OneCare Connect

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

THURSDAY, OCTOBER 28, 2021
3:00 P.M.

CALOPTIMA
505 CITY PARKWAY WEST, SUITE 107-N
ORANGE, CALIFORNIA 92868

AGENDA

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

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

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

1) **Listen to the live audio at +1 (631) 992-3221 - Access Code: 629-643-380 or**
2) **Participate via Webinar at:**
   https://attendee.gotowebinar.com/register/5398624501062906128
   rather than attending in person. Webinar instructions are provided below.

I.   CALL TO ORDER
       Pledge of Allegiance

II.   ESTABLISH QUORUM

III.   **APPROVE MINUTES**
   A.   Approve Minutes of the August 26, 2021 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee

IV.   **PUBLIC COMMENT**
   At this time, members of the public may address the OneCare Connect Member Advisory committee on matters not appearing on the agenda, but within the subject matter jurisdiction of the Committee. Speakers will be limited to three (3) minutes.

V.   **CEO AND MANAGEMENT REPORTS**
   A.   Chief Executive Officer Report
   B.   Chief Medical Officer Report

VI.   **INFORMATION ITEMS**
   A.   OneCare Connect Member Advisory Committee Updates
   B.   Cultural and Linguistics Update
   C.   Homeless Health and Seniors Update
   D.   Utilization Management Update
   E.   Ombudsman Update
   F.   2022 OneCare Connect Member Benefits Update

VII.   **COMMITTEE MEMBER COMMENTS**

VIII.   **ADJOURNMENT**

WEBINAR INFORMATION

1. **Please register for the OneCare Connect Member Advisory Committee Meeting on October 28, 2021 3:00 p.m. (PDT) at:**

   https://attendee.gotowebinar.com/register/5398624501062906128

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 (631) 992-3221**
   Access Code: **629-643-380**
   Audio PIN: Shown after joining the webinar

MINUTES

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

August 26, 2021

A Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC) was held on June 24, 2021, 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 requirements of the Brown Act.

CALL TO ORDER

Chair Patty Mouton called the meeting to order at 3:01 p.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Patty Mouton, Chair; Keiko Gamez, Vice Chair; Meredith Chillemi; Gio Corzo; Josefina Diaz; Sandra Finestone; Sara Lee; Donald Stukes

Members Absent: Eleni Hailemariam, M.D. (non-voting)

Others Present: Ladan Khamseh, Chief Operating Officer; Emily Fonda, M.D. Chief Medical Officer; Tracy Hitzeman, Executive Director Clinical Operations; Albert Cardenas, Director, Customer Service; Debra Kegel, Director, Strategic Development; Tiffany Kaaiakamanu, Manager, Community Relations; Jackie Marks, Manager, Government Affairs; Cheryl Simmons, Staff to the Advisory Committees; Jorge Dominguez, Lead Customer Service Representative, Customer Service.

MINUTES

Approve the Minutes of the June 24, 2021 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC)

> *Action:*   ***On motion of Member Meredith Chillemi, seconded and carried, the Committee approved the minutes of the June 24, 2021 meeting by a roll call vote. (Motion carried 8-0-0)***

PUBLIC COMMENT

There were no requests for public comment

Chief Operating Officer Report

Ladan Khamseh, Chief Operating Officer shared that, in an effort to improve provider communications, CalOptima transitioned over 8,600 (90% of the CalOptima Community Network (CCN) providers) from fax-based provider alerts, updates and newsletters to electronic mail. This functionality gives providers instant access to links, websites and other documents which could not be achieved with blast-faxes. She also noted that the next steps will include gathering email addresses from health networks' exclusive providers who do not currently participate with CCN. Ms. Khamseh also provided an update on the Centers for Medicare & Medicaid Services (CMS) audit of CalOptima's OneCare and OneCare Connect programs that had just been completed.

Chief Medical Officer Report

Emily Fonda, M.D., Chief Medical Officer, provided a COVID-19 update provided a comprehensive COVID-19 update and updated the WCM FAC on the current vaccine status in Orange County and distribution of the vaccine gift cards for CalOptima members. Dr. Fonda also updated the committee on the Delta Variant of COVID that has been spreading, primarily among unvaccinated individuals and answered questions on how CalOptima has been successful with vaccinations to children and young adults with special needs.

INFORMATION ITEMS

OCC MAC Member Updates

Chair Patty Mouton notified the Committee that that they would be receiving an email providing information on how to access the yearly compliance courses. These courses will be due in early November.

Intergovernmental Transfer Funds (IGT) 10 Update

Debra Kegel, Director, Strategic Development, presented an update on Intergovernmental Transfers Funds (IGT) 10 funding. Ms. Kegel noted that CalOptima expects to receive approximately $45.1M in IGT 10 funds for 2021 and reviewed with the committee possible funding options available.

Federal and State Legislative Update

Jackie Mark, Manager, Government Affairs presented the state's budget for the next fiscal year which includes $123 billion dollars for the Medi-Cal Budget which equates to an increase of seven percent for overall spending in the Medi-Cal program. She noted that Medi-Cal enrollment is expected to reach 14.5 million beneficiaries by 2022. Ms. Mark also explained that several of the initiatives included behavioral health for youth, CalAIM, and Medi-Cal eligibility expansion. Ms. Mark provided an update on several legislative items of interest to the committee and referred the committee to the handout that they had received in their meeting materials including the CalOptima's overview of the enacted state budget.

