also enable all available encryption and privacy modes when using such applications. Under no circumstances, are public facing applications (such as Facebook Live, Twitch, TikTok, and similar video communication applications) permissible for Telehealth.

I. A Member shall be entitled to appeals and grievance procedures in accordance with CalOptima Policies HH.1102: Member Grievance, HH.1103: Health Network Member Grievance and Appeal Process, HH.1108: State Hearing Process and Procedures, and GG.1510: Appeals Process.

J. Payments for services covered by this Policy shall be made in accordance with all applicable State DHCS requirements and guidance. CalOptima shall process and pay claims for Covered Services provided through Telehealth in accordance with CalOptima Policies FF.1003: Payment for Covered Services Rendered to a Member of CalOptima Direct or a Member Enrolled in a Shared Risk Group and FF.2001: Claims Processing for Covered Services Rendered to CalOptima Direct-Administrative Members, CalOptima Community Network Members, or Members Enrolled in a Shared Risk Group.

IV. ATTACHMENT(S)

A. COVID-19 Emergency Provisions Addendum

V. REFERENCE(S)

A. CalOptima Contract with the Department of Health Care Services (DHCS) for Medi-Cal
B. CalOptima Policy GG.1500: Authorization Instructions for CalOptima Direct and CalOptima Community Network Providers
C. CalOptima Policy GG.1508: Authorization and Processing of Referrals
D. CalOptima Policy GG.1510: Appeals Process
E. CalOptima Policy GG.1603: Medical Records Maintenance
F. CalOptima Policy GG.1650Δ: Credentialing and Recredentialing of Practitioners
G. CalOptima Policy GG.1605: Delegation and Oversight of Credentialing and Recredentialing Activities
H. CalOptima Policy FF.1003: Payment for Covered Services Rendered to a Member of CalOptima Direct or a Member Enrolled in a Shared Risk Group

For 20200402 BOD Review Only

Back to Agenda Back to Item

I. CalOptima Policy FF.2001: Claims Processing for Covered Services Rendered to CalOptima Direct-Administrative Members, CalOptima Community Network Members or Members Enrolled in a Shared Risk Group
J. CalOptima Policy HH.1102: Member Grievance
K. CalOptima Policy HH.1103: Health Network Member Grievance and Appeal Process
L. Manual of Current Procedural Terminology (CPT®), American Medical Association, Revised 2006
M. Department of Health Care Services All Plan Letter (APL) 19-009: Telehealth Services Policy
N. Department of Health Care Services All Plan Letter (APL) 20-003: Network Certification Requirements
O. Medi-Cal Provider Manual Part 1: Medicine: Telehealth
P. Medi-Cal Provider Manual Part 2: Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

VI. REGULATORY AGENCY APPROVAL(S)

Date		Regulatory Agency

VII. BOARD ACTION(S)

Date	Meeting
04/02/2020	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	03/01/2020	GG.1665	Telehealth and Other Technology-Enabled Services	Medi-Cal

For 20200402 BOD Review Only

IX. GLOSSARY

Term	Definition
Asynchronous Store and Forward	The transmission of a Member's medical information from an Originating Site to the health care provider at a Distant Site without the presence of the Member.
Border Community	A town or city outside, but in close proximity to, the California border.
Covered Services	Those services provided in the Fee-For-Service Medi-Cal program (as set forth in Title 22, CCR, Division 3, Subdivision 1, Chapter 3, beginning with Section 51301), the Child Health and Disability Prevention program (as set forth in Title 17, CCR, Division 1, Chapter 4, Subchapter 13, Article 4, beginning with section 6842), and the California Children's Services (as set forth in Title 22, CCR, Division 2, subdivision 7, and Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 2.985, beginning with section 14094.4) under the Whole-Child Model program effective July 1, 2019, to the extent those services are included as Covered Services under CalOptima's Medi-Cal Contract with DHCS and are Medically Necessary, along with chiropractic services (as defined in Section 51308 of Title 22, CCR), podiatry services (as defined in Section 51310 of Title 22, CCR), speech pathology services and audiology services (as defined in Section 51309 of Title 22, CCR), and Health Homes Program (HHP) services (as set forth in DHCS All Plan Letter 18-012 and Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 3.9, beginning with section 14127), effective January 1, 2020 for HHP Members with eligible physical chronic conditions and substance use disorders, or other services as authorized by the CalOptima Board of Directors, which shall be covered for Members not-withstanding whether such benefits are provided under the Fee-For-Service Medi-Cal program.
Distant Site	A site where a health care provider who provides health care services is located while providing these services via a telecommunications system. The distant site for purposes of telehealth can be different from the administrative location.
Electronic Consultations (E-consults)	Asynchronous health record consultation services that provide an assessment and management service in which the Member's treating health care practitioner (attending or primary) requests the opinion and/or treatment advice of another health care practitioner (consultant) with specific specialty expertise to assist in the diagnosis and/or management of the Member's health care needs without Member face-to-face contact with the consultant. E-consults between health care providers are designed to offer coordinated multidisciplinary case reviews, advisory opinions and recommendations of care. E-consults are permissible only between health care providers and fall under the auspice of store and forward.

For 2020 POD Review Only

Term	Definition
FQHC/RHC Established Member	A Medi-Cal eligible recipient who meets one or more of the following conditions: • The patient has a health record with the FQHC or RHC that was created or updated during a visit that occurred in the clinic or during a synchronous telehealth visit in a patient's residence or home with a clinic provider and a billable provider at the clinic. The patient's health record must have been created or updated within the previous three years. • The patient is homeless, homebound or a migratory or seasonal worker (HHMS) and has an established health record that was created from a visit occurring within the last three years that was provided outside the Originating Site clinic, but within the FQHC's or RHC's service area. All consent for telehealth services for these patients must be documented. • The patient is assigned to the FQHC or RHC by their Managed Care Plan pursuant to a written agreement between the plan and the FQHC or RHC.
Federally Qualified Health Centers (FQHC)	A type of provider defined by the Medicare and Medicaid statutes. FQHCs include all organizations receiving grants under Section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. An FQHC must be a public entity or a private non-profit organization. FQHCs must provide primary care services for all age groups.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima to provide covered services to Members assigned to that health network.
HIS-MOA Clinics	Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, clinics that are participating under the IHS-MOA are not affected by PPS rate determination. Refer to the Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, Clinics section in this manual for billing details
Medically Necessary or Medical Necessity	Necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or Treatment of disease, illness, or injury. Services must be provided in a way that provides all protections to the Enrollee provided by Medicare and Medi-Cal. Per Medicare, services must be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, or otherwise medically necessary under 42 U.S.C. § 1395y. In accordance with Title XIX law and related regulations, and per Medi-Cal, medical necessity means reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness, or injury under WIC Section 14059.5.
Medical Record	A medical record, health record, or medical chart in general is a systematic documentation of a single individual's medical history and care over time. The term 'Medical Record' is used both for the physical folder for each individual patient and for the body of information which comprises the total of each patient's health history. Medical records are intensely personal documents and there are many ethical and legal issues surrounding them such as the degree of third-party access and appropriate storage and disposal.

For 2020

Term	Definition
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima program.
Originating Site	A site where a Member is located at the time health care services are provided via a telecommunications system or where the Asynchronous Store and Forward service originates.
Qualified Provider	A professional provider including physicians and non-physician practitioners (such as nurse practitioners, physician assistants and certified nurse midwives). Other practitioners, such as certified nurse anesthetists, clinical psychologists and others may also furnish Telehealth Covered Services within their scope of practice and consistent with State Telehealth laws and regulations as well as Medi-Cal and Medicare benefit, coding and billing rules. Qualified Provider may also include provider types who do not have a Medi-Cal enrollment pathway because they are not licensed by the State of California, and who are therefore exempt from enrollment, but who provide Medi-Cal Covered Services (e.g., Board Certified Behavior Analysts (BCBAs)).
Rural Health Clinic (RHC)	An organized outpatient clinic or hospital outpatient department, located in a rural shortage area, which has been certified by the Secretary, United States Department of Health and Human Services.
Synchronous Interaction	A real-time interaction between a Member and a health care provider located at a Distant Site.
Telehealth	The mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a Member's health care while the Member is at the Originating Site, and the health care provider is at a Distant Site. Telehealth facilitates Member self-management and caregiver support for Members and includes Synchronous Interactions and Asynchronous Store and Forward transfers.

For 2020040 Preview Only

Attachment A
COVID-19 Emergency Provisions Addendum

During the COVID-19 emergency declaration, certain aspects of the Medi-Cal requirements for Telehealth Covered Services have been waived or altered, as follows:

DHCS has submitted two requests to CMS regarding Section 1135 waivers. Once CMS has acted on these waivers, additional information shall be provided.

Relative to Telehealth, those requests include increased flexibility for FQHCs and RHCs

- During a public emergency declaration, additional flexibility may be granted to FQHCs and RHCs with regard to telehealth encounters, including waiver of the rules in the Medi-Cal Provider Manual, Part 2—Medical: Telehealth regarding "new" and "established" patients, "face-to-face"/in-person, and "four walls" requirements. For telehealth encounters during a public emergency declaration where these requirements have been waived:
    - For telehealth encounters that meet the Medi-Cal Provider Manual requirements, except for those identified as waived above, the encounter should be billed using HCPCS Code T1015 (T1015-SE for the PPS wrap claim), plus CPT Codes 99201-99205 for new patients or CPT codes 99211-99215 for existing patients.
    - For telehealth encounters that do not meet the Medi-Cal Provider Manual requirements, except for those identified as waived above, the encounter should be billed using HCPCS code G0071.

For the latest information on the Section 1135 waivers, please consult the DHCS website at:

https://www.dhcs.ca.gov/

For 20200402 BOD Review Only

Policy:	MA.2100
Title:	Telehealth and Other Technology-Enabled Services
Department:	Medical Management
Section:	Population Health Management
CEO Approval:	
Effective Date:	03/01/2020
Revised Date:	Not applicable

Applicable to:
- ☐ Medi-Cal
- ☒ OneCare
- ☒ OneCare Connect
- ☐ PACE
- ☐ Administrative - Internal
- ☐ Administrative – External

DRAFT

I. PURPOSE

This Policy sets forth the requirements for coverage and reimbursement of Telehealth and other technology-enabled Covered Services rendered to CalOptima OneCare and OneCare Connect Members.

II. POLICY

A. CalOptima Members may receive Telehealth Covered Services if they are present at an Originating Site located in either a Rural Health Professional Shortage Area (HPSA), or in a county outside of a Metropolitan Statistical Area (MSA).

B. Covered Services normally furnished on an in-person basis to Members and included on the Centers for Medicare & Medicaid Services (CMS) List of Services (*e.g.*, encounters for professional consultations, office visits, office psychiatry services, and certain other Physician Fee Schedule Services) may be furnished to CalOptima OneCare and OneCare Connect Members via Telehealth, subject to compliance with other requirements for Telehealth Covered Services as set forth in this Policy and applicable laws, regulations and guidance.

C. For purposes of Covered Services furnished via Telehealth, the Originating Site must be at a location of a type approved by CMS.

D. Telehealth Covered Services Encounter must be provided at a Distant Site by Qualified Providers.

E. Except as otherwise permitted under a public emergency waiver, Interactive Audio and Video telecommunications must be used for Telehealth Covered Services, permitting real-time communication between the Distant Site Qualified Provider and the Member. The Member must be present and participating in the Telehealth visit.

F. A medical professional is not required to be present with the Member at the Originating Site unless the Qualified Provider at the Distant Site determines it is Medically Necessary.

Back to Agenda Back to Item

G. CalOptima and its Health Networks shall permit Qualified Providers to render and be reimbursed for Covered Services through Telehealth when consistent with applicable laws, regulations, CMS guidance and this Policy.

H. CalOptima and its Health Networks shall ensure that Qualified Providers using Telehealth to deliver Covered Services comply with applicable laws, regulations, guidance addressing coverage and reimbursement of Covered Services provided via Telehealth.

I. Other Technology-Enabled Services including Virtual Check-In Services, E-Visits, E-Consults, and Remote Monitoring Services that are commonly furnished remotely using telecommunications technology without the same restrictions that apply to Medicare Telehealth Covered Services may also be furnished and reimbursed if they otherwise meet the Medicare laws and regulations and the requirements set forth in this Policy.

J. In the event of a health-related national emergency, CMS may temporarily waive or otherwise modify Telehealth or Other Technology-Enabled Services requirements. Please see addendum attached to this Policy for information related to health-related national emergency waivers.

III. PROCEDURE

A. Member Consent to Telehealth Modality

1. Members must consent to the provision of virtual Covered Services that are provided via secure electronic communications including, but not limited to, Telehealth, Virtual Check-ins and E-Visits, which consent shall be documented in the Member's medical records.

B. Provision of Covered Services through Telehealth

1. A Qualified Provider may provide Covered Services to an established Member via Telehealth when all of the following criteria are met:

   a. The Member is seen in an Originating Site;

   b. The Originating Site is located in either a Rural Health Professional Shortage Area (HPSA) or in a county outside of a Metropolitan Statistical Area (MSA);

   c. The provider furnishing Telehealth Covered Services at the Distant Site is a Qualified Provider;

   d. The Telehealth Covered Services encounter must be provided through Interactive Audio and Video telecommunication that provides real-time communication between the Member and the Qualified Provider (store and forward is limited to certain demonstration projects). See Section III.C. of this Policy for other Technology-Enabled services that are not considered to be Telehealth, and which may be provided using other modalities; and

   e. The type of Telehealth Covered Services fall within those identified in the CMS List of Services (available at https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes).

   f. The Qualified Provider must be licensed under the state law of the state in which the Distant Site is located, and the Telehealth Covered Service must be within the Qualified Provider's scope of practice under that state's law.

2. The Originating Site for Telehealth Covered Services may be any of the following:

DRAFT

a. The office of a physician or practitioner;

b. A hospital (inpatient or outpatient);

c. A critical access hospital (CAH);

d. A rural health clinic (RHC);

e. A Federally Qualified Health Center (FQHC);

f. A hospital-based or critical access hospital-based renal dialysis center (including satellites) (independent renal dialysis facilities are not eligible originating sites);

g. A skilled nursing facility (SNF); or

h. A community mental health center (CMHC).

3. Telehealth Service Requirements and Electronic Security

   a. Qualified Providers must use an Interactive Audio and Video telecommunications system that permits real-time communication between the Qualified Provider at the Distant Site and the Member at the Originating Site.

      i. The audio-video Telehealth system used must, at a minimum, have the capability of meeting the procedural definition of the code provided through Telehealth.

      ii. The telecommunications equipment must be of a quality or resolution to adequately complete all necessary components to document the level of service for the CPT code or HCPCS code billed.

      iii. Qualified Providers must also comply with the requirements outlined in Section III.D. of this Policy.

4. CalOptima or a Health Network shall authorize Covered Services provided through Telehealth as follows:

   a. For a CalOptima Direct Member, a Qualified Provider shall submit a routine Prior Authorization Request (ARF) based on Medical Necessity for services that would require prior authorization if provided in an in-person encounter, in accordance with CalOptima Policies GG.1500: Authorization Instructions for CalOptima Direct and CalOptima Community Network Providers and GG.1508: Authorization and Processing of Referrals.

   b. For a Health Network Member, a Qualified Provider shall obtain authorization from the Member's Health Network, in accordance with the Health Network's authorization policies and procedures.

5. Medicare Telehealth Covered Services are generally billed as if the service had been furnished in-person. For Medicare Telehealth Services, the claim should reflect the designated Place of Service (POS) code 02-Telehealth, to indicate the billed service was furnished as a professional Telehealth Covered Service from a distant site. Qualified Providers must use the appropriate code for the professional service along with the Telehealth modifier GT ("via Interactive Audio and Video telecommunications systems")

DRAFT

C. Other Technology-Enabled Services

1. Virtual Check-In Services

a. A Qualified Provider may use brief (5-10 minute), non-face-to-face, Virtual Check-In Services to connect with Members outside of the Qualified Provider's office if all of the following criteria are met:

i. The Virtual Check-In Services are initiated by the Member;

ii. The Member has an established relationship with the Qualified Provider where the communication is not related to a medical visit within the previous seven (7) days and does not lead to a medical visit within the next twenty-four (24) hours (or soonest appointment available);

iii. The provider furnishing the Virtual Check-In Services is a Qualified Provider;

iv. The Member initiates the Virtual Check-In Services (Qualified Providers may educate Members on the availability of the service prior to the Member's consent to such services); and

v. The Member verbally consents to Virtual Check-In Services and the verbal consent is documented in the medical record prior to the Member using such services.

b. Live interactive audio, video or data telecommunications, Asynchronous Store and Forward, and telephone may be used for Virtual Check-In Services subject to compliance with Section III.D below.

c. Qualified Providers may bill for Virtual Check-In Services furnished through secured communication technology modalities, such as telephone (HCPCS code G2012) or captured video or image (HCPCS code G2010).

2. E-Visits

a. Qualified Providers may provide non-face-to-face E-Visit services to a Member through a secure online patient portal if all of the following criteria are met:

i. The Member has an established relationship with a Qualified Provider;

ii. The provider furnishing the E-Visit is a Qualified Provider; and

iii. The Members generates the initial inquiry (communications can occur over a seven (7)-day period).

b. Live interactive audio, video, or data telecommunications, Asynchronous Store and Forward, and telephone may be used for Virtual Check-In Services subject to compliance with Section III.D. of this Policy.

c. Qualified Providers shall use CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable, for E-Visits.

3. E-Consults

DRAFT

a. Inter-professional consults (Qualified Provider to Qualified Provider) using telephone, internet and Electronic Health Record modalities are permitted where such consult services meet the requirements in applicable billing codes, including time requirements.

b. Qualified Providers shall use CPT Codes 99446, 99447, 99448, 99449, 99451, and 99452 for E-Consults.

4. Remote Monitoring Services

a. Remote Monitoring Services are not considered Telehealth Covered Services and include Care Management, Complex Chronic Care Management, Remote Physiologic Monitoring and Principle Care Management services.

b. Remote Monitoring Services must meet the requirements established in applicable billing codes.

D. The Qualified Provider must comply with all applicable laws and regulations governing the security and confidentiality of the electronic transmission. Qualified Providers may not use popular applications that allow for video chats (including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype) when they are not HIPAA compliant except where state and federal agencies have otherwise permitted such use (e.g., public emergency declarations) and when so permitted, they may only be used for the time period such applications are allowed. In such public emergency circumstances, Qualified Providers are encouraged to notify Members that these third-party applications potentially introduce privacy risks. Qualified Providers should also enable all available encryption and privacy modes when using such applications. Under no circumstances, are public facing applications (such as Facebook Live, Twitch, TikTok, and similar video communication applications) permissible for Telehealth.

E. A Member shall be entitled to appeals and grievance procedures in accordance with CalOptima Policies CMC.9002: Member Grievance Process, CMC.9003: Standard Appeal, CMC.9004: Expedited Appeal, MA.9002: Member Grievance Process, MA.9003: Standard Service Appeal, and MA.9004: Expedited Service Appeal.

F. CalOptima shall process and pay claims for Covered Services provided through Telehealth in accordance with CalOptima Policy MA.3101: Claims Processing. Payments for services covered by this Policy shall be made in accordance with all applicable CMS requirements and guidance.

IV. ATTACHMENT(S)

A. COVID-19 Emergency Provisions Addendum

V. REFERENCE(S)

A. CalOptima Three-Way Contract with the Centers for Medicare & Medicaid Services (CMS) and the Department of Health Care Services (DHCS) for Cal MediConnect
B. CalOptima Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
C. CalOptima Contract for Health Care Services
D. CalOptima Policy CMC.9002: Member Grievance Process
E. CalOptima Policy CMC.9003: Standard Appeal
F. CalOptima Policy CMC.9004: Expedited Appeal
G. CalOptima Policy MA.9002: Member Grievance Process
H. CalOptima Policy MA.9003: Standard Service Appeal

DRAFT

I. CalOptima Policy MA.9004: Expedited Service Appeal
J. Title 42 United States Code § 1395m(m)
K. Title 42 CFR §§ 410.78 and 414.65
L. Medicare Claims Processing Manual, Chapter 12 - Physicians/Nonphysician Practitioners, Section 190 – Medicare Payment for Telehealth Services

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency

VII. BOARD ACTION(S)

Date	Meeting
04/02/2020	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	03/01/2020	MA.2100	Telehealth and Other Technology-Enabled Services	OneCare OneCare Connect

DRAFT

IX. GLOSSARY

Term	Definition
Asynchronous Store and Forward	The transmission of a Member's medical information from an Originating Site to the health care provider at a Distant Site without the presence of the Member.
CMS List of Services	CMS' list of services identified by HCPCS codes that may be furnished via Telehealth, as modified by CMS from time to time. The CMS List of Services is currently located at https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.
Covered Services	OneCare: Those medical services, equipment, or supplies that CalOptima is obligated to provide to Members under the Centers of Medicare & Medicaid Services (CMS) Contract. OneCare Connect: Those medical services, equipment, or supplies that CalOptima is obligated to provide to Members under the Three-Way Agreement with the Department of Health Care Services (DHCS) and Centers for Medicare & Medicaid Services (CMS) Contract.
Distant Site	A site where a health care provider who provides health care services is located while providing these services via a telecommunications system. The distant site for purposes of telehealth can be different from the administrative location.
Electronic Consultations (E-consults)	Asynchronous health record consultation services that provide an assessment and management service in which the Member's treating health care practitioner (attending or primary) requests the opinion and/or treatment advice of another health care practitioner (consultant) with specific specialty expertise to assist in the diagnosis and/or management of the Member's health care needs without Member face-to-face contact with the consultant. E-consults between health care providers are designed to offer coordinated multidisciplinary case reviews, advisory opinions and recommendations of care. E-consults are permissible only between health care providers and fall under the auspice of store and forward.
Federally Qualified Health Centers (FQHC)	A type of provider defined by the Medicare and Medicaid statutes. FQHCs include all organizations receiving grants under Section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. An FQHC must be a public entity or a private non-profit organization. FQHCs must provide primary care services for all age groups.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima to provide covered services to Members assigned to that health network.
Interactive Audio and Video	Telecommunications system that permits real-time communication between beneficiary and distant site provider.
Medically Necessary or Medical Necessity	Reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness, or injury.

DRAFT

Term	Definition
Medical Record	A medical record, health record, or medical chart in general is a systematic documentation of a single individual's medical history and care over time. The term 'Medical Record' is used both for the physical folder for each individual patient and for the body of information which comprises the total of each patient's health history. Medical records are intensely personal documents and there are many ethical and legal issues surrounding them such as the degree of third-party access and appropriate storage and disposal.
Member	An enrollee-beneficiary of a CalOptima program.
Metropolitan Statistical Area (MSA)	Areas delineated by the U.S. Office of Management and Budget as having at least one urbanized area with a minimum population of 50,000. A region that consists of a city and surrounding communities that are linked by social and economic factors.
Originating Site	A site where a Member is located at the time health care services are provided via a telecommunications system or where the Asynchronous Store and Forward service originates.
Qualified Provider	Eligible Distant Site practitioners who are: a physician, Nurse Practitioner, Physician Assistant, Nurse-midwife, Clinical Nurse Specialist, Clinical Psychologist, Clinical Social Worker, Registered Dietician or Nutrition Professional, or Certified Registered Nurse Anesthetist. However, neither a Clinical Psychologist nor a Clinical Social Worker may bill for medical evaluation and management services (CPT Codes 90805, 90807, or 90809).
Rural Health Clinic (RHC)	An organized outpatient clinic or hospital outpatient department located in a rural shortage area, which has been certified by the Secretary, United States Department of Health and Human Services.
Rural Health Professional Shortage Area (HPSA)	Designations that indicate health care provider shortages in primary care, dental health; or mental health.
Synchronous Interaction	A real-time interaction between a Member and a health care provider located at a Distant Site.
Telehealth	The mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a Member's health care while the Member is at the Originating Site, and the health care provider is at a Distant Site. Telehealth facilitates Member self-management and caregiver support for Members and includes Synchronous Interactions and Asynchronous Store and Forward transfers.

DRAFT

State of California—Health and Human Services Agency
Department of Health Care Services

RICHARD FIGUEROA
ACTING DIRECTOR

GAVIN NEWSOM
GOVERNOR

DATE: October 16, 2019

ALL PLAN LETTER 19-009 (REVISED)

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: TELEHEALTH SERVICES POLICY

PURPOSE:
The purpose of this All Plan Letter (APL) is to provide clarification to Medi-Cal managed care health plans (MCPs) on the Department of Health Care Services' (DHCS) policy on Medi-Cal services offered through a telehealth modality as outlined in the Medi-Cal Provider Manual.[1] This includes clarification on the services that are covered and the expectations related to documentation for the telehealth modality.[2] *Revised text is found in italics.*

BACKGROUND:
The California Telehealth Advancement Act of 2011, as described in Assembly Bill (AB) 415 (Logue, Chapter 547, Statutes of 2011),[3] codified requirements and definitions for the provision of telehealth services in Business and Professions Code (BPC) Section 2290.5,[4] Health and Safety Code (HSC) Section 1374.13,[5] and Welfare and Institutions Code (WIC) Sections 14132.72[6] and 14132.725.[7] For definitions of the terms used in this APL, see the "Medicine: Telehealth" section of the Medi-Cal Provider Manual. Additional information and announcements regarding telehealth are available on the "Telehealth" web page of DHCS' website.

BPC Section 2290.5 requires: 1) documentation of either verbal or written consent for the use of telehealth from the patient; 2) compliance with all state and federal laws regarding the confidentiality of health care information; 3) that a patient's rights to the

[1] The "Medicine: Telehealth" section of the Medi-Cal Provider Manual is available at: https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/mednetele_m01o03.doc
[2] More information on this policy clarification can be found on the "Telehealth" web page of the DHCS website, available at: https://www.dhcs.ca.gov/provgovpart/pages/telehealth.aspx
[3] AB 415 is available at: http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201120120AB415
[4] BPC Section 2290.5 is available at: http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=2290.5.&lawCode=BPC
[5] HSC Section 1374.13 is available at: http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1374.13.&lawCode=HSC
[6] WIC Section 14132.72 is available at: http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14132.72.&lawCode=WIC
[7] WIC Section 14132.725 is available at: http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14132.725.&lawCode=WIC

patient's own medical information apply to telehealth interactions; and 4) that the patient not be precluded from receiving in-person health care services after agreeing to receive telehealth services. HSC Section 1374.13 states there is no limitation on the type of setting between a health care provider and a patient when providing covered services appropriately through a telehealth modality.

POLICY:
Each telehealth provider must be licensed in the State of California and enrolled as a Medi-Cal rendering provider or non-physician medical practitioner (NMP). If the provider is not located in California, they must be affiliated with a Medi-Cal enrolled provider group in California (or a border community) as outlined in the Medi-Cal Provider Manual. Each telehealth provider providing Medi-Cal covered services to an MCP member via a telehealth modality must meet the requirements of BPC Section 2290.5(a)(3), or equivalent requirements under California law in which the provider is considered to be licensed, such as providers who are certified by the Behavior Analyst Certification Board, which is accredited by the National Commission on Certifying Agencies. *Providers who do not have a path to enroll in fee-for-service Medi-Cal do not need to enroll with DHCS in order to provide services via telehealth. For example, behavioral analysts do not need to enroll in Medi-Cal to provide services via telehealth.*

Existing Medi-Cal covered services, identified by Current Procedural Terminology – 4th Revision (CPT-4) or Healthcare Common Procedure Coding System (HCPCS) codes and subject to any existing treatment authorization requirements, may be provided via a telehealth modality if all of the following criteria are satisfied:

- The treating health care provider at the distant site believes the services being provided are clinically appropriate to be delivered via telehealth based upon evidence-based medicine and/or best clinical judgment;
- The member has provided verbal or written consent;
- The medical record documentation substantiates the services delivered via telehealth meet the procedural definition and components of the CPT-4 or HCPCS code(s) associated with the covered service; and
- The services provided via telehealth meet all laws regarding confidentiality of health care information and a patient's right to the patient's own medical information.

Certain types of services cannot be appropriately delivered via telehealth. These include services that would otherwise require the in-person presence of the patient for any reason, such as services performed in an operating room or while the patient is under anesthesia, where direct visualization or instrumentation of bodily structures is required, or procedures that involve sampling of tissue or insertion/removal of medical devices. A

provider must assess the appropriateness of the telehealth modality to the patient's level of acuity at the time of the service. A health care provider is not required to be present with the patient at the originating site unless determined medically necessary by the provider at the distant site.

MCP providers must use the modifiers defined in the Medi-Cal Provider Manual with the appropriate CPT-4 or HCPCS codes when coding for services delivered via telehealth, for both synchronous interactions and asynchronous store and forward telecommunications. Consultations via asynchronous electronic transmission cannot be initiated directly by patients. Electronic consultations (e-consults) are permissible using CPT-4 code 99451, modifier(s), and medical record documentation as defined in the Medi-Cal Provider Manual. E-consults are permissible only between health care providers. Telehealth may be used for purposes of network adequacy as outlined in APL 19-002: Network Certification Requirements, or any future iterations of this APL, as well as any applicable DHCS guidance.[8]

MCPs are responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all delegated entities and subcontractors.

If you have any questions regarding this APL, please contact your Managed Care Operations Division Contract Manager.

Sincerely,

Original signed by Nathan Nau

Nathan Nau, Chief
Managed Care Quality and Monitoring Division

[8] APLs are available at: https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx

State of California—Health and Human Services Agency
Department of Health Care Services

BRADLEY P. GILBERT, MD, MPP
DIRECTOR

GAVIN NEWSOM
GOVERNOR

DATE: March 18, 2020

SUPPLEMENT TO ALL PLAN LETTER 19-009

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: EMERGENCY TELEHEALTH GUIDANCE - COVID-19 PANDEMIC

PURPOSE:
In response to the COVID-19 pandemic, it is imperative that members practice "social distancing." However, members also need to be able to continue to have access to necessary medical care. Accordingly, Medi-Cal managed care health plans (MCPs) must take steps to allow members to obtain health care via telehealth when medically appropriate to do so as provided in this supplemental guidance.

REQUIREMENTS:
Pursuant to the authority granted in the California Emergency Services Act, all MCPs must, effective immediately, comply with the following:[1]

- Unless otherwise agreed to by the MCP and provider, MCPs must reimburse providers at the same rate, whether a service is provided in-person or through telehealth, if the service is the same regardless of the modality of delivery, as determined by the provider's description of the service on the claim. For example, if an MCP reimburses a provider $100 for an in-person visit, the MCP must reimburse the provider $100 for an equivalent visit done via telehealth unless otherwise agreed to by the MCP and provider.
- MCPs must provide the same amount of reimbursement for a service rendered via telephone as they would if the service is rendered via video, provided the modality by which the service is rendered (telephone versus video) is medically appropriate for the member.

MCPs are responsible for ensuring that their subcontractors and network providers comply with the requirements in this supplemental guidance as well as all applicable state and federal laws and regulations, contract requirements, and other Department of Health Care Services' guidance. MCPs must communicate these requirements to all network providers and subcontractors.

This supplemental guidance will remain in effect until further notice.

[1] Government Code section 8550, et seq.

If you have any questions regarding this supplemental guidance, please contact your Managed Care Operations Division Contract Manager.

Sincerely,

Original Signed by Nathan Nau

Nathan Nau, Chief
Managed Care Quality and Monitoring Division

SAJID A. AHMED

[*e*] sajcookie@gmail.com [*c*] +1.415.377.9514 [*a*] 1300 Prospect Drive, Redlands, CA

EXECUTIVE PROFILE

Executive with over 25 years of healthcare experience with over three decades of a health information technology leader, ten years leadership experience in healthcare operations, innovation, telehealth, health information exchanges and electronic health record systems, 15 years as a board member for non-profits, and over two decades years as a consultant on transformation and innovation, and as lecturer and speaker

AREAS OF EXPERTISE

Health Information Technology | Telehealth | Virtual Care | Artificial Inteligence (Fuzzy Logic) | Health Information Management System | Healthcare Innovation | Health Information Exchange | Electronic Health Records Systems | Enterprise System Design | Executive Management Experience | Product Development | Interaction Design Strategy | User Interaction Architect | Data Architecture | Healthcare Informatics | Business Development | Strategic Planning |Go-to-market and Adoption Strategies| Board Management |Leadership | Mentoring | Team building

EXECUTIVE SUMMARY

I have over 25 years' experience in health information technology, and over 20 years in executive leadership positions from Executive Director, Chief Technology Officer, Chief Information and Innovation Officers positions, managing healthcare technology companies and delivering technology solutions to healthcare providers and healthcare consumers. I have expertise in business needs assessment; information architecture and usability; technical experience in human/computer Interaction; information structure and access; digital asset and content management; systems analysis and design; data modeling; database architecture and design.

SELECTED KEY ACCOMPLISHMENTS

- Achieved 2017 MostWired Award for Martin Luther King, Jr. Hospital (MLKCH).
- Achieved 2017 HIMSS Level 7 Award (less than 12% of all U.S. Hospitals Achieve)
- Over a year and a half, collaborated with California Health and Human Service, Department of Managed Care Services, CMS Region 9 and CMS in Baltimore to create an exception allowing brand new hospital organizations, like MLKCH, to participate in the Meaningful Use program, resulting in a $5.2 million award for MLKCH.
- I helped launch a brand-new hospital organization and new facilities from the ground up, meaning: new startup healthcare company, new employees, new buildings, new technology new policies and new models of healthcare. I managed $150 million Health IT and IT infrastructure budget, successfully launching a brand-new community-based hospital of the future in South Los Angeles on July 7, 2015, on time and budget. The CEO hired me as employee number 2 of a startup hospital, and healthcare company put together by the State of California, the University of California system and County of Los Angeles.
- Developed the $38.8M State of California Health Information Strategic Plan for Health Information Exchange – Currently serving on the Advisory Board for the U.C. Davis, Institute for Population Management (IPHI) and its California Health eQuality (CHeQ)

Initiative, contracted to provide access to health information exchange and statewide registries to providers and consumers

- Successfully created and launched eConsult – a telehealth and healthcare business process as an innovative new process standard and technology to enable virtual care and provide more efficient specialty care appointments. The eConsult program has successfully launched to over 67 medical facilities and with over 2500 providers in 2012. This initiative expanded to the entire county of Los Angeles in 2013 with over 300 sites and over 5,000 providers using eConsult, becoming a model for a new national standard for referrals and consults. Overall Budget and costs managed $15M.
- Successfully awarded (now) over $18M in federal funding to form the regional extension center for EHR adoption in Los Angeles County. Created, developed and lead all aspects of the formation of the REC, named HITEC-LA.
- Created and lectured HS 430, eHealth Innovations for Healthcare as associate professor at UCLA School of Public Health
- Successfully lead the development and deployment of consumer web portals to Fortune 500 self-insured companies with 10K employees or more portfolio example of User-Interface design and Unix-based SQL database development.
- Invented a new decision-support algorithm for use in healthcare and the US Army (implemented in IRAQ 2003/2004) patient record data mining and other business processes.
- Patented: "System and Method for Decision-Making": Patents ID #60/175,106, and "Determining tiered Outcomes using Bias Values #20020107824
- Successfully, deployed in Germany, Italy and Fort Bragg, North Carolina, Tri-Care based Healthcare record keeping and medical decision support system AD-Doc™.
- Successfully designed, built and helped deploy a Nursing Decision Support system for Kaiser (KP-On Call Inc.).
- Successfully negotiated a multi-million multiyear contract ($128.9M over three years), deployed and customized Electronic Health Record (EHR) Patient record keeping system called CHCS 2.0 with the European Medical Command, United States Army.
- Worked at JPL (Jet Propulsion Labs, NASA) on the Galileo project using Dbase to manage all error tracking for software and hardware.
- Recruited former U.S. Secretary of Health & Human Services (2001) Tommy Thompson to Board of Directors along with other industry leaders

SELECTED BOARDS & COMMITTEES

- 2016 to present – Co-Chair/Advisory Committee on California's Provider Directory Initiative; Co-Chair, Workgroup on Technical and Business Requirements
- 2012 to 2015 – Advisory Board Member of the California Health eQuality Initiative under U.C. Davis to advise on the use $38.8M in federal funds for the state population management and health information exchange.
- 2008 to 2014 - Vice Chair of Technical Advisory Committee (TAC) for L.A. Care reporting its Board of Governors; Advise and review innovations in healthcare technology and operations
- 2010 to Present - UCLA Health Forum Advisory Board; Development forums with eight events recruiting leading healthcare industry executives to speak at UCLA and the community
- 2009 to 2013 – Vice Chair of the Los Angeles Network for Enhanced Services (LANES), a health information exchange organization representing L.A. County Department of Health Services and other stakeholders;

- 2009 to 2010- Co-Chair of the California State Regional Extension Center Committee for the development of RECs and projects totaling over $120M throughout the state
- 2010 to Present – Board Member for the Office of National Coordinator on EHR and Functional Interoperability Committee; Developing standards for data exchange and interoperability standards.
- 2011 to Present – Redlands YMCA Board Member

SELECTED PRESENTATIONS AND LECTURES (UPDATED 2018)

How Artificial Intelligence Will Revolutionize Healthcare
https://itunes.apple.com/us/podcast/himss-socal-podcast/id1314101896.
HIMSS March 15th, 2018

Keynote: Innovation through Disruption – How AI will transform Healthcare
ITC Summit, Chennai, India, March 27th, 2017

Keynote: It's Not Always About the Technology, Effective Coordinated Care Strategies for Better Outcomes;
HIMSS17 Summit, Feb 21, 2017

Keynote: The Future of the CIO
Health Information Technology Summit- January 2017

Keynote: The Building of Martin Luther King, Jr. Hospital: How to create a State-of-Art hospital
Latin American Hospital Expansion Summit – October 15, 2016

Keynote: HIE is DEAD! Long live HIE!
Idea Exchange in Digital Healthcare Summit, University of California Irvine, Wednesday, July 10, 2013

L.A. Care's Innovative eConsult System for L.A. County Safety Net Providers - LA Health Collaborative Meeting October 27, 2011

eConsult – Enhancing Primary Care Capacity and Access to Specialty Care;
2012 Annual Health Care Symposium

Implementing Electronic Health Records (EHRs): Where the Rubber Meets the Road - June 2, 2011eHealth Policy Presentation

"eHealth Today – Community Impact & Reality" A Presentation of The Edmund G. "Pat" Brown Institute of Public Affairs' Health Policy Outreach Center, California State University, Los Angeles December 12, 2011

(A full portfolio of over 25 lectures, keynotes, and presentations since 2001 are available upon request)

PROFESSIONAL EXPERIENCE

Inland Empire Health Plan (IEHP), Rancho Cucamonga, CA 6/2017-Present
Executive Lead, Virtual Care Programs
Multi-County eConsult Initiative

As the executive lead for IEHP, I am working to expand telehealth (Virtual Care) to both counties for all directly managed members of IEHP, over 550,000 members. This project represents over 350 sites and will reach over 1,500 providers, managing a $9 Million budget.

WISE Healthcare Corporation, Redlands, CA ***8/2017-Present***
Chief Executive Officer
Executive Lead, Inland Empire Health Plan

As CEO of WISE Healthcare, I work to expand the company's three major revenue centers: Innovation Strategy professional services, Artificial Intelligence (AI) products and tools and Workflow Design Engineering implementation services. WISE Healthcare delivers artificial intelligence (AI) strategy and workflow engineering to healthcare organizations looking to improve healthcare delivery. I am focused on the launch of the WISE AI based mobile healthcare tool, that will help accurately diagnose many conditions and provide convenient access to care. Currently expanding the leadership staff and increase hiring. I report to the Board of WISE and have been three years to establish a larger presence in the market place and prepare the company to attract investments from the capital markets; support in depth due diligence of all areas of the WISE portfolio, staff, management and operations.

MLK Jr. Los Angeles Healthcare Corp, Los Angeles, CA ***2/2013-7/2017***
Chief Information & Innovations Officer
Executive Director, MLK Campus Innovations Hub

As Chief Information & Innovations Officer ("CIIO"), I was a member of the Executive Team and leading hospital executive with responsibility for information technology & services. I report directly to the Chief Executive Officer of Martin Luther King Jr. Community Hospital of Los Angeles ("MLKCH") which opened June 2015. As CIIO, I provide the strategic vision and leadership in the development and implementation of information technology initiatives for MLK-LA and its affiliates and acquisitions. I direct the planning and implementation of enterprise IT systems in support of business operations to improve cost effectiveness, service quality, and business development. I am responsible for managing the day-to-day functioning of the hospital as well as planning for future capacity and capabilities. Overall, I am responsible for creating and promoting a hospital information strategy that supports the hospital's strategic business goals. I oversee the execution and implementation of the leading hospital systems, including the integration of medical devices and other equipment that tie into the EMR to facilitate improvements in patient safety and real-time availability of critical information to business operation.

As the Innovations Officer, I bring to light and support new processes and technologies to help improve patient outcomes and improve efficiencies throughout the hospital and

its provider and patient community. With Molly Coye, I helped create the Los Angeles Innovators Forum, bringing together innovation leaders, officers from local diverse provider organizations, Cedars, UCLA, Motion and Television Association, Veterans Affairs, L.A. Care, Molina, WellPoint, and others.

L.A. Care Health Plan, Los Angeles, CA ***9/2008 – 3/2013***
Executive Director, Health Information Technology & Innovation
Executive Director, Safety Net eConsult Program (2010 – 2013)

As Executive Director of Healthcare Information Technology (HIT) and Innovation, I was responsible for the coordination, management and integration of healthcare information technology and health initiatives both internally and externally, in line with the mission and strategic plans of LA Care. My responsibilities included collaboration and strategy development with internal and external health IT stakeholders, trading partners, health IT collaborates, providers, regulatory and government agencies and others. Also, I provided leadership and collaboration in interdepartmental and cross-functional ehealth initiatives. I worked as a liaison between Health Services and Information Services to facilitate and support ehealth initiatives and HIT activities.

Additionally, I was responsible for building relationships with diverse external HIT organizations and facilitating strategies to position LA Care as the leader in HIT adoption and health quality improvement on a local, regional and national level. I have presented in many forums such as the California eRx Consortium as co-chair; Co-chair of the Regional Extension Center Workgroup for California Health and Human Services Agency; and participate as a Board member of Health-e-LA, a HIE for Los Angeles County.

Key highlights below:

- Launched eConsult program connecting primary care physicians to specialists
- Implemented eConsult throughout Los Angeles County and its over 4 million patients, 300 clinic sites and over 5,000 providers. Helped reduce no-show rates of patients by 86% and increased access to appropriate specialty care for underserved.
- Developed a $ 22.3 million sustainable business plan and successfully applied for the Regional Extension Center Program for Los Angeles County, as part stimulus funding opportunity through ARRA and the HITECH Act
- Successful acquired 18.6 million in regional extension center funding for L.A. Care
- Developed L.A. Care's Health Information Technology Strategic Plan 2010-2012 and revised 2013-2015, affecting over $40 Million in HIT incentives, grants, and eHealth projects
- Developed as Co-Chair the State of California's Health Information Technology and Exchange Strategic Plan affecting over $120 Million in projects statewide

Spot Runner, Inc., Los Angeles, CA ***4/2008 – 8/2008***
Sr. Data Architect & Systems Consultant

- Lead a 15-member Data Services Team designing complex database models and the complex media exchange platform for the mid-size start-up
- Responsible for developing strategic plans and hands-on experience with business requirements gathering/analysis

- Worked with Senior Management with regards to scope and schedules of new Media Platforms initiative
- Member of Project and Product Management teams in scoping requirements and planning development in full product life-cycle
- Responsible for all aspects of the data architecture including translating business requirements into conceptual data models, logical design, and physical design
- Participating with the engineering team in all activities including architecture, design, software development, QA, performance benchmarking and optimization, as well as deployment
- Working with Business Systems Analysts (BSA) and other technical areas to determine feasibility, level of effort, timing, scheduling, and other related aspects of project proposals and planning
- Working as part of the core architecture team as well as with the system architect to design the entire system including the web tier, application tier, and database tier
- Demonstrated the ability to prioritize efforts in a rapidly changing environment

Home Box Office (HBO) Inc., Santa Monica, CA ***3/2007- 4/2008***
Consultant, Sr. **Data Architect**

- Worked to enhance data policies, including security and reporting efficiencies
- Responsibility included hands-on training of senior management and Senior Business Analyst on design standards and DBA practices.
- The major project included scoping and consulting on conversion of over 550 databases to upgrade platform both upgrading database application and upgrading hardware using ETL tools.
- Professionally interacted with all levels of staff at HBO as the conversion affects all levels of HBO business and every departments' workflow
- Aided launch of the new custom site for "This Just In" working with HBO partner AOL integrating with teams. (www.thisjustin.com)
- Lead efforts to training internal and partner end-user clients

SelfMD, Pasadena, CA ***3/2005-3/2007***
Chief Technology Officer

SelfMD was a consumer-centered technology delivered through web-enabled platforms and devices. I led a team of 30 team members in design, scope, engineering and execution for NowMD.com, (AD-Doc) Artificial Diagnostic Doctor and was consulting with the WebMD through acquisition phase. I managed over 60 employees with ten direct reports on two continents as part of national effort to deliver the technology.

- Lead the development of initial technology and programming of the core software engine, Managed Artistic Directors, Web Developers and a staff of over 30 employees
- Developed Enterprise-Level Database Structure and initial User Interface
- Designed and executed testing methodologies for the engine and its accuracy and data normalization
- Established standards for data entry, content management and upgrading and data normalization.
- Scoped entire project for further outsourcing for large Web site management and data warehousing.

- Managed a remote team of 12 people tasked with over 16 months of custom configuration and development with US Army integrating into their electronic medical record keeping system, CHCS 1.0 data warehouses in three major European locations.
- Creating a technical process to identify data issues and a business process to resolve them

IGP Technologies, Inc., Pasadena, CA ***7/1999 –2/2007***
Chief Information Officer, Healthcare Information Architecture

Worked in a Healthcare IT early-stage company to develop and deploy an enterprise level service. Some clients included Texas Instruments, US Army: TATRC, European Medical Command, US Army Medical Command, Aetna, WellPoint, AT&T, Cadbury Schweppes, California Workers Compensation Board, California Healthcare Underwriters, US Women's Chamber of Commerce.

- Professionally interacted industry C-level Officers in open presentations and analysis.
- Created numerous presentations, drafted various government-grade project proposals with budgets over $32M.
- Managed up to 60 staff in project development stage of technology and remotely operated implementation. With an overseas team from India
- Managed project development stage of technology and remotely with implementation.
- Created, managed and supervised yearly project multimillion budgets, creating financial reports.
- Excellent communication skills developed; thorough knowledge of general software and networks.
- Performed advanced analyses, rendering business strategies and product information as detailed product requirement documents
- developed and implemented metadata and hierarchies using various asset/ content management systems
- constructed user interfaces for multifaceted technical software applications
- guided creation of data models/ maps, architectures, wireframes, process, and user flows for large-scale transactional sites in collaboration with designers, technologists, and strategists
- administered technology department: allocated resources, directed technical project managers, organized training, planned moves
- developed process methodology intranet as a senior member of Process Development Team

SELECTED AWARDS AND HONORS

2018 HIMSS LEVEL 7 Hospital Award for Martin Luther King, Jr. Hospital

2017 MostWired Hospital for Martin Luther King, Jr. Hospital

2016 Chief Technology/Information Officer of the Year, LA Business Journal

University of Southern California (USC), Cal State Long Beach, Caltech *2002-Present*
Guest Lecturer/Speaker/Course Instructor Graduate Schools, USC Price School of Public Policy and UCLA's Fielding School of Public Health

Yearly, "Distinguished Speaker Series" for various undergraduate and graduate entrepreneurial and business departments, courses involving design, development, and implementation of software and databases.

ABL Innovative Leadership (Advanced Business League) Award: Finalist for product development (bested only by Kaiser's "Thrive" website)

Awarded California Health and Human Services (CHHS) for meritorious participation in support and development of California's Health IT Strategic Plan and Regional Extension Center Committee

EDUCATION

UCLA, the University of California at Los Angeles, Los Angeles, CA, Psychology; Computer Science course work

Awarded Certificate, "Certified Health Chief Information Officer" (CHCIO), fall 2013, renewed fall 2016 by the Chief Health Information Management Executive (CHIME)

2014 LEAN Healthcare Certificate from Hospital Association of Southern California

UT Dallas, University of Texas, Dallas, Naveen Jindal School of Management, Master's in Healthcare, Healthcare Leadership Management; in progress

BOARD EXPEREINCE

Currently serving on the Board of Directors and advisory boards for three key technology startups (early and mid-stage companies) in healthcare focused on Artificial Intelligence, Pharmaceuticals, Health IT Services.

Tagnos, Inc. 2017 - Present
A member of the board of advisory, providing direction to growth and new global markets.

Electronic Health Networks, Inc.
2017 – Present
A member of the board of directors, providing direction to growth and new global markets.

California Provider Directory Advisory Board
2016 – Present
A member of the Advisory Board to establish a single state-wide provider directory. Currently co-chair of the Workgroup on data definitions and technical requirements for a state-wide request for proposals.

Advisory Board Member of SNC. Inc.
2012 – Present
Serving as an Advisory Board member of a private commercial, leading care coordination, telehealth technology company.

Board Member of the East Valley Family YMCA
2011 – Present
On an active board of a three facility YMCA representing the cities of San Bernardino, Highland, Redlands. Participating in the Program and Development subcommittees.

Founding Board Member of LANES, the Los Angeles Network for Enhanced Services 2009 – 2013
Active board member, Co-Chair with the deputy CEO of Los Angeles County to establish a county-wide health information exchange. Procured over $2.1 million dollars as board member for LANES. Left Board to join Martin Luther King, Jr. Hospital as Chief Information and Innovation Officer in 2013.

Chair, L.A. Care Technical Advisory Board
2008 – 2013
A brown-act managed advisory board, legislatively required advisory board for the local initiative health plan of Los Angeles County (dba L.A. Care).

Board Member of Health-e-LA
2008 - 2012
A local health information exchange, established to serve county and L.A. Care. Facilitated the close of organization.

PETER J. SCHEID, M.D.

EXPERIENCE

8/8/14-Present Peter J. Scheid, M.D., Inc. Capistrano Beach, CA

Addiction Medicine Physician

- Comprehensive admission evaluation
- Medical detoxification
- Medication Assisted Treatment
- Ongoing medical support
- Recovery counseling

1/14/13-5/31/13 East Valley Community Health Center W. Covina, CA

Per Diem Physician

- Direct patient care
- Oversight of Nurse Practitioner

11/1/10-5/30/13 CalOptima Orange, CA

Medical Director, Clinical Operations

- Oversight of Utilization Management Medical Directors
- Utilization Managmement
- Quality Management
- Management of Health Network relationships
- Grievance and Appeals oversight

1/1/08-10/31/10 CalOptima Orange, CA

Medical Director, Utilization Management

- Management of 370,000 Medi-Cal members
- Utilization Management
- Oversight of Concurrent Review and Prior Authorization activities

E-MAIL PSCHEID12@GMAIL.COM
17 CALLE FRUTAS, SAN CLEMENTE, CA 92673
(714) 227-4123 CELL
(949) 229-7684 FAX

Back to Agenda Back to Item

3/07-1/08 Primary Provider Management Company San Diego, CA
Medical Director, Family Choice Medical Group, Vantage Medical Group-San Diego

- Management of over 50,000 members
- Utilization Management
- Quality Management
- Case Management
- Oversight of Hospitalist Program

1/06-2/07 County of Orange Health Care Agency Santa Ana, CA
Physician Consultant, Medical Services for Indigents Program

- Utilization Management
- Program Development
- Formulary Development

10/02–7/07 Community Care Health Centers Huntington Beach, CA
Associate Medical Director

- Wrote application securing FQHC Look-Alike status for all sites
- Medical Director of Clinic for Women and El Modena Health Centers
- Oversight of Quality Management Program
- Developed specialty clinics for patients with chronic disease
- Management of clinical staff including recruitment, retention, and performance monitoring

08/01-9/02 University of California, San Diego San Diego, CA
Clinical Instructor of Family Medicine, Department of Family and Preventive Medicine

E-MAIL PSCHEID12@GMAIL.COM
17 CALLE FRUTAS, SAN CLEMENTE, CA 92673
(714) 227-4123 CELL
(949) 229-7684 FAX

EDUCATION

7/2013-6/2014 Addiction Medicine Fellowship — Loma Linda, CA
Loma Linda University Medical Center

12/2006-9/2008 Health Care Leadership Program — San Francisco, CA
Fellow of Program Sponsored by California Health Care Foundation

7/2000-6/2001 Chief Resident — San Diego, CA
UCSD Department of Family & Preventive Medicine

7/1998-6/2001 Family Medicine Residency — San Diego, CA
UCSD Department of Family & Preventive Medicine

7/1994-6/1998 Medical School — Detroit, MI
Wayne State University School of Medicine

- Alpha Omega Alpha Medical Honor Society

9/1987-6/1990 Bachelor of Arts in English — East Lansing, MI
Michigan State University

LICENSURE & CERTIFICATION

2001-Present	California A070698
2001-Present	Diplomate, American Board of Family Practice
2014-Present	Diplomate, American Board of Addiction Medicine
2020-Present	Diplomate, American Board of Preventive Medicine, Addiction Medicine

PROFESSIONAL ASSOCIATIONS

American Academy of Family Physicians

American Society of Addiction Medicine

California Society of Addiction Medicine

REFERENCES AVAILABLE ON REQUEST

E-MAIL PSCHEID12@GMAIL.COM
17 CALLE FRUTAS, SAN CLEMENTE, CA 92673
(714) 227-4123 CELL
(949) 229-7684 FAX

Back to Agenda Back to Item

TANYA DANSKY, MD

PROFESSIONAL SUMMARY

Highly trained healthcare executive with 10+ years of clinical background and 10+ years of managed care leadership successful at leveraging career experience to enhance organizational productivity and efficiency by supporting healthcare from the payer and provider perspective.

Dedicated clinician with diverse experiences able to excel within complex systems due to my collaborative, patient centered, results oriented approach to challenges.

SKILLS/EXPERTISE

Executive Leadership
Medi-Cal and CA Commercial HMO
Quality Improvement
Utilization Management
Strategic Business Operations
Value Based Contracting
Washington State Medicaid
Population Health
Innovation
Social Determinants of Health

WORK HISTORY

Independent Consulting Feb. 2020 – Present

Clinical Advisor, Harbage Consulting

- Projects include providing clinical leadership and expertise for:
  - the ACES Aware project (Department of Health Care Services, Medi-Cal and Office of the Surgeon General, State of California)
  - CalAIM Enhanced Case Management and In Lieu of Services

Blue Shield of California April 2017 – Feb. 2020

VP & Chief Medical Officer, Promise Health Plan

- Direct report to Chief Health Officer with responsibility for all aspects of medical management including Utilization Management, Case Management, Social Services and Programs, Quality, Grievances and Appeals
- Medicaid managed care plan with 350,000 covered lives
- Clinical leadership during transition from Care1st Health Plan including full integration of 500+ employees, IT systems and process transformation during 2018 and 2019
- Launched Promise as first California Medi-Cal health plan to join Integrated Healthcare Association's Align Measure Perform program
- Led innovation partnerships to improve quality and access for the safety net including eConsult, a bilingual pregnancy app and a multicultural texting solution

- Experience implementing value based contracts for the Health Homes Program
- Clinical leadership for Blue Sky program: awareness, advocacy and access for youth mental health and resilience
- Success in quickly building external leadership presence at local, county and statewide levels including San Diego 211 Community Information Exchange Advisory Board and the ACES Aware Advisory Committee for the Office of the Surgeon General and DHCS

Amerigroup Washington (Anthem); Seattle, WA November 2015 – March 2017

Chief Medical Officer

- Direct report to Plan President with responsibility for all aspects of medical management including Utilization Management, Case Management, Quality, Customer Service, and Grievances and Appeals
- Success working in highly matrixed corporate environment with local state plan responsibility
- Medicaid managed care plan with 150,000 covered lives including TANF, Adult expansion and SSI populations throughout 36 counties in Washington State.
- Currently implementing Summit care coordination program for highest risk, highest utilizers leveraging relationships with key providers and community partners to address social determinants of health

Columbia United Providers; Vancouver, WA May 2014 – November 2015

Chief Medical Officer & Vice President

- Played essential role in CUP leadership team's remarkable 2014 accomplishments including securing direct Medicaid Contract with WA State HealthCare Authority, establishing first time commercial products for WA Health Benefit Exchange, and achieving 100% on initial NCQA Certification
- Strengthened relationships and negotiated contracts with key network providers to allow access to high quality care for 50,000+ Medicaid members
- Brought positive leadership and business acumen to an established company actively in transition due to healthcare reform pressures
- Revitalized and established the quality, compliance, network development, marketing, social media and health management departments during first 12 months at CUP

Chief Physicians Medical Group; San Diego, CA January 2006 – May 2014

Chief Executive Officer (10/11-5/14)
Medical Director (7/06-5/14)
Inpatient Medical Director (1/06-7/06)

- Responsible for year over year financial and performance success of $50M pediatric IPA co-owned by pediatric primary care and specialist groups representing 400+ physicians.
- Negotiated and managed contracts with 7 health plans for Commercial HMO and Medi-Cal lines of business comprising over 75,000 pediatric managed care lives.
- Experienced medical director with direct responsibility for utilization management, case management, quality, and credentialing.
- Played key role in formation of clinically integrated network comprised of IPA, hospital and physician group, Rady Children's Health Network.
- Provided leadership and key operational expertise during acquisition of MSO services for 125,000 managed care Medi-Cal lives for CHOC Health Alliance (Children's Hospital of Orange County).
- Served in interim role as Chief Medical Officer for CHOC Health Alliance in Orange County which included strategic and operational presentations to CHOC Health Alliance Board comprised of CHOC Hospital executive leadership and CHOC physician groups' executive leadership teams.

EDUCATION

California Healthcare Foundation Leadership Program
Fellow, 2010 - 2012

University of California, San Diego
Pediatric Residency and Chief Residency, 1999

University of Southern California School of Medicine (Keck), Los Angeles
MD, 1995

University of California, Davis
BS in Physiology, 1991

CLINICAL EXPERIENCE

Rady Children's Pediatric Hospitalist

Rady Children's Pediatric Urgent Care Provider

San Diego Juvenile Hall Clinic Medical Director

Chadwick Center Child Abuse Consultant

San Diego Hospice Children's Program Medical Director (including Palliative Care)

*Full Curriculum Vitae available upon request for additional awards, research, publications, community experience

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken October 1, 2020
Regular Meeting of the CalOptima Board of Directors

Report Item
17. Consider Ratification and Authorization of Expenditures Related to the Coronavirus Pandemic

Contact
Nancy Huang, Chief Financial Officer, (714) 246-8400

Recommended Actions
Recommend ratification and authorization of unbudgeted expenditures from existing reserves for emergency purchases related to the coronavirus pandemic not to exceed $137,802.

Background
On January 31, 2020, the U.S. Secretary of Health and Human Services declared a public health emergency under section 319, of the Public Health Service Act (42 U.S.C. 247) in response to a novel coronavirus known as SARS-CoV-2 (coronavirus). On March 13, 2020, the President of the United States declared a national emergency based on the spread of this coronavirus. Along with other federal, state, and local agencies, CalOptima is taking action to continue efforts to protect the health and safety of our providers and members.

At its April 2, 2020, meeting, the CalOptima Board of Directors ratified and authorized unbudgeted expenditures for emergency purchases to support coronavirus mitigation strategies, including CalOptima's Temporary Telework process, in an amount not to exceed $915,000.

At its April 16, 2020, meeting, the Board ratified and authorized additional unbudgeted expenditures for emergency purchases related to the coronavirus pandemic not to exceed $80,327.

Discussion
To protect employees during the pandemic, CalOptima has implemented various infection control measures consistent with the guidelines provided by the CDC and other regulatory agencies. Additional expenditures are necessary as part of CalOptima's continued efforts to provide health and safety measures to protect employees who are working in the CalOptima facilities. Staff recommends the Board ratify and authorize unbudgeted expenditures for the following emergency purchases related to the coronavirus pandemic:

Department	Description	Amount
PACE	Staff personal protective equipment	$21,300
Facilities	Staff personal protective equipment	$8,780
	Gloves, disinfectant products	$11,653
	Thermometers	$2,069
	Estimated expenses for disinfectant products ($1,000/month) and other COVID-related supplies from July 1, 2020, through December 31, 2020	$19,000

Back to Agenda Back to Item

Department	Description	Amount
Facilities and Payroll	2 temporary staff in Facilities to perform remote workplace evaluation. 1 temporary staff in Payroll to: • Improve timekeeping management process during Temporary Telework deployment; and • Assist with handling and processing of paperwork, and other support during the pandemic.	$75,000
	Total	**$137,802**

CalOptima contracted with the existing vendors to ensure timely and efficient service and delivery of the required equipment and products for the protection and security of CalOptima's employees and members. Emergency purchases with contracted vendors were completed with an emergency bidding exception in accordance with section II.P. of CalOptima Policy GA.5002: Purchasing Policy.

Fiscal Impact

The recommended action to ratify and authorize unbudgeted expenditures for emergency purchases to support CalOptima's continued response to the public health emergency related to the coronavirus pandemic is unbudgeted. An allocation of up to $137,802 from existing reserves will fund these actions.

Rationale for Recommendation

Ratification and authorization of the expenditures will allow CalOptima to provide a secure and professional work environment for our employees and members during the coronavirus pandemic.

Concurrence

Gary Crockett, Chief Counsel
Board of Directors' Finance and Audit Committee

Attachments

1. Board Action dated April 2, 2020, Consider Ratification of Actions Taken in Response to the Public Health Emergency Arising from the Coronavirus (COVID-19) Pandemic
2. Board Action dated April 16, 2020, Consider Ratification and Authorization of Expenditures Related to Coronavirus Pandemic

/s/ Richard Sanchez — *09/23/2020*
Authorized Signature — **Date**

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken April 2, 2020
Regular Meeting of the CalOptima Board of Directors

Report Item

3. Consider Ratification of Actions Taken in Response to the Public Health Emergency Arising from the Coronavirus (COVID-19) Pandemic

Contact

Candice Gomez, Executive Director Program Implementation, (714) 246-8400
Brigette Gibb, Executive Director Human Resources, (714) 246-8400

Recommended Actions

1. Ratify the implementation of mitigation strategies to slow the transmission of COVID-19 through temporary telework for CalOptima employees; and
2. Ratify unbudgeted expenditures from existing reserves for emergency purchases to support these mitigation strategies, including CalOptima's Temporary Telework process in the amount not to exceed $915,000

Background

On January 31, 2020, the Secretary of U.S. Department of Health and Human Services declared a public health emergency under section 319, of the Public Health Service Act (42 U.S.C. 247d) in response to a novel coronavirus known as SARS-CoV-2 (COVID-19). On February 27, 2020, Orange County declared a local health emergency. The Governor of California declared a State of Emergency on March 4, 2020. On March 11, 2020, the World Health Organization declared the coronavirus a pandemic. On March 13, 2020, the President declared a national emergency based on the spread of the coronavirus.

On March 11, 2020, the Orange County Health Care Agency provided recommendations for COVID-19 community mitigation strategies. While social distancing has been encouraged to limit the spread of COVID-19, beginning on March 17, 2020, state and local agencies began implementing stay-at-home orders to prohibit professional, social, and community gatherings outside of a list of "essential activities."

Discussion

Along with federal, state, and local agencies, CalOptima management has been actively engaged in efforts to evaluate business needs and protect the health and safety of CalOptima employees, members, providers, and our community, and mitigate the spread and limit exposure to the disease. CalOptima management has been closely monitoring this public health emergency and taking preventive actions based on information and guidelines provided by federal, state, and local agencies including, but not limited to, the Centers for Disease Control and Prevention (CDC), the California Department of Public Health, and the Orange County Health Care Agency.

The health and safety of CalOptima employees is critical to ensuring business continuity and access to health care services for CalOptima members. CalOptima has considered the following objectives in evaluating the organization's response to the pandemic as the current situation constantly evolves:

- Maintaining continuity of essential services and business functions while maintaining a safe work environment for CalOptima employees;

- Maximizing social distancing and limiting group meetings and interactions that might spread COVID-19;
- Developing flexible work arrangements for employees as appropriate;
- Maintaining a unified response consistent with actions taken by state and local government; and
- Ensuring that CalOptima is transparent in its processes and communications to its employees, providers and members.

CalOptima's operations are considered part of the critical infrastructure in both the healthcare/public health sector as well as the government sector. As an essential business, CalOptima's operations must continue to be fully functioning and effective. As part of business continuity and emergency planning, CalOptima management has evaluated job functions, and categorized CalOptima staff according to the following five categories:

1. Job duties cannot be performed remotely;
2. Job duties can be performed remotely;
3. Job duties support essential functions in the 505 City Parkway West building:
    - Facility support
    - Building security
    - Building management
    - Information Services 3rd Shift
    - Information Services Help Desk
    - Mail room
    - Member enrollment and reconciliation
    - Finance accounts payable;
4. Job duties support essential functions in the PACE Center, 13300 Garden Grove Blvd:
    - PACE clinic, transportation, and reception staff
    - PACE records management; and
5. Job duties can be performed remotely, but employee's home environment is not conducive to working remotely.

To protect employees during the pandemic, CalOptima management has been implementing infection control and social distancing measures as these are released by the CDC or other regulatory agencies. Based on the guidelines provided by regulatory agencies, on March 13, 2020, CalOptima management has moved forward with its business continuity and emergency plan, and initiated temporary telework for CalOptima staff whose job duties can be performed remotely. In order to institute an orderly process for temporary telework, CalOptima management implemented phases for deployment. This process was made voluntary to employees and only applied to those with job duties that meet the requirements for temporary telework.

> Phase 1: Employees identified in the high risk categories (as defined by CDC guidelines as of March 13, 2020), including those eligible for leave under the Family Medical Leave Act (FMLA) and/or the California Family Rights Act (CFRA), or those requiring a reasonable accommodation under the Americans with Disabilities Act (ADA).

Phase 2: Employees who had already been issued the necessary equipment to work remotely.

Phase 3: Employees who had not previously been issued the necessary equipment to work remotely have been and will continue to be deployed when fully equipped and according to job function with the following priority:

a. Employees with direct member interaction (e.g., talk to Members);
b. Employees whose job duties result in an organizational decisions or determinations (e.g., approval, denial, or appeal of medical service authorization requests);
c. All other staff as equipment needs are met.

The temporary telework process was not contemplated as part of CalOptima Policy GA. 8044: Telework Program, and the number of employees on temporary telework exceeds the Board-authorized number of teleworkers (1/3 of CalOptima staff). Currently, approximately 82% of CalOptima employees are working remotely, and management anticipates that this number may increase to as many as 85-90%. Management is seeking Board ratification of the actions taken to respond to the COVID-19 pandemic and implement mitigation strategies by placing employees on temporary telework, which:

(1) Reduces the number of employees present in the administration building and facilitates social distancing measures to mitigate the spread of COVID-19;
(2) Ensures business continuity while employees are working remotely;
(3) Protects the health and safety of CalOptima employees; and
(4) Ensures that CalOptima is continuing to carry out its essential operations by meeting the needs of members and being responsive to providers.

To support temporary telework, CalOptima staff also recommends ratification of unbudgeted expenditures in the amount of $915,000 for equipment and mobile ready software to allow CalOptima employees to work remotely. Expenditures also include replenishment of back-up laptop inventory plus additional laptops for urgent and unforeseeable needs due to COVID-19. The recommended amount of unbudgeted expenditures is based on estimated costs and approximately 10% contingency for unanticipated costs. Estimated itemized costs are as follows:

Item	**Amount**
RSA Tokens to allow connectivity outside of building	$43,911
VPN Licenses to allow connectivity to the CalOptima network	$76,600
IP Softphone Licenses to allow connectivity to the phone system	$259,893
Power Cords	$4,505
Headsets and Headset Adapters	$42,185
Surge Protectors	$10,532
Cables and Soundbars for Computer Monitors	$28,458

ACD License to support phone system	$38,510
Bluecoat Web Security Service (WSS)	$21,970
Computer Monitors	$184,145
Cat6 Patch Cables for Computer Parts	$759
Back-up Laptops	$121,879
Contingency	$81,653
Estimated Costs	$915,000

For employees remaining in the two CalOptima buildings, additional space planning efforts have been implemented to promote social distancing practices. Additional planning is also being evaluated should it be necessary through local, state, or federal action that employees remain locked-down at home and all essential work functions must be performed remotely. CalOptima staff will return to the CalOptima Board of Directors for consideration of future actions as appropriate.

Fiscal Impact

The recommended action to ratify unbudgeted expenditures for emergency purchases to support CalOptima's response to the public health emergency and implementation of temporary telework is unbudgeted. An allocation of up to $915,000 from existing reserves will fund this action.

Rationale for Recommendation

Implementing temporary telework ensures that CalOptima takes appropriate action to not only protect the health and safety of our employees and community during the COVID-19 pandemic, but also ensure that CalOptima members and providers are able to access covered, medically necessary health care services during this pandemic.

Concurrence

Gary Crockett, Chief Counsel

Attachments

1. Temporary Telework Agreement
2. CalOptima Policy GG.8044 Telework Program

/s/ Michael Schrader — *03/26/2020*
Authorized Signature — **Date**

CalOptima Temporary Telework Agreement

Name:	
Title:	
Department:	
Supervisor/Manager:	
Reason for Request:	☐ **Health conditions resulting in a higher risk** ☐ **Direct exposure to individual with COVID-19** ☐ **Suspected exposure to individual with COVID-19** ☐ **Caring for family member with COVID-19** ☐ **Quarantine order by government entity** ☐ **Minor illness or influence/cold-like illness** ☐ **Childcare as a result of school closure** ☐**Specify school district:** _____ ☐**School closure dates:** _____ ☐ **Travel to/from particular locations with known outbreaks** ☐ **Other: Please specify** _____
Temporary Telework Start Date:	
Anticipated Return Date:	

CalOptima recognizes the unique circumstances surrounding the current COVID-19 pandemic and would like to support alternative work arrangements, where feasible, to help protect CalOptima employees and prevent the further spread of the virus. A voluntary temporary telework arrangement is being made available as an alternative method of meeting the work needs of the organization through a flexible work structure for positions where the essential functions of the job can be performed off-site. This temporary telework agreement will commence once approved by the Human Resources Department, and the termination date will be evaluated weekly based on the conditions and circumstances surrounding COVID-19. You may need to take PTO or unpaid leave if you cannot come to the Office, but are either not yet approved for temporary telework or do not yet have the necessary equipment to perform the essential functions of your job position. Please maintain regular contact with your management regarding your attendance, and HR regarding protected leave and/or reasonable accommodations.

I _____, ("Employee") and CalOptima, mutually agree that the
Print Name

Employee is eligible to work at a Remote Work Location, on a temporary basis, commencing on the date approved by HR below pursuant to this Temporary Telework.
Work Agreement (the "Agreement"). This is not considered or counted as a permanent telework position and will only be granted for the amount of time necessary. This privilege is voluntary, temporary and may be terminated at any time by CalOptima, the employee or manager.

Participation:

CalOptima plays a vital role in the community as a resource for care, information, and support. Our focus is to enable our employees to manage the community response and to serve the needs of CalOptima members, while also taking care of our own employees. Employee recognizes that the temporary telework option is voluntary and at the Employee's discretion. This work arrangement may be reassessed, modified and/or terminated by either the employee or CalOptima, with or without notice or cause.

Other than those duties and obligations expressly imposed on the employee under this Agreement, the duties obligations, responsibilities and conditions of Employee's employment with CalOptima remain unchanged. The employee's salary and benefits shall remain unchanged.

Approval of the temporary telework arrangement will be made based on an evaluation of the appropriateness of your position to work from home, the resources available to enable you to work, business priorities, and staffing concerns. Business continuity for critical areas is our utmost priority to ensure CalOptima is providing excellent services to our members and responding in a timely manner to all inquiries and regulatory requirements.

Application of CalOptima Policies, Procedures and Rules:

a. Employee agrees to abide by the terms and requirements of CalOptima Policy GA. 8044: Telework Program and all other applicable CalOptima policies, including, but not limited to, liability, compliance, use of personal computer from the Remote Work Location, use of electronic mail with PHI-security of CalOptima assets, dependent care, etc.
b. Employee understands and agrees that the temporary telework arrangement is not intended to supersede or override CalOptima's policies, procedures, rules or standards of conduct and the Employee agrees to adhere to all applicable CalOptima policies, procedures, rules and standards of conduct.

Technological Capabilities: When using CalOptima devices, the Employee understands and agrees that the Employee is expected to maintain an appropriate level of connectivity and technological capability as required by CalOptima.

Safety and Security: Employee understands and agrees that the Employee is expected to maintain an appropriate safe and secure Remote Work Location when working off-site, with particular sensitivity to any protected health information in written or oral form. In the event employee is not working from a Home Office location, any alternative Remote Work Location must be pre-approved by Employee's supervisor.

Confirmation of Agreement:

This Agreement is the entire agreement with respect to the subject-matter addressed herein. This Agreement takes precedence over any prior discussions Employee has had with any CalOptima personnel with respect to the topics addressed in this Agreement.

I understand that any violation of CalOptima's policies and procedures or any violations of state or federal law while working off-site may result in disciplinary action, up to and including termination, and/or civil or criminal prosecution.

I affirm by my signature below that I have read, understand and agree to comply with all of the work rules and policies described in this Agreement and Telework Program Policy. I further agree with the duties, responsibilities and conditions for temporary telework as set forth by my supervisor, including the condition that I am expected to accomplish the job tasks in accordance with the agreed upon schedule and performance standards.

CalOptima may terminate this agreement at any time, with or without notice.

Employee:

Print Name	Signature	Date

Immediate Supervisor:

Print Name	Signature	Date

APPROVED BY HUMAN RESOURCES:

Print Name	Signature	Date

Policy #:	GA.8044
Title:	**Telework Program**
Department:	Human Resources
Section:	Not Applicable
CEO Approval:	Michael Schrader MS

Effective Date:	03/01/12
Last Review Date:	02/01/18
Last Revised Date:	02/01/18

Board Approved Policy

I. PURPOSE

This policy describes guidelines for a work structure that: 1) permits an employee to perform their work from a Remote Work Location, unless business needs require otherwise; 2) increases quality of life for employees; 3) reduces operation and overhead costs; 4) supports recruitment and retention of skilled employees; and 5) promotes a culture of managing by results.

II. POLICY

A. Telework is a workplace arrangement in which an eligible employee works his or her entire work schedule away from the Central Worksite at a Remote Work Location, unless business needs require otherwise.

1. A partial teleworking arrangement is not allowed. A Teleworker may not elect to routinely work a portion of his or her scheduled days at the Central Worksite and the remainder from the Remote Work Location.

B. Telework is not a universal employee benefit or entitlement, but rather, an alternative method of meeting the work needs of the organization through a flexible work structure. Department managers, at their discretion, may discontinue an individual's, group's, or department's participation in the telework program based on business needs.

C. Telework is voluntary unless specifically stated as a condition of employment and may be terminated at any time by either the Teleworker or CalOptima, with or without cause.

D. The total number of employees in telework positions at any point in time may equal but not exceed the maximum number telework positions as directed by the CalOptima Board of Directors.

E. Telework positions may be identified as follows:

1. Human Resources (HR) may designate a position as a telework position if it is classified as a difficult to recruit and/or retain position, and the position is appropriate for telework.

2. HR may reserve a number of telework positions for use in granting reasonable work accommodations, for employees transitioning back to work after a qualifying leave of absence, or for other exigencies, which would require the approval of the Executive Director of HR.

3. A department leader may designate one (1) or more positions as suitable for teleworking if the duties and responsibilities of the position can be performed remotely at the same or higher level of productivity and quality compared to working at the Central Worksite.

F. Remote Work exception to the Telework policy: When special circumstances require it, an employee's manager has the discretion to allow an employee, to work from a Remote Work Location on an occasional basis.

1. Occasional is defined as rare, infrequent and not regularly scheduled for brief periods (usually a day or part of a day); with no specific or implied expectation from an employee that he or she will be allowed to work from a Remote Work Location routinely. This is not considered or counted as a telework position.

2. All employees who occasionally work from a Remote Work Location must abide by the same requirements as employees who telework, including, but not limited to, the applicable conditions set forth in this policy concerning terms of employment, work schedule and accessibility, dependent care, liability, compliance, use of personal computer from the Remote Work Location, use of electronic mail with PHI, establishing a Remote Work Location, security of CalOptima assets, inspection, etc.

3. Furthermore, for departments which permit employees to work from a Remote Work Location, to be eligible to work occasionally from a Remote Work Location, the employee must execute the CalOptima Occasional Off-site Work Agreement and submit the signed document to the Human Resources Department prior to being permitted to work from a Remote Work Location.

G. Terms of Employment

1. The conditions of employment, such as employee salary, benefits and employer-sponsored insurance coverage, will remain the same for an employee designated as a Teleworker as for non-telework employee.

2. CalOptima's policies, rules and practices are applicable to a Teleworker's Remote Work Location, including, but not limited to, confidentiality, internal communications, communications with the public, public records requests, employee rights and responsibilities, facilities and equipment management, financial management, information resource management, purchasing of property and services, unlawful harassment, drug and alcohol, and safety.

3. Telework will be voluntary unless specifically stated as a condition of employment.

4. Other than those additional duties and obligations expressly imposed on a Teleworker under this policy, the duties, obligations, responsibilities and conditions of a Teleworker's employment with CalOptima shall remain unchanged.

H. Teleworker Selection

1. The employee's department manager, with final review and evaluation by HR, shall consider and ensure that the selected employee and their work responsibilities meet the following conditions:

a. The nature of the work and job responsibilities can be performed effectively away from the Central Worksite.

b. The nature of resources and tools necessary for an employee's work assignments and job responsibilities can be accessed from the employee's Home Office location while ensuring confidentiality where necessary and compliance with all applicable laws, including, but not limited to, Health Insurance Portability and Accountability Act (HIPAA) regulations.

c. The nature of the work and the employee's job responsibilities do not require daily face-to-face contact with other employees or supervisors, and/or the employee and/or the employee's work does not require supervision that can only be accomplished at the Central Worksite.

d. The nature of the work is not dependent on accessing equipment, materials, files, etc., that are only available in the Central Worksite.

2. To be eligible for telework, the following considerations will be evaluated:

a. Employee must be in good standing, with no prior disciplinary action in the last year or on a Performance Improvement Plan, and may be scheduled for full-time or part-time and/or may be exempt or non-exempt (hourly).

b. Based on business considerations and management discretion, supervisors and managers may be approved for telework only if their entire team teleworks.

c. If supervisors and managers have staff that does not telework and/or are not eligible for telework, they must be present in the office to supervise their non-telework staff.

d. Telework is not available for senior manager level positions and above, unless the position is classified as a difficult to recruit and/or retain position, and the position is appropriate for telework as determined by the Executive Director of Human Resources, with the approval of the Chief Operating Officer.

3. To participate in the telework program, an employee must meet additional eligibility and selection criteria established by CalOptima, including the suitability of performing the requirements of the job from a Remote Work Location and the ability of the employee to meet performance expectations in a work environment away from the Central Worksite.

4. To be eligible to work from a Remote Work Location the employee must obtain approval from the employee's supervisor/manager and director prior to submitting the request to HR. Employees are required to sign and submit the CalOptima Telework Agreement, along with all other required documentation, to the HR Department prior to being deployed.

I. Termination of Telework Arrangement

1. A Teleworker may elect at any time to move from working at a Remote Work Location to working at the Central Worksite, contingent on space availability.

a. The Teleworker must notify and discuss the change with his or her manager and receive approval.

b. The Teleworker's manager will notify HR of the request to terminate the telework arrangement.

2. A Teleworker's manager may change or end the teleworking arrangement at any time based on business needs, performance or productivity concerns, or changes in the Teleworker's eligibility to telework.

    a. Requests to end the telework arrangement must go through the manager of the Teleworker and be approved by HR.

3. As needed, the Teleworker's manager, in collaboration with HR, may evaluate changes to a Teleworker's job responsibilities and determine if continued participation in the telework program or return to the Central Worksite is appropriate.

J. Work Schedule and Accessibility

1. A Teleworker's schedule of work hours, including breaks, overtime, and deviations from regular work hours, should be approved by the Teleworker's manager.

    a. A manager shall take into consideration the overall impact of a Teleworker assignment to the department's service delivery, employee productivity, or the progress of individual or team assignments.

    b. A manager shall also take into consideration the overall impact of the Teleworker's total time outside of the Central Worksite. Considerations include, but are not limited to: meetings, consultations, presentations and conferences.

    c. CalOptima shall also give consideration to the overall effect of a Teleworker's and co-workers' schedules in maintaining adequate manager supervision and communication.

2. The number of hours normally scheduled to work by an employee shall not change because of telework.

3. Employees will not be eligible to participate in both the telework program and the 9/80 Work Schedule during the same period. Employees eligible for both may only request one alternative at a time.

4. Before working overtime, a non-exempt (hourly) Teleworker must receive his or her manager's written approval in advance.

5. An exempt Teleworker who plans to deviate from the Teleworker's regular work hours, including working beyond normal working hours and making up time, shall obtain his or her supervisor's approval in advance, where feasible.

6. Teleworkers will be required to complete their timecard electronically, consistent with employees at the Central Worksite.

7. Meal periods and breaks for a Teleworker will be consistent with those at the Central Worksite.

8. The Teleworker's manager should ensure that the Teleworker's schedule shall allow adequate time at the Central Worksite for meetings, access to facilities and supplies, and communication with other employees, providers or members.

9. When visiting the Central Worksite, a Teleworker will notify their direct supervisor or alternate of their presence in office building, including their physical location and tentative length of stay.

10. A Teleworker will attend job-related meetings, training sessions, and conferences, as requested by the manager. In addition, management may request a Teleworker to attend "short notice" meetings or to come into the Central Worksite for other CalOptima business related purposes. A Teleworker's manager will use telephone conference calling whenever possible as an alternative to requesting attendance at short notice meetings.

11. During telework hours, a Teleworker must be reachable via telephone, facsimile, office communicator, and/or e-mail during agreed-upon work hours or specific core hours of accessibility. The manager and Teleworker will agree on how to handle telephone messages, including the feasibility of call forwarding and frequency of checking telephone messages.

12. If the Central Worksite is closed due to an emergency or inclement weather, a Teleworker's manager will contact the Teleworker as soon as possible. A Teleworker may continue to work at the Remote Work Location. If there is an emergency at the Remote Work Location such as a power outage, a Teleworker will notify his or her manager as soon as possible. CalOptima may assign the Teleworker to the Central Worksite.

K. Dependent Care

1. A Teleworker will **not** act as a primary caregiver for dependent(s) during the agreed upon telework hours. Dependents may be present in the home during telework hours if care for the dependent will not require the Teleworker's attention. A Teleworker must make dependent care arrangements to permit concentration on performing work duties and responsibilities to the same extent as if he or she were performing work at the Central Worksite.

L. Deployment Preparation

1. All Teleworkers will complete mandatory pre-deployment documentation and telework orientation prior to final approval for telework deployment. Understanding the policies and procedures of telework is an important determinant of success in the telework program. Teleworkers may be required to complete additional educational or informational programs as deemed needed.

M. Telework Site/ Home Office

1. A Teleworker must maintain a suitable and secure designated workspace inside the Teleworker's residence that is clean, safe, and free from distractions.

   a. A Teleworker must set up a designated workspace as required by standards set by Environmental Health and Safety (EH&S) prior to beginning the Telework assignment.

   b. Preferably, this workspace will be a separate room that is designated as a home office.

   c. The home office location and specified workstation and internet access must be in compliance with the EH&S standards and the safety checklists.

d. The employee must sign and submit the CalOptima Teleworking Agreement, along with all other required documentation to HR within the required period of time.

2. A Teleworker will not hold face-to-face business meetings with providers, Members, or professional colleagues at the Home Office.

3. CalOptima may send agents of the organization to assist with equipment set-up in the Home Office.

   a. CalOptima will provide advanced notice of any delivery.

   b. The Teleworker must allow access to the Home Office at the designated day and time.

4. CalOptima will provide a predefined basic set of equipment as required for the Teleworker to perform his or her work duties.

5. All equipment that is provided initially for use at the telework site will be documented in the Telework Equipment Release Agreement.

   a. The Information Systems (IS) Department will maintain a list of CalOptima's equipment and software that is located in the Home Office Locations of Teleworkers.

6. If additional equipment or supplies are required related to Telework, the Teleworker must obtain prior approval for any additional costs.

   a. CalOptima will provide standard office supplies (i.e., pens, paper, and pencils).

   b. CalOptima shall not reimburse out-of-pocket expenses for supplies normally available at the Central Worksite.

7. Prior to beginning the telework program, a Teleworker will provide documentation of the workspace, in the form of current photograph, and must submit such documentation to the EH &S and HR departments.

8. Teleworkers are advised to consult with an insurance agent and/or tax consultant for information regarding their home office site. Individual tax implications, auto and homeowners' insurance, and incidental residential utility costs are the responsibility of the Teleworker.

N. Teleworker Performance Management

1. The manager and Teleworker will develop and agree upon any relevant goals and performance guidelines, as well as the frequency of performance discussions.

2. The manager of the Teleworker shall:

   a. Monitor the Teleworker's productivity and performance consistently and as business needs require.

   b. Provide timely and specific feedback to the Teleworker on a regular basis.

c. Plan for and use multiple channels to keep the Teleworker informed and up-to-date about departmental and CalOptima activities.

d. Remove a Teleworker from the program if the employee does not or continues to not meet the set performance standards.

O. Program Reporting and Evaluation

1. Teleworkers agree to monthly reporting and analyses, at a minimum, relating to his or her performance in order to evaluate the effectiveness of the Teleworker and telework program at CalOptima.

2. Each manager of one or more Teleworkers shall be required to provide documentation of goals, performance standards and outcomes for the Teleworkers to HR upon request.

P. Liability

1. A Teleworker is responsible for ensuring the safety of his or her Remote Work Location or alternative work environment.

2. A Teleworker will agree to a safety inspection and photographic documentation of the Telework Remote Work Location site to comply with workers' compensation liabilities, as well as comply with all items in the EH&S safety checklists.

3. Because liability may arise from hazards in the Remote Work Location that might cause serious harm or injury, CalOptima reserves the right to periodically inspect the Teleworker's Remote Work Location workspace. CalOptima will precede any such inspection by advanced notice and will schedule an appointment.

4. All ergonomic issues must be reported to the EH&S department. It is the responsibility of a Teleworker to notify EH&S early of any potential ergonomic issues in the home office workspace in the Remote Work Location.

5. CalOptima is not liable for any incident or accident that occurs outside of normal job-related activities or hours.

6. In the event of a job-related incident or accident during telework hours, a Teleworker must immediately report the incident to his or her manager.

a. A Teleworker, manager, and CalOptima must follow the policies regarding the reporting of injuries for employees injured while at work.

7. CalOptima is not responsible for any injuries to family members, visitors, and others in a Teleworker's Remote Work Location workspace.

8. CalOptima is not responsible for any loss or damage to:

a. A Teleworker's property;

b. Personal property owned by a Teleworker or any of the Teleworker's family members; or

c. Property of others in the custody of a Teleworker.

9. A Teleworker is responsible for contacting his or her insurance agent and a tax consultant and consulting local ordinances for information regarding Remote Work Location workplaces.

Q. Compliance: Handling PHI from a Remote Work Location

1. The same precautions governing the treatment of PHI at the Central Worksite shall apply to the Remote Work Location.

2. A Teleworker shall not leave documents including, but not limited to (electronic and/or hard copies): assessment forms, prior authorization, or other data collection forms unattended in areas accessible by unauthorized persons.

a. If PHI is being accessed by the Teleworker, when the Teleworker leaves the Remote Work Location or workspace, all paper PHI shall be stowed in a locked drawer designated for such storage. The Teleworker shall remain in possession of the key.

3. A Teleworker shall protect all documents that contain Member PHI from the view or access by unauthorized persons during transport to and from the Central Worksite through the use of:

a. Binders; or

b. Folders or other protective cover.

4. Upon their disposal, a Teleworker shall shred all PHI documents or files. A Teleworker shall transport PHI documents that are taken to the Remote Work Location and ready for destruction back to the Central Worksite for shredding.

5. A Teleworker shall immediately report any security incidents or compromised PHI to the Office of Compliance, in accordance with CalOptima Policy HH.3020Δ: Reporting and Providing Notice of Security Incidents, Breaches of Unsecured PHI/PI or other Unauthorized Use or Disclosure of PHI/PI and contractual requirements, applicable federal and state statutes and regulations, and CalOptima policies.

R. Use of Computer from Remote Work Location

1. CalOptima will provide a Teleworker with a CalOptima personal computer (PC) or, with the approval of IS Infrastructure Management in certain circumstances, a laptop computer (laptop), and grant access to the CalOptima network.

2. A Teleworker shall adhere to the following information security procedures:

a. Maintain the confidentiality of his or her user sign-on identification code and password;

b. Keep the PC or laptop secure at all times;

c. Log off the VPN network when the PC or laptop will be left inactive or unattended, including but not limited to, during breaks, lunch periods, and at the end of the workday;

d. Ensure that passwords or operating instructions are not stored with the computer; and

e. Ensure that any issues with CalOptima equipment or systems are referred to the Help Desk for assistance, and that no unauthorized persons, or organizations, provide technical support for any CalOptima equipment or systems.

3. A Teleworker shall report any security incidents to the CalOptima Help Desk including, but not limited to:

a. Loss of a PC or laptop;

b. Software irregularities indicating possible virus infection; and

c. Access by unauthorized persons.

4. Failure to comply with the requirements listed above will result in the termination of the employee's telework arrangement and may also include disciplinary action up to and including termination of employment.

5. In the event of security or PHI incidents, Teleworkers are required to cooperate in internal investigations, outside investigators, law enforcement, and/or criminal and/or civil prosecution, when applicable.

S. Use of electronic mail with PHI

1. Internal e-mail: E-mail sent within the secure virtual private network (VPN) CalOptima system may contain PHI that is limited to the use and disclosure of the minimum necessary data to complete the required message.

2. External e-mail: E-mail that is sent external to CalOptima via the open internet shall not contain PHI unless the e-mail is encrypted using the required encryption system and the recipient is authorized to receive it.

T. Use of printer from Remote Work Location

1. Teleworkers are not allowed to print anything work related to a home printer. All printing should be done at the Central Worksite when the Teleworker comes into the Central Worksite On rare circumstances, HR, the Compliance Officer, and the Chief Security Officer may make an exception to allow for a Teleworker to receive a printer for use at home, but only if the employee is not dealing with any PHI.

U. Security of CalOptima Assets

1. The Teleworker must take reasonable precautions to secure and prevent damage to equipment provided and delivered to the Remote Location Worksite.

2. CalOptima's equipment must only be used by the Teleworker and may not be used by other guests or individuals for personal use.

3. If property of CalOptima is stolen or damaged in a Teleworker's home, CalOptima will repair or replace the property at CalOptima's expense, provided there is no contributory negligence on the part of the Teleworker.

4. Upon termination of employment or the telework arrangement, voluntary or otherwise, the employee shall return all CalOptima property to CalOptima.

5. CalOptima may pursue recovery from a Teleworker for CalOptima property that is:

   a. Not returned at the conclusion of employment; or

   b. Deliberately, or through negligence, damaged, destroyed, or lost while in the Teleworker's control.

6. In case of injury, theft, loss, or liability related to telework, a Teleworker must allow agents of the organization to investigate and/or inspect the telework site. CalOptima shall provide reasonable notice of inspection and/or investigation to the Teleworker.

V. Travel Reimbursement

1. CalOptima will not reimburse mileage for Teleworkers who come into **the Central Worksite** from a local Remote Worksite Location.

2. CalOptima will reimburse mileage when a Teleworker is required by management to drive into the Central Worksite only if the employee is required to travel two hundred fifty (250) or more miles one-way.

3. For off-site visits from the Teleworker's home, CalOptima shall base reimbursement for use of privately owned vehicles on actual mileage, to the nearest mile, less the number of miles required to drive from the Teleworker's residence to the Central Worksite, and back again, on a single day and in accordance with CalOptima GA.5004: Travel Policy.

4. Reimbursement shall be made at the mileage rate currently in effect for CalOptima, and in accordance with CalOptima GA.5004: Travel Policy. Different requirements for travel may apply to out-of-state Teleworkers, in which they should receive prior approval from their department executive before such travel arrangements are made.

W. Other Remote Work arrangements

1. In certain cases, arrangements other than those defined in this policy may be negotiated between CalOptima management, HR, and the Teleworker. All policy deviations must be approved by HR and the Teleworker's executive.

X. Failure to comply with the requirements of this Policy or follow CalOptima's policies, rules and procedures may result in: termination of the employee's telework arrangement and/or disciplinary action, up to and including termination of the employee. Certain violations of this Policy, other

applicable CalOptima policies, and/or state and federal laws may also result in criminal or civil prosecution, where applicable.

III. PROCEDURE

Not Applicable

IV. ATTACHMENTS

A. CalOptima Telework Agreement
B. CalOptima Occasional Off-site Work Agreement

V. REFERENCES

A. CalOptima Employee Handbook
B. CalOptima Policy GA.5004: Travel Policy
C. CalOptima Policy GA.8000: Glossary of Terms
D. CalOptima Policy GA.8020: 9/80 Work Schedule
E. CalOptima Policy HH.3020Δ: Reporting and Providing Notice of Security Incidents, Breaches of Unsecured PHI/PI or other Unauthorized Use or Disclosure of PHI/PI

VI. REGULATORY AGENCY APPROVALS

None to Date

VII. BOARD ACTIONS

A. 02/01/18: Regular Meeting of the CalOptima Board of Directors
B. 12/03/15: Regular Meeting of the CalOptima Board of Directors
C. 05/01/14: Regular Meeting of the CalOptima Board of Directors
D. 06/06/13: Regular Meeting of the CalOptima Board of Directors
E. 03/01/12: Regular Meeting of the CalOptima Board of Directors

VIII. REVIEW/REVISION HISTORY

Version	Date	Policy Number	Policy Title	Line(s) of Business
Effective	03/01/2012	GA.8044	Telework Program	Administrative
Revised	06/06/2013	GA.8044	Telework Program	Administrative
Revised	05/01/2014	GA.8044	Telework Program	Administrative
Revised	12/03/2015	GA.8044	Telework Program	Administrative
Revised	02/01/2018	GA.8044	Telework Program	Administrative

IX. GLOSSARY

Term	Definition
9/80 Work Schedule	The 9/80 alternate work schedule consists of eight (8) business days of nine (9) hours per day and one (1) business day of eight (8) hours, for a total of eighty (80) hours during two (2) consecutive workweeks. The eight (8) hour work day must be on the same day of the week as the employee's regularly scheduled day off. Therefore, under the 9/80 work schedule, one calendar week will consist of forty-four (44) hours (four (4) nine (9) hour days and one (1) eight (8) hour day) and the alternating calendar week will consist of thirty-six (36) hours (four (4) nine (9) hour days and one (1) day off). However, each workweek will only consist of forty (40) hours, in accordance with the 9/80 Federal Labor Standards Act (FLSA) Workweek.
Central Worksite	CalOptima's primary physical location of business applicable to the employee, which is either CalOptima's administration building at 505 City Parkway West or the PACE building.
Health Insurance Portability and Accountability Act (HIPAA)	The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, was enacted on August 21, 1996. Sections 261 through 264 of HIPAA require the Secretary of the U.S. Department of Health and Human Services (HHS) to publicize standards for the electronic exchange, privacy and security of health information, and as subsequently amended.
Home Office	A designated workspace within the Teleworker' residence.
Protected Health Information (PHI)	Has the meaning given such term in Section 160.103 of Title 45, Code of Federal Regulations. Individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. This information identifies the individual or there is reasonable basis to believe the information can be used to identify the individual. The information was created or received by CalOptima or Business Associates and relates to: 1. The past, present, or future physical or mental health or condition of a Member; 2. The provision of health care to a Member; or 3. Past, present, or future Payment for the provision of health care to a Member.
Remote Work Location	The Employee's Home Office or designated pre-approved work location.
Teleworker	An employee who meets CalOptima's Teleworker eligibility criteria and is approved to routinely work their regularly scheduled work hours from a Remote Work Location, unless business needs require otherwise.

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken April 16, 2020
Special Meeting of the CalOptima Board of Directors

Report Item
4. Consider Ratification and Authorization of Expenditures Related to Coronavirus Pandemic

Contact
Nancy Huang, Chief Financial Officer, (714) 246-8400

Recommended Actions
1. Ratify and authorize unbudgeted expenditures from existing reserves for emergency purchases related to the coronavirus pandemic not to exceed $80,327; and

2. Authorize amendments to contracts with medical consultants Tanya Dansky, M.D. and Peter Scheid, M.D., who are assisting with CalOptima's response to the coronavirus pandemic, and authorize unbudgeted expenditures from existing reserves in an amount not to exceed $48,000 to fund contract extensions through June 30, 2020.

Background
On January 31, 2020, the U.S. Secretary of Health and Human Services declared a public health emergency under section 319, of the Public Health Service Act (42 U.S.C. 247) in response to a novel coronavirus known as SARS-CoV-2 (coronavirus). On March 13, 2020, the President of the United States declared a national emergency based on the spread of this coronavirus. Along with other federal, state, and local agencies, CalOptima is taking action to continue efforts to protect the health and safety of our providers and members.

At its April 2, 2020, meeting, the Board ratified unbudgeted expenditures for emergency purchases to support coronavirus mitigation strategies, including CalOptima's Temporary Telework process, in an amount not to exceed $915,000. Under a separate action, the Board also ratified contracts with medical consultants, Tanya Dansky, M.D. and Peter Scheid, M.D., to assist with CalOptima's response to the coronavirus situation, and reallocated budgeted but unused funds of $20,000 from the Professional Fees budget to fund these contracts.

Discussion
Emergency Purchases Related to Coronavirus Pandemic
Staff recommends the Board ratify and authorize unbudgeted expenditures for the following emergency purchases related to the coronavirus pandemic:

Department	Description	Amount
PACE	Staff personal protective equipment	$30,110
	Member personal protective equipment	$4,734
Information Services	Remote printing, mailing for operational areas (i.e., UM, Claims, MLTSS, GARs)	$30,000
Facilities	Staff personal protective equipment	$11,905
	Gloves, disinfectant products	$578

Back to Agenda Back to Item

Department	Description	Amount
	Estimated expenses for disinfectant products through June 30, 2020 ($1,000/month)	$3,000
	Total	**$80,327**

CalOptima contracted with the existing vendors to ensure timely and efficient service, compatibility with existing equipment, and the protection and security of CalOptima's employees and members. Emergency purchases with contracted vendors were completed with an emergency bidding exception in accordance with section II.P. of CalOptima Policy GA.5002: Purchasing Policy.

Contract Extensions with Medical Consultants

Staff recommends extending contracts with medical consultants, Tanya Dansky, M.D. and Peter Scheid, M.D., through June 30, 2020, in order to continue work related to coronavirus mitigation activities, including information review and dissemination, regulatory reporting, collaboration with state, county and local entities, and other support activities for the Chief Medical Officer, as needed. The additional cost for the contract extensions through June 30, 2020, is $48,000.

Fiscal Impact

The recommended actions to ratify and authorize unbudgeted expenditures related to coronavirus pandemic and extend contracts with medical consultants are unbudgeted items. An allocation of up to $128,327 from existing reserves will fund these actions.

Rationale for Recommendation

Ratification and authorization of the expenditures will allow CalOptima to provide a secure and professional work environment for our employees and members during the coronavirus pandemic.

Concurrence

Gary Crockett, Chief Counsel

Attachments

1. Contracted Entities Covered by this Recommended Board Action
2. Board Action dated April 2, 2020, Consider Ratification of Coronavirus Disease (COVID-19) Mitigation Activities

/s/ Richard Sanchez — *04/10/2020*

Authorized Signature — **Date**

Back to Agenda Back to Item

CONTRACTED ENTITIES COVERED BY THIS RECOMMENDED BOARD ACTION

Name	Address	City	State	Zip Code
Tanya Dansky, M.D.	3030 Children's Way	San Diego	CA	92123
Peter Scheid, M.D.	17 Calle Frutas	San Clemente	CA	92673

Back to Agenda Back to Item

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken April 2, 2020
Regular Meeting of the CalOptima Board of Directors

Report Item
5. Consider Ratification of Coronavirus Disease (COVID-19) Mitigation Activities

Contact
David Ramirez, M.D., Chief Medical Officer, Medical Management, 714-246-8400
Betsy Ha, Executive Director, Quality and Population Health Management, 714-246-8400

Recommended Actions
1. Ratify CalOptima Medi-Cal Policy GG.1665: Telehealth and Other Technology-Enabled Services and Medicare Policy MA.2100: Telehealth and Other Technology-Enabled Services and authorize Staff to update the COVID-19 addendums to such policies on an ongoing basis, as necessary and appropriate to align with new government waivers and guidance;
2. Ratify contracts with a virtual care expert consultant to assess and assist with CalOptima's virtual care strategy;
3. Ratify contracts with medical consultants to assist with CalOptima's response to the COVID-19 situation; and
4. Authorize reallocation of budgeted but unused funds of $20,000 from the Professional Fees budget to fund the contracts with medical consultants.

Background/Discussion

Telehealth Policies and Procedures (P&Ps)
One of CalOptima's primary strategic priorities is to expand the Plan's member-centric focus and improve member access to care by using telehealth (also known as virtual care) to fill gaps in provider networks and meet network certification requirements. CalOptima would like to improve member experience by incorporating new modalities to make it more convenient for members to access care on a timely basis. In addition to better assisting our members, we believe telehealth can increase value and improve care delivery by deploying innovative delivery models.

In addition, as the new novel coronavirus has emerged and continues to spread around the United States (COVID-19 Crisis), it has become more imminent that CalOptima needs to establish telehealth (virtual care) services as soon as possible to ensure safe access to care for our community, members and providers.

As a result of the COVID-19 Crisis, the Department of Health Care Services (DHCS) and the Centers for Medicare and Medicaid Services (CMS) have been issuing guidance addressing Medi-Cal and Medicare telehealth options and requirements including, DHCS All-Plan Letter (APL) 19-009: Telehealth, APL 19-009 Supplement: Emergency Telehealth Guidance - COVID-19 Pandemic and CMS' telehealth guidelines, The U.S. Department of Health and Human Services, Office for Civil Rights, has also provided guidance related to relaxation of certain enforcement actions for use of technology platforms that may not be HIPAA-complaint but are used in providing telehealth covered services curing the COVID-19 crisis.

Back to Agenda Back to Item

Medi-Cal and Medicare telehealth guidelines differ in some respects such that CalOptima has developed separate Medi-Cal and Medicare policies. These policies include addendums addressing criteria and requirements that are waived during the COVID-19 Crisis. Since government waivers and guidance are fluid, staff also seeks Board authority to update telehealth guidance on the COVID-19 crisis as necessary and appropriate.

Medi-Cal Telehealth Policy

CalOptima's GG.1665: Telehealth and Other Technology-Enabled Services Policy addresses coverage, billing, coding and reimbursement for Medi-Cal Telehealth and Other Technology-Enabled Covered Services including:

- CalOptima and its Health Networks shall permit Qualified Providers to render and be reimbursed for Covered Services through Telehealth when consistent with applicable laws, regulations and DHCS guidance;

- CalOptima and its Health Networks shall permit Qualified Providers to render and be reimbursed for Covered Services through Telehealth when consistent with applicable laws, regulations and DHCS guidance;

- CalOptima and its Health Networks shall ensure that Covered Services provided through Telehealth are rendered by Qualified Providers who meet appropriate licensing and regulatory requirements;

- Requirements that Qualified Providers must comply with when using Telehealth to furnish Covered Services including, but not limited to Member consent, confidentiality, setting, and documentation requirements;

- The Qualified Provider must comply with all applicable laws and regulations governing the security and confidentiality of Telehealth transmission as more particularly described in the Policy.

- CalOptima and its Health Networks may use Telehealth to satisfy network adequacy requirements as outlined in DHCS APL 20-003: Network Certification Requirements, as well as any applicable DHCS guidance.

- Other Technology-Enabled Services including Virtual Check-In Services, E-Visits, E-Consults, and Remote Monitoring Services that are commonly furnished remotely using telecommunications technology without the same restrictions that apply to Medi-Cal Telehealth Covered Services may also be furnished and reimbursed if they otherwise meet the Medi-Cal laws, regulations, and other guidance, and the requirements set forth in this Policy.

- In the event of a health-related national emergency, DHCS may request, and CMS may grant temporary waivers regarding Telehealth or Other Technology-Enabled Services requirements.

The addendum attached to this Policy contains information related to health-related national emergency waivers and specifically those applicable to the COVID-19 Crisis.

Medicare Telehealth Policy

CalOptima's MA.2100: Telehealth and Other Technology-Enabled Services Policy addresses coverage, billing, coding and reimbursement requirements for Medicare Telehealth and Other Technology-Enabled Covered Services including:

- CalOptima and its Health Networks shall permit Qualified Providers to render and be reimbursed for Covered Services through Telehealth when consistent with applicable laws, regulations, CMS guidance and this Policy.

- CalOptima and its Health Networks shall ensure that Qualified Providers using Telehealth to deliver Covered Services comply with applicable laws, regulations, guidance addressing coverage and reimbursement of Covered Services provided via Telehealth including, but not limited to:

    - CalOptima Members may receive Medicare Telehealth Covered Services if they are present at an Originating Site located in either a Rural Health Professional Shortage Area (HPSA), or in a county outside of a Metropolitan Statistical Area (MSA).

    - Covered Services normally furnished on an in-person basis to Members and included on the CMS List of Services (*e.g.,* encounters for professional consultations, office visits, office psychiatry services, and certain other Physician Fee Schedule Services) may be furnished to CalOptima OneCare and OneCare Connect Members via Telehealth, subject to compliance with other requirements for Telehealth Covered Services as set forth in this Policy and applicable laws, regulations and guidance.

    - For purposes of Covered Services furnished via Telehealth, the Originating Site must be at a location of a type approved by CMS.

    - Telehealth Covered Services Encounter must be provided at a Distant Site by Qualified Providers.

- The Qualified Provider must comply with all applicable laws and regulations governing the security and confidentiality of Telehealth transmission as more particularly described in the Policy.

- Other Technology-Enabled Services including Virtual Check-In Services, E-Visits, E-Consults, and Remote Monitoring Services that are commonly furnished remotely using telecommunications technology without the same restrictions that apply to Medicare Telehealth Covered Services may also be furnished and reimbursed if they otherwise meet the Medicare laws and regulations and the requirements set forth in this Policy.

- In the event of a health-related national emergency, CMS may temporarily waive or otherwise modify Telehealth or Other Technology-Enabled Services requirements. The Addendum attached to this Policy contains information related to health-related national emergency waivers and specifically those applicable to the COVID-19 crisis.

Virtual Care Expert Consultant

Virtual care is the use of digital information and communication technologies, such as computers and mobile devices, to access health care services remotely and manage health care. CalOptima desires to improve member's access to care by using virtual modalities to fill gaps in provider networks.

Since the release of DHCS APL 19-009: Telehealth Services Policy, CalOptima concluded that the organization needs to create a broader virtual care strategy that includes telehealth and other virtual modalities (e.g., virtual provider network).

CalOptima currently does not have staff with virtual care expertise and its executives decided to bring in a consultant with subject matter expertise with Medi-Cal managed care operational and delegated model experiences in the virtual care space.

The consultant is committed to provide strategic planning and coordination, meeting the following milestones:

- A review of past attempts CalOptima has made toward developing a telehealth strategy by March 30, 2020
- Assessment of CalOptima's proposed virtual care strategy by April 15, 2020
- A gap analysis between what currently exists, cross-functional dependency processes and the virtual care strategy implication by April 30, 2020
- Provide recommendations to fill gaps in the current care delivery system leveraging virtual care modalities by May 1, 2020
- Vet the recommendations with stakeholders by May 15, 2020
- Develop an implementation workplan for a vendor to implement the recommendations by June 30, 2020
- Provide virtual care recommendations related to emergency situations as needed to address the COVID-19 crisis until June 30, 2020

In order to meet the milestones below, CalOptima staff recommends ratification of the contract with virtual care consultant to address the COVID-19 Crisis and ensure safety of our members, providers, community and staff.

PAYMENT SCHEDULE

Milestone	**Completion Date**	**Fee**
Review Past Telehealth Attempts	March 30, 2020	$3,500
Assessment of Virtual Care Strategy	April 17, 2020	$10,500
Gap Analysis	May 1, 2020	$21,000

Provide Recommendations	May 15, 2020	$21,000
Vet Recommendations to Stakeholders	May 15, 2020	$21,000
Present Plan to CalOptima Board on June 4, 2020	June 4, 2020	$3,500
Develop Implementation Workplan	June 30,2020	$14,350
TOTAL		**$94,850**

Medical Consultants in Response to COVID-19 Situation
On March 11, 2020, the World Health Organization (WHO) officially declared COVID-19 as a pandemic. California's governor also declared a state of emergency over COVID-19 in the state, while the situation has moved from containment phase to mitigation phase with documented community spread.

As the COVID-19 mitigation phase activities intensify with increasing demand for daily identification and reporting of cases to the DHCS and Orange County Health Care Agency (OC HCA), it became critical that CalOptima address its two vacant Medical Directors to support Chief Medical Officer (CMO) and provide timely direction to providers.

While Dr. Miles Masatsugu, one of CalOptima's Medical Directors, has done a tremendous job as a clinical leader and a point of contact during the containment phase, he now needs to direct his attention to CalOptima's PACE members who are considered the highest risk population. Therefore, the Plan's executives decided to bring in medical consultants immediately to help the CMO mitigate the spread of COVID-19.

The medical consultants are committed to providing the following professional consultant services:

- Oversee daily COVID-19 reporting to DHCS;
- Gather and review COVID-19 related information and make recommendations related to members, staff, providers and health networks for CalOptima leadership's considerations;
- Review and provide updates on daily information regarding the spread of COVID-19 including WHO, Centers for Disease Control and Prevention (CDC), DHCS, California Public Health Agency, OC HCA, and OC Public Health Laboratory;
- Collaborate as clinical leads on COVID-19 related projects and initiatives;
- Support CMO to prepare for COVID-19 responses in coordination with OC HCA; and
- Support CMO with additional duties related to COVID-19 containment as needed.

In order to provide accurate and timely recommendations and responses amid COVID-19, CalOptima staff recommends ratification of contracts with medical consultants to address the COVID-19 Crisis and ensure safety of our members, providers, community and staff.

PAYMENT INFORMATION

- $10,000 for each medical consultant
- Total: $20,000

Fiscal Impact

The recommended action to ratify CalOptima Policies GG.1665 and MA.2100 are operational in nature and does not have a fiscal impact.

The recommended action to ratify a contract with a virtual care expert consultant is a budgeted capital item. Funding of $100,000 is included under Telehealth Professional Fees as part of the CalOptima Fiscal Year 2019-20 Capital Budget approved on June 6, 2019.

The recommended action to ratify contracts with medical consultants for an amount not to exceed $20,000 is an unbudgeted item and budget neutral. Unspent budgeted funds from professional fees budget approved in the CalOptima FY 2019-20 Operating Budget on June 6, 2019, will fund the total cost of up to $20,000.

Rationale for Recommendation

The recommended actions will enable CalOptima to be compliant with telehealth requirements and address the COVID-19 public health crisis.

Concurrence

Gary Crockett, Chief Counsel

Attachment

1. Entities Covered by this Recommended Action
2. GG.1665: Telehealth and Other Technology-Enabled Services P&P
3. MA.2100: Telehealth and Other Technology-Enabled Services P&P
4. APL 19-009: Telehealth
5. APL 19-009 Supplement: Emergency Telehealth Guidance - COVID-19 Pandemic
6. Virtual Care Consultant Résumé (Sajid Ahmed)
7. Medical Consultant Résumé (Dr. Peter Scheid)
8. Medical Consultant Résumé (Dr. Tanya Dansky)

/s/ Michael Schrader — *03/26/2020*

Authorized Signature — **Date**

ENTITIES COVERED BY THIS RECOMMENDED BOARD ACTION

Name	Address	City	State	Zip Code
Sajid Ahmed	1300 Prospect Drive	Redlands	CA	92373
Tanya Dansky M.D.	3030 Children's Way	San Diego	CA	92123
Peter Scheid M.D.	17 Calle Frutas	San Clemente	CA	92673

Back to Agenda Back to Item

Policy:	GG.1665
Title:	Telehealth and Other Technology-Enabled Services
Department:	Medical Management
Section:	Population Health Management
CEO Approval:	
Effective Date:	03/01/2020
Revised Date:	Not applicable
Applicable to:	☒ Medi-Cal ☐ OneCare ☐ OneCare Connect ☐ PACE ☐ Administrative - Internal ☐ Administrative – External

For 2020/02/02 BOD Review Only

I. PURPOSE

This policy sets forth the requirements for coverage and reimbursement of Telehealth Covered Services rendered to CalOptima Medi-Cal Members.

II. POLICY

A. Qualified Providers may provide Medi-Cal Covered Services to Members through Telehealth as outlined in this Policy and in compliance with applicable statutory, regulatory, contractual requirements, and Department of Health Care Services (DHCS) guidance.

B. CalOptima and its Health Networks shall ensure that Covered Services provided through Telehealth are rendered by Qualified Providers who meet appropriate licensing and regulatory requirements as provided in Section III.A. of this Policy and in accordance with CalOptima Policies GG.1650Δ: Credentialing and Recredentialing of Practitioners, and GG.1605: Delegation and Oversight of Credentialing or Recredentialing Activities prior to providing services to any Member.

C. Qualified Providers who use Telehealth to furnish Covered Services must comply with the following requirements:

1. Obtain verbal or written consent from the Member for the use of Telehealth as an acceptable mode of delivering health care services;

2. Comply with all state and federal laws regarding the confidentiality of health care information;

3. Maintain the rights of CalOptima Members access to their own medical information for telehealth interactions;

4. Document treatment outcomes appropriately; and

5. Share records, as needed, with other providers (Telehealth or in-person) delivering services as part of Member's treatment.

Back to Agenda Back to Item

D. Members shall not be precluded from receiving in-person Covered Services after agreeing to receive Covered Services through Telehealth.

E. CalOptima and its Health Networks shall not require a Qualified Provider to be present with the Member at the Originating Site unless determined Medically Necessary by the provider at the Distant Site.

F. CalOptima or a Health Network shall not limit the type of setting where Telehealth Covered Services are provided to the Member.

G. CalOptima and its Health Networks shall permit Qualified Providers to render and be reimbursed for Covered Services through Telehealth when consistent with applicable laws, regulations, DHCS guidance and this Policy.

H. CalOptima and its Health Networks shall ensure that Qualified Providers using Telehealth to deliver Covered Services comply with applicable laws, regulations, guidance addressing coverage and reimbursement of Covered Services provided via Telehealth.

I. CalOptima and its Health Networks may use Telehealth to satisfy network adequacy requirements as outlined in DHCS All Plan Letter (APL) 20-003: Network Certification Requirements, as well as any applicable DHCS guidance.

J. Other Technology-Enabled Services including Virtual Check-In Services, E-Visits, E-Consults, and Remote Monitoring Services that are commonly furnished remotely using telecommunications technology without the same restrictions that apply to Medi-Cal Telehealth Covered Services may also be furnished and reimbursed if they otherwise meet the Medi-Cal laws, regulations, and other guidance, and the requirements set forth in this Policy.

K. In the event of a health-related national emergency, DHCS may request, and CMS may grant temporary waivers regarding Telehealth or Other Technology-Enabled Services requirements. Please see addenda attached to this Policy for information related to health-related national emergency waivers.

III. PROCEDURE

A. Member Consent to Telehealth Modality

1. Qualified Providers furnishing Covered Services through Telehealth must inform the Member about the use of Telehealth and obtain verbal or written consent from the Member for the use of Telehealth as an acceptable mode of delivering health care services.

2. Qualified Providers may use a general consent agreement that specifically mentions the use of Telehealth as an acceptable modality for the delivery of Covered Services as appropriate consent from the Member.

3. Qualified Providers must document consent as provided in Section III.D.

B. Qualifying Provider Requirements

1. The following requirements apply to Qualified Providers rendering Medi-Cal Covered Services via Telehealth:

a. The Qualified Provider meets the following licensure requirements:

For 20200402 BOD Review Only

i. The Qualified Provider is licensed in the state of California and enrolled as a Medi-Cal rendering provider or non-physician medical practitioner (NMP); or

ii. If the Qualified Provider is out of state, the Qualified Provider must be affiliated with a Medi-Cal enrolled provider group in California (or a border community) as outlined in the Medi-Cal Provider Manual.

2. The Qualified Provider must satisfy the requirements of California Business and Professions Code (BPC) section 2290.5(a)(3), or the requirements equivalent to California law under the laws of the state in which the provider is licensed or otherwise authorized to practice (such as the California law allowing providers who are certified by the Behavior Analyst Certification Board, which is accredited by the National Commission on Certifying Agencies, to practice as Behavior Analysts, despite there being no state licensure).

3. Qualified Providers who do not have a path to enroll in fee-for-service Medi-Cal do not need to enroll with DHCS in order to provide Covered Services through Telehealth.

C. Provision of Covered Services through Telehealth

1. Qualified Providers may provide any existing Medi-Cal Covered Service, identified by Current Procedural Terminology – 4th Revision (CPT-4) or Healthcare Common Procedure Coding System (HCPCS) codes and subject to any existing utilization management treatment authorization requirements, through a Telehealth modality if all of the following criteria are satisfied:

a. The treating Qualified Provider at the Distant Site believes the Covered Services being provided are clinically appropriate to be delivered through Telehealth based upon evidence-based medicine and/or best clinical judgment;

b. The Member has provided verbal or written consent in accordance with this Policy;

c. The medical record documentation substantiates the Covered Services delivered via Telehealth meet the procedural definition and components of the CPT-4 or HCPCS code(s) associated with the Covered Service;

d. The Covered Services provided through Telehealth meet all laws regarding confidentiality of health care information and a Member's right to the Member's own medical information; and

e. The Covered Services provided must support the appropriateness of using the Telehealth modality based on the Member's level of acuity at the time of the service.

f. The Covered Services must not otherwise require the in-person presence of the Member for any reason, including, but not limited to, Covered Services that are performed:

i. In an operating room;

ii. While the Member is under anesthesia;

iii. Where direct visualization or instrumentation of bodily structures is required; or

iv. Involving sampling of tissue or insertion/removal of medical devices.

For 20200402 BOD Review Only

2. Telehealth Covered Services must meet Medi-Cal reimbursement requirements and the corresponding CPT or HCPCS code definition must permit the use of the technology.

D. Documentation Requirements

1. Documentation for Covered Services delivered through Telehealth are the same as documentation requirements for a comparable in-person Covered Service.

2. All Distant Site providers shall maintain appropriate supporting documentation in order to bill for Medi-Cal Covered Services delivered through Telehealth using the appropriate CPT or HCPCS code(s) with the corresponding modifier as defined in the Medi-Cal Provider Manual Part 2: Medicine: Telehealth and in accordance with CalOptima Policy GG.1603: Medical Records Maintenance.

3. CalOptima and its Health Networks shall not require providers to:

   a. Provide documentation of a barrier to an in-person visit for Medi-Cal services provided through Telehealth; or

   b. Document cost effectiveness of Telehealth to be reimbursed for Telehealth services or store and forward services.

4. Qualified Providers must document the Member's verbal or written consent in the Member's Medical Record. General consent agreements must also be kept in the Member's Medical Record. Consent records must be available to DHCS upon request, and in accordance with CalOptima Policy GG.1603: Medical Records Maintenance.

5. Qualified Providers must use the modifiers defined in the Medi-Cal Provider Manual with the appropriate CPT-4 or HCPCS codes when coding for services delivered through Telehealth, for both Synchronous Interactions and Asynchronous Store and Forward telecommunications. Consultations via asynchronous electronic transmission cannot be initiated directly by CalOptima Members.

E. Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)

1. FQHC/RHC Established Member

   a. A Member is an FQHC/RHC Established Member if the Member has a Medical Record with the FQHC or RHC that was created or updated during a visit that occurred in the clinic or during a synchronous Telehealth visit in a Member's residence or home with a clinic provider and a billable provider at the clinic. The Member's Medical Record must have been created or updated within the previous three (3) years; or,

   b. The Member is experiencing homelessness, homebound, or a migratory or seasonal worker and has an established Medical Record that was created from a visit occurring within the last three years that was provided outside the Originating Site clinic, but within the service area of the FQHC or RHC; or,

   c. The Member is assigned to the FQHC or RHC by CalOptima or their Health Network pursuant to a written agreement between the plan and the FQHC or RHC.

2. Services rendered through Telehealth to an FQHC/RHC Established Member must comply with Section II.C. of this Policy and be FQHC or RHC Covered Services and billable as documented

For 20200402 BOD Review Only

in the Medi-Cal Provider Manual Part 2: Rural Clinics (RHCs) and Federally Qualified Health Centers (FQHCs).

F. CalOptima or a Health Network shall authorize Covered Services provided through Telehealth as follows:

1. For a CalOptima Direct Member, a Qualified Provider shall submit a routine Prior Authorization Request (ARF) based on Medical Necessity for services that would require prior authorization if provided in an in-person encounter, in accordance with CalOptima Policies GG.1500: Authorization Instructions for CalOptima Direct and CalOptima Community Network Providers and GG.1508: Authorization and Processing of Referrals.

2. For a Health Network Member, a Qualified Provider shall obtain authorization from the Member's Health Network, in accordance with the Health Network's authorization policies and procedures.

G. Other Technology-Enabled Services

1. E-Consults

a. E-consults are permissible only between Qualified Providers.

b. Consultations via asynchronous electronic transmission cannot be initiated directly by patients.

c. E-consults are permissible using CPT-4 code 99451, and appropriate modifiers, subject to the service requirements, limitations, and documentation requirements of the Medi-Cal Provider Manual, Part 2—Medicine: Telehealth.

2. Virtual/Telephonic Communication

a. Virtual/telephonic communication includes a brief communication with another practitioner or with a patient who cannot or should not be physically present (face-to-face).

b. Virtual/Telephonic Communications are classified as follows:

i. HCPCS code G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within twenty-four (24) hours, not originating from a related evaluation and management (E/M) service provided within the previous seven (7) days nor leading to an E/M service or procedure within the next twenty-four (24) hours or soonest available appointment.

ii. HCPCS code G2012: Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous seven (7) days nor leading to an E/M service or procedure within the next twenty-four (24) hours or soonest available appointment; 5-10 minutes of medical discussion. G2012 can be billed when the virtual communication occurred via a telephone call.

H. Service Requirements and Electronic Security

For 20200402 BOD Review Only

1. Qualified Providers must use an interactive audio, video or data telecommunications system that permits real-time communication between the Qualified Provider at the Distant Site and the Member at the Originating Site for Telehealth Covered Services.

    a. The audio-video Telehealth system used must, at a minimum, have the capability of meeting the procedural definition of the code provided through Telehealth.

    b. The telecommunications equipment must be of a quality or resolution to adequately complete all necessary components to document the level of service for the CPT code or HCPCS code billed.

2. The Qualified Provider must comply with all applicable laws and regulations governing the security and confidentiality of Telehealth transmission. Qualified Providers may not use popular applications that allow for video chats (including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype) when they are not HIPAA compliant except where state and federal agencies have otherwise permitted such use (e.g., public emergency declarations) and when so permitted, they may only be used for the time period such applications are allowed. In such public emergency circumstances, Qualified Providers are encouraged to notify Members that these third-party applications potentially introduce privacy risks. Qualified Providers should also enable all available encryption and privacy modes when using such applications. Under no circumstances, are public facing applications (such as Facebook Live, Twitch, TikTok, and similar video communication applications) permissible for Telehealth.

I. A Member shall be entitled to appeals and grievance procedures in accordance with CalOptima Policies HH.1102: Member Grievance, HH.1103: Health Network Member Grievance and Appeal Process, HH.1108: State Hearing Process and Procedures, and GG.1510: Appeals Process.

J. Payments for services covered by this Policy shall be made in accordance with all applicable State DHCS requirements and guidance. CalOptima shall process and pay claims for Covered Services provided through Telehealth in accordance with CalOptima Policies FF.1003: Payment for Covered Services Rendered to a Member of CalOptima Direct or a Member Enrolled in a Shared Risk Group and FF.2001: Claims Processing for Covered Services Rendered to CalOptima Direct-Administrative Members, CalOptima Community Network Members, or Members Enrolled in a Shared Risk Group.

IV. ATTACHMENT(S)

A. COVID-19 Emergency Provisions Addendum

V. REFERENCE(S)

A. CalOptima Contract with the Department of Health Care Services (DHCS) for Medi-Cal
B. CalOptima Policy GG.1500: Authorization Instructions for CalOptima Direct and CalOptima Community Network Providers
C. CalOptima Policy GG.1508: Authorization and Processing of Referrals
D. CalOptima Policy GG.1510: Appeals Process
E. CalOptima Policy GG.1603: Medical Records Maintenance
F. CalOptima Policy GG.1650Δ: Credentialing and Recredentialing of Practitioners
G. CalOptima Policy GG.1605: Delegation and Oversight of Credentialing and Recredentialing Activities
H. CalOptima Policy FF.1003: Payment for Covered Services Rendered to a Member of CalOptima Direct or a Member Enrolled in a Shared Risk Group

For 20200402 BOD Review Only

I. CalOptima Policy FF.2001: Claims Processing for Covered Services Rendered to CalOptima Direct-Administrative Members, CalOptima Community Network Members or Members Enrolled in a Shared Risk Group
J. CalOptima Policy HH.1102: Member Grievance
K. CalOptima Policy HH.1103: Health Network Member Grievance and Appeal Process
L. Manual of Current Procedural Terminology (CPT®), American Medical Association, Revised 2006
M. Department of Health Care Services All Plan Letter (APL) 19-009: Telehealth Services Policy
N. Department of Health Care Services All Plan Letter (APL) 20-003: Network Certification Requirements
O. Medi-Cal Provider Manual Part 1: Medicine: Telehealth
P. Medi-Cal Provider Manual Part 2: Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

VI. REGULATORY AGENCY APPROVAL(S)

Date		Regulatory Agency

VII. BOARD ACTION(S)

Date	Meeting
04/02/2020	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	03/01/2020	GG.1665	Telehealth and Other Technology-Enabled Services	Medi-Cal

For 20200402 BOD Review Only

IX. GLOSSARY

Term	Definition
Asynchronous Store and Forward	The transmission of a Member's medical information from an Originating Site to the health care provider at a Distant Site without the presence of the Member.
Border Community	A town or city outside, but in close proximity to, the California border.
Covered Services	Those services provided in the Fee-For-Service Medi-Cal program (as set forth in Title 22, CCR, Division 3, Subdivision 1, Chapter 3, beginning with Section 51301), the Child Health and Disability Prevention program (as set forth in Title 17, CCR, Division 1, Chapter 4, Subchapter 13, Article 4, beginning with section 6842), and the California Children's Services (as set forth in Title 22, CCR, Division 2, subdivision 7, and Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 2.985, beginning with section 14094.4) under the Whole-Child Model program effective July 1, 2019, to the extent those services are included as Covered Services under CalOptima's Medi-Cal Contract with DHCS and are Medically Necessary, along with chiropractic services (as defined in Section 51308 of Title 22, CCR), podiatry services (as defined in Section 51310 of Title 22, CCR), speech pathology services and audiology services (as defined in Section 51309 of Title 22, CCR), and Health Homes Program (HHP) services (as set forth in DHCS All Plan Letter 18-012 and Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 3.9, beginning with section 14127), effective January 1, 2020 for HHP Members with eligible physical chronic conditions and substance use disorders, or other services as authorized by the CalOptima Board of Directors, which shall be covered for Members not-withstanding whether such benefits are provided under the Fee-For-Service Medi-Cal program.
Distant Site	A site where a health care provider who provides health care services is located while providing these services via a telecommunications system. The distant site for purposes of telehealth can be different from the administrative location.
Electronic Consultations (E-consults)	Asynchronous health record consultation services that provide an assessment and management service in which the Member's treating health care practitioner (attending or primary) requests the opinion and/or treatment advice of another health care practitioner (consultant) with specific specialty expertise to assist in the diagnosis and/or management of the Member's health care needs without Member face-to-face contact with the consultant. E-consults between health care providers are designed to offer coordinated multidisciplinary case reviews, advisory opinions and recommendations of care. E-consults are permissible only between health care providers and fall under the auspice of store and forward.

For 2020 POD Review Only

Term	Definition
FQHC/RHC Established Member	A Medi-Cal eligible recipient who meets one or more of the following conditions: • The patient has a health record with the FQHC or RHC that was created or updated during a visit that occurred in the clinic or during a synchronous telehealth visit in a patient's residence or home with a clinic provider and a billable provider at the clinic. The patient's health record must have been created or updated within the previous three years. • The patient is homeless, homebound or a migratory or seasonal worker (HHMS) and has an established health record that was created from a visit occurring within the last three years that was provided outside the Originating Site clinic, but within the FQHC's or RHC's service area. All consent for telehealth services for these patients must be documented. • The patient is assigned to the FQHC or RHC by their Managed Care Plan pursuant to a written agreement between the plan and the FQHC or RHC.
Federally Qualified Health Centers (FQHC)	A type of provider defined by the Medicare and Medicaid statutes. FQHCs include all organizations receiving grants under Section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. An FQHC must be a public entity or a private non-profit organization. FQHCs must provide primary care services for all age groups.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima to provide covered services to Members assigned to that health network.
HIS-MOA Clinics	Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, clinics that are participating under the IHS-MOA are not affected by PPS rate determination. Refer to the Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, Clinics section in this manual for billing details
Medically Necessary or Medical Necessity	Necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or Treatment of disease, illness, or injury. Services must be provided in a way that provides all protections to the Enrollee provided by Medicare and Medi-Cal. Per Medicare, services must be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, or otherwise medically necessary under 42 U.S.C. § 1395y. In accordance with Title XIX law and related regulations, and per Medi-Cal, medical necessity means reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness, or injury under WIC Section 14059.5.
Medical Record	A medical record, health record, or medical chart in general is a systematic documentation of a single individual's medical history and care over time. The term 'Medical Record' is used both for the physical folder for each individual patient and for the body of information which comprises the total of each patient's health history. Medical records are intensely personal documents and there are many ethical and legal issues surrounding them such as the degree of third-party access and appropriate storage and disposal.

For 2020

Term	Definition
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima program.
Originating Site	A site where a Member is located at the time health care services are provided via a telecommunications system or where the Asynchronous Store and Forward service originates.
Qualified Provider	A professional provider including physicians and non-physician practitioners (such as nurse practitioners, physician assistants and certified nurse midwives). Other practitioners, such as certified nurse anesthetists, clinical psychologists and others may also furnish Telehealth Covered Services within their scope of practice and consistent with State Telehealth laws and regulations as well as Medi-Cal and Medicare benefit, coding and billing rules. Qualified Provider may also include provider types who do not have a Medi-Cal enrollment pathway because they are not licensed by the State of California, and who are therefore exempt from enrollment, but who provide Medi-Cal Covered Services (e.g., Board Certified Behavior Analysts (BCBAs)).
Rural Health Clinic (RHC)	An organized outpatient clinic or hospital outpatient department, located in a rural shortage area, which has been certified by the Secretary, United States Department of Health and Human Services.
Synchronous Interaction	A real-time interaction between a Member and a health care provider located at a Distant Site.
Telehealth	The mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a Member's health care while the Member is at the Originating Site, and the health care provider is at a Distant Site. Telehealth facilitates Member self-management and caregiver support for Members and includes Synchronous Interactions and Asynchronous Store and Forward transfers.

For 2020040 Preview Only

Attachment A
COVID-19 Emergency Provisions Addendum

During the COVID-19 emergency declaration, certain aspects of the Medi-Cal requirements for Telehealth Covered Services have been waived or altered, as follows:

DHCS has submitted two requests to CMS regarding Section 1135 waivers. Once CMS has acted on these waivers, additional information shall be provided.

Relative to Telehealth, those requests include increased flexibility for FQHCs and RHCs

- During a public emergency declaration, additional flexibility may be granted to FQHCs and RHCs with regard to telehealth encounters, including waiver of the rules in the Medi-Cal Provider Manual, Part 2—Medical: Telehealth regarding "new" and "established" patients, "face-to-face"/in-person, and "four walls" requirements. For telehealth encounters during a public emergency declaration where these requirements have been waived:
    - For telehealth encounters that meet the Medi-Cal Provider Manual requirements, except for those identified as waived above, the encounter should be billed using HCPCS Code T1015 (T1015-SE for the PPS wrap claim), plus CPT Codes 99201-99205 for new patients or CPT codes 99211-99215 for existing patients.
    - For telehealth encounters that do not meet the Medi-Cal Provider Manual requirements, except for those identified as waived above, the encounter should be billed using HCPCS code G0071.

For the latest information on the Section 1135 waivers, please consult the DHCS website at:

https://www.dhcs.ca.gov/

For 20200402 BOD Review Only

Policy:	MA.2100
Title:	Telehealth and Other Technology-Enabled Services
Department:	Medical Management
Section:	Population Health Management
CEO Approval:	
Effective Date:	03/01/2020
Revised Date:	Not applicable

Applicable to:
- ☐ Medi-Cal
- ☒ OneCare
- ☒ OneCare Connect
- ☐ PACE
- ☐ Administrative - Internal
- ☐ Administrative – External

DRAFT

I. PURPOSE

This Policy sets forth the requirements for coverage and reimbursement of Telehealth and other technology-enabled Covered Services rendered to CalOptima OneCare and OneCare Connect Members.

II. POLICY

A. CalOptima Members may receive Telehealth Covered Services if they are present at an Originating Site located in either a Rural Health Professional Shortage Area (HPSA), or in a county outside of a Metropolitan Statistical Area (MSA).

B. Covered Services normally furnished on an in-person basis to Members and included on the Centers for Medicare & Medicaid Services (CMS) List of Services (*e.g.*, encounters for professional consultations, office visits, office psychiatry services, and certain other Physician Fee Schedule Services) may be furnished to CalOptima OneCare and OneCare Connect Members via Telehealth, subject to compliance with other requirements for Telehealth Covered Services as set forth in this Policy and applicable laws, regulations and guidance.

C. For purposes of Covered Services furnished via Telehealth, the Originating Site must be at a location of a type approved by CMS.

D. Telehealth Covered Services Encounter must be provided at a Distant Site by Qualified Providers.

E. Except as otherwise permitted under a public emergency waiver, Interactive Audio and Video telecommunications must be used for Telehealth Covered Services, permitting real-time communication between the Distant Site Qualified Provider and the Member. The Member must be present and participating in the Telehealth visit.

F. A medical professional is not required to be present with the Member at the Originating Site unless the Qualified Provider at the Distant Site determines it is Medically Necessary.

Back to Agenda Back to Item

G. CalOptima and its Health Networks shall permit Qualified Providers to render and be reimbursed for Covered Services through Telehealth when consistent with applicable laws, regulations, CMS guidance and this Policy.

H. CalOptima and its Health Networks shall ensure that Qualified Providers using Telehealth to deliver Covered Services comply with applicable laws, regulations, guidance addressing coverage and reimbursement of Covered Services provided via Telehealth.

I. Other Technology-Enabled Services including Virtual Check-In Services, E-Visits, E-Consults, and Remote Monitoring Services that are commonly furnished remotely using telecommunications technology without the same restrictions that apply to Medicare Telehealth Covered Services may also be furnished and reimbursed if they otherwise meet the Medicare laws and regulations and the requirements set forth in this Policy.

J. In the event of a health-related national emergency, CMS may temporarily waive or otherwise modify Telehealth or Other Technology-Enabled Services requirements. Please see addendum attached to this Policy for information related to health-related national emergency waivers.

III. PROCEDURE

A. Member Consent to Telehealth Modality

1. Members must consent to the provision of virtual Covered Services that are provided via secure electronic communications including, but not limited to, Telehealth, Virtual Check-ins and E-Visits, which consent shall be documented in the Member's medical records.

B. Provision of Covered Services through Telehealth

1. A Qualified Provider may provide Covered Services to an established Member via Telehealth when all of the following criteria are met:

   a. The Member is seen in an Originating Site;

   b. The Originating Site is located in either a Rural Health Professional Shortage Area (HPSA) or in a county outside of a Metropolitan Statistical Area (MSA);

   c. The provider furnishing Telehealth Covered Services at the Distant Site is a Qualified Provider;

   d. The Telehealth Covered Services encounter must be provided through Interactive Audio and Video telecommunication that provides real-time communication between the Member and the Qualified Provider (store and forward is limited to certain demonstration projects). See Section III.C. of this Policy for other Technology-Enabled services that are not considered to be Telehealth, and which may be provided using other modalities; and

   e. The type of Telehealth Covered Services fall within those identified in the CMS List of Services (available at https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes).

   f. The Qualified Provider must be licensed under the state law of the state in which the Distant Site is located, and the Telehealth Covered Service must be within the Qualified Provider's scope of practice under that state's law.

2. The Originating Site for Telehealth Covered Services may be any of the following:

DRAFT

a. The office of a physician or practitioner;

b. A hospital (inpatient or outpatient);

c. A critical access hospital (CAH);

d. A rural health clinic (RHC);

e. A Federally Qualified Health Center (FQHC);

f. A hospital-based or critical access hospital-based renal dialysis center (including satellites) (independent renal dialysis facilities are not eligible originating sites);

g. A skilled nursing facility (SNF); or

h. A community mental health center (CMHC).

3. Telehealth Service Requirements and Electronic Security

   a. Qualified Providers must use an Interactive Audio and Video telecommunications system that permits real-time communication between the Qualified Provider at the Distant Site and the Member at the Originating Site.

      i. The audio-video Telehealth system used must, at a minimum, have the capability of meeting the procedural definition of the code provided through Telehealth.

      ii. The telecommunications equipment must be of a quality or resolution to adequately complete all necessary components to document the level of service for the CPT code or HCPCS code billed.

      iii. Qualified Providers must also comply with the requirements outlined in Section III.D. of this Policy.

4. CalOptima or a Health Network shall authorize Covered Services provided through Telehealth as follows:

   a. For a CalOptima Direct Member, a Qualified Provider shall submit a routine Prior Authorization Request (ARF) based on Medical Necessity for services that would require prior authorization if provided in an in-person encounter, in accordance with CalOptima Policies GG.1500: Authorization Instructions for CalOptima Direct and CalOptima Community Network Providers and GG.1508: Authorization and Processing of Referrals.

   b. For a Health Network Member, a Qualified Provider shall obtain authorization from the Member's Health Network, in accordance with the Health Network's authorization policies and procedures.

5. Medicare Telehealth Covered Services are generally billed as if the service had been furnished in-person. For Medicare Telehealth Services, the claim should reflect the designated Place of Service (POS) code 02-Telehealth, to indicate the billed service was furnished as a professional Telehealth Covered Service from a distant site. Qualified Providers must use the appropriate code for the professional service along with the Telehealth modifier GT ("via Interactive Audio and Video telecommunications systems")

DRAFT

C. Other Technology-Enabled Services

1. Virtual Check-In Services

a. A Qualified Provider may use brief (5-10 minute), non-face-to-face, Virtual Check-In Services to connect with Members outside of the Qualified Provider's office if all of the following criteria are met:

i. The Virtual Check-In Services are initiated by the Member;

ii. The Member has an established relationship with the Qualified Provider where the communication is not related to a medical visit within the previous seven (7) days and does not lead to a medical visit within the next twenty-four (24) hours (or soonest appointment available);

iii. The provider furnishing the Virtual Check-In Services is a Qualified Provider;

iv. The Member initiates the Virtual Check-In Services (Qualified Providers may educate Members on the availability of the service prior to the Member's consent to such services); and

v. The Member verbally consents to Virtual Check-In Services and the verbal consent is documented in the medical record prior to the Member using such services.

b. Live interactive audio, video or data telecommunications, Asynchronous Store and Forward, and telephone may be used for Virtual Check-In Services subject to compliance with Section III.D below.

c. Qualified Providers may bill for Virtual Check-In Services furnished through secured communication technology modalities, such as telephone (HCPCS code G2012) or captured video or image (HCPCS code G2010).

2. E-Visits

a. Qualified Providers may provide non-face-to-face E-Visit services to a Member through a secure online patient portal if all of the following criteria are met:

i. The Member has an established relationship with a Qualified Provider;

ii. The provider furnishing the E-Visit is a Qualified Provider; and

iii. The Members generates the initial inquiry (communications can occur over a seven (7)-day period).

b. Live interactive audio, video, or data telecommunications, Asynchronous Store and Forward, and telephone may be used for Virtual Check-In Services subject to compliance with Section III.D. of this Policy.

c. Qualified Providers shall use CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable, for E-Visits.

3. E-Consults

DRAFT

a. Inter-professional consults (Qualified Provider to Qualified Provider) using telephone, internet and Electronic Health Record modalities are permitted where such consult services meet the requirements in applicable billing codes, including time requirements.

b. Qualified Providers shall use CPT Codes 99446, 99447, 99448, 99449, 99451, and 99452 for E-Consults.

4. Remote Monitoring Services

a. Remote Monitoring Services are not considered Telehealth Covered Services and include Care Management, Complex Chronic Care Management, Remote Physiologic Monitoring and Principle Care Management services.

b. Remote Monitoring Services must meet the requirements established in applicable billing codes.

D. The Qualified Provider must comply with all applicable laws and regulations governing the security and confidentiality of the electronic transmission. Qualified Providers may not use popular applications that allow for video chats (including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype) when they are not HIPAA compliant except where state and federal agencies have otherwise permitted such use (e.g., public emergency declarations) and when so permitted, they may only be used for the time period such applications are allowed. In such public emergency circumstances, Qualified Providers are encouraged to notify Members that these third-party applications potentially introduce privacy risks. Qualified Providers should also enable all available encryption and privacy modes when using such applications. Under no circumstances, are public facing applications (such as Facebook Live, Twitch, TikTok, and similar video communication applications) permissible for Telehealth.

E. A Member shall be entitled to appeals and grievance procedures in accordance with CalOptima Policies CMC.9002: Member Grievance Process, CMC.9003: Standard Appeal, CMC.9004: Expedited Appeal, MA.9002: Member Grievance Process, MA.9003: Standard Service Appeal, and MA.9004: Expedited Service Appeal.

F. CalOptima shall process and pay claims for Covered Services provided through Telehealth in accordance with CalOptima Policy MA.3101: Claims Processing. Payments for services covered by this Policy shall be made in accordance with all applicable CMS requirements and guidance.

IV. ATTACHMENT(S)

A. COVID-19 Emergency Provisions Addendum

V. REFERENCE(S)

A. CalOptima Three-Way Contract with the Centers for Medicare & Medicaid Services (CMS) and the Department of Health Care Services (DHCS) for Cal MediConnect
B. CalOptima Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
C. CalOptima Contract for Health Care Services
D. CalOptima Policy CMC.9002: Member Grievance Process
E. CalOptima Policy CMC.9003: Standard Appeal
F. CalOptima Policy CMC.9004: Expedited Appeal
G. CalOptima Policy MA.9002: Member Grievance Process
H. CalOptima Policy MA.9003: Standard Service Appeal

DRAFT

I. CalOptima Policy MA.9004: Expedited Service Appeal
J. Title 42 United States Code § 1395m(m)
K. Title 42 CFR §§ 410.78 and 414.65
L. Medicare Claims Processing Manual, Chapter 12 - Physicians/Nonphysician Practitioners, Section 190 – Medicare Payment for Telehealth Services

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency

VII. BOARD ACTION(S)

Date	Meeting
04/02/2020	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	03/01/2020	MA.2100	Telehealth and Other Technology-Enabled Services	OneCare OneCare Connect

DRAFT

IX. GLOSSARY

Term	Definition
Asynchronous Store and Forward	The transmission of a Member's medical information from an Originating Site to the health care provider at a Distant Site without the presence of the Member.
CMS List of Services	CMS' list of services identified by HCPCS codes that may be furnished via Telehealth, as modified by CMS from time to time. The CMS List of Services is currently located at https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.
Covered Services	OneCare: Those medical services, equipment, or supplies that CalOptima is obligated to provide to Members under the Centers of Medicare & Medicaid Services (CMS) Contract. OneCare Connect: Those medical services, equipment, or supplies that CalOptima is obligated to provide to Members under the Three-Way Agreement with the Department of Health Care Services (DHCS) and Centers for Medicare & Medicaid Services (CMS) Contract.
Distant Site	A site where a health care provider who provides health care services is located while providing these services via a telecommunications system. The distant site for purposes of telehealth can be different from the administrative location.
Electronic Consultations (E-consults)	Asynchronous health record consultation services that provide an assessment and management service in which the Member's treating health care practitioner (attending or primary) requests the opinion and/or treatment advice of another health care practitioner (consultant) with specific specialty expertise to assist in the diagnosis and/or management of the Member's health care needs without Member face-to-face contact with the consultant. E-consults between health care providers are designed to offer coordinated multidisciplinary case reviews, advisory opinions and recommendations of care. E-consults are permissible only between health care providers and fall under the auspice of store and forward.
Federally Qualified Health Centers (FQHC)	A type of provider defined by the Medicare and Medicaid statutes. FQHCs include all organizations receiving grants under Section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. An FQHC must be a public entity or a private non-profit organization. FQHCs must provide primary care services for all age groups.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima to provide covered services to Members assigned to that health network.
Interactive Audio and Video	Telecommunications system that permits real-time communication between beneficiary and distant site provider.
Medically Necessary or Medical Necessity	Reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness, or injury.

DRAFT

Term	Definition
Medical Record	A medical record, health record, or medical chart in general is a systematic documentation of a single individual's medical history and care over time. The term 'Medical Record' is used both for the physical folder for each individual patient and for the body of information which comprises the total of each patient's health history. Medical records are intensely personal documents and there are many ethical and legal issues surrounding them such as the degree of third-party access and appropriate storage and disposal.
Member	An enrollee-beneficiary of a CalOptima program.
Metropolitan Statistical Area (MSA)	Areas delineated by the U.S. Office of Management and Budget as having at least one urbanized area with a minimum population of 50,000. A region that consists of a city and surrounding communities that are linked by social and economic factors.
Originating Site	A site where a Member is located at the time health care services are provided via a telecommunications system or where the Asynchronous Store and Forward service originates.
Qualified Provider	Eligible Distant Site practitioners who are: a physician, Nurse Practitioner, Physician Assistant, Nurse-midwife, Clinical Nurse Specialist, Clinical Psychologist, Clinical Social Worker, Registered Dietician or Nutrition Professional, or Certified Registered Nurse Anesthetist. However, neither a Clinical Psychologist nor a Clinical Social Worker may bill for medical evaluation and management services (CPT Codes 90805, 90807, or 90809).
Rural Health Clinic (RHC)	An organized outpatient clinic or hospital outpatient department located in a rural shortage area, which has been certified by the Secretary, United States Department of Health and Human Services.
Rural Health Professional Shortage Area (HPSA)	Designations that indicate health care provider shortages in primary care, dental health; or mental health.
Synchronous Interaction	A real-time interaction between a Member and a health care provider located at a Distant Site.
Telehealth	The mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a Member's health care while the Member is at the Originating Site, and the health care provider is at a Distant Site. Telehealth facilitates Member self-management and caregiver support for Members and includes Synchronous Interactions and Asynchronous Store and Forward transfers.

DRAFT

State of California—Health and Human Services Agency
Department of Health Care Services

RICHARD FIGUEROA
ACTING DIRECTOR

GAVIN NEWSOM
GOVERNOR

DATE: October 16, 2019

ALL PLAN LETTER 19-009 (REVISED)

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: TELEHEALTH SERVICES POLICY

PURPOSE:
The purpose of this All Plan Letter (APL) is to provide clarification to Medi-Cal managed care health plans (MCPs) on the Department of Health Care Services' (DHCS) policy on Medi-Cal services offered through a telehealth modality as outlined in the Medi-Cal Provider Manual.[1] This includes clarification on the services that are covered and the expectations related to documentation for the telehealth modality.[2] *Revised text is found in italics.*

BACKGROUND:
The California Telehealth Advancement Act of 2011, as described in Assembly Bill (AB) 415 (Logue, Chapter 547, Statutes of 2011),[3] codified requirements and definitions for the provision of telehealth services in Business and Professions Code (BPC) Section 2290.5,[4] Health and Safety Code (HSC) Section 1374.13,[5] and Welfare and Institutions Code (WIC) Sections 14132.72[6] and 14132.725.[7] For definitions of the terms used in this APL, see the "Medicine: Telehealth" section of the Medi-Cal Provider Manual. Additional information and announcements regarding telehealth are available on the "Telehealth" web page of DHCS' website.

BPC Section 2290.5 requires: 1) documentation of either verbal or written consent for the use of telehealth from the patient; 2) compliance with all state and federal laws regarding the confidentiality of health care information; 3) that a patient's rights to the

[1] The "Medicine: Telehealth" section of the Medi-Cal Provider Manual is available at: https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/mednetele_m01o03.doc
[2] More information on this policy clarification can be found on the "Telehealth" web page of the DHCS website, available at: https://www.dhcs.ca.gov/provgovpart/pages/telehealth.aspx
[3] AB 415 is available at: http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201120120AB415
[4] BPC Section 2290.5 is available at: http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=2290.5.&lawCode=BPC
[5] HSC Section 1374.13 is available at: http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1374.13.&lawCode=HSC
[6] WIC Section 14132.72 is available at: http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14132.72.&lawCode=WIC
[7] WIC Section 14132.725 is available at: http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14132.725.&lawCode=WIC

patient's own medical information apply to telehealth interactions; and 4) that the patient not be precluded from receiving in-person health care services after agreeing to receive telehealth services. HSC Section 1374.13 states there is no limitation on the type of setting between a health care provider and a patient when providing covered services appropriately through a telehealth modality.