Community Relations Update

Tiffany Kaaiakamanu, Manager, Community Relations presented on efforts from the community relations team to strengthen the relationship with the community, community organizations and CalOptima. Ms. Kaaiakamanu introduced her team of community outreach specialists and presented a slide with information on community events prior to the covid pandemic and virtual events. Ms. Kaaiakamanu explained community outreach efforts to educate members on public assistance programs through expanded outreach to community partners, collaboratives, shelters via branded CalOptima materials. Ms. Kaaiakamanu presented new initiatives in response to COVID-19 through vaccine clinics and back-to-school resource fairs.

ADJOURNMENT

Chair Mouton reminded the members that the next regular OCC MAC meeting is scheduled for October 28, 2021 at 3:00 p.m.

Hearing no further business, the meeting adjourned at 4:11 p.m.

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

Approved: October 28, 2021

MEMORANDUM

DATE:	September 29, 2021
TO:	CalOptima Board of Directors
FROM:	Richard Sanchez, Chief Executive Officer
SUBJECT:	CEO Report — October 7, 2021, Board of Directors Meeting
COPY:	Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee; and Whole-Child Model Family Advisory Committee

a. National Committee of Quality Assurance (NCQA) Rates CalOptima Among Top Plans

On September 15, the NCQA released its Medicaid health plan ratings for the first time since the beginning of the pandemic. CalOptima was named one of the top-rated Medi-Cal health plans in California — for the seventh year in a row — receiving a rating of 4 out of 5 for services delivered in 2020. Only 16 Medicaid plans of the 185 reviewed nationwide scored higher, and no other Medi-Cal plan in California earned higher than 4 out of 5. Thank you to your Board for the guidance that supports CalOptima's consistently outstanding quality performance. The agency has shared the great news with employees, providers, stakeholders and the public.

b. Medical Audit of CalOptima Medi-Cal Planned for January

CalOptima received notice that the Department of Health Care Services (DHCS) will conduct a medical audit of the Medi-Cal plan virtually January 24–February 4, 2022. Staff expects the formal audit document request on October 8. It is estimated that the review period will be from February 1, 2020–December 31, 2021. Preparations are already underway, and a COBAR at the October Board meeting will recommend engaging a consulting firm for audit support.

c. California Advancing and Innovating Medi-Cal (CalAIM) Stakeholder Meeting Welcomes Input in Preparation for Launch in 2022

On September 22, 44 participants attended CalOptima's CalAIM event for stakeholders, including health networks, Whole Person Care providers, Orange County Health Care Agency, OC Housing, hospital representatives and community-based organizations. The event included an overview presentation by CalOptima staff and breakout sessions to review the proposed workflows for the two new benefits: Enhanced Care Management and Community Supports (formerly known as In Lieu of Services). The general themes from each session were:

- Having a common system to coordinate members care and share data
- Making enhancements to the referral forms and authorization timing and process
- Training providers on the new workflows
- Collaborating to avoid duplication of services
- Exploring future community support services

Attendees expressed that the event was productive and agreed to meet on a regular basis to continue collaborating on transition readiness and beyond. CalOptima's Program Implementation team will schedule a series of meetings and lead those future discussions.

d. CalOptima Making Progress on Vaccination Efforts, Joins State Incentive Program

CalOptima enters the fall season with increasing rates of vaccinated members and will be working to grow the number even more through the state incentive program. Below are updates in several areas of pandemic response:

- *Vaccination Rates:* As of September 28, CalOptima has 409,008 vaccinated members, which is 62% of members age 16 and older and 61% of members age 12 and older.
- *DHCS Vaccine Incentive Program (VIP):* On September 9, DHCS approved CalOptima's proposed VIP plan, and staff has begun working on implementation. To that end, your October Board meeting will include a COBAR requesting budget support for the upfront costs to implement the VIP, with state incentive dollars to be awarded at a later date after CalOptima meets milestones.
- *Member Texting Program:* CalOptima's successful member texting program has received recognition by fellow health plans and was discussed as a best practice during a "Reimagining Health Engagement" conference presented by mPulse, the texting vendor. CalOptima Director of Population Health Management Pshyra Jones spoke on September 30 about the contribution of the texting program to CalOptima's high member vaccination rates.
- *Booster Vaccine:* On September 22, the U.S. Food and Drug Administration authorized a Pfizer-BioNTech COVID-19 single booster dose for those over the age of 65 and high-risk individuals. CalOptima is working on a plan to reach eligible members with information about obtaining a booster shot.

e. CalFresh Collaboration Moves Forward With Data Sharing Approval

As part of efforts to address Social Determinants of Health, CalOptima has been meeting regularly with the Orange County Social Services Agency (SSA) to discuss CalOptima member enrollment in CalFresh. During a September 20 meeting, SSA staff were pleased to announce that DHCS recently approved SSA's request to share data with CalOptima regarding members likely eligible for but not yet enrolled in CalFresh. SSA is finalizing household and member-specific data that CalOptima staff will use to develop a targeted engagement strategy. In addition, SSA will be providing two in-service presentations about CalFresh in the next few months that will be open to CalOptima staff and community stakeholders.

f. Federally Qualified Health Centers (FQHCs) Legislation Blocked

On June 3, your Board approved CalOptima's formal support of Senate Bill (SB) 316, which would have allowed FQHCs to be reimbursed for two separate visits providing physical health and behavioral health services to the same person on the same day. DHCS announced its opposition to the bill on August 12, citing significant cost increases, current reimbursement options, and its ongoing efforts to establish an alternative payment methodology for FQHCs. This resulted in the bill's inability to pass the State Assembly before the end of the 2021 legislation session. Staff will continue to monitor SB 316 in the event it is amended and reconsidered in 2022.