POLICY:
Each telehealth provider must be licensed in the State of California and enrolled as a Medi-Cal rendering provider or non-physician medical practitioner (NMP). If the provider is not located in California, they must be affiliated with a Medi-Cal enrolled provider group in California (or a border community) as outlined in the Medi-Cal Provider Manual. Each telehealth provider providing Medi-Cal covered services to an MCP member via a telehealth modality must meet the requirements of BPC Section 2290.5(a)(3), or equivalent requirements under California law in which the provider is considered to be licensed, such as providers who are certified by the Behavior Analyst Certification Board, which is accredited by the National Commission on Certifying Agencies. *Providers who do not have a path to enroll in fee-for-service Medi-Cal do not need to enroll with DHCS in order to provide services via telehealth. For example, behavioral analysts do not need to enroll in Medi-Cal to provide services via telehealth.*

Existing Medi-Cal covered services, identified by Current Procedural Terminology – 4th Revision (CPT-4) or Healthcare Common Procedure Coding System (HCPCS) codes and subject to any existing treatment authorization requirements, may be provided via a telehealth modality if all of the following criteria are satisfied:

- The treating health care provider at the distant site believes the services being provided are clinically appropriate to be delivered via telehealth based upon evidence-based medicine and/or best clinical judgment;
- The member has provided verbal or written consent;
- The medical record documentation substantiates the services delivered via telehealth meet the procedural definition and components of the CPT-4 or HCPCS code(s) associated with the covered service; and
- The services provided via telehealth meet all laws regarding confidentiality of health care information and a patient's right to the patient's own medical information.

Certain types of services cannot be appropriately delivered via telehealth. These include services that would otherwise require the in-person presence of the patient for any reason, such as services performed in an operating room or while the patient is under anesthesia, where direct visualization or instrumentation of bodily structures is required, or procedures that involve sampling of tissue or insertion/removal of medical devices. A

provider must assess the appropriateness of the telehealth modality to the patient's level of acuity at the time of the service. A health care provider is not required to be present with the patient at the originating site unless determined medically necessary by the provider at the distant site.

MCP providers must use the modifiers defined in the Medi-Cal Provider Manual with the appropriate CPT-4 or HCPCS codes when coding for services delivered via telehealth, for both synchronous interactions and asynchronous store and forward telecommunications. Consultations via asynchronous electronic transmission cannot be initiated directly by patients. Electronic consultations (e-consults) are permissible using CPT-4 code 99451, modifier(s), and medical record documentation as defined in the Medi-Cal Provider Manual. E-consults are permissible only between health care providers. Telehealth may be used for purposes of network adequacy as outlined in APL 19-002: Network Certification Requirements, or any future iterations of this APL, as well as any applicable DHCS guidance.[8]

MCPs are responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all delegated entities and subcontractors.

If you have any questions regarding this APL, please contact your Managed Care Operations Division Contract Manager.

Sincerely,

Original signed by Nathan Nau

Nathan Nau, Chief
Managed Care Quality and Monitoring Division

[8] APLs are available at: https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx

State of California—Health and Human Services Agency
Department of Health Care Services

BRADLEY P. GILBERT, MD, MPP
DIRECTOR

GAVIN NEWSOM
GOVERNOR

DATE: March 18, 2020

SUPPLEMENT TO ALL PLAN LETTER 19-009

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: EMERGENCY TELEHEALTH GUIDANCE - COVID-19 PANDEMIC

PURPOSE:
In response to the COVID-19 pandemic, it is imperative that members practice "social distancing." However, members also need to be able to continue to have access to necessary medical care. Accordingly, Medi-Cal managed care health plans (MCPs) must take steps to allow members to obtain health care via telehealth when medically appropriate to do so as provided in this supplemental guidance.

REQUIREMENTS:
Pursuant to the authority granted in the California Emergency Services Act, all MCPs must, effective immediately, comply with the following:[1]

- Unless otherwise agreed to by the MCP and provider, MCPs must reimburse providers at the same rate, whether a service is provided in-person or through telehealth, if the service is the same regardless of the modality of delivery, as determined by the provider's description of the service on the claim. For example, if an MCP reimburses a provider $100 for an in-person visit, the MCP must reimburse the provider $100 for an equivalent visit done via telehealth unless otherwise agreed to by the MCP and provider.
- MCPs must provide the same amount of reimbursement for a service rendered via telephone as they would if the service is rendered via video, provided the modality by which the service is rendered (telephone versus video) is medically appropriate for the member.

MCPs are responsible for ensuring that their subcontractors and network providers comply with the requirements in this supplemental guidance as well as all applicable state and federal laws and regulations, contract requirements, and other Department of Health Care Services' guidance. MCPs must communicate these requirements to all network providers and subcontractors.

This supplemental guidance will remain in effect until further notice.

[1] Government Code section 8550, et seq.

If you have any questions regarding this supplemental guidance, please contact your Managed Care Operations Division Contract Manager.

Sincerely,

Original Signed by Nathan Nau

Nathan Nau, Chief
Managed Care Quality and Monitoring Division

SAJID A. AHMED

[*e*] sajcookie@gmail.com [*c*] +1.415.377.9514 [*a*] 1300 Prospect Drive, Redlands, CA

EXECUTIVE PROFILE

Executive with over 25 years of healthcare experience with over three decades of a health information technology leader, ten years leadership experience in healthcare operations, innovation, telehealth, health information exchanges and electronic health record systems, 15 years as a board member for non-profits, and over two decades years as a consultant on transformation and innovation, and as lecturer and speaker

AREAS OF EXPERTISE

Health Information Technology | Telehealth | Virtual Care | Artificial Inteligence (Fuzzy Logic) | Health Information Management System | Healthcare Innovation | Health Information Exchange | Electronic Health Records Systems | Enterprise System Design | Executive Management Experience | Product Development | Interaction Design Strategy | User Interaction Architect | Data Architecture | Healthcare Informatics | Business Development | Strategic Planning |Go-to-market and Adoption Strategies| Board Management |Leadership | Mentoring | Team building

EXECUTIVE SUMMARY

I have over 25 years' experience in health information technology, and over 20 years in executive leadership positions from Executive Director, Chief Technology Officer, Chief Information and Innovation Officers positions, managing healthcare technology companies and delivering technology solutions to healthcare providers and healthcare consumers. I have expertise in business needs assessment; information architecture and usability; technical experience in human/computer Interaction; information structure and access; digital asset and content management; systems analysis and design; data modeling; database architecture and design.

SELECTED KEY ACCOMPLISHMENTS

- Achieved 2017 MostWired Award for Martin Luther King, Jr. Hospital (MLKCH).
- Achieved 2017 HIMSS Level 7 Award (less than 12% of all U.S. Hospitals Achieve)
- Over a year and a half, collaborated with California Health and Human Service, Department of Managed Care Services, CMS Region 9 and CMS in Baltimore to create an exception allowing brand new hospital organizations, like MLKCH, to participate in the Meaningful Use program, resulting in a $5.2 million award for MLKCH.
- I helped launch a brand-new hospital organization and new facilities from the ground up, meaning: new startup healthcare company, new employees, new buildings, new technology new policies and new models of healthcare. I managed $150 million Health IT and IT infrastructure budget, successfully launching a brand-new community-based hospital of the future in South Los Angeles on July 7, 2015, on time and budget. The CEO hired me as employee number 2 of a startup hospital, and healthcare company put together by the State of California, the University of California system and County of Los Angeles.
- Developed the $38.8M State of California Health Information Strategic Plan for Health Information Exchange – Currently serving on the Advisory Board for the U.C. Davis, Institute for Population Management (IPHI) and its California Health eQuality (CHeQ)

Initiative, contracted to provide access to health information exchange and statewide registries to providers and consumers

- Successfully created and launched eConsult – a telehealth and healthcare business process as an innovative new process standard and technology to enable virtual care and provide more efficient specialty care appointments. The eConsult program has successfully launched to over 67 medical facilities and with over 2500 providers in 2012. This initiative expanded to the entire county of Los Angeles in 2013 with over 300 sites and over 5,000 providers using eConsult, becoming a model for a new national standard for referrals and consults. Overall Budget and costs managed $15M.
- Successfully awarded (now) over $18M in federal funding to form the regional extension center for EHR adoption in Los Angeles County. Created, developed and lead all aspects of the formation of the REC, named HITEC-LA.
- Created and lectured HS 430, eHealth Innovations for Healthcare as associate professor at UCLA School of Public Health
- Successfully lead the development and deployment of consumer web portals to Fortune 500 self-insured companies with 10K employees or more portfolio example of User-Interface design and Unix-based SQL database development.
- Invented a new decision-support algorithm for use in healthcare and the US Army (implemented in IRAQ 2003/2004) patient record data mining and other business processes.
- Patented: "System and Method for Decision-Making": Patents ID #60/175,106, and "Determining tiered Outcomes using Bias Values #20020107824
- Successfully, deployed in Germany, Italy and Fort Bragg, North Carolina, Tri-Care based Healthcare record keeping and medical decision support system AD-Doc™.
- Successfully designed, built and helped deploy a Nursing Decision Support system for Kaiser (KP-On Call Inc.).
- Successfully negotiated a multi-million multiyear contract ($128.9M over three years), deployed and customized Electronic Health Record (EHR) Patient record keeping system called CHCS 2.0 with the European Medical Command, United States Army.
- Worked at JPL (Jet Propulsion Labs, NASA) on the Galileo project using Dbase to manage all error tracking for software and hardware.
- Recruited former U.S. Secretary of Health & Human Services (2001) Tommy Thompson to Board of Directors along with other industry leaders

SELECTED BOARDS & COMMITTEES

- 2016 to present – Co-Chair/Advisory Committee on California's Provider Directory Initiative; Co-Chair, Workgroup on Technical and Business Requirements
- 2012 to 2015 – Advisory Board Member of the California Health eQuality Initiative under U.C. Davis to advise on the use $38.8M in federal funds for the state population management and health information exchange.
- 2008 to 2014 - Vice Chair of Technical Advisory Committee (TAC) for L.A. Care reporting its Board of Governors; Advise and review innovations in healthcare technology and operations
- 2010 to Present - UCLA Health Forum Advisory Board; Development forums with eight events recruiting leading healthcare industry executives to speak at UCLA and the community
- 2009 to 2013 – Vice Chair of the Los Angeles Network for Enhanced Services (LANES), a health information exchange organization representing L.A. County Department of Health Services and other stakeholders;

- 2009 to 2010- Co-Chair of the California State Regional Extension Center Committee for the development of RECs and projects totaling over $120M throughout the state
- 2010 to Present – Board Member for the Office of National Coordinator on EHR and Functional Interoperability Committee; Developing standards for data exchange and interoperability standards.
- 2011 to Present – Redlands YMCA Board Member

SELECTED PRESENTATIONS AND LECTURES (UPDATED 2018)

How Artificial Intelligence Will Revolutionize Healthcare
https://itunes.apple.com/us/podcast/himss-socal-podcast/id1314101896.
HIMSS March 15th, 2018

Keynote: Innovation through Disruption – How AI will transform Healthcare
ITC Summit, Chennai, India, March 27th, 2017

Keynote: It's Not Always About the Technology, Effective Coordinated Care Strategies for Better Outcomes;
HIMSS17 Summit, Feb 21, 2017

Keynote: The Future of the CIO
Health Information Technology Summit- January 2017

Keynote: The Building of Martin Luther King, Jr. Hospital: How to create a State-of-Art hospital
Latin American Hospital Expansion Summit – October 15, 2016

Keynote: HIE is DEAD! Long live HIE!
Idea Exchange in Digital Healthcare Summit, University of California Irvine, Wednesday, July 10, 2013

L.A. Care's Innovative eConsult System for L.A. County Safety Net Providers - LA Health Collaborative Meeting October 27, 2011

eConsult – Enhancing Primary Care Capacity and Access to Specialty Care;
2012 Annual Health Care Symposium

Implementing Electronic Health Records (EHRs): Where the Rubber Meets the Road - June 2, 2011eHealth Policy Presentation

"eHealth Today – Community Impact & Reality" A Presentation of The Edmund G. "Pat" Brown Institute of Public Affairs' Health Policy Outreach Center, California State University, Los Angeles December 12, 2011

(A full portfolio of over 25 lectures, keynotes, and presentations since 2001 are available upon request)

PROFESSIONAL EXPERIENCE

Inland Empire Health Plan (IEHP), Rancho Cucamonga, CA 6/2017-Present
Executive Lead, Virtual Care Programs
Multi-County eConsult Initiative

As the executive lead for IEHP, I am working to expand telehealth (Virtual Care) to both counties for all directly managed members of IEHP, over 550,000 members. This project represents over 350 sites and will reach over 1,500 providers, managing a $9 Million budget.

WISE Healthcare Corporation, Redlands, CA ***8/2017-Present***
Chief Executive Officer
Executive Lead, Inland Empire Health Plan

As CEO of WISE Healthcare, I work to expand the company's three major revenue centers: Innovation Strategy professional services, Artificial Intelligence (AI) products and tools and Workflow Design Engineering implementation services. WISE Healthcare delivers artificial intelligence (AI) strategy and workflow engineering to healthcare organizations looking to improve healthcare delivery. I am focused on the launch of the WISE AI based mobile healthcare tool, that will help accurately diagnose many conditions and provide convenient access to care. Currently expanding the leadership staff and increase hiring. I report to the Board of WISE and have been three years to establish a larger presence in the market place and prepare the company to attract investments from the capital markets; support in depth due diligence of all areas of the WISE portfolio, staff, management and operations.

MLK Jr. Los Angeles Healthcare Corp, Los Angeles, CA ***2/2013-7/2017***
Chief Information & Innovations Officer
Executive Director, MLK Campus Innovations Hub

As Chief Information & Innovations Officer ("CIIO"), I was a member of the Executive Team and leading hospital executive with responsibility for information technology & services. I report directly to the Chief Executive Officer of Martin Luther King Jr. Community Hospital of Los Angeles ("MLKCH") which opened June 2015. As CIIO, I provide the strategic vision and leadership in the development and implementation of information technology initiatives for MLK-LA and its affiliates and acquisitions. I direct the planning and implementation of enterprise IT systems in support of business operations to improve cost effectiveness, service quality, and business development. I am responsible for managing the day-to-day functioning of the hospital as well as planning for future capacity and capabilities. Overall, I am responsible for creating and promoting a hospital information strategy that supports the hospital's strategic business goals. I oversee the execution and implementation of the leading hospital systems, including the integration of medical devices and other equipment that tie into the EMR to facilitate improvements in patient safety and real-time availability of critical information to business operation.

As the Innovations Officer, I bring to light and support new processes and technologies to help improve patient outcomes and improve efficiencies throughout the hospital and

its provider and patient community. With Molly Coye, I helped create the Los Angeles Innovators Forum, bringing together innovation leaders, officers from local diverse provider organizations, Cedars, UCLA, Motion and Television Association, Veterans Affairs, L.A. Care, Molina, WellPoint, and others.

L.A. Care Health Plan, Los Angeles, CA ***9/2008 – 3/2013***
Executive Director, Health Information Technology & Innovation
Executive Director, Safety Net eConsult Program (2010 – 2013)

As Executive Director of Healthcare Information Technology (HIT) and Innovation, I was responsible for the coordination, management and integration of healthcare information technology and health initiatives both internally and externally, in line with the mission and strategic plans of LA Care. My responsibilities included collaboration and strategy development with internal and external health IT stakeholders, trading partners, health IT collaborates, providers, regulatory and government agencies and others. Also, I provided leadership and collaboration in interdepartmental and cross-functional ehealth initiatives. I worked as a liaison between Health Services and Information Services to facilitate and support ehealth initiatives and HIT activities.

Additionally, I was responsible for building relationships with diverse external HIT organizations and facilitating strategies to position LA Care as the leader in HIT adoption and health quality improvement on a local, regional and national level. I have presented in many forums such as the California eRx Consortium as co-chair; Co-chair of the Regional Extension Center Workgroup for California Health and Human Services Agency; and participate as a Board member of Health-e-LA, a HIE for Los Angeles County.

Key highlights below:

- Launched eConsult program connecting primary care physicians to specialists
- Implemented eConsult throughout Los Angeles County and its over 4 million patients, 300 clinic sites and over 5,000 providers. Helped reduce no-show rates of patients by 86% and increased access to appropriate specialty care for underserved.
- Developed a $ 22.3 million sustainable business plan and successfully applied for the Regional Extension Center Program for Los Angeles County, as part stimulus funding opportunity through ARRA and the HITECH Act
- Successful acquired 18.6 million in regional extension center funding for L.A. Care
- Developed L.A. Care's Health Information Technology Strategic Plan 2010-2012 and revised 2013-2015, affecting over $40 Million in HIT incentives, grants, and eHealth projects
- Developed as Co-Chair the State of California's Health Information Technology and Exchange Strategic Plan affecting over $120 Million in projects statewide

Spot Runner, Inc., Los Angeles, CA ***4/2008 – 8/2008***
Sr. Data Architect & Systems Consultant

- Lead a 15-member Data Services Team designing complex database models and the complex media exchange platform for the mid-size start-up
- Responsible for developing strategic plans and hands-on experience with business requirements gathering/analysis

- Worked with Senior Management with regards to scope and schedules of new Media Platforms initiative
- Member of Project and Product Management teams in scoping requirements and planning development in full product life-cycle
- Responsible for all aspects of the data architecture including translating business requirements into conceptual data models, logical design, and physical design
- Participating with the engineering team in all activities including architecture, design, software development, QA, performance benchmarking and optimization, as well as deployment
- Working with Business Systems Analysts (BSA) and other technical areas to determine feasibility, level of effort, timing, scheduling, and other related aspects of project proposals and planning
- Working as part of the core architecture team as well as with the system architect to design the entire system including the web tier, application tier, and database tier
- Demonstrated the ability to prioritize efforts in a rapidly changing environment

Home Box Office (HBO) Inc., Santa Monica, CA ***3/2007- 4/2008***
Consultant, Sr. **Data Architect**

- Worked to enhance data policies, including security and reporting efficiencies
- Responsibility included hands-on training of senior management and Senior Business Analyst on design standards and DBA practices.
- The major project included scoping and consulting on conversion of over 550 databases to upgrade platform both upgrading database application and upgrading hardware using ETL tools.
- Professionally interacted with all levels of staff at HBO as the conversion affects all levels of HBO business and every departments' workflow
- Aided launch of the new custom site for "This Just In" working with HBO partner AOL integrating with teams. (www.thisjustin.com)
- Lead efforts to training internal and partner end-user clients

SelfMD, Pasadena, CA ***3/2005-3/2007***
Chief Technology Officer

SelfMD was a consumer-centered technology delivered through web-enabled platforms and devices. I led a team of 30 team members in design, scope, engineering and execution for NowMD.com, (AD-Doc) Artificial Diagnostic Doctor and was consulting with the WebMD through acquisition phase. I managed over 60 employees with ten direct reports on two continents as part of national effort to deliver the technology.

- Lead the development of initial technology and programming of the core software engine, Managed Artistic Directors, Web Developers and a staff of over 30 employees
- Developed Enterprise-Level Database Structure and initial User Interface
- Designed and executed testing methodologies for the engine and its accuracy and data normalization
- Established standards for data entry, content management and upgrading and data normalization.
- Scoped entire project for further outsourcing for large Web site management and data warehousing.

- Managed a remote team of 12 people tasked with over 16 months of custom configuration and development with US Army integrating into their electronic medical record keeping system, CHCS 1.0 data warehouses in three major European locations.
- Creating a technical process to identify data issues and a business process to resolve them

IGP Technologies, Inc., Pasadena, CA ***7/1999 –2/2007***
Chief Information Officer, Healthcare Information Architecture

Worked in a Healthcare IT early-stage company to develop and deploy an enterprise level service. Some clients included Texas Instruments, US Army: TATRC, European Medical Command, US Army Medical Command, Aetna, WellPoint, AT&T, Cadbury Schweppes, California Workers Compensation Board, California Healthcare Underwriters, US Women's Chamber of Commerce.

- Professionally interacted industry C-level Officers in open presentations and analysis.
- Created numerous presentations, drafted various government-grade project proposals with budgets over $32M.
- Managed up to 60 staff in project development stage of technology and remotely operated implementation. With an overseas team from India
- Managed project development stage of technology and remotely with implementation.
- Created, managed and supervised yearly project multimillion budgets, creating financial reports.
- Excellent communication skills developed; thorough knowledge of general software and networks.
- Performed advanced analyses, rendering business strategies and product information as detailed product requirement documents
- developed and implemented metadata and hierarchies using various asset/ content management systems
- constructed user interfaces for multifaceted technical software applications
- guided creation of data models/ maps, architectures, wireframes, process, and user flows for large-scale transactional sites in collaboration with designers, technologists, and strategists
- administered technology department: allocated resources, directed technical project managers, organized training, planned moves
- developed process methodology intranet as a senior member of Process Development Team

SELECTED AWARDS AND HONORS

2018 HIMSS LEVEL 7 Hospital Award for Martin Luther King, Jr. Hospital

2017 MostWired Hospital for Martin Luther King, Jr. Hospital

2016 Chief Technology/Information Officer of the Year, LA Business Journal

University of Southern California (USC), Cal State Long Beach, Caltech *2002-Present*
Guest Lecturer/Speaker/Course Instructor Graduate Schools, USC Price School of Public Policy and UCLA's Fielding School of Public Health

Yearly, "Distinguished Speaker Series" for various undergraduate and graduate entrepreneurial and business departments, courses involving design, development, and implementation of software and databases.

ABL Innovative Leadership (Advanced Business League) Award: Finalist for product development (bested only by Kaiser's "Thrive" website)

Awarded California Health and Human Services (CHHS) for meritorious participation in support and development of California's Health IT Strategic Plan and Regional Extension Center Committee

EDUCATION

UCLA, the University of California at Los Angeles, Los Angeles, CA, Psychology; Computer Science course work

Awarded Certificate, "Certified Health Chief Information Officer" (CHCIO), fall 2013, renewed fall 2016 by the Chief Health Information Management Executive (CHIME)

2014 LEAN Healthcare Certificate from Hospital Association of Southern California

UT Dallas, University of Texas, Dallas, Naveen Jindal School of Management, Master's in Healthcare, Healthcare Leadership Management; in progress

BOARD EXPEREINCE

Currently serving on the Board of Directors and advisory boards for three key technology startups (early and mid-stage companies) in healthcare focused on Artificial Intelligence, Pharmaceuticals, Health IT Services.

Tagnos, Inc. 2017 - Present
A member of the board of advisory, providing direction to growth and new global markets.

Electronic Health Networks, Inc.
2017 – Present
A member of the board of directors, providing direction to growth and new global markets.

California Provider Directory Advisory Board
2016 – Present
A member of the Advisory Board to establish a single state-wide provider directory. Currently co-chair of the Workgroup on data definitions and technical requirements for a state-wide request for proposals.

Advisory Board Member of SNC. Inc.
2012 – Present
Serving as an Advisory Board member of a private commercial, leading care coordination, telehealth technology company.

Board Member of the East Valley Family YMCA
2011 – Present
On an active board of a three facility YMCA representing the cities of San Bernardino, Highland, Redlands. Participating in the Program and Development subcommittees.

Founding Board Member of LANES, the Los Angeles Network for Enhanced Services 2009 – 2013
Active board member, Co-Chair with the deputy CEO of Los Angeles County to establish a county-wide health information exchange. Procured over $2.1 million dollars as board member for LANES. Left Board to join Martin Luther King, Jr. Hospital as Chief Information and Innovation Officer in 2013.

Chair, L.A. Care Technical Advisory Board
2008 – 2013
A brown-act managed advisory board, legislatively required advisory board for the local initiative health plan of Los Angeles County (dba L.A. Care).

Board Member of Health-e-LA
2008 - 2012
A local health information exchange, established to serve county and L.A. Care. Facilitated the close of organization.

PETER J. SCHEID, M.D.

EXPERIENCE

8/8/14-Present Peter J. Scheid, M.D., Inc. Capistrano Beach, CA

Addiction Medicine Physician

- Comprehensive admission evaluation
- Medical detoxification
- Medication Assisted Treatment
- Ongoing medical support
- Recovery counseling

1/14/13-5/31/13 East Valley Community Health Center W. Covina, CA

Per Diem Physician

- Direct patient care
- Oversight of Nurse Practitioner

11/1/10-5/30/13 CalOptima Orange, CA

Medical Director, Clinical Operations

- Oversight of Utilization Management Medical Directors
- Utilization Managmement
- Quality Management
- Management of Health Network relationships
- Grievance and Appeals oversight

1/1/08-10/31/10 CalOptima Orange, CA

Medical Director, Utilization Management

- Management of 370,000 Medi-Cal members
- Utilization Management
- Oversight of Concurrent Review and Prior Authorization activities

E-MAIL PSCHEID12@GMAIL.COM
17 CALLE FRUTAS, SAN CLEMENTE, CA 92673
(714) 227-4123 CELL
(949) 229-7684 FAX

3/07-1/08 Primary Provider Management Company San Diego, CA
Medical Director, Family Choice Medical Group, Vantage Medical Group-San Diego

- Management of over 50,000 members
- Utilization Management
- Quality Management
- Case Management
- Oversight of Hospitalist Program

1/06-2/07 County of Orange Health Care Agency Santa Ana, CA
Physician Consultant, Medical Services for Indigents Program

- Utilization Management
- Program Development
- Formulary Development

10/02–7/07 Community Care Health Centers Huntington Beach, CA
Associate Medical Director

- Wrote application securing FQHC Look-Alike status for all sites
- Medical Director of Clinic for Women and El Modena Health Centers
- Oversight of Quality Management Program
- Developed specialty clinics for patients with chronic disease
- Management of clinical staff including recruitment, retention, and performance monitoring

08/01-9/02 University of California, San Diego San Diego, CA
Clinical Instructor of Family Medicine, Department of Family and Preventive Medicine

E-MAIL PSCHEID12@GMAIL.COM
17 CALLE FRUTAS, SAN CLEMENTE, CA 92673
(714) 227-4123 CELL
(949) 229-7684 FAX

EDUCATION

7/2013-6/2014 Addiction Medicine Fellowship — Loma Linda, CA
Loma Linda University Medical Center

12/2006-9/2008 Health Care Leadership Program — San Francisco, CA
Fellow of Program Sponsored by California Health Care Foundation

7/2000-6/2001 Chief Resident — San Diego, CA
UCSD Department of Family & Preventive Medicine

7/1998-6/2001 Family Medicine Residency — San Diego, CA
UCSD Department of Family & Preventive Medicine

7/1994-6/1998 Medical School — Detroit, MI
Wayne State University School of Medicine

- Alpha Omega Alpha Medical Honor Society

9/1987-6/1990 Bachelor of Arts in English — East Lansing, MI
Michigan State University

LICENSURE & CERTIFICATION

2001-Present	California A070698
2001-Present	Diplomate, American Board of Family Practice
2014-Present	Diplomate, American Board of Addiction Medicine
2020-Present	Diplomate, American Board of Preventive Medicine, Addiction Medicine

PROFESSIONAL ASSOCIATIONS

American Academy of Family Physicians

American Society of Addiction Medicine

California Society of Addiction Medicine

REFERENCES AVAILABLE ON REQUEST

E-MAIL PSCHEID12@GMAIL.COM
17 CALLE FRUTAS, SAN CLEMENTE, CA 92673
(714) 227-4123 CELL
(949) 229-7684 FAX

TANYA DANSKY, MD

PROFESSIONAL SUMMARY

Highly trained healthcare executive with 10+ years of clinical background and 10+ years of managed care leadership successful at leveraging career experience to enhance organizational productivity and efficiency by supporting healthcare from the payer and provider perspective.

Dedicated clinician with diverse experiences able to excel within complex systems due to my collaborative, patient centered, results oriented approach to challenges.

SKILLS/EXPERTISE

Executive Leadership
Medi-Cal and CA Commercial HMO
Quality Improvement
Utilization Management
Strategic Business Operations
Value Based Contracting
Washington State Medicaid
Population Health
Innovation
Social Determinants of Health

WORK HISTORY

Independent Consulting Feb. 2020 – Present

Clinical Advisor, Harbage Consulting

- Projects include providing clinical leadership and expertise for:
  - the ACES Aware project (Department of Health Care Services, Medi-Cal and Office of the Surgeon General, State of California)
  - CalAIM Enhanced Case Management and In Lieu of Services

Blue Shield of California April 2017 – Feb. 2020

VP & Chief Medical Officer, Promise Health Plan

- Direct report to Chief Health Officer with responsibility for all aspects of medical management including Utilization Management, Case Management, Social Services and Programs, Quality, Grievances and Appeals
- Medicaid managed care plan with 350,000 covered lives
- Clinical leadership during transition from Care1st Health Plan including full integration of 500+ employees, IT systems and process transformation during 2018 and 2019
- Launched Promise as first California Medi-Cal health plan to join Integrated Healthcare Association's Align Measure Perform program
- Led innovation partnerships to improve quality and access for the safety net including eConsult, a bilingual pregnancy app and a multicultural texting solution

- Experience implementing value based contracts for the Health Homes Program
- Clinical leadership for Blue Sky program: awareness, advocacy and access for youth mental health and resilience
- Success in quickly building external leadership presence at local, county and statewide levels including San Diego 211 Community Information Exchange Advisory Board and the ACES Aware Advisory Committee for the Office of the Surgeon General and DHCS

Amerigroup Washington (Anthem); Seattle, WA November 2015 – March 2017

Chief Medical Officer

- Direct report to Plan President with responsibility for all aspects of medical management including Utilization Management, Case Management, Quality, Customer Service, and Grievances and Appeals
- Success working in highly matrixed corporate environment with local state plan responsibility
- Medicaid managed care plan with 150,000 covered lives including TANF, Adult expansion and SSI populations throughout 36 counties in Washington State.
- Currently implementing Summit care coordination program for highest risk, highest utilizers leveraging relationships with key providers and community partners to address social determinants of health

Columbia United Providers; Vancouver, WA May 2014 – November 2015

Chief Medical Officer & Vice President

- Played essential role in CUP leadership team's remarkable 2014 accomplishments including securing direct Medicaid Contract with WA State HealthCare Authority, establishing first time commercial products for WA Health Benefit Exchange, and achieving 100% on initial NCQA Certification
- Strengthened relationships and negotiated contracts with key network providers to allow access to high quality care for 50,000+ Medicaid members
- Brought positive leadership and business acumen to an established company actively in transition due to healthcare reform pressures
- Revitalized and established the quality, compliance, network development, marketing, social media and health management departments during first 12 months at CUP

Chief Physicians Medical Group; San Diego, CA January 2006 – May 2014

Chief Executive Officer (10/11-5/14)
Medical Director (7/06-5/14)
Inpatient Medical Director (1/06-7/06)

- Responsible for year over year financial and performance success of $50M pediatric IPA co-owned by pediatric primary care and specialist groups representing 400+ physicians.
- Negotiated and managed contracts with 7 health plans for Commercial HMO and Medi-Cal lines of business comprising over 75,000 pediatric managed care lives.
- Experienced medical director with direct responsibility for utilization management, case management, quality, and credentialing.
- Played key role in formation of clinically integrated network comprised of IPA, hospital and physician group, Rady Children's Health Network.
- Provided leadership and key operational expertise during acquisition of MSO services for 125,000 managed care Medi-Cal lives for CHOC Health Alliance (Children's Hospital of Orange County).
- Served in interim role as Chief Medical Officer for CHOC Health Alliance in Orange County which included strategic and operational presentations to CHOC Health Alliance Board comprised of CHOC Hospital executive leadership and CHOC physician groups' executive leadership teams.

EDUCATION

California Healthcare Foundation Leadership Program
Fellow, 2010 - 2012

University of California, San Diego
Pediatric Residency and Chief Residency, 1999

University of Southern California School of Medicine (Keck), Los Angeles
MD, 1995

University of California, Davis
BS in Physiology, 1991

CLINICAL EXPERIENCE

Rady Children's Pediatric Hospitalist

Rady Children's Pediatric Urgent Care Provider

San Diego Juvenile Hall Clinic Medical Director

Chadwick Center Child Abuse Consultant

San Diego Hospice Children's Program Medical Director (including Palliative Care)

*Full Curriculum Vitae available upon request for additional awards, research, publications, community experience

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken February 18, 2021
Regular Meeting of the CalOptima Board of Directors'
Finance and Audit Committee

Report Item

10. Consider Recommending Board of Directors Adoption of a Resolution Approving Updates to CalOptima Policy GA. 8058: Salary Schedule and Actions Related to Recommendations from Independent Compensation Consultant Grant Thornton

Contacts

Richard Sanchez, Chief Executive Officer, (657) 900-1481
Brigette Hoey, Executive Director, Human Resources, (714) 246-8405

Recommended Actions

Recommend that the Board of Directors:

1. Receive Report from independent consultant Grant Thornton on employee compensation and benefits benchmarking and analysis, including Appendix: Custom Peer Groups;
2. Adopt Resolution approving updated CalOptima Policy GA.8058: Salary Schedule, with the updated Salary Schedule implemented on March 14, 2021;
3. Authorize the Chief Executive Officer to administer CalOptima compensation practices in accordance with CalOptima policies and Grant Thornton recommendations; and
4. Direct staff to research deferred compensation plan options and return to the Board with further recommendations.

Background

Near CalOptima's inception, the Board of Directors delegated authority to the CEO to develop and implement employee policies and procedures, and to amend them as appropriate from time to time, subject to annual updates to the Board, with emphasis on changes. CalOptima's Bylaws require that the Board adopt by resolution, and from time to time amend, procedures, practices and policies for, among other things, hiring employees and managing personnel.

Based on this framework, the Board has adopted Compensation Administration Guidelines that are memorialized in CalOptima Policy GA. 8057: Compensation Program. This policy specifies that CalOptima's salary structure is to be reviewed on a regular basis, either annually or every other year, to ensure that CalOptima's pay policies and practices reflect market competitiveness. The Board most recently authorized updates to CalOptima's compensation salary structure in 2015, approximately six years ago.

As part of the periodic review process spelled out in Board policy, independent compensation consultant Grant Thornton was engaged in 2018 to perform a study of CalOptima's total compensation and related compensation practices. Grant Thornton completed its review in 2019, finding that CalOptima's total compensation at all levels was below the market median as compared to geographic peer groups. While recommendations to update the salary structure and compensation practices were considered by the Board in February and March of 2020, the recommendations were not adopted at that time.

Back to Agenda

Discussion

CalOptima does not have any labor unions or bargaining units and has not adopted automatic salary range updates or cost of living adjustments. In aggregate, wages in Southern California have increased by approximately 18.6% since 2015[1]. CalOptima's salary structure has remained at the same level during this period. The primary objective of updating CalOptima's salary structure and salary schedule is to maintain market competitiveness to attract, recruit, and retain employees, particularly in key vacant positions. Consistent with the Compensation Administration Guidelines, staff requests that the Board authorize updates to CalOptima's salary structure and salary schedule to reflect market competitiveness.

As part of its responsibilities as an independent compensation consultant, Grant Thornton evaluated CalOptima's total compensation and made a number of recommendations intended to support both CalOptima's recruitment and retention efforts. In alignment with the Board-approved Compensation Philosophy and Compensation Guidelines, the proposed salary structure reflects market data provided by Grant Thornton and an evaluation of CalOptima's operations. Since last considered by the Board at its February/March 2020 meetings, the salary structure and salary schedule recommendations have been further refined to replace the "total cash" salary ranges for Executive Director and Chief classifications with salary ranges that include "base pay" only (i.e., the incentive compensation amounts that have been included based on Grant Thornton's recommendations have been removed). This change results in lower salary ranges for these classifications. Other changes now being recommended include the addition of a separate pay grade for the classification of Medical Director. The recommended salary range for this classification is based on a 10% differential below the Deputy Chief Medical Officer's salary range, which is the next pay grade up in the salary schedule. Management recommends this change based on the difficulty in filling the existing open Medical Director positions, which are critical in meeting CalOptima's compliance and regulatory requirements and ensuring that members have access to the health care they need.

Adoption of the proposed salary structure and salary schedule will assist in recruiting not just Medical Directors, but also other hard to fill positions, and in retaining qualified employees. Management recommends implementing the Grant Thornton recommendations as follows:

- Adjust CalOptima's salary structure and salary schedule with an implementation date of March 14, 2021, as detailed in the attachments, to more closely align with current market conditions and take into account internal evaluation of job responsibilities.
- Authorize the CEO to complete a phased-in implementation of CalOptima compensation practices in accordance with recommendations by Grant Thornton in Fiscal Year (FY) 2020-21 and FY 2021-22.
- Direct staff to explore options for long-term deferred compensation to bring total compensation into alignment with the Grant Thornton recommendations and CalOptima's Board approved compensation philosophy.

[1] U.S. Bureau of Labor Statistics, *Changing Compensation Costs in the LA Metro Area;* https://www.bls.gov/regions/west/news-release/employmentcostindex_losangeles.htm

Back to Agenda

Pursuant to California Code of Regulations, Title 2, Section 570.5, CalOptima is required to adopt a publicly available pay schedule that meets the requirements set forth by the California Public Employees' Retirement System (CalPERS) to reflect recent changes, including the addition or deletion of positions and revisions to wage grades for certain positions.

The following table lists the Human Resources Policy that has been updated and is being presented to the Board for review and approval:

	Policy No./Name	**Summary of Changes**	**Reason for Change**
1.	GA.8058 – Salary Schedule Attachment A- Salary Schedule	• This policy addresses CalOptima's Salary Schedule and requirements under CalPERS regulations. • Attachment A – Salary Schedule has been revised to reflect changes to the salary structure based on independent consultant Grant Thornton's compensation study and internal evaluation of job responsibilities. Changes include the proposed addition of new positions and the deletion of positions that are no longer in use. A summary of the changes to the Salary Schedule is included for reference. • The proposed implementation date of the Salary Schedule updates is March 14, 2021.	• Pursuant to CalPERS requirement, 2 CCR §570.5, CalOptima must update the salary schedule to reflect current job titles and pay rates for each job position. • Implementing changes to the salary schedule with an implementation date of March 14, 2021 will coincide with the start of the next pay period for ease of administration.

Back to Agenda

Fiscal Impact

The fiscal impact of the recommended implementation of the initial phase of salary adjustments pursuant to recommendations by Grant Thornton is $1.33 million through June 30, 2021. (Note: This includes approximately $323,000 in open position adjustments.) Compensation market adjustments and unspent budgeted funds for salaries and benefits included in the FY 2020-21 Operating Budget approved by the Board on June 4, 2020, will fund the recommended actions through June 30, 2021.

The estimated annual cost for the recommended actions is approximately $4.0 million, which would result in a 2.4% increase in overall FY 2020-21 budgeted payroll expenses, or an increase of 0.1% in overall administrative expenses (based on FY 2020-21 revenues). Management plans to include updated expenses in future operating budgets.

Rationale for Recommendation

The update of CalOptima's compensation structure and program based on the recommendations of an independent compensation consultant is intended to ensure that CalOptima's compensation practices are clear, consistent, and competitive. The revised policy is intended to address the need to respond to changing market conditions and business demands for talent in a manner consistent with CalOptima's status as a public agency and the Board-approved Compensation Guidelines.

Concurrence

Gary Crockett, Chief Counsel

Attachments

1. Presentation of CalOptima Salary Structure and Salary Schedule
2. Grant Thornton Compensation and Benefits Benchmarking and Analysis Report
3. Resolution No. 21-0304-01, Approve Updated Human Resources Policies
4. Revised CalOptima Policy:
   a. GA. 8058: Salary Schedule (redlined and clean copies) with revised Attachment A (redlined and clean copies).
5. Summary of Changes to Salary Schedule

/s/ Richard Sanchez *02/10/2021*
Authorized Signature **Date**

Back to Agenda

A Public Agency

CalOptima

Better. Together.

CalOptima Salary Structure and Salary Schedule

Board of Directors' Finance and Audit Committee Meeting
February 18, 2021

Brigette Hoey, Executive Director of Human Resources

Back to Agenda

Back to Item

Compensation Philosophy

- The compensation program at CalOptima is intended to:
  - Attract, retain and motivate employees
  - Balance internal equity and market competitiveness to recruit and retain qualified employees
  - Instill a long-term commitment to the organization
  - Be mindful of CalOptima's status as a public agency

- Compensation program objective is to establish base salary, incentives, and benefit levels that are competitive with the median range of CalOptima's labor market, defined as:
  - Organizations of similar size and scope to CalOptima in terms of revenue, number of members, number of employees, and not-for profit status in the following industries:
    - Healthcare
    - General Industry (where applicable)
    - Other county, local and city entities

Back to Agenda

Back to Item

CalOptima
A Public Agency

Study Peer Groups

Government Health Care Organizations	For-Profit Health Industry Organizations	Not For Profit Health Industry Organizations
Affinity Health Plan	CNO Financial Group Inc	Blue Cross Blue Shield
Boston Medical Center Health Plan	Envision Healthcare Corp	Capital Health Plan Inc
CareOregon	Health Net Inc	Care Wisconsin Health Plan
CareSource	Healthequity Inc	Geisinger Health Plan
Commonwealth Care Alliance	Magellan Health Inc	Group Health Cooperative
Community Health Choice	Mednax Inc	Harvard Pilgrim Health Care
Driscoll Childrens Health Plan	Stancorp Financial Group Inc	HealthFirst Health Plan
ElderPlan Inc	Team Health Holdings Inc	Medica Health Plans
Inland Empire Health Plan*	Triple-S Management Corp	Tufts Associated HMO
LA Care Health Plan	Universal American Corp	
Neighborhood Health Plan Inc	Wellcare Health Plans Inc	
Virginia Premier Health Plan		

Background

- CalOptima is a non-unionized public agency
  - No Labor Unions/Bargaining Units
  - No Collective Bargaining Negotiations
- Salary Ranges Set by the Board of Directors
  - No Cost of Living Adjustments
  - No Automatic Adjustments to Salary Ranges
- Last Compensation Study was in 2013
- Current Salary Structure Adopted in March 2014
  - One Adjustment to Salary Structure Approved in 2015

Current Salary Structure

- Last updated in 2015
  - Current Minimum Wage in California for Employers with 26 Employees or More is $14 an hour or $29,120 per year
    - The yellow highlights salaries below minimum wage
  - Effective January 1, 2022, minimum wage will increase to $15 an hour or $31,200 per year.
    - The orange highlights a salary below that amount
- Compression issues within job hierarchies, limiting growth progression

Grade Level	Minimum	Midpoint	Maximum
B	$19,032	$23,816	$28,600
C	$21,008	$26,208	$31,408
D	$23,088	$28,808	$34,528
E	$25,272	$31,720	$37,960
F	$27,872	$34,840	$41,808
G	$30,576	$38,272	$45,968
H	$33,696	$42,224	$50,648
I	$37,128	$46,384	$55,640
J	$40,976	$53,352	$65,624
K	$47,112	$61,360	$75,504
L	$54,288	$70,512	$86,736
M	$62,400	$81,120	$99,840
N	$71,760	$93,184	$114,712
O	$82,576	$107,328	$131,976
P	$95,264	$128,752	$162,032
Q	$114,400	$154,440	$194,480
R	$137,280	$185,328	$233,376
S	$164,736	$222,352	$280,072
T	$197,704	$266,968	$336,024
U	$237,224	$320,216	$403,312
V	$319,740	$431,600	$543,600

CalOptima's Compensation Guidelines

- In accordance with CalOptima's Compensation Guidelines
  - Market adjustments need to be reviewed at least every 2 years and adjusted accordingly.
  - Updates based on market competitiveness evaluated based on geographic peer groups will help attract, retain, motivate, and recruit qualified employees.
- Since 2015, no changes to the Salary Structure
  - According to Bureau of Labor Statistics, Southern California wages increased on average 18.6% since 2015.
  - During same time period, CalOptima's staff doubled in size and expanded its programs without any changes to the Salary Structure
  - Over this same period, minimum wage has increased and pay structure needs to be updated to account for the increase in minimum wage and inflation.

Grant Thornton (GT) Compensation Study Findings

- CalOptima is positioned below market median in total compensation at all levels within the organization.
- Executive and Director positions have the largest disparity to the market median, particularly with respect to annual incentives and long-term incentives.
- With the increased complexity and size, CalOptima should expect to see a significant impact in salary for employees in management positions and above to account for growth and greater responsibilities.
- While health and benefits program are generally above market, the health and benefits program does not offset the disparity in total cash compensation.

Proposed Salary Structure

- Expanded grade levels to establish more levels and ranges to alleviate compression issues within job hierarchies
- Revised salary ranges from prior proposal using data provided by Grant Thornton
  - Employees at Director and below (Letters A-T) salary ranges based on GT total cash evaluations
  - Medical Directors (Letter V) based on 10% below next level of Deputy CMO
  - Executives (Letter U-X) salary ranges based on GT market base pay with no incentives wrapped in
  - CEO (Letter Z) salary range added based on GT market base pay with no incentives wrapped in

Grade Level	Minimum	Midpoint	Maximum
A	$35,000	$40,000	$45,000
B	$37,000	$43,000	$49,000
C	$40,000	$46,000	$52,000
D	$43,000	$49,000	$55,000
E	$46,000	$53,000	$60,000
F	$50,000	$57,000	$64,000
G	$53,000	$61,000	$69,000
H	$57,000	$66,000	$75,000
I	$59,000	$71,000	$83,000
J	$63,000	$76,000	$89,000
K	$68,000	$82,000	$96,000
L	$76,000	$91,000	$106,000
M	$84,000	$101,000	$118,000
N	$93,000	$112,000	$131,000
O	$103,000	$124,000	$145,000
P	$115,000	$138,000	$161,000
Q	$127,000	$153,000	$179,000
R	$141,000	$170,000	$199,000
S	$151,000	$189,000	$227,000
T	$178,000	$222,000	$266,000
U	$209,000	$261,000	$313,000
V	$221,400	$276,300	$331,200
W	$246,000	$307,000	$368,000
X	$289,000	$361,000	$433,000
Y	N/A	N/A	N/A
Z	$400,000	$500,000	$600,000

Back to Agenda

Back to Item

CalOptima
A Public Agency

Recommendation

- Adopt Salary Structure and Salary Schedule
- Authorize the following adjustments for the remaining Fiscal year 2020-2021
  - ➢ Move employees who are below the proposed salary range minimum to the new range minimum, per current policy
  - ➢ Based on Grant Thornton's recommendation, qualifying employees with proven performance record of 3.0 or above, in the same level/position, with the following years of experience in that level/position at CalOptima, increase to midpoint:
    - 6-8 years for Staff
    - 5-7 years for Directors & Managers
    - 3-5 years for Executives & Chiefs
- Consider for Fiscal Year 2021-2022 as part of the Budget Process
  - ➢ Increase the aggregate merit pool for annual performance evaluations from 3% to 5%, with increases based on proven performance
  - ➢ Apply market adjustments per current policy, if necessary

Financial Impact for FY 2020-21

Recommendations	Fiscal Year 2020-21 Impact (4 months)
Bring employees to minimum	$431,121
Bring eligible employees to midpoint based on GT methodology	$120,943
Estimated cost for open positions	$322,453
Benefits	$451,164
TOTAL	**$1,325,681**

FY 2020-21 Impact (4 months)	Executive	Medical Director	Director	Manager	Supervisor	Employee	Total
Total Staff	14	4	37	89	70	1194	**1408**
No of Staff (to Min)	1	0	10	17	16	252	**296**
No of Staff (to Mid)	5	1	2	6	3	26	**43**

* Employee count data as of 1/22/21

Back to Agenda

Back to Item

CalOptima
A Public Agency

Our Mission

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

Grant Thornton

CalOptima

Compensation and Benefits Benchmarking and Analysis

May 21, 2020

Back to Agenda

Back to Item

Prepared by:

Grant Thornton LLP

Human Capital Services (HCS) Practice

Eric Gonzaga, JD, CECP
- Principal

Eric Myszka, CECP, CCP
- Senior Manager

Jordan Bridges, CPA
- Senior Associate

Nick Martell, CPA
- Senior Associate

Mason Hodges
- Associate

Andy Mechavich, CEBS
- Director

Matt Roskopf, CPA, CEBS
- Manager

Evelina Jankeviciute
- Associate

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Table of Contents:

General Overview

Executive Summary

Recommendations

Appendix

- Custom Peer Groups

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

General Overview

Back to Agenda

Back to Item

General Overview – About Grant Thornton

Grant Thornton LLP is the U.S. member firm of Grant Thornton International Ltd., one of the world's leading organizations of independent assurance, tax, and advisory firms. Proactive teams led by approachable partners in these firms use insights, experience and instinct to understand complex issues for not-for-profit, public sector, privately owned and publicly listed clients and help them to find solutions.

Our human capital services professionals are a senior team that possess the right mix of experience, technical skills, industry knowledge, and personal commitment to help you achieve your desired results. Not only do we know competitive benchmarking from the executive to staff level and short and long-term incentive design, but we also have the support and bench strength of national benefits and tax specialists to provide assessments on other compensation topics if needed.

We have extensive experience serving health plans similar to CalOptima. We conduct assessments of competitive compensation levels, deferred compensation and other benefits/perquisite programs using proven methodologies and relevant resources. Our ability to design and implement value-added strategies is grounded in our understanding of your business goals and value drives, as well as risk factors.

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

General Overview

A successful total compensation program is one that promotes the ability of an organization to recruit, retain and motivate qualified employees to help the organization achieve its mission and goals. The objective for this Compensation and Benefits Study is to assess the competitiveness of CalOptima's total compensation program, measured against similar organizations from which CalOptima competes for labor. Our review includes base salary and incentive compensation, where applicable. As well as, employee benefits that are an essential component of an employee's overall compensation such as retirement, health insurance, life insurance, pension, sick leave, vacation time, etc.

In an effort to have a program that is fair, equitable, and competitive, CalOptima has undertaken an internal review on the following key items:

- **Job descriptions.** Updated and accurate job descriptions that describe what employees are doing within their respective roles
- **Relevant markets**. Revised comparison markets by functional area and classification that more accurately captures the compensation paid at organizations from which CalOptima recruits employees
- **Market-based structure.** Salary structure that is based on a balance between defined, specific comparison markets and internal factors
- **Revised pay guidelines.** Key principles that help Human Resources administer compensation in a disciplined way to ensure that compensation of employees is managed fairly and consistently

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Scope of Work
Overview of Project

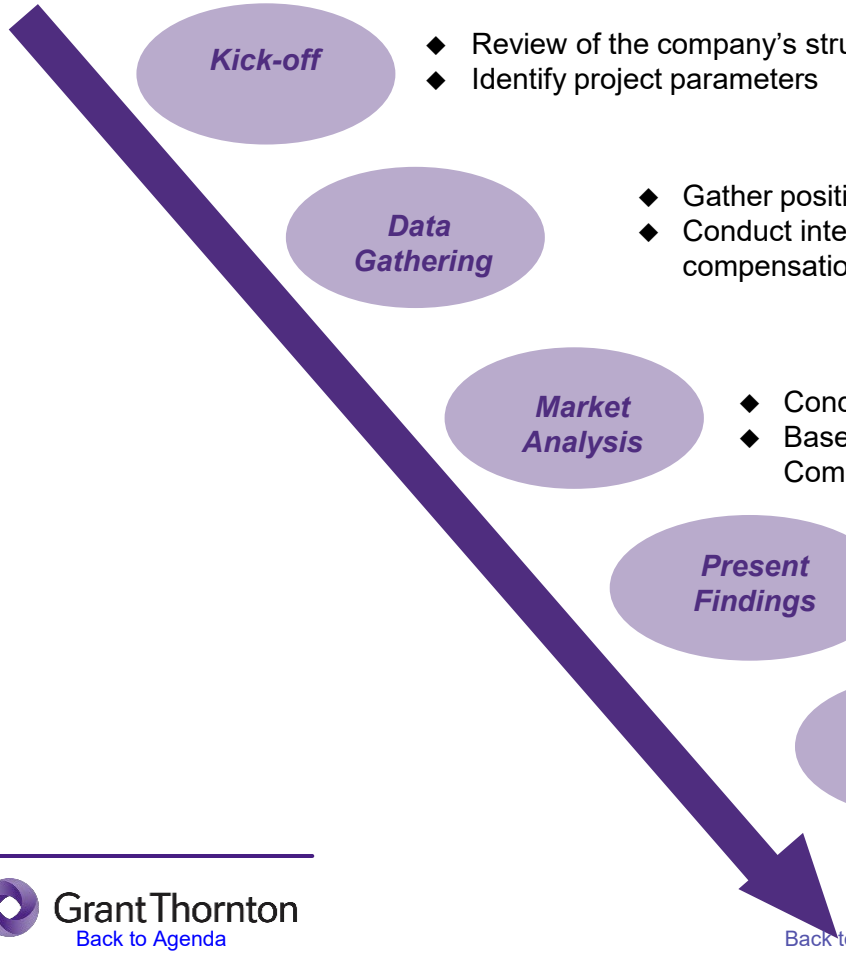
Grant Thornton was engaged to perform a Compensation Study (Salary and Benefits) to evaluate CalOptima's pay practices for human capital recruitment and retention as compared to other local, regional, and national organizations of similar size and operations i.e., hospitals (public agencies, non-profit and private), health plans (public agencies and private), health networks, and other employers (public agencies and private entities).

We reviewed and made recommendations on the appropriateness and competitiveness of CalOptima's current pay practices (Salary and Benefits) in order to remain competitive in the market, taking into account CalOptima's organization as a public agency and its obligation to remain fiscally prudent. We focused on skilled employees to fill and retain leadership roles and key positions essential to fulfilling the agency's strategic plan and operational goals.

The study included base pay, incentive pay, and other supplemental pay practices, along with all benefits offered to CalOptima employees (i.e. paid time off, employer share of health benefits, retirement benefits (CalPERS and PARS), life insurance, etc.) We benchmarked positions against internal CalOptima positions, where appropriate, to ensure fairness in its pay practices and to avoid pay compression. Some job titles with similar job functions and responsibilities were benchmarked against other CalOptima positions.

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Scope of Work
Grant Thornton's Engagement Approach



Kick-off

- Review of the company's structure, goals, and objectives
- Identify project parameters

Data Gathering

- Gather position information, pay information, and benefit program summaries
- Conduct interviews with key stakeholders regarding issues relevant to compensation philosophy and executive pay

Market Analysis

- Conduct assessment and market comparisons:
- Base Salary, Total Cash Compensation, Total Direct Compensation, and Benefit Programs

Present Findings

- Prepare and present initial report
- Collaborate with compensation study workgroup

Next Steps

- Finalize report and any recommendations
- Implementation support as needed

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Scope of Work
Peer Groups

CalOptima recruits and retains talent in the Southern California competitive job market for all positions, and broader regions - even national - for senior level management positions. Our peer groups have been customized to reflect the geographic pool for talent for these different positions.

Despite being a government agency, CalOptima competes with like health plan organizations, whether government, tax-exempt, or for-profit. Therefore, Grant Thornton (GT) conducted the competitive market analysis using a combined peer group of blended data from the following sectors of health plans on an equally blended basis:

- Government Peers
- Not-for-Profit Peers
- For-Profit Peers

Examples: An Accounts Payable Clerk was benchmarked using like positions, with equal weight on government, not-for-profit, and for-profit organizations regionally since this represents the labor pool. Alternatively, a senior executive position is benchmarked relative to the same peers, but looking at comparable organizations nationally.

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Scope of Work
Peer Groups/Market Data Sources

- GT used the following peer groups and compensation surveys to assess competitive market levels:

Data Source	Description
Government Health Plan Peer Group	▪ Contains government health plan organizations of similar size and business focus to CalOptima, including LA Care and Inland Empire ▪ GT kept the same constituents of CalOptima's prior government health plan peer group (used in GT's 2017 CEO/CLO report) ▪ Used for comparison to CalOptima's executive team
Tax Exempt Health Plan Peer Group	▪ Contains tax exempt health plan organizations of similar size and business focus to CalOptima ▪ GT kept the same constituents of CalOptima's prior tax exempt health plan peer group (used in GT's 2017 CEO/CLO report) ▪ Used for comparison to CalOptima's executive team
For-Profit Health Plan Peer Group	▪ Contains for-profit health plan organizations of similar size and business focus to CalOptima ▪ GT kept the same constituents of CalOptima's prior public health plan peer group (used in GT's 2017 CEO/CLO report) ▪ Used for comparison to CalOptima's executive team

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Scope of Work
Peer Groups/Market Data Sources

- GT used the following peer groups and compensation surveys to assess competitive market levels:

Data Source	Description
ERI	▪ Economic Research Institute ("ERI") is a nationally recognized for profit regression based survey ▪ We have pulled compensation data for the "Medical, Dental, & Disability Plans" sector for organizations with $700M in assets ▪ Used for comparison to CalOptima's executive team, directors, managers, and staff level positions
Health Plan Survey	▪ Lastly, we have used a confidential health plan survey that has compensation information for executives, directors, managers, and staff in tax exempt and public health plans. ▪ Used for comparison to CalOptima's executive team, directors, managers, and staff level positions

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Executive Summary

Back to Agenda

Back to Item

Executive Summary
Current Total Rewards Environment

CalOptima reviewed their total rewards program in 2013. To provide context on the current market, we highlighted the following total rewards trends for the last five years:

- Salaries
  - 3% to 4% annual salary increase in market, totaling an average market movement of 15% to 20% over the last five years
- Annual Incentives
  - Almost universal use of incentives in the health plan market, across all ownership types, with payouts often averaging above target or expected levels
- Long-Term Incentives
  - Universal use with for-profit health plans, and majority practice for large health plans
- Total Compensation (Inclusive of Benefits)
  - Increases at a rate consistent with salaries, since benefits and incentive values are typically expressed/provided as a percent of salary
  - Generally, benefit cost increases are shared partially employees/participants
- The market's total compensation increases are above the standard levels described above for growing job levels, considering that market total compensation increases by 5% to 20% for every doubling in organizational size (e.g., $3B health plan pay levels would tend to be 5% to 20% higher then $1.5B health plan)
  - Leadership position pay values are more sensitive to organizational size than staff levels
- The current labor market is an employees market due to the historically low unemployment rate

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Executive Summary
Compensation Program

- Base Salary
  - On average:
    - Executives are positioned 13% below market median
    - Directors are positioned 13% below market median
    - Managers are positioned 6% below market median
    - Staff are positioned 4% below market median
- Total Cash Compensation (Base Salary + Annual Incentives)
  - On average:
    - Executives are positioned 30% below market median
    - Directors are positioned 24% below market median
    - Managers are positioned 13% below market median
    - Staff are positioned 7% below market median
    - Disparities are due to the limited incentive compensation offered
- Total Direct Compensation (Base Salary + Annual Incentives + Long-Term Incentives)
  - On average, executives are positioned 43% below market median
  - Disparity is due to the lack of a long-term incentive plan at CalOptima

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Executive Summary
Compensation Program

- While we used a blend of data from government, tax exempt, and for-profit health plans in our study, we wanted to show how CalOptima pay compares against only government health plan pay data.
- We looked at the median market base salaries of 5 executives, 5 managers, and 5 staff positions to see how the government data compared against the blended data and CalOptima's midpoints. The charts below and on the next slide outline our findings:

Base Salary				
Title	CalOptima Base Salary Midpoint	Blended Peer Group P50	Government Peer Group P50	% Difference
Chief Financial Officer	$320,216	$397,000	$351,640	-11%
Chief Operating Officer	$320,216	$335,000	$284,380	-15%
Chief Medical Officer	$320,216	$380,000	$374,060	-2%
Chief Information Officer	$266,968	$299,000	$260,000	-13%
Chief Counsel	$266,968	$343,000	$293,800	-14%
			Average	**-11%**

Total Cash				
Title	CalOptima Total Cash Midpoint	Blended Peer Group P50	Government Peer Group P50	% Difference
Chief Financial Officer	$352,238	$520,000	$393,900	-24%
Chief Operating Officer	$352,238	$444,000	$318,500	-28%
Chief Medical Officer	$352,238	$453,000	$421,260	-7%
Chief Information Officer	$293,665	$370,000	$262,600	-29%
Chief Counsel	$293,665	$494,000	$382,200	-23%
			Average	**-22%**

Total Direct				
Title	CalOptima Total Direct Midpoint	Blended Peer Group P50	Government Peer Group P50	% Difference
Chief Financial Officer	$352,238	$663,000	$439,400	-34%
Chief Operating Officer	$352,238	$480,000	$352,300	-27%
Chief Medical Officer	$352,238	$619,000	$456,660	-26%
Chief Information Officer	$293,665	$392,000	$330,200	-16%
Chief Counsel	$293,665	$500,000	$442,500	-12%
			Average	**-23%**

- On average, the government peer group data is 11% lower than the blended peer group data for executive base salaries.
- On average, the government peer group data is 22% lower than the blended peer group data for executive total cash compensation.
- On average, the government peer group data is 23% lower than the blended peer group data for executive total direct compensation.

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Executive Summary
Compensation Program

Title	CalOptima Base Salary Midpoint	Blended Peer Group P50	Government Peer Group P50	% Difference
Manager Accounting	$93,184	$120,000	$119,800	0%
Manager Communications	$93,184	$100,000	$95,000	-5%
Manager Customer Service	$93,184	$85,000	$83,500	-2%
Manager Facilities	$93,184	$89,000	$82,200	-8%
Manager Finance	$93,184	$117,000	$114,000	-3%
			Average	**-3%**

Title	CalOptima Base Salary Midpoint	Blended Peer Group P50	Government Peer Group P50	% Difference
Actuary	$107,328	$126,000	$110,000	-13%
Accountant Intermediate	$70,512	$73,000	$70,000	-4%
Accounting Clerk	$46,384	$42,000	$45,000	7%
Payroll Specialist	$53,352	$53,000	$52,000	-2%
Buyer Intermediate	$61,360	$69,000	$65,000	-6%
			Average	**-3%**

- On average, the government peer group data is 3% lower than the blended peer group data for manager and staff base salaries.
- While government health plans tend to have lower pay levels, it is important to consider organizational size and complexity when analyzing pay levels. Due to CalOptima's expansion of programs and members, which has resulted in increased complexity and more than doubling in size since 2014, we looked at data for labor markets for bigger organizations, including a blend of government, tax exempt, and for-profit health plans, comparable in size and revenue, in our analysis.
- With the increased complexity and size, CalOptima should expect to see a significant impact in salary for employees in management positions and above to account for growth and greater responsibilities.

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Executive Summary
Benefits Program

- Health and Welfare Programs
  - Offering four medical plans allow employees more choice and flexibility
  - The health plans offered by CalOptima offer a high level of benefits
  - HMO plans have much lower employee contributions and slightly better cost-sharing than market
  - HDHP and PPO plans have average employee contributions and cost-sharing compared to market
  - Prescription drug, dental, vision, life, LTD, and STD benefits are competitive or above market
- Retirement Programs
  - Participants receive employer contributions in both the defined contribution (PARS) and a defined benefit plan (CalPERS)
- Vacation/Paid Time-Off Programs
  - Offers more time-off than the composite benchmark, but less than other public agencies

This analysis was based on composite benchmarks of organizations of similar size, geography, and industry

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Executive Summary
Benefits Program

- CalOptima is above market from a total benefits program perspective
- Time-off programs are above market but less than other public agencies
- The strongest benefit is the CalPERS defined benefit plan, though CalOptima adopted one of the lowest benefit formulas as compared to other public agency peers

Market Competitiveness*	
Retirement Benefits	Above Market
Medical Benefits	Above Market
Dental Benefits	Above Market
Vision Benefits	At Market
Disability Benefits	At Market
Life Insurance Benefits	At Market
Time-Off Programs	Above Market
Total Benefits Program	**Above Market**

* This analysis was based on composite benchmarks of organizations of similar size, geography, and industry.

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Executive Summary
Total Compensation

- By group, with compensation generally being below median and benefits being above median, average total compensation is as follows:
  - Executives and Directors are well below median
    - Driven primarily by aggressive incentive practices in peers
    - Compensation gap is not closed by above market benefits
  - Managers are moderately below median
    - Compensation gap is moderated based on above market benefits
  - Staff are positioned close to median
    - Compensation gap is made up due to highly competitive benefits

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Recommendations

Back to Agenda

Back to Item

Compensation Recommendations
Total Compensation Philosophy

The following are principles that can be used as the foundation of CalOptima's total compensation program:

- To reinforce the mission of the organization
- To achieve balance between the needs and concerns of CalOptima employees, and the communities it serves
- To attract and retain outstanding employees
- To motivate and reward outstanding performance
- To link compensation to consistent merit principles, including both individual and organizational performance
- To base decisions on appropriate comparability data provided by independent sources
- To ensure that compensation and benefits programs comply with all pertinent laws and regulations
- To maintain consistency and fairness, to the extent possible, without violating other principles
- To provide benefits in a manner that allows employees to participate in determining how best to meet their needs and those of their families

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Compensation Recommendations
Total Rewards Competitive Positioning

- CalOptima wishes to recruit, retain, and motivate staff in order to accomplish organizational mission, vison, and strategic objectives. With this goal in mind, CalOptima intends to provide a total compensation program that is competitive with organizations that represent the competitive labor market for CalOptima's various staff positions.
- To achieve competitiveness, total compensation will be positioned at the:
  - 50th percentile for executives
  - 50th percentile for directors and managers
  - 50th percentile for most staff positions
  - Approximately the 62.5 percentile (between the 50th and 75th) for hard to fill staff positions, i.e. nursing, legal, and accounting staff.
- Base salaries, limited incentives and recognition and rewards, targeted at market median.
- Benefits targeted above market median.
- Pay for performance provides flexibility to position pay 10% to 20% above market for sustained outstanding performance.

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Compensation Recommendations

Overall, CalOptima compensation is positioned below market, with the executives and directors most significantly lagging the market due to a combination of low salaries and low or no incentives. Our conceptual considerations are as follows:

- Base Salary
  - Implement CalOptima's compensation philosophy with market-based salary ranges, with market adjustments for those that are below market positioning and that have performed at a "meets expectations" level for a period of years.
  - With benefits above market, target base salary as follows:
    - 10% below 50th percentile total cash executives
    - 50th percentile total cash for directors and managers
    - 50th percentile total cash for most staff
    - For hard to recruit positions, we recommend positioning between the 50th and 75th percentile (62.5 percentile)

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Compensation Recommendations

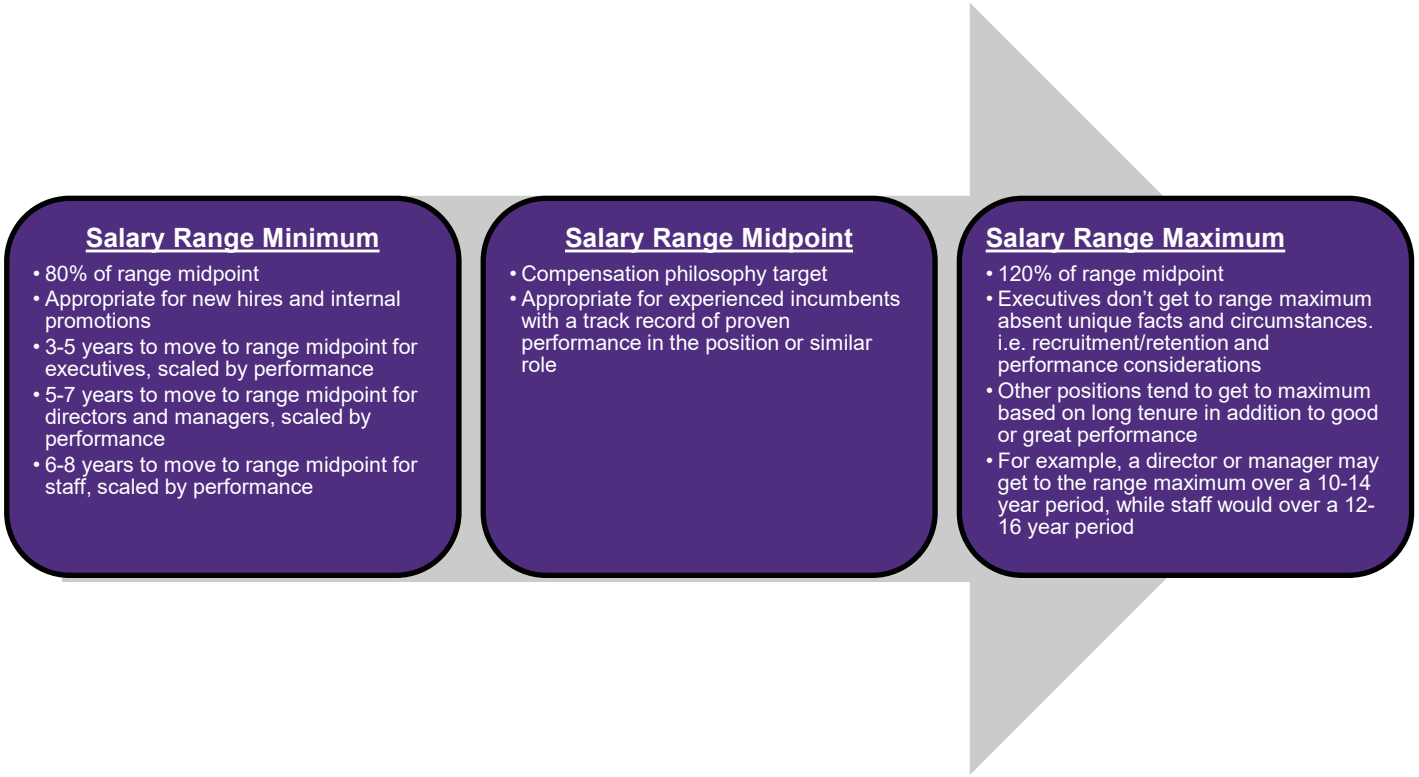
- Annual Incentive Compensation
  - Maintain existing annual incentive plan structure, with 10% target incentives, which would position target pay at the 50th percentile total cash
  - However, potentially add Directors and Managers to the annual incentive plan over the next two years

- Other Incentives
  - No additional incentives, for the time being, given the administrative difficulty on introducing higher incentives, either on an annual or long-term incentive basis

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Compensation Recommendations
Base Salary Administration Guidelines

- The following is an example of competitive salary administration guidelines to help manage salaries around market-based compensation philosophy



© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Compensation Recommendations

- Adjustments for FY 2019-20:
  - Move employees who are below proposed salary range minimum to the minimum (as required by CalPERS reporting)
  - Move employees with a track record of proven performance in the same level or position at CalOptima to midpoint based on methodology identified on the previous slide

- Ongoing for FY 2020-21:
  - Increase the aggregate merit pool from 3% to 5%
  - Apply market adjustments per current policy if necessary

- ***Methodology will deal with internal equity and compression issues inherently within each job, and amongst like jobs***

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Other Compensation Recommendations

- Upon implementation of 50th percentile total cash salary ranges, total compensation will still lag market for the executives and some directors
- We would suggest addressing a portion of this gap by implementing a non-qualified deferred compensation plan for executives and other select leadership positions, structured either as
  - A mid-term retention plan, whereby anywhere from 5% to 20% of salary is set aside per year, subject to a three to five year cliff vest (i.e., the dollars set aside are only earned and paid out to the extent the leader is employed by the organization at the end of the vesting period, or
  - Supplemental executive retirement plan, whereby a certain amount is set aside at the same value as the qualified retirement plan for those earnings above and beyond the qualified plan limits (i.e., restoration plan)
- The above strategy would still result in leadership pay being below market – but would assist in having incentives to retain key talent

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Recommended Salary Structure

Grade Level	Minimum	Midpoint	Maximum
X	$ 347,000	$ 434,000	$ 521,000
W	$ 295,000	$ 369,000	$ 443,000
V	$ 251,000	$ 314,000	$ 377,000
U	$ 214,000	$ 267,000	$ 320,000
T	$ 182,000	$ 227,000	$ 272,000
S	$ 154,000	$ 193,000	$ 232,000
R	$ 144,000	$ 174,000	$ 204,000
Q	$ 130,000	$ 157,000	$ 184,000
P	$ 117,000	$ 141,000	$ 165,000
O	$ 105,000	$ 127,000	$ 149,000
N	$ 95,000	$ 114,000	$ 133,000
M	$ 85,000	$ 103,000	$ 121,000

Grade Level	Minimum	Midpoint	Maximum
L	$ 77,000	$ 93,000	$ 109,000
K	$ 70,000	$ 84,000	$ 98,000
J	$ 65,000	$ 78,000	$ 91,000
I	$ 61,000	$ 73,000	$ 85,000
H	$ 59,000	$ 68,000	$ 77,000
G	$ 55,000	$ 63,000	$ 71,000
F	$ 51,000	$ 59,000	$ 67,000
E	$ 48,000	$ 55,000	$ 62,000
D	$ 44,000	$ 51,000	$ 58,000
C	$ 41,000	$ 47,000	$ 53,000
B	$ 38,000	$ 44,000	$ 50,000
A	$ 36,000	$ 41,000	$ 46,000

*Please note that recommendation for CEO pay range is not included as part of this study

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Benefits Recommendations
General Overview

- Annual Strategic Analysis
  - Develop a formalized annual review process to review the goals and strategies of CalOptima's benefits program
    - Develop broad strategies and goals for CalOptima's compensation and benefits programs
    - Develop the general framework of the programs and how they will support the needs of employees and the financial constraints
    - Determine the employee's value of the benefit offerings versus the cost and, if appropriate, shift resources to items that employees value
  - Prepare a written benefit program philosophy that can create guiding principles to make benefit program decisions such as plan design changes. (For example, employees should pay low medical premiums, but have higher cost sharing.)
- Financial Modeling and Projections
  - Analyze the relative costing information for each alternative to understand financial implications of the benefit program decisions
  - Analyze advantages and disadvantages of each alternative, including the financial implications, and document them
  - Prepare a cost/benefit analysis to assess the benefits as well as the employer and employee costs. (For example, reinstituting the employer HSA contributions can increase participant enrollment and save both the employee and employer money.)

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Benefits Recommendations
Program Issues

Overall, CalOptima benefits are positioned above market. The benefits recommendations below would not significantly change CalOptima's position in the market.

- Medical/Health Insurance
  - CalOptima offers medical plans with above market benefit levels and high employer cost share. CalOptima should consider reviewing its benefit strategy in order to reduce total plan costs, such as
    - Plan designs changes to encourage in-network utilization
    - Promote participant consumerism and cost-effective decisions
- Prescription Drug Programs
  - Consider pharmacy cost-saving measures, such as:
    - Excluding certain drugs with lower cost alternatives
    - Encouraging participation in the mail-order program
    - Implementing step-therapy for certain high-cost drugs
- Life and Disability Insurance Programs
  - Consider increasing the basic life insurance maximum to $500,000 to give an increased benefit to highly paid employees
  - Consider a cost/benefit analysis to join the California Short-Term Disability Insurance
- Retirement Programs
  - Consider consolidating the 457(b) Plan and 401(a) PARS Plan to a single vendor in order to reduce administrative and investment fees that will benefit participants by increasing their investment returns

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Appendix
Custom Peer Groups – Government Peer Group (like CalOptima)

Government Peer Organization	Industry	Total Revenues Most Recent Year (000,000)	Most Recent Year Total Assets (000,000)
Affinity Health Plan	Health-General & Financing	$1,418,105,612	$376,092,562
Boston Medical Center Health Plan	Health-General & Financing	$1,640,398,973	$429,520,379
CareOregon	Health-General & Financing	$971,484,613	$425,539,455
CareSource	Health-General & Financing	$6,531,587,542	$1,831,803,361
Commonwealth Care Alliance	Health-General & Financing	$809,417,329	$175,417,209
Community Health Choice	Health-General & Financing	$851,462,290	$239,892,454
Driscoll Childrens Health Plan	Health-General & Financing	$438,714,445	$83,473,281
ElderPlan Inc	Health-General & Financing	$904,056,324	$199,305,781
Inland Empire Health Plan*	Health-General & Financing	$4,302,922,597	$1,782,242,790
LA Care Health Plan	Health-General & Financing	$8,304,109,805	$459,986,900
Neighborhood Health Plan Inc	Health-General & Financing	$2,536,658,776	$456,299,895
Virginia Premier Health Plan	Health-General & Financing	$1,063,725,747	$386,298,189

CalOptima	$3,800,000,000	$1,800,000,000
Minimum	$438,714,445	$83,473,281
25th Percentile	$890,907,816	$229,745,786
Average	$2,481,053,671	$570,489,355
Median	$1,240,915,680	$405,918,822
75th Percentile	$2,978,224,731	$457,221,646
90th Percentile	$6,308,721,048	$1,650,017,201
Maximum	$8,304,109,805	$1,831,803,361

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Appendix
Custom Peer Groups – NFP Peer Group

NFP Peer Organization	Industry	Total Revenues Most Recent Year (000,000)	Most Recent Year Total Assets (000,000)
Blue Cross Blue Shield	Health-General & Financing	$512,533,419	$650,271,510
Capital Health Plan Inc	Health-General & Financing	$939,178,501	$480,125,384
Care Wisconsin Health Plan	Health-General & Financing	$123,315,773	$34,840,468
Geisinger Health Plan	Health-General & Financing	$2,109,272,521	$535,769,375
Group Health Cooperative	Health-General & Financing	$416,836,322	$119,242,329
Harvard Pilgrim Health Care	Health-General & Financing	$1,979,581,176	$958,882,498
HealthFirst Health Plan	Health-General & Financing	$2,028,384,559	$652,104,450
Medica Health Plans	Health-General & Financing	$2,108,568,644	$896,765,075
Tufts Associated HMO	Health-General & Financing	$2,995,230	$1,126,552,016

.

CalOptima	$3,800,000,000	$1,800,000,000
Minimum	$2,995,230	$34,840,468
25th Percentile	$416,836,322	$480,125,384
Average	$1,135,629,572	$606,061,456
Median	$939,178,501	$650,271,510
75th Percentile	$2,028,384,559	$896,765,075
90th Percentile	$2,108,709,419	$992,416,402
Maximum	$2,109,272,521	$1,126,552,016

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Appendix
Custom Peer Groups – For-Profit Peer Group

For-Profit Peer Organization	Industry	Total Revenues Most Recent Year (000,000)	Most Recent Year Total Assets (000,000)
CNO Financial Group Inc	Life & Health Insurance	$3,992,400,000	$31,975,200,000
Envision Healthcare Corp	Health Care Services	$3,696,000,000	$16,708,900,000
Health Net Inc	Managed Health Care	$16,243,587,000	$6,397,646,000
Healthequity Inc	Managed Health Care	$178,370,000	$279,136,000
Magellan Health Inc	Managed Health Care	$4,836,884,000	$2,443,687,000
Mednax Inc	Health Care Services	$3,183,159,000	$5,339,400,000
Stancorp Financial Group Inc	Life & Health Insurance	$2,902,400,000	$23,174,400,000
Team Health Holdings Inc	Health Care Services	$3,597,247,000	$4,060,842,000
Triple-S Management Corp	Managed Health Care	$2,984,806,000	$2,218,999,000
Universal American Corp	Managed Health Care	$1,379,646,000	$785,583,000
Wellcare Health Plans Inc	Managed Health Care	$14,237,100,000	$6,152,800,000

.

CalOptima	$3,800,000,000	$1,800,000,000
Minimum	$178,370,000	$279,136,000
25th Percentile	$2,943,603,000	$2,331,343,000
Average	$5,202,872,636	$9,048,781,182
Median	$3,597,247,000	$5,339,400,000
75th Percentile	$4,414,642,000	$11,553,273,000
90th Percentile	$14,237,100,000	$23,174,400,000
Maximum	$16,243,587,000	$31,975,200,000

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

Disclosure

Our review was limited to the documents provided by CalOptima and did not include the underlying plan documents and summary plan descriptions. Our findings were based on the documents provided including employment agreements, policies, and summaries.

Our conclusions relate only to our understanding of the facts provided by CalOptima which are stated in this analysis. We have not independently verified these facts, and if any of these facts prove to be in error, the conclusions reached in this memorandum do not apply. Our conclusions are based on the Department of Labor, Internal Revenue Code, regulations and interpretations thereunder in their form as of the date of this analysis. We are under no obligation to update our conclusions for future changes in these authorities. Our conclusions are based on our interpretation of the tax law. Another party, such as the Internal Revenue Service or a court, hearing the same facts may reach different conclusions.

In accordance with applicable professional regulations, please understand that, unless expressly stated otherwise, any written advice contained in, forwarded with, or attached to this document is not intended or written by Grant Thornton LLP to be used, and cannot be used, by any person for the purpose of avoiding any penalties that may be imposed under the Internal Revenue Code.

© 2018 Grant Thornton LLP | All rights reserved | U.S. member firm of Grant Thornton International Ltd

RESOLUTION NO. 21-0304-01

RESOLUTION OF THE BOARD OF DIRECTORS ORANGE COUNTY HEALTH AUTHORITY
d.b.a. CalOptima

APPROVE UPDATED HUMAN RESOURCES POLICY

WHEREAS, section 13.1 of the Bylaws of the Orange County Health Authority, dba CalOptima, provide that the Board of Directors shall adopt by resolution, and may from time to time amend, procedures, practices and policies for, inter alia, hiring employees, and managing personnel; and

WHEREAS, in 1994, the Board of Directors designated the Chief Executive Officer as the Appointing Authority with full power to hire and terminate CalOptima employees at will, to set compensation within the boundaries of the budget limits set by the Board, to promulgate employee policies and procedures, and to amend said policies and procedures from time to time, subject to annual review by the Board of Directors, or a committee appointed by the Board for that purpose; and

WHEREAS, California Code of Regulations, Title 2, Section 570.5, requires CalOptima to adopt a publicly available pay schedule that identifies the position title and pay rate for every employee position, and CalOptima regularly reviews CalOptima's salary schedule accordingly.

NOW, THEREFORE, BE IT RESOLVED:

Section 1. That the Board of Directors hereby approves and adopts the attached updated Human Resources Policy:

a. GA.8058 Salary Schedule with Attachment A to be implemented March 14, 2021

APPROVED AND ADOPTED by the Board of Directors of the Orange County Health Authority, d.b.a., CalOptima this March 4, 2021.

AYES:
NOES:
ABSENT:
ABSTAIN:

/s/_____
Title: Chair, Board of Directors
Printed Name and Title: Andrew Do, Chair, CalOptima Board of Directors

Attest:
/s/_____
Sharon Dwiers, Clerk of the Board

Back to Agenda Back to Item

Policy:	GA.8058
Title:	**Salary Schedule**
Department:	CalOptima Administrative
Section:	Human Resources
CEO Approval:	
Effective Date:	05/01/2014
Revised Date:	03/04/2021
Applicable to:	☐ Medi-Cal ☐ OneCare ☐ OneCare Connect ☐ PACE ☒ Administrative

DRAFT

I. PURPOSE

A. This policy maintains a CalOptima Salary Schedule that lists all active job classifications including job title, salary grade, and salary ranges (minimum, midpoint, and maximum pay rate amounts).

B. This policy ensures the salary schedule is publicly available pursuant to the requirements of Title 2, California Code of Regulations (CCR) §570.5 so that employees who are members of the California Public Employees Retirement System (CalPERS) have their compensation considered qualified for pension calculation under CalPERS regulations.

II. POLICY

A. Pursuant to the requirements under Title 2, California Code of Regulations (CCR) §570.5, CalOptima has established the attached salary schedule for each CalOptima job position. In order for CalPERS member's pay rates to be credited by CalPERS, the Human Resources Department (HR) shall maintain a salary schedule that meets the following eight (8) separate criteria:

1. Approval and adoption by the governing body in accordance with requirements applicable to public meetings laws;

2. Identification of position titles for every employee position;

3. Listing of pay rate for each identified position, which may be stated as a single amount or as multiple amounts with a range;

4. Specifies the time base, including, but not limited to, whether the time base is hourly, daily, bi-weekly, monthly, bi-monthly, or annually;

5. Posted at the employer's office or immediately accessible and available for public review from the employer during normal business hours or posted on the employer's internet website;

6. Indicates the effective date and date of any revisions;

7. Retained by the employer and available for public inspection for not less than five (5) years; and

Back to Agenda Back to Item

8. Does not reference another document in lieu of disclosing the pay rate.

B. The Chief Executive Officer (CEO) is authorized and directed to take all steps necessary and proper to implement the salary schedule for all other employees not inconsistent therewith.

III. PROCEDURE

A. The Human Resources Department (HR) will ensure that the salary schedule meets the requirements above and is available at CalOptima's offices, immediately accessible for public review during normal business hours and posted on CalOptima's internal and external websites.

B. HR shall retain the salary schedule for not less than five (5) years.

C. HR shall review the salary schedule and provide recommendations to maintain the competitiveness of the salary schedule to market pay levels.

D. Any adjustments to the salary schedule will require the Executive Director of HR to make a recommendation to the CEO for approval, with the CEO taking the recommendation to the CalOptima Board of Directors for final approval. No changes to the salary schedule, or CEO compensation, shall be effective unless and until approved by the CalOptima Board of Directors.

IV. ATTACHMENT(S)

A. CalOptima - Salary Schedule (Revised as of 03/04/2021)

V. REFERENCE(S)

A. Title 2, California Code of Regulations, §570.5

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

Date	Meeting
05/01/2014	Regular Meeting of the CalOptima Board of Directors
08/07/2014	Regular Meeting of the CalOptima Board of Directors
11/06/2014	Regular Meeting of the CalOptima Board of Directors
12/04/2014	Regular Meeting of the CalOptima Board of Directors
03/05/2015	Regular Meeting of the CalOptima Board of Directors
06/04/2015	Regular Meeting of the CalOptima Board of Directors
10/01/2015	Regular Meeting of the CalOptima Board of Directors
12/03/2015	Regular Meeting of the CalOptima Board of Directors
03/03/2016	Regular Meeting of the CalOptima Board of Directors
06/02/2016	Regular Meeting of the CalOptima Board of Directors
08/04/2016	Regular Meeting of the CalOptima Board of Directors
09/01/2016	Regular Meeting of the CalOptima Board of Directors
10/06/2016	Regular Meeting of the CalOptima Board of Directors

DRAFT

Date	Meeting
11/03/2016	Regular Meeting of the CalOptima Board of Directors
12/01/2016	Regular Meeting of the CalOptima Board of Directors
03/02/2017	Regular Meeting of the CalOptima Board of Directors
05/04/2017	Regular Meeting of the CalOptima Board of Directors
06/01/2017	Regular Meeting of the CalOptima Board of Directors
08/03/2017	Regular Meeting of the CalOptima Board of Directors
09/07/2017	Regular Meeting of the CalOptima Board of Directors
11/02/2017	Regular Meeting of the CalOptima Board of Directors
02/01/2018	Regular Meeting of the CalOptima Board of Directors
09/06/2018	Regular Meeting of the CalOptima Board of Directors
10/04/2018	Regular Meeting of the CalOptima Board of Directors
02/07/2019	Regular Meeting of the CalOptima Board of Directors
08/01/2019	Regular Meeting of the CalOptima Board of Directors
09/03/2020	Regular Meeting of the CalOptima Board of Directors
03/04/2021	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	05/01/2014	GA.8057	Compensation Program and Salary Schedule	Administrative
Revised	08/07/2014	GA.8057	Compensation Program and Salary Schedule	Administrative
Revised	11/06/2014	GA.8057	Compensation Program and Salary Schedule	Administrative
Revised	12/04/2014	GA.8057	Compensation Program and Salary Schedule	Administrative
Revised	03/05/2015	GA.8057	Compensation Program and Salary Schedule	Administrative
Revised	06/04/2015	GA.8058	Salary Schedule	Administrative
Revised	10/01/2015	GA.8058	Salary Schedule	Administrative
Revised	12/03/2015	GA.8058	Salary Schedule	Administrative
Revised	03/03/2016	GA.8058	Salary Schedule	Administrative
Revised	06/02/2016	GA.8058	Salary Schedule	Administrative
Revised	08/04/2016	GA.8058	Salary Schedule	Administrative
Revised	09/01/2016	GA.8058	Salary Schedule	Administrative
Revised	10/06/2016	GA.8058	Salary Schedule	Administrative
Revised	11/03/2016	GA.8058	Salary Schedule	Administrative
Revised	12/01/2016	GA.8058	Salary Schedule	Administrative
Revised	03/02/2017	GA.8058	Salary Schedule	Administrative
Revised	05/04/2017	GA.8058	Salary Schedule	Administrative
Revised	06/01/2017	GA.8058	Salary Schedule	Administrative
Revised	08/03/2017	GA.8058	Salary Schedule	Administrative
Revised	09/07/2017	GA.8058	Salary Schedule	Administrative
Revised	11/02/2017	GA.8058	Salary Schedule	Administrative
Revised	02/01/2018	GA.8058	Salary Schedule	Administrative
Revised	09/06/2018	GA.8058	Salary Schedule	Administrative
Revised	10/04/2018	GA.8058	Salary Schedule	Administrative

DRAFT

Action	Date	Policy	Policy Title	Program(s)
Revised	02/07/2019	GA.8058	Salary Schedule	Administrative
Revised	08/01/2019	GA.8058	Salary Schedule	Administrative
Revised	09/03/2020	GA.8058	Salary Schedule	Administrative
Revised	03/04/2021	GA.8058	Salary Schedule	Administrative

1

DRAFT

GLOSSARY

Not Applicable

DRAFT

Policy:	GA.8058
Title:	**Salary Schedule**
Department:	CalOptima Administrative
Section:	Human Resources
CEO Approval:	
Effective Date:	05/01/2014
Revised Date:	03/04/2021
Applicable to:	☐ Medi-Cal ☐ OneCare ☐ OneCare Connect ☐ PACE ☒ Administrative

DRAFT

I. PURPOSE

A. This policy maintains a CalOptima Salary Schedule that lists all active job classifications including job title, salary grade, and salary ranges (minimum, midpoint, and maximum pay rate amounts).

B. This policy ensures the salary schedule is publicly available pursuant to the requirements of Title 2, California Code of Regulations (CCR) §570.5 so that employees who are members of the California Public Employees Retirement System (CalPERS) have their compensation considered qualified for pension calculation under CalPERS regulations.

II. POLICY

A. Pursuant to the requirements under Title 2, California Code of Regulations (CCR) §570.5, CalOptima has established the attached salary schedule for each CalOptima job position. In order for CalPERS member's pay rates to be credited by CalPERS, the Human Resources Department (HR) shall maintain a salary schedule that meets the following eight (8) separate criteria:

1. Approval and adoption by the governing body in accordance with requirements applicable to public meetings laws;

2. Identification of position titles for every employee position;

3. Listing of pay rate for each identified position, which may be stated as a single amount or as multiple amounts with a range;

4. Specifies the time base, including, but not limited to, whether the time base is hourly, daily, bi-weekly, monthly, bi-monthly, or annually;

5. Posted at the employer's office or immediately accessible and available for public review from the employer during normal business hours or posted on the employer's internet website;

6. Indicates the effective date and date of any revisions;

7. Retained by the employer and available for public inspection for not less than five (5) years; and

Back to Agenda Back to Item

8. Does not reference another document in lieu of disclosing the pay rate.

B. The Chief Executive Officer (CEO) is authorized and directed to take all steps necessary and proper to implement the salary schedule for all other employees not inconsistent therewith.

III. PROCEDURE

A. The Human Resources Department (HR) will ensure that the salary schedule meets the requirements above and is available at CalOptima's offices, immediately accessible for public review during normal business hours and posted on CalOptima's internal and external websites.

B. HR shall retain the salary schedule for not less than five (5) years.

C. HR shall review the salary schedule and provide recommendations to maintain the competitiveness of the salary schedule to market pay levels.

D. Any adjustments to the salary schedule will require the Executive Director of HR to make a recommendation to the CEO for approval, with the CEO taking the recommendation to the CalOptima Board of Directors for final approval. No changes to the salary schedule, or CEO compensation, shall be effective unless and until approved by the CalOptima Board of Directors.

IV. ATTACHMENT(S)

A. CalOptima - Salary Schedule (Revised as of 03/04/2021)

V. REFERENCE(S)

A. Title 2, California Code of Regulations, §570.5

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

Date	Meeting
05/01/2014	Regular Meeting of the CalOptima Board of Directors
08/07/2014	Regular Meeting of the CalOptima Board of Directors
11/06/2014	Regular Meeting of the CalOptima Board of Directors
12/04/2014	Regular Meeting of the CalOptima Board of Directors
03/05/2015	Regular Meeting of the CalOptima Board of Directors
06/04/2015	Regular Meeting of the CalOptima Board of Directors
10/01/2015	Regular Meeting of the CalOptima Board of Directors
12/03/2015	Regular Meeting of the CalOptima Board of Directors
03/03/2016	Regular Meeting of the CalOptima Board of Directors
06/02/2016	Regular Meeting of the CalOptima Board of Directors
08/04/2016	Regular Meeting of the CalOptima Board of Directors
09/01/2016	Regular Meeting of the CalOptima Board of Directors
10/06/2016	Regular Meeting of the CalOptima Board of Directors

DRAFT

Date	Meeting
11/03/2016	Regular Meeting of the CalOptima Board of Directors
12/01/2016	Regular Meeting of the CalOptima Board of Directors
03/02/2017	Regular Meeting of the CalOptima Board of Directors
05/04/2017	Regular Meeting of the CalOptima Board of Directors
06/01/2017	Regular Meeting of the CalOptima Board of Directors
08/03/2017	Regular Meeting of the CalOptima Board of Directors
09/07/2017	Regular Meeting of the CalOptima Board of Directors
11/02/2017	Regular Meeting of the CalOptima Board of Directors
02/01/2018	Regular Meeting of the CalOptima Board of Directors
09/06/2018	Regular Meeting of the CalOptima Board of Directors
10/04/2018	Regular Meeting of the CalOptima Board of Directors
02/07/2019	Regular Meeting of the CalOptima Board of Directors
08/01/2019	Regular Meeting of the CalOptima Board of Directors
09/03/2020	Regular Meeting of the CalOptima Board of Directors
03/04/2021	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	05/01/2014	GA.8057	Compensation Program and Salary Schedule	Administrative
Revised	08/07/2014	GA.8057	Compensation Program and Salary Schedule	Administrative
Revised	11/06/2014	GA.8057	Compensation Program and Salary Schedule	Administrative
Revised	12/04/2014	GA.8057	Compensation Program and Salary Schedule	Administrative
Revised	03/05/2015	GA.8057	Compensation Program and Salary Schedule	Administrative
Revised	06/04/2015	GA.8058	Salary Schedule	Administrative
Revised	10/01/2015	GA.8058	Salary Schedule	Administrative
Revised	12/03/2015	GA.8058	Salary Schedule	Administrative
Revised	03/03/2016	GA.8058	Salary Schedule	Administrative
Revised	06/02/2016	GA.8058	Salary Schedule	Administrative
Revised	08/04/2016	GA.8058	Salary Schedule	Administrative
Revised	09/01/2016	GA.8058	Salary Schedule	Administrative
Revised	10/06/2016	GA.8058	Salary Schedule	Administrative
Revised	11/03/2016	GA.8058	Salary Schedule	Administrative
Revised	12/01/2016	GA.8058	Salary Schedule	Administrative
Revised	03/02/2017	GA.8058	Salary Schedule	Administrative
Revised	05/04/2017	GA.8058	Salary Schedule	Administrative
Revised	06/01/2017	GA.8058	Salary Schedule	Administrative
Revised	08/03/2017	GA.8058	Salary Schedule	Administrative
Revised	09/07/2017	GA.8058	Salary Schedule	Administrative
Revised	11/02/2017	GA.8058	Salary Schedule	Administrative
Revised	02/01/2018	GA.8058	Salary Schedule	Administrative
Revised	09/06/2018	GA.8058	Salary Schedule	Administrative
Revised	10/04/2018	GA.8058	Salary Schedule	Administrative

DRAFT

Action	Date	Policy	Policy Title	Program(s)
Revised	02/07/2019	GA.8058	Salary Schedule	Administrative
Revised	08/01/2019	GA.8058	Salary Schedule	Administrative
Revised	09/03/2020	GA.8058	Salary Schedule	Administrative
Revised	03/04/2021	GA.8058	Salary Schedule	Administrative

1

DRAFT

GLOSSARY

Not Applicable

DRAFT

CalOptima - Annual Base Salary Schedule - Revised March 04, 2021

To be Implemented March 14, 2021

Effective as of May 1, 2014

	Job Title	Pay Grade	Job Code	Min	Mid	Max	For Approval
	Accountant	H	39	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Accountant Int	I	634	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Accountant Sr	K	68	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Accounting Clerk	D	334	$44,000	$51,000	$58,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Accounting Clerk Sr	E	680	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Activity Coordinator (PACE)	E	681	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Actuarial Analyst	I	558	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Actuarial Analyst Sr	L	559	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Actuary	O	357	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Administrative Assistant	D	19	$44,000	$51,000	$58,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Analyst	H	562	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Analyst Int	I	563	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Analyst Sr	J	564	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Applications Analyst	I	232	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Applications Analyst Int	J	233	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Applications Analyst Sr	L	298	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Assistant~~ Associate Director	P	682	$117,000	$141,000	$165,000	Revised Job Title and pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Associate Director Customer Service	P	593	$117,000	$141,000	$165,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Associate Director Grievance & Appeals	P	TBD	$117,000	$141,000	$165,000	New Position
	Associate Director Information Services	Q	557	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Associate Director Provider Network~~	~~O~~	~~647~~	~~$82,576~~	~~$107,328~~	~~$131,976~~	Remove Position
	Auditor	I	565	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Auditor Sr	J	566	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Behavioral Health Manager	M	383	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Biostatistics Manager	M	418	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Board Services Specialist	E	435	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Business Analyst	J	40	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Business Analyst Sr	L	611	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Business Systems Analyst Sr	K	69	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Buyer	G	29	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Buyer Int	H	49	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Buyer Sr	I	67	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Care Manager	K	657	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Care Transition Intervention Coach (RN)	L	417	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Certified Coder	H	399	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Certified Coding Specialist	H	639	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Certified Coding Specialist Sr	J	640	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Change Control Administrator	I	499	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Change Control Administrator Int	J	500	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Change Management Analyst Sr~~	~~N~~	~~465~~	~~$71,760~~	~~$93,184~~	~~$114,712~~	Remove Position
	Chief Counsel	X	132	$289,000	$361,000	$433,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Chief Executive Officer	Z	138	$400,000	$500,000	$600,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Chief Financial Officer	X	134	$289,000	$361,000	$433,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Chief Information Officer	W	131	$246,000	$307,000	$368,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.

DRAFT

CalOptima - Annual Base Salary Schedule - Revised March 04, 2021

To be Implemented March 14, 2021

Effective as of May 1, 2014

	Job Title	Pay Grade	Job Code	Min	Mid	Max	For Approval
	Chief Medical Officer	X	137	$289,000	$361,000	$433,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Chief Operating Officer	X	136	$289,000	$361,000	$433,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Claims - Lead	G	574	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Claims Examiner	C	9	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Claims Examiner - Lead	F	236	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Claims Examiner Sr	E	20	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Claims QA Analyst	E	28	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Claims QA Analyst Sr.	F	540	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Claims Recovery Specialist	F	283	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Claims Resolution Specialist	F	262	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Clerk of the Board	O	59	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Clinical Auditor	L	567	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Clinical Auditor Sr	M	568	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Clinical Documentation Specialist (RN)	M	641	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Clinical Pharmacist	P	297	$117,000	$141,000	$165,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Clinical Systems Administrator	K	607	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Clinician (Behavioral Health)	K	513	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Communications Specialist	G	188	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Community Partner	G	575	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Community Partner Sr	H	612	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Community Relations Specialist	G	288	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Community Relations Specialist Sr	I	646	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Compliance Claims Auditor	G	222	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Compliance Claims Auditor Sr	H	279	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Contract Administrator	K	385	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Contracts Manager	M	207	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Contracts Manager Sr	N	683	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Contracts Specialist	I	257	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Contracts Specialist Int	J	469	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Contracts Specialist Sr	K	331	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Controller	T	464	$182,000	$227,000	$272,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Credentialing Coordinator	E	41	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Credentialing Coordinator - Lead	F	510	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Customer Service Coordinator	E	182	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Customer Service Rep	C	5	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Customer Service Rep - Lead	E	482	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Customer Service Rep Sr	D	481	$44,000	$51,000	$58,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Data Analyst	J	337	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Data Analyst Int	K	341	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Data Analyst Sr	L	342	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Data and Reporting Analyst - Lead	M	654	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Data Entry Tech	A	3	$36,000	$41,000	$46,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Data Warehouse Architect	N	363	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Data Warehouse Programmer/Analyst	N	364	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.

DRAFT

CalOptima - Annual Base Salary Schedule - Revised March 04, 2021

To be Implemented March 14, 2021

Effective as of May 1, 2014

	Job Title	Pay Grade	Job Code	Min	Mid	Max	For Approval
**	~~Data Warehouse Project Manager~~	~~O~~	~~362~~	~~$82,576~~	~~$107,328~~	~~$131,976~~	Remove Position
	Data Warehouse Reporting Analyst	M	412	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Data Warehouse Reporting Analyst Sr	N	522	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Database Administrator	L	90	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Database Administrator Sr	N	179	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Deputy Chief Counsel	W	160	$246,000	$307,000	$368,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Deputy Chief Medical Officer	W	561	$246,000	$307,000	$368,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Deputy Clerk of the Board	K	~~684~~	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Director Accounting~~	~~P~~	~~122~~	~~$95,264~~	~~$128,752~~	~~$162,032~~	Remove Position
*	~~Director Applications Management~~	~~R~~	~~170~~	~~$137,280~~	~~$185,328~~	~~$233,376~~	Remove Position
	Director Audit & Oversight	R	546	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Behavioral Health Services	Q	392	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Budget and Procurement	S	527	$154,000	$193,000	$232,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Director Business Development~~	~~P~~	~~351~~	~~$95,264~~	~~$128,752~~	~~$162,032~~	Remove Position
	~~Director Business Integration~~	~~Q~~	~~543~~	~~$114,400~~	~~$154,440~~	~~$194,480~~	Remove Position
*	Director Case Management	S	318	$154,000	$193,000	$232,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Claims Administration	R	112	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Director Clinical Outcomes~~	~~Q~~	~~602~~	~~$114,400~~	~~$154,440~~	~~$194,480~~	Remove Position
	Director Clinical Pharmacy	T	129	$182,000	$227,000	$272,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Coding Initiatives	S	375	$154,000	$193,000	$232,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Director Communications	R	361	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	~~Director Community Relations~~	~~P~~	~~292~~	~~$95,264~~	~~$128,752~~	~~$162,032~~	Remove Position
	~~Director Configuration & Coding~~	~~Q~~	~~596~~	~~$114,400~~	~~$154,440~~	~~$194,480~~	Remove Position
	Director Contracting	R	184	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Director COREC~~	~~Q~~	~~369~~	~~$114,400~~	~~$154,440~~	~~$194,480~~	Remove Position
	Director Customer Service	R	118	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	~~Director Electronic Business~~	~~P~~	~~358~~	~~$95,264~~	~~$128,752~~	~~$162,032~~	Remove Position
	Director Enterprise Analytics	R	520	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Facilities	Q	428	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Director Finance & Procurement~~	~~P~~	~~157~~	~~$95,264~~	~~$128,752~~	~~$162,032~~	Remove Position
	Director Financial Analysis	T	374	$182,000	$227,000	$272,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Financial Compliance	R	460	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Fraud Waste & Abuse and Privacy	R	581	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Director Government Affairs	R	277	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Grievance & Appeals	R	528	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	~~Director Health Services~~	~~Q~~	~~328~~	~~$114,400~~	~~$154,440~~	~~$194,480~~	Remove Position
*	Director Human Resources	S	322	$154,000	$193,000	$232,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Information Services	T	547	$182,000	$227,000	$272,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Long Term Support Services	S	128	$154,000	$193,000	$232,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Director Medi-Cal Plan Operations~~	~~P~~	~~370~~	~~$95,264~~	~~$128,752~~	~~$162,032~~	Remove Position
	Director Network Management	R	125	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Director OneCare Operations~~	~~P~~	~~425~~	~~$95,264~~	~~$128,752~~	~~$162,032~~	Remove Position
	~~Director Organizational Training & Education~~	~~P~~	~~579~~	~~$95,264~~	~~$128,752~~	~~$162,032~~	Remove Position
	Director PACE Program	S	449	$154,000	$193,000	$232,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Population Health Management	Q	675	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Process Excellence	R	447	$144,000	$174,000	$204,000	Revised Job Title and pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Program Implementation	R	489	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Director Project Management~~	~~Q~~	~~447~~	~~$114,400~~	~~$154,440~~	~~$194,480~~	Remove Position

DRAFT

CalOptima - Annual Base Salary Schedule - Revised March 04, 2021

To be Implemented March 14, 2021

Effective as of May 1, 2014

	Job Title	Pay Grade	Job Code	Min	Mid	Max	For Approval
	Director Provider Data Quality	Q	655	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Director Provider Services~~	~~P~~	~~597~~	~~$95,264~~	~~$128,752~~	~~$162,032~~	Remove Position
	~~Director Public Policy~~	~~P~~	~~459~~	~~$95,264~~	~~$128,752~~	~~$162,032~~	Remove Position
	Director Purchasing	Q	TBD	$130,000	$157,000	$184,000	New Position
	~~Director Quality (LTSS)~~	~~Q~~	~~613~~	~~$114,400~~	~~$154,440~~	~~$194,480~~	Remove Position
	Director Quality Analytics	R	591	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Quality Improvement	R	172	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Regulatory Affairs and Compliance	R	625	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Strategic Development	R	121	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Director Systems Development~~	~~R~~	~~169~~	~~$137,280~~	~~$185,328~~	~~$233,376~~	Remove Position
*	Director Utilization Management	S	265	$154,000	$193,000	$232,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Vendor Management	Q	685	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Disease Management Coordinator~~	~~M~~	~~70~~	~~$62,400~~	~~$81,120~~	~~$99,840~~	Remove Position
	~~Disease Management Coordinator - Lead~~	~~M~~	~~472~~	~~$62,400~~	~~$81,120~~	~~$99,840~~	Remove Position
	~~EDI Project Manager~~	~~O~~	~~403~~	~~$82,576~~	~~$107,328~~	~~$131,976~~	Remove Position
	Enrollment Coordinator (PACE)	F	441	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Enterprise Analytics Manager	O	582	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Executive Administrative Services Manager	J	661	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Executive Assistant	G	339	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Executive Assistant to CEO	I	261	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Executive Director Clinical Operations	U	501	$209,000	$261,000	$313,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Executive Director Compliance	U	493	$209,000	$261,000	$313,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Executive Director Human Resources	U	494	$209,000	$261,000	$313,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Executive Director Network Operations	U	632	$209,000	$261,000	$313,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Executive Director Operations	U	276	$209,000	$261,000	$313,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Executive Director Program Implementation	U	490	$209,000	$261,000	$313,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Executive Director Public Affairs	U	290	$209,000	$261,000	$313,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Executive Director Quality & Population Health Management	U	676	$209,000	$261,000	$313,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Executive Director, Behavioral Health Integration	U	614	$209,000	$261,000	$313,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Facilities & Support Services Coord - Lead	G	631	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Facilities & Support Services Coordinator	E	10	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Facilities & Support Services Coordinator Sr	F	511	$51,000	$59,000	$67,000	New Position
	Facilities Coordinator	E	438	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Financial Analyst	J	51	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Financial Analyst Sr	L	84	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Financial Reporting Analyst	I	475	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Gerontology Resource Coordinator~~	~~M~~	~~204~~	~~$62,400~~	~~$81,120~~	~~$99,840~~	Remove Position
	Graphic Designer	K	387	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
~~*~~	Grievance & Appeals Nurse Specialist	M	226	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Grievance Resolution Specialist	F	42	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Grievance Resolution Specialist - Lead	I	590	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Grievance Resolution Specialist Sr	H	589	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Health Coach	K	556	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Health Educator	H	47	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Health Educator Sr	I	355	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Health Network Liaison Specialist (RN)	L	524	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
~~*~~	Health Network Oversight Specialist	K	323	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.

DRAFT

CalOptima - Annual Base Salary Schedule - Revised March 04, 2021

To be Implemented March 14, 2021

Effective as of May 1, 2014

	Job Title	Pay Grade	Job Code	Min	Mid	Max	For Approval
	HEDIS Case Manager	M	443	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~HEDIS Case Manager (LVN)~~	~~M~~	~~552~~	~~$62,400~~	~~$81,120~~	~~$99,840~~	Remove Position
	Help Desk Technician	E	571	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Help Desk Technician Sr	F	573	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	HR Assistant	D	181	$44,000	$51,000	$58,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	HR Business Partner	M	584	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~HR Compensation Specialist Sr~~	~~N~~	~~663~~	~~$71,760~~	~~$93,184~~	~~$114,712~~	Remove Position
*	HR Coordinator	F	316	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
~~*~~	HR Representative	J	278	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	HR Representative Sr	L	350	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	HR Specialist	G	505	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	HR Specialist Sr	H	608	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~HRIS Analyst Sr~~	~~M~~	~~468~~	~~$62,400~~	~~$81,120~~	~~$99,840~~	Remove Position
	~~ICD-10 Project Manager~~	~~O~~	~~411~~	~~$82,576~~	~~$107,328~~	~~$131,976~~	Remove Position
	Infrastructure Systems Administrator	F	541	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Infrastructure Systems Administrator Int	G	542	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Inpatient Quality Coding Auditor	I	642	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
~~*~~	Intern	A	237	$36,000	$41,000	$46,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Investigator Sr	I	553	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	IS Coordinator	E	365	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	IS Project Manager	N	424	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	IS Project Manager Sr	O	509	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	IS Project Specialist	K	549	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	IS Project Specialist Sr	L	550	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Kitchen Assistant	A	585	$36,000	$41,000	$46,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	~~Legislative Program Manager~~	~~N~~	~~330~~	~~$71,760~~	~~$93,184~~	~~$114,712~~	Remove Position
	Licensed Clinical Social Worker	J	598	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Litigation Support Specialist	K	588	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	LVN (PACE)	K	533	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	LVN Specialist	K	686	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Mailroom Clerk	A	1	$36,000	$41,000	$46,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Accounting	O	98	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Actuary	Q	453	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	~~Manager Applications Management~~	~~P~~	~~271~~	~~$95,264~~	~~$128,752~~	~~$162,032~~	Remove Position
	Manager Audit & Oversight	O	539	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Behavioral Health	O	633	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Business Integration	O	544	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Manager Case Management	P	270	$117,000	$141,000	$165,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Claims	O	92	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Clinic Operations	N	551	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
~~*~~	Manager Clinical Pharmacist	R	296	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Coding Quality	N	382	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Communications	N	398	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Community Relations	N	384	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Manager Contracting	O	329	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Creative Branding	M	430	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.

DRAFT

CalOptima - Annual Base Salary Schedule - Revised March 04, 2021

To be Implemented March 14, 2021

Effective as of May 1, 2014

	Job Title	Pay Grade	Job Code	Min	Mid	Max	For Approval
	Manager Cultural & Linguistic	M	349	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Customer Service	M	94	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Manager Decision Support~~	~~O~~	~~454~~	~~$82,576~~	~~$107,328~~	~~$131,976~~	Remove Position
	Manager Electronic Business	N	422	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Manager Employment Services~~	~~N~~	~~420~~	~~$71,760~~	~~$93,184~~	~~$114,712~~	Remove Position
	Manager Encounters	M	516	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Environmental Health & Safety	N	495	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Manager Facilities~~	~~N~~	~~209~~	~~$71,760~~	~~$93,184~~	~~$114,712~~	Remove Position
	Manager Finance	O	148	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Financial Analysis	P	356	$117,000	$141,000	$165,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Government Affairs	N	437	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Grievance & Appeals	O	426	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Manager Health Education~~	~~N~~	~~173~~	~~$71,760~~	~~$93,184~~	~~$114,712~~	Remove Position
	~~Manager HEDIS~~	~~O~~	~~427~~	~~$82,576~~	~~$107,328~~	~~$131,976~~	Remove Position
	Manager Human Resources	O	526	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Information Services	P	560	$117,000	$141,000	$165,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Manager Information Technology~~	~~P~~	~~110~~	~~$95,264~~	~~$128,752~~	~~$162,032~~	Remove Position
	~~Manager Integration Government Liaison~~	~~N~~	~~455~~	~~$71,760~~	~~$93,184~~	~~$114,712~~	Remove Position
	Manager Long Term Support Services	O	200	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Marketing & Enrollment (PACE)	N	414	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Marketing & Outreach	M	687	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Manager Medical Data Management~~	~~O~~	~~519~~	~~$82,576~~	~~$107,328~~	~~$131,976~~	Remove Position
	~~Manager Medi-Cal Program Operations~~	~~N~~	~~483~~	~~$71,760~~	~~$93,184~~	~~$114,712~~	Remove Position
	Manager Member Liaison Program	M	354	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Member Outreach & Education	M	616	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Manager Member Outreach Education & Provider Relations~~	~~O~~	~~576~~	~~$82,576~~	~~$107,328~~	~~$131,976~~	Remove Position
	Manager MSSP	O	393	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Manager OneCare Clinical	P	359	$117,000	$141,000	$165,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager OneCare Customer Service	M	429	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Manager OneCare Regulatory~~	~~N~~	~~197~~	~~$71,760~~	~~$93,184~~	~~$114,712~~	Remove Position
*	~~Manager OneCare Sales~~	~~O~~	~~248~~	~~$82,576~~	~~$107,328~~	~~$131,976~~	Remove Position
	Manager Outreach & Enrollment	M	477	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager PACE Center	N	432	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Population Health Management	N	674	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Process Excellence	O	622	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Program Implementation	N	488	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Manager Project Management~~	~~O~~	~~532~~	~~$82,576~~	~~$107,328~~	~~$131,976~~	Remove Position
	Manager Provider Data Management Services	M	653	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Provider Network	O	191	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Provider Relations	M	171	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Manager Provider Services~~	~~O~~	~~656~~	~~$82,576~~	~~$107,328~~	~~$131,976~~	Remove Position
*	Manager Purchasing	O	275	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager QI Initiatives	M	433	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Quality Analytics	N	617	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Quality Improvement	N	104	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Regulatory Affairs and Compliance	O	626	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Reporting & Financial Compliance	O	572	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Strategic Development	O	603	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.

DRAFT

CalOptima - Annual Base Salary Schedule - Revised March 04, 2021

To be Implemented March 14, 2021

Effective as of May 1, 2014

	Job Title	Pay Grade	Job Code	Min	Mid	Max	For Approval
	~~Manager Strategic Operations~~	~~N~~	~~446~~	~~$71,760~~	~~$93,184~~	~~$114,712~~	Remove Position
	~~Manager Systems Development~~	~~P~~	~~515~~	~~$95,264~~	~~$128,752~~	~~$162,032~~	Remove Position
*	Manager Utilization Management	P	250	$117,000	$141,000	$165,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Marketing and Outreach Specialist	F	496	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Medical Assistant	C	535	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Medical Authorization Asst	C	11	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Medical Case Manager	L	72	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Medical Case Manager (LVN)	K	444	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Medical Director	V	306	$221,400	$276,300	$331,200	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Medical Records & Health Plan Assistant	B	548	$38,000	$44,000	$50,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Medical Records Clerk	B	523	$38,000	$44,000	$50,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Medical Services Case Manager	G	54	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Member Liaison Specialist	C	353	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	MMS Program Coordinator	G	360	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Nurse Practitioner (PACE)	O	635	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Occupational Therapist	L	531	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Occupational Therapist Assistant	H	623	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Office Clerk	A	335	$36,000	$41,000	$46,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	OneCare Operations Manager	N	461	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	OneCare Partner - Sales	F	230	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	OneCare Partner - Sales (Lead)	G	537	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	OneCare Partner - Service	C	231	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	OneCare Partner (Inside Sales)	E	371	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Outreach Specialist	C	218	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Paralegal/Legal Secretary	I	376	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Payroll Specialist	E	554	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Payroll Specialist Sr	G	688	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Performance Analyst	I	538	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Personal Care Attendant	A	485	$36,000	$41,000	$46,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Personal Care Attendant - Lead	B	498	$38,000	$44,000	$50,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Personal Care Coordinator	C	525	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Personal Care Coordinator Sr	D	689	$44,000	$51,000	$58,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Pharmacy Resident	G	379	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Pharmacy Services Specialist	C	23	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Pharmacy Services Specialist Int	D	35	$44,000	$51,000	$58,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Pharmacy Services Specialist Sr	E	507	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Physical Therapist	L	530	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Physical Therapist Assistant	H	624	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Policy Advisor Sr	M	580	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Privacy Manager	N	536	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Privacy Officer	O	648	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Process Excellence Manager	N	529	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Program Assistant	C	24	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Program Coordinator	C	284	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.

DRAFT

CalOptima - Annual Base Salary Schedule - Revised March 04, 2021

To be Implemented March 14, 2021

Effective as of May 1, 2014

	Job Title	Pay Grade	Job Code	Min	Mid	Max	For Approval
	Program Development Analyst Sr	K	492	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Program Manager	L	421	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Program Manager Sr	M	594	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Program Specialist	E	36	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Program Specialist Int	G	61	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Program Specialist Sr	I	508	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Program/Policy Analyst	I	56	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Program/Policy Analyst Sr	K	85	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Programmer	K	43	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Programmer Int	M	74	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Programmer Sr	N	80	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Project Manager	L	81	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Project Manager - Lead	M	467	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Project Manager Sr	N	105	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Project Specialist	E	291	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Project Specialist Sr	I	503	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Projects Analyst	G	254	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Provider Enrollment Data Coordinator	D	12	$44,000	$51,000	$58,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Provider Enrollment Data Coordinator Sr	F	586	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Provider Enrollment Manager	G	190	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Provider Network Rep Sr	I	391	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Provider Network Specialist	H	44	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Provider Network Specialist Sr	J	595	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
~~*~~	Provider Office Education Manager	I	300	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Provider Relations Rep	G	205	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Provider Relations Rep Sr	I	285	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Publications Coordinator	G	293	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	QA Analyst	I	486	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	QA Analyst Sr	L	380	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	QI Nurse Specialist	M	82	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	QI Nurse Specialist (LVN)	L	445	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Receptionist	B	140	$38,000	$44,000	$50,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Records Manager	Q	TBD	$130,000	$157,000	$184,000	New Position
	Recreational Therapist	H	487	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Recruiter~~	~~L~~	~~406~~	~~$54,288~~	~~$70,512~~	~~$86,736~~	Remove Position
	~~Recruiter Sr~~	~~M~~	~~497~~	~~$62,400~~	~~$81,120~~	~~$99,840~~	Remove Position
	Registered Dietitian	I	57	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Regulatory Affairs and Compliance Analyst	I	628	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Regulatory Affairs and Compliance Analyst Sr	K	629	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Regulatory Affairs and Compliance Lead	L	630	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	RN (PACE)	M	480	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Security Analyst Int	M	534	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Security Analyst Sr	N	474	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Security Officer	B	311	$38,000	$44,000	$50,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	SharePoint Developer/Administrator Sr	N	397	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.

DRAFT

CalOptima - Annual Base Salary Schedule - Revised March 04, 2021

To be Implemented March 14, 2021

Effective as of May 1, 2014

	Job Title	Pay Grade	Job Code	Min	Mid	Max	For Approval
	Social Worker	J	463	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Social Worker Sr	K	690	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Special Counsel	T	317	$182,000	$227,000	$272,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Sr Director Regulatory Affairs and Compliance~~	~~R~~	~~658~~	~~$137,280~~	~~$185,328~~	~~$233,376~~	Remove Position
	Sr Manager Financial Analysis	Q	660	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Sr Manager Government Affairs~~	~~O~~	~~451~~	~~$82,576~~	~~$107,328~~	~~$131,976~~	Remove Position
	Sr Manager Human Resources	P	649	$117,000	$141,000	$165,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Sr Manager Information Services	Q	650	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Sr Manager Provider Network~~	~~O~~	~~651~~	~~$82,576~~	~~$107,328~~	~~$131,976~~	Remove Position
	Staff Attorney	P	195	$117,000	$141,000	$165,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Staff Attorney Sr	R	691	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Accounting	M	434	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Audit and Oversight	M	618	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Behavioral Health	M	659	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Budgeting	N	466	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Case Management	M	86	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Supervisor Claims	I	219	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Coding Initiatives	M	502	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Credentialing	I	671	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Customer Service	I	34	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Data Entry	H	192	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Day Center (PACE)	H	619	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Dietary Services (PACE)	J	643	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Supervisor Encounters	I	253	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Facilities	J	162	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Finance	M	419	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Grievance and Appeals	L	620	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Supervisor Health Education~~	~~M~~	~~381~~	~~$62,400~~	~~$81,120~~	~~$99,840~~	Remove Position
	Supervisor Information Services	N	457	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Long Term Support Services	M	587	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Member Outreach and Education	K	592	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor MSSP	M	348	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Nursing Services (PACE)	M	662	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor OneCare Customer Service	I	408	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Payroll	M	517	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Pharmacist	Q	610	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Population Health Management	M	673	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Provider ~~Enrollment~~ Data Management Services	K	439	$70,000	$84,000	$98,000	Revised job title and pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Provider Relations	L	652	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Quality Analytics	M	609	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Quality Improvement	M	600	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Supervisor Regulatory Affairs and Compliance	M	627	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Social Work (PACE)	J	636	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Supervisor Systems Development~~	~~O~~	~~456~~	~~$82,576~~	~~$107,328~~	~~$131,976~~	Remove Position
	Supervisor Therapy Services (PACE)	M	645	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.

DRAFT

CalOptima - Annual Base Salary Schedule - Revised March 04, 2021

To be Implemented March 14, 2021

Effective as of May 1, 2014

	Job Title	Pay Grade	Job Code	Min	Mid	Max	For Approval
	Supervisor Utilization Management	M	637	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	~~Systems Manager~~	~~N~~	~~512~~	~~$71,760~~	~~$93,184~~	~~$114,712~~	Remove Position
	Systems Network Administrator Int	L	63	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Systems Network Administrator Sr	M	89	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Systems Operations Analyst	F	32	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Systems Operations Analyst Int	G	45	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Technical Analyst Int	J	64	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Technical Analyst Sr	L	75	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Technical Writer	H	247	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Technical Writer Sr	J	470	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Therapy Aide	E	521	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Training Administrator	I	621	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Training Program Coordinator	H	471	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Translation Specialist	B	241	$38,000	$44,000	$50,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Web Architect	N	366	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.

DRAFT

* These positions are identified for the purposes of CalOptima Policy GA. 8042: Supplemental Compensation as Director level and above positions for which eligible employees may qualify for Employer-Paid Member Contribution.

** These positions are identified for the purposes of CalOptima Policy GA. 8042: Supplemental Compensation as Director level and above positions for which eligible employees may qualify for Employer-Paid Member Contribution and are also Chief or Executive Director level positions.

Revised 03/04/2021

CalOptima - Annual Base Salary Schedule - Revised March 04, 2021
To be Implemented March 14, 2021
Effective as of May 1, 2014

	Job Title	Pay Grade	Job Code	Min	Mid	Max	For Approval
	Accountant	H	39	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Accountant Int	I	634	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Accountant Sr	K	68	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Accounting Clerk	D	334	$44,000	$51,000	$58,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Accounting Clerk Sr	E	680	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Activity Coordinator (PACE)	E	681	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Actuarial Analyst	I	558	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Actuarial Analyst Sr	L	559	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Actuary	O	357	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Administrative Assistant	D	19	$44,000	$51,000	$58,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Analyst	H	562	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Analyst Int	I	563	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Analyst Sr	J	564	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Applications Analyst	I	232	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Applications Analyst Int	J	233	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Applications Analyst Sr	L	298	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Associate Director	P	682	$117,000	$141,000	$165,000	Revised Job Title and pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Associate Director Customer Service	P	593	$117,000	$141,000	$165,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Associate Director Grievance & Appeals	P	TBD	$117,000	$141,000	$165,000	New Position
	Associate Director Information Services	Q	557	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Auditor	I	565	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Auditor Sr	J	566	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Behavioral Health Manager	M	383	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Biostatistics Manager	M	418	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Board Services Specialist	E	435	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Business Analyst	J	40	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Business Analyst Sr	L	611	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Business Systems Analyst Sr	K	69	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Buyer	G	29	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Buyer Int	H	49	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Buyer Sr	I	67	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Care Manager	K	657	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Care Transition Intervention Coach (RN)	L	417	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Certified Coder	H	399	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Certified Coding Specialist	H	639	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Certified Coding Specialist Sr	J	640	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Change Control Administrator	I	499	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Change Control Administrator Int	J	500	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Chief Counsel	X	132	$289,000	$361,000	$433,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Chief Executive Officer	Z	138	$400,000	$500,000	$600,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Chief Financial Officer	X	134	$289,000	$361,000	$433,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Chief Information Officer	W	131	$246,000	$307,000	$368,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Chief Medical Officer	X	137	$289,000	$361,000	$433,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.

DRAFT

CalOptima - Annual Base Salary Schedule - Revised March 04, 2021
To be Implemented March 14, 2021
Effective as of May 1, 2014

	Job Title	Pay Grade	Job Code	Min	Mid	Max	For Approval
	Chief Operating Officer	X	136	$289,000	$361,000	$433,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Claims - Lead	G	574	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Claims Examiner	C	9	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
±	Claims Examiner - Lead	F	236	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Claims Examiner Sr	E	20	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Claims QA Analyst	E	28	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Claims QA Analyst Sr.	F	540	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Claims Recovery Specialist	F	283	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Claims Resolution Specialist	F	262	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Clerk of the Board	O	59	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Clinical Auditor	L	567	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Clinical Auditor Sr	M	568	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Clinical Documentation Specialist (RN)	M	641	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Clinical Pharmacist	P	297	$117,000	$141,000	$165,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Clinical Systems Administrator	K	607	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Clinician (Behavioral Health)	K	513	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Communications Specialist	G	188	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Community Partner	G	575	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Community Partner Sr	H	612	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Community Relations Specialist	G	288	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Community Relations Specialist Sr	I	646	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Compliance Claims Auditor	G	222	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Compliance Claims Auditor Sr	H	279	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Contract Administrator	K	385	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Contracts Manager	M	207	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Contracts Manager Sr	N	683	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
±	Contracts Specialist	I	257	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Contracts Specialist Int	J	469	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Contracts Specialist Sr	K	331	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Controller	T	464	$182,000	$227,000	$272,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Credentialing Coordinator	E	41	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Credentialing Coordinator - Lead	F	510	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Customer Service Coordinator	E	182	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Customer Service Rep	C	5	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Customer Service Rep - Lead	E	482	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Customer Service Rep Sr	D	481	$44,000	$51,000	$58,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Data Analyst	J	337	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Data Analyst Int	K	341	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Data Analyst Sr	L	342	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Data and Reporting Analyst - Lead	M	654	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Data Entry Tech	A	3	$36,000	$41,000	$46,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Data Warehouse Architect	N	363	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Data Warehouse Programmer/Analyst	N	364	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Data Warehouse Reporting Analyst	M	412	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.

DRAFT

CalOptima - Annual Base Salary Schedule - Revised March 04, 2021
To be Implemented March 14, 2021
Effective as of May 1, 2014

	Job Title	Pay Grade	Job Code	Min	Mid	Max	For Approval
	Data Warehouse Reporting Analyst Sr	N	522	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Database Administrator	L	90	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Database Administrator Sr	N	179	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Deputy Chief Counsel	W	160	$246,000	$307,000	$368,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Deputy Chief Medical Officer	W	561	$246,000	$307,000	$368,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Deputy Clerk of the Board	K	684	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Audit & Oversight	R	546	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Behavioral Health Services	Q	392	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Budget and Procurement	S	527	$154,000	$193,000	$232,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Director Case Management	S	318	$154,000	$193,000	$232,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Claims Administration	R	112	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Clinical Pharmacy	T	129	$182,000	$227,000	$272,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Coding Initiatives	S	375	$154,000	$193,000	$232,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Director Communications	R	361	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Contracting	R	184	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Customer Service	R	118	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Enterprise Analytics	R	520	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Facilities	Q	428	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Financial Analysis	T	374	$182,000	$227,000	$272,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Financial Compliance	R	460	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Fraud Waste & Abuse and Privacy	R	581	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Director Government Affairs	R	277	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Grievance & Appeals	R	528	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Director Human Resources	S	322	$154,000	$193,000	$232,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Information Services	T	547	$182,000	$227,000	$272,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Long Term Support Services	S	128	$154,000	$193,000	$232,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Network Management	R	125	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director PACE Program	S	449	$154,000	$193,000	$232,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Population Health Management	Q	675	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Process Excellence	R	447	$144,000	$174,000	$204,000	Revised Job Title and pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Program Implementation	R	489	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Provider Data Quality	Q	655	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Purchasing	Q	TBD	$130,000	$157,000	$184,000	New Position
	Director Quality Analytics	R	591	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Quality Improvement	R	172	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Regulatory Affairs and Compliance	R	625	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Strategic Development	R	121	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Director Utilization Management	S	265	$154,000	$193,000	$232,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Director Vendor Management	Q	685	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Enrollment Coordinator (PACE)	F	441	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Enterprise Analytics Manager	O	582	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Executive Administrative Services Manager	J	661	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Executive Assistant	G	339	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.

DRAFT

CalOptima - Annual Base Salary Schedule - Revised March 04, 2021
To be Implemented March 14, 2021
Effective as of May 1, 2014

	Job Title	Pay Grade	Job Code	Min	Mid	Max	For Approval
	Executive Assistant to CEO	I	261	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Executive Director Clinical Operations	U	501	$209,000	$261,000	$313,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Executive Director Compliance	U	493	$209,000	$261,000	$313,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Executive Director Human Resources	U	494	$209,000	$261,000	$313,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Executive Director Network Operations	U	632	$209,000	$261,000	$313,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Executive Director Operations	U	276	$209,000	$261,000	$313,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Executive Director Program Implementation	U	490	$209,000	$261,000	$313,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Executive Director Public Affairs	U	290	$209,000	$261,000	$313,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Executive Director Quality & Population Health Management	U	676	$209,000	$261,000	$313,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Executive Director, Behavioral Health Integration	U	614	$209,000	$261,000	$313,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Facilities & Support Services Coord - Lead	G	631	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Facilities & Support Services Coordinator	E	10	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Facilities & Support Services Coordinator Sr	F	511	$51,000	$59,000	$67,000	New Position
	Facilities Coordinator	E	438	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Financial Analyst	J	51	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Financial Analyst Sr	L	84	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Financial Reporting Analyst	I	475	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Graphic Designer	K	387	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
±	Grievance & Appeals Nurse Specialist	M	226	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Grievance Resolution Specialist	F	42	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Grievance Resolution Specialist - Lead	I	590	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Grievance Resolution Specialist Sr	H	589	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Health Coach	K	556	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Health Educator	H	47	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Health Educator Sr	I	355	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Health Network Liaison Specialist (RN)	L	524	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
±	Health Network Oversight Specialist	K	323	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	HEDIS Case Manager	M	443	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Help Desk Technician	E	571	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Help Desk Technician Sr	F	573	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	HR Assistant	D	181	$44,000	$51,000	$58,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	HR Business Partner	M	584	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	HR Coordinator	F	316	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
±	HR Representative	J	278	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	HR Representative Sr	L	350	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	HR Specialist	G	505	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	HR Specialist Sr	H	608	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Infrastructure Systems Administrator	F	541	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Infrastructure Systems Administrator Int	G	542	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Inpatient Quality Coding Auditor	I	642	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
±	Intern	A	237	$36,000	$41,000	$46,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Investigator Sr	I	553	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	IS Coordinator	E	365	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	IS Project Manager	N	424	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.

DRAFT

CalOptima - Annual Base Salary Schedule - Revised March 04, 2021
To be Implemented March 14, 2021
Effective as of May 1, 2014

	Job Title	Pay Grade	Job Code	Min	Mid	Max	For Approval
	IS Project Manager Sr	O	509	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	IS Project Specialist	K	549	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	IS Project Specialist Sr	L	550	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Kitchen Assistant	A	585	$36,000	$41,000	$46,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Licensed Clinical Social Worker	J	598	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Litigation Support Specialist	K	588	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	LVN (PACE)	K	533	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	LVN Specialist	K	686	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Mailroom Clerk	A	1	$36,000	$41,000	$46,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Accounting	O	98	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Actuary	Q	453	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Audit & Oversight	O	539	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Behavioral Health	O	633	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Business Integration	O	544	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Manager Case Management	P	270	$117,000	$141,000	$165,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Claims	O	92	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Clinic Operations	N	551	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
±	Manager Clinical Pharmacist	R	296	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Coding Quality	N	382	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Communications	N	398	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Community Relations	N	384	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Manager Contracting	O	329	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Creative Branding	M	430	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Cultural & Linguistic	M	349	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Customer Service	M	94	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Electronic Business	N	422	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Encounters	M	516	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Environmental Health & Safety	N	495	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Finance	O	148	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Financial Analysis	P	356	$117,000	$141,000	$165,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Government Affairs	N	437	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Grievance & Appeals	O	426	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Human Resources	O	526	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Information Services	P	560	$117,000	$141,000	$165,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Long Term Support Services	O	200	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Marketing & Enrollment (PACE)	N	414	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Marketing & Outreach	M	687	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Member Liaison Program	M	354	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Member Outreach & Education	M	616	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager MSSP	O	393	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Manager OneCare Clinical	P	359	$117,000	$141,000	$165,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager OneCare Customer Service	M	429	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Outreach & Enrollment	M	477	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager PACE Center	N	432	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.

DRAFT

CalOptima - Annual Base Salary Schedule - Revised March 04, 2021
To be Implemented March 14, 2021
Effective as of May 1, 2014

	Job Title	Pay Grade	Job Code	Min	Mid	Max	For Approval
	Manager Population Health Management	N	674	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Process Excellence	O	622	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Program Implementation	N	488	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Provider Data Management Services	M	653	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Provider Network	O	191	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Provider Relations	M	171	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Manager Purchasing	O	275	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager QI Initiatives	M	433	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Quality Analytics	N	617	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Quality Improvement	N	104	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Regulatory Affairs and Compliance	O	626	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Reporting & Financial Compliance	O	572	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Manager Strategic Development	O	603	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Manager Utilization Management	P	250	$117,000	$141,000	$165,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Marketing and Outreach Specialist	F	496	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Medical Assistant	C	535	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Medical Authorization Asst	C	11	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Medical Case Manager	L	72	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Medical Case Manager (LVN)	K	444	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Medical Director	V	306	$221,400	$276,300	$331,200	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Medical Records & Health Plan Assistant	B	548	$38,000	$44,000	$50,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Medical Records Clerk	B	523	$38,000	$44,000	$50,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Medical Services Case Manager	G	54	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Member Liaison Specialist	C	353	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	MMS Program Coordinator	G	360	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Nurse Practitioner (PACE)	O	635	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Occupational Therapist	L	531	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Occupational Therapist Assistant	H	623	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Office Clerk	A	335	$36,000	$41,000	$46,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	OneCare Operations Manager	N	461	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	OneCare Partner - Sales	F	230	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	OneCare Partner - Sales (Lead)	G	537	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	OneCare Partner - Service	C	231	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	OneCare Partner (Inside Sales)	E	371	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Outreach Specialist	C	218	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Paralegal/Legal Secretary	I	376	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Payroll Specialist	E	554	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Payroll Specialist Sr	G	688	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Performance Analyst	I	538	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Personal Care Attendant	A	485	$36,000	$41,000	$46,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Personal Care Attendant - Lead	B	498	$38,000	$44,000	$50,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Personal Care Coordinator	C	525	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Personal Care Coordinator Sr	D	689	$44,000	$51,000	$58,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Pharmacy Resident	G	379	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.

DRAFT

CalOptima - Annual Base Salary Schedule - Revised March 04, 2021
To be Implemented March 14, 2021
Effective as of May 1, 2014

	Job Title	Pay Grade	Job Code	Min	Mid	Max	For Approval
	Pharmacy Services Specialist	C	23	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Pharmacy Services Specialist Int	D	35	$44,000	$51,000	$58,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Pharmacy Services Specialist Sr	E	507	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Physical Therapist	L	530	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Physical Therapist Assistant	H	624	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Policy Advisor Sr	M	580	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Privacy Manager	N	536	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Privacy Officer	O	648	$105,000	$127,000	$149,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Process Excellence Manager	N	529	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Program Assistant	C	24	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Program Coordinator	C	284	$41,000	$47,000	$53,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Program Development Analyst Sr	K	492	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Program Manager	L	421	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Program Manager Sr	M	594	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Program Specialist	E	36	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Program Specialist Int	G	61	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Program Specialist Sr	I	508	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Program/Policy Analyst	I	56	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Program/Policy Analyst Sr	K	85	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Programmer	K	43	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Programmer Int	M	74	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Programmer Sr	N	80	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Project Manager	L	81	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Project Manager - Lead	M	467	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Project Manager Sr	N	105	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Project Specialist	E	291	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Project Specialist Sr	I	503	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Projects Analyst	G	254	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Provider Enrollment Data Coordinator	D	12	$44,000	$51,000	$58,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Provider Enrollment Data Coordinator Sr	F	586	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Provider Enrollment Manager	G	190	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Provider Network Rep Sr	I	391	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Provider Network Specialist	H	44	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Provider Network Specialist Sr	J	595	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Provider Office Education Manager	I	300	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Provider Relations Rep	G	205	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Provider Relations Rep Sr	I	285	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Publications Coordinator	G	293	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	QA Analyst	I	486	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	QA Analyst Sr	L	380	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	QI Nurse Specialist	M	82	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	QI Nurse Specialist (LVN)	L	445	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Receptionist	B	140	$38,000	$44,000	$50,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Records Manager	Q	TBD	$130,000	$157,000	$184,000	New Position

DRAFT

CalOptima - Annual Base Salary Schedule - Revised March 04, 2021
To be Implemented March 14, 2021
Effective as of May 1, 2014

	Job Title	Pay Grade	Job Code	Min	Mid	Max	For Approval
	Recreational Therapist	H	487	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Registered Dietitian	I	57	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Regulatory Affairs and Compliance Analyst	I	628	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Regulatory Affairs and Compliance Analyst Sr	K	629	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Regulatory Affairs and Compliance Lead	L	630	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	RN (PACE)	M	480	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Security Analyst Int	M	534	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Security Analyst Sr	N	474	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Security Officer	B	311	$38,000	$44,000	$50,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	SharePoint Developer/Administrator Sr	N	397	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Social Worker	J	463	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Social Worker Sr	K	690	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Special Counsel	T	317	$182,000	$227,000	$272,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Sr Manager Financial Analysis	Q	660	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Sr Manager Human Resources	P	649	$117,000	$141,000	$165,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Sr Manager Information Services	Q	650	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Staff Attorney	P	195	$117,000	$141,000	$165,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Staff Attorney Sr	R	691	$144,000	$174,000	$204,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Accounting	M	434	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Audit and Oversight	M	618	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Behavioral Health	M	659	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Budgeting	N	466	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Case Management	M	86	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Supervisor Claims	I	219	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Coding Initiatives	M	502	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Credentialing	I	671	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Customer Service	I	34	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Data Entry	H	192	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Day Center (PACE)	H	619	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Dietary Services (PACE)	J	643	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Supervisor Encounters	I	253	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Facilities	J	162	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Finance	M	419	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Grievance and Appeals	L	620	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Information Services	N	457	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Long Term Support Services	M	587	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Member Outreach and Education	K	592	$70,000	$84,000	$98,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor MSSP	M	348	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Nursing Services (PACE)	M	662	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor OneCare Customer Service	I	408	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Payroll	M	517	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Pharmacist	Q	610	$130,000	$157,000	$184,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Population Health Management	M	673	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.

DRAFT

CalOptima - Annual Base Salary Schedule - Revised March 04, 2021
To be Implemented March 14, 2021
Effective as of May 1, 2014

	Job Title	Pay Grade	Job Code	Min	Mid	Max	For Approval
	Supervisor Provider Data Management Services	K	439	$70,000	$84,000	$98,000	Revised job title and pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Provider Relations	L	652	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Quality Analytics	M	609	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Quality Improvement	M	600	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Supervisor Regulatory Affairs and Compliance	M	627	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Social Work (PACE)	J	636	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Therapy Services (PACE)	M	645	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Supervisor Utilization Management	M	637	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Systems Network Administrator Int	L	63	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Systems Network Administrator Sr	M	89	$85,000	$103,000	$121,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Systems Operations Analyst	F	32	$51,000	$59,000	$67,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Systems Operations Analyst Int	G	45	$55,000	$63,000	$71,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Technical Analyst Int	J	64	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
**	Technical Analyst Sr	L	75	$77,000	$93,000	$109,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Technical Writer	H	247	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Technical Writer Sr	J	470	$65,000	$78,000	$91,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Therapy Aide	E	521	$48,000	$55,000	$62,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Training Administrator	I	621	$61,000	$73,000	$85,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Training Program Coordinator	H	471	$59,000	$68,000	$77,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
*	Translation Specialist	B	241	$38,000	$44,000	$50,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.
	Web Architect	N	366	$95,000	$114,000	$133,000	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.

DRAFT

* These positions are identified for the purposes of CalOptima Policy GA. 8042: Supplemental Compensation as Director level and above positions for which eligible employees may qualify for Employer-Paid Member Contribution.

** These positions are identified for the purposes of CalOptima Policy GA. 8042: Supplemental Compensation as Director level and above positions for which eligible employees may qualify for Employer-Paid Member Contribution and are also Chief or Executive Director level positions.