g. CalOptima Promotes National Program of All-Inclusive Care for the Elderly (PACE) Month in September

CalOptima PACE celebrated National PACE Awareness Month throughout September, offering tours to elected officials and posting special website and social media content. California Assemblywoman Cottie Petrie-Norris and Alexander Kim, her district director, toured

CalOptima PACE and met with me, PACE Director Monica Macias and Government Affairs Manager Jackie Mark. Ms. Macias provided an update about PACE operations during the pandemic, including the extensive telehealth services that have been deployed for participants. Assemblywoman Sharon Quirk-Silva joined CalOptima's Go Purple for PACE campaign on her social media sites, posting a picture of herself wearing purple and sharing a supportive statement about CalOptima PACE. Additionally, CalOptima PACE will be celebrating its eighth anniversary on October 1 with a drive-thru celebration and resource fair for participants.

h. CalOptima Community Alliances Forum (CAF) Focuses on Health Equity
More than 120 guests attended the virtual CAF on September 14, which focused on countywide efforts to address health equity. Speakers included Marie Jeannis, CalOptima Executive Director, Quality & Population Health Management; Hieu Nguyen, Director of Population Health & Equity, Orange County Health Care Agency; José Pérez, Community Services Superintendent, City of Anaheim; and Larry Wanger, Executive Director, The Dayle McIntosh Center. Ms. Jeannis highlighted CalOptima's latest health equity-related activities, including:
- Improving COVID-19 vaccine access for homebound members
- Coordinating WIC and diaper bank services for Bright Steps participants
- Collaborating with SSA to improve CalFresh benefits awareness
- Improving access to mammography for Korean and Chinese members
- Developing a produce delivery service for members with poorly controlled diabetes

i. CalOptima Joins Social Determinants of Health (SDOH) Learning Collaborative
Starting this fall, CalOptima is part of a 20-week SDOH learning collaborative hosted by the Association for Community Affiliated Plans. CalOptima staff from Customer Service, Population Health Management and Strategic Development are participating. The collaborative will provide opportunities to engage with experts and member plans about best practices and lessons learned.

j. Student Behavioral Health (BH) Incentive Program Workgroup Formed
CalOptima's BH Integration department is participating in a Student BH Incentive Program Workgroup facilitated by DHCS. With input from managed care plans, schools and county BH representatives, this new workgroup will meet throughout the fall to support development of the BH Incentive Program design. To boost local collaboration, CalOptima BH staff met last month with the Orange County Department of Education (OCDE) to discuss the incentive program. Further, staff are analyzing data to identify CalOptima membership among school districts and plans to share that information with OCDE.

k. Media Coverage Highlights CalOptima Efforts in CalAIM, Homeless Health
CalOptima was mentioned and quoted in two recent articles covering CalAIM and homeless health. On September 7, a Kaiser Health News reporter published an article that addressed CalAIM policy and implementation. The piece featured interviews and information from Medi-Cal managed care plans from across the state. Read the piece in California Healthline or the Los Angeles Times. On September 17, the Orange County Register ran an article about a new provider and new legislation in the homeless services area. Positive data from CalOptima's Homeless Response Team and Clinical Field Teams was shared, showing improvements in ER visits, hospitalization, specialty visits and primary care for members experiencing homelessness.

COVID-19 Update

OneCare Connect Member Advisory Committee
October 28, 2021

Emily Fonda MD MMM CHCQM
Chief Medical Officer

Latest Data as of 10/15/21

Membership and COVID-19 Case

- CalOptima has **861,823** members (**678,952** age 12 and older)
- **5.4%** members tested positive for COVID-19 (0.2% expired)

COVID-19 Vaccination

- **417,466** members are vaccinated
- **385,619** members are eligible for incentives
- **63%** members 16 years and older received at least one dose of vaccine
- **61%** members 12 years and older received at least one dose of vaccine

Vaccine Incentives

- More than **246,667** gift cards processed for general members
- **1,649** gift cards distributed to members experiencing homelessness

Covid Case Source: CalOptima Claims & Encounters
Vaccine Source: CalOptima Claims & Encounters, CAIR2, CAIRs, CMS, DHCS, HN Submissions

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Latest Data as of 10/15/21 (cont.)

Whole-Child Model
- Vaccination rate: **~59%**

Age 65 and Older
Overall vaccination rate**: ~77%**
- LTC members vaccination rate: **~99%**
- PACE participants vaccination rate: **~99%**

By Cities
- Vaccination rates highest in Irvine, Garden Grove and Westminster: **~67-73%**

By Ethnicity
- Highest: Asian population **79%** vaccinated
- Lowest: Black population **45%** vaccinated

Covid Case Source: CalOptima Claims & Encounters
Vaccine Source: CalOptima Claims & Encounters, CAIR2, CAIRs, CMS, DHCS, HN Submissions

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Vaccination Rate Comparison*

Vaccination Rate Comparison
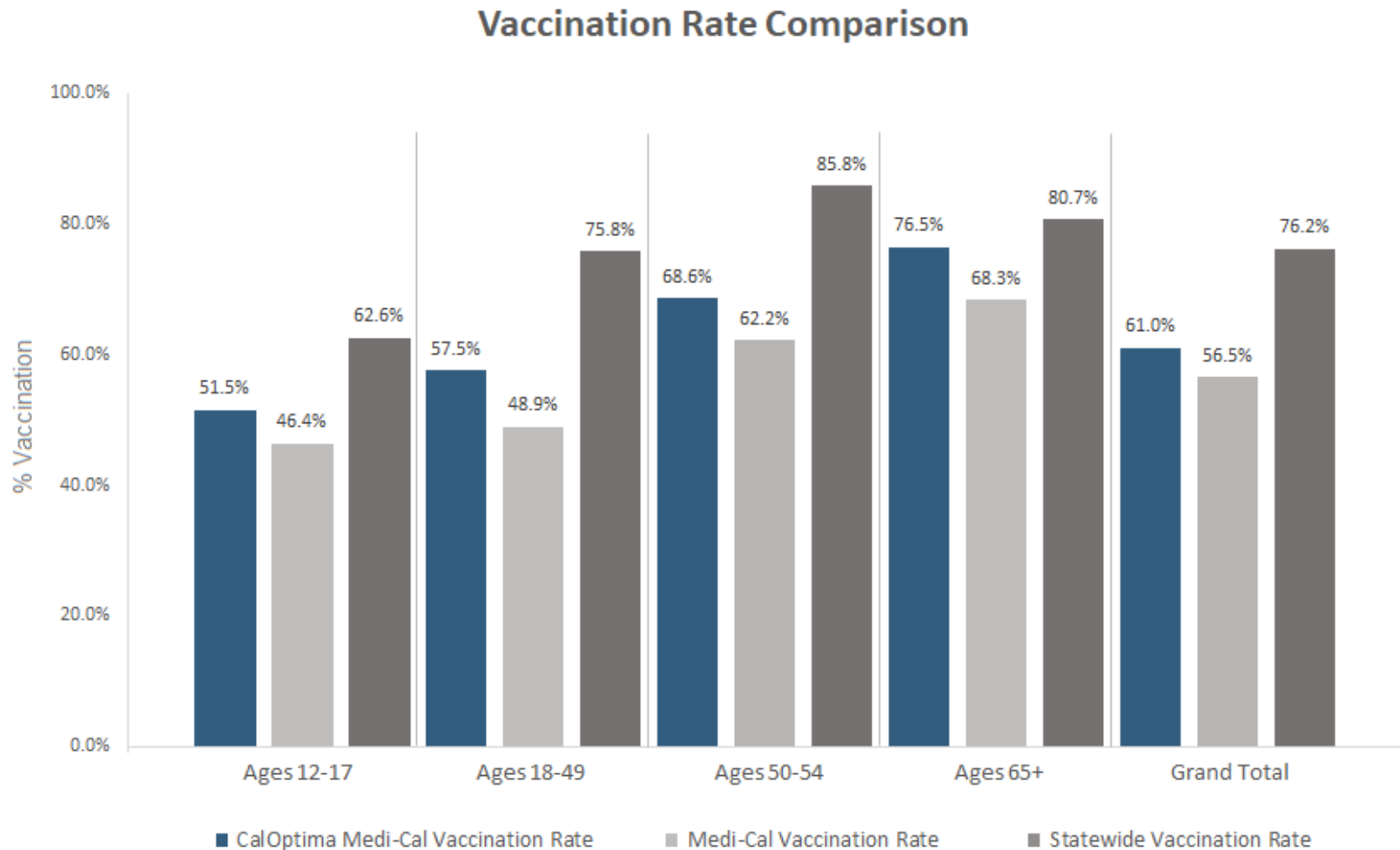
*DHCS data as of 9/19/21; CalOptima data as of 10/15/21

DHCS Vaccine Incentive Plan

○ On August 13, 2021, DHCS released All Plan Letter 21-010: Medi-Cal COVID-19 Vaccination Incentive Program

  ▪ Allocation of up to $350 million to incentivize COVID-19 vaccination efforts for service period of September 1, 2021, through February 28, 2022

○ Members are eligible if not fully vaccinated against COVID-19

  ▪ Members ages 12 years and older

  ▪ Focus Populations:

    • Homebound and unable to travel to vaccination sites

    • 50-64 years of age with multiple chronic diseases

    • Self-identify as persons of color

    • Youths ages 12-25 years

DHCS Vaccine Incentive Plan (cont.)

○ CalOptima developed a Vaccine Response Plan and submitted to DHCS on September 1, 2021

○ Received DHCS approval on September 9, 2021

○ Implemented Vaccination Response Plan:

- Data analysis to identify members in populations of focus

- Leveraging current vaccination strategies to support member outreach, address vaccine hesitancy and increase access (texting, social media, member education, trusted messenger and vaccine events)

- Collaboration with county, health networks, providers, community partners and CBOs

- Establishing DHCS monthly reporting

Most Recent Vaccine Events

August 28
On-site Vaccine Event

- 245 individuals vaccinated
- 146 gift cards distributed
- Total: **5,318** individuals vaccinated, and **2,486** gift cards distributed through these events

9/11/21
Back-to-School Immunization Event

- Collaborated with Boys & Girls Clubs of Garden Grove, CHOC, Health Smiles and Families Together of Orange County
- Provided routine vaccines, COVID-19 vaccine, health screenings, groceries, giveaways and haircuts

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Our Mission

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

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Cultural & Linguistic Services Overview

Carlos Soto

Manager, Cultural & Linguistic Services

Introduction

- Cultural and Linguistic Services (C&L)
  - ➢ C&L Translation and Interpreter Services
    - ▪ Structure – Comprised of 1 Manager and 10 Translation Staff

- Threshold Languages
  - ➢ Spanish, Vietnamese, Farsi, Korean, Chinese and Arabic