Revised 03/04/2021

CalOptima – Annual Base Salary Schedule – Revised March 4, 2021, to be implemented March 14, 2020.
Effective as of May 1, 2014

Summary of Changes to Salary Schedule
GA.8058 Salary Schedule Attachment A

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Accountant	~~K~~	H	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$59,000	~~$61,360~~	$68,000	~~$75,504~~	$77,000	March 2021
Accountant Int	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
Accountant Sr	~~M~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$70,000	~~$81,120~~	$84,000	~~$99,840~~	$98,000	March 2021
Accounting Clerk	~~I~~	D	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$37,128~~	$44,000	~~$46,384~~	$51,000	~~$55,640~~	$58,000	March 2021
Accounting Clerk Sr	~~J~~	E	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$48,000	~~$53,352~~	$55,000	~~$65,624~~	$62,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Activity Coordinator (PACE)	~~J~~	E	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$48,000	~~$53,352~~	$55,000	~~$65,624~~	$62,000	March 2021
Actuarial Analyst	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
Actuarial Analyst Sr	~~M~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$77,000	~~$81,120~~	$93,000	~~$99,840~~	$109,000	March 2021
Actuary	O		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$105,000	~~$107,328~~	$127,000	~~$131,976~~	$149,000	March 2021
Administrative Assistant	~~H~~	D	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$33,696~~	$44,000	~~$42,224~~	$51,000	~~$50,648~~	$58,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Analyst	~~K~~	H	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$59,000	~~$61,360~~	$68,000	~~$75,504~~	$77,000	March 2021
Analyst Int	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
Analyst Sr	~~M~~	J	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$65,000	~~$81,120~~	$78,000	~~$99,840~~	$91,000	March 2021
Applications Analyst	~~K~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$61,000	~~$61,360~~	$73,000	~~$75,504~~	$85,000	March 2021
Applications Analyst Int	~~L~~	J	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$65,000	~~$70,512~~	$78,000	~~$86,736~~	$91,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Applications Analyst Sr	~~M~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$77,000	~~$81,120~~	$93,000	~~$99,840~~	$109,000	March 2021
~~Assistant~~ Associate Director	~~O~~	P	Revised Job Title to be consistent and pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$117,000	~~$107,328~~	$141,000	~~$131,976~~	$165,000	March 2021
Associate Director Customer Service	~~O~~	P	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$117,000	~~$107,328~~	$141,000	~~$131,976~~	$165,000	March 2021
Associate Director Grievance & Appeals (Proposed Title)	N/A	P	New position. Department requested new title to provide support and oversight of this function.		$117,000		$141,000		$165,000	March 2021
Associate Director Information Services	Q		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$130,000	~~$154,440~~	$157,000	~~$194,480~~	$184,000	March 2021
~~Associate Director Provider Network~~	~~O~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Auditor	~~K~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$61,000	~~$61,360~~	$73,000	~~$75,504~~	$85,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Auditor Sr	~~L~~	J	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$65,000	~~$70,512~~	$78,000	~~$86,736~~	$91,000	March 2021
Behavioral Health Manager	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Biostatistics Manager	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Board Services Specialist	~~J~~	E	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$48,000	~~$53,352~~	$55,000	~~$65,624~~	$62,000	March 2021
Business Analyst	J		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$65,000	~~$53,352~~	$78,000	~~$65,624~~	$91,000	March 2021
Business Analyst Sr	~~M~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$77,000	~~$81,120~~	$93,000	~~$99,840~~	$109,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Business Systems Analyst Sr	~~M~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$70,000	~~$81,120~~	$84,000	~~$99,840~~	$98,000	March 2021
Buyer	~~J~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$55,000	~~$53,352~~	$63,000	~~$65,624~~	$71,000	March 2021
Buyer Int	~~K~~	H	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$59,000	~~$61,360~~	$68,000	~~$75,504~~	$77,000	March 2021
Buyer Sr	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
Care Manager	~~M~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$70,000	~~$81,120~~	$84,000	~~$99,840~~	$98,000	March 2021
Care Transition Intervention Coach (RN)	~~N~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$77,000	~~$93,184~~	$93,000	~~$114,712~~	$109,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Certified Coder	~~K~~	H	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$59,000	~~$61,360~~	$68,000	~~$75,504~~	$77,000	March 2021
Certified Coding Specialist	~~K~~	H	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$59,000	~~$61,360~~	$68,000	~~$75,504~~	$77,000	March 2021
Certified Coding Specialist Sr	~~L~~	J	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$65,000	~~$70,512~~	$78,000	~~$86,736~~	$91,000	March 2021
Change Control Administrator	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
Change Control Administrator Int	~~M~~	J	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$65,000	~~$81,120~~	$78,000	~~$99,840~~	$91,000	March 2021
~~Change Management Analyst Sr~~	~~N~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Chief Counsel	~~T~~	X	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$197,704~~	$289,000	~~$266,968~~	$361,000	~~$336,024~~	$433,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Chief Executive Officer	~~V~~	Z	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$319,740~~	$400,000	~~$431,600~~	$500,000	~~$543,600~~	$600,000	March 2021
Chief Financial Officer	~~U~~	X	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$237,224~~	$289,000	~~$320,216~~	$361,000	~~$403,312~~	$433,000	March 2021
Chief Information Officer	~~T~~	W	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$197,704~~	$246,000	~~$266,968~~	$307,000	~~$336,024~~	$368,000	March 2021
Chief Medical Officer	~~U~~	X	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$237,224~~	$289,000	~~$320,216~~	$361,000	~~$403,312~~	$433,000	March 2021
Chief Operating Officer	~~U~~	X	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$237,224~~	$289,000	~~$320,216~~	$361,000	~~$403,312~~	$433,000	March 2021
Claims - Lead	~~J~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$55,000	~~$53,352~~	$63,000	~~$65,624~~	$71,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Claims Examiner	~~H~~	C	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$33,696~~	$41,000	~~$42,224~~	$47,000	~~$50,648~~	$53,000	March 2021
Claims Examiner - Lead	~~J~~	F	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$51,000	~~$53,352~~	$59,000	~~$65,624~~	$67,000	March 2021
Claims Examiner Sr	~~I~~	E	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$37,128~~	$48,000	~~$46,384~~	$55,000	~~$55,640~~	$62,000	March 2021
Claims QA Analyst	~~I~~	E	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$37,128~~	$48,000	~~$46,384~~	$55,000	~~$55,640~~	$62,000	March 2021
Claims QA Analyst Sr.	~~J~~	F	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$51,000	~~$53,352~~	$59,000	~~$65,624~~	$67,000	March 2021
Claims Recovery Specialist	~~I~~	F	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$37,128~~	$51,000	~~$46,384~~	$59,000	~~$55,640~~	$67,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Claims Resolution Specialist	~~I~~	F	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$37,128~~	$51,000	~~$46,384~~	$59,000	~~$55,640~~	$67,000	March 2021
Clerk of the Board	O		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$105,000	~~$107,328~~	$127,000	~~$131,976~~	$149,000	March 2021
Clinical Auditor	~~M~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$77,000	~~$81,120~~	$93,000	~~$99,840~~	$109,000	March 2021
Clinical Auditor Sr	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Clinical Documentation Specialist (RN)	~~O~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$85,000	~~$107,328~~	$103,000	~~$131,976~~	$121,000	March 2021
Clinical Pharmacist	P		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$117,000	~~$128,752~~	$141,000	~~$162,032~~	$165,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Clinical Systems Administrator	~~M~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$70,000	~~$81,120~~	$84,000	~~$99,840~~	$98,000	March 2021
Clinician (Behavioral Health)	~~M~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$70,000	~~$81,120~~	$84,000	~~$99,840~~	$98,000	March 2021
Communications Specialist	~~J~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$55,000	~~$53,352~~	$63,000	~~$65,624~~	$71,000	March 2021
Community Partner	~~K~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$55,000	~~$61,360~~	$63,000	~~$75,504~~	$71,000	March 2021
Community Partner Sr	~~L~~	H	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$59,000	~~$70,512~~	$68,000	~~$86,736~~	$77,000	March 2021
Community Relations Specialist	~~J~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$55,000	~~$53,352~~	$63,000	~~$65,624~~	$71,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Community Relations Specialist Sr	~~K~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$61,000	~~$61,360~~	$73,000	~~$75,504~~	$85,000	March 2021
Compliance Claims Auditor	~~K~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$55,000	~~$61,360~~	$63,000	~~$75,504~~	$71,000	March 2021
Compliance Claims Auditor Sr	~~L~~	H	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$59,000	~~$70,512~~	$68,000	~~$86,736~~	$77,000	March 2021
Contract Administrator	~~M~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$70,000	~~$81,120~~	$84,000	~~$99,840~~	$98,000	March 2021
Contracts Manager	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Contracts Manager Sr	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Contracts Specialist	~~K~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$61,000	~~$61,360~~	$73,000	~~$75,504~~	$85,000	March 2021
Contracts Specialist Int	~~L~~	J	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$65,000	~~$70,512~~	$78,000	~~$86,736~~	$91,000	March 2021
Contracts Specialist Sr	~~M~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$70,000	~~$81,120~~	$84,000	~~$99,840~~	$98,000	March 2021
Controller	~~Q~~	T	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$182,000	~~$154,440~~	$227,000	~~$194,480~~	$272,000	March 2021
Credentialing Coordinator	~~J~~	E	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$48,000	~~$53,352~~	$55,000	~~$65,624~~	$62,000	March 2021
Credentialing Coordinator - Lead	~~J~~	F	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$51,000	~~$53,352~~	$59,000	~~$65,624~~	$67,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Customer Service Coordinator	~~J~~	E	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$48,000	~~$53,352~~	$55,000	~~$65,624~~	$62,000	March 2021
Customer Service Rep	~~H~~	C	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$33,696~~	$41,000	~~$42,224~~	$47,000	~~$50,648~~	$53,000	March 2021
Customer Service Rep - Lead	~~J~~	E	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$48,000	~~$53,352~~	$55,000	~~$65,624~~	$62,000	March 2021
Customer Service Rep Sr	~~I~~	D	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$37,128~~	$44,000	~~$46,384~~	$51,000	~~$55,640~~	$58,000	March 2021
Data Analyst	~~K~~	J	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$65,000	~~$61,360~~	$78,000	~~$75,504~~	$91,000	March 2021
Data Analyst Int	~~L~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$70,000	~~$70,512~~	$84,000	~~$86,736~~	$98,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Data Analyst Sr	~~M~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$77,000	~~$81,120~~	$93,000	~~$99,840~~	$109,000	March 2021
Data and Reporting Analyst - Lead	~~O~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$85,000	~~$107,328~~	$103,000	~~$131,976~~	$121,000	March 2021
Data Entry Tech	~~F~~	A	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$27,872~~	$36,000	~~$34,840~~	$41,000	~~$41,808~~	$46,000	March 2021
Data Warehouse Architect	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021
Data Warehouse Programmer/Analyst	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021
~~Data Warehouse Project Manager~~	~~O~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Data Warehouse Reporting Analyst	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Data Warehouse Reporting Analyst Sr	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021
Database Administrator	~~M~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$77,000	~~$81,120~~	$93,000	~~$99,840~~	$109,000	March 2021
Database Administrator Sr	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021
Deputy Chief Counsel	~~S~~	W	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$164,736~~	$246,000	~~$222,352~~	$307,000	~~$280,072~~	$368,000	March 2021
Deputy Chief Medical Officer	~~T~~	W	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$197,704~~	$246,000	~~$266,968~~	$307,000	~~$336,024~~	$368,000	March 2021
Deputy Clerk of the Board	M	K	Department requested new title to support Clerk duties and responsibilities.	~~$62,400~~	$70,000	~~$81,120~~	$84,000	~~$99,840~~	$98,000	March 2021
~~Director Accounting~~	~~P~~	N/A	Job title is not in use nor is it planned for use.							March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
~~Director Applications Management~~	~~R~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Director Audit & Oversight	~~Q~~	R	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$144,000	~~$154,440~~	$174,000	~~$194,480~~	$204,000	March 2021
Director Behavioral Health Services	~~P~~	Q	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$130,000	~~$128,752~~	$157,000	~~$162,032~~	$184,000	March 2021
Director Budget and Procurement	~~Q~~	S	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$154,000	~~$154,440~~	$193,000	~~$194,480~~	$232,000	March 2021
~~Director Business Development~~	~~P~~	N/A	Job title is not in use nor is it planned for use.							March 2021
~~Director Business Integration~~	~~Q~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Director Case Management	~~Q~~	S	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$154,000	~~$154,440~~	$193,000	~~$194,480~~	$232,000	March 2021
Director Claims Administration	~~P~~	R	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$144,000	~~$128,752~~	$174,000	~~$162,032~~	$204,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
~~Director Clinical Outcomes~~	~~Q~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Director Clinical Pharmacy	~~R~~	T	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$137,280~~	$182,000	~~$185,328~~	$227,000	~~$233,376~~	$272,000	March 2021
Director Coding Initiatives	~~P~~	S	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$154,000	~~$128,752~~	$193,000	~~$162,032~~	$232,000	March 2021
Director Communications	~~P~~	R	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$144,000	~~$128,752~~	$174,000	~~$162,032~~	$204,000	March 2021
~~Director Community Relations~~	~~P~~	N/A	Job title is not in use nor is it planned for use.							March 2021
~~Director Configuration & Coding~~	~~Q~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Director Contracting	~~P~~	R	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$144.000	~~$128,752~~	$174.000	~~$162,032~~	$204,000	March 2021
~~Director COREC~~	~~Q~~	N/A	Job title is not in use nor is it planned for use.							March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Director Customer Service	~~P~~	R	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$144,000	~~$128,752~~	$174,000	~~$162,032~~	$204,000	March 2021
~~Director Electronic Business~~	~~P~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Director Enterprise Analytics	~~Q~~	R	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$144,000	~~$154,440~~	$174,000	~~$194,480~~	$204,000	March 2021
Director Facilities	~~P~~	Q	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$130,000	~~$128,752~~	$157,000	~~$162,032~~	$184,000	March 2021
~~Director Finance & Procurement~~	~~P~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Director Financial Analysis	~~R~~	T	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$137,280~~	$182,000	~~$185,328~~	$227,000	~~$233,376~~	$272,000	March 2021
Director Financial Compliance	~~P~~	R	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$144,000	~~$128,752~~	$174,000	~~$162,032~~	$204,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Director Fraud Waste & Abuse and Privacy	~~Q~~	R	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$144,000	~~$154,440~~	$174,000	~~$194,480~~	$204,000	March 2021
Director Government Affairs	~~P~~	R	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$144,000	~~$128,752~~	$174,000	~~$162,032~~	$204,000	March 2021
Director Grievance & Appeals	~~P~~	R	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$144,000	~~$128,752~~	$174,000	~~$162,032~~	$204,000	March 2021
~~Director Health Services~~	~~Q~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Director Human Resources	~~Q~~	S	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$154,000	~~$154,440~~	$193,000	~~$194,480~~	$232,000	March 2021
Director Information Services	~~R~~	T	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$137,280~~	$182,000	~~$185,328~~	$227,000	~~$233,376~~	$272,000	March 2021
Director Long Term Support Services	~~Q~~	S	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$154,000	~~$154,440~~	$193,000	~~$194,480~~	$232,000	March 2021
~~Director Medi-Cal Plan Operations~~	~~P~~	N/A	Job title is not in use nor is it planned for use.							March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Director Network Management	~~P~~	R	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$144,000	~~$128,752~~	$174,000	~~$162,032~~	$204,000	March 2021
~~Director OneCare Operations~~	~~P~~	N/A	Job title is not in use nor is it planned for use.							March 2021
~~Director Organizational Training & Education~~	~~P~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Director PACE Program	~~Q~~	S	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$154,000	~~$154,440~~	$193,000	~~$194,480~~	$232,000	March 2021
Director Population Health Management	Q		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$130,000	~~$154,440~~	$157,000	~~$194,480~~	$184,000	March 2021
Director Process Excellence	~~Q~~	R	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$144,000	~~$154,440~~	$174,000	~~$194,480~~	$204,000	March 2021
Director Program Implementation	~~Q~~	R	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$144,000	~~$154,440~~	$174,000	~~$194,480~~	$204,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
~~Director Project Management~~	~~Q~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Director Provider Data Quality	Q		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$130,000	~~$154,440~~	$157,000	~~$194,480~~	$184,000	March 2021
~~Director Provider Services~~	~~P~~	N/A	Job title is not in use nor is it planned for use.							March 2021
~~Director Public Policy~~	~~P~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Director Purchasing (Proposed Title)	N/A	Q	New Position. Department requested new title to provide support and oversight of this function.		$130,000		$157,000		$184,000	March 2021
~~Director Quality (LTSS)~~	~~Q~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Director Quality Analytics	~~Q~~	R	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$144,000	~~$154,440~~	$174,000	~~$194,480~~	$204,000	March 2021
Director Quality Improvement	~~Q~~	R	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$144,000	~~$154,440~~	$174,000	~~$194,480~~	$204,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Director Regulatory Affairs and Compliance	~~Q~~	R	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$144,000	~~$154,440~~	$174,000	~~$194,480~~	$204,000	March 2021
Director Strategic Development	~~P~~	R	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$144,000	~~$128,752~~	$174,000	~~$162,032~~	$204,000	March 2021
~~Director Systems Development~~	~~R~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Director Utilization Management	~~Q~~	S	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$154,000	~~$154,440~~	$193,000	~~$194,480~~	$232,000	March 2021
Director Vendor Management	~~P~~	Q	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$130,000	~~$128,752~~	$157,000	~~$162,032~~	$184,000	March 2021
~~Disease Management Coordinator~~	~~M~~	N/A	Job title is not in use nor is it planned for use.							March 2021
~~Disease Management Coordinator - Lead~~	~~M~~	N/A	Job title is not in use nor is it planned for use.							March 2021
~~EDI Project Manager~~	~~O~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Enrollment Coordinator (PACE)	~~K~~	F	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$51,000	~~$61,360~~	$59,000	~~$75,504~~	$67,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Enterprise Analytics Manager	~~P~~	O	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$105,000	~~$128,752~~	$127,000	~~$162,032~~	$149,000	March 2021
Executive Administrative Services Manager	~~M~~	J	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$65,000	~~$81,120~~	$78,000	~~$99,840~~	$91,000	March 2021
Executive Assistant	~~K~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$55,000	~~$61,360~~	$63,000	~~$75,504~~	$71,000	March 2021
Executive Assistant to CEO	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
Executive Director Clinical Operations	~~S~~	U	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$164,736~~	$209,000	~~$222,352~~	$261,000	~~$280,072~~	$313,000	March 2021
Executive Director Compliance	~~S~~	U	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$164,736~~	$209,000	~~$222,352~~	$261,000	~~$280,072~~	$313,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Executive Director Human Resources	~~S~~	U	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$164,736~~	$209,000	~~$222,352~~	$261,000	~~$280,072~~	$313,000	March 2021
Executive Director Network Operations	~~S~~	U	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$164,736~~	$209,000	~~$222,352~~	$261,000	~~$280,072~~	$313,000	March 2021
Executive Director Operations	~~S~~	U	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$164,736~~	$209,000	~~$222,352~~	$261,000	~~$280,072~~	$313,000	March 2021
Executive Director Program Implementation	~~S~~	U	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$164,736~~	$209,000	~~$222,352~~	$261,000	~~$280,072~~	$313,000	March 2021
Executive Director Public Affairs	~~S~~	U	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$164,736~~	$209,000	~~$222,352~~	$261,000	~~$280,072~~	$313,000	March 2021
Executive Director Quality & Population Health Management	~~S~~	U	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$164,736~~	$209,000	~~$222,352~~	$261,000	~~$280,072~~	$313,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Executive Director, Behavioral Health Integration	~~S~~	U	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$164,736~~	$209,000	~~$222,352~~	$261,000	~~$280,072~~	$313,000	March 2021
Facilities & Support Services Coord - Lead	~~J~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$55,000	~~$53,352~~	$63,000	~~$65,624~~	$71,000	March 2021
Facilities & Support Services Coordinator	~~J~~	E	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$48,000	~~$53,352~~	$55,000	~~$65,624~~	$62,000	March 2021
Facilities & Support Services Coordinator, Sr (Proposed title)	N/A	F	Department requesting new title due to growth and to establish levels.		$51,000		$59,000		$67,000	March 2021
Facilities Coordinator	~~J~~	E	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$48,000	~~$53,352~~	$55,000	~~$65,624~~	$62,000	March 2021
Financial Analyst	~~L~~	J	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$65,000	~~$70,512~~	$78,000	~~$86,736~~	$91,000	March 2021
Financial Analyst Sr	~~M~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$77,000	~~$81,120~~	$93,000	~~$99,840~~	$109,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Financial Reporting Analyst	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
~~Gerontology Resource Coordinator~~	~~M~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Graphic Designer	~~M~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$70,000	~~$81,120~~	$84,000	~~$99,840~~	$98,000	March 2021
Grievance & Appeals Nurse Specialist	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Grievance Resolution Specialist	~~J~~	F	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$51,000	~~$53,352~~	$59,000	~~$65,624~~	$67,000	March 2021
Grievance Resolution Specialist - Lead	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
Grievance Resolution Specialist Sr	~~K~~	H	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$59,000	~~$61,360~~	$68,000	~~$75,504~~	$77,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Health Coach	~~M~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$70,000	~~$81,120~~	$84,000	~~$99,840~~	$98,000	March 2021
Health Educator	~~K~~	H	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$59,000	~~$61,360~~	$68,000	~~$75,504~~	$77,000	March 2021
Health Educator Sr	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
Health Network Liaison Specialist (RN)	~~N~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$77,000	~~$93,184~~	$93,000	~~$114,712~~	$109,000	March 2021
Health Network Oversight Specialist	~~M~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$70,000	~~$81,120~~	$84,000	~~$99,840~~	$98,000	March 2021
HEDIS Case Manager	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
~~HEDIS Case Manager (LVN)~~	~~M~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Help Desk Technician	~~J~~	E	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$48,000	~~$53,352~~	$55,000	~~$65,624~~	$62,000	March 2021
Help Desk Technician Sr	~~K~~	F	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$51,000	~~$61,360~~	$59,000	~~$75,504~~	$67,000	March 2021
HR Assistant	~~I~~	D	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$37,128~~	$44,000	~~$46,384~~	$51,000	~~$55,640~~	$58,000	March 2021
HR Business Partner	M		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$85,000	~~$81,120~~	$103,000	~~$99,840~~	$121,000	March 2021
~~HR Compensation Specialist Sr~~	~~N~~	N/A	Job title is not in use nor is it planned for use.							March 2021
HR Coordinator	~~J~~	F	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$51,000	~~$53,352~~	$59,000	~~$65,624~~	$67,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
HR Representative	~~L~~	J	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$65,000	~~$70,512~~	$78,000	~~$86,736~~	$91,000	March 2021
HR Representative Sr	~~M~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$77,000	~~$81,120~~	$93,000	~~$99,840~~	$109,000	March 2021
HR Specialist	~~K~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$55,000	~~$61,360~~	$63,000	~~$75,504~~	$71,000	March 2021
HR Specialist Sr	~~L~~	H	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$59,000	~~$70,512~~	$68,000	~~$86,736~~	$77,000	March 2021
~~HRIS Analyst Sr~~	~~M~~	N/A	Job title is not in use nor is it planned for use.							March 2021
~~ICD-10 Project Manager~~	~~O~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Infrastructure Systems Administrator	~~J~~	F	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$51,000	~~$53,352~~	$59,000	~~$65,624~~	$67,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Infrastructure Systems Administrator Int	~~K~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$55,000	~~$61,360~~	$63,000	~~$75,504~~	$71,000	March 2021
Inpatient Quality Coding Auditor	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
Intern	~~E~~	A	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$25,272~~	$36,000	~~$31,720~~	$41,000	~~$37,960~~	$46,000	March 2021
Investigator Sr	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
IS Coordinator	~~J~~	E	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$48,000	~~$53,352~~	$55,000	~~$65,624~~	$62,000	March 2021
IS Project Manager	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
IS Project Manager Sr	~~P~~	O	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$105,000	~~$128,752~~	$127,000	~~$162,032~~	$149,000	March 2021
IS Project Specialist	~~M~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$70,000	~~$81,120~~	$84,000	~~$99,840~~	$98,000	March 2021
IS Project Specialist Sr	~~N~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$77,000	~~$93,184~~	$93,000	~~$114,712~~	$109,000	March 2021
Kitchen Assistant	~~E~~	A	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$25,272~~	$36,000	~~$31,720~~	$41,000	~~$37,960~~	$46,000	March 2021
~~Legislative Program Manager~~	~~N~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Licensed Clinical Social Worker	~~L~~	J	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$65,000	~~$70,512~~	$78,000	~~$86,736~~	$91,000	March 2021
Litigation Support Specialist	~~M~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$70,000	~~$81,120~~	$84,000	~~$99,840~~	$98,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
LVN PACE	~~M~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$70,000	~~$81,120~~	$84,000	~~$99,840~~	$98,000	March 2021
LVN Specialist	~~M~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$70,000	~~$81,120~~	$84,000	~~$99,840~~	$98,000	March 2021
Mailroom Clerk	~~E~~	A	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$25,272~~	$36,000	~~$31,720~~	$41,000	~~$37,960~~	$46,000	March 2021
Manager Accounting	~~N~~	O	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$105,000	~~$93,184~~	$127,000	~~$114,712~~	$149,000	March 2021
Manager Actuary	~~P~~	Q	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$130,000	~~$128,752~~	$157,000	~~$162,032~~	$184,000	March 2021
~~Manager Applications Management~~	~~P~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Manager Audit & Oversight	O		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$105,000	~~$107,328~~	$127,000	~~$131,976~~	$149,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Manager Behavioral Health	O		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$105,000	~~$107,328~~	$127,000	~~$131,976~~	$149,000	March 2021
Manager Business Integration	O		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$105,000	~~$107,328~~	$127,000	~~$131,976~~	$149,000	March 2021
Manager Case Management	~~O~~	P	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$117,000	~~$107,328~~	$141,000	~~$131,976~~	$165,000	March 2021
Manager Claims	~~N~~	O	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$105,000	~~$93,184~~	$127,000	~~$114,712~~	$149,000	March 2021
Manager Clinic Operations	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021
Manager Clinical Pharmacist	~~Q~~	R	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$144,000	~~$154,440~~	$174,000	~~$194,480~~	$204,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Manager Coding Quality	N		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$95,000	~~$93,184~~	$114,000	~~$114,712~~	$133,000	March 2021
Manager Communications	N		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$95,000	~~$93,184~~	$114,000	~~$114,712~~	$133,000	March 2021
Manager Community Relations	~~M~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$95,000	~~$81,120~~	$114,000	~~$99,840~~	$133,000	March 2021
Manager Contracting	O		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$105,000	~~$107,328~~	$127,000	~~$131,976~~	$149,000	March 2021
Manager Creative Branding	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Manager Cultural & Linguistic	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Manager Customer Service	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
~~Manager Decision Support~~	~~O~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Manager Electronic Business	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021
~~Manager Employment Services~~	~~N~~	N/A	Job title is not in use nor is it planned for use.	~~$71,760~~		~~$93,184~~		~~$114,712~~		March 2021
Manager Encounters	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Manager Environmental Health & Safety	N		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$95,000	~~$93,184~~	$114,000	~~$114,712~~	$133,000	March 2021
~~Manager Facilities~~	~~N~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Manager Finance	~~N~~	O	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$105,000	~~$93,184~~	$127,000	~~$114,712~~	$149,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Manager Financial Analysis	~~O~~	P	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$117,000	~~$107,328~~	$141,000	~~$131,976~~	$165,000	March 2021
Manager Government Affairs	N		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$95,000	~~$93,184~~	$114,000	~~$114,712~~	$133,000	March 2021
Manager Grievance & Appeals	~~N~~	O	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$105,000	~~$93,184~~	$127,000	~~$114,712~~	$149,000	March 2021
~~Manager Health Education~~	~~N~~	N/A	Job title is not in use nor is it planned for use.							March 2021
~~Manager HEDIS~~	~~O~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Manager Human Resources	O		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$105,000	~~$107,328~~	$127,000	~~$131,976~~	$149,000	March 2021
Manager Information Services	P		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$117,000	~~$128,752~~	$141,000	~~$162,032~~	$165,000	March 2021
~~Manager Information Technology~~	~~P~~	N/A	Job title is not in use nor is it planned for use.							March 2021
~~Manager Integration Government Liaison~~	~~N~~	N/A	Job title is not in use nor is it planned for use.							March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Manager Long Term Support Services	~~O~~	O	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$105,000	~~$107,328~~	$127,000	~~$131,976~~	$149,000	March 2021
Manager Marketing & Enrollment (PACE)	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021
Manager Marketing and Outreach	~~O~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$85,000	~~$107,328~~	$103,000	~~$131,976~~	$121,000	March 2021
~~Manager Medical Data Management~~	~~O~~	N/A	Job title is not in use nor is it planned for use.							March 2021
~~Manager Medi-Cal Program Operations~~	~~N~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Manager Member Liaison Program	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Manager Member Outreach & Education	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
~~Manager Member Outreach Education & Provider Relations~~	~~O~~	N/A	Job title is not in use nor is it planned for use.							March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Manager MSSP	~~O~~	O	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$105,000	~~$107,328~~	$127,000	~~$131,976~~	$149,000	March 2021
Manager OneCare Clinical	~~O~~	P	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$117,000	~~$107,328~~	$141,000	~~$131,976~~	$165,000	March 2021
Manager OneCare Customer Service	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
~~Manager OneCare Regulatory~~	~~N~~	N/A	Job title is not in use nor is it planned for use.							March 2021
~~Manager OneCare Sales~~	~~O~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Manager Marketing & Outreach	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Manager PACE Center	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Manager Population Health Management	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021
Manager Process Excellence	O		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$105,000	~~$107,328~~	$127,000	~~$131,976~~	$149,000	March 2021
Manager Program Implementation	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021
~~Manager Project Management~~	~~O~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Manager Provider Data Management Services	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Manager Provider Network	O		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$105,000	~~$107,328~~	$127,000	~~$131,976~~	$149,000	March 2021
Manager Provider Relations	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
~~Manager Provider Services~~	~~O~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Manager Purchasing	~~N~~	O	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$105,000	~~$93,184~~	$127,000	~~$114,712~~	$149,000	March 2021
Manager QI Initiatives	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Manager Quality Analytics	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021
Manager Quality Improvement	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021
Manager Regulatory Affairs and Compliance	O		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$105,000	~~$107,328~~	$127,000	~~$131,976~~	$149,000	March 2021
Manager Reporting & Financial Compliance	O		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$105,000	~~$107,328~~	$127,000	~~$131,976~~	$149,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Manager Strategic Development	O		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$105,000	~~$107,328~~	$127,000	~~$131,976~~	$149,000	March 2021
~~Manager Strategic Operations~~	~~N~~	N/A	Job title is not in use nor is it planned for use.							March 2021
~~Manager Systems Development~~	~~P~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Manager Utilization Management	~~O~~	P	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$117,000	~~$107,328~~	$141,000	~~$131,976~~	$165,000	March 2021
Marketing and Outreach Specialist	~~J~~	F	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$51,000	~~$53,352~~	$59,000	~~$65,624~~	$67,000	March 2021
Medical Assistant	~~H~~	C	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$33,696~~	$41,000	~~$42,224~~	$47,000	~~$50,648~~	$53,000	March 2021
Medical Authorization Asst	~~H~~	C	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$33,696~~	$41,000	~~$42,224~~	$47,000	~~$50,648~~	$53,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Medical Case Manager	~~N~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$77,000	~~$93,184~~	$93,000	~~$114,712~~	$109,000	March 2021
Medical Case Manager (LVN)	~~L~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$70,000	~~$70,512~~	$84,000	~~$86,736~~	$98,000	March 2021
Medical Director	~~S~~	V	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$164,736~~	$221,400	~~$222,352~~	$276,300	~~$280,072~~	$331,200	March 2021
Medical Records & Health Plan Assistant	~~G~~	B	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$30,576~~	$38,000	~~$38,272~~	$44,000	~~$45,968~~	$50,000	March 2021
Medical Records Clerk	~~E~~	B	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$25,272~~	$38,000	~~$31,720~~	$44,000	~~$37,960~~	$50,000	March 2021
Medical Services Case Manager	~~K~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$55,000	~~$61,360~~	$63,000	~~$75,504~~	$71,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Member Liaison Specialist	~~I~~	C	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$37,128~~	$41,000	~~$46,384~~	$47,000	~~$55,640~~	$53,000	March 2021
MMS Program Coordinator	~~K~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$55,000	~~$61,360~~	$63,000	~~$75,504~~	$71,000	March 2021
Nurse Practitioner (PACE)	~~P~~	O	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$105,000	~~$128,752~~	$127,000	~~$162,032~~	$149,000	March 2021
Occupational Therapist	~~N~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$77,000	~~$93,184~~	$93,000	~~$114,712~~	$109,000	March 2021
Occupational Therapist Assistant	~~M~~	H	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$59,000	~~$81,120~~	$68,000	~~$99,840~~	$77,000	March 2021
Office Clerk	~~C~~	A	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$21,008~~	$36,000	~~$26,208~~	$41,000	~~$31,408~~	$46,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
OneCare Operations Manager	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021
OneCare Partner - Sales	~~K~~	F	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$51,000	~~$61,360~~	$59,000	~~$75,504~~	$67,000	March 2021
OneCare Partner - Sales (Lead)	~~K~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$55,000	~~$61,360~~	$63,000	~~$75,504~~	$71,000	March 2021
OneCare Partner - Service	~~I~~	C	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$37,128~~	$41,000	~~$46,384~~	$47,000	~~$55,640~~	$53,000	March 2021
OneCare Partner (Inside Sales)	~~J~~	E	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$48,000	~~$53,352~~	$55,000	~~$65,624~~	$62,000	March 2021
Outreach Specialist	~~I~~	C	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$37,128~~	$41,000	~~$46,384~~	$47,000	~~$55,640~~	$53,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Paralegal/Legal Secretary	~~K~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$61,000	~~$61,360~~	$73,000	~~$75,504~~	$85,000	March 2021
Payroll Specialist	~~J~~	E	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$48,000	~~$53,352~~	$55,000	~~$65,624~~	$62,000	March 2021
Payroll Specialist Sr	~~K~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$55,000	~~$61,360~~	$63,000	~~$75,504~~	$71,000	March 2021
Performance Analyst	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
Personal Care Attendant	~~E~~	A	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$25,272~~	$36,000	~~$31,720~~	$41,000	~~$37,960~~	$46,000	March 2021
Personal Care Attendant - Lead	~~E~~	B	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$25,272~~	$38,000	~~$31,720~~	$44,000	~~$37,960~~	$50,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Personal Care Coordinator	~~I~~	C	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$37,128~~	$41,000	~~$46,384~~	$47,000	~~$55,640~~	$53,000	March 2021
Personal Care Coordinator Sr	~~J~~	D	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$44,000	~~$53,352~~	$51,000	~~$65,624~~	$58,000	March 2021
Pharmacy Resident	~~K~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$55,000	~~$61,360~~	$63,000	~~$75,504~~	$71,000	March 2021
Pharmacy Services Specialist	~~I~~	C	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$37,128~~	$41,000	~~$46,384~~	$47,000	~~$55,640~~	$53,000	March 2021
Pharmacy Services Specialist Int	~~J~~	D	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$44,000	~~$53,352~~	$51,000	~~$65,624~~	$58,000	March 2021
Pharmacy Services Specialist Sr	~~K~~	E	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$48,000	~~$61,360~~	$55,000	~~$75,504~~	$62,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Physical Therapist	~~N~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$77,000	~~$93,184~~	$93,000	~~$114,712~~	$109,000	March 2021
Physical Therapist Assistant	~~M~~	H	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$59,000	~~$81,120~~	$68,000	~~$99,840~~	$77,000	March 2021
Policy Advisor Sr	~~O~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$85,000	~~$107,328~~	$103,000	~~$131,976~~	$121,000	March 2021
Privacy Manager	N		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$95,000	~~$93,184~~	$114,000	~~$114,712~~	$133,000	March 2021
Privacy Officer	~~P~~	O	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$105,000	~~$128,752~~	$127,000	~~$162,032~~	$149,000	March 2021
Process Excellence Manager	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Program Assistant	~~I~~	C	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$37,128~~	$41,000	~~$46,384~~	$47,000	~~$55,640~~	$53,000	March 2021
Program Coordinator	~~I~~	C	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$37,128~~	$41,000	~~$46,384~~	$47,000	~~$55,640~~	$53,000	March 2021
Program Development Analyst Sr	~~M~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$70,000	~~$81,120~~	$84,000	~~$99,840~~	$98,000	March 2021
Program Manager	~~M~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$77,000	~~$81,120~~	$93,000	~~$99,840~~	$109,000	March 2021
Program Manager Sr	~~O~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$85,000	~~$107,328~~	$103,000	~~$131,976~~	$121,000	March 2021
Program Specialist	~~J~~	E	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$48,000	~~$53,352~~	$55,000	~~$65,624~~	$62,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Program Specialist Int	~~K~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$55,000	~~$61,360~~	$63,000	~~$75,504~~	$71,000	March 2021
Program Specialist Sr	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
Program/Policy Analyst	~~K~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$61,000	~~$61,360~~	$73,000	~~$75,504~~	$85,000	March 2021
Program/Policy Analyst Sr	~~M~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$70,000	~~$81,120~~	$84,000	~~$99,840~~	$98,000	March 2021
Programmer	~~L~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$70,000	~~$70,512~~	$84,000	~~$86,736~~	$98,000	March 2021
Programmer Int	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Programmer Sr	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021
Project Manager	~~M~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$77,000	~~$81,120~~	$93,000	~~$99,840~~	$109,000	March 2021
Project Manager - Lead	M		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$85,000	~~$81,120~~	$103,000	~~$99,840~~	$121,000	March 2021
Project Manager Sr	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021
Project Specialist	~~K~~	E	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$48,000	~~$61,360~~	$55,000	~~$75,504~~	$62,000	March 2021
Project Specialist Sr	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Projects Analyst	~~K~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$55,000	~~$61,360~~	$63,000	~~$75,504~~	$71,000	March 2021
Provider Data Management Services Coordinator	~~I~~	D	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$37,128~~	$44,000	~~$46,384~~	$51,000	~~$55,640~~	$58,000	March 2021
Provider Data Management Services Coordinator Sr	~~J~~	F	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$51,000	~~$53,352~~	$59,000	~~$65,624~~	$67,000	March 2021
Provider Enrollment Manager	~~K~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$55,000	~~$61,360~~	$63,000	~~$75,504~~	$71,000	March 2021
Provider Network Rep Sr	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Provider Network Specialist	~~K~~	H	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$59,000	~~$61,360~~	$68,000	~~$75,504~~	$77,000	March 2021
Provider Network Specialist Sr	~~L~~	J	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$65,000	~~$70,512~~	$78,000	~~$86,736~~	$91,000	March 2021
Provider Office Education Manager	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
Provider Relations Rep	~~K~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$55,000	~~$61,360~~	$63,000	~~$75,504~~	$71,000	March 2021
Provider Relations Rep Sr	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
Publications Coordinator	~~J~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$55,000	~~$53,352~~	$63,000	~~$65,624~~	$71,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
QA Analyst	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
QA Analyst Sr	~~N~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$77,000	~~$93,184~~	$93,000	~~$114,712~~	$109,000	March 2021
QI Nurse Specialist	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
QI Nurse Specialist (LVN)	~~M~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$77,000	~~$81,120~~	$93,000	~~$99,840~~	$109,000	March 2021
Receptionist	~~F~~	B	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$27,872~~	$38,000	~~$34,840~~	$44,000	~~$41,808~~	$50,000	March 2021
Records Manager (Proposed title)	N/A	Q	Department requested new title due to growth of duties.		$130,000		$157,000		$184,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Recreational Therapist	~~L~~	H	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$59,000	~~$70,512~~	$68,000	~~$86,736~~	$77,000	March 2021
~~Recruiter~~	~~L~~	N/A	Job title is not in use nor is it planned for use.							March 2021
~~Recruiter Sr~~	~~M~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Registered Dietitian	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
Regulatory Affairs and Compliance Analyst	~~K~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$61,000	~~$61,360~~	$73,000	~~$75,504~~	$85,000	March 2021
Regulatory Affairs and Compliance Analyst Sr	~~L~~	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$70,000	~~$70,512~~	$84,000	~~$86,736~~	$98,000	March 2021
Regulatory Affairs and Compliance Lead	~~M~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$77,000	~~$81,120~~	$93,000	~~$99,840~~	$109,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
RN (PACE)	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Security Analyst Int	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Security Analyst Sr	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021
Security Officer	~~F~~	B	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$27,872~~	$38,000	~~$34,840~~	$44,000	~~$41,808~~	$50,000	March 2021
SharePoint Developer/Administrator Sr	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021
Social Worker	~~K~~	J	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$65,000	~~$61,360~~	$78,000	~~$75,504~~	$91,000	March 2021
Social Worker, Sr	~~L~~	K	Pay range adjustment based on Grant Thornton	~~$54,288~~	$70,000	~~$70,512~~	$84,000	~~$86,736~~	$98,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
			and internal evaluation of job responsibilities.							
Special Counsel	~~R~~	T	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$137,280~~	$182,000	~~$185,328~~	$227,000	~~$233,376~~	$272,000	March 2021
~~Sr Director Regulatory Affairs and Compliance~~	~~R~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Sr Manager Financial Analysis	~~P~~	Q	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$130,000	~~$128,752~~	$157,000	~~$162,032~~	$184,000	March 2021
~~Sr Manager Government Affairs~~	~~O~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Sr Manager Human Resources	P		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$117,000	~~$128,752~~	$141,000	~~$162,032~~	$165,000	March 2021
Sr Manager Information Services	Q		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$130,000	~~$154,440~~	$157,000	~~$194,480~~	$184,000	March 2021
~~Sr Manager Provider Network~~	~~O~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Staff Attorney	P		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$117,000	~~$128,752~~	$141,000	~~$162,032~~	$165,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Staff Attorney, Sr.	~~Q~~	R	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$114,400~~	$144,000	~~$154,440~~	$174,000	~~$194,480~~	$204,000	March 2021
Supervisor Accounting	M		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$85,000	~~$81,120~~	$103,000	~~$99,840~~	$121,000	March 2021
Supervisor Audit and Oversight	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Supervisor Behavioral Health	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Supervisor Budgeting	~~M~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$95,000	~~$81,120~~	$114,000	~~$99,840~~	$133,000	March 2021
Supervisor Case Management	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Supervisor Claims	~~K~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$61,000	~~$61,360~~	$73,000	~~$75,504~~	$85,000	March 2021
Supervisor Coding Initiatives	M		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$85,000	~~$81,120~~	$103,000	~~$99,840~~	$121,000	March 2021
Supervisor Credentialing	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
Supervisor Customer Service	~~K~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$61,000	~~$61,360~~	$73,000	~~$75,504~~	$85,000	March 2021
Supervisor Data Entry	~~K~~	H	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$59,000	~~$61,360~~	$68,000	~~$75,504~~	$77,000	March 2021
Supervisor Day Center (PACE)	~~K~~	H	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$59,000	~~$61,360~~	$68,000	~~$75,504~~	$77,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Supervisor Dietary Services (PACE)	~~M~~	J	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$65,000	~~$81,120~~	$78,000	~~$99,840~~	$91,000	March 2021
Supervisor Encounters	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
Supervisor Facilities	~~L~~	J	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$65,000	~~$70,512~~	$78,000	~~$86,736~~	$91,000	March 2021
Supervisor Finance	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Supervisor Grievance and Appeals	~~M~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$77,000	~~$81,120~~	$93,000	~~$99,840~~	$109,000	March 2021
~~Supervisor Health Education~~	~~M~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Supervisor Information Services	N		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$95,000	~~$93,184~~	$114,000	~~$114,712~~	$133,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Supervisor Long Term Support Services	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Supervisor Member Outreach and Education	M	K	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$70,000	~~$81,120~~	$84,000	~~$99,840~~	$98,000	March 2021
Supervisor MSSP	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Supervisor Nursing Services (PACE)	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Supervisor OneCare Customer Service	~~K~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$61,000	~~$61,360~~	$73,000	~~$75,504~~	$85,000	March 2021
Supervisor Payroll	M		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$85,000	~~$81,120~~	$103,000	~~$99,840~~	$121,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Supervisor Pharmacist	~~P~~	Q	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$95,264~~	$130,000	~~$128,752~~	$157,000	~~$162,032~~	$184,000	March 2021
Supervisor Population Health Management	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Supervisor ~~(Provider Enrollment)~~ Provider Data Management Services (Revised)	K		Title changed due to department name change. Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$70,000	~~$61,360~~	$84,000	~~$75,504~~	$98,000	March 2021
Supervisor Provider Relations	~~M~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$77,000	~~$81,120~~	$93,000	~~$99,840~~	$109,000	March 2021
Supervisor Quality Analytics	M		Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$85,000	~~$81,120~~	$103,000	~~$99,840~~	$121,000	March 2021
Supervisor Quality Improvement	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Supervisor Regulatory Affairs and Compliance	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Supervisor Social Work (PACE)	~~L~~	J	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$65,000	~~$70,512~~	$78,000	~~$86,736~~	$91,000	March 2021
~~Supervisor Systems Development~~	~~O~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Supervisor Therapy Services (PACE)	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Supervisor Utilization Management	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
~~Systems Manager~~	~~N~~	N/A	Job title is not in use nor is it planned for use.							March 2021
Systems Network Administrator Int	~~M~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$77,000	~~$81,120~~	$93,000	~~$99,840~~	$109,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Systems Network Administrator Sr	~~N~~	M	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$71,760~~	$85,000	~~$93,184~~	$103,000	~~$114,712~~	$121,000	March 2021
Systems Operations Analyst	~~J~~	F	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$51,000	~~$53,352~~	$59,000	~~$65,624~~	$67,000	March 2021
Systems Operations Analyst Int	~~K~~	G	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$55,000	~~$61,360~~	$63,000	~~$75,504~~	$71,000	March 2021
Technical Analyst Int	~~L~~	J	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$65,000	~~$70,512~~	$78,000	~~$86,736~~	$91,000	March 2021
Technical Analyst Sr	~~M~~	L	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$77,000	~~$81,120~~	$93,000	~~$99,840~~	$109,000	March 2021
Technical Writer	~~L~~	H	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$59,000	~~$70,512~~	$68,000	~~$86,736~~	$77,000	March 2021

Job Title	Old Pay Grade	New Pay Grade	Notes / Reason	Min		Mid		Max		Month Added/ Changed
Technical Writer Sr	~~M~~	J	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$62,400~~	$65,000	~~$81,120~~	$78,000	~~$99,840~~	$91,000	March 2021
Therapy Aide	~~J~~	E	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$40,976~~	$48,000	~~$53,352~~	$55,000	~~$65,624~~	$62,000	March 2021
Training Administrator	~~L~~	I	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$54,288~~	$61,000	~~$70,512~~	$73,000	~~$86,736~~	$85,000	March 2021
Training Program Coordinator	~~K~~	H	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$47,112~~	$59,000	~~$61,360~~	$68,000	~~$75,504~~	$77,000	March 2021
Translation Specialist	~~G~~	B	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$30,576~~	$38,000	~~$38,272~~	$44,000	~~$45,968~~	$50,000	March 2021
Web Architect	~~O~~	N	Pay range adjustment based on Grant Thornton and internal evaluation of job responsibilities.	~~$82,576~~	$95,000	~~$107,328~~	$114,000	~~$131,976~~	$133,000	March 2021

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken February 18, 2021
Regular Meeting of the CalOptima Board of Directors'
Finance and Audit Committee

Report Item

11. Consider Recommending Board of Directors Adoption of Investment Policy Statement for CalOptima's 457(b) Deferred Compensation Plan

Contacts

Brigette Hoey, Executive Director, Human Resources, (714) 246-8405
Nancy Huang, Chief Financial Officer, (657) 235-6935

Recommended Action

Recommend that the Board of Directors approve the proposed Investment Policy Statement for CalOptima's 457(b) Deferred Compensation Plan

Background

In 1994, the CalOptima Board of Directors approved the establishment of a deferred compensation program (Program) for employees under Section 457(b) of the Internal Revenue Code, including a deferred compensation plan (Plan). Due to changes in Section 457 over the years, an amended and restated Plan was adopted in 2005. A subsequent amended and restated Plan was adopted in 2011 that provided for the rights of designated beneficiaries who are not the employee's spouse in the event of the death of the employee. A subsequent amended and restated Plan was adopted in 2013 that: (1) added a Roth 457 option (Roth Option) under the Plan; (2) established the composition of the CalOptima Deferred Compensation Committee (Committee) to include the Executive Director of Human Resources as Committee Chair, and the Chief Financial Officer or designee, as well as additional members and future replacement members appointed by the Committee Chair; and (3) directed the Committee to follow the "prudent person" standard generally applicable to California government retirement plans in selection of investment options for the Deferred Compensation Investment Policy (Investment Policy).

Discussion

The Committee, in consultation with CalOptima's independent investment advisor SageView Advisory Group, LLC, prepared the proposed Investment Policy Statement, which is intended to establish the policies and guidelines for CalOptima's Plan and to assist the Committee in effectively selecting, monitoring, and evaluating investment alternatives made available to Plan participants. The Investment Policy Statement outlines and prescribes a prudent and acceptable investment philosophy and sets out the investment management procedures.

The Board delegated authority to the Committee to interpret the Plan and adopt rules and regulations for the administration of the Plan, and to interpret, alter, amend, or revoke any rules and regulations so adopted, provided that they are not inconsistent with the provisions of the Plan and that they conform with Section 457(b) of the Code and any applicable regulations thereunder.

For oversight and transparency purposes, the Committee recommends that the initial adoption of the Investment Policy Statement be reviewed and approved by the FAC and recommended for approval by

Back to Agenda

the Board. Staff will return to the FAC and Board with any future substantive revisions to the Investment Policy Statement for review and approval.

Fiscal Impact

The recommended action to approve the Investment Policy Statement for CalOptima's 457(b) Deferred Compensation Plan is operational in nature and has no additional fiscal impact beyond what was incorporated in the CalOptima Fiscal Year 2020-21 Operating Budget approved by the Board on June 4, 2020.

Rationale for Recommendation

Adoption of the proposed Investment Policy Statement will establish the policies and guidelines for the administration of the Plan. Bringing the Investment Policy Statement to the FAC and the Board for review and adoption provides oversight and transparency desired by the Committee.

Concurrence

Gary Crockett, Chief Counsel

Attachments

1. Investment Policy Statement

/s/ Richard Sanchez *02/10/2021*
Authorized Signature **Date**

Back to Agenda

INVESTMENT POLICY STATEMENT

Orange County Health Authority dba CalOptima
Orange County Health Authority 457(b) Deferred Compensation Plan

Back to Agenda Back to Item

Table of Contents

Purpose of the Investment Policy Statement....4
Purpose of the Plan 4
Statement of Responsibilities....4
Investment Choices 5
Qualified Default Investment Alternative (QDIA) 5
Selection of Investment Alternatives 6
Evaluation Methodology 7
Other Investment Evaluation Criteria 8
Monitoring of Investment Policy and Investment Performance....9
Proxy Voting 9
Review and Revisions....10
ADOPTION....11
APPENDIX A - Categories and Benchmarks....12
APPENDIX B - Definitions of Investment Ranking Criteria
APPENDIX C - Definitions of Index Funds Ranking Criteria

Back to Agenda Back to Item

Purpose of the Investment Policy Statement

This Investment Policy Statement establishes the policies and guidelines for the Orange County Health Authority 457(b) Deferred Compensation Plan (the "Plan") and is intended to assist the CalOptima Deferred Compensation Committee (the "Committee") in effectively selecting, monitoring and evaluating investment alternatives made available to participants under the Plan. It outlines and prescribes a prudent and acceptable investment philosophy and sets out the investment management procedures.

Purpose of the Plan

The Plan was established to provide a retirement savings program for eligible employees of the Orange County Health Authority dba CalOptima (the "Plan Sponsor"). The Plan is maintained for the exclusive purpose of benefiting the Plan participants and their beneficiaries. The Plan intends to operate in accordance with all applicable state and federal laws and regulations.

The goal of the Plan is to provide a framework for eligible employees of the Plan Sponsor to establish a savings and investment program for their retirement. While Plan participants are ultimately responsible for their own investment decisions, the Plan Sponsor will endeavor to provide an appropriate range of investment alternatives, allowing each individual participant to invest in accordance with his or her own time horizons, risk tolerance, and retirement goals.

In evaluating the investment alternatives for the Plan, the Plan Sponsor will take into account all Plan demographics.

The objective of the Plan is specifically intended to:

- Promote retirement savings while encouraging employee participation as a vehicle to accumulate assets to provide for a portion of their retirement needs
- Provide Plan participants with a wide and suitable range of asset categories and investment alternatives that are intended to help participants meet their retirement goals and investment objectives
- Attract and retain outstanding employees by providing diverse investment options
- Obtain Plan investment alternatives at reasonable costs and control overall investment related service costs
- Establish investment objectives and standards for the investment options offered to assure that the assets are managed in accordance with the investment policy
- Establish formal criteria and process to evaluate investment performance results

Back to Agenda Back to Item

- Provide formal process for reviewing and modifying the investment policy; and
- Meet the fiduciary responsibility of the Deferred Compensation Plan.

Statement of Responsibilities

The following parties associated with the Plan, appointed by the Plan Sponsor, shall discharge their respective responsibilities in accordance with all applicable fiduciary standards as follows: (1) in the sole interest of the Plan participants and beneficiaries; and (2) with the care, skill, prudence and diligence under the circumstances then prevailing that a prudent person acting in like capacity and familiar with such matters would use in the conduct of an enterprise of a like character and of like aims. All Plan fiduciaries shall complete education and ethics training that covers all aspects of their duties and responsibilities as fiduciaries of the Plan, including, but not limited to, best practices, plan compliance, legislative and regulatory activities, as well as investment alternative selection, monitoring and replacement.

A. Deferred Compensation Committee: The members of the Committee are Plan fiduciaries and supervise the investment of the assets of the Plan, and make decisions concerning investment alternatives available under the Plan. In adopting this Investment Policy Statement, it is the intention of the Committee that the oversight of the investment portion of the Plan will be the responsibility of the Committee. The Committee will follow best practices, which include, but may not be limited to, the Duty of Loyalty, the Duty of Prudence, the Duty to Diversify, and the Duty to Follow the Plan Documents. The Committee shall be responsible for the Plan- level investment selection process, as set forth in this Investment Policy Statement, but is not responsible for the individual fund performance and does not guarantee positive investment results. The Committee may select a qualified Investment Consultant whose duties may include assisting in the selection, evaluation, monitoring of investment options and other administrative issues.

B. Trustee: The Trustee of the Plan is charged with safekeeping the securities as well as collecting and disbursing the Plan assets and periodic accounting statements.

C. Recordkeeper: The Recordkeeper has responsibilities that include, but are not limited to, the following: maintaining participant records, administering participant directions, reporting to the Plan Sponsor, reporting to participants, allocating contributions, administering loans, and preparing the required regulatory documents.

D. Investment Consultant: If Plan Sponsor elects to use an Investment Consultant, the Investment Consultant is charged with the responsibility of advising the Committee

Back to Agenda Back to Item

on investment policy, advising on the selection of investment alternatives, providing performance analysis and monitoring services, and educating the Committee on economic and investment trends that may impact the performance of the selected and available investment alternatives. The Investment consultant shall evaluate changes in legislation and regulations to ensure compliance regarding investment matters. The Investment Consultant, along with the Committee, shall be responsible for the Plan-level investment selection process, as set forth in this Investment Policy Statement, but is not responsible for the individual fund performance and does not guarantee investment results.

Investment Choices

The Plan intends to provide a broad range of investment alternatives. This includes having, at a minimum, three diversified investment alternatives that are sufficient in permitting the participants to select from a broad range of risk and return characteristics that will give participants the opportunity to develop an investment portfolio which will meet their desired risk and return requirements. Diversification, however, does not ensure a profit or protect against loss in a declining market.

All investment choices will be publicly available mutual funds, institutional trusts, or similar vehicles. All investments being offered will fluctuate in value with market conditions and, when redeemed, may be worth more or less than the amount originally invested. The chosen investment alternatives will be selected on the basis of their compatibility with Plan participants' needs and regulatory recommendations. Each of the chosen investment alternatives will be designed to follow a specific stated investment objective.

Qualified Default Investment Alternative (ODIA}

Although the Committee intends that participants will direct the investment of their assets held under the Plan, there may be circumstances under which participants do not provide direction regarding the investment of their individual accounts. In such instances, participant accounts will be invested in the Plan's default investment alternative. The Committee's intention is for the Plan to comply with the Pension Protection Act of 2006 by offering a default investment alternative that complies with all of the conditions required of a Qualified Default Investment Alternative (QDIA).

The Committee may elect to utilize a multi-asset class investment alternative, such as age-appropriate target-date funds, as the QDIA. Periodically, as participant demographics or market conditions require, the Committee shall review and document the process for monitoring and selecting the QDIA, taking into account such factors as the philosophy and goals of the Plan Sponsor as well as the needs and abilities of the participants and beneficiaries.

The specific target date portfolio for a participant or beneficiary who fails to make an investment election will be based on the participant's or beneficiary's date of birth and

Back to Agenda Back to Item

an assumed normal retirement date of age 65.

Selection of Investment Alternatives

The Plan will take a two-tiered approach to Investment alternative selection. Quantitative and qualitative screens are used as follows:

Quantitative Screening (including but not limited to):

- Investment track record
- Investment risk
- Investment risk/return
- Investment style analysis
- Performance consistency
- Investment cost
- Turnover ratio

Qualitative Screening (Investments that pass the quantitative screens will be reviewed for characteristics that include but are not limited to):

- Investment-style variations
- Portfolio concentration
- Asset size and growth

Interviews with portfolio managers and/or analysts will also be conducted if deemed necessary.

Selected alternatives will be reviewed to ensure that there are no additional factors that would make them unsuitable for inclusion in the Plan. Each alternative will also be examined to ensure that it appropriately complements the overall diversification and risk and return parameters of the entire Plan investment lineup.

In addition to diversification and risk tolerance considerations, investment expenses will be considered in the selection of investment alternatives. The Committee will regularly review all costs associated with the management of the Plan's investment program. These costs include the following:

- Expense ratios of each investment alternative against the appropriate peer group.
- Trustee and custodial fees for holding assets, collecting income, and paying disbursements.
- Plan administrative fees, including record keeping fees and other fees associated with services the Plan receives, such as compliance testing fees, audit fees, fees for communication services, etc.

Back to Agenda Back to Item

Evaluation Methodology

The Committee anticipates using the following criteria in selecting and monitoring Plan investment alternatives. Each Plan investment alternative should be evaluated on an ongoing basis using several measures that quantify the expenses, returns and risk-adjusted performance of each investment alternative within its peer group.

Each Plan investment alternative should be reviewed at least annually against its peer group and benchmark index to assess the performance and quality of each offering. The list of criteria that may be used for evaluation is included as Appendix B of this document and may be updated by the Committee, as necessary.

As noted in Appendix A, whenever possible, each investment alternative is benchmarked to a specific market index, and performance is evaluated and compared to a relevant peer group using Morningstar category classifications. Each criterion for an investment alternative is given a peer group ranking, shown as a percentage. As an example, a criterion ranking of 10% indicates an investment alternative is in the top 10% of its peer group for said criterion. The rankings for all criteria are then weighted and averaged to give an investment alternative its average ranking score. The lower the average ranking score, the better. In general, an investment alternative with an average ranking score of 25% would be more attractive than a comparable investment alternative with a ranking score of 50%. An overall ranking score is used to indicate where an investment alternative places in relation to the scores of the other investment alternatives in its category. Generally, investment alternatives are divided into categories of deciles and quartiles.

Peer group rankings require a three-year history to ensure an accurate evaluation of the investment alternative. Any investment alternative with fewer than three years of history will not be evaluated using this method. In the event there is a sufficiently similar investment alternative, the Committee may elect to use its history for evaluation purposes. Sufficiently similar investment alternatives may include:

- Alternate share classes of the same product.
- Other products, such as collective investment trusts (CITs), separate accounts or recordkeeper sub-advised investment alternatives, that are managed by the same portfolio management team according to a substantially similar investment strategy.

In addition to the quantitative methodology described above, many qualitative criteria and possible warning signs are monitored to highlight an investment alternative's potential exposure to risk that may make it unsuitable as a retirement Plan investment

Back to Agenda Back to Item

option. The warning signs may include (but are not limited to):

- Above-average operating expenses
- Above-average style drift (as determined by returns-based and holdings-based analyses)
- High degrees of portfolio concentration among individual holdings
- High degrees of portfolio concentration among economic sectors
- Above-average performance volatility
- Above-average portfolio turnover
- Below-average Alpha
- Below-average manager tenure and/or above-average turnover
- Rapid growth in assets
- Significantly positive or negative cash flows
- Unusual levels of corporate scrutiny; poor public perception
- For bond portfolios, very low average credit quality relative to peers
- For bond portfolios, significantly above- or below-average portfolio durations
- Recent changes to or concerns with the firm structure/ ownership
- Recent changes to or concerns with the corporate management team structure

Other Investment Evaluation Criteria

The Committee recognizes that certain investment alternatives present challenges in monitoring, given the nature of the investment alternative's portfolio and peer group. Thus, there are several instances where Investment alternatives will not fit neatly into the monitoring framework set forth herein. Therefore, the Committee must consider additional or different factors when evaluating certain investments. The following are common examples of investments requiring a different point of view, whether the Committee has included them In the current menu or may consider doing so in the future.

Multi-asset class *investments:* For multi-asset class investment alternatives, such as target-date funds, the asset allocation and glide path should be evaluated taking into account factors such as generally accepted investment theories and prevailing investment industry practices, and goals of the plan, the philosophy of the fiduciaries regarding asset class diversification and the desired relationship of risk (or volatility) and potential return, and the needs and abilities of the participants and beneficiaries. The Committee, with the assistance of the Investment Consultant, expects to engage in a process to identify and consider those goals, preferences, needs and abilities and to select a default investment consistent with that analysis.

As the process for comparing multi-asset class investments, including target-date funds, differs from the process used for other investment selections in several respects. Criteria listed elsewhere in this Investment Policy Statement may not apply.

Back to Agenda Back to Item

Index fund: The goal of an index fund is to closely mirror the performance of a predetermined index at a reasonable cost. The criteria which may be used to evaluate index funds is set forth in Appendix C and may be updated from time-to-time at the Committee's discretion.

Each index fund will be compared to a standard index for its respective category classification and assigned a ranking in each of the four criterions. The rankings for all criteria are then weighted and averaged to give an investment alternative its average ranking score. Index funds with an average ranking score in the top 75% of the investment alternative's in a category are given a passing score ("Pass"), while investment alternatives below in the lowest 25% of investment alternatives are given a failing score ("Fail").

Stable value investments: The goal of a stable value fund is to preserve capital. Stable value investments come in several structures: pooled/comingled funds, insurance separate accounts, and guaranteed investment contracts (GICs)/insurance general accounts or derivatives thereof.

One investment characteristic of these products is their investment in various sectors of the bond market. Thus, part of the evaluation will hinge on the evaluation of the underlying bond portfolio. The other important characteristic is financial credit worthiness of the insurance companies that issue wrap contracts to protect the book value of the bond portfolios. Some additional unique (albeit not exhaustive) metrics and characteristics that warrant evaluation include market-to-book value ratio, participant /plan sponsor withdrawal restrictions, crediting rate and wrap structure. For insurance general accounts, the Committee should at a minimum review the crediting rate, withdrawal restrictions, and credit worthiness ratings of the insurer.

Monitoring of Investment Policy and Investment Performance

The Committee, with the assistance of the Investment Consultant, will review the Plan's Investment Policy and monitor each investment alternative on an ongoing basis. The Committee will periodically evaluate the investment results of the investment alternatives.

In addition, the Committee shall maintain a "Watch List" for investment alternatives that are not meeting certain objectives. An investment alternative will be placed on the Watch List if it meets either at least two of the conditions “a” through “g” below or condition “h”:

a. Performance below 50% of its peer group for a three-year period
b. Performance below 50% of its peer group for a five-year period
c. Performance below 50% of its peer group for a ten0year period
d. Performance below its benchmarks for a three-year period
e. Performance below its benchmarks for a five-year period

Back to Agenda Back to Item

f. Performance below its benchmarks for a ten-year period
g. A Morningstar rating of 2 or below
h. Extenuating circumstances, such as:

    1. Change in fees
    2. Change of portfolio manager
    3. Change of sub-advisor
    4. Any violations of SEC rules or regulations
    5. Performance will be considered over a minimum of a three-year period and a maximum of a ten-year period unless a shorter-term underperformance is so severe that it warrants the Committee's immediate consideration for removal.

Investment alternatives that fail to meet qualitative criteria {i.e.: manager changes, fund company reorganizations, strategy changes) will be put on the Watch List by the Committee.

To be in good standing and removed from the Watch List, an investment alternative must not have more than one of the Watch List criteria "a" through "g" above. However, an investment alternative may have extenuating circumstances that warrants continuation on the Watch List.

The Committee shall have the authority to establish, modify, amend, or adjust acceptable performance measurement standards by which each investment alternative is to be evaluated.

Final selection, replacement and/or removal of an investment alternative shall be completed only after conducting a thorough review of the identified investment alternative.

An investment alternative on the Watch List will be removed from participant investment options if it is determined that extenuating circumstances are not in accordance with prudent investment standards or when conditions "a" through "e" below apply:

a. Performance below 50% of its peer group for a five-year period
b. Performance below 50% of its peer group for a ten-year period
c. Performance below its benchmarks for a five-year period
d. Performance below its benchmarks for a ten-year period
e. A Morningstar rating of 2 or below
f. Extenuating circumstances, such as:
    1. Change in fees
    2. Change of portfolio manager
    3. Change of sub-advisor
    4. Any violations of SEC rules or regulations
    5. Performance will be considered over a minimum of a three-year period and a maximum of a ten-year period unless a shorter-term underperformance is so severe that it warrants the Committee's immediate consideration for removal.

Back to Agenda Back to Item

The Committee has discretion to retain any investment alternative if it remains a prudent option.

The Recordkeeper will communicate to all eligible participants the investment alternative(s) subject to removal.

After an investment alternative is removed, all existing balances and future contributions will be moved from the removed investment alternative to a similar existing investment alternative or a replacement fund. No new contributions or transfers will be accepted into a removed investment alternative.

The Plan will provide for regular communication of investment and Plan information in addition to necessary updates to inform participants of changes to the Plan. The Plan will not be responsible for providing investment advice to participants.

Proxy Voting

Should the Committee elect to participate in a proxy vote, the Committee shall be required to provide a detailed analysis of voting activities on an annual basis (calendar year). When voting proxies, the Committee will vote to the best of their abilities in the best interest of the Plan's participants. The Committee is not required to participate in all proxy votes related to the investments in the Plan. Investment Consultant is able to offer general guidance and provide clarification with respect to the process of voting by proxy but will not be responsible for making vote decisions.

Note: The *provisions* of *this Investment Policy Statement* are *guidelines only. The fiduciaries* are *not required to follow them. Instead, fiduciaries* are *expected to* exercise *independent judgment for the benefit of the participants.*

Review and Revisions

The Committee reserves the right to amend the Investment Policy Statement at any time it deems such amendment to be necessary or to comply with changes in applicable law as these changes affect the investment of the Plan's assets. Until revised or amended by the Committee, the Investment Policy Statement shall remain in effect.

If there is any conflict between the Investment Policy Statement and the Plan, the terms and conditions of the Plan will control.

Back to Agenda Back to Item

ADOPTION

CalOptima Deferred Compensation Committee Members:

x_____

(Print Name) (Date)

x._____

(Print Name) (Date)

x._____

(Print Name) (Date)

x_____

(Print Name) (Date)

x._____

(Print Name} (Date)

x_____

(Print Name) (Date)

x_____

(Print Name) (Date)

APPENDIX A- Categories and Benchmarks

Investment categories are defined based on their Morningstar category classifications, which also serve as the peer groups against which investment are assessed. The following list of investment categories and their corresponding benchmarks which may be used in the investment alternative evaluation process, includes but is not limited to:

Investment Alterative	***Benchmark</Index***
Money Market-Taxable	BofAML US Treasury Bill 3 Mon TR USD
Stable Value	Hueler Stable Value Index
Guaranteed Account	Hueler Stable Value Index
Bond	
Ultrashort Bond	Bloomberg Barclays US Govt/Credit 1-3 Yr TR USD
Short-Term Bond	Bloomberg Barclays US Govt/Credit 1-3 Yr TR USD
Short Government	Bloomberg Barclays Government 1-5 Yr TR USD
Intermediate Government	Bloomberg:(Barclays US Govt/Mortgage TR USD
Intermediate Core Bond	Bloomberg Barclays US Aee Bond TR USO
Intermediate Core Plus Bond	Bloomberg Barclays US Ar!.2 Bond TR USO
Long Government	Bloomberg Barclays US Government Long TR USD
Long-Term Bond	Bloomberg Barclays US Govt/Credit Long TR USO
Inflation-Protected Bond	Bloomberg Barclays US Treasury US TIPS TR USO
Corporate Bond	Bloomberg Barclavs US Credit TR USD
Multisector Bond	Bloomberg Barclays US Agg Bond TR USO
High Yield Bond	Bloomberg Barclays US HY 2% Issuer Cap TR USO
Bank Loan	Credit Suisse Leveraged Loan TR USD
World Bond	Bloomberg: Barclays Global-Aggregate TR USO
Emerging Markets Bond	JPM EMBI Global TR USO
Nontraditional Bond	Wilshire Liquid Alts TR
LargeCa1J	
Large Value	Russell 1000 Value TR USO
Large Blend	S&P 500 Index Russell 3000 Index CRSP U.S. Total Market Index
Large Growth	Russell 1000 Growth TR USO
Mid-Cap	
Mid-Cap Value	Russell Mid Cap Value TR USO

Mid-Cap Blend	Russell Mid Cap TR USO S&P Mid Cap 400 Index MSCI U.S. Mid Cap 450 Index CRSP U.S. Mid Cap Index S&P Completion Index DJ US Completion Total Stock Market Index
Mid -Cap Growth	Russell Mid Cap Growth TR USO
Small-Cap	
Small Value	Russell 2000 Value TR USO

Investment Alternative	***Benchmark/Index***
Small Cap Blend	Russell 2000 TR USO S&P Small Cap 600 Index MSCI U.S. Small Cap 1750 Index CRSP U.S. Small Cap Index
Small Growth	Russell 2000 Growth TR USO
World Stock	
World Stock	MSCI ACWI NR USO
International	
Foreign Large Value	MSCI ACWI ex USA Value NR USO
Foreign Large Blend	MSCI ACWI ex USA NR USO
Foreign Large Growth	MSCI ACWI ex USA Growth NR USO
Foreign Small/ Mid Value	MSCI ACWI ex USA SMID Value NR USO
Foreign Small/ Mid Blend	MSCI ACWI ex USA SMID NR USO
Foreign Small/ Mid Growth	MSCI ACWI ex USA SMID Growth NR USO
Diversified Emerging Markets	MSCI EM NR USO
Target Date	
Target Date	S&P Target Date Indexes
Risk-base/Hybrid	
Allocation-15% to 30% Equity	23% Russell 3000 TR USD/77% Bloomberg Barclays US Agg Bond TR USO
Allocation-30% to 50% Equity	40% Russell 3000 TR USD/60% Bloomberg Barclays US Agg. Bond TR USO
Allocation 50% to 70% Equity	60% Russell 3000 TR USO/40% Bloomberg Barclays US Agg Bond TR USO
Allocation- 70% to 85% Equity	78% Russell 3000 TR USD/22% Bloomberg Barclays US Agg Bond TR USO
Allocation-8 5%+ Equity	93 % Russell 3000 TR USD/7% Bloomberg Barclays US Agg Bond TR USO
World Allocation	60% MSCI ACWI NR/40% Bloomberg Barclays Global Agg TR
Specialty	
Real Estate	FTSE NAREIT Equity REITs TR USO
Global Real Estate	FTSE EPRA/NAREIT Developed NR USO
Commodities Broad Basket	Bloomberg Commodity TR USO
Long-Short Equity	Barclay Hedge Fund Index
Market Neutral	BofAML US Treasury Bill 3 Mon TR USO
Multi-alternative	Wilshire Liquid Alts TR
Natural Resources	S&P North American Natural Resources TR
Tactical Allocation	50% MSCI ACWI NR / 50 % Bloomberg Barclays US Agg Bond TR USO

APPENDIX B - Investment Ranking Criteria

The criteria used to evaluate each plan investment alternative, except as otherwise noted in the Investment Policy Statement, may include, but not limited to, the following:

1. Total Return (trailing 1, 3, 5, and 10 year returns) - measures the performance of an investment over a given period, including income from dividends and interest, plus any appreciation or depreciation in the market value of the investment. Total return values longer than 1 year are typically annualized for ease of comparison.

2. Rolling Period Returns (12 month periods over 5 years) - A single period return measures performance over one specified time frame, such as five years. A rolling period return divides a longer time frame into smaller time periods. A rolling 12-month return over five years would start out by calculating a single period return over the first twelve months. Next, it would calculate the 12-month return for months 2-13. The process would continue until finally reaching the 12-month period spanning months 48-60. The final rolling 12-month return figure would reflect the average of all of the rolling periods returns over that five-year time period.

3. Rolling Period Returns (36 month periods over 10 years) - A rolling 36-month return over ten years would start out by calculating a single period return over the first thirty-six months. Next, it would calculate the 36-month return for months 2-37. The process would continue until finally reaching the 36-month period spanning months 85-120. The final rolling 36- month return figure would reflect the average of all of the rolling periods returns over that ten-year time period.

4. **Sharpe Ratio** - A risk-adjusted measure of performance that is calculated by subtracting the risk-free rate of return (the US Treasury Bill is typically used) from the portfolio return and dividing the result by the portfolio's standard deviation. A higher Sharpe ratio indicates that the portfolio was able to generate a higher return per unit of risk.

5. **Alpha** (five years) - A risk-adjusted measure of performance, that is equal to the difference between a portfolio's actual return and its expected performance given its level of risk as measured by beta. Alpha can also be viewed as an abnormal level of return in excess of what might be predicted by an equilibrium pricing model like the Capital Asset Pricing Model **{CAPM).**

6. Up **Market** Capture Ratio (five years) - A ratio that measures the overall performance of a portfolio during rising markets. This measure analyzes how well a portfolio (or an investment manager) performed relative to its benchmark index during periods when the benchmark rose. For example, an up-market

capture ratio of 108% (for a given period of time) means that the portfolio gained 8% more than its benchmark during the specified time period.

7. **Down Market Capture Ratio** (five years) - A ratio that measures the overall performance of a portfolio during falling markets. This measure analyzes how well a portfolio (or an investment manager) performed relative to its benchmark index during periods when the benchmark fell. For example, a down-market capture ratio of 95% (for a given period of time) means that the portfolio lost 5% less than its benchmark during the specified time period.

8. **R-Squared** (style consistency) - A statistical metric that ranges from zero to 100 and measures the percentage of portfolio's performance that is explained by the movement of its benchmark index. R-Squared is helpful in assessing the reliability of alpha and beta in explaining a portfolio risk and return characteristics. An r-squared of 100 would mean that the portfolio's performance movements are perfectly correlated with those of the benchmark over time and would suggest that alpha and beta may be relied upon with a high degree of confidence.

9. Expense Ratio - The percentage of investment alternative assets, net of reimbursements, used to pay for operating expenses and management fees, including 12b-1 fees, administrative fees, and all other asset-based costs incurred by the investment alternative, except brokerage costs. Investment alternative expenses are reflected in the investment alternative's NAV. Sales charges are not included in the expense ratio. The Prospectus Net Expense Ratio is collected annually from an investment alternative's prospectus.

APPENDIX C - Index Funds Ranking Criteria

The criteria used to evaluate each Index Fund alternative may include, but not limited to, the following:

1. **Expense Ratio** - The percentage of investment alternative assets, net of reimbursements, used to pay for operating expenses and management fees, including 12b-1 fees, administrative fees, and all other asset-based costs incurred by the investment alternative, except brokerage costs. Investment alternative expenses are reflected in the investment alternative ^{1}s NAY. Sales charges are not included in the expense ratio. The Prospectus Net Expense Ratio is collected annually from an investment alternative •s prospectus.

2. Tracking Error - A measure of the difference in returns between an investment and a benchmark. Tracking error is reported as a standard deviation of the difference between the returns of an investment and its benchmark.

3. **R-Squared** - A statistical metric that ranges from zero to 100 and measures the percentage of portfolio's performance that is explained by the movement of its benchmark index. R- Squared is helpful in assessing the reliability of alpha and beta in explaining a portfolio risk and return characteristics. An r-squared of 100 would mean that the portfolio's performance movements are perfectly correlated with those of the benchmark over time and would suggest that alpha and beta may be relied upon with a high degree of confidence.

4. Beta - A measure of the volatility, or systematic risk, of an investment in comparison to a market index as a whole. Beta is calculated using regression analysis. Beta represents the tendency of an investment's returns to respond to moves in the market or index that it's calculated against. A beta of 1 indicates that the investment's price moves with the market. A beta of less than 1 means that the investment is theoretically less volatile than the market. A beta of greater than 1 indicates that the investment's price is theoretically more volatile than the market. The reliability of an investment's beta is a function of the investment's r-squared value in relation to the benchmark. A high r-squared value signifies that the beta measures is reliable, while a low r-squared signifies that it is potentially inaccurate.

A Public Agency

CalOptima

Better. Together.

Introduction to the FY 2021-22 CalOptima Budget: Primer

Board of Directors' Finance and Audit Committee Meeting

February 18, 2021

Nancy Huang, Chief Financial Officer

Back to Agenda

Overview

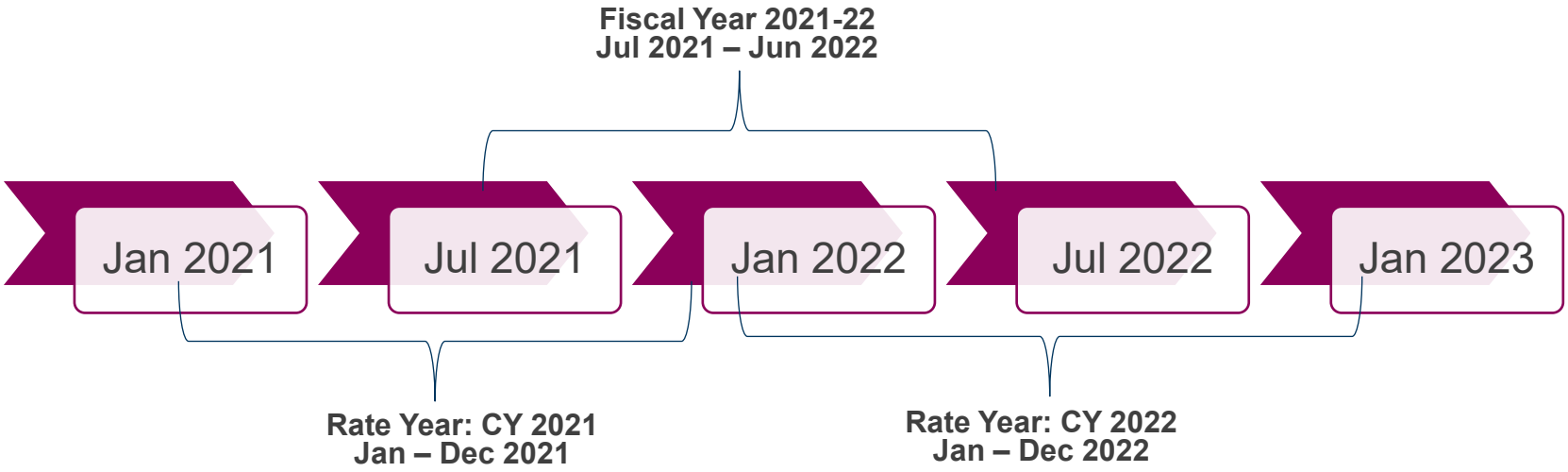
- Budget Period
- Lines of Business
- Budget Components
  - Operating Budget
    - Enrollment and Revenue
    - Medical Costs and Administrative Expenses
  - Capital Budget
- FY 2020-21 Budget Attachments
- Budget Preparation/Review Process
- Board Approval Timeline

Back to Agenda

CalOptima
A Public Agency

Budget Period

- CalOptima's Fiscal Year begins July 1 and ends June 30
  - Aligns with State Fiscal Year
- DHCS' Rate Year begins January 1 and ends December 31



Back to Agenda

CalOptima
A Public Agency

Lines of Business

	Start Date	Program Type	Contractor/ Regulator
Medi-Cal CalOptima Better. Together.	October 1995	California's Medicaid program	California Department of Health Care Services (DHCS)
OneCare (HMO SNP) CalOptima Better. Together.	October 2005	Medicare Advantage Special Needs Plan (SNP)	Centers for Medicare & Medicaid Services (CMS)
PACE CalOptima Better. Together.	October 2013	Medicare and Medicaid Program	Three-way contract: CMS, DHCS and CalOptima
OneCare Connect CalOptima Better. Together.	July 2015	Medicare and Medicaid Duals Demonstration	Three-way contract: CMS, DHCS and CalOptima

Back to Agenda

CalOptima A Public Agency

Budget Components

Operating Budget

- Enrollment (Member Months)
- Revenue
- Medical Costs
- Administrative Expenses

Capital Budget

- Information Systems
- 505 Building Improvements
- PACE Center

Back to Agenda

CalOptima
A Public Agency

Enrollment

- Medi-Cal enrollment defined by eligibility for aid
  - Adult, Children, Medi-Cal Expansion, Seniors and Persons with Disabilities, Long Term Care (LTC), Dual eligible (i.e., eligible for Medicare and Medi-Cal)
  - Whole Child Model (WCM) enrollment included in Medi-Cal
- OneCare Connect and OneCare enrollment defined by medical condition
  - Medicare: Aged, End-stage Renal Disease, Hospice
  - Medi-Cal: Institutional, Community-Based Adult Services /Multipurpose Senior Services Program, In-Home Supportive Services, Community Well
- PACE enrollment defined by program eligibility
  - Dual eligible, Medi-Cal only, and Non-Medi-Cal enrollment

Back to Agenda

CalOptima
A Public Agency

Revenue – Medi-Cal

- Enrollment drives revenue
  - Different revenue rates for each aid category
  - Some supplemental revenue for Behavioral Health Treatment, Hepatitis C drugs and Health Homes Program (HHP)

- DHCS provides funding for new programs and benefits
  - Examples: WCM, HHP, Proposition 56, Enhanced Care Management
  - Uncertainties/risks associated with new revenue
    - Correct pricing and adequacy of funding to deliver services
    - Timeliness of funding is unpredictable; will impact cash flow and reserves

Back to Agenda

CalOptima
A Public Agency

Revenue – Medi-Cal (cont.)