- American Sign Language, Braille, Audio and Large Print

- Contracted Vendors
  - ➢ Three Translation and four Interpreting contracted vendors

Translation & Interpreter Services

- No-Cost Translation Services
  - ➢ Member-facing materials translated in CalOptima's threshold languages
  - ➢ Alternate formats, including braille, large font or audio

- No-Cost Interpreter Services
  - ➢ Telephonic interpreter services
  - ➢ Face-to-face interpreter services

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Additional C&L Services

- Cultural & Linguistic Trainings
  - ➢ C&L Overview for new employees via Boot Camp
  - ➢ 2nd Boot Camp, as Review for existing employees
  - ➢ New & Annual CSR In-Service Trainings

- Issue Resolution regarding
  - ➢ Receive and Process Interpreter, Translation or Cultural Reported Issues

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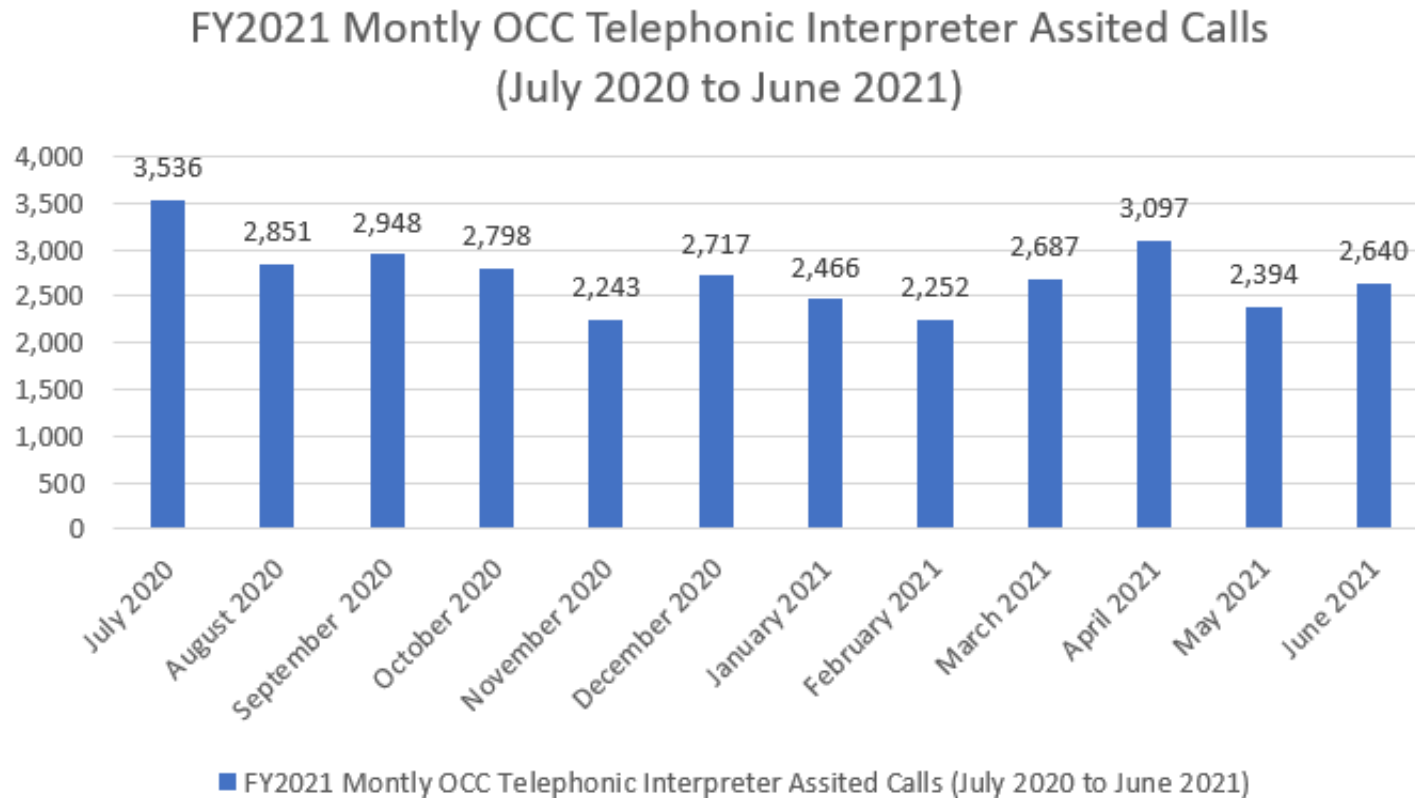
Utilization Totals

- Total utilization of OCC Translation Requests in Fiscal Year 2021

Percentage of OCC Translation Requests Processed
per Language in Fiscal Year 2021
(July 2020 through June 2021)