- Timing of rate releases
  - Medi-Cal contract rates on calendar year basis
    - Expect to receive CY 2022 draft rates in October 2021
  - Rates are not considered final until they are certified by CMS
    - Draft rates may change prior to finalization
    - Historically, final rates have been relatively close to draft rates
  - CalOptima's budget assumptions based on most current rate information available
    - Draft or estimated capitation rates are used until final rates become available
    - Example:
      - 7/1/21 – 12/31/21: Based on CY 2021 rates
      - 1/1/22 – 6/30/22: Will include estimated capitation rates based on information available

Back to Agenda

CalOptima
A Public Agency

Revenue – Medicare

- Medicare provides funding for two components
  - Part A/B: Funding for hospital and physician services
  - Part D: Funding for prescription drugs
- Revenue is determined by two primary factors
  - Base rate: Determined via annual bid or set at fee-for-service benchmark
  - Risk Adjustment Factor: Applied to the base rate
    - Based on member's medical condition
    - Adjusts funding to match the expected expense of conditions
    - Heavily dependent on Plan's ability to collect and submit data
- Applies to OneCare Connect, OneCare and PACE

Back to Agenda

CalOptima
A Public Agency

Medical Costs

- Provider capitation payments
- Claims payments to hospitals and providers
- LTC/Skilled Nursing Facilities
- Prescription Drugs
  - OneCare Connect, OneCare and PACE
- Case management and Other medical (i.e., care coordination activities)

Back to Agenda

CalOptima
A Public Agency

Administrative Expenses

- Salaries, Wages and Employee Benefits
- Professional Fees
- Purchased services
- Printing and Postage
- Other Operating Expenses

Back to Agenda

CalOptima
A Public Agency

FY 2020-21 Operating Budget Attachment A

Attachment A

CalOptima Fiscal Year 2020-21 Budget
By Line of Business

	Medi-Cal (Classic)	Medi-Cal (Expansion)	Medi-Cal (WCM)	Total	OCC	OneCare	PACE	MSSP	Facilities	Consolidated
Member Months	6,258,987	3,011,857	143,178	9,414,022	167,856	16,536	5,211	2,730	-	**9,603,625**
Avg Members	521,582	250,988	11,931	784,502	13,988	1,378	434	455	-	**800,302**
Revenues										
Capitation revenue	$ 1,706,161,985	$ 1,228,272,960	$ 251,374,380	$ 3,185,809,324	$ 306,323,384	$ 19,472,782	$ 42,189,583	$ 1,218,536	$ -	**$ 3,555,013,609**
Total	$ 1,706,161,985	$ 1,228,272,960	$ 251,374,380	$ 3,185,809,324	$ 306,323,384	$ 19,472,782	$ 42,189,583	$ 1,218,536	$ -	**$ 3,555,013,609**
Medical Costs										
1 Provider capitation	$ 525,065,237	$ 544,737,283	$ 101,059,284	$ 1,170,861,804	$ 132,514,946	$ 5,220,667	$ -	$ -	$ -	**$ 1,308,597,418**
2 Claims Payments	$ 557,986,264	$ 422,990,239	$ 97,076,012	$ 1,078,052,514	$ 59,102,790	$ 6,184,669	$ 18,272,209	$ -	$ -	**$ 1,161,612,182**
3 LTC/Skilled Nursing Facilities	$ 432,568,164	$ 37,233,712	$ 13,282,179	$ 483,084,055	$ 18,145,318	$ -	$ 826,406	$ 158,410	$ -	**$ 502,214,188**
4 Prescription Drugs	$ 103,242,805	$ 143,275,777	$ 34,466,289	$ 280,984,871	$ 70,776,758	$ 5,897,339	$ 3,427,259	$ -	$ -	**$ 361,086,227**
5 Case Mgmt & Oth Medical	$ 51,663,768	$ 35,630,054	$ 4,459,631	$ 91,753,453	$ 17,022,816	$ 525,047	$ 15,205,649	$ 636,667	$ -	**$ 125,143,633**
Total	$ 1,670,526,238	$ 1,183,867,064	$ 250,343,395	$ 3,104,736,697	$ 297,562,629	$ 17,827,723	$ 37,731,523	$ 795,076	$ -	**$ 3,458,653,648**
MLR	*97.9%*	*96.4%*	*99.6%*	*97.5%*	*97.1%*	*91.6%*	*89.4%*	*65.2%*		*97.3%*
Gross Margin	$ 35,635,746	$ 44,405,895	$ 1,030,985	$ 81,072,627	$ 8,760,755	$ 1,645,059	$ 4,458,061	$ 423,459	$ -	**$ 96,359,961**
Administrative Expenses										
Salaries, Wages, & Employee Benefits				$ 83,409,902	$ 9,604,947	$ 812,160	$ 1,524,159	$ 346,127	$ -	**$ 95,697,295**
Professional Fees				$ 3,752,802	$ 481,000	$ 192,000	$ 2,000	$ 4,298	$ -	**$ 4,432,100**
Purchased services				$ 12,467,137	$ 1,240,950	$ 117,000	$ 213,324	$ 248	$ 660,000	**$ 14,698,659**
Printing & Postage				$ 5,320,902	$ 1,278,220	$ 97,000	$ 140,400	$ 248	$ 2,000	**$ 6,838,770**
Depreciation & Amortization				$ 5,502,000	$ -	$ -	$ 24,840	$ -	$ 2,127,000	**$ 7,653,840**
Other Operating Expenses				$ 20,029,432	$ 194,275	$ 6,450	$ 42,670	$ 47,890	$ 2,094,000	**$ 22,414,717**
Indirect Cost Allocation, Occupancy Expense				$ (2,576,689)	$ 6,641,906	$ 422,224	$ 55,254	$ 31,198	$ (4,883,000)	**$ (309,107)**
Total				$ 127,905,486	$ 19,441,298	$ 1,646,834	$ 2,002,647	$ 430,009	$ -	**$ 151,426,274**
ALR				*4.0%*	*6.3%*	*8.5%*	*4.7%*	*35.3%*		*4.3%*
Operating Income/(Loss)				$ (46,832,859)	$ (10,680,544)	$ (1,774)	$ 2,455,414	$ (6,550)	$ -	**$ (55,066,313)**
Investment Income										$ 15,000,000
MCO Tax Revenue				$ 182,255,794						$ 182,255,794
MCO Tax Expense				$ (182,255,794)						$ (182,255,794)
CHANGE IN NET ASSETS				**$ (46,832,859)**	**$ (10,680,544)**	**$ (1,774)**	**$ 2,455,414**	**$ (6,550)**	**$ -**	**$ (40,066,313)**

Back to Agenda

CalOptima
A Public Agency

FY 2020-21 Operating Budget Attachment B

- Operating Budget, Attachment B gives additional information on administrative expenses
- Organized by Line of Business (i.e., Medi-Cal, OneCare Connect, OneCare, PACE, MSSP, 505 Building) by Category (i.e., Professional Fees, Purchased Services, Printing and Other Operating Expense)

Attachment B

	OneCare Connect: Professional Fees			
Specific Type	**Objective of the Item Proposed**	**Budget FY 2021 Input**	**Authorization**	**Appropriation**
Consulting	Centers for Medicare & Medicaid Services (CMS) Program Audit for Onecare and OneCare Connect	300,000	X	X
Consulting	Annual Compliance Program Effectiveness (CPE) Audit	90,000	X	X
Actuary	Percentage of Premium Sufficiency, Fully-Integrated Special Needs Plans (FIDE SNP) Consideration and Other Related Actuarial Consulting Services	64,000	X	X
Consulting	CMS Data Validation Audit	27,000	X	X
	Total Professional Fees	**481,000**		

Back to Agenda

CalOptima A Public Agency

FY 2020-21 Capital Budget Attachment A

- Attachment A gives information on capital budget projects by Area:
  - Information Services
  - 505 Building Improvements
  - PACE Center

Attachment A

Fiscal Year 2020-21 Capital Budget by Project

INFRASTRUCTURE	HARDWARE	SOFTWARE	PROFESSIONAL FEES	TOTAL CAPITAL
Network - Firewall Upgrade	450,000			450,000
Network - Wireless System Upgrade	430,000			430,000
Security - IT Asset Management Solution	100,000	150,000	50,000	300,000
Security - Identity and Access Management	70,000		200,000	270,000
Server - Server Blade Replacement	200,000			200,000
Network - Business Partner VPN Upgrade	160,000			160,000
Network - Wide Area Network Firewall	150,000			150,000
Network - RSA Security Upgrade	93,000			93,000
Server - Array Replacement	54,000			54,000
Telephony - Upgrade Contact Center	25,000	25,000		50,000
Network - PACE Router	19,000			19,000
Server - Additional Storage Area Network Switch Ports	13,000			13,000
Server - Upgrade Switches in VM Blade Enclosures	9,000			9,000
TOTAL INFRASTRUCTURE	**$ 1,773,000**	**$ 175,000**	**$ 250,000**	**$ 2,198,000**

Back to Agenda

CalOptima A Public Agency

Budget Preparation/Review Process

Budget Preparation

- 2/18: Budget Primer to FAC
- Late Feb – Early Mar: Departments prepare admin budgets
- Mid-Mar – End Mar: Finance meets with departments on admin budget proposals
- Early Apr: CFO reviews proposed medical and admin budgets

Budget Review

- 4/1: Board Information Item on Budget Part 1
- Early Apr – Mid-Apr: Executives review proposed budget
- Late Apr: Finance finalizes and Executives approve budget

Budget Presentation

- 5/6: Board Information Item on Budget Part 2
- 5/20: FAC meeting
- 6/3: Board meeting

CalOptima
A Public Agency

Back to Agenda

Board Approval Timeline

Date	Meeting
February 18, 2021	Finance and Audit Committee meeting: Present background information on FY 2021-22 Budget Primer
April 1, 2021	Board of Directors meeting: Present information item on Introduction to the FY 2021-22 Budget: Part 1
May 6, 2021	Board of Directors meeting: Present information item on Introduction to the FY 2021-22 Budget: Part 2
May 20, 2021	Finance and Audit Committee meeting: Present FY 2021-22 budgets
June 3, 2021	Board of Directors meeting: Present FY 2021-22 budgets
July 1, 2021	Beginning of Fiscal Year 2021-22

Back to Agenda

CalOptima
A Public Agency

Our Mission:

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

Back to Agenda

CalOptima
A Public Agency

A Public Agency

CalOptima

Better. Together.

Business Insurance Renewal Policy Year 2021-2022

Board of Directors' Finance and Audit Committee Meeting
February 18, 2021

Nancy Huang, Chief Financial Officer
Kelly Klipfel, Director Financial Compliance

Back to Agenda

Agenda

- Current Coverage Summary
  - Mandatory Coverage
  - Additional Coverage
- Policy Premium History
- Policy Year (PY) 2021-22 Business Insurance Renewal
  - Process
  - Timeline
- Current Marketing Update
  - Events and Challenges
- Board Communication and Approval

Back to Agenda

CalOptima
A Public Agency

Coverage Summary - Mandatory

- Workers' Compensation (WC)
- Property
- General Liability
  - Provides coverage to third parties for bodily injury or property damage
- Managed Care Errors and Omissions (E&O)
  - Provides coverage for claims that are a result of an act, error, or omission in the performance of CalOptima's managed care activities (e.g., provider contracting, utilization review, implementation of clinical guidelines)

Back to Agenda

CalOptima
A Public Agency

Coverage Summary – Mandatory (cont.)

- Medical Malpractice
  - Provides coverage for CalOptima employed physicians and certain other medical staff in the event of a medical malpractice claim
- Crime
  - Provides coverage for claims related to employee theft or forgery of money, securities, or other property, and computer and funds transfer fraud

Back to Agenda

CalOptima
A Public Agency

Coverage Summary - Additional

- Directors and Officers (D&O)
  - Provides coverage for claims that are a result of an act, error, or breach of duty by a CalOptima employee or Board member when acting within his/her official capacity
- Employment Practices Liability (EPL)
  - Provides coverage for claims brought by any past, present or prospective employee against CalOptima or a CalOptima employee (acting within the scope of his/her employment) alleging, for example, employment discrimination, harassment, or wrongful termination
- Fiduciary
  - Provides coverage for actual or alleged mismanagement of CalOptima's employee benefit and retirement plans

Back to Agenda

CalOptima
A Public Agency

Coverage Summary – Additional (cont.)

- Network/Privacy (Cyber)
  - Provides coverage for claims related to or arising from cyber incidents, such as:
    - Data breach (coverage includes, but is not limited to, regulatory fines and penalties, business interruption, credit monitoring, notice requirements); or
    - Network extortion (e.g., ransomware)
- Wage and Hour Coverage
  - Provides coverage for actual or alleged violations of the Fair Labor Standards Act or any similar federal, state, or local laws governing or related to the payment of wages
- Earthquake

Back to Agenda

CalOptima
A Public Agency

Coverage Summary – Additional (cont.)

- Commercial Auto
  - Provides coverage for bodily injury and property damage caused by CalOptima's company-owned van, as well as collision and comprehensive coverage for the van itself
- Umbrella
  - Provides excess limits for general liability and commercial auto coverage over and above the respective policies
- Excess Liability
  - Provides excess limits over and above the Umbrella policy
- Pollution (three-year policy)
  - Provides coverage for bodily injury, remediation expenses and property damages to third parties and remediation expenses to CalOptima in the event of a pollution

Back to Agenda

CalOptima
A Public Agency

Policy Premium History

Policy Year	Premium/ Coverage Changes
PY 2021-22 Coverage	TBD
PY 2020-21 Coverage	Total premium: $2,492,800 Total broker (Woodruff Sawyer) fees: $105,000
PY 2019-20 Coverage	Total premium: $2,529,225 Added excess Cyber, Fiduciary, higher Wage & Hour limit
PY 2018-19 Coverage	Total premium: $2,280,783 Added Wage & Hour

Back to Agenda

CalOptima
A Public Agency

PY 2021-22 Renewal Process

Market

- Targeted coverage lines
- Carriers familiar with government entity/health plan operation
- Negotiate for specific needs (e.g., attorneys, contractors, service expectations)

Review

- Quotes to Finance
- Premium/ coverage analysis
- Stakeholder input (e.g., Legal, Human Resources)

Decision

- Business needs
- Desired or available coverage levels
- Quality of carrier
- Premium

Back to Agenda

CalOptima
A Public Agency

PY 2021-22 Renewal Timeline

Timeline	Action
November – December 2020	• Complete applications • Broker/Finance meeting to discuss marketing strategy
January – March 2021	• Broker markets targeted coverage lines • Initial quotes/terms presented to Finance in February • Stakeholder input • Broker issues bind orders for 4/7/21 policy effective date
April 2021	• Binders received and reviewed • Invoices paid

Back to Agenda

CalOptima
A Public Agency

Current Marketing Update

- Events of 2020 (global pandemic, wildfires, civil unrest) are challenging our broker
  - Potential carriers not wanting additional risk
  - Existing carriers reducing risk by increasing deductibles and decreasing limits/coverage
  - All carriers covering their losses by increasing premiums
- Healthcare plans operating as public entities in California adds to the challenge
- Property: Increased claims and losses in aggregate continue to push carriers' rates up

Back to Agenda

CalOptima
A Public Agency

Current Marketing Update (cont.)

- D&O/EPL:
  - Elevated litigation frequency and increasing severity are driving up carriers' premiums throughout California
  - Litigation for EPL claims nationwide rising as COVID-19 restrictions are lifted and companies resume and expand operations
  - Based on the current environment for EPL claims in California, and other factors, limited carriers willing to provide quotes
  - Staff is exploring potential self-insurance of EPL and separately marketing D&O
- Fiduciary: Fees for case settlements in the market have doubled in last five years, resulting in modest premium increases

Back to Agenda

CalOptima
A Public Agency

Current Marketing Update (cont.)

- Cyber: Ransomware and regulatory changes are driving increases in frequency and severity for carriers, resulting in increased premiums and tightened terms; very cautious underwriting
- Wage and Hour:
  - Incumbent indicated decreased limit and increased deductible
  - Limited carriers in coverage space, and few willing to provide quotes with reasonable terms
- WC:
  - Base rates are flat to slightly increasing
  - CalOptima's experience modifier is expected to fall, which could result in flat to small premium increase

Back to Agenda

CalOptima
A Public Agency

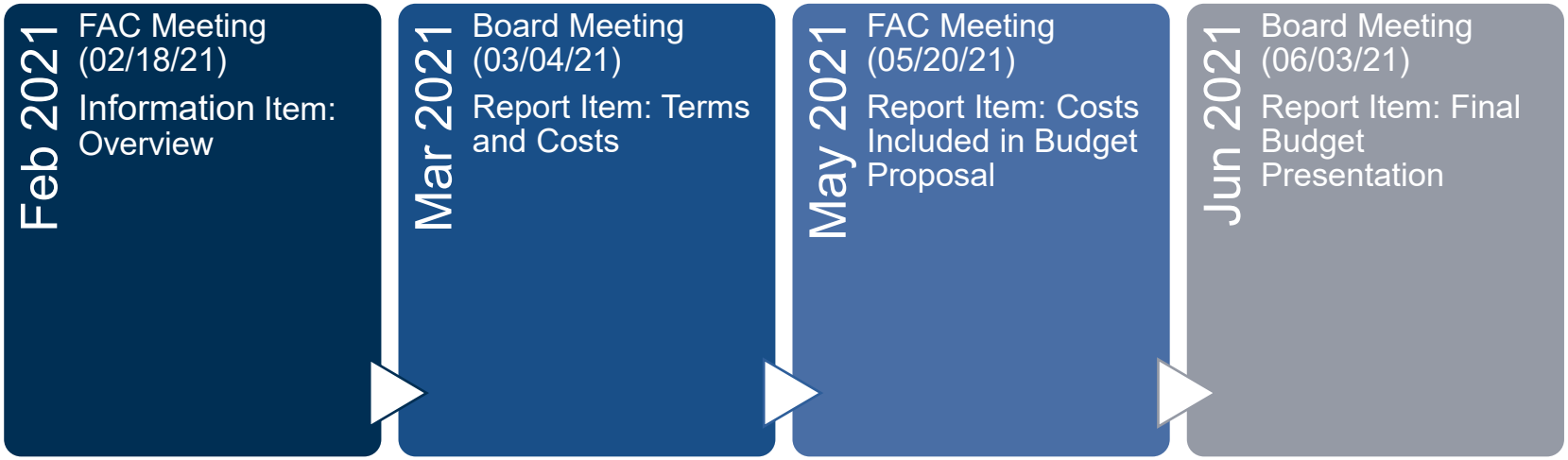
Current Marketing Update (cont.)

- E&O:
  - Incumbent indicated changes to coverage terms
  - Staff is exploring a different strategy in the hope to keep deductible, limit, and/or premium intact

Back to Agenda

CalOptima
A Public Agency

Board Communication and Approval



Back to Agenda

CalOptima
A Public Agency

Our Mission

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

Back to Agenda

CalOptima
A Public Agency

A Public Agency

CalOptima

Better. Together.

Request For Proposal (RFP) for Investment Portfolio Manager

Board of Directors' Finance and Audit Committee Meeting

February 18, 2021

Nancy Huang, Chief Financial Officer

Back to Agenda

CalOptima Investment Goals

- Safety of Principal
  - Minimize capital losses
  - Mitigate credit and market risks
  - Comply with “prudent investor” standard
- Total return
  - Attain at least a market-average rate of return within scope of Investment Policy
- Liquidity
  - Satisfy cash flow requirements of CalOptima while preserving safety of principal and total return

Back to Agenda

CalOptima
A Public Agency

Portfolio Composition

- Asset allocation:
  - Fixed income and other investments permitted by Investment Policy
  - Diversification restrictions per the Investment Policy and the California Government Code

- “Funds” – Performance Benchmarks:
  - Operating Fund – FTSE T-Bill Months TR
  - Tier 1 – ICE BofA 1-3 Years Treasury Index
  - Tier 2 – ICE BofA 1-5 Years Treasury Index

Back to Agenda

CalOptima
A Public Agency

Current Portfolio Structure

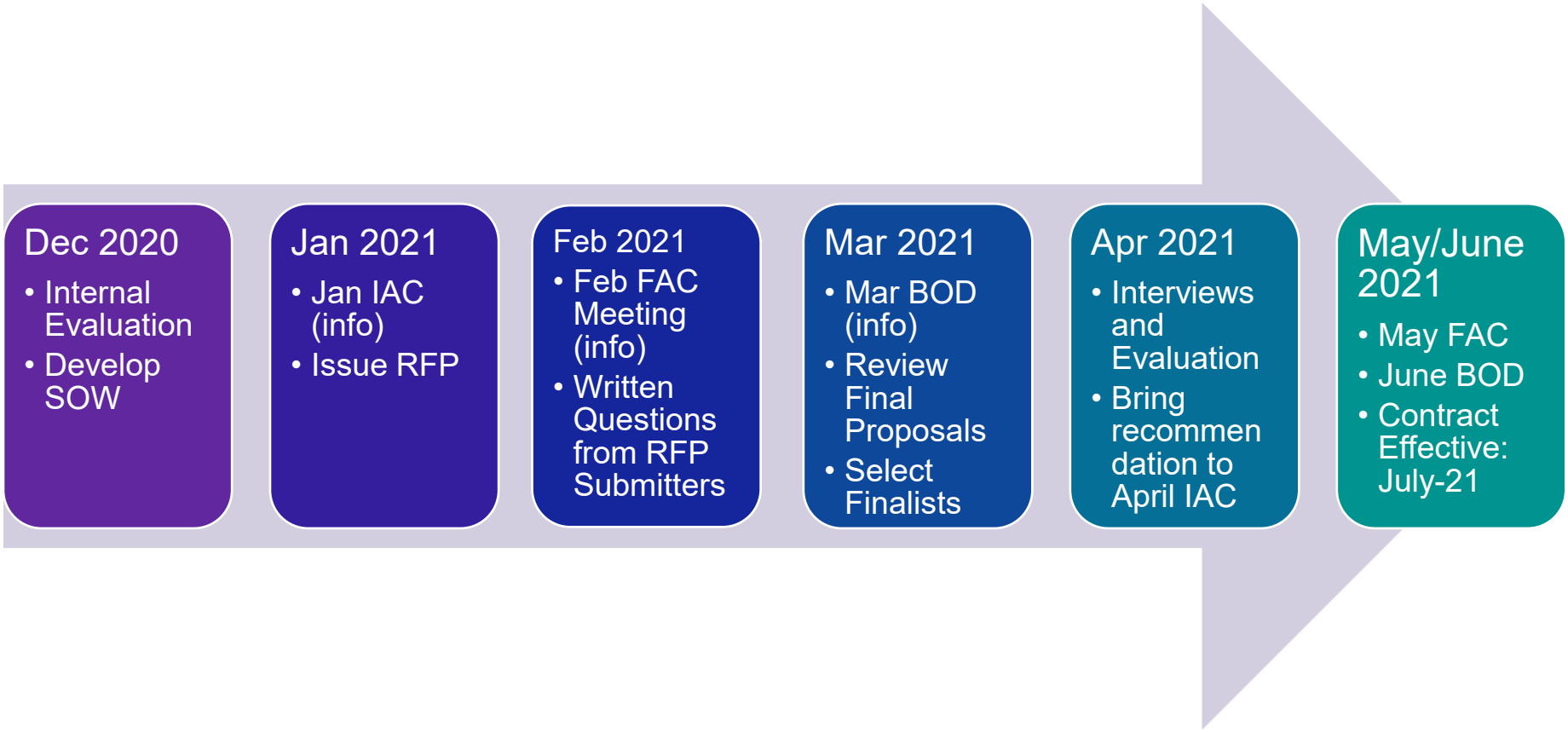
- Last RFP was completed in 2015

Type	# of Managers	Split	Current Balance	Investment Managers
Tier 0	3	• 33.3% • 33.3% • 33.3%	$900M	• Payden & Rygel • MetLife • Wells Capital
Tier 1	3	• 33.3% • 33.3% • 33.3%	$480M	
Tier 2	1	• 100%	$107M	• MetLife

Back to Agenda

CalOptima
A Public Agency

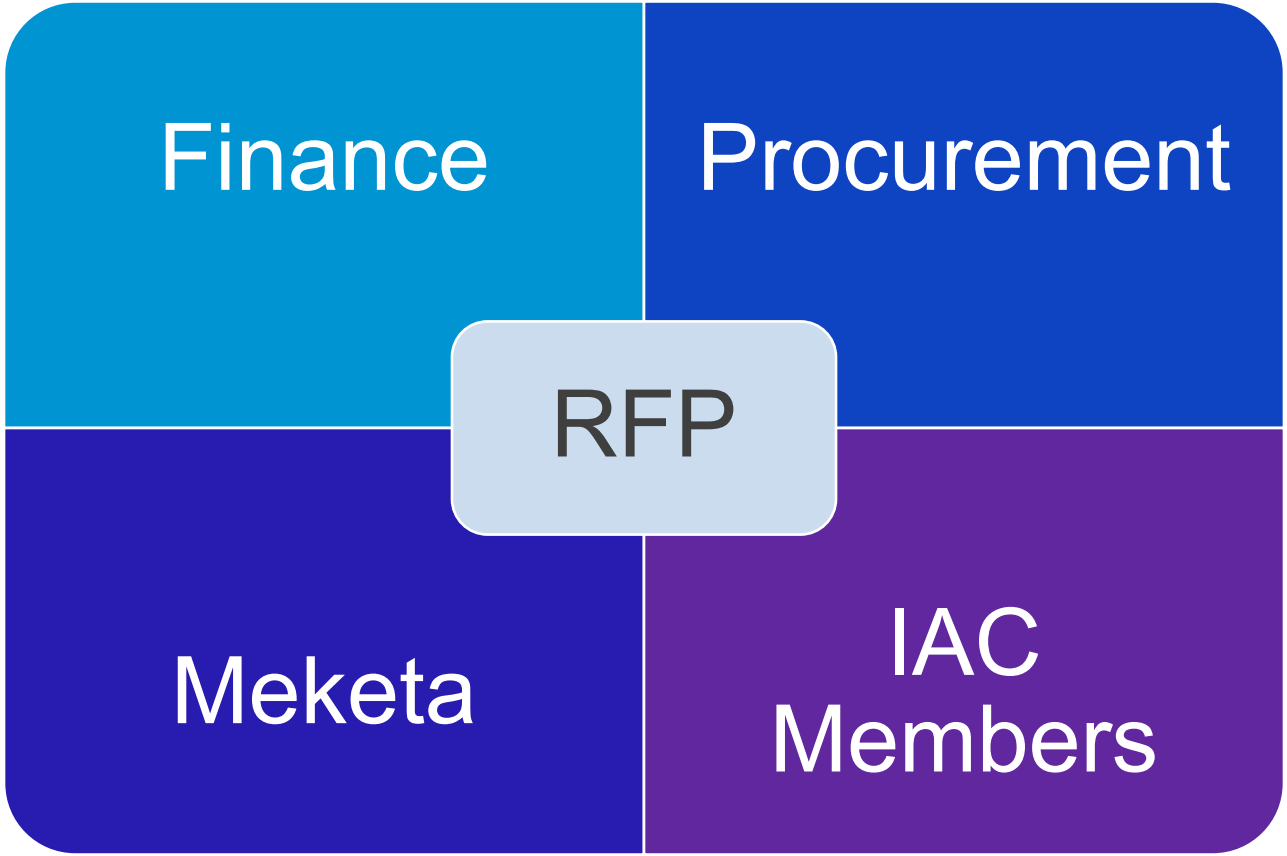
Proposed RFP Timeline



Back to Agenda

CalOptima
A Public Agency

Evaluation Team Composition



Back to Agenda

CalOptima
A Public Agency

Our Mission:

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

Back to Agenda

CalOptima
A Public Agency

CalOptima
A Public Agency
Better. Together.

CalOptima Internal Audit Finance and Audit Committee (FAC) Update

Risk Assessment Results & Audit Plan

Internal Audit Project Updates

2/18/2021

Presenters

- Louise Labrie, Principal
- Scott Peyton, Partner
- John Summerlin, Senior Manager
- Jeff Lam, Manager

This document was originally prepared for CalOptima by Grant Thornton, solely for the purpose and on the terms agreed between CalOptima and Grant Thornton based on specific information provided by CalOptima at a certain point in time. Third-party recipients of this document agree and acknowledge that they are being provided this document "as is" with no warranty of any kind.

Back to Agenda

Risk Assessment Methodology - Overview

Purpose:
Internal Audit (IA) performs a risk assessment to identify, rank, and calibrate the risks faced by CalOptima, inclusive of evaluating existing controls and procedures, resulting in a multi-year internal audit plan tailored to CalOptima's unique risk profile.

Outcomes & Benefits:

- Calibrated risk inventory and ratings, which drives a customized multi-year internal audit plan.
- Increase awareness and visibility of the Organization's risks and internal control environment.
- Establish a stronger foundation for future risk assessment and internal control environment activities
- Obtain independent point of view on all operational areas
- React more systematically to regulatory or emerging risks

Methodology:

- Deploy a combination of confidential interviews, workshop discussions, surveys, and reviews of selected documentation to capture a broad and comprehensive picture of risks and responses.
- Deploy quantitative rigor to objectively categorize and balance risk ratings with a pre-defined scale.
- Analyze and calibrate results with key stakeholders and construct deliverables (risk assessment, multi-year audit plan, summary report).

Back to Agenda

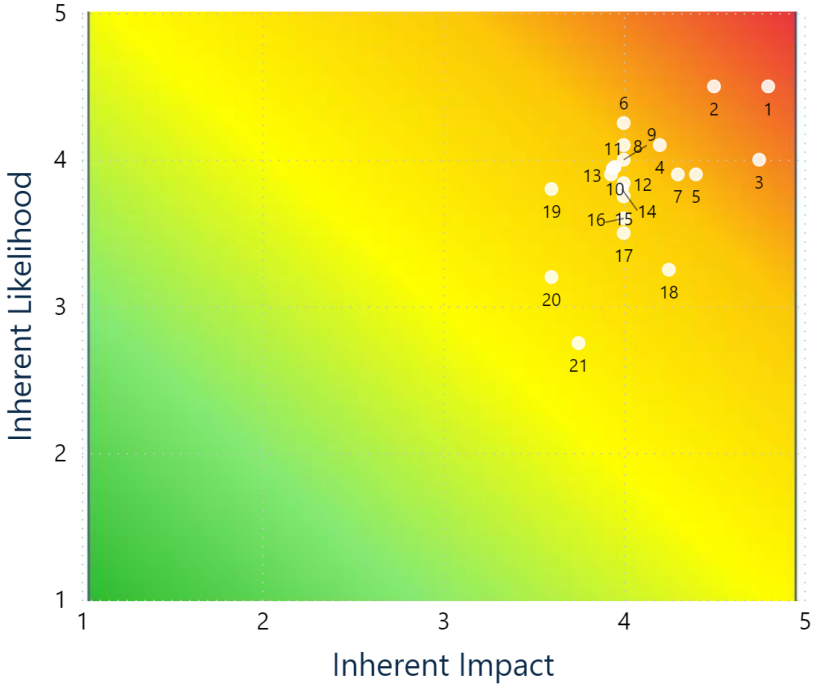
CalOptima
A Public Agency
Better. Together.

Results

Risk assessment results and internal audit plan

Back to Agenda

Risk Assessment Results – Inherent Risk (Very High, High, Moderate)



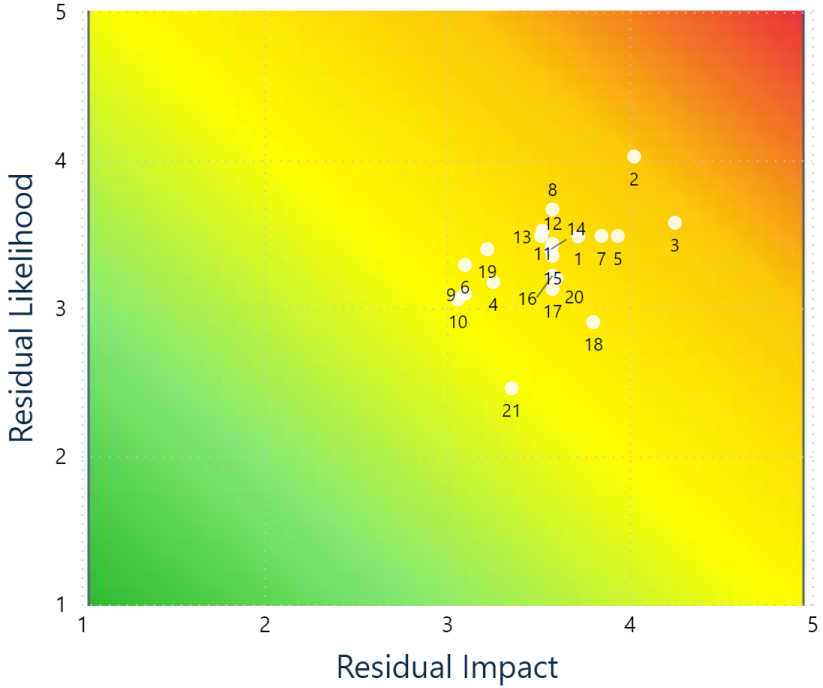
Risk Legend					
Score	20	15	10	5	0
Rating	Very High	High	Moderate	Low	Very Low

Risk ID	Risk Name/ Category*	Inherent Risk	On FY20-21 IA Plan	On FY21-22 IA Plan
1	Cyber risk (Information security, Cyber breach response)			✓
2	Information Technology (IT) Asset Management			
3	Third Party Risk Management (TPRM) (IT)			
4	Provider Payments			✓
5	Telework			
6	Talent Strategy and Execution			✓
7	Vendor Management		✓	
8	Streamlining Member Experience			
9	Member Enrollment and Disenrollment			
10	Provider Contract Implementation			
11	Provider Network Communication and Relationships			✓
12	Contract Management		✓	
13	IT Strategy & Governance			
14	Program Implementation Efficiency		✓	
15	Enterprise Data Governance			
16	Provider Onboarding, Credentialing, Recredentialing Process			✓
17	Payroll			
18	Telehealth Coverage			✓
19	Organizational Strategy			
20	Succession Planning			
21	Surge Capacity			

Back to Agenda

*See following slides for definition of the risks

Risk Assessment Results - Residual Risk



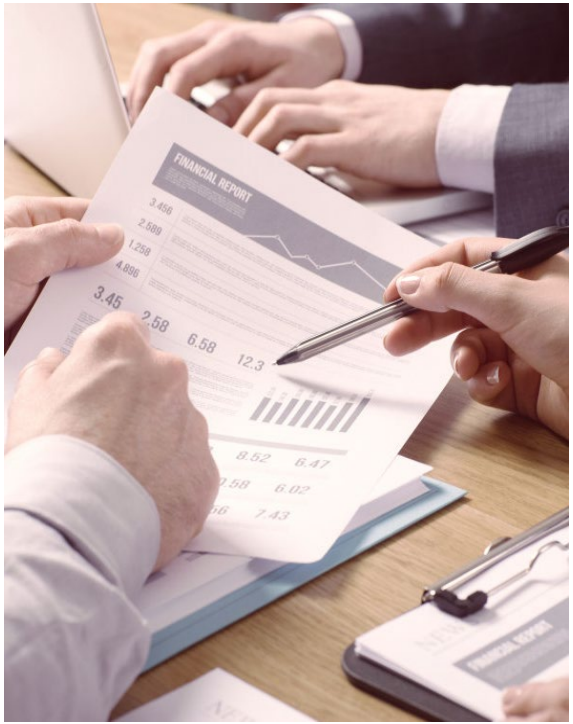
Risk Legend					
Score	20	15	10	5	0
Rating	Very High	High	Moderate	Low	Very Low

Risk ID	Risk Name/ Category*	Residual Risk	On FY20-21 IA Plan	On FY21-22 IA Plan
2	Information Technology (IT) Asset Management			
3	Third Party Risk Management (TPRM) (IT)			
5	Telework			
7	Vendor Management		✓	
8	Streamlining Member Experience			
1	Cyber risk (Information security, Cyber breach response)			✓
11	Provider Network Communication and Relationships			✓
12	Contract Management		✓	
13	IT Strategy & Governance			
14	Program Implementation Efficiency		✓	
15	Enterprise Data Governance			
20	Succession Planning			
16	Provider Onboarding, Credentialing, Recredentialing Process			✓
17	Payroll			
18	Telehealth Coverage			✓
19	Organizational Strategy			
4	Provider Payments			✓
6	Talent Strategy and Execution			✓
9	Member Enrollment and Disenrollment			
10	Provider Contract Implementation			
21	Surge Capacity			

Back to Agenda

*See following slides for definition of the risks

Internal audit plan overview



The following slides present the 3 year audit plan. When selecting the projects for the upcoming annual plan, the following factors or criteria were considered:

- Internal Audit Risk Assessment Results, presented in the previous slide
- New and Emerging Risks
- Budget available to perform Internal Audits
- Alignment with the Organization's current year Strategic Initiatives, and shifting priorities and initiatives for next fiscal years
- Consideration of FAC Members' and Management's feedback
- Ability to produce actionable "benefits" of the project
- Coverage from other control monitoring activities (e.g., compliance monitoring, third party reviews)
- Distribution of internal audits between departments across the enterprise (e.g., capacity of the business/department to support the execution of audits)
- Regulatory requirements to perform specific Internal Audits

Back to Agenda

Internal Audit Plan for FY20-23

Risk Legend

Rating	Descriptor
5	Very High
4	High
3	Moderate
2	Low
1	Very Low

Strength of Controls Legend (SOC)

Rating	Descriptor
5	Very High
4	High
3	Moderate
2	Low
1	Very Low

Risk ID	Strategic Plan Mapping	Risk Name/ Category	Risk Description	Inherent Risk	S.O.C*	Residual Risk	Prior Internal Audit	FY20-21	FY21-22 **	FY22-23 **
1	Enhance Operational Excellence and Efficiency	Cyber risk (Information security, Cyber breach response)	Insufficient or inadequate Cyber/Information Security preparedness may lead to security breaches or malicious attacks on the CalOptima network and unauthorized access to confidential, sensitive, or other personally identifiable information and violations of regulations, including the California Consumer Protections Act / Health Insurance Portability and Accountability Act (HIPAA). Lack of oversight over the security and monitoring of Electronic Health Records may expose CalOptima to data privacy issues and regulatory scrutiny.				FY15-16		✓	
2	Enhance Operational Excellence and Efficiency	Information Technology (IT) Asset Management	Ineffective controls over IT assets in the organization may lead to insecure and inappropriate use of company assets such as company-issued cell phones. Insecure use of assets may result in data privacy and cybersecurity concerns.							✓
3	Enhance Operational Excellence and Efficiency	Third Party Risk Management (TPRM) (IT)	Ineffective third-party risk management program to prevent vendor access to CalOptima's network and sensitive data may result in non-compliance with standards such as HIPAA, financial and reputational losses.							✓

*The strength of controls is based on the perception and input of organization management and the design and operating effectiveness of the controls has not yet been assessed by Internal Audit
**FY21-22 and FY22-23 audit projects to be presented to the FAC prior to the beginning of each fiscal year

Back to Agenda

Internal Audit Plan for FY20-23

Risk Legend	
Rating	Descriptor
5	Very High
4	High
3	Moderate
2	Low
1	Very Low

Strength of Controls Legend (SOC)	
Rating	Descriptor
5	Very High
4	High
3	Moderate
2	Low
1	Very Low

Risk ID	Strategic Plan Mapping	Risk Name/ Category	Risk Description	Inherent Risk	S.O.C	Residual Risk	Prior Internal Audit	FY20-21	FY21-22	FY22-23
4	Enhance Operational Excellence and Efficiency	Provider Payments	Lack of preventative and detective controls surrounding provider payments, inclusive of member eligibility, benefits application, and claim repricing may result in overpayment or underpayments. Ineffective review processes to evaluate overpayment or underpayments relative to expectations may result in the inability to identify payment errors.				FY14-15		✓	
5	Enhance Operational Excellence and Efficiency	Telework	Inadequate telework processes and decrease in productivity may result in issues with organizational resilience and workforce enablement. Examples: data breaches, employee engagement issues, time theft. Insufficient monitoring controls over employees working out of state may result in tax non-compliance.				FY15-16			
6	Increase Value and Improve Care Delivery	Talent Strategy and Execution	Inability to develop and effectively execute talent strategy may impair talent recruitment, development and retention. Insufficient monitoring that leverages defined metrics such as tracking hiring success rates, employee satisfaction, turnover rates, and cause of attrition may result in the inability to track process or areas of improvement. Inadequate or infrequent assessment of the performance review process and its ability to reward, promote, and retain talent may lead to attrition or talent gaps within the organization.						✓	✓

*Talent Strategy and Execution, includes but is not limited to: Talent Planning and Recruitment, Employee Engagement/Culture, Onboarding, Performance Review, Training and Development, Exit Process

Back to Agenda

Internal Audit Plan for FY20-23

Risk Legend

Rating	Descriptor
5	Very High
4	High
3	Moderate
2	Low
1	Very Low

Strength of Controls Legend (SOC)

Rating	Descriptor
5	Very High
4	High
3	Moderate
2	Low
1	Very Low

Risk ID	Strategic Plan Mapping	Risk Name/ Category	Risk Description	Inherent Risk	S.O.C.	Residual Risk	Prior Internal Audit	FY20-21	FY21-22	FY22-23
7	Strengthen Community Partnerships	Vendor Management	Inadequate governance, due diligence, contract development and onboarding, monitoring and termination of managed service providers may result in ineffective, inconsistent, non-compliant processes. Lack of monitoring and appropriate termination of managed service providers may result in non-compliant vendors, inappropriate use of funds, and data loss.				FY15-16	✓		
8	Expand CalOptima's Member-Centric Focus	Streamlining Member Experience	A misaligned member experience with the organization's commitments and strategy may lead to reputational damage, impaired revenues, and an inability to provide the highest quality member care. Inexperience in claims and claims management may result in a consumer experience that is not aligned with the organization's commitments and strategy.				FY14-15			
9	Enhance Operational Excellence and Efficiency; Increase Value and Improve Care Delivery	Member Enrollment and Disenrollment	Insufficient controls around member enrollment and disenrollment may increase the likelihood of inappropriate claim payments, operational inefficiencies, and loss of revenue.				FY14-15			

Back to Agenda

Internal Audit Plan for FY20-23

Risk Legend

Rating	Descriptor
5	Very High
4	High
3	Moderate
2	Low
1	Very Low

Strength of Controls Legend (SOC)

Rating	Descriptor
5	Very High
4	High
3	Moderate
2	Low
1	Very Low

Risk ID	Strategic Plan Mapping	Risk Name/ Category	Risk Description	Inherent Risk	S.O.C.	Residual Risk	Prior Internal Audit	FY20-21	FY21-22	FY22-23
10	Enhance Operational Excellence and Efficiency	Provider Contract Implementation	Inability to develop proper contract implementation policy or properly input provider contracts in the system may result in delayed claims processing, provider dissatisfaction, and other manual reconciliation activities.				FY14-15, FY15-16			
11	Strengthen Community Partnerships; Expand CalOptima's Member-Centric Focus	Provider Network Communication and Relationships	Ineffective and transparent communication with providers in Orange County may affect the relationship between entities and quality of care options for CalOptima members. Ineffective tracking of member satisfaction and quality of care by providers may result in inconsistent experiences for members depending on which provider is utilized.				FY15-16		✓	
12	Enhance Operational Excellence and Efficiency	Contract Management	Lack of sufficient monitoring controls around provider and healthcare network contracts may result in the inability to assess compliance around contract Service-level agreement (SLAs) and performance metrics (e.g., conflict of interest with third party vendors, Key Performance Indicator (KPI)'s over member care, appeals, complaints, billing promptness, data and record management).					✓		

Back to Agenda

Internal Audit Plan for FY20-23

Risk Legend	
Rating	Descriptor
5	Very High
4	High
3	Moderate
2	Low
1	Very Low

Strength of Controls Legend (SOC)	
Rating	Descriptor
5	Very High
4	High
3	Moderate
2	Low
1	Very Low

Risk ID	Strategic Plan Mapping	Risk Name/ Category	Risk Description	Inherent Risk	S.O.C.	Residual Risk	Prior Internal Audit	FY20-21	FY21-22	FY22-23
13	Enhance Operational Excellence and Efficiency	IT Strategy & Governance	Lack of a defined roadmap for future-proofing the organization's technology may lead to inefficient processes and less than optimal security. Failure to evolve the current IT systems within the organization may create operational inefficiencies and higher chances for error. Lack of a defined Software Development Lifecycle (SDLC) Framework may result in the inappropriate implementation of new software and increase the risk of a data breach or inappropriate access to sensitive information.							✓
14	Enhance Operational Excellence and Efficiency; Strengthen Community Partnerships	Program Implementation Efficiency	Inconsistent and non-cohesive cross-functional program implementation processes may lead to implementation inefficiencies, implementation failures, and coverage gaps. Inadequate tracking of consistent KPIs across the organization on the effectiveness of new programs may lead to an inability to improve programs or program implementation. Inadequate tracking of the success of joint objectives between provider and CalOptima may result in a weaker reputation and trust between the providers and CalOptima.					✓		

Back to Agenda

Internal Audit Plan for FY20-23

Risk Legend	
Rating	Descriptor
5	Very High
4	High
3	Moderate
2	Low
1	Very Low

Strength of Controls Legend (SOC)	
Rating	Descriptor
5	Very High
4	High
3	Moderate
2	Low
1	Very Low

Risk ID	Strategic Plan Mapping	Risk Name/ Category	Risk Description	Inherent Risk	S.O.C.	Residual Risk	Prior Internal Audit	FY20-21	FY21-22	FY22-23
15	Enhance Operational Excellence and Efficiency	Enterprise Data Governance	Insufficient access management and periodic reviews of privileged access by providers may lead to unauthorized access to sensitive information or Protected Health Information (PHI). Unregulated access across networks and Enterprise Resource Planning (ERP) has the potential for unauthorized data access or data privacy issues, data destruction, and organizational compromise.							
16	Enhance Operational Excellence and Efficiency; Increase Value and Improve Care Delivery	Provider Onboarding, Credentialing, Recredentialing Process	Inadequate rigor around provider onboarding, credentialing, and documentation retention processes may increase compliance risks and impact member quality of care.				FY15-16		✓	
17	Enhance Operational Excellence and Efficiency	Payroll	Lack of proper monitoring controls over the payroll cycle may lead to compliance issues with regulatory requirements, miscalculations of social security and tax, or data protection over sensitive employee information.				FY14-15, F15-16			✓

Back to Agenda

Internal Audit Plan for FY20-23

Risk Legend	
Rating	Descriptor
5	Very High
4	High
3	Moderate
2	Low
1	Very Low

Strength of Controls Legend (SOC)	
Rating	Descriptor
5	Very High
4	High
3	Moderate
2	Low
1	Very Low

Risk ID	Strategic Plan Mapping	Risk Name/ Category	Risk Description	Inherent Risk	S.O.C.	Residual Risk	Prior Internal Audit	FY20-21	FY21-22	FY22-23
18	Innovate and Be Proactive; Expand CalOptima's Member-Centric Focus; Increase Value and Improve Care Delivery	Telehealth Coverage	Lack of a comprehensive organizational strategy for telehealth coverage may lead to the diminished use of telehealth or telemedicine, issues of non-compliance with the new regulation, loss of brand recognition, declining member access, and declining performance.						✓	
19	Innovate and Be Proactive	Organizational Strategy	Lack of innovative vision to achieve organization-wide goals or agility to take advantage of an emerging opportunity may decrease the organization's ability to improve member care. Lack of proper strategic planning for potential policy changes may pose a business risk that allows for the emergence of a competitor.							
20	Enhance Operational Excellence and Efficiency	Succession Planning	Inability to identify critical roles, assess staff, develop plans, identify and develop successors, and documentation of standard operating procedures may result in inefficient business operations.							✓
21	Expand CalOptima's Member-Centric Focus; Increase Value and Improve Care Delivery	Surge Capacity	Inadequate resources from a provider network perspective and inability to deliver care in the event of continuing surges of member population in an extended economic downtrend may result in member satisfaction and reputational damage to CalOptima.							

*The number of audits per Fiscal Year will need to be adjusted in accordance to the Internal Audit budget approved by the Board.

Total Audits	3	6	6

Back to Agenda

CalOptima
A Public Agency
Better. Together.

Updates

Internal Audit Status Updates

Back to Agenda

Vendor Management

Status for May Finance and Audit Committee : On Track

Scope Period: December 1st, 2019 to November 30th, 2020

Objectives/Scope

Program Design: Assess existing third-party vendor management process, policies, procedures, and guidelines related to third-party vendor management controls for potential design gaps, including assessment of current program against leading practice guidelines

1. **Governance:** Evaluate the organization's policies and procedures including program governance and roles and responsibilities against leading practices
2. **Procurement, Risk & Due Diligence:**
   a) Evaluate completeness and consistency of the RFP process for third party contracts against policies and procedures
   b) Evaluate the due diligence process (e.g., sanctioned vendor lists (i.e. CMS), HIPAA compliance, positive or negative media, regulatory and ethical perception of the third party vendor).
   c) Assess procurement and vendor management's information gathering process on the products/services to be served by the vendor. Evaluate the vendor categorization process (i.e., standard BAA/FDR template) for the criteria utilized to identify a vendor as BAA or FDR
   d) Evaluate the organization's evaluation of how replaceable a product or service is (i.e. sole service provider).
3. **Contract Development & Onboarding:**
   a) Evaluate interdepartmental collaboration and the process for clear identification, assignment, and execution of activities which impact multiple departments within the prescribed timeline.
   b) Evaluate contract review process by individuals knowledgeable of the third parties' product or service and the negotiation of terms to be performed by appropriate procurement individuals (not the individual requesting the product or service)

Objectives/Scope

4. **Monitoring**:
   a) Evaluate the organization's periodic process and controls to ensure products and services comply to SLA parameters as well as vendor compliance to BAA/FDR information reported (evaluate the need for this to be performed on a risk ranked basis)
   b) Evaluate the alignment of critical KPIs and SLAs from the monitoring process to the RFP and vendor due diligence process
5. **Termination:** Evaluate the organization's process and controls to validate appropriate conditions such as the retrieval or destruction of data from a third party vendor is satisfied and closeout procedures are tracked for timely completion.

Status of Audit

- Initial walkthroughs completed with key process stakeholders (budgeting, purchasing, finance)
- Initial documentation received
- Finalizing test procedures and follow up documentation request for testing

Back to Agenda

Regulatory Guidance Process

Status for May Finance and Audit Committee : On Track

Scope Period: December 1st, 2019 to November 30th, 2020

Objectives/Scope

Program Design: Perform an internal audit to evaluate CalOptima's process when implementing new regulatory guidance. Specifically, the organization's process to ensure all compliance requirements are captured within the new program/initiative, the tracking and monitoring of the progress of the implementation by all business stakeholders, and that the implementation is performed prior to regulatory deadlines:

1. Federal and State Regulatory Requirements

a) Obtain a listing of key recent (i.e. past 12 months) federal and state regulations that apply to the entity (excluding general corporate financial, human resource and environmental regulations). Verify Fact Sheet and Regulatory Requirement Document (RRD) is drafted.

b) Assess milestone development process from the Fact Sheet and Regulatory Document to ensure milestones are defined, tracked and monitored for accountability (including criteria for engagement of IS PM team)

c) Assess the deliverable development process from the fact sheet and regulatory document to ensure consistently measurable success

d) Verify framework for conducting workshops during implementation and assess process for measuring requirement satisfaction, documenting and remediating business concerns, measuring stakeholder engagement and documenting approvals by stakeholders

Objectives/Scope

e) Assess Business Integration (BI) department's project management process to track, monitor and hold parties accountable to timelines and implementation metrics

2. External Reporting

- Review process for compliance reporting and internal documents used to ensure completeness of the information. Evaluate mechanism in place to communicate the information to Regulatory Affairs & Compliance (RAC) department.
- Review BI's process to assess readiness of the regulatory guidance implementation prior to go-live including tests, parallels, validations, etc.

3. Ongoing Compliance Monitoring Program

- Evaluate BI team's process to work with the internal business units to develop their on-going monitoring criteria for the implemented regulatory guidance, including reporting requirement submission to oversight.

Status of Audit

- Reviewing and analyzing documents
- Designing and starting to perform initial testing

Back to Agenda

CalOptima
A Public Agency
Better. Together.

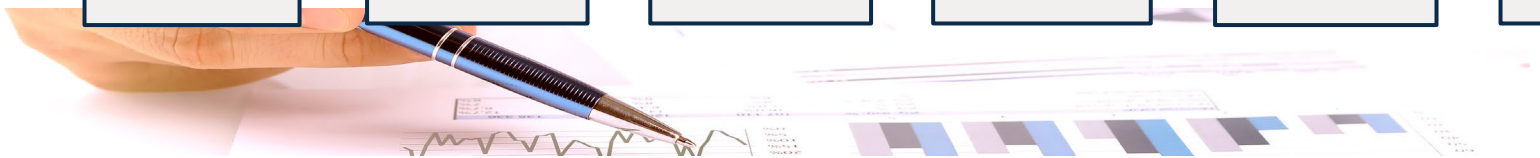
Appendix A

Risk assessment framework and other supporting slides

Back to Agenda

Risk Assessment Approach – activities performed

Step 1: Define Framework	Step 2: Initial Analysis	Step 3: Meet with Participants	Step 4: Evaluate & Calibrate Results	Step 5: Design Internal Audit Plan	Step 6: Present to FAC
Define risk assessment framework leveraging GT's proprietary risk universe, establish common risk assessment definitions and rating scales.	Review existing documentation to build an understanding of the risk universe. Perform an initial analysis of potential risks based on input from the compliance team.	Via interviews, obtain input from confirmed participants on risks and risk mitigating activities.	Evaluate the collective results from risk assessment participants and calibrate ratings with the compliance team.	Draft the internal audit plan based on outcomes from the risk assessment results – aligning audit frequency and effort with respective risk ratings.	Present internal audit plan to Finance and Audit Committee to incorporate any additional edits or inputs as necessary.



Back to Agenda

Framework utilized for the risk assessment

Define category of risks

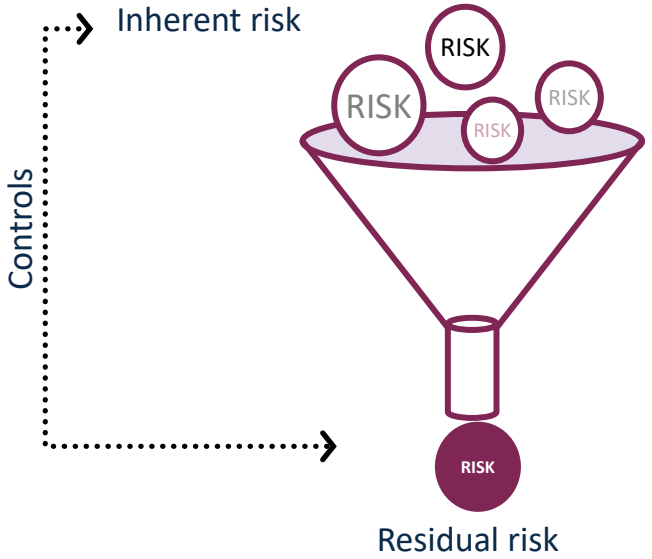
Risk universe : Strategic - Compliance – Operational/Transactional – Litigation/Reputation – Financial

Establish common risk assessment definition

Risks inherent : Inherent Risk is calculated by multiplying the average scores of Impact and Likelihood

- ❑ **Impact - Definition**
  - **Quantitative Criteria**
  - **Qualitative Criteria**
- **Probability - Definition**

Risk Legend					
Score	20	15	10	5	0
Rating	Very High	High	Moderate	Low	Very Low



Risks residual

- ❑ **Control - Strength of control definition**

Strength of Controls Legend (SOC)					
Score	5	4	3	2	1
Rating	Very High	High	Moderate	Low	Very Low
Reduction Weight	80%	60%	40%	20%	0%

Inherent Risk = (Average Impact Score) × (Average Likelihood Score) = (Inherent Risk)

Final Calculation (Residual Risk) = (Inherent Risk) − [(Inherent Risk) × (Strength of Control Factor)] = (Residual Risk)

Back to Agenda

Risk assessment timeline

MAY

- Plan Risk Assessment

JUN

- Define objectives, Framework, and review documentation

JUL

- Conduct risk assessment interviews with 11 individuals, including executives, and senior management within key departments and functional areas

AUG

- New Board Members Join
- Begin the scoping of two internal audits based on initial evaluation of interview results

DEC

- Complete final two new board member interviews

JAN

- Finalize qualitative and quantitative analyses and calibration of risks to evaluate inherent and residual risks
- Utilize Risk Assessment results to develop preliminary Internal Audit Plan

FEB

- Present the risk assessment results to the Finance and Audit Committee

MAY

- Introduce final FY21-FY22 Audit Plan at May Finance and Audit Committee

Back to Agenda

FY21 Risk assessment: Participants

During the course of annual Internal Audit Risk Assessment process, interviews were held with the following individuals:

NAME	TITLE	Date
David Ramirez	Chief Medical Officer	July 1st
Emily Fonda	Deputy Chief Medical Officer	July 1st
Nancy Huang	Chief Financial Officer	July 2nd
Richard Sanchez	Chief Executive Officer	July 8th
Silver Ho	Executive Director of Compliance	July 13th
Lee Penrose	Finance and Audit Committee Board (Prior Board Member)	July 20th
Andrew Do	Supervisor Board	July 22nd

NAME	TITLE	Date
Ladan Khamseh	Chief Operations Officer	July 29th
Isabel Becerra	Vice Chair	Dec. 10th
Mary Giammona	Board Member	Dec. 17th

* The following direct reports from the following departments were included in the July 29th discussion. (i.e., Behavioral Health Services, Program Implementation, Human Resources, Operations, and IT.

Back to Agenda

A Public Agency

CalOptima

Better. Together.

Financial Summary

December 31, 2020

Board of Directors' Finance and Audit Committee Meeting

Nancy Huang, Chief Financial Officer

Back to Agenda

FY 2020–21: Management Summary

- Change in Net Assets (Deficit) or Surplus
  - MTD: $8.3 million, favorable to budget $13.1 million or 271.9%
  - YTD: $9.9 million, favorable to budget $18.5 million or 215.3%
- Enrollment
  - MTD: 808,290 members, favorable to budget 5,925 or 0.7%
  - YTD: 4,747,443 member months, favorable to budget 16,951 or 0.4%
- Revenue
  - MTD: $305.9 million, unfavorable to budget $20.0 million or 6.1% driven by Medi-Cal (MC) line of business (LOB):
    - $25.8 million of Proposition 56 risk corridor reserve
  - YTD: $2.0 billion, favorable to budget $38.4 million or 2.0% driven by MC LOB:
    - Fiscal Year (FY) 2019 hospital Directed Payments (DP)
    - Offset by Gross Medical Expenditures (GME) rate reduction during Bridge Period and Proposition 56 risk corridor reserve

Back to Agenda

CalOptima
A Public Agency

FY 2020–21: Management Summary (cont.)

- Medical Expenses
  - MTD: $287.2 million, favorable to budget $31.8 million or 10.0%
    - Driven by MC LOB $35.3 million favorable variance due to decreased utilization during COVID-19 pandemic and Prior Year (PY) Proposition 56 Value-Based Program (VBP) adjustment
    - Offset by OneCare Connect (OCC) LOB $3.4 million unfavorable variance
  - YTD: $1.9 billion, unfavorable to budget $24.9 million or 1.3%
    - Driven by MC LOB FY 2019 hospital DP, offset by decreased utilization during COVID-19 pandemic and PY Proposition 56 VBP adjustment for a net unfavorable variance of $11.8 million
    - OCC LOB had a net unfavorable variance of $14.2 million
- Administrative Expenses
  - MTD: $11.1 million, favorable to budget $1.8 million or 14.2%
  - YTD: $66.5 million, favorable to budget $9.8 million or 12.8%
- Net Investment & Other Income
  - MTD: $0.7 million, unfavorable to budget $0.5 million or 41.9%
  - YTD: $2.7 million, unfavorable to budget $4.8 million or 64.2%

Back to Agenda

CalOptima A Public Agency

FY 2020–21: Key Financial Ratios

- Medical Loss Ratio (MLR)
  - MTD: Actual 93.9%, Budget 97.9%
  - YTD: Actual 96.3% (96.1% excluding DP), Budget 96.9%
- Administrative Loss Ratio (ALR)
  - MTD: Actual 3.6%, Budget 4.0%
  - YTD: Actual 3.4% (3.6% excluding DP), Budget 3.9%
- Balance Sheet Ratios
  - Current ratio: 1.3
  - Board-designated reserve funds level: 1.94
  - Net position: $1.0 billion, including required Tangible Net Equity (TNE) of $102.6 million

Back to Agenda

CalOptima
A Public Agency

Enrollment Summary: December 2020

Month-to-Date					Year-to-Date			
Actual	Budget	$ Variance	% Variance	Enrollment (by Aid Category)	Actual	Budget	$ Variance	% Variance
115,418	110,974	4,444	4.0%	SPD	682,000	665,252	16,748	2.5%
505	474	31	6.5%	BCCTP	3,068	2,899	169	5.8%
293,309	313,954	(20,645)	(6.6%)	TANF Child	1,745,528	1,839,692	(94,164)	(5.1%)
100,425	94,375	6,050	6.4%	TANF Adult	586,617	553,333	33,284	6.0%
4,934	3,515	1,419	40.4%	LTC	29,239	21,060	8,179	38.8%
265,271	251,332	13,939	5.5%	MCE	1,533,002	1,481,510	51,492	3.5%
11,487	11,932	(445)	(3.7%)	WCM	68,389	71,591	(3,202)	(4.5%)
791,349	**786,556**	**4,793**	**0.6%**	**Medi-Cal Total**	**4,647,843**	**4,635,337**	**12,506**	**0.3%**
14,938	**14,001**	**937**	**6.7%**	**OneCare Connect**	**87,780**	**84,403**	**3,377**	**4.0%**
1,609	**1,378**	**231**	**16.8%**	**OneCare**	**9,503**	**8,268**	**1,235**	**14.9%**
394	**430**	**(36)**	**(8.4%)**	**PACE**	**2,317**	**2,484**	**(167)**	**(6.7%)**
808,290	**802,365**	**5,925**	**0.7%**	**CalOptima Total**	**4,747,443**	**4,730,492**	**16,951**	**0.4%**

Back to Agenda

CalOptima
A Public Agency

Financial Highlights: December 2020

Month-to-Date					Year-to-Date			
Actual	Budget	$ Variance	% Variance		Actual	Budget	$ Variance	% Variance
808,290	802,365	5,925	0.7%	Member Months	4,747,443	4,730,492	16,951	0.4%
305,853,725	325,866,435	(20,012,710)	(6.1%)	Revenues	1,969,601,438	1,931,243,631	38,357,807	2.0%
287,175,576	318,990,379	31,814,803	10.0%	Medical Expenses	1,895,936,929	1,871,066,575	(24,870,354)	(1.3%)
11,114,603	12,947,248	1,832,645	14.2%	Administrative Expenses	66,469,820	76,251,404	9,781,584	12.8%
7,563,546	**(6,071,192)**	**13,634,738**	**224.6%**	**Operating Margin**	**7,194,689**	**(16,074,348)**	**23,269,037**	**144.8%**
726,327	1,250,000	(523,673)	(41.9%)	Non Operating Income (Loss)	2,687,690	7,500,000	(4,812,310)	(64.2%)
8,289,873	**(4,821,192)**	**13,111,065**	**271.9%**	**Change in Net Assets**	**9,882,379**	**(8,574,348)**	**18,456,727**	**215.3%**
93.9%	97.9%	4.0%		Medical Loss Ratio	96.3%	96.9%	0.6%	
3.6%	4.0%	0.3%		Administrative Loss Ratio	3.4%	3.9%	0.6%	
2.5%	(1.9%)	4.3%		Operating Margin Ratio	0.4%	(0.8%)	1.2%	
100.0%	100.0%			Total Operating	100.0%	100.0%		
93.9%	97.9%	4.0%		*MLR (excluding Directed Payments)	96.1%	96.9%	0.8%	
3.6%	4.0%	0.3%		*ALR (excluding Directed Payments)	3.6%	3.9%	0.4%	

*CalOptima updated the category of Directed Payments per Department of Healthcare Services instructions

Back to Agenda

CalOptima
A Public Agency

Consolidated Performance Actual vs. Budget: December 2020 (in millions)

MONTH-TO-DATE				YEAR-TO-DATE		
Actual	Budget	Variance		Actual	Budget	Variance
7.8	(4.9)	12.6	Medi-Cal	3.2	(11.3)	14.5
(0.6)	(1.3)	0.7	OCC	0.1	(6.1)	6.2
0.1	0.0	0.0	OneCare	0.7	0.3	0.4
0.3	0.1	0.2	PACE	3.3	1.1	2.2
7.6	**(6.1)**	**13.6**	**Operating**	**7.2**	**(16.1)**	**23.3**
0.7	1.3	(0.5)	Inv./Rental Inc, MCO tax	2.7	7.5	(4.8)
0.7	**1.3**	**(0.5)**	**Non-Operating**	**2.7**	**7.5**	**(4.8)**
8.3	**(4.8)**	**13.1**	**TOTAL**	**9.9**	**(8.6)**	**18.5**

Back to Agenda

CalOptima
A Public Agency

Consolidated Revenue & Expenses: December 2020 MTD

	Medi-Cal Classic	Medi-Cal Expansion	Whole Child Model	Total Medi-Cal	OneCare Connect	OneCare	PACE	Consolidated
MEMBER MONTHS	514,591	265,271	11,487	791,349	14,938	1,609	394	808,290
REVENUES								
Capitation Revenue	139,610,224	$ 108,907,428	$ 22,243,668	$ 270,761,320	$ 29,612,806	$ 2,205,630	$ 3,273,969	$ 305,853,725
Other Income	-	-	-	-	-	-	-	-
Total Operating Revenue	139,610,224	108,907,428	22,243,668	270,761,320	29,612,806	2,205,630	3,273,969	305,853,725
MEDICAL EXPENSES								
Provider Capitation	28,750,113	40,043,542	11,147,137	79,940,792	11,559,576	592,860		92,093,228
Facilities	26,029,553	24,149,918	2,099,741	52,279,212	5,969,183	591,595	334,269	59,174,259
Professional Claims	18,429,325	7,548,249	1,149,541	27,127,115	1,027,340	96,761	774,923	29,026,138
Prescription Drugs	21,016,966	26,319,002	6,254,404	53,590,371	7,257,499	670,998	306,459	61,825,327
MLTSS	30,457,991	2,605,362	1,596,007	34,659,359	1,419,872	4,309	340,047	36,423,588
Medical Management	2,400,810	1,449,075	308,632	4,158,517	1,111,795	35,902	901,260	6,207,474
Quality Incentives	853,260	521,440	34,702	1,409,401	223,320		4,925	1,637,646
Reinsurance & Other	348,271	188,959	11,102	548,332	115,500		124,084	787,916
Total Medical Expenses	128,286,289	102,825,545	22,601,267	253,713,101	28,684,085	1,992,425	2,785,966	287,175,576
Medical Loss Ratio	91.9%	94.4%	101.6%	93.7%	96.9%	90.3%	85.1%	93.9%
GROSS MARGIN	**11,323,935**	**6,081,883**	**(357,599)**	**17,048,219**	**928,721**	**213,205**	**488,003**	**18,678,149**
ADMINISTRATIVE EXPENSES								
Salaries & Benefits				7,221,427	669,523	71,536	76,348	8,038,835
Professional fees				19,243	(14,172)	6,012	123	11,207
Purchased services				928,594	76,006	9,184	26,983	1,040,767
Printing & Postage				249,946	65,613	7,688	7,702	330,949
Depreciation & Amortization				293,403			2,020	295,423
Other expenses				1,008,982	36,161		2,300	1,047,442
Indirect cost allocation & Occupancy				(434,417)	700,977	56,377	27,044	349,980
Total Administrative Expenses				9,287,177	1,534,108	150,797	142,520	11,114,603
Admin Loss Ratio				3.4%	5.2%	6.8%	4.4%	3.6%
INCOME (LOSS) FROM OPERATIONS				7,761,042	(605,387)	62,408	345,483	7,563,546
INVESTMENT INCOME								871,568
TOTAL MCO TAX				(145,251)				(145,251)
TOTAL GRANT INCOME				10				10
CHANGE IN NET ASSETS				**$ 7,615,801**	**$ (605,387)**	**$ 62,408**	**$ 345,483**	**$ 8,289,873**
BUDGETED CHANGE IN NET ASSETS				(4,870,198)	(1,328,602)	30,782	96,826	(4,821,192)
VARIANCE TO BUDGET - FAV (UNFAV)				$ 12,485,999	$ 723,215	$ 31,626	$ 248,657	$ 13,111,065

Back to Agenda

CalOptima
A Public Agency

Consolidated Revenue & Expenses: December 2020 YTD

	Medi-Cal Classic	Medi-Cal Expansion	Whole Child Model	Total Medi-Cal	OneCare Connect	OneCare	PACE	Consolidated
MEMBER MONTHS	3,046,452	1,533,002	68,389	4,647,843	87,780	9,503	2,317	4,747,443
REVENUES								
Capitation Revenue	945,630,729	$ 683,696,398	$ 133,715,208	$ 1,763,042,335	$ 174,793,704	$ 12,303,356	$ 19,462,043	$ 1,969,601,438
Other Income	-	-	-	-	-	-	-	-
Total Operating Revenue	945,630,729	683,696,398	133,715,208	1,763,042,335	174,793,704	12,303,356	19,462,043	1,969,601,438
MEDICAL EXPENSES								
Provider Capitation	216,867,801	259,252,735	69,388,217	545,508,754	76,014,376	3,353,727		624,876,857
Facilities	141,881,358	151,931,952	15,556,227	309,369,537	28,257,761	2,837,754	3,524,655	343,989,706
Professional Claims	115,650,031	52,286,259	6,106,468	174,042,758	5,894,089	470,148	3,732,550	184,139,545
Prescription Drugs	120,556,373	150,005,493	30,108,538	300,670,404	38,097,478	3,614,065	1,731,650	344,113,597
MLTSS	207,464,281	16,984,133	11,213,453	235,661,866	8,628,646	196,297	330,370	244,817,179
Medical Management	14,155,194	8,368,356	1,774,567	24,298,117	6,522,581	204,060	5,160,943	36,185,701
Quality Incentives	5,108,634	3,046,799	203,862	8,359,295	1,304,160		113,322	9,776,776
Reinsurance & Other	59,055,752	47,399,035	74,579	106,529,366	827,744		680,457	108,037,566
Total Medical Expenses	880,739,425	689,274,761	134,425,911	1,704,440,097	165,546,835	10,676,051	15,273,947	1,895,936,929
Medical Loss Ratio	93.1%	100.8%	100.5%	96.7%	94.7%	86.8%	78.5%	96.3%
GROSS MARGIN	**64,891,303**	**(5,578,363)**	**(710,703)**	**58,602,238**	**9,246,870**	**1,627,305**	**4,188,096**	**73,664,509**
ADMINISTRATIVE EXPENSES								
Salaries & Benefits				40,851,767	4,199,865	504,995	686,164	46,242,792
Professional fees				708,471	100,266	86,012	780	895,529
Purchased services				4,618,656	528,945	49,224	99,719	5,296,543
Printing & Postage				1,372,112	492,875	34,520	64,607	1,964,114
Depreciation & Amortization				1,759,271			12,181	1,771,452
Other expenses				7,853,530	256,098	205	17,508	8,127,340
Indirect cost allocation & Occupancy				(1,720,643)	3,594,928	253,039	44,726	2,172,050
Total Administrative Expenses				55,443,163	9,172,977	927,995	925,685	66,469,820
Admin Loss Ratio				3.1%	5.2%	7.5%	4.8%	3.4%
INCOME (LOSS) FROM OPERATIONS				3,159,075	73,893	699,310	3,262,411	7,194,689
INVESTMENT INCOME								5,087,140
TOTAL MCO TAX				(2,435,277)				(2,435,277)
TOTAL GRANT INCOME				35,513				35,513
OTHER INCOME				315				315
CHANGE IN NET ASSETS				**$ 759,625**	**$ 73,893**	**$ 699,310**	**$ 3,262,411**	**$ 9,882,379**
BUDGETED CHANGE IN NET ASSETS				(11,329,620)	(6,093,498)	291,627	1,057,143	(8,574,348)
VARIANCE TO BUDGET - FAV (UNFAV)				$ 12,089,245	$ 6,167,391	$ 407,683	$ 2,205,268	$ 18,456,727

Back to Agenda

CalOptima
A Public Agency

Balance Sheet: As of December 2020

ASSETS		LIABILITIES & NET POSITION	
Current Assets		**Current Liabilities**	
Operating Cash	$410,226,522	Accounts Payable	$45,070,735
Investments	771,982,646	Medical Claims liability	975,548,407
Capitation receivable	354,539,870	Accrued Payroll Liabilities	14,952,089
Receivables - Other	40,259,446	Deferred Revenue	19,607,055
Prepaid expenses	6,889,439	Deferred Lease Obligations	144,282
		Capitation and Withholds	138,487,234
Total Current Assets	**1,583,897,923**	**Total Current Liabilities**	**1,193,809,802**
Capital Assets			
Furniture & Equipment	40,923,636		
Building/Leasehold Improvements	11,011,151		
505 City Parkway West	51,628,218		
	103,563,004		
Less: accumulated depreciation	(56,383,869)		
Capital assets, net	47,179,135	Other (than pensions) post employment benefits liability	26,104,933
Other Assets		Net Pension Liabilities	27,210,891
Restricted Deposit & Other	300,000	Bldg 505 Development Rights	-
Homeless Health Reserve	57,198,913		
Board-designated assets:		**TOTAL LIABILITIES**	**1,247,125,626**
Cash and Cash Equivalents	2,174,904		
Long-term Investments	586,404,630	**Deferred Inflows**	
Total Board-designated Assets	588,579,534	Excess Earnings	506,547
		OPEB 75 Difference in Experience	804,000
Total Other Assets	646,078,447	Change in Assumptions	3,728,725
		OPEB Changes in Assumptions	1,638,000
		Net Position	
TOTAL ASSETS	**2,277,155,504**	TNE	102,638,683
		Funds in Excess of TNE	932,374,993
Deferred Outflows		**TOTAL NET POSITION**	1,035,013,676
Contributions	1,047,297		
Difference in Experience	4,280,308		
Excess Earning	-		
Changes in Assumptions	5,060,465		
OPEB 75 Changes in Assumptions	703,000		
Pension Contributions	570,000		
TOTAL ASSETS & DEFERRED OUTFLOWS	**2,288,816,574**	**TOTAL LIABILITIES, DEFERRED INFLOWS & NET POSITION**	**2,288,816,574**

Back to Agenda

CalOptima
A Public Agency

Board Designated Reserve and TNE Analysis: As of December 2020

Type	Reserve Name	Market Value	Benchmark		Variance	
			Low	High	Mkt - Low	Mkt - High
	Tier 1 - Payden & Rygel	160,998,073				
	Tier 1 - MetLife	159,847,291				
	Tier 1 - Wells Capital	160,108,714				
Board-designated Reserve		480,954,078	322,707,512	504,998,739	158,246,566	(24,044,661)
TNE Requirement	Tier 2 - MetLife	107,625,455	102,638,683	102,638,683	4,986,773	4,986,773
	Consolidated:	**588,579,534**	**425,346,195**	**607,637,422**	**163,233,338**	**(19,057,888)**
	Current reserve level	*1.94*	*1.40*	*2.00*		

Back to Agenda

CalOptima
A Public Agency

Our Mission

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

Back to Agenda

CalOptima
A Public Agency

UNAUDITED FINANCIAL STATEMENTS

December 31, 2020

Back to Agenda

Table of Contents

Financial Highlights 3
Financial Dashboard 4
Statement of Revenues and Expenses – Consolidated Month to Date 5
Statement of Revenues and Expenses – Consolidated Year to Date 6
Statement of Revenues and Expenses – Consolidated LOB Month to Date 7
Statement of Revenues and Expenses – Consolidated LOB Year to Date 8
Highlights – Overall 9
Enrollment Summary 10
Enrollment Trended by Network Type 11
Highlights – Enrollment 12
Statement of Revenues and Expenses – Medi-Cal 13
Highlights – Medi-Cal 14
Statement of Revenues and Expenses – OneCare Connect 15
Highlights – OneCare Connect 16
Statement of Revenues and Expenses – OneCare 17
Statement of Revenues and Expenses – PACE 18
Statement of Revenues and Expenses – 505 City Parkway 19
Highlights – OneCare, PACE & 505 City Parkway 20
Balance Sheet 21
Board Designated Reserve & TNE Analysis 22
Statement of Cash Flow 23
Highlights – Balance Sheet & Statement of Cash Flow 24
Homeless Health Reserve Report 25
Budget Allocation Changes 26

Back to Agenda

CalOptima - Consolidated
Financial Highlights
For the Six Months Ended December 31, 2020

Month-to-Date					Year-to-Date			
Actual	Budget	$ Variance	% Variance		Actual	Budget	$ Variance	% Variance
808,290	802,365	5,925	0.7%	Member Months	4,747,443	4,730,492	16,951	0.4%
305,853,725	325,866,435	(20,012,710)	(6.1%)	Revenues	1,969,601,438	1,931,243,631	38,357,807	2.0%
287,175,576	318,990,379	31,814,803	10.0%	Medical Expenses	1,895,936,929	1,871,066,575	(24,870,354)	(1.3%)
11,114,603	12,947,248	1,832,645	14.2%	Administrative Expenses	66,469,820	76,251,404	9,781,584	12.8%
7,563,546	**(6,071,192)**	**13,634,738**	**224.6%**	**Operating Margin**	**7,194,689**	**(16,074,348)**	**23,269,037**	**144.8%**
726,327	1,250,000	(523,673)	(41.9%)	Non Operating Income (Loss)	2,687,690	7,500,000	(4,812,310)	(64.2%)
8,289,873	**(4,821,192)**	**13,111,065**	**271.9%**	**Change in Net Assets**	**9,882,379**	**(8,574,348)**	**18,456,727**	**215.3%**
93.9%	97.9%	4.0%		Medical Loss Ratio	96.3%	96.9%	0.6%	
3.6%	4.0%	0.3%		Administrative Loss Ratio	3.4%	3.9%	0.6%	
2.5%	(1.9%)	4.3%		Operating Margin Ratio	0.4%	(0.8%)	1.2%	
100.0%	100.0%			Total Operating	100.0%	100.0%		
93.9%	97.9%	4.0%		*MLR (excluding Directed Payments)	96.1%	96.9%	0.8%	
3.6%	4.0%	0.3%		*ALR (excluding Directed Payments)	3.6%	3.9%	0.4%	

*CalOptima updated the category of Directed Payments per Department of Healthcare Services instructions

CalOptima
Financial Dashboard
For the Six Months Ended December 31, 2020

MONTH - TO - DATE

Enrollment

	Actual	Budget	Fav / (Unfav)	
Medi-Cal	791,349	786,556	4,793	0.6%
OneCare Connect	14,938	14,001	937	6.7%
OneCare	1,609	1,378	231	16.8%
PACE	394	430	(36)	(8.4%)
Total	808,290	802,365	5,925	0.7%

Change in Net Assets (000)

	Actual	Budget	Fav / (Unfav)	
Medi-Cal	$ 7,616	$ (4,870)	$ 12,486	256.4%
OneCare Connect	(605)	(1,329)	723	54.4%
OneCare	62	31	32	102.7%
PACE	345	97	249	256.8%
505 Bldg.	-	-	-	0.0%
Investment Income & Other	872	1,250	(378)	(30.2%)
Total	$ 8,290	$ (4,821)	$ 13,111	272.0%

MLR

	Actual	Budget	% Point Var
Medi-Cal	93.7%	97.9%	4.2
OneCare Connect	96.9%	98.8%	2.0
OneCare	90.3%	89.9%	(0.4)

Administrative Cost (000)

	Actual	Budget	Fav / (Unfav)	
Medi-Cal	$ 9,287	$ 10,978	$ 1,691	15.4%
OneCare Connect	1,534	1,630	95	5.9%
OneCare	151	138	(13)	(9.1%)
PACE	143	201	59	29.2%
Total	$ 11,115	$ 12,947	$ 1,833	14.2%

Total FTE's Month

	Actual	Budget	Fav / (Unfav)
Medi-Cal	1,074	1,161	87
OneCare Connect	185	210	24
OneCare	10	9	(1)
PACE	92	116	24
Total	1,362	1,496	134

MM per FTE

	Actual	Budget	Fav / (Unfav)
Medi-Cal	737	678	59
OneCare Connect	81	67	14
OneCare	161	148	13
PACE	4	4	1
Total	983	896	86

YEAR - TO - DATE

Year To Date Enrollment

	Actual	Budget	Fav / (Unfav)	
Medi-Cal	4,647,843	4,635,337	12,506	0.3%
OneCare Connect	87,780	84,403	3,377	4.0%
OneCare	9,503	8,268	1,235	14.9%
PACE	2,317	2,484	(167)	(6.7%)
Total	4,747,443	4,730,492	16,951	0.4%

Change in Net Assets (000)

	Actual	Budget	Fav / (Unfav)	
Medi-Cal	$ 760	$ (11,330)	$ 12,089	106.7%
OneCare Connect	74	(6,093)	6,167	101.2%
OneCare	699	292	408	139.8%
PACE	3,262	1,057	2,205	208.6%
505 Bldg.	-	-	-	0.0%
Investment Income & Other	5,087	7,500	(2,413)	(32.2%)
Total	$ 9,882	$ (8,574)	$ 18,456	215.3%

MLR

	Actual	Budget	% Point Var
Medi-Cal	96.7%	96.9%	0.3
OneCare Connect	94.7%	97.7%	3.0
OneCare	86.8%	89.0%	2.2

Administrative Cost (000)

	Actual	Budget	Fav / (Unfav)	
Medi-Cal	$ 55,443	$ 64,725	$ 9,282	14.3%
OneCare Connect	9,173	9,667	494	5.1%
OneCare	928	822	(106)	(12.9%)
PACE	926	1,038	112	10.8%
Total	$ 66,470	$ 76,251	$ 9,782	12.8%

Total FTE's YTD

	Actual	Budget	Fav / (Unfav)
Medi-Cal	6,494	6,965	470
OneCare Connect	1,137	1,259	121
OneCare	61	56	(5)
PACE	545	698	153
Total	8,238	8,977	739

MM per FTE

	Actual	Budget	Fav / (Unfav)
Medi-Cal	716	666	50
OneCare Connect	77	67	10
OneCare	156	148	8
PACE	4	4	1
Total	954	884	69

CalOptima - Consolidated
Statement of Revenues and Expenses
For the One Month Ended December 31, 2020

	Actual		Budget		Variance	
	$	PMPM	$	PMPM	$	PMPM
MEMBER MONTHS	808,290		802,365		5,925	
REVENUE						
Medi-Cal	$ 270,761,320	$ 342.15	$ 295,099,667	$ 375.18	$ (24,338,347)	$ (33.03)
OneCare Connect	29,612,806	1,982.38	25,598,552	1,828.34	4,014,254	154.04
OneCare	2,205,630	1,370.81	1,678,387	1,217.99	527,243	152.82
PACE	3,273,969	8,309.57	3,489,829	8,115.88	(215,860)	193.69
Total Operating Revenue	305,853,725	378.40	325,866,435	406.13	(20,012,710)	(27.73)
MEDICAL EXPENSES						
Medi-Cal	253,713,101	320.61	288,991,651	367.41	35,278,550	46.80
OneCare Connect	28,684,085	1,920.21	25,297,628	1,806.84	(3,386,457)	(113.37)
OneCare	1,992,425	1,238.30	1,509,343	1,095.31	(483,082)	(142.99)
PACE	2,785,966	7,070.98	3,191,757	7,422.69	405,791	351.71
Total Medical Expenses	287,175,576	355.29	318,990,379	397.56	31,814,803	42.27
GROSS MARGIN	18,678,149	23.11	6,876,056	8.57	11,802,093	14.54
ADMINISTRATIVE EXPENSES						
Salaries and benefits	8,038,835	9.95	8,158,058	10.17	119,223	0.22
Professional fees	11,207	0.01	376,770	0.47	365,563	0.46
Purchased services	1,040,767	1.29	1,295,326	1.61	254,559	0.32
Printing & Postage	330,949	0.41	575,359	0.72	244,410	0.31
Depreciation & Amortization	295,423	0.37	460,570	0.57	165,147	0.20
Other expenses	1,047,442	1.30	1,699,365	2.12	651,923	0.82
Indirect cost allocation & Occupancy expense	349,980	0.43	381,800	0.48	31,820	0.05
Total Administrative Expenses	11,114,603	13.75	12,947,248	16.14	1,832,645	2.39
INCOME (LOSS) FROM OPERATIONS	7,563,546	9.36	(6,071,192)	(7.57)	13,634,738	16.93
INVESTMENT INCOME						
Interest income	850,703	1.05	1,250,000	1.56	(399,297)	(0.51)
Realized gain/(loss) on investments	289,561	0.36	-	-	289,561	0.36
Unrealized gain/(loss) on investments	(268,697)	(0.33)	-	-	(268,697)	(0.33)
Total Investment Income	871,568	1.08	1,250,000	1.56	(378,432)	(0.48)
TOTAL MCO TAX	(145,251)	(0.18)	-	-	(145,251)	(0.18)
TOTAL GRANT INCOME	10	-	-	-	10	-
CHANGE IN NET ASSETS	**8,289,873**	**10.26**	**(4,821,192)**	**(6.01)**	**13,111,065**	**16.27**
MEDICAL LOSS RATIO	**93.9%**		**97.9%**		**4.0%**	
ADMINISTRATIVE LOSS RATIO	**3.6%**		**4.0%**		**0.3%**	

CalOptima - Consolidated
Statement of Revenues and Expenses
For the Six Months Ended December 31, 2020

	Actual		Budget		Variance	
	$	PMPM	$	PMPM	$	PMPM
MEMBER MONTHS	4,747,443		4,730,492		16,951	
REVENUE						
Medi-Cal	$ 1,763,042,335	$ 379.32	$ 1,746,059,715	$ 376.68	$ 16,982,620	$ 2.64
OneCare Connect	174,793,704	1,991.27	154,890,301	1,835.13	19,903,403	156.14
OneCare	12,303,356	1,294.68	10,111,444	1,222.96	2,191,912	71.72
PACE	19,462,043	8,399.67	20,182,171	8,124.87	(720,128)	274.80
Total Operating Revenue	1,969,601,438	414.88	1,931,243,631	408.25	38,357,807	6.63
MEDICAL EXPENSES						
Medi-Cal	1,704,440,097	366.72	1,692,664,531	365.17	(11,775,566)	(1.55)
OneCare Connect	165,546,835	1,885.93	151,317,061	1,792.79	(14,229,774)	(93.14)
OneCare	10,676,051	1,123.44	8,997,556	1,088.24	(1,678,495)	(35.20)
PACE	15,273,947	6,592.12	18,087,427	7,281.57	2,813,480	689.45
Total Medical Expenses	1,895,936,929	399.36	1,871,066,575	395.53	(24,870,354)	(3.83)
GROSS MARGIN	73,664,509	15.52	60,177,056	12.72	13,487,453	2.80
ADMINISTRATIVE EXPENSES						
Salaries and benefits	46,242,792	9.74	47,661,788	10.08	1,418,996	0.34
Professional fees	895,529	0.19	2,223,480	0.47	1,327,951	0.28
Purchased services	5,296,543	1.12	7,695,707	1.63	2,399,164	0.51
Printing & Postage	1,964,114	0.41	3,429,654	0.73	1,465,540	0.32
Depreciation & Amortization	1,771,452	0.37	2,763,420	0.58	991,968	0.21
Other expenses	8,127,340	1.71	10,172,024	2.15	2,044,684	0.44
Indirect cost allocation & Occupancy expense	2,172,050	0.46	2,305,331	0.49	133,281	0.03
Total Administrative Expenses	66,469,820	14.00	76,251,404	16.12	9,781,584	2.12
INCOME (LOSS) FROM OPERATIONS	7,194,689	1.52	(16,074,348)	(3.40)	23,269,037	4.92
INVESTMENT INCOME						
Interest income	6,481,261	1.37	7,500,000	1.59	(1,018,739)	(0.22)
Realized gain/(loss) on investments	3,598,441	0.76	-	-	3,598,441	0.76
Unrealized gain/(loss) on investments	(4,992,563)	(1.05)	-	-	(4,992,563)	(1.05)
Total Investment Income	5,087,140	1.07	7,500,000	1.59	(2,412,860)	(0.52)
TOTAL MCO TAX	(2,435,277)	(0.51)	-	-	(2,435,277)	(0.51)
TOTAL GRANT INCOME	35,513	0.01	-	-	35,513	0.01
OTHER INCOME	315	-	-	-	315	-
CHANGE IN NET ASSETS	**9,882,379**	**2.08**	**(8,574,348)**	**(1.81)**	**18,456,727**	**3.89**
MEDICAL LOSS RATIO	**96.3%**		**96.9%**		**0.6%**	
ADMINISTRATIVE LOSS RATIO	**3.4%**		**3.9%**		**0.6%**	

CalOptima - Consolidated - Month to Date
Statement of Revenues and Expenses by LOB
For the One Month Ended December 31, 2020

	Medi-Cal Classic	Medi-Cal Expansion	Whole Child Model	Total Medi-Cal	OneCare Connect	OneCare	PACE	Consolidated
MEMBER MONTHS	514,591	265,271	11,487	791,349	14,938	1,609	394	808,290
REVENUES								
Capitation Revenue	139,610,224	$ 108,907,428	$ 22,243,668	$ 270,761,320	$ 29,612,806	$ 2,205,630	$ 3,273,969	$ 305,853,725
Other Income	-	-	-	-	-	-	-	-
Total Operating Revenue	139,610,224	108,907,428	22,243,668	270,761,320	29,612,806	2,205,630	3,273,969	305,853,725
MEDICAL EXPENSES								
Provider Capitation	28,750,113	40,043,542	11,147,137	79,940,792	11,559,576	592,860		92,093,228
Facilities	26,029,553	24,149,918	2,099,741	52,279,212	5,969,183	591,595	334,269	59,174,259
Professional Claims	18,429,325	7,548,249	1,149,541	27,127,115	1,027,340	96,761	774,923	29,026,138
Prescription Drugs	21,016,966	26,319,002	6,254,404	53,590,371	7,257,499	670,998	306,459	61,825,327
MLTSS	30,457,991	2,605,362	1,596,007	34,659,359	1,419,872	4,309	340,047	36,423,588
Medical Management	2,400,810	1,449,075	308,632	4,158,517	1,111,795	35,902	901,260	6,207,474
Quality Incentives	853,260	521,440	34,702	1,409,401	223,320		4,925	1,637,646
Reinsurance & Other	348,271	188,959	11,102	548,332	115,500		124,084	787,916
Total Medical Expenses	128,286,289	102,825,545	22,601,267	253,713,101	28,684,085	1,992,425	2,785,966	287,175,576
Medical Loss Ratio	91.9%	94.4%	101.6%	93.7%	96.9%	90.3%	85.1%	93.9%
GROSS MARGIN	**11,323,935**	**6,081,883**	**(357,599)**	**17,048,219**	**928,721**	**213,205**	**488,003**	**18,678,149**
ADMINISTRATIVE EXPENSES								
Salaries & Benefits				7,221,427	669,523	71,536	76,348	8,038,835
Professional fees				19,243	(14,172)	6,012	123	11,207
Purchased services				928,594	76,006	9,184	26,983	1,040,767
Printing & Postage				249,946	65,613	7,688	7,702	330,949
Depreciation & Amortization				293,403			2,020	295,423
Other expenses				1,008,982	36,161		2,300	1,047,442
Indirect cost allocation & Occupancy				(434,417)	700,977	56,377	27,044	349,980
Total Administrative Expenses				9,287,177	1,534,108	150,797	142,520	11,114,603
Admin Loss Ratio				3.4%	5.2%	6.8%	4.4%	3.6%
INCOME (LOSS) FROM OPERATIONS				7,761,042	(605,387)	62,408	345,483	7,563,546
INVESTMENT INCOME								871,568
TOTAL MCO TAX				(145,251)				(145,251)
TOTAL GRANT INCOME				10				10
CHANGE IN NET ASSETS				**$ 7,615,801**	**$ (605,387)**	**$ 62,408**	**$ 345,483**	**$ 8,289,873**
BUDGETED CHANGE IN NET ASSETS				(4,870,198)	(1,328,602)	30,782	96,826	(4,821,192)
VARIANCE TO BUDGET - FAV (UNFAV)				$ 12,485,999	$ 723,215	$ 31,626	$ 248,657	$ 13,111,065

CalOptima - Consolidated - Year to Date
Statement of Revenues and Expenses by LOB
For the Six Months Ended December 31, 2020

	Medi-Cal Classic	Medi-Cal Expansion	Whole Child Model	Total Medi-Cal	OneCare Connect	OneCare	PACE	Consolidated
MEMBER MONTHS	3,046,452	1,533,002	68,389	4,647,843	87,780	9,503	2,317	4,747,443
REVENUES								
Capitation Revenue	945,630,729	$ 683,696,398	$ 133,715,208	$ 1,763,042,335	$ 174,793,704	$ 12,303,356	$ 19,462,043	$ 1,969,601,438
Other Income	-	-	-	-	-	-	-	-
Total Operating Revenue	945,630,729	683,696,398	133,715,208	1,763,042,335	174,793,704	12,303,356	19,462,043	1,969,601,438
MEDICAL EXPENSES								
Provider Capitation	216,867,801	259,252,735	69,388,217	545,508,754	76,014,376	3,353,727		624,876,857
Facilities	141,881,358	151,931,952	15,556,227	309,369,537	28,257,761	2,837,754	3,524,655	343,989,706
Professional Claims	115,650,031	52,286,259	6,106,468	174,042,758	5,894,089	470,148	3,732,550	184,139,545
Prescription Drugs	120,556,373	150,005,493	30,108,538	300,670,404	38,097,478	3,614,065	1,731,650	344,113,597
MLTSS	207,464,281	16,984,133	11,213,453	235,661,866	8,628,646	196,297	330,370	244,817,179
Medical Management	14,155,194	8,368,356	1,774,567	24,298,117	6,522,581	204,060	5,160,943	36,185,701
Quality Incentives	5,108,634	3,046,799	203,862	8,359,295	1,304,160		113,322	9,776,776
Reinsurance & Other	59,055,752	47,399,035	74,579	106,529,366	827,744		680,457	108,037,566
Total Medical Expenses	880,739,425	689,274,761	134,425,911	1,704,440,097	165,546,835	10,676,051	15,273,947	1,895,936,929
Medical Loss Ratio	93.1%	100.8%	100.5%	96.7%	94.7%	86.8%	78.5%	96.3%
GROSS MARGIN	**64,891,303**	**(5,578,363)**	**(710,703)**	**58,602,238**	**9,246,870**	**1,627,305**	**4,188,096**	**73,664,509**
ADMINISTRATIVE EXPENSES								
Salaries & Benefits				40,851,767	4,199,865	504,995	686,164	46,242,792
Professional fees				708,471	100,266	86,012	780	895,529
Purchased services				4,618,656	528,945	49,224	99,719	5,296,543
Printing & Postage				1,372,112	492,875	34,520	64,607	1,964,114
Depreciation & Amortization				1,759,271			12,181	1,771,452
Other expenses				7,853,530	256,098	205	17,508	8,127,340
Indirect cost allocation & Occupancy				(1,720,643)	3,594,928	253,039	44,726	2,172,050
Total Administrative Expenses				55,443,163	9,172,977	927,995	925,685	66,469,820
Admin Loss Ratio				3.1%	5.2%	7.5%	4.8%	3.4%
INCOME (LOSS) FROM OPERATIONS				3,159,075	73,893	699,310	3,262,411	7,194,689
INVESTMENT INCOME								5,087,140
TOTAL MCO TAX				(2,435,277)				(2,435,277)
TOTAL GRANT INCOME				35,513				35,513
OTHER INCOME				315				315
CHANGE IN NET ASSETS				**$ 759,625**	**$ 73,893**	**$ 699,310**	**$ 3,262,411**	**$ 9,882,379**
BUDGETED CHANGE IN NET ASSETS				(11,329,620)	(6,093,498)	291,627	1,057,143	(8,574,348)
VARIANCE TO BUDGET - FAV (UNFAV)				$ 12,089,245	$ 6,167,391	$ 407,683	$ 2,205,268	$ 18,456,727

December 31, 2020 Unaudited Financial Statements

SUMMARY MONTHLY RESULTS:

- Change in Net Assets is $8.3 million, $13.1 million favorable to budget
- Operating surplus is $7.6 million, with a surplus in non-operating income of $0.7 million

YEAR TO DATE RESULTS:

- Change in Net Assets is $9.9 million, $18.5 million favorable to budget
- Operating surplus is $7.2 million, with a surplus in non-operating income of $2.7 million

Change in Net Assets by Line of Business (LOB) ($ millions)

MONTH-TO-DATE				YEAR-TO-DATE		
Actual	Budget	Variance		Actual	Budget	Variance
7.8	(4.9)	12.6	Medi-Cal	3.2	(11.3)	14.5
(0.6)	(1.3)	0.7	OCC	0.1	(6.1)	6.2
0.1	0.0	0.0	OneCare	0.7	0.3	0.4
0.3	0.1	0.2	PACE	3.3	1.1	2.2
7.6	**(6.1)**	**13.6**	**Operating**	**7.2**	**(16.1)**	**23.3**
0.7	1.3	(0.5)	Inv./Rental Inc, MCO tax	2.7	7.5	(4.8)
0.7	**1.3**	**(0.5)**	**Non-Operating**	**2.7**	**7.5**	**(4.8)**
8.3	**(4.8)**	**13.1**	**TOTAL**	**9.9**	**(8.6)**	**18.5**

CalOptima - Consolidated
Enrollment Summary
For the Six Months Ended December 31, 2020

Month-to-Date					Year-to-Date			
Actual	Budget	$ Variance	% Variance	Enrollment (by Aid Category)	Actual	Budget	$ Variance	% Variance
115,418	110,974	4,444	4.0%	SPD	682,000	665,252	16,748	2.5%
505	474	31	6.5%	BCCTP	3,068	2,899	169	5.8%
293,309	313,954	(20,645)	(6.6%)	TANF Child	1,745,528	1,839,692	(94,164)	(5.1%)
100,425	94,375	6,050	6.4%	TANF Adult	586,617	553,333	33,284	6.0%
4,934	3,515	1,419	40.4%	LTC	29,239	21,060	8,179	38.8%
265,271	251,332	13,939	5.5%	MCE	1,533,002	1,481,510	51,492	3.5%
11,487	11,932	(445)	(3.7%)	WCM	68,389	71,591	(3,202)	(4.5%)
791,349	**786,556**	**4,793**	**0.6%**	**Medi-Cal Total**	**4,647,843**	**4,635,337**	**12,506**	**0.3%**
14,938	**14,001**	**937**	**6.7%**	**OneCare Connect**	**87,780**	**84,403**	**3,377**	**4.0%**
1,609	**1,378**	**231**	**16.8%**	**OneCare**	**9,503**	**8,268**	**1,235**	**14.9%**
394	**430**	**(36)**	**(8.4%)**	**PACE**	**2,317**	**2,484**	**(167)**	**(6.7%)**
808,290	**802,365**	**5,925**	**0.7%**	**CalOptima Total**	**4,747,443**	**4,730,492**	**16,951**	**0.4%**
				Enrollment (by Network)				
181,423	174,882	6,541	3.7%	HMO	1,056,353	1,033,426	22,927	2.2%
221,693	227,083	(5,390)	(2.4%)	PHC	1,308,711	1,336,993	(28,282)	(2.1%)
192,158	194,655	(2,497)	(1.3%)	Shared Risk Group	1,118,956	1,136,052	(17,096)	(1.5%)
196,075	189,936	6,139	3.2%	Fee for Service	1,163,823	1,128,866	34,957	3.1%
791,349	**786,556**	**4,793**	**0.6%**	**Medi-Cal Total**	**4,647,843**	**4,635,337**	**12,506**	**0.3%**
14,938	**14,001**	**937**	**6.7%**	**OneCare Connect**	**87,780**	**84,403**	**3,377**	**4.0%**
1,609	**1,378**	**231**	**16.8%**	**OneCare**	**9,503**	**8,268**	**1,235**	**14.9%**
394	**430**	**(36)**	**(8.4%)**	**PACE**	**2,317**	**2,484**	**(167)**	**(6.7%)**
808,290	**802,365**	**5,925**	**0.7%**	**CalOptima Total**	**4,747,443**	**4,730,492**	**16,951**	**0.4%**

CalOptima
Enrollment Trend by Network
Fiscal Year 2021

	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	YTD Actual	YTD Budget	Variance
HMOs															
SPD	10,536	10,583	10,588	10,639	10,658	10,725							63,729	62,121	1,608
BCCTP	1	1	1	1	1	1							6	6	0
TANF Child	54,644	55,088	55,115	55,276	55,934	56,264							332,321	346,346	(14,025)
TANF Adult	29,033	29,687	30,001	30,679	30,990	31,336							181,726	174,640	7,086
LTC	(1)	402	197	215	239	238							1,290	12	1,278
MCE	74,441	75,955	76,054	78,435	79,490	80,792							465,167	438,031	27,136
WCM	1,721	1,726	2,086	2,507	2,007	2,067							12,114	12,270	(156)
Total	**170,375**	**173,442**	**174,042**	**177,752**	**179,319**	**181,423**							**1,056,353**	**1,033,426**	**22,927**
PHCs															
SPD	7,145	7,205	6,855	6,760	7,010	7,042							42,017	42,134	(117)
BCCTP													-		0
TANF Child	149,810	151,008	148,874	150,336	152,122	152,428							904,578	948,107	(43,529)
TANF Adult	11,688	12,097	12,071	12,492	12,728	12,694							73,770	68,898	4,872
LTC		158	81	65	76	80							460	6	454
MCE	39,815	40,711	39,935	41,371	41,820	42,350							246,002	234,749	11,253
WCM	5,625	5,716	7,990	8,497	6,957	7,099							41,884	43,099	(1,215)
Total	**214,083**	**216,895**	**215,806**	**219,521**	**220,713**	**221,693**							**1,308,711**	**1,336,993**	**(28,282)**
Shared Risk Groups															
SPD	10,264	10,312	10,068	10,117	10,120	10,261							61,142	60,733	409
BCCTP													-		0
TANF Child	58,289	58,687	57,269	58,133	58,881	58,952							350,211	384,201	(33,990)
TANF Adult	28,914	29,648	29,235	30,414	30,910	31,050							180,171	176,127	4,044
LTC	1	365	178	209	217	219							1,189	12	1,177
MCE	82,747	84,907	83,063	87,432	88,969	90,268							517,386	504,823	12,563
WCM	924	1,000	1,954	2,189	1,382	1,408							8,857	10,156	(1,299)
Total	**181,139**	**184,919**	**181,767**	**188,494**	**190,479**	**192,158**							**1,118,956**	**1,136,052**	**(17,096)**
Fee for Service (Dual)															
SPD	74,615	75,198	75,269	76,815	76,628	77,616							456,141	441,023	15,118
BCCTP	12	17	18	18	14	14							93	102	(9)
TANF Child	1	1	1	1	1	1							6	13	(7)
TANF Adult	909	1,266	994	1,107	1,015	1,030							6,321	5,914	407
LTC	3,079	4,461	3,855	3,838	3,818	3,817							22,868	18,972	3,896
MCE	1,658	1,859	1,948	2,077	2,138	2,334							12,014	8,945	3,069
WCM	13	17	16	17	15	14							92	78	14
Total	**80,287**	**82,819**	**82,101**	**83,873**	**83,629**	**84,826**							**497,535**	**475,047**	**22,488**
Fee for Service (Non-Dual - Total)															
SPD	9,830	9,822	10,264	9,977	9,304	9,774							58,971	59,241	(270)
BCCTP	497	492	499	506	485	490							2,969	2,791	178
TANF Child	25,494	27,007	28,092	26,150	26,005	25,664							158,412	161,025	(2,613)
TANF Adult	23,028	24,014	24,847	24,196	24,229	24,315							144,629	127,754	16,875
LTC	351	788	580	573	560	580							3,432	2,058	1,374
MCE	45,498	47,292	52,445	48,625	49,046	49,527							292,433	294,962	(2,529)
WCM	791	806	974	1,076	896	899							5,442	5,988	(546)
Total	**105,489**	**110,221**	**117,701**	**111,103**	**110,525**	**111,249**							**666,288**	**653,819**	**12,469**
SPD	112,390	113,120	113,044	114,308	113,720	115,418							682,000	665,252	16,748
BCCTP	510	510	518	525	500	505							3,068	2,899	169
TANF Child	288,238	291,791	289,351	289,896	292,943	293,309							1,745,528	1,839,692	(94,164)
TANF Adult	93,572	96,712	97,148	98,888	99,872	100,425							586,617	553,333	33,284
LTC	3,430	6,174	4,891	4,900	4,910	4,934							29,239	21,060	8,179
MCE	244,159	250,724	253,445	257,940	261,463	265,271							1,533,002	1,481,510	51,492
WCM	9,074	9,265	13,020	14,286	11,257	11,487							68,389	71,591	(3,202)
Total Medi-Cal MM	**751,373**	**768,296**	**771,417**	**780,743**	**784,665**	**791,349**							**4,647,843**	**4,635,337**	**12,506**
OneCare Connect	**14,465**	**14,541**	**14,529**	**14,720**	**14,587**	**14,938**							**87,780**	**84,403**	**3,377**
OneCare	**1,525**	**1,523**	**1,594**	**1,627**	**1,625**	**1,609**							**9,503**	**8,268**	**1,235**
PACE	**382**	**381**	**380**	**387**	**393**	**394**							**2,317**	**2,484**	**(167)**
Grand Total	**767,745**	**784,741**	**787,920**	**797,477**	**801,270**	**808,290**							**4,747,443**	**4,730,492**	**16,951**

ENROLLMENT:

Overall, December enrollment was 808,290

- Favorable to budget 5,925 or 0.7%
- Increased 7,020 or 0.9% from prior month (PM) (November 2020)
- Increased 69,755 or 9.4% from prior year (PY) (December 2019)

Medi-Cal enrollment was 791,349

- Favorable to budget 4,793 or 0.6%
  - Medi-Cal Expansion (MCE) favorable 13,939
  - Seniors and Persons with Disabilities (SPD) favorable 4,444
  - Long-Term Care (LTC) favorable 1,419
  - Breast and Cervical Cancer Treatment Program (BCCTP) favorable 31
  - Temporary Assistance for Needy Families (TANF) unfavorable 14,595
  - Whole Child Model (WCM) unfavorable 445
- Increased 6,684 from PM

OneCare Connect enrollment was 14,938

- Favorable to budget 937 or 6.7%
- Increased 351 from PM

OneCare enrollment was 1,609

- Favorable to budget 231 or 16.8%
- Decreased 16 from PM

PACE enrollment was 394

- Unfavorable to budget 36 or 8.4%
- Increased 1 from PM

CalOptima
Medi-Cal Total
Statement of Revenues and Expenses
For the Six Months Ending December 31, 2020

Month					Year to Date			
Actual	Budget	$ Variance	% Variance		Actual	Budget	$ Variance	% Variance
791,349	**786,556**	**4,793**	**0.6%**	**Member Months**	**4,647,843**	**4,635,337**	**12,506**	**0.3%**
				Revenues				
270,761,320	295,099,667	(24,338,347)	(8.2%)	Capitation Revenue	1,763,042,335	1,746,059,715	16,982,620	1.0%
-	-	-	0.0%	Other Income	-	-	-	0.0%
270,761,320	**295,099,667**	**(24,338,347)**	**(8.2%)**	**Total Operating Revenue**	**1,763,042,335**	**1,746,059,715**	**16,982,620**	**1.0%**
				Medical Expenses				
81,350,194	99,976,205	18,626,011	18.6%	Provider Capitation	553,868,049	589,851,059	35,983,010	6.1%
52,279,212	59,972,101	7,692,889	12.8%	Facilities Claims	309,369,537	348,989,118	39,619,581	11.4%
27,127,115	33,763,758	6,636,643	19.7%	Professional Claims	174,042,758	197,315,864	23,273,106	11.8%
53,590,371	48,331,371	(5,259,000)	(10.9%)	Prescription Drugs	300,670,404	280,984,863	(19,685,541)	(7.0%)
34,659,359	41,022,540	6,363,181	15.5%	MLTSS	235,661,866	242,131,481	6,469,615	2.7%
4,158,517	5,321,666	1,163,149	21.9%	Medical Management	24,298,117	29,768,104	5,469,987	18.4%
548,332	604,010	55,678	9.2%	Reinsurance & Other	106,529,366	3,624,042	(102,905,324)	(2839.5%)
253,713,101	**288,991,651**	**35,278,550**	**12.2%**	**Total Medical Expenses**	**1,704,440,097**	**1,692,664,531**	**(11,775,566)**	**(0.7%)**
17,048,219	**6,108,016**	**10,940,203**	**179.1%**	**Gross Margin**	**58,602,238**	**53,395,184**	**5,207,054**	**9.8%**
				Administrative Expenses				
7,221,427	7,146,271	(75,156)	(1.1%)	Salaries, Wages & Employee Benefits	40,851,767	41,766,177	914,410	2.2%
19,243	320,521	301,278	94.0%	Professional Fees	708,471	1,885,986	1,177,515	62.4%
928,594	1,142,513	213,919	18.7%	Purchased Services	4,618,656	6,866,329	2,247,673	32.7%
249,946	443,433	193,487	43.6%	Printing and Postage	1,372,112	2,660,598	1,288,486	48.4%
293,403	458,500	165,097	36.0%	Depreciation & Amortization	1,759,271	2,751,000	991,729	36.0%
1,008,982	1,678,430	669,448	39.9%	Other Operating Expenses	7,853,530	10,048,306	2,194,776	21.8%
(434,417)	(211,454)	222,963	105.4%	Indirect Cost Allocation, Occupancy Expense	(1,720,643)	(1,253,592)	467,051	37.3%
9,287,177	**10,978,214**	**1,691,037**	**15.4%**	**Total Administrative Expenses**	**55,443,163**	**64,724,804**	**9,281,641**	**14.3%**
				Operating Tax				
12,323,499	15,227,150	(2,903,651)	(19.1%)	Tax Revenue	72,377,223	89,761,077	(17,383,854)	(19.4%)
12,468,750	15,227,150	2,758,400	18.1%	Premium Tax Expense	74,812,500	89,761,077	14,948,577	16.7%
-	-	-	0.0%	Sales Tax Expense	-	-	-	0.0%
(145,251)	-	(145,251)	**0.0%**	**Total Net Operating Tax**	(2,435,277)	-	(2,435,277)	**0.0%**
				Grant Income				
5,644	-	5,644	0.0%	Grant Revenue	268,866	-	268,866	0.0%
(10)	-	10	0.0%	Grant expense - Service Partner	201,238	-	(201,238)	0.0%
5,644	-	(5,644)	0.0%	Grant expense - Administrative	32,116	-	(32,116)	0.0%
10	-	10	**0.0%**	**Total Grant Income**	35,513	-	35,513	**0.0%**
-	**-**	**-**	**0.0%**	**Other income**	**315**	**-**	**315**	**0.0%**
7,615,801	**(4,870,198)**	**12,485,999**	**256.4%**	**Change in Net Assets**	**759,625**	**(11,329,620)**	**12,089,245**	**106.7%**
93.7%	***97.9%***	***4.2%***	***4.3%***	***Medical Loss Ratio***	***96.7%***	***96.9%***	***0.3%***	***0.3%***
3.4%	***3.7%***	***0.3%***	***7.8%***	***Admin Loss Ratio***	***3.1%***	***3.7%***	***0.6%***	***15.2%***

MEDI-CAL INCOME STATEMENT– DECEMBER MONTH:

REVENUES of $270.8 million are unfavorable to budget $24.3 million driven by:

- Favorable volume related variance of $1.8 million
- Unfavorable price related variance of $26.1 million
  - $25.8 million of Proposition 56 risk corridor reserve

MEDICAL EXPENSES of $253.7 million are favorable to budget $35.3 million driven by:

- Unfavorable volume related variance of $1.8 million
- Favorable price related variance of $37.0 million
  - Provider Capitation expense favorable variance of $19.2 million due to adjustment for PY Proposition 56 Value-Based Program (VBP) adjustment
  - Facilities Claims expense favorable variance of $8.1 million due to decreased utilization during COVID-19 pandemic
  - Professional Claims expense favorable variance of $6.8 million due to decreased utilization during COVID-19 pandemic
  - Managed Long Term Services and Supports (MLTSS) expense favorable variance of $6.6 million due to claims Incurred But Not Reported (IBNR)
  - Medical Management expense favorable variance of $1.2 million
  - Offset by Prescription Drugs expense unfavorable variance of $5.0 million

ADMINISTRATIVE EXPENSES of $9.3 million are favorable to budget $1.7 million driven by:

- Other Non-Salary expense favorable to budget $1.8 million
- Salaries & Benefit expense unfavorable to budget $0.1 million

CHANGE IN NET ASSETS is $7.6 million for the month, favorable to budget $12.5 million

CalOptima
OneCare Connect Total
Statement of Revenue and Expenses
For the Six Months Ending December 31, 2020

Month					Year to Date			
Actual	Budget	$ Variance	% Variance		Actual	Budget	$ Variance	% Variance
14,938	**14,001**	**937**	**6.7%**	**Member Months**	**87,780**	**84,403**	**3,377**	**4.0%**
				Revenues				
2,930,253	2,702,723	227,530	8.4%	Medi-Cal Capitation Revenue	18,424,478	16,294,596	2,129,882	13.1%
18,473,736	17,706,976	766,760	4.3%	Medicare Capitation Revenue Part C	122,910,950	107,301,134	15,609,816	14.5%
8,208,817	5,188,853	3,019,964	58.2%	Medicare Capitation Revenue Part D	33,458,276	31,294,571	2,163,705	6.9%
-	-	-	0.0%	Other Income	-	-	-	0.0%
29,612,806	**25,598,552**	**4,014,254**	**15.7%**	**Total Operating Revenue**	**174,793,704**	**154,890,301**	**19,903,403**	**12.8%**
				Medical Expenses				
11,782,896	11,256,059	(526,837)	(4.7%)	Provider Capitation	77,318,536	68,386,403	(8,932,133)	(13.1%)
5,969,183	4,087,257	(1,881,926)	(46.0%)	Facilities Claims	28,257,761	24,176,304	(4,081,457)	(16.9%)
1,027,340	961,486	(65,854)	(6.8%)	Ancillary	5,894,089	5,644,489	(249,600)	(4.4%)
1,419,872	1,544,447	124,575	8.1%	MLTSS	8,628,646	9,260,805	632,159	6.8%
7,257,499	5,999,366	(1,258,133)	(21.0%)	Prescription Drugs	38,097,478	35,373,355	(2,724,123)	(7.7%)
1,111,795	1,225,457	113,662	9.3%	Medical Management	6,522,581	7,173,025	650,444	9.1%
115,500	223,556	108,056	48.3%	Other Medical Expenses	827,744	1,302,680	474,936	36.5%
28,684,085	**25,297,628**	**(3,386,457)**	**(13.4%)**	**Total Medical Expenses**	**165,546,835**	**151,317,061**	**(14,229,774)**	**(9.4%)**
928,721	**300,924**	**627,797**	**208.6%**	**Gross Margin**	**9,246,870**	**3,573,240**	**5,673,630**	**158.8%**
				Administrative Expenses				
669,523	810,161	140,638	17.4%	Salaries, Wages & Employee Benefits	4,199,865	4,748,560	548,695	11.6%
(14,172)	40,083	54,255	135.4%	Professional Fees	100,266	240,498	140,232	58.3%
76,006	103,412	27,406	26.5%	Purchased Services	528,945	620,472	91,527	14.8%
65,613	106,517	40,904	38.4%	Printing and Postage	492,875	639,102	146,227	22.9%
-	-	-	0.0%	Depreciation & Amortization	-	-	-	0.0%
36,161	15,861	(20,300)	(128.0%)	Other Operating Expenses	256,098	97,154	(158,944)	(163.6%)
700,977	553,492	(147,485)	(26.6%)	Indirect Cost Allocation	3,594,928	3,320,952	(273,976)	(8.2%)
1,534,108	**1,629,526**	**95,418**	**5.9%**	**Total Administrative Expenses**	**9,172,977**	**9,666,738**	**493,761**	**5.1%**
(605,387)	**(1,328,602)**	**723,215**	**54.4%**	**Change in Net Assets**	**73,893**	**(6,093,498)**	**6,167,391**	**101.2%**
96.9%	***98.8%***	***2.0%***	***2.0%***	***Medical Loss Ratio***	***94.7%***	***97.7%***	***3.0%***	***3.1%***
5.2%	***6.4%***	***1.2%***	***18.6%***	***Admin Loss Ratio***	***5.2%***	***6.2%***	***1.0%***	***15.9%***

ONECARE CONNECT INCOME STATEMENT– DECEMBER MONTH:

REVENUES of $29.6 million are favorable to budget $4.0 million driven by:

- Favorable volume related variance of $1.7 million
- Favorable price related variance of $2.3 million

MEDICALEXPENSES of $28.7 million are unfavorable to budget $3.4 million driven by:

- Unfavorable volume related variance of $1.7 million
- Unfavorable price related variance of $1.7 million
  - Facilities Claims expense unfavorable variance of $1.6 million
  - Prescription Drugs expense unfavorable variance of $0.9 million
  - Offset by MLTSS expense favorable variance of $0.2 million
  - Provider Capitation expense favorable variance of $0.2 million

ADMINISTRATIVE EXPENSES of $1.5 million are favorable to budget $0.1 million

CHANGE IN NET ASSETS is ($0.6) million, favorable to budget $0.7 million

CalOptima
OneCare
Statement of Revenues and Expenses
For the Six Months Ending December 31, 2020

Month					Year to Date			
Actual	Budget	$ Variance	% Variance		Actual	Budget	$ Variance	% Variance
1,609	**1,378**	**231**	**16.8%**	**Member Months**	**9,503**	**8,268**	**1,235**	**14.9%**
				Revenues				
1,418,255	1,141,401	276,854	24.3%	Medicare Part C revenue	8,358,173	6,888,778	1,469,395	21.3%
787,375	536,986	250,389	46.6%	Medicare Part D revenue	3,945,182	3,222,666	722,516	22.4%
2,205,630	**1,678,387**	**527,243**	**31.4%**	**Total Operating Revenue**	**12,303,356**	**10,111,444**	**2,191,912**	**21.7%**
				Medical Expenses				
592,860	441,975	(150,885)	(34.1%)	Provider Capitation	3,353,727	2,667,441	(686,286)	(25.7%)
591,595	455,391	(136,204)	(29.9%)	Inpatient	2,837,754	2,729,188	(108,566)	(4.0%)
96,761	43,581	(53,180)	(122.0%)	Ancillary	470,148	258,130	(212,018)	(82.1%)
4,309	25,895	21,586	83.4%	Skilled Nursing Facilities	196,297	153,698	(42,599)	(27.7%)
670,998	498,160	(172,838)	(34.7%)	Prescription Drugs	3,614,065	2,927,539	(686,526)	(23.5%)
35,902	44,341	8,439	19.0%	Medical Management	204,060	261,560	57,500	22.0%
1,992,425	**1,509,343**	**(483,082)**	**(32.0%)**	**Total Medical Expenses**	**10,676,051**	**8,997,556**	**(1,678,495)**	**(18.7%)**
213,205	**169,044**	**44,161**	**26.1%**	**Gross Margin**	**1,627,305**	**1,113,888**	**513,417**	**46.1%**
				Administrative Expenses				
71,536	68,706	(2,830)	(4.1%)	Salaries, wages & employee benefits	504,995	404,925	(100,070)	(24.7%)
6,012	16,000	9,988	62.4%	Professional fees	86,012	96,000	9,988	10.4%
9,184	9,750	566	5.8%	Purchased services	49,224	58,500	9,276	15.9%
7,688	8,084	396	4.9%	Printing and postage	34,520	48,504	13,984	28.8%
-	537	537	100.0%	Other operating expenses	205	3,222	3,017	93.6%
56,377	35,185	(21,192)	(60.2%)	Indirect cost allocation, occupancy expense	253,039	211,110	(41,929)	(19.9%)
150,797	**138,262**	**(12,535)**	**(9.1%)**	**Total Administrative Expenses**	**927,995**	**822,261**	**(105,734)**	**(12.9%)**
62,408	**30,782**	**31,626**	**102.7%**	**Change in Net Assets**	**699,310**	**291,627**	**407,683**	**139.8%**
90.3%	***89.9%***	***(0.4%)***	***(0.5%)***	***Medical Loss Ratio***	***86.8%***	***89.0%***	***2.2%***	***2.5%***
6.8%	***8.2%***	***1.4%***	***17.0%***	***Admin Loss Ratio***	***7.5%***	***8.1%***	***0.6%***	***7.2%***

CalOptima
PACE
Statement of Revenues and Expenses
For the Six Months Ending December 31, 2020

Month					Year to Date			
Actual	Budget	$ Variance	% Variance		Actual	Budget	$ Variance	% Variance
394	**430**	**(36)**	**(8.4%)**	**Member Months**	**2,317**	**2,484**	**(167)**	**-6.7%**
				Revenues				
2,513,276	2,707,344	(194,068)	(7.2%)	Medi-Cal Capitation Revenue	14,581,315	15,637,862	(1,056,547)	(6.8%)
594,222	629,452	(35,230)	(5.6%)	Medicare Part C Revenue	3,828,170	3,660,116	168,054	4.6%
166,471	153,033	13,438	8.8%	Medicare Part D Revenue	1,052,558	884,193	168,365	19.0%
3,273,969	**3,489,829**	**(215,860)**	**(6.2%)**	**Total Operating Revenue**	**19,462,043**	**20,182,171**	**(720,128)**	**(3.6%)**
				Medical Expenses				
901,260	998,763	97,503	9.8%	Medical Management	5,160,943	5,752,019	591,076	10.3%
334,269	846,021	511,752	60.5%	Facilities Claims	3,524,655	4,738,396	1,213,741	25.6%
774,923	704,460	(70,463)	(10.0%)	Professional Claims	3,732,550	3,971,259	238,709	6.0%
124,084	266,638	142,554	53.5%	Patient Transportation	680,457	1,506,486	826,029	54.8%
306,459	287,854	(18,605)	(6.5%)	Prescription Drugs	1,731,650	1,634,567	(97,083)	(5.9%)
340,047	68,678	(271,369)	(395.1%)	MLTSS	330,370	374,168	43,798	11.7%
4,925	19,343	14,418	74.5%	Other Expenses	113,322	110,532	(2,790)	(2.5%)
2,785,966	**3,191,757**	**405,791**	**12.7%**	**Total Medical Expenses**	**15,273,947**	**18,087,427**	**2,813,480**	**15.6%**
488,003	**298,072**	**189,931**	**63.7%**	**Gross Margin**	**4,188,096**	**2,094,744**	**2,093,352**	**99.9%**
				Administrative Expenses				
76,348	132,920	56,572	42.6%	Salaries, wages & employee benefits	686,164	742,126	55,962	7.5%
123	166	43	25.7%	Professional fees	780	996	216	21.7%
26,983	39,651	12,668	31.9%	Purchased services	99,719	150,406	50,687	33.7%
7,702	17,325	9,623	55.5%	Printing and postage	64,607	81,450	16,843	20.7%
2,020	2,070	50	2.4%	Depreciation & amortization	12,181	12,420	239	1.9%
2,300	4,537	2,237	49.3%	Other operating expenses	17,508	23,342	5,834	25.0%
27,044	4,577	(22,467)	(490.9%)	Indirect Cost Allocation, Occupancy Expense	44,726	26,861	(17,865)	(66.5%)
142,520	**201,246**	**58,726**	**29.2%**	**Total Administrative Expenses**	**925,685**	**1,037,601**	**111,916**	**10.8%**
				Operating Tax				
5,936	-	5,936	0.0%	Tax Revenue	34,384	-	34,384	0.0%
5,936	-	(5,936)	0.0%	Premium Tax Expense	34,384	-	(34,384)	0.0%
-	-	-	**0.0%**	**Total Net Operating Tax**	-	-	-	**0.0%**
345,483	**96,826**	**248,657**	**256.8%**	**Change in Net Assets**	**3,262,411**	**1,057,143**	**2,205,268**	**208.6%**
85.1%	***91.5%***	***6.4%***	***7.0%***	***Medical Loss Ratio***	***78.5%***	***89.6%***	***11.1%***	***12.4%***
4.4%	***5.8%***	***1.4%***	***24.5%***	***Admin Loss Ratio***	***4.8%***	***5.1%***	***0.4%***	***7.5%***

CalOptima
Building 505 - City Parkway
Statement of Revenues and Expenses
For the Six Months Ending December 31, 2020

Month					Year to Date			
Actual	Budget	$ Variance	% Variance		Actual	Budget	$ Variance	% Variance
				Revenues				
-	-	-	0.0%	Rental Income	-	-	-	0.0%
-	**-**	**-**	**0.0%**	**Total Operating Revenue**	**-**	**-**	**-**	**0.0%**
				Administrative Expenses				
37,165	55,000	17,835	32.4%	Purchase services	238,535	330,000	91,465	27.7%
170,956	177,250	6,294	3.6%	Depreciation & amortization	1,026,191	1,063,500	37,309	3.5%
18,423	18,500	77	0.4%	Insurance expense	110,536	111,000	464	0.4%
119,920	114,916	(5,004)	(4.4%)	Repair and maintenance	624,923	689,500	64,577	9.4%
36,566	41,250	4,684	11.4%	Other Operating Expense	324,063	247,500	(76,563)	(30.9%)
(383,031)	(406,916)	(23,885)	(5.9%)	Indirect allocation, Occupancy	(2,324,249)	(2,441,500)	(117,251)	(4.8%)
-	**-**	**-**	**0.0%**	**Total Administrative Expenses**	**-**	**-**	**-**	**0.0%**
-	**-**	**-**	**0.0%**	**Change in Net Assets**	**-**	**-**	**-**	**0.0%**

OTHER INCOME STATEMENTS – DECEMBER MONTH:

ONECARE INCOME STATEMENT

CHANGE IN NET ASSETS is $62.4 thousand, favorable to budget $31.6 thousand

PACE INCOME STATEMENT

CHANGE IN NET ASSETS is $0.3 million, favorable to budget $0.2 million

CalOptima
Balance Sheet
December 31, 2020

ASSETS		
Current Assets		
Operating Cash		$410,226,522
Investments		771,982,646
Capitation receivable		354,539,870
Receivables - Other		40,259,446
Prepaid expenses		6,889,439
Total Current Assets		**1,583,897,923**
Capital Assets		
Furniture & Equipment	40,923,636	
Building/Leasehold Improvements	11,011,151	
505 City Parkway West	51,628,218	
	103,563,004	
Less: accumulated depreciation	(56,383,869)	
Capital assets, net		47,179,135
Other Assets		
Restricted Deposit & Other		300,000
Homeless Health Reserve		57,198,913
Board-designated assets:		
Cash and Cash Equivalents	2,174,904	
Long-term Investments	586,404,630	
Total Board-designated Assets		588,579,534
Total Other Assets		646,078,447
TOTAL ASSETS		**2,277,155,504**
Deferred Outflows		
Contributions		1,047,297
Difference in Experience		4,280,308
Excess Earning		-
Changes in Assumptions		5,060,465
OPEB 75 Changes in Assumptions		703,000
Pension Contributions		570,000
TOTAL ASSETS & DEFERRED OUTFLOWS		**2,288,816,574**

LIABILITIES & NET POSITION	
Current Liabilities	
Accounts Payable	$45,070,735
Medical Claims liability	975,548,407
Accrued Payroll Liabilities	14,952,089
Deferred Revenue	19,607,055
Deferred Lease Obligations	144,282
Capitation and Withholds	138,487,234
Total Current Liabilities	**1,193,809,802**
Other (than pensions) post employment benefits liability	26,104,933
Net Pension Liabilities	27,210,891
Bldg 505 Development Rights	-
TOTAL LIABILITIES	**1,247,125,626**
Deferred Inflows	
Excess Earnings	506,547
OPEB 75 Difference in Experience	804,000
Change in Assumptions	3,728,725
OPEB Changes in Assumptions	1,638,000
Net Position	
TNE	102,638,683
Funds in Excess of TNE	932,374,993
TOTAL NET POSITION	1,035,013,676
TOTAL LIABILITIES, DEFERRED INFLOWS & NET POSITION	**2,288,816,574**

CalOptima
Board Designated Reserve and TNE Analysis
as of December 31, 2020

Type	Reserve Name	Market Value	Benchmark		Variance	
			Low	High	Mkt - Low	Mkt - High
	Tier 1 - Payden & Rygel	160,998,073				
	Tier 1 - MetLife	159,847,291				
	Tier 1 - Wells Capital	160,108,714				
Board-designated Reserve		480,954,078	322,707,512	504,998,739	158,246,566	(24,044,661)
TNE Requirement	Tier 2 - MetLife	107,625,455	102,638,683	102,638,683	4,986,773	4,986,773
	Consolidated:	**588,579,534**	**425,346,195**	**607,637,422**	**163,233,338**	**(19,057,888)**
	Current reserve level	*1.94*	*1.40*	*2.00*		

CalOptima
Statement of Cash Flows
December 31, 2020

	Month Ended	Year-To-Date
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	8,289,873	9,882,379
Adjustments to reconcile change in net assets		
to net cash provided by operating activities		
Depreciation and amortization	466,379	2,797,643
Changes in assets and liabilities:		
Prepaid expenses and other	(1,235,595)	(190,231)
Catastrophic reserves		
Capitation receivable	(9,806,048)	51,570,709
Medical claims liability	16,613,964	58,396,387
Deferred revenue	(1,592,929)	(3,816,641)
Payable to health networks	(23,273,178)	(4,493,793)
Accounts payable	12,570,479	(29,585,711)
Accrued payroll	(410,963)	1,699,162
Other accrued liabilities	(2,798)	(16,576)
Net cash provided by/(used in) operating activities	1,619,184	86,243,329
GASB 68 CalPERS Adjustments	-	-
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES:		
Net Asset transfer from Foundation	-	-
Net cash provided by (used in) in capital and related financing activities	-	-
CASH FLOWS FROM INVESTING ACTIVITIES		
Change in Investments	(17,337,897)	(47,796,333)
Change in Property and Equipment	(288,706)	(3,322,208)
Change in Board designated reserves	(761,703)	(3,695,640)
Change in Homeless Health Reserve	-	-
Net cash provided by/(used in) investing activities	(18,388,307)	(54,814,181)
NET INCREASE/(DECREASE) IN CASH & CASH EQUIVALENTS	(16,769,123)	31,429,148
CASH AND CASH EQUIVALENTS, beginning of period	$426,995,645	378,797,374
CASH AND CASH EQUIVALENTS, end of period	**410,226,522**	**410,226,522**

BALANCE SHEET – DECEMBER MONTH:

ASSETS of $2.3 billion increased $12.2 million from November or 0.5%

- Investments increased $17.3 million due to the timing of cash receipts and month-end requirements for operating cash
- Receivables - Other increased $5.0 million due to increase in estimated receivables relating to pharmacy experience
- Capitation Receivables increased $4.8 million due to the timing of cash receipts and disbursements
- Operating Cash decreased $16.8 million due to the timing of cash receipts and disbursements

LIABILITIES of $1.2 billion increased $3.9 million from November or 0.3%

- Claims Liabilities increased $16.6 million due to timing of claim payment and changes in IBNR
- Accounts Payable increased $12.6 million due to payment of Managed Care Organization (MCO) tax
- Capitation and Withhold decreased $23.3 million due to timing of capitation payments

NET ASSETS of $1.0 billion, increased $8.3 million from November or 0.8%

Summary of Homeless Health Initiatives and Allocated Funds
As of December 31, 2020

			Amount
Program Commitment		**$**	**100,000,000**
Funds Allocation, approved initiatives:			
Enhanced Medi-Cal Services at the Be Well OC Regional Mental Health and Wellness Campus	11,400,000		
Recuperative Care	8,250,000		
Medical Respite	250,000		
Day Habilitation (County for HomeKey)	2,500,000		
Clinical Field Team Start-up & Federal Qualified Health Center (FQHC)	1,600,000		
CalOptima Homeless Response Team	6,000,000		
Homeless Coordination at Hospitals	10,000,000		
CalOptima Days & QI Program - Homeless Clinic Access Program or HCAP	1,231,087		
FQHC (Community Health Center) Expansion and HHI Support	570,000		
HCAP Expansion for Telehealth and CFT On Call Days	1,000,000		
Funds Allocation Total		**$**	**42,801,087**
Program Commitment Balance, available for new initiatives*		**$**	**57,198,913**

On June 27, 2019 at a Special Board meeting, the Board approved four funding categories.

This report only lists Board approved projects.

* Funding sources of the remaining balance are IGT8 and CalOptima's operating income, which must be used for Medi-Cal covered services for the Medi-Cal population

Budget Allocation Changes
Reporting Changes for December 2020

Transfer Month	Line of Business	From	To	Amount	Expense Description	Fiscal Year
July	Medi-Cal	Maintenance HW/SW – Corporate Application SW - LexisNexis	Maintenance HW/SW – HR Corporate Application SW - SilkRoad	$12,000	To repurpose funds from LexisNexis renewal to fund shortages in SilkRoad renewal and additional licenses	2021
October	Medi-Cal	Maintenance HW/SW - UPS Maintenance	Maintenance HW/SW - Desktop - Adobe Acrobat	$35,000	To repurpose funds from UPS Maintenance to fund shortages in Desktop - Adobe Acrobat	2021
October	Medi-Cal	Maintenance HW/SW - Microsoft True-Up	Maintenance HW/SW - Desktop - Microsoft Enterprise License Agreement	$91,000	To repurpose funds from Microsoft License True-Up to fund shortages in the new 3-year Microsoft Enterprise License Agreement	2021
November	Medi-Cal	Business Integration - Temporary Help	Process Excellence - Temporary Help	$43,000	To reallocate funds from Business Integration - Temporary Help to Process Excellence - Temporary Help for an Analyst.	2021

This report summarizes budget transfers between general ledger classes that are greater than $10,000 and less than $100,000.
This is the result of Board Resolution No. 12-0301-01 which permits the CEO to make budget allocation changes within certain parameters.

Board of Directors'
Finance and Audit Committee Meeting
February 18, 2021

Information Systems Security Update - Quarter Ending December 31, 2020

Recent and Upcoming Activities:

Security Events:

- There was no downtime caused by any security incidents in the quarter, and there were no incidents that were reported in the public media.

- The Information Security team reported 31 Data Loss Prevention incidents to the Privacy team. Some of these were related to accidental emails sent by users to their personal email accounts (8) and others were related to accidental copy of Personal Health Information (PHI) on Google search field.

Preventive Activities:

- Information Security completed the annual Cyber Security awareness month activities in October. The goal of these activities is to raise organizational awareness of cyber security challenges, as well as equip CalOptima end-users to identify the various threats that exist. This year's content and participation were better than previous years, including:

  - ✓ The activities spread over three (3) weeks as we covered Department of Homeland Security (DHS) suggested topics.
  - ✓ We had 3 external guest speakers present on various topics.
  - ✓ To reinforce these topics, multiple quizzes and contests were utilized.
    - A total of 212 Quiz submissions were received.
    - A total of 166 users attended the three speaker sessions.
    - A total of five (5) word-search submissions were received.

Back to Agenda

2021 Cyber Security Insurance Renewal:

- CalOptima utilizes Cyber security insurance to protect the organization in the event of a breach, malware, or ransomware incident.
- CalOptima's insurance broker has advised of changes in the Cyber security marketplace:
  - Due to continuing cybersecurity incidents within the marketplace, the cybermarket is reacting dramatically adjusting in response to ransomware losses.
  - Carriers are requiring ransomware supplementals and advising of capacity and coverage reductions and restrictions.
  - As a result, the marketplace is seeing significant renewal rate increases ranging between 30%-50%+, if excellent controls are in place and no material changes to exposure
- As Ransomware severity and frequency continues to rise, Cyber Insurers have started requesting additional defensive capabilities that they expect companies to have implemented. Below lists the minimum, baseline and best protection measures and controls that reduce vulnerabilities and provide the best ransomware protection.

Minimum Protection	Baseline Protection	Best Protection
Email Security • Email Tagging • Email Content and Delivery – Sender policy framework (SPF) checks • Office 365 add-ons and configuration **Back-up and Recovery Policies** • Back-up key systems and databases **Internal Security** • Deploy and maintain a well configured and centrally managed anti-virus solution • Macros – limit use of • Patching Cadence • Well-defined and rehearsed incident response process • Educate your users (phishing training, etc.)	**Back-up and Recovery Policies** • Regular testing of back-ups • Disconnect back-ups from organizations network • Separately stored, unique back-up credentials **Internal Security** • Establish a secure baseline configuration • Filter web browsing traffic • Use of protective DNS • Manage access effectively (i.e. MFA, privileged access)	**Back-up and Recovery Policies** • Encrypted back-ups **Internal Security** • End-point detection and response (EDR) tools • Comprehensive centralized log monitoring • Subscription to external threat intelligence services • Network segregation (i.e. via access control or well-configured firewall

CalOptima is well-positioned to manage this threat and keep our premiums as low as possible. All the controls listed under the "Best Protection" above are in place now.

Back to Agenda

Inbound Email Traffic Control - Analysis:

The following table illustrates the total inbound email traffic that passes through our IronPort appliance, categorized by threat type. Our goal is to ensure the delivery of clean messages to the intended CalOptima email recipients, while reducing our threat surfaces from malicious or unwelcome senders.

Analysis:

CalOptima received nearly **3.3M** email messages in the fourth quarter. Of these, **2.7M** were considered as dangerous and blocked at one of our layers of security (most of these messages were from senders of poor reputation (i.e. based on complaint rates, message volume statistics, and data from public blacklists and open proxy lists), many are also from spammers). The remaining (**~500K**) were considered clean or not malicious (passing through our security filters).

Overview > Incoming Mail Summary

Message Category	%	Messages
Stopped by Reputation Filtering	69.5%	2.3M
Stopped as Invalid Recipients	0.0%	160
Spam Detected	3.1%	101.2k
Virus Detected	0.0%	13
Detected by Advanced Malware Protection	0.0%	168
Messages with Malicious URLs	0.0%	298
Stopped by Content Filter	1.1%	36.0k
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**73.7%**	**2.4M**
Marketing Messages	4.6%	152.4k
Social Networking Messages	0.2%	6,649
Bulk Messages	4.9%	163.8k
Total Graymails:	**9.7%**	**322.8k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	16.6%	548.6k
Total Attempted Messages:		**3.3M**

Back to Agenda

Quarterly Operating and Capital Budget Update

October 1, 2020 to December 31, 2020

Board of Directors' Finance and Audit Committee Meeting
February 18, 2021

Back to Agenda

TABLE OF CONTENTS

Quarterly Operating Budget Update as of December 31, 2020 3

- **FY 2020-21 Board Approved Attachment A** 4
- **Board Action Approval Details and Summary for Administrative Budget** 5
- **CEO Administrative Budget Allocation Changes** 6
- **FY 2020-21 Revised Attachment A** 7
- **Personnel Budget Summary** 8
- **Administrative Expense Summary by Category** 9

Quarterly Capital Budget Update as of December 31, 2020 10

- **FY 2020-21 Capital Attachment A** 11
- **Board Action and CEO Approval Details for Capital Projects** 12
- **CEO Capital Budget Allocation Changes** 13
- **FY 2020-21 Revised Capital Attachment A** 14

Quarterly Purchasing Report 15

- **FY 2020-21 Second Quarter Purchasing Report** 16

IGT Project Report 19

- **IGT Project Update as of December 2020** 20

Back to Agenda

Quarterly Operating Budget Update as of December 31, 2020

Back to Agenda

FY 2020-21 Board Approved Attachment A

Attachment A

CalOptima Fiscal Year 2020-21 Budget
By Line of Business

	Medi-Cal	OCC	OneCare	PACE	MSSP	Facilities	Consolidated
Member Months	9,414,022	167,856	16,536	5,211	2,730	-	**9,603,625**
Avg Members	784,502	13,988	1,378	434	455	-	**800,302**
Revenues							
Capitation revenue	$ 3,185,809,324	$ 306,323,384	$ 19,472,782	$ 42,189,583	$ 1,218,536	$ -	**$ 3,555,013,609**
Total	$ 3,185,809,324	$ 306,323,384	$ 19,472,782	$ 42,189,583	$ 1,218,536	$ -	**$ 3,555,013,609**
Medical Costs							
Provider capitation	$ 1,170,861,804	$ 132,514,946	$ 5,220,667	$ -	$ -	$ -	**$ 1,308,597,418**
Claims Payments	$ 1,078,052,514	$ 59,102,790	$ 6,184,669	$ 18,272,209	$ -	$ -	**$ 1,161,612,182**
LTC/Skilled Nursing Facilities	$ 483,084,055	$ 18,145,318	$ -	$ 826,406	$ 158,410	$ -	**$ 502,214,188**
Prescription Drugs	$ 280,984,871	$ 70,776,758	$ 5,897,339	$ 3,427,259	$ -	$ -	**$ 361,086,227**
Case Mgmt & Oth Medical	$ 91,753,453	$ 17,022,816	$ 525,047	$ 15,205,649	$ 636,667	$ -	**$ 125,143,633**
Total	$ 3,104,736,697	$ 297,562,629	$ 17,827,723	$ 37,731,523	$ 795,076	$ -	**$ 3,458,653,648**
MLR	***97.5%***	***97.1%***	***91.6%***	***89.4%***	***65.2%***		***97.3%***
Gross Margin	$ 81,072,627	$ 8,760,755	$ 1,645,059	$ 4,458,061	$ 423,459	$ -	**$ 96,359,961**
Administrative Expenses							
Salaries, Wages, & Employee Benefits	$ 83,409,902	$ 9,604,947	$ 812,160	$ 1,524,159	$ 346,127	$ -	**$ 95,697,295**
Professional Fees	$ 3,752,802	$ 481,000	$ 192,000	$ 2,000	$ 4,298	$ -	**$ 4,432,100**
Purchased services	$ 12,467,137	$ 1,240,950	$ 117,000	$ 213,324	$ 248	$ 660,000	**$ 14,698,659**
Printing & Postage	$ 5,320,902	$ 1,278,220	$ 97,000	$ 140,400	$ 248	$ 2,000	**$ 6,838,770**
Depreciation & Amortization	$ 5,502,000	$ -	$ -	$ 24,840	$ -	$ 2,127,000	**$ 7,653,840**
Other Operating Expenses	$ 20,029,432	$ 194,275	$ 6,450	$ 42,670	$ 47,890	$ 2,094,000	**$ 22,414,717**
Indirect Cost Allocation, Occupancy Expense	$ (2,576,689)	$ 6,641,906	$ 422,224	$ 55,254	$ 31,198	$ (4,883,000)	**$ (309,107)**
Total	$ 127,905,486	$ 19,441,298	$ 1,646,834	$ 2,002,647	$ 430,009	$ -	**$ 151,426,274**
ALR	***4.0%***	***6.3%***	***8.5%***	***4.7%***	***35.3%***		***4.3%***
Operating Income/(Loss)	$ (46,832,859)	$ (10,680,544)	$ (1,774)	$ 2,455,414	$ (6,550)	$ -	**$ (55,066,313)**
Investment Income							$ 15,000,000
MCO Tax Revenue	$ 182,255,794						$ 182,255,794
MCO Tax Expense	$ (182,255,794)						$ (182,255,794)
CHANGE IN NET ASSETS	**$ (46,832,859)**	**$ (10,680,544)**	**$ (1,774)**	**$ 2,455,414**	**$ (6,550)**	**$ -**	**$ (40,066,313)**

Back to Agenda

Board Action Approval Details and Summary for Administrative Budget

CalOptima Fiscal Year 2020-21 Budget
Board Action Approval Summary

Board Action Approval Summary	Medi-Cal	OCC	OneCare	PACE	MSSP	Facilities	Net Impact
Medical Costs	$ (73,000)	$ -	$ -	$ 153,300	$ -	$ -	$ 80,300
Administrative Expenses							
Salaries, Wages, & Employee Benefits	$ 2,000	$ -	$ -	$ -	$ -	$ -	$ 2,000
Professional Fees	$ 52,000	$ -	$ -	$ -	$ -	$ -	$ 52,000
Purchased services	$ -	$ -	$ -	$ 175,000	$ -	$ -	$ 175,000
Printing & Postage	$ -	$ -	$ -	$ 45,000	$ -	$ -	$ 45,000
Depreciation & Amortization	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other Operating Expenses	$ 41,502	$ -	$ -	$ 8,000	$ -	$ -	$ 49,502
Indirect Cost Allocation, Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	$ 95,502	$ -	$ -	$ 228,000	$ -	$ -	$ 323,502
Net Impact	**$ 22,502**	**$ -**	**$ -**	**$ 381,300**	**$ -**	**$ -**	**$ 403,802**

CalOptima Fiscal Year 2020-21 Budget
Board Action Approval Details

Board Action Approval Details:	Medi-Cal	OCC	OneCare	PACE	MSSP	Facilities	Net Impact
1 BOD Date - September 3, 2020							
Report Item No. 4							
To: Medical Costs				$ 132,000			**$ 132,000**
2 BOD Date - October 1, 2020							
Report Item No. 17							
To: Medical Costs				$ 21,300			**$ 21,300**
To: Salaries, Wages, & Employee Benefits	$ 75,000						**$ 75,000**
To: Other Operating Expenses	$ 41,502						**$ 41,502**
3 BOD Date - October 1, 2020							
Report Item No. 18							
From: Other Operating Expenses	$ (135,900)						**$ (135,900)**
To: Other Operating Expenses	$ 135,900						**$ 135,900**
4 BOD Date - November 5, 2020							
Report Item No. 16							
To: Purchased Services				$ 175,000			**$ 175,000**
To: Printing & Postage				$ 45,000			**$ 45,000**
To: Other Operating Expenses				$ 8,000			**$ 8,000**
5 BOD Date - December 3, 2020							
Report Item No. 8							
From: Salaries, Wages, & Employee Benefits	$ (125,000)						**$ (125,000)**
To: Professional Fees	$ 125,000						**$ 125,000**

Back to Agenda

CEO Administrative Budget Allocation Changes

Administrative Budget Allocation Changes
Reporting Changes as of December 31, 2020

Transfer Month	Line of Business	From	To	Amount	Expense Description	Fiscal Year
July	Medi-Cal	Maintenance HW/SW – Corporate Application SW - LexisNexis	Maintenance HW/SW – HR Corporate Application SW - SilkRoad	$12,000	Repurpose funds from LexisNexis renewal to fund shortages in SilkRoad renewal and additional licenses.	2021
October	Medi-Cal	Maintenance HW/SW - UPS Maintenance	Maintenance HW/SW - Desktop - Adobe Acrobat	$35,000	Repurpose funds from UPS Maintenance to fund shortages in Desktop - Adobe Acrobat.	2021
October	Medi-Cal	Maintenance HW/SW - Microsoft True-Up	Maintenance HW/SW - Microsoft Enterprise License Agreement	$91,000	Repurpose funds from Microsoft License True-Up to fund shortages in the new 3-year Microsoft Enterprise License Agreement.	2021
November	Medi-Cal	Business Integration - Temporary Help	Process Excellence - Temporary Help	$43,000	Reallocate funds from Business Integration - Temporary Help to Process Excellence - Temporary Help for an Analyst.	2021

Board Resolution No. 12-0301-01 permits the CEO to make budget allocation changes within certain parameters.
This report summarizes budget transfers between general ledger classes that are greater than $10,000 and less than $100,000.