- Arabic - Chinese - Farsi - Korean - Spanish - Vietnamese
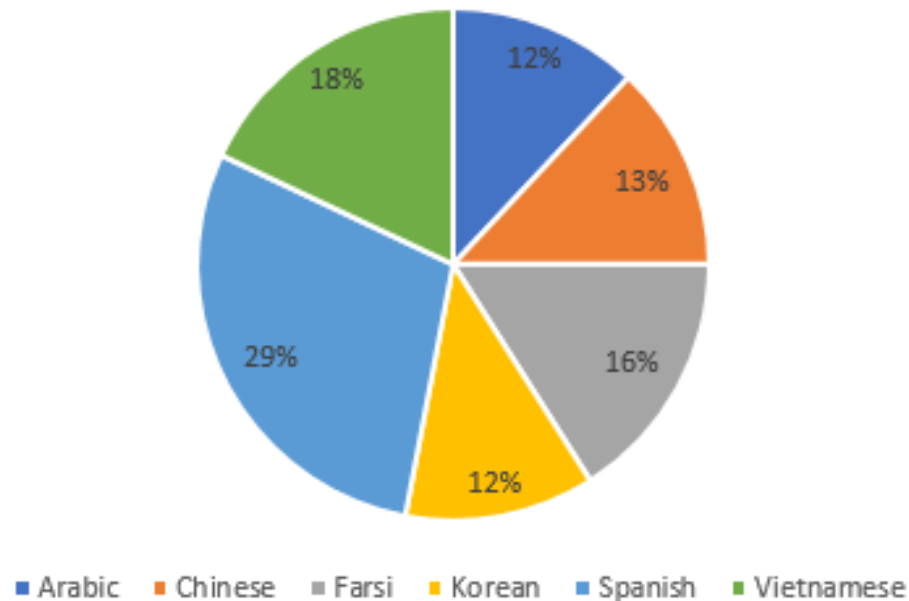
Utilization Totals (Cont.)

- Total utilization of OCC Telephonic Interpreter Requests in Fiscal Year 2021

FY2021 Montly OCC Telephonic Interpreter Assited Calls (July 2020 to June 2021)

Month	Calls
July 2020	3,536
August 2020	2,851
September 2020	2,948
October 2020	2,798
November 2020	2,243
December 2020	2,717
January 2021	2,466
February 2021	2,252
March 2021	2,687
April 2021	3,097
May 2021	2,394
June 2021	2,640

FY2021 Montly OCC Telephonic Interpreter Assited Calls (July 2020 to June 2021)

Utilization Totals (Cont.)

- Total utilization of OCC Face-to-Face Interpreter Requests in Fiscal Year 2021

FY2021 Montly Face-to-Face Interpreter Requests
(July 2020 to June 2021)

■ FY2021 Montly Face-to-Face Interpreter Requests (July 2020 to June 2021)
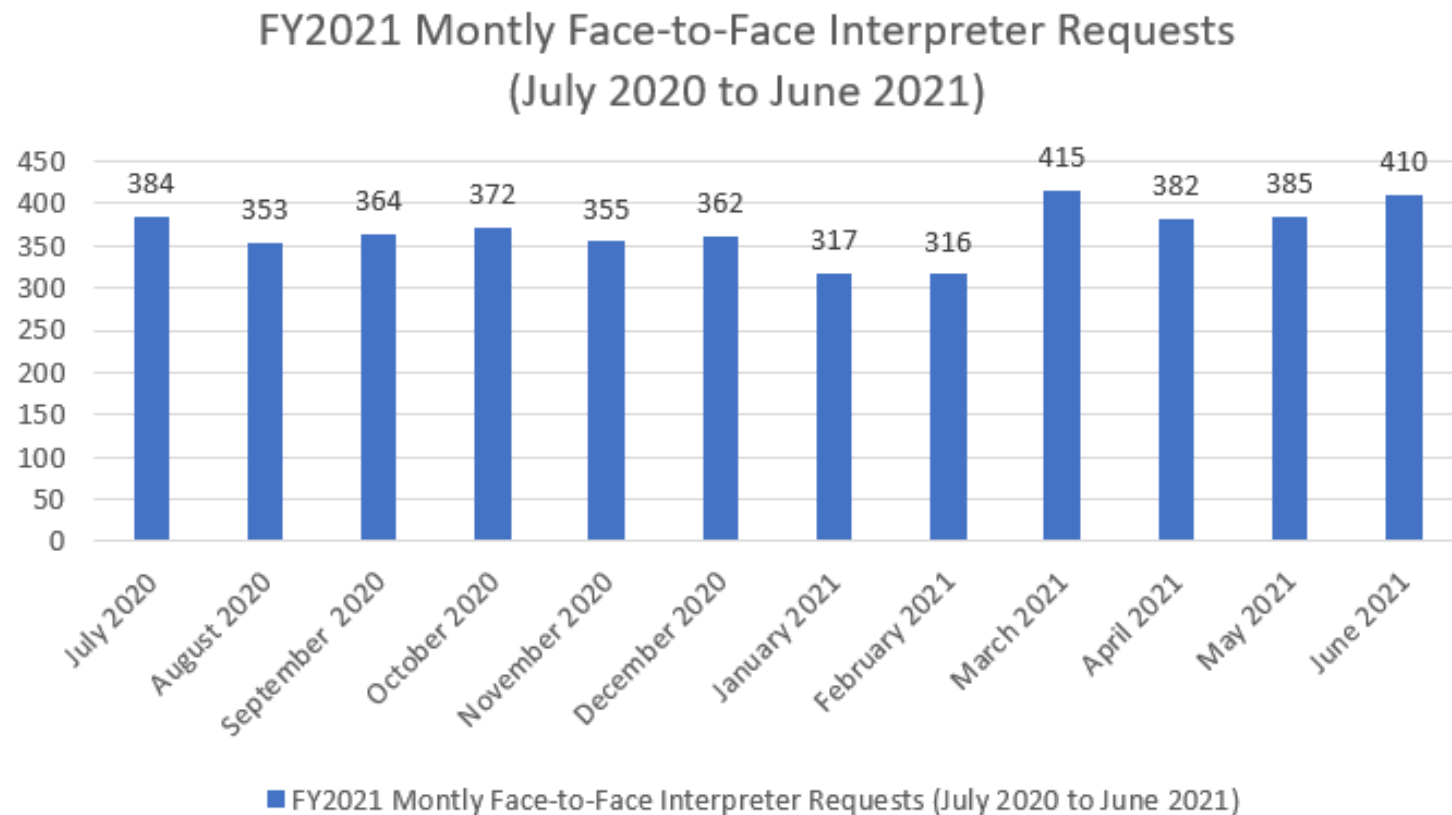
QUESTIONS?

CalOptima's Mission

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

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Utilization Management Update

OneCare Connect Member Advisory Committee
October 28, 2021

Mike Shook RN

Director Utilization Management

Prior Authorization

○ One authorization request is required for a service

○ Will review against Medicare criteria

- If meets Medical Necessity Criteria the service will be approved

○ If Medicare Criteria is not met, the service will be reviewed under Medi-Cal

- If meets Medi-Cal Medical Necessity Criteria, the service will be approved

- If does not meet Medi-Cal Medical Necessity Criteria, the service will be denied and an IDN (Integrated Denial Notice) will be sent to the provider and member

○ IDN will address both Medicare and Medi-Cal rationale for denial and what is needed to be approved

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

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OMBUDSMAN UPDATE
October 28, 2021

Sara Lee, Supervising Attorney

Health Consumer Action Center (HCAC) of CLA SoCal

OSP Toll Free: 1-855-501-3077

Hotline: 1-800-834-5001

Korean Hotline: 714-489-2796

PHE /Medi-Cal Update

-CLA SoCal receives warm transfer calls from CalOptima re: Medi-Cal eligibility and Proposed OCC termination. Warm Transfer Calls significantly decreased since PHE. (Warm Transfer to 714-571-5263 or Legal Aid Hotline 1-800-834-5001)

- Due to the Public Health Emergency(PHE), there is no negative action on Medi-Cal eligibility except Agency Error or Fraud After Conviction.

-Details on Permissible County Actions During PHE - Refer to ACWDL 21-16

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

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

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

-Can request credits to be applied for future if already paid the premiums.

-Call DHCS 916-445-9891 to request for Medi-Cal premium waiver.

TYPES OF CASES

- Despite PHE Moratorium in place, although not many, continue to see erroneous Medi-Cal terminations for dual eligibles and OCC members thus affecting their OCC enrollment.

- Advise and assist Medi-Cal beneficiary regarding Conditional Medicare Part A and QMB (Medicare Savings Program) for those who turn 65 and not have enough work history to be eligible for premium free Medicare Part A.

MEDI-CAL ASSET RULE CHANGE

Starting July 1, 2022, the limit on non-exempt property for an individual is now $130,000. For a couple, the limit has been raised to $195,000.

Complete Elimination of Asset Limit scheduled for no sooner than January 2024.

Community Legal Aid SoCal

Advocates for Justice in Orange and Los Angeles Counties

Questions:

Does CalOptima have Dementia Care Specialist case manager assigned to OCC plan members diagnosed with Dementia or identified with Dementia Care Needs?

Will PCC be assigned to OCC plan members who will be cross walk to OC plan?

How are ICP meeting conducted (conference call or virtual)?
Do providers participate at the meeting?

CLA SoCal as the Ombudsman for the OCC plan

- CLA SoCal as the Ombudsman for the OCC plan advise on Medi-Cal eligibility matters.

- CLA SoCal assists dual eligible consumers with SOC affordability issues such as:
  - whether the SOC determination is correct.
  - whether they were placed in the correct Medi-Cal Aid Code, which will not be a barrier for OCC enrollment.

- CLA SoCal assists consumers with accessing services under the CMC/OCC plan, as well as assisting with grievances and appeals.

- CLA SoCal represents members in State Fair Hearing appeals on Medi-Cal eligibility Issues, and Medi-Cal/OCC/OC Service denials.

- CLA SoCal provides outreach presentation on its services and an Ombudsman role for the OCC Plan.

- CLA SoCal also assists with balance billing or billing matters.

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OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

OneCare Connect (OCC) 2022 Benefit Changes

OCC Member Advisory Committee

October 28, 2021

Nancy Martinez, Manager, Customer Service

What Is ANOC?

- The Annual Notice of Change (ANOC) is a required mailing to members by the Centers for Medicare & Medicaid Services (CMS)

  - The notice informs members of changes to their benefits that will be effective on January 1 and gives them an opportunity to review the changes and compare with other plans

  - All health plans must ensure the ANOC is in members' hands and on the plan's website no later than September 30 of each year

- It is one of the most important mailings a member will receive

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What Is in the OCC ANOC Packet?

- Annual Notice of Change
- Formulary Insert
- Member Handbook Insert
- Multi-Language Insert
- Nondiscrimination Notice and Language Taglines
- Notice of Privacy Practices
- Summary of Benefits

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OCC 2022 Benefit Changes

○ Changes to Over-the-Counter (OTC) Services

	2021 (This Year)	2022 (Next Year)
Over-the-Counter (OTC) Allowance	Members pay a $0 co-pay. $75 benefit allowance per quarter (every three months) to purchase OTC products and supplies available through the OTC mail-order catalog. The quarterly allowance does not roll over to the following quarters.	Members pay a $0 co-pay. $70 benefit allowance per quarter (every three months) to purchase OTC products and supplies available through the OTC mail-order catalog. The quarterly allowance does not roll over to the following quarters.

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OCC 2022 Benefit Changes (cont.)