Back to Agenda

FY 2020-21 Revised Attachment A

CalOptima Fiscal Year 2020-21 Budget
Budgeted Statement of Revenue & Expenses
By Line of Business

Attachment A - Revised

	Medi-Cal	OCC	OneCare	PACE	MSSP	Facilities	Consolidated
Member Months	9,414,022	167,856	16,536	5,211	2,730	-	**9,603,625**
Avg Members	784,502	13,988	1,378	434	455	-	**800,302**
Revenues							
Capitation revenue	$ 3,185,809,324	$ 306,323,384	$ 19,472,782	$ 42,189,583	$ 1,218,536	$ -	**3,555,013,609**
Total	$ 3,185,809,324	$ 306,323,384	$ 19,472,782	$ 42,189,583	$ 1,218,536	$ -	**$ 3,555,013,609**
Medical Costs							
Provider capitation	$ 1,170,861,804	$ 132,514,946	$ 5,220,667	$ -	$ -	$ -	**$ 1,308,597,418**
Claims Payments	$ 1,078,052,514	$ 59,102,790	$ 6,184,669	$ 18,272,209	$ -	$ -	**$ 1,161,612,182**
LTC/Skilled Nursing Facilities	$ 483,084,055	$ 18,145,318	$ -	$ 826,406	$ 158,410	$ -	**$ 502,214,188**
Prescription Drugs	$ 280,984,871	$ 70,776,758	$ 5,897,339	$ 3,427,259	$ -	$ -	**$ 361,086,227**
Case Mgmt & Oth Medical	$ 91,680,453	$ 17,022,816	$ 525,047	$ 15,358,949	$ 636,667	$ -	**$ 125,223,933**
Total	$ 3,104,663,697	$ 297,562,629	$ 17,827,723	$ 37,884,823	$ 795,076	$ -	**$ 3,458,733,948**
MLR	***97.5%***	***97.1%***	***91.6%***	***89.8%***	***65.2%***		***97.3%***
Gross Margin	$ 81,145,627	$ 8,760,755	$ 1,645,059	$ 4,304,761	$ 423,459	$ -	**$ 96,279,661**
Administrative Expenses							
Salaries, Wages, & Employee Benefits	$ 83,411,902	$ 9,604,947	$ 812,160	$ 1,524,159	$ 346,127	$ -	**$ 95,699,295**
Professional Fees	$ 3,804,802	$ 481,000	$ 192,000	$ 2,000	$ 4,298	$ -	**$ 4,484,100**
Purchased services	$ 12,467,137	$ 1,240,950	$ 117,000	$ 388,324	$ 248	$ 660,000	**$ 14,873,659**
Printing & Postage	$ 5,320,902	$ 1,278,220	$ 97,000	$ 185,400	$ 248	$ 2,000	**$ 6,883,770**
Depreciation & Amortization	$ 5,502,000	$ -	$ -	$ 24,840	$ -	$ 2,127,000	**$ 7,653,840**
Other Operating Expenses	$ 20,070,934	$ 194,275	$ 6,450	$ 50,670	$ 47,890	$ 2,094,000	**$ 22,464,219**
Indirect Cost Allocation, Occupancy Expense	$ (2,576,689)	$ 6,641,906	$ 422,224	$ 55,254	$ 31,198	$ (4,883,000)	**$ (309,107)**
Total	$ 128,000,988	$ 19,441,298	$ 1,646,834	$ 2,230,647	$ 430,009	$ -	**$ 151,749,776**
ALR	***4.0%***	***6.3%***	***8.5%***	***5.3%***	***35.3%***		***4.3%***
Operating Income/(Loss)	$ (46,855,361)	$ (10,680,544)	$ (1,774)	$ 2,074,114	$ (6,550)	$ -	**$ (55,470,115)**
Investment Income							$ 15,000,000
MCO Tax Revenue	$ 182,255,794						$ 182,255,794
MCO Tax Expense	$ (182,255,794)						$ (182,255,794)
CHANGE IN NET ASSETS	**$ (46,855,361)**	**$ (10,680,544)**	**$ (1,774)**	**$ 2,074,114**	**$ (6,550)**	**$ -**	**$ (40,470,115)**

Back to Agenda

Personnel Budget Summary

	FY 2020-21 Personnel (FTEs) - December 2020			
Line of Business	**Filled**	**Open**	**Total**	**Vacancy %**
Medi-Cal	1,073.3	71.5	1,144.8	6.2%
OC	9.3		9.3	0.0%
OCC	198.8	10.0	208.8	4.8%
PACE	93.0	23.3	116.3	20.0%
MSSP	18.0		18.0	0.0%
Total	**1,392.4**	**104.8**	**1,497.1**	**7.0%**

Notes:
FTE count is based on position control reconciliation.
FTE count includes both medical and administrative positions.

Salary Market Adjustments as of December 31, 2020

Title	Effective Date	Quarter	Market Adjustment (% Increase)
Controller	7/5/2020	Q1	11.772%
Supervisor Finance	9/27/2020	Q1	17.381%
Director Customer Service	8/2/2020	Q1	9.360%
Manager Community Relations	10/25/2020	Q2	8.72%
Medical Director	11/22/2020	Q2	26.82%
		Total Financial Impact	$111,337.59

Post-Budget Re-Evaluations as of December 31, 2020

Title	Effective Date	Quarter	Market Adjustment (% Increase)
Sr Manager Human Resources	09/27/2020	Q1	12.089%
Staff Attorney Sr	10/11/2020	Q2	22.22%
Staff Attorney Sr	10/11/2020	Q2	26.42%
Staff Attorney Sr	10/11/2020	Q2	13.98%
		Total Financial Impact	$107,169.34

Source: Salary Market Adjustments and Post-Budget Re-Evaluations provided by the Human Resources Department

Administrative Expense Summary by Category

Administrative Expense Summary by Category as of December 31, 2020

Consolidated Administrative Expense Summary

	December MTD		Variance		YTD		Variance		FY 2021
LOB	Actual	Budget	$	%	Actual	Budget	$	%	Budget
MC	$ 2,206,764	$ 3,584,897	$ 1,378,133	38%	$ 14,552,888	$ 21,461,219	$ 6,908,331	32%	$ 41,716,462
OC	$ 22,884	$ 34,371	$ 11,487	33%	$ 169,961	$ 206,226	$ 36,265	18%	$ 412,450
OCC	$ 163,609	$ 265,873	$ 102,264	38%	$ 1,378,063	$ 1,597,226	$ 219,163	14%	$ 3,194,445
PACE	$ 37,108	$ 61,679	$ 24,571	40%	$ 182,614	$ 256,194	$ 73,580	29%	$ 626,394
Total	**$ 2,430,365**	**$ 3,946,820**	**$ 1,516,455**	**38%**	**$ 16,283,526**	**$ 23,520,865**	**$ 7,237,339**	**31%**	**$ 45,949,751**

Professional Fees

	December MTD		Variance		YTD		Variance		FY 2021
LOB	Actual	Budget	$	%	Actual	Budget	$	%	Budget
MC	$ 19,243	$ 320,521	$ 301,278	94%	$ 708,471	$ 1,885,986	$ 1,177,515	62%	$ 3,809,100
OC	$ 6,012	$ 16,000	$ 9,988	62%	$ 86,012	$ 96,000	$ 9,988	10%	$ 192,000
OCC	$ (14,172)	$ 40,083	$ 54,255	135%	$ 100,266	$ 240,498	$ 140,232	58%	$ 481,000
PACE	$ 123	$ 166	$ 43	26%	$ 780	$ 996	$ 216	22%	$ 2,000
Total	**$ 11,207**	**$ 376,770**	**$ 365,563**	**97%**	**$ 895,529**	**$ 2,223,480**	**$ 1,327,951**	**60%**	**$ 4,484,100**

Purchased Services

	December MTD		Variance		YTD		Variance		FY 2021
LOB	Actual	Budget	$	%	Actual	Budget	$	%	Budget
MC	$ 928,594	$ 1,142,513	$ 213,919	19%	$ 4,618,656	$ 6,866,329	$ 2,247,673	33%	$ 12,467,385
OC	$ 9,184	$ 9,750	$ 566	6%	$ 49,224	$ 58,500	$ 9,276	16%	$ 117,000
OCC	$ 76,006	$ 103,412	$ 27,406	27%	$ 528,945	$ 620,472	$ 91,527	15%	$ 1,240,950
PACE	$ 26,983	$ 39,651	$ 12,668	32%	$ 99,719	$ 150,406	$ 50,687	34%	$ 388,324
Total	**$ 1,040,767**	**$ 1,295,326**	**$ 254,559**	**20%**	**$ 5,296,543**	**$ 7,695,707**	**$ 2,399,164**	**31%**	**$ 14,213,659**

Printing and Postage

	December MTD		Variance		YTD		Variance		FY 2021
LOB	Actual	Budget	$	%	Actual	Budget	$	%	Budget
MC	$ 249,946	$ 443,433	$ 193,487	44%	$ 1,372,112	$ 2,660,598	$ 1,288,486	48%	$ 5,321,150
OC	$ 7,688	$ 8,084	$ 396	5%	$ 34,520	$ 48,504	$ 13,984	29%	$ 97,000
OCC	$ 65,613	$ 106,517	$ 40,904	38%	$ 492,875	$ 639,102	$ 146,227	23%	$ 1,278,220
PACE	$ 7,702	$ 17,325	$ 9,623	56%	$ 64,607	$ 81,450	$ 16,843	21%	$ 185,400
Total	**$ 330,949**	**$ 575,359**	**$ 244,410**	**42%**	**$ 1,964,114**	**$ 3,429,654**	**$ 1,465,540**	**43%**	**$ 6,881,770**

Other Operating Expenses

	December MTD		Variance		YTD		Variance		FY 2021
LOB	Actual	Budget	$	%	Actual	Budget	$	%	Budget
MC	$ 1,008,982	$ 1,678,430	$ 669,448	40%	$ 7,853,650	$ 10,048,306	$ 2,194,656	22%	$ 20,118,827
OC	$ -	$ 537	$ 537	100%	$ 205	$ 3,222	$ 3,017	94%	$ 6,450
OCC	$ 36,161	$ 15,861	$ (20,300)	-128%	$ 255,978	$ 97,154	$ (158,824)	-163%	$ 194,275
PACE	$ 2,300	$ 4,537	$ 2,237	49%	$ 17,508	$ 23,342	$ 5,834	25%	$ 50,670
Total	**$ 1,047,442**	**$ 1,699,365**	**$ 651,923**	**38%**	**$ 8,127,340**	**$ 10,172,024**	**$ 2,044,684**	**20%**	**$ 20,370,222**

Administrative expense summary by category does not include expenditures and budget for Facilities.

Back to Agenda

Quarterly Capital Budget Update as of December 31, 2020

Back to Agenda

FY 2020-21 Capital Attachment A

Attachment A

Fiscal Year 2020-21 Capital Budget by Project

INFRASTRUCTURE	HARDWARE	SOFTWARE	PROFESSIONAL FEES	TOTAL CAPITAL
Network - Firewall Upgrade	450,000			450,000
Network - Wireless System Upgrade	430,000			430,000
Security - IT Asset Management Solution	100,000	150,000	50,000	300,000
Security - Identity and Access Management	70,000		200,000	270,000
Server - Server Blade Replacement	200,000			200,000
Network - Business Partner VPN Upgrade	160,000			160,000
Network - Wide Area Network Firewall	150,000			150,000
Network - RSA Security Upgrade	93,000			93,000
Server - Array Replacement	54,000			54,000
Telephony - Upgrade Contact Center	25,000	25,000		50,000
Network - PACE Router	19,000			19,000
Server - Additional Storage Area Network Switch Ports	13,000			13,000
Server - Upgrade Switches in VM Blade Enclosures	9,000			9,000
TOTAL INFRASTRUCTURE	**$ 1,773,000**	**$ 175,000**	**$ 250,000**	**$ 2,198,000**

APPLICATIONS MANAGEMENT	HARDWARE	SOFTWARE	PROFESSIONAL FEES	TOTAL CAPITAL
Interoperability (Final Rule FHIR)	250,000	1,750,000	500,000	2,500,000
Medical Management System	250,000	1,500,000	500,000	2,250,000
Core System Supplemental Management	125,000	1,150,000	500,000	1,775,000
Pricer Integration Software		1,000,000	200,000	1,200,000
Provider Data Management Solution	250,000	750,000	125,000	1,125,000
Burgess Reimbursement System Upgrade		450,000	100,000	550,000
Predictive Analytics		400,000	100,000	500,000
Hardware for Robots	200,000			200,000
Cactus Integration to Facets	70,000		100,000	170,000
Additional Memory, CPU and Disc Space	50,000			50,000
Storage Server Equipment	50,000			50,000
TOTAL APPLICATIONS MANAGEMENT	**$ 1,245,000**	**$ 7,000,000**	**$ 2,125,000**	**$ 10,370,000**

APPLICATIONS DEVELOPMENT	HARDWARE	SOFTWARE	PROFESSIONAL FEES	TOTAL CAPITAL
Provider Portal File Server/Build Matching Infrastructure	550,000	35,000	60,000	645,000
Sitecore Upgrade	125,000	100,000	200,000	425,000
Litigation Hold and Discovery on Applications		350,000		350,000
Enterprise Content Management System Consultation and Build			200,000	200,000
Data Governance and Meta Data Management Increase	60,000	50,000	24,000	134,000
Portal Hardware to Support Reporting	60,000			60,000
Data Warehouse Analysis by Business	60,000			60,000
Team Foundation Server Upgrade	10,000	9,000	20,000	39,000
TOTAL APPLICATIONS DEVELOPMENT	**$ 865,000**	**$ 544,000**	**$ 504,000**	**$ 1,913,000**

505 BUILDING IMPROVEMENTS	BUILDING	EQUIPMENT	PROFESSIONAL FEES	TOTAL CAPITAL
Office Renovations	380,000		35,000	415,000
Multiple Bathroom Upgrades	300,000		75,000	375,000
Lobby Security Improvements	250,000		50,000	300,000
1st Floor Conference Rooms	110,000		25,000	135,000
Cooling Tower Continuation	80,000			80,000
Copier Replacements and Lease	75,000			75,000
Install Sink Heating for Restrooms Floors 5-10	50,000			50,000
Conference Rooms Upgrades	37,000		5,000	42,000
Replace Ground Floor Corridor Heating and Cooling Boxes	35,000			35,000
IDF Room HVAC Continuation	20,000		5,000	25,000
Replace Ceiling in Passenger Elevators	25,000			25,000
Upgrade Building Security Cameras	22,000			22,000
1st Floor Card Reader Addition	20,000			20,000
Replace Trash Room Double Doors with Fire Rated Doors	15,000			15,000
Replace Domestic Water Circulation Pump	12,000			12,000
Recording Studio	10,000			10,000
TOTAL 505 BUILDING IMPROVEMENTS	**$ 1,441,000**	**$ -**	**$ 195,000**	**$ 1,636,000**

PACE	EQUIPMENT	PROFESSIONAL FEES	TOTAL CAPITAL
Workspace Efficiency and Expansion	57,000	-	57,000
Rehab Equipment	15,000	-	15,000
Audiovisual and Conference Room	12,000	-	12,000
Lobby Refurbishment	10,000	-	10,000
Clinic Doors Handicap Access	7,000	-	7,000
Internal Staff Communication	6,000	-	6,000
Clinic Spirometer	5,000	-	5,000
Commercial Freezer	5,000	-	5,000
Exterior Electricity	2,000	-	2,000
TOTAL PACE	**$ 119,000**	**$ -**	**$ 119,000**

TOTAL FY 2020-21 CAPITAL BUDGET	**$ 5,443,000**	**$ 7,719,000**	**$ 3,074,000**	**$ 16,236,000**

Back to Agenda

Board Action and CEO Approval Details for Capital Projects

Board Approved Action Details	Project Description	HARDWARE	SOFTWARE	PROFESSIONAL FEES	TOTAL CAPITAL
1 BOD Date - October 1, 2020		-	-	-	
To: Infrastructure	Network - Business Partner VPN Upgrade	(69,700)			(69,700)
To: Infrastructure	Network - Business Partner VPN Upgrade	-	21,200	48,500	69,700
2 BOD Date - October 1, 2020					
To: Infrastructure	Network - Firewall Upgrade	(217,800)	-	-	(217,800)
To: Infrastructure	Network - Firewall Upgrade	-	100,700	117,100	217,800
3 BOD Date - October 1, 2020					
To: Infrastructure	Network - RSA Security Upgrade	(26,000)	-	-	(26,000)
To: Infrastructure	Network - RSA Security Upgrade	-	6,000	20,000	26,000
4 BOD Date - October 1, 2020					
To: Infrastructure	Network - Wide Area Network Firewall	(68,900)	-	-	(68,900)
To: Infrastructure	Network - Wide Area Network Firewall	-	45,900	23,000	68,900
5 BOD Date - October 1, 2020					
To: Application Development	Provider Portal File Server/Build Matching Infrastructure	(100,000)	-	-	(100,000)
To: Application Development	Provider Portal File Server/Build Matching Infrastructure	-	100,000	-	100,000
6 BOD Date - October 1, 2020					
To: Application Development	Data Warehouse Analysis by Business	(3,065)	-	-	(3,065)
To: Application Development	Data Warehouse Analysis by Business	-	990	2,075	3,065
7 BOD Date - December 3, 2020					
To: Infrastructure	Network - Wireless System Upgrade	(430,000)	-	-	(430,000)
To: Application Development	Telephony - Upgrade Contact Center	15,000	300,000	115,000	430,000
TOTAL Board Approved Actions		**$ (900,465)**	**$ 574,790**	**$ 325,675**	**$ -**

Back to Agenda

CEO Capital Budget Allocation Changes

There were no FY21 capital project budget reallocations to report in the first two quarters.

FY 2020-21 Revised Capital Attachment A

Revised Attachment A

Fiscal Year 2020-21 Capital Budget by Project

INFRASTRUCTURE	HARDWARE	SOFTWARE	PROFESSIONAL FEES	TOTAL CAPITAL
Network - Firewall Upgrade	232,200	100,700	117,100	450,000
Network - Wireless System Upgrade	-	-	-	-
Security - IT Asset Management Solution	100,000	150,000	50,000	300,000
Security - Identity and Access Management	70,000	-	200,000	270,000
Server - Server Blade Replacement	200,000	-	-	200,000
Network - Business Partner VPN Upgrade	90,300	21,200	48,500	160,000
Network - Wide Area Network Firewall	81,100	45,900	23,000	150,000
Network - RSA Security Upgrade	67,000	6,000	20,000	93,000
Server - Array Replacement	54,000	-	-	54,000
Telephony - Upgrade Contact Center	40,000	325,000	115,000	480,000
Network - PACE Router	19,000	-	-	19,000
Server - Additional Storage Area Network Switch Ports	13,000	-	-	13,000
Server - Upgrade Switches in VM Blade Enclosures	9,000	-	-	9,000
TOTAL INFRASTRUCTURE	**$ 975,600**	**$ 648,800**	**$ 573,600**	**$ 2,198,000**

APPLICATIONS MANAGEMENT	HARDWARE	SOFTWARE	PROFESSIONAL FEES	TOTAL CAPITAL
Interoperability (Final Rule FHIR)	250,000	1,750,000	500,000	2,500,000
Medical Management System	250,000	1,500,000	500,000	2,250,000
Core System Supplemental Management	125,000	1,150,000	500,000	1,775,000
Pricer Integration Software	-	1,000,000	200,000	1,200,000
Provider Data Management Solution	250,000	750,000	125,000	1,125,000
Burgess Reimbursement System Upgrade	-	450,000	100,000	550,000
Predictive Analytics	-	400,000	100,000	500,000
Hardware for Robots	200,000	-	-	200,000
Cactus Integration to Facets	70,000	-	100,000	170,000
Additional Memory, CPU and Disc Space	50,000	-	-	50,000
Storage Server Equipment	50,000	-	-	50,000
TOTAL APPLICATIONS MANAGEMENT	**$ 1,245,000**	**$ 7,000,000**	**$ 2,125,000**	**$ 10,370,000**

APPLICATIONS DEVELOPMENT	HARDWARE	SOFTWARE	PROFESSIONAL FEES	TOTAL CAPITAL
Provider Portal File Server/Build Matching Infrastructure	450,000	135,000	60,000	645,000
Sitecore Upgrade	125,000	100,000	200,000	425,000
Litigation Hold and Discovery on Applications	-	350,000	-	350,000
Enterprise Content Management System Consultation and Build	-	-	200,000	200,000
Data Governance and Meta Data Management Increase	60,000	50,000	24,000	134,000
Portal Hardware to Support Reporting	60,000	-	-	60,000
Data Warehouse Analysis by Business	56,935	990	2,075	60,000
Team Foundation Server Upgrade	10,000	9,000	20,000	39,000
TOTAL APPLICATIONS DEVELOPMENT	**$ 761,935**	**$ 644,990**	**$ 506,075**	**$ 1,913,000**

505 BUILDING IMPROVEMENTS	BUILDING	EQUIPMENT	PROFESSIONAL FEES	TOTAL CAPITAL
Office Renovations	380,000	-	35,000	415,000
Multiple Bathroom Upgrades	300,000	-	75,000	375,000
Lobby Security Improvements	250,000	-	50,000	300,000
1st Floor Conference Rooms	110,000	-	25,000	135,000
Cooling Tower Continuation	80,000	-	-	80,000
Copier Replacements and Lease	75,000	-	-	75,000
Install Sink Heating for Restrooms Floors 5-10	50,000	-	-	50,000
Conference Rooms Upgrades	37,000	-	5,000	42,000
Replace Ground Floor Corridor Heating and Cooling Boxes	35,000	-	-	35,000
IDF Room HVAC Continuation	20,000	-	5,000	25,000
Replace Ceiling in Passenger Elevators	25,000	-	-	25,000
Upgrade Building Security Cameras	22,000	-	-	22,000
1st Floor Card Reader Addition	20,000	-	-	20,000
Replace Trash Room Double Doors with Fire Rated Doors	15,000	-	-	15,000
Replace Domestic Water Circulation Pump	12,000	-	-	12,000
Recording Studio	10,000	-	-	10,000
TOTAL 505 BUILDING IMPROVEMENTS	**$ 1,441,000**	**$ -**	**$ 195,000**	**$ 1,636,000**

PACE	EQUIPMENT	PROFESSIONAL FEES	TOTAL CAPITAL
Workspace Efficiency and Expansion	57,000	-	57,000
Rehab Equipment	15,000	-	15,000
Audiovisual and Conference Room	12,000	-	12,000
Lobby Refurbishment	10,000	-	10,000
Clinic Doors Handicap Access	7,000	-	7,000
Internal Staff Communication	6,000	-	6,000
Clinic Spirometer	5,000	-	5,000
Commercial Freezer	5,000	-	5,000
Exterior Electricity	2,000	-	2,000
TOTAL PACE	**$ 119,000**	**$ -**	**$ 119,000**

TOTAL FY 2020-21 REVISED CAPITAL BUDGET	**$ 4,542,535**	**$ 8,293,790**	**$ 3,399,675**	**$ 16,236,000**

Back to Agenda

Quarterly Purchasing Report

Back to Agenda

FY 2020-21 Second Quarter Purchasing Report

Quarterly Purchase Report
October 1, 2020 through December 31, 2020
Completed Major Commitments over $100,000

Nature of Services	*FY21 Q2 Budgeted Current*	*Purchase or Contract Highlights*	*Bidding Outcome*	*Previous Vendor*	*Contract Amount*	*Spent Year 2021*	*Remaining Amount on Contract*	*Expires*
Desktop License	$ 102,000	Citrix Systems Inc	Renewal		$ 102,000	$ -	$ 102,000	11/01/21
Daily Mailings	$ 102,700	Kenny the Printer	Renewal		$ 102,700	$ 27,720	$ 74,980	04/30/23
NCQA Quality Consultant	$ 107,000	The Mihalik Group, LLC	Five proposals received	New	$ 107,000	$ 18,670	$ 88,330	03/03/22
Med-Cal Newsletter Printing	$ 111,598	Kenny the Printer	Two proposals received	New	$ 111,598	$ -	$ 111,598	01/19/22
Data Masking Software	$ 135,900	Informatica LLC	Renewal		$ 135,900	$ -	$ 135,900	01/10/22
Wireless Communications Services	$ 144,352	Smart Communications	Renewal		$ 144,352	$ -	$ 144,352	12/31/21
Data Warehouse Upgrade Services	$ 190,593	Teksystems Inc.	Renewal		$ 190,593	$ 188,190	$ 2,403	12/31/21
Broadcom Communications Services	$ 218,223	CDW Corporation	Three proposals received		$ 218,223	$ -	$ 218,223	12/31/21
Tableau Software License	$ 218,497	Intuitive Technology Group Inc	Renewal		$ 218,497	$ 218,497	$ -	11/28/22
Internal Audit Services	$ 228,209	Grant Thornton Public Sector LLC	Renewal		$ 228,209	$ -	$ 228,209	06/30/21
Quality Software	$ 250,024	Inovalon Inc	Renewal		$ 250,024	$ -	$ 250,024	10/31/22
Contract Management Software	$ 284,812	Change Healthcare Solutions, LLC	Renewal		$ 284,812	$ 284,812	$ -	12/30/21
Extreme Network Maintenance	$ 376,050	CDW Corporation	Four proposals received	Same	$ 376,050	$ -	$ 376,050	12/31/21
Clearinghouse Services	$ 384,000	Change Healthcare Solutions, LLC	Renewal		$ 384,000	$ 40,511	$ 343,489	12/31/23
Facets System Maintenance	$ 390,000	Trizetto Group	Renewal		$ 390,000	$ -	$ 390,000	06/30/22
PACE Home Services	$ 500,000	Cambrian Home Care	Renewal		$ 500,000	$ 265,677	$ 234,323	06/30/21
Daily Mailings	$ 530,758	The Dot Printer Inc	Renewal		$ 530,758	$ 163,207	$ 367,551	04/30/23
Hospital Data Exchange Services	$ 796,854	Collective Medical Technologies Inc.	Nine proposals received	New	$ 796,854	$ -	$ 796,854	11/30/23

Back to Agenda

FY 2020-21 Second Quarter Purchasing Report (Cont'd)

Quarterly Purchase Report
October 1, 2020 through December 31, 2020
Completed Major Commitments over $100,000

Nature of Services	*FY21 Q2 Budgeted Current*	*Purchase or Contract Highlights*	*Bidding Outcome*	*Previous Vendor*	*Contract Amount*	*Spent Year 2021*	*Remaining Amount on Contract*	*Expires*
Quality Improvement System Software	$ 964,708	MCG Health LLC	Renewal		$ 964,708	$ 932,253	$ 32,454	12/31/21
Hospital Data Exchange Services	$ 1,135,000	Safety Net Connect Inc	Nine proposals received	New	$ 1,135,000	$ -	$ 1,135,000	12/16/23
Guiding Care Software	$ 1,350,000	Altruista Health Inc.	Renewal		$ 1,350,000	$ 455,953	$ 894,047	06/30/21
COB and Overpayment Services	$ 1,350,000	Health Management Systems Inc	Renewal		$ 1,350,000	$ 78,938	$ 1,271,062	06/30/21
Facets Maintenance Fees	$ 1,428,660	Trizetto Group	Renewal		$ 1,428,660	$ 1,428,659	$ 1	12/31/21
Microsoft Enterprise Agreement	$ 1,441,196	Dell Marketing LP	Four proposals received	Crayon	$ 1,441,196	$ -	$ 1,441,196	10/31/21

Back to Agenda

FY 2020-21 Second Quarter Purchasing Report (Cont'd)

Quarterly Purchasing Report
October 1, 2020 through December 31, 2020
Major Commitments Greater than $100,000 in Process

Nature of Services	*Procurement Status*
Third Party Liability and Subrogation Services 19-030	RFP issued 4/18/2019 Three proposals received RFP was cancelled and is being re-issued as 21-029
Hospital Data Exchange Services 20-002	RFP issued 7/17/2019 Nine proposals received Staff awarded contracts to Collective Medical Systems and Safety Net Connect
Learning Management Content Services 20-007	RFP issued 10/8/2019 Five proposals received Staff awarded contract to Cornerstone On-Demand
Identity Management System 20-039	RFP issued 6/20/2020 Nine proposals received Staff is negotiating contract
Interoperability Solutions 21-003	RFP issued 7/15/2020 Ten proposals received Staff is negotiating contract
eConsult Platform 21-005	RFP issued 9/1/2020 Four proposals received Staff is reviewing proposals
Document/Back-Up Tape Storage and Retrieval Services 21-006	RFP issued 8/6/2020 Four proposals received RFP placed on hold
Roofing Services 505 Building 21-007	RFP issued 9/22/2020 Seven proposals received. RFP cancelled, re-issue date TBA
Claims Pricing Solution 21-008	RFP issued 10/7/2020 Five proposals received Staff is evaluating proposals
Microsoft Enterprise Agreement 21-014	RFQ issued 10/7/2020 Four quotes received Staff awarded contract to Dell
Broadcom Renewal 21-021	RFQ issued 12/23/2020 Three quotes received Staff awarded contract to CDW
Extreme Networks Maintenance 21-024	RFQ issued 12/23/2020 Four quotes received Staff awarded contract to CDW

IGT Project Report

Back to Agenda

IGT Project Update as of December 2020

IGTs 1-7: Funds must be used to deliver enhanced services for the Medi-Cal population

#	IGT Projects	IGT	First Payment Dispersed Date	COBAR Project End Date	Budget	Spend	% Spent	Balance	Grant Disburse-ment Date
IGT 1 (Funds Received: September 2012)									
1	Case Management System (Altruista)	1	4/7/2014	12/31/2016	$2,095,380	$2,095,380	100%	$0	Non-Grant Project
2	Telemedicine [Funds Reallocated]	1	4/7/2014	12/1/2016	$30,810	$30,810	100%	$0	Non-Grant Project
3	Strategies to Reduce Readmission	1	12/28/2014	12/31/2016	$611,421	$611,421	100%	$0	Non-Grant Project
4	OneCare PCCs	1	4/16/2014	6/30/2017	$3,850,000	$3,850,000	100%	$0	Non-Grant Project
5	OneCare Connect PCCs	1	8/18/2015	6/30/2017	$3,550,000	$3,550,000	100%	$0	Non-Grant Project
6	Case Management Consulting	1	10/1/2014	12/31/2017	$866,415	$866,415	100%	$0	Non-Grant Project
7	Clinical Field Team Pilot Program [Reallocated Funds]	1	4/8/2019	N/A	$500,000	$500,000	100%	$0	4/8/2019
8	Depression Screenings	1	2/28/2018	5/31/2019	$500,000	$455,000	91%	$45,000	Pending Reallocation
9	Shape Your Life Program	1	4/28/2017	7/1/2020	$500,000	$469,389	94%	$30,611	Non-Grant Project
SUBTOTAL					$12,504,026	$12,428,415	99%	$75,611	
IGT 2 (Funds Received: June 2013)									
1	FQHC Support Phase 1 (to support FQHC attainment)	2	7/6/2015	8/1/2017	$200,000	$200,000	100%	$0	First: 07/2015; Last: 08/2016
2	FQHC Support Phase 2 (to support FQHC readiness analysis)	2	7/6/2015	12/31/2016	$202,091	$202,091	100%	$0	First: 10/2015; Last: 11/2016
3	FQHC Support Phase 3 (behavioral/dental expansion)	2	7/6/2015	6/30/2017	$875,000	$875,000	100%	$0	First: 03/2016; Last: 05/2017
4	Children's Dental Services	2	7/2/2015	7/1/2017	$400,000	$400,000	100%	$0	First: 06/2015; Last: 08/2016
5	Children's Vision Services	2	9/8/2015	8/1/2017	$500,000	$500,000	100%	$0	First: 09/2015; Last: 08/2016
6	Security Audit Remediation	2	6/28/2014	7/1/2015	$98,000	$98,000	100%	$0	Non-Grant Project
7	PACE EHR Implementation	2	5/16/2016	12/31/2016	$80,000	$80,000	100%	$0	Non-Grant Project
8	Facets Upgrade, Expansion, and Reconfiguration	2	6/18/2014	6/30/2017	$1,756,620	$1,756,620	100%	$0	Non-Grant Project
9	Continuation of COREC	2	11/3/2014	12/31/2017	$970,000	$970,000	100%	$0	Non-Grant Project
10	Recuperative Care	2	6/1/2015	12/31/2018	$500,000	$500,000	100%	$0	Non-Grant Project
11	OneCare Connect PCCs (Continued)	2	6/28/2017	12/31/2018	$2,400,000	$2,400,000	100%	$0	Non-Grant Project
12	Autism Screening	2	8/3/2016	Reallocated to IGT 5	$51,600	$51,600	100%	$0	Non-Grant Project
SUBTOTAL					$8,033,311	$8,033,311	100%	$0	
IGT 3 (Funds Received: September 2014)									
1	Personal Care Coordinators	3	5/15/2017	5/31/2018	$3,450,000	$3,450,000	100%	$0	Non-Grant Project
2	Recuperative Care (Phase 2)	3	8/16/2018	12/31/2018	$500,000	$499,750	100%	$250	Pending Reallocation
3	Data Warehouse Expansion	3	2/14/2017	12/31/2019	$750,000	$732,797	98%	$17,203	Non-Grant Project
SUBTOTAL					$4,700,000	$4,682,547	100%	$17,453	
IGT 4 (Funds Received: October 2015/March 2016)									
1	Member Health Needs Assessment	4	4/20/2017	12/31/2017	$500,000	$500,000	100%	$0	Non-Grant Project
2	Personal Care Coordinators	4	1/17/2018	5/31/2018	$3,550,000	$3,550,000	100%	$0	Non-Grant Project
3	UCI Observation Stay Payment Pilot	4	2/7/2018	12/31/2019	$750,000	$744,600	99%	$5,400	Pending Reallocation
4	Provider Portal Communications & Interconnectivity	4	5/9/2017	12/31/2019	$1,500,000	$1,456,510	97%	$43,490	Pending Reallocation
5	Member Health Homes Program	4	9/7/2017	9/30/2019	$250,000	$177,809	71%	$72,192	Pending Reallocation
SUBTOTAL					$6,550,000	$6,428,919	98%	$121,082	

Back to Agenda

IGT Project Update as of December 2020 (Cont'd)

#	IGT Projects	IGT	First Payment Dispersed Date	COBAR Project End Date	Budget	Spend	% Spent	Balance	Grant Disburse-ment Date
IGT 5 (Funds Received: December 2016)									
1	Be Well OC Regional Wellness Hub	5	7/10/2019	N/A	$11,400,000	$11,400,000	100%	$0	12/6/2018 (COBAR)
2	Access to Adult Dental Services (Grant RFP: Korean Community Services)	5	12/5/2019	N/A	$1,000,000	$850,000	85%	$150,000	Awarded on 8/1/19
3	Access to Children's Dental Services (Grant RFP)	5	1/15/2020	N/A	$1,000,000	$844,800	84%	$155,200	Awarded on 10/3/19
4	Primary Care Services and Programs Addressing Social Determinants of Health (Grant RFP: Santa Ana Unified School District)	5	12/4/2019	N/A	$1,411,488	$466,666	33%	$944,822	Awarded on 8/1/19
SUBTOTAL					$14,811,488	$13,561,466	92%	$1,250,022	
IGT 6 & 7 (Funds Received: September 2017/May 2018)									
1	Clinical Field Team Pilot Program	7	4/8/2019	N/A	$1,100,000	$1,100,000	100%	$0	4/8/2019
2	Post-WPC Medical Respite Program	6	TBD	N/A	$250,000	$250,000	100%	$0	4/4/2019 (COBAR)
3	Whole Child Model Assistance for Implementation and Development	6	4/2/2020	N/A	$1,750,000	$1,617,110	92%	$132,890	Non-Grant Project
4	Expand Access to Food Distribution Services Focused on Children and Families (Grant RFP: Serve the People)	7	12/11/2019	9/30/2022	$1,000,000	$750,470	75%	$249,530	Awarded on 8/1/19
5	Expand Access to Outpatient Children's Mental Health Services (Grant RFP: Children's Bureau of Southern California; Orange County Asian & Pacific Islander Community Alliances, Inc,; Boys & Girls Clubs of Garden Grove; Jamboree Housing Corporation)	6	10/28/2019	6/30/2023	$4,188,990	$2,314,007	55%	$1,874,983	Awarded on 8/1/19
6	WPC Recuperative Care	6	6/20/2019	N/A	$7,250,000	$3,502,635	48%	$3,747,365	8/2/2018 (COBAR)
7	Integrate Children's Mental Health Services Into Primary Care Settings (Grant RFP: CHOC Children's; Friends of Family Health Center)	7	12/4/2019	6/30/2024	$4,850,000	$1,733,223	36%	$3,116,777	Awarded on 8/1/19
8	Increase Access to Medication-Assisted Treatment (Grant RFP: Coalition of Orange County Community Health Center)	7	12/4/2019	6/30/2023	$6,000,000	$2,000,000	33%	$4,000,000	Awarded on 8/1/19
9	Master Electronic Health Record System	6	8/7/2020	N/A	$650,000	$63,858	10%	$586,142	Non-Grant Project
10	Homekey Program	6	TBD	N/A	$2,500,000	$0	0%	$2,500,000	11/5/2020 (COBAR)
11	Expand Access to Outpatient Children's Mental Health Services (Grant RFP: Children's Bureau of Southern California; Orange County Asian & Pacific Islander Community Alliances, Inc,; Boys & Girls Clubs of Garden Grove; Jamboree Housing Corporation)	7	TBD	6/30/2023	$661,010	$0	0%	$661,010	Awarded on 8/1/19
SUBTOTAL					$30,200,000	$13,331,303	44%	$16,868,697	
GRAND TOTAL					**$76,798,825**	**$58,465,961**	76%	**$18,332,864**	

Back to Agenda

IGT Project Update as of December 2020 (Cont'd)

IGTs 8-9: Funds must be used for Medi-Cal covered services for the Medi-Cal population

#	IGT Projects	IGT	Budget	Comitted/ Spent Amount	Committed/ Spent Percent	Balance	Board Approval Date
IGT 8 (Funds Received: March 2019/April 2019)							
1	Homeless Health Initiative						
	CalOptima Days & QI Program	8	$1,231,087	$906,031	**74%**	$325,056	8/1/2019
	FQHC Mobile Unit Staff	8	$270,000	$95,538	**35%**	$174,462	8/1/2019
	Homless Coordination at Hospitals	8	$10,000,000	$3,000,000	**30%**	$7,000,000	4/4/2019
	Homeless Response Team	8	$6,000,000	$853,096	**14%**	$5,146,904	4/4/2019
	FQHC Mobile Unit Claims (08/2019-03/2020)	8	$300,000	$0	**0%**	$300,000	8/1/2019
	HCAP Expansion for Telehealth and CFT On Call Days	8	$1,000,000	$0	**0%**	$1,000,000	4/16/2020
	New initiatives	8	$23,962,104	$0	**0%**	$23,962,104	TBD
SUBTOTAL			$42,763,191	$4,854,665	**11%**	$37,908,526	
IGT 9 (Funds Received: April 2020)							
1	Whole Child Model (WCM) Program	9	$30,030,950	$29,043,292	**97%**	$987,658	4/2/2020
2	OC COVID-19 Skilled Nursing Facility Prevention Program	9	$629,723	$446,531	**71%**	$183,192	5/7/2020
3	Post-Acute Infection Prevention (PIPQI)	9	$3,400,000	$421,588	**12%**	$2,978,412	4/2/2020
4	Text Messaging Solutions for Members	9	$3,900,000	$439,542	**11%**	$3,460,458	5/7/2020
5	24/7 Virtual Urgent Care Services After Hours Initiative	9	$2,000,000	$0	**0%**	$2,000,000	10/1/2020
6	Hospital Data Exchange Incentive	9	$2,000,000	$0	**0%**	$2,000,000	4/2/2020
SUBTOTAL			$41,960,673	$30,350,953	**72%**	$11,609,720	
GRAND TOTAL			**$84,723,864**	**$35,205,618**	**42%**	**$49,518,246**	

Source: IGT Project Report provided by the Strategic Development Department.

Board of Directors' Finance and Audit Committee Meeting
February 18, 2021

Shared Risk Pool Performance Update

Medi-Cal: As of December 31, 2020, Medi-Cal has five (5) Shared Risk Groups (SRGs).

Effective Dates:

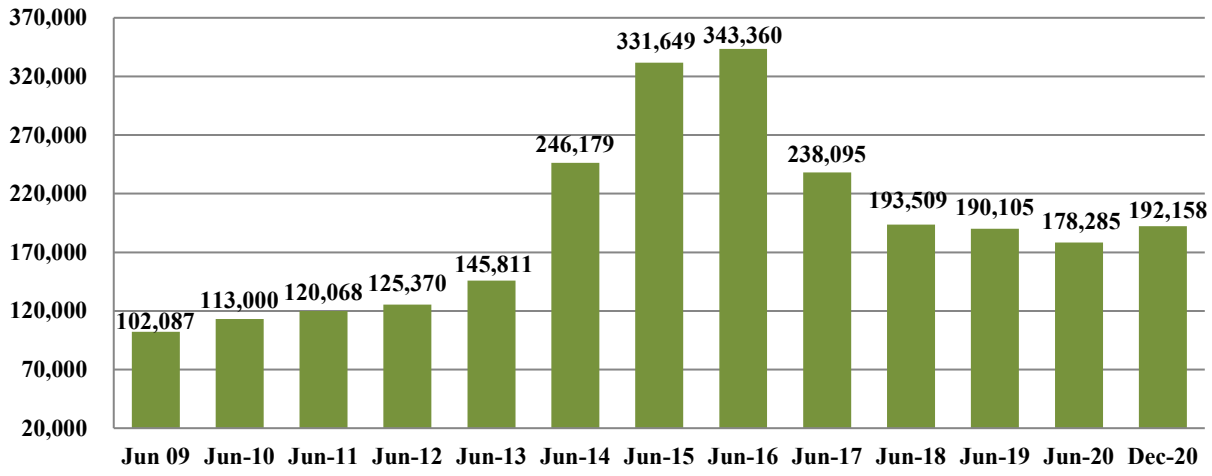
- Noble and Talbert – January 2008
- AltaMed – March 2014
- Prospect* – May 2007 to June 2017
- Arta and UCMG – July 2008
- Monarch* – July 2008 to January 2017

** Monarch became an HMO group in February 2017. Prospect became an HMO group in July 2017.*

Enrollment

SRGs are serving approximately 192,000 members. It represents about 24% of CalOptima's Medi-Cal enrollment.

Medi-Cal Shared Risk Groups (SRG) Enrollment



Pool Performance - (Medi-Cal Classic + Expansion)

Fiscal Year	Gross Deficit	Gross Surplus	CalOptima Share (40%)	Group Share (60%)	Number of SRGs Total	In Deficit	In Surplus
2007	$ (729,095)	$ -	$ (573,542)	$ (155,553)	1	1	0
2008	(534,826)	618,829	247,532	(163,529)	3	1	2
2009	(6,786,764)	623,088	(2,465,470)	(3,698,206)	6	3	3
2010	(5,890,543)	1,636,861	(1,701,473)	(2,552,209)	6	4	2
2011	(5,127,172)	5,042,040	(34,053)	(51,079)	6	3	3
2012	(1,688,610)	7,574,810	2,354,480	3,531,720	6	3	3
One-Time Revenue		17,233,958	12,917,452	4,316,506	6	3	3

Back to Agenda

Fiscal Year	Gross Deficit	Gross Surplus	CalOptima Share (40%)	Group Share (60%)	Number of SRGs Total	In Deficit	In Surplus
2013	(1,568,113)	10,019,190	3,372,857	5,078,220	6	1	5
2014	-	57,808,875	23,123,550	34,685,325	7	0	7
2015	-	358,004,843	143,201,937	214,802,906	7	0	7
2016	-	403,276,602	161,310,641	241,965,961	7	0	7
2017	-	296,584,737	118,633,895	177,950,842	7	0	7
2018	-	111,191,833	44,476,733	66,715,100	5	0	5
2019	-	98,270,682	39,308,273	58,962,409	5	0	5
2020	-	53,652,507	21,461,003	32,191,504	5	0	5
2021Q1	(1,121,920)	5,968,320	1,938,560	2,907,840	5	1	4
	$(23,447,043)	$ 1,427,507,175	$ 567,572,374	$ 836,487,758			

Note: IBNR is calculated based on the paid claims experience.

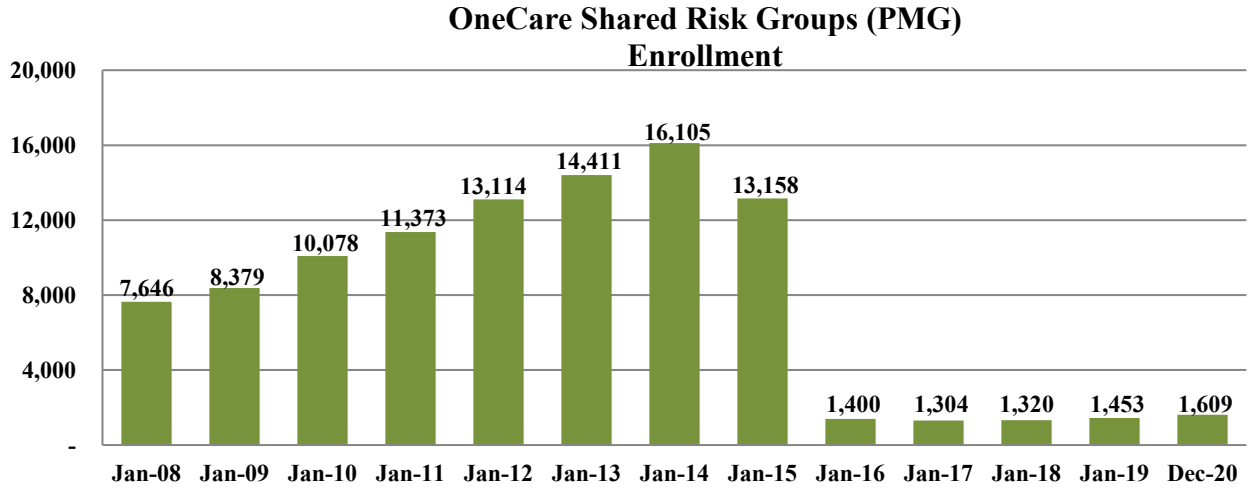
OneCare: As of December 31, 2020, OneCare has eight (8) Participating Medical Groups (PMGs).

Effective Dates:

- AMVI/Prospect – October 2005
- Talbert and Monarch – October 2005
- Noble – December 2012
- Family Choice – October 2005
- AltaMed – August 2008
- Arta and UCMG – January 2013

Enrollment

Overall enrollment decrease due to transitioning of members from OneCare to OneCare Connect in January 2016.



Pool Performance

Calendar Year	Gross Deficit	Gross Surplus	CalOptima Share (50%)	Group Share (50%)	Total	In Deficit	In Surplus
2005	$(14,225)	$163,580	$67,920	$81,435	4	1	3
2006	-	15,004,268	7,502,134	7,502,134	5	0	5

Back to Agenda

Calendar Year	Gross Deficit	Gross Surplus	CalOptima Share (50%)	Group Share (50%)	Total	In Deficit	In Surplus
2007	(21,936)	3,759,945	1,859,817	1,878,193	8	2	6
2008	(491,522)	3,919,765	1,591,331	1,836,913	8	2	6
2009	(313,648)	5,643,332	2,525,933	2,803,751	9	2	7
2010	(566,705)	4,769,324	1,892,617	2,310,002	8	3	5
2011	-	9,406,281	4,703,141	4,703,141	8	0	8
2012	(433,732)	7,325,076	3,305,088	3,586,257	11	2	9
2013	(1,949,544)	11,124,918	4,015,560	5,159,814	13	2	11
2014	(3,485,139)	10,050,507	1,962,394	4,602,974	13	3	10
2015	(154,268)	10,372,797	5,050,405	5,168,124	8	1	7
2016	(508,749)	379,472	(288,034)	158,757	8	3	5
2017	(310,790)	360,774	(110,282)	160,266	8	4	4
2018	(677,070)	904,199	(178,235)	405,364	8	3	5
2019	(387,446)	325,762	(189,341)	127,656	8	4	4
2020Q2	(44,535)	587,601	269,343	273,723	8	2	6
	$ (9,359,305)	$ 84,097,601	$ 33,979,791	$ 40,758,503			

Note: Group share deficit limited to $5.00 PMPM. Estimated RAPS recoupment excluded from the above data.

OneCare Connect: As of December 31, 2020, OneCare Connect has six (6) Shared Risk Groups (SRGs).

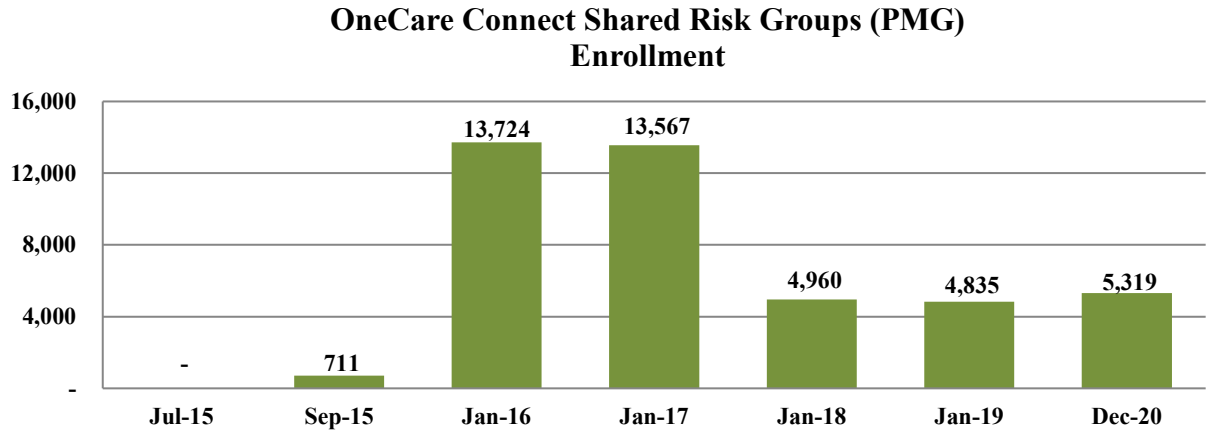
Effective Dates:

- Noble – July 2015
- UCMG – July 2015
- AltaMed – July 2015
- Monarch* – July 2015 to January 2017
- FCMG – January 2016
- Talbert – January 2016
- Arta Western – January 2016
- Prospect* – July 2015 to June 2017

** Monarch became an HMO group in February 2017. Prospect became an HMO group in July 2017.*

Enrollment

SRGs are serving approximately 5,300 members. It represents about 36% of CalOptima's OneCare Connect enrollment.



Back to Agenda

Pool Performance

Calendar Year	Gross Deficit	Gross Surplus	CalOptima Share (50%)	Group Share (50%)	Total	In Deficit	In Surplus
2015	(261,199)	224,558	(121,755)	85,114	5	2	3
2016	(761,826)	20,200,150	9,372,994	10,065,330	8	1	7
2017	(1,020,988)	8,976,815	3,592,320	4,363,508	8	2	6
2018	-	9,926,822	4,963,411	4,963,411	6	0	6
2019	(125,349)	6,939,443	3,378,423	3,435,672	6	1	5
2020Q3	-	9,266,943	4,633,471	4,633,471	6	0	6
	$ (2,169,362)	$ 55,534,731	$ 25,818,864	$ 27,546,505			

Note: Group share deficit limited to $5.00 PMPM. QI withhold reimbursement and estimated RAPS recoupment excluded from the above data.

Back to Agenda

A Public Agency

CalOptima

Better. Together.

Financial Summary - Whole Child Model

December 2020

Finance and Audit Committee

February 18, 2021

Nancy Huang

Chief Financial Officer

Back to Agenda

Whole Child Model Enrollment: FY 2020-21

December 2020 MTD

WCM enrollment was 11,487 members

- Actual lower than budget 445 or 3.7%

December 2020 YTD

WCM enrollment was 68,389 members

- Actual lower than budget 3,202 or 4.5%

Back to Agenda

CalOptima A Public Agency

Whole Child Model Revenue: FY 2020-21

December 2020 MTD

WCM revenue was $22.2 million

- Actual lower than budget $1.4 million or 5.9%
  - Unfavorable volume related variance of $0.9 million
  - Unfavorable price related variance of $0.5 million

December 2020 YTD

WCM revenue was $133.7 million

- Actual lower than budget $8.2 million or 5.8%
  - Unfavorable volume related variance of $6.3 million
  - Unfavorable price related variance of $1.8 million

Back to Agenda

CalOptima
A Public Agency

Whole Child Model Medical Expenses: FY 2020-21

December 2020 MTD

WCM expenses were $22.6 million

- Actual lower than budget $1.3 million or 5.6%
  - Favorable volume related variance of $0.9 million
  - Favorable price related variance of $0.4 million
    - Facilities Claims expense favorable variance of $3.4 million
    - Professional Claims expense favorable variance of $1.2 million
    - Offset by:
      - Provider Capitation expense unfavorable variance of $3.1 million
      - Prescription Drugs expense unfavorable variance of $0.6 million
      - MLTSS expense unfavorable variance of $0.5 million

Back to Agenda

CalOptima A Public Agency

Whole Child Model Medical Expenses: FY 2020-21 (cont.)

December 2020 YTD

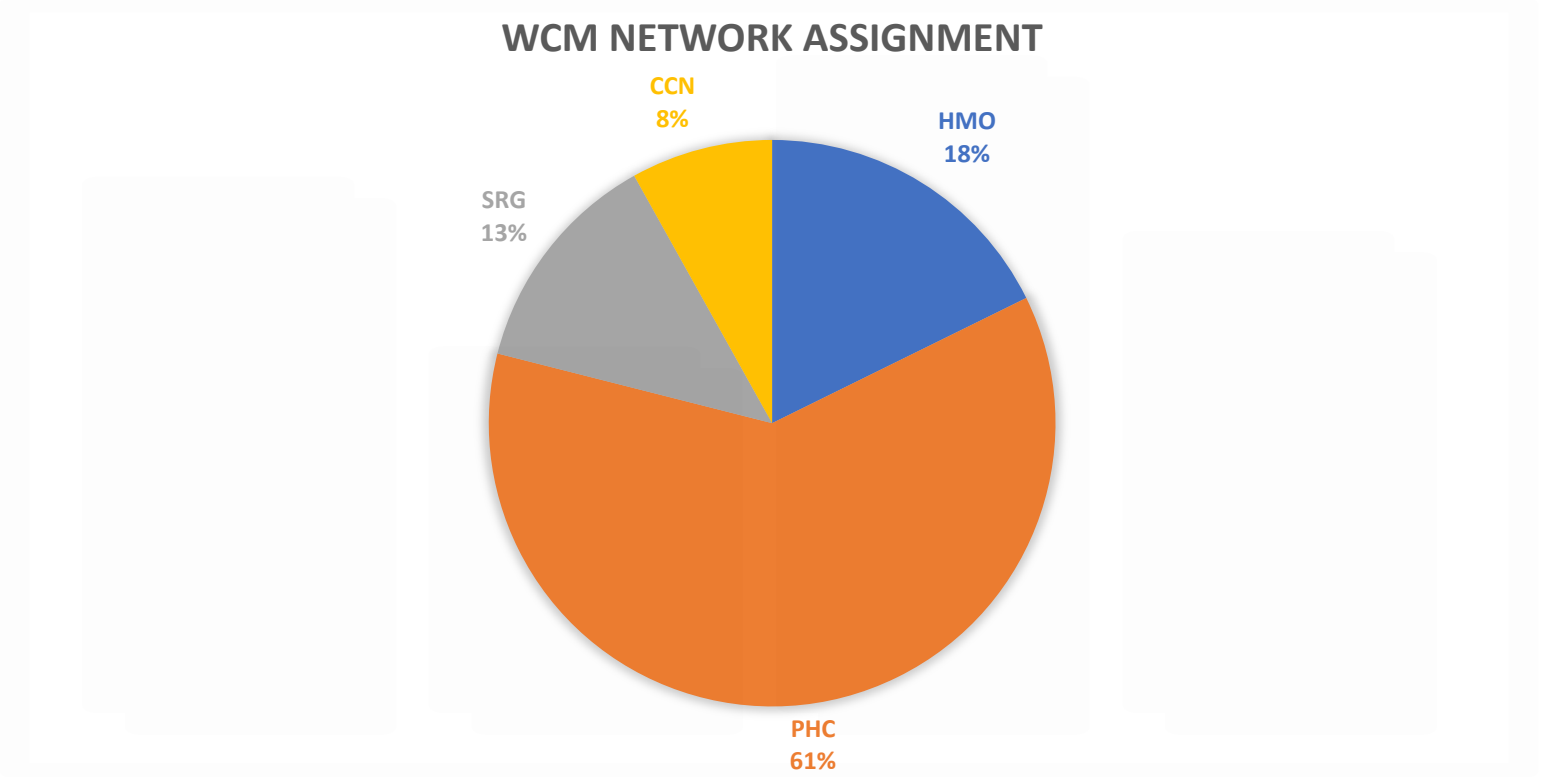
WCM expenses were $134.4 million

- Actual lower than budget $8.4 million or 5.9%
  - Favorable volume related variance of $6.4 million
  - Favorable price related variance of $2.0 million
    - Facilities Claims expense favorable variance of $16.8 million
    - Professional Claims expense favorable variance of $7.6 million
    - Prescription Drugs expense favorable variance of $2.8 million
    - Offset by:
      - Provider Capitation unfavorable variance of $20.3 million
      - MLTSS expense unfavorable variance of $5.1 million

Back to Agenda

CalOptima A Public Agency

Enrollment Distribution: FY 2020-21

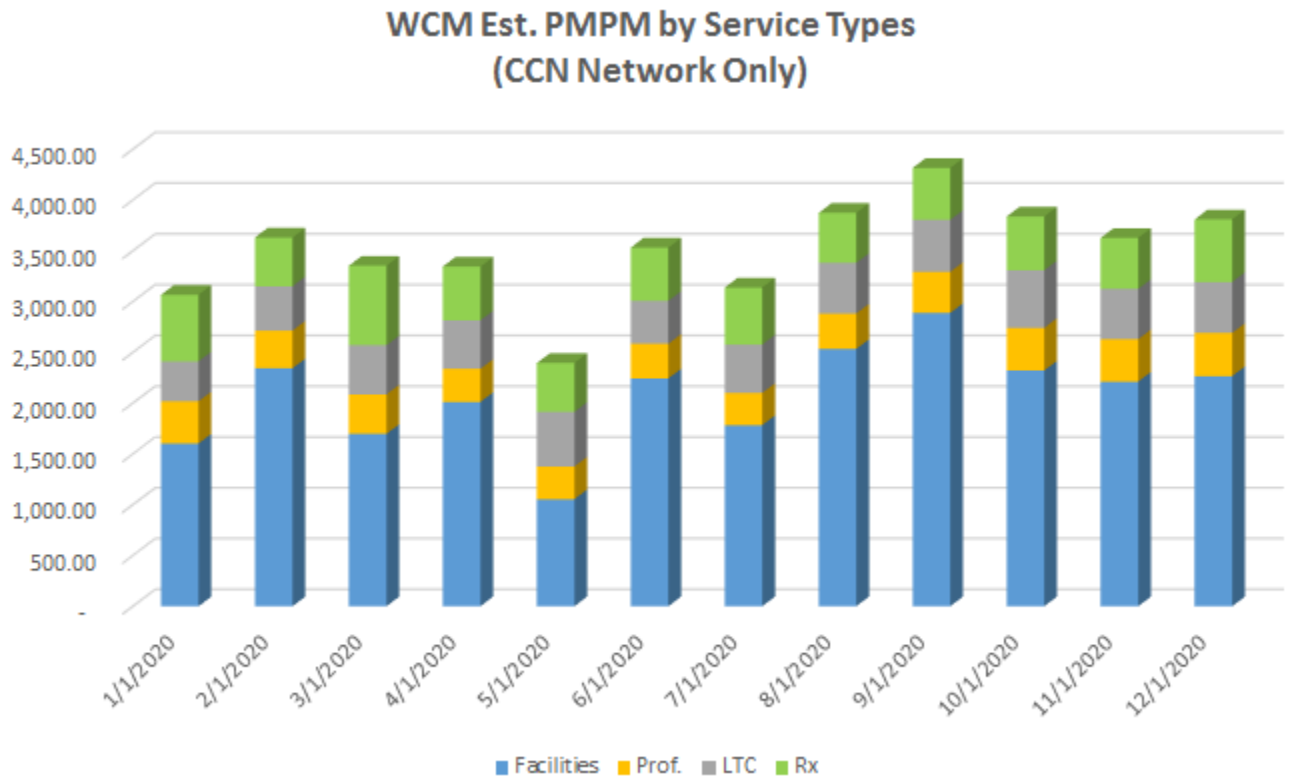


Note: % calculated based on YTD MM average

Back to Agenda

CalOptima
A Public Agency

WCM Monthly Expenditures by Service Types: December 2020



Note: Estimated PMPM for last 12 months are based on CCN network experience and includes IBNR

Back to Agenda

CalOptima
A Public Agency

Whole Child Model Financial Highlights: December 2020

Month					Year to Date			
Actual	Budget	$ Variance	% Variance		Actual	Budget	$ Variance	% Variance
11,487	**11,932**	**(445)**	**(3.7%)**	**Member Months**	**68,389**	**71,591**	**(3,202)**	**(4.5%)**
				Revenues				
22,243,668	23,647,968	(1,404,300)	(5.9%)	Capitation Revenue	133,715,208	141,887,814	(8,172,606)	(5.8%)
22,243,668	**23,647,968**	**(1,404,300)**	**(5.9%)**	**Total Operating Revenue**	**133,715,208**	**141,887,814**	**(8,172,606)**	**(5.8%)**
				Medical Expenses				
11,181,839	8,389,009	(2,792,830)	(33.3%)	Provider Capitation	69,592,079	51,619,548	(17,972,531)	(34.8%)
2,099,741	5,763,740	3,663,999	63.6%	Facilities Claims	15,556,227	33,821,058	18,264,831	54.0%
1,149,541	2,426,615	1,277,074	52.6%	Professional Claims	6,106,468	14,382,726	8,276,258	57.5%
1,596,007	1,120,890	(475,117)	(42.4%)	MLTSS	11,213,453	6,446,536	(4,766,917)	(73.9%)
6,254,404	5,881,700	(372,704)	(6.3%)	Prescription Drugs	30,108,538	34,466,290	4,357,752	12.6%
308,632	354,553	45,921	13.0%	Medical Management	1,774,567	2,106,996	332,429	15.8%
11,102	-	(11,102)	0.0%	Reinsurance & Other	74,579	-	(74,579)	0.0%
22,601,267	**23,936,507**	**1,335,240**	**5.6%**	**Total Medical Expenses**	**134,425,911**	**142,843,154**	**8,417,243**	**5.9%**
(357,599)	**(288,539)**	**(69,060)**	**(23.9%)**	**Gross Margin**	**(710,703)**	**(955,340)**	**244,637**	**25.6%**
820,609	**872,417**	**51,807**	**5.9%**	**Administrative Expenses***	**4,930,484**	**5,231,833**	**301,349**	**5.8%**
(1,178,208)	**(1,160,956)**	**(17,252)**	**(1.5%)**	**Change in Net Assets**	**(5,641,187)**	**(6,187,173)**	**545,986**	**8.8%**
101.6%	***101.2%***	***(0.4%)***	***(0.4%)***	***Medical Loss Ratio***	***100.5%***	***100.7%***	***0.1%***	***0.1%***
3.7%	***3.7%***	***0.0%***	***0.0%***	***Admin Loss Ratio***	***3.7%***	***3.7%***	***(0.0%)***	***(0.0%)***

*Note: Administrative Expenses presented are based on budgeted percentages

Back to Agenda

CalOptima
A Public Agency

Our Mission

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

Back to Agenda

CalOptima
A Public Agency

A Public Agency

CalOptima

Better. Together.

Financial Summary - Health Homes Program

December 2020

Finance and Audit Committee

February 18, 2021

Nancy Huang

Chief Financial Officer

Back to Agenda

Health Homes Program Background

- Health Homes Program (HHP)
  - Serves eligible Medi-Cal beneficiaries with complex medical needs and chronic conditions
  - Improves care coordination and program integration

- HHP Implementation
  - Phase I began January 1, 2020, for members with chronic conditions only
  - Phase II began July 1, 2020, for members with Serious Mental Illness (SMI), with or without chronic conditions

Back to Agenda

CalOptima
A Public Agency

FY 2020-21 HHP Enrollment:

December 2020 MTD

HHP enrollment was 490

- Actual lower than budget 2,989 or 85.9%

December 2020 YTD

HHP enrollment was 2,231

- Actual lower than budget 11,576 or 83.8%

Back to Agenda

CalOptima
A Public Agency

FY 2020-21 HHP Revenue:

December 2020 MTD

HHP revenue was $304.1 thousand

- Actual lower than budget $1.5 million or 83.3%
  - Unfavorable volume related variance of $1.6 million
  - Favorable price related variance of $47.5 thousand

December 2020 YTD

HHP revenue was $1.6 million

- Actual lower than budget $5.7 million or 78.6%
  - Unfavorable volume related variance of $6.1 million
  - Favorable price related variance of $382.2 thousand

Back to Agenda

CalOptima
A Public Agency

FY 2020-21 HHP Medical Expenses:

December 2020 MTD

HHP expenses were $197.4 thousand

- Actual lower than budget $1.6 million or 89.2%
  - Favorable volume related variance of $1.6 million
  - Favorable price related variance of $59.3 thousand

December 2020 YTD

HHP expenses were $1.3 million

- Actual lower than budget $6.0 million or 82.3%
  - Favorable volume related variance of $6.1 million
  - Unfavorable price related variance of $108.6 thousand

Back to Agenda

CalOptima
A Public Agency

Financial Highlights: December 2020

Month					Year to Date			
Actual	Budget	$ Variance	% Variance		Actual	Budget	$ Variance	% Variance
490	**3,479**	**(2,989)**	**(85.9%)**	**Member Months**	**2,231**	**13,807**	**(11,576)**	**(83.8%)**
				Revenues				
304,137	1,822,290	(1,518,153)	(83.3%)	Capitation Revenue	1,550,820	7,232,165	(5,681,345)	(78.6%)
304,137	**1,822,290**	**(1,518,153)**	**(83.3%)**	**Total Operating Revenue**	**1,550,820**	**7,232,165**	**(5,681,345)**	**(78.6%)**
				Medical Expenses				
76,842	1,023,188	946,347	92.5%	Provider Capitation	560,866	4,006,210	3,445,344	86.0%
12,360	-	(12,360)	0.0%	Professional Claims	67,240	-	(67,240)	0.0%
108,181	799,102	690,920	86.5%	Medical Management	649,088	3,225,955	2,576,866	79.9%
197,383	**1,822,290**	**1,624,907**	**89.2%**	**Total Medical Expenses**	**1,277,195**	**7,232,165**	**5,954,970**	**82.3%**
106,754	**-**	**106,754**	**100%**	**Gross Margin**	**273,625**	**-**	**273,625**	**100%**
64.9%	***100.0%***	***35.1%***	***35.1%***	***Medical Loss Ratio***	***82.4%***	***100.0%***	***17.6%***	***17.6%***

Back to Agenda

CalOptima
A Public Agency

Our Mission

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

Back to Agenda

CalOptima
A Public Agency

Board of Directors' Finance and Audit Committee Meeting
February 18, 2021

Quarterly Reinsurance Report

Summary of Reinsurance Payments Made by CalOptima to Contracted Medi-Cal Providers for Policy Years (PY) 2019, 2020, and 2021

Reinsurance is an after-the-fact payment mechanism CalOptima provides that is intended to mitigate the financial impact of catastrophic claims on participating providers. CalOptima's policy allows participating providers through December 31st following the policy year end (i.e., June 30) to submit all reinsurance claims. CalOptima issues payment to providers within forty-five (45) business days after the quarter's end.

The figures reported below reflect the estimated results for PY 2019, PY 2020, and PY 2021 as of December 31, 2020.

	PY 2019	PY 2020	PY 2021
YTD Budgeted Reinsurance Expense @ 12/31/20	$5,016,633	$12,740,978	$2,949,276
Reinsurance paid through 12/31/20	$(2,819,558)	$(2,184,570)	$(41,677)
Estimated Reinsurance Accrual @ 12/31/20	$(1,346,457)	$(2,188,089)	$(2,298,321)
Total Estimated Reinsurance Expense @ 12/31/20	$(4,166,015)	$(4,372,658)	$(2,339,998)
YTD Budgeted Savings/(Deficit) @ 12/31/20	$850,618	$8,368,320	$609,278

The total estimated liability at December 31, 2020, is $5.8 million.

The policy thresholds are $17,000 for Professional and $150,000 for Hospital, coinsurance level is at 20%.

Policy Years:
PY 2019 = Fiscal Year 2019 (July 1, 2018, through June 30, 2019)
PY 2020 = Fiscal Year 2020 (July 1, 2019, through June 30, 2020)
PY 2021 = Fiscal Year 2021 (July 1, 2020, through June 30, 2021)

Back to Agenda

Board of Directors' Finance and Audit Committee Meeting
February 18, 2021

Quarterly Health Network Financial Update

On a quarterly basis, CalOptima reviews the unaudited financial statements of the capitated Physician Groups, Hospitals and HMOs that comprise CalOptima's Health Networks. After internal review, CalOptima's financial staff makes a determination as to whether the capitated entity has the ability to assume the risk of a capitated contract.

CalOptima reviewed the unaudited financial statements for each Health Network entity for the period ending September 30, 2020.

Results of the September 30, 2020 Financial Review

	Physician Groups	Hospitals	HMOs
Total	8	3	4
Passed Review	8	3	4
Failed Review	0	0	0
On Notice	0	0	0
Did Not Submit Statements	0	0	0

Note 1: Physician Groups and Hospitals must pass the following tests:

a) Current Ratio - must be ≥ 1.0
b) Tangible Net Equity - must be ≥ 1.0
c) Cash to Claims Ratio - must be ≥ 0.75

Note 2: HMOs must pass the following test:

a) Tangible Net Equity - Greater of $1M, % of premium revenues, or % of healthcare expenses

Note 3: Financial Security Reserves:

a) Medi-Cal, OneCare, and OneCare Connect Total Current Balance = $18.3M

Back to Agenda

Contingency Contract Report

CalOptima Active Contingency Contracts	Q2 FY21	invoiced as of 1-21-21										
Quarterly & Annual Medical Cost Savings or Additional Revenue and Fees Paid												
	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21		
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Qtr 1	Qtr 2	Total
MEDICAL COST												
HMS - Coordination of Benefits i.e. ensure Medi-Cal is the payor of last resort - (expires 5/14/2023)												
Savings	$ 2,565,125	$ 2,346,048	$ 1,444,807	$ 3,336,995	$ 3,954,564	$ 4,067,881	$ 5,864,338	$ 4,863,112	$ 2,435,998	$ 709,570	$ 1,093,511	$ 1,803,081
Fee	$ 641,281	$ 586,762	$ 361,202	$ 794,557	$ 909,550	$ 935,613	$ 1,348,798	$ 1,118,516	$ 560,280	$ 169,144	$ 245,565	$ 414,709
Net Savings	$ 1,923,843	$ 1,759,286	$ 1,083,605	$ 2,542,438	$ 3,045,014	$ 3,132,268	$ 4,515,540	$ 3,744,596	$ 1,875,718	$ 540,426	$ 847,946	$ 1,388,372
Cotiviti (Verscend/Verisk/HCI) - Claims review for appropriate billing - (expires 10/07/2021)												
Savings	$ 2,517,497	$ 2,817,113	$ 2,647,841	$ 3,562,859	$ 3,524,096	$ 2,690,597	$ 2,571,045	$ 4,482,782	$ 8,804,673	$ 1,813,984	$ 2,466,019	$ 4,280,004
Fee	$ 559,136	$ 595,632	$ 727,333	$ 1,371,137	$ 638,601	$ 393,455	$ 580,345	$ 932,051	$ 1,695,000	$ 353,727	$ 480,874	$ 834,601
Net Savings	$ 1,958,361	$ 2,221,482	$ 1,920,508	$ 2,191,722	$ 2,885,495	$ 2,297,143	$ 1,990,700	$ 3,550,731	$ 7,109,674	$ 1,460,257	$ 1,985,146	$ 3,445,403
Socrates - Third party liability - (termed 12/31/2020)												
Savings	244,770	53,141	$ 3,108	N/A	$ 219,258	N/A	N/A	N/A	$ 18,864	$ 4,758	$ 14,872	$ 19,630
Fee	61,223	13,285	$ 777	N/A	$ 54,815	N/A	N/A	N/A	$ 4,716	$ 1,189	$ 3,718	$ 4,907
Net Savings	183,548	39,856	2,331		164,443				$ 14,148	$ 3,568	$ 11,154	$ 14,722
Varis - Facility claims forensic review - (expires 9/25/2021)												
Savings	-	-	-	-	-	-	-	$ 3,057,075	$ 3,929,330	$ 488,819	$ 525,318	$ 1,014,137
Fee	-	-	-	-	-	-	-	$ 764,269	$ 982,332	$ 122,205	$ 131,329	$ 253,534
Net Savings	-	-	-	-	-	-	-	$ 2,292,806	$ 2,946,997	$ 366,614	$ 393,988	$ 760,603
OptumInsight - Credit balance recovery - (expires 12/31/2021)												
Savings	$ 76,715	$ 26,203	$ 30,246	N/A	$ 44,834	$ 404,824	$ 154,308	$ 416,557	$ 125,155	$ 78,846	$ 86,270	$ 165,116
Fee	$ 9,206	$ 3,144	$ 3,630	N/A	$ 5,380	$ 48,579	$ 18,517	$ 49,987	$ 15,019	$ 9,462	$ 10,352	$ 19,814
Net Savings	$ 67,509	$ 23,059	$ 26,616		$ 39,454	$ 356,245	$ 135,791	$ 366,570	$ 110,136	$ 69,384	$ 75,918	$ 145,302
TOTAL												
Savings	$ 6,522,317	$ 8,705,661	$ 7,850,202	$ 23,438,635	$ 11,249,969	$ 11,232,038	$ 9,823,995	$ 12,819,526	$ 15,314,020	$ 3,095,977	$ 4,185,990	$ 7,281,967
Fee	$ 1,618,527	$ 2,240,427	$ 2,210,357	$ 4,173,694	$ 2,345,328	$ 2,518,002	$ 2,256,236	$ 2,864,823	$ 3,257,346	$ 655,726	$ 871,838	$ 1,527,565
Net Savings	$ 4,903,791	$ 6,465,234	$ 5,639,844	$ 19,264,941	$ 8,904,640	$ 8,714,036	$ 7,567,760	$ 9,954,704	$ 12,056,674	$ 2,440,250	$ 3,314,152	$ 5,754,402
REVENUE												
Human Arc - SSI Outreach & Aid Code Conversion - (expires 6/30/2021)												
Capitation Rev	$ 1,723,235	$ 4,526,183	$ 5,231,987	$ 6,539,353	$ 7,782,145	$ 9,281,708	$ 11,188,354	$ 12,961,036	$ 15,343,180	$ 4,222,015	$ 4,330,733	$ 8,552,748
Fee	$ 501,700	$ 345,100	$ 285,650	$ 232,092	$ 301,556	$ 360,018	$ 350,084	$ 513,800	$ 567,000	$ 105,000	$ 99,400	$ 204,400
Total Net Revenue	$ 1,221,535	$ 4,181,083	$ 4,946,337	$ 6,307,261	$ 7,480,589	$ 8,921,690	$ 10,838,270	$ 12,447,236	$ 14,776,180	$ 4,117,015	$ 4,231,333	$ 8,348,348

Back to Agenda

CalOptima
A Public Agency