○ Changes to Chiropractic Services, Podiatry Services, Outpatient Mental Health Care and Outpatient Hospital Services (Observation Services)

	2021 (This Year)	2022 (Next Year)
Chiropractic Services	Requires prior authorization and a referral.	Will not require prior authorization or a referral.
Podiatry Services	Requires prior authorization and a referral.	Will not require prior authorization or a referral.
Outpatient Mental Health Care	Does not require prior authorization.	Will require prior authorization.
Outpatient Hospital Services (Observation Services)	Requires prior authorization.	Will not require prior authorization.

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OCC 2022 Benefit Changes (cont.)

○ Changes to Fitness Benefit

	2021 (This Year)	**2022 (Next Year)**
Fitness Benefit	The fitness benefit includes a membership to a contracted gym. You may elect to receive up to two (2) home fitness kits in addition to a gym membership. Our goal is to improve your overall health and fitness. To that goal, if you prefer to work out at home, there is a selection of more than thirty (30) home fitness kits and access to online classes. Fitness benefit includes an activity tracker.	The fitness benefit includes a membership to a contracted gym. Members may elect to receive one (1) home fitness kit per benefit year from a variety of fitness categories. Members have access to 8,000+ on-demand videos through the website and mobile app digital library. Fitness benefit includes an activity tracker.

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OCC 2021 Benefit Changes (cont.)

○ Changes to Hearing Aid benefit

	2021 (This Year)	2022 (Next Year)
Hearing Aids	Hearing aid benefit is $1,510 per fiscal year (July 1–June 30), and includes molds, modifications, supplies and accessories. Plan provides $1,000 of hearing hardware above the Medi-Cal limit of $1,510.00 for a total of $2,510 per year. This plan amount may be used for one ear or for two ears but may only be used once during the same calendar year.	The maximum plan benefit coverage amount is $1,510 per fiscal year (July 1–June 30). Replacement of hearing aids that are lost, stolen or irreparably damaged due to circumstances beyond the recipient's control is not included in the $1,510 maximum plan benefit coverage amount. Hearing aid benefits include molds, modifications, supplies, accessories, some repairs, training, adjustments and fitting. Authorization may be required for some hearing aid services. Plan provides $1,000 of hearing hardware above the Medi-Cal limit of $1,510 for a total of $2,510 per year. This plan amount may be used for one ear or for two ears but may only be used once during the same calendar year.

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OCC 2022 Benefit Changes (cont.)

○ Changes to Multipurpose Senior Services Program (MSSP)

	2021 (This Year)	2022 (Next Year)
MSSP	MSSP is covered through OneCare Connect.	MSSP is no longer covered through OneCare Connect. Effective January 1, 2022, the Department of Health Care Services will carve out MSSP from OneCare Connect and will be covered through the CalOptima 1915(c) MSSP Waiver Program.

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OCC 2021 Benefit Changes (cont.)

○ Changes to prescription drug coverage

- There are two payment stages for Medicare Part D prescription drug coverage under OCC
- How much the member pays depends on which stage they are in when a prescription is filled or refilled. The two stages are:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
During this stage, the plan pays part of the costs of drugs, and the member pays their share (co-pay). This stage begins when the member fills their first prescription of the year.	During this stage, the plan pays all of the costs of the member's drugs through December 31, 2022. This stage begins when the member has paid a certain amount of out-of-pocket costs.

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OCC 2021 Benefit Changes (cont.)

○ The Initial Coverage Stage ends when the total out-of-pocket costs reaches $7,050. At that point, the Catastrophic Coverage Stage begins, covering all drug costs until the end of the year

	2021 (This Year)	2022 (Next Year)
Drugs in Tier 1 (generic drugs) Cost for a 1-month supply of a drug in Tier 1 that is filled at a network pharmacy	The co-pay for a 1-month (30-day) supply is $0 per prescription.	The co-pay for a 1-month (30-day) supply is $0 per prescription.
Drugs in Tier 2 (brand-name drugs) Cost for a 1-month supply of a drug in Tier 2 that is filled at a network pharmacy	The co-pay for a 1-month (30-day) supply is $0 per prescription until total drug costs reach $4,130; then co-pays will be $0, $4.00 or $9.20 per prescription depending on the level of Extra Help the member gets.	The co-pay for a 1-month (30-day) supply is $0 per prescription until total drug costs reach $4,430; then co-pays will be $0, $4.00 or $9.85 per prescription depending on the level of Extra Help the member gets.
Drugs in Tier 3 (non-Medicare drugs) Cost for a 1-month supply of a drug in Tier 3 that is filled at a network pharmacy	The co-pay for a 1-month (30-day) supply is $0 per prescription.	The co-pay for a 1-month (30-day) supply is $0 per prescription.

See Chapter 6 of the Member Handbook for more information about how much members will pay for prescription drugs.

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OCC 2021 Benefit Changes (cont.)

○ How to stay in our plan

- Members do not have to do anything to stay in our health plan. If they do not change to a Medicare Advantage Plan or change to Original Medicare, they will automatically stay enrolled as a member of OCC for 2022.

○ How to leave OCC

- A member can end their membership at any time during the year by enrolling in another Medicare Advantage Plan or moving to Original Medicare.

- If a member leaves OCC and does not join a Medicare Advantage Plan, they will go back to getting their Medicare and Medi-Cal services separately.

  - Members will continue to get their Medi-Cal services through CalOptima. Medi-Cal services include most long-term care services and supports and behavioral health care.

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Our Mission

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

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2021–22 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4735 Axne S. 2493 Bennet	**Provider Relief Fund Deadline Extension Act:** Would delay the deadline by which providers must spend any funds received from the Provider Relief Fund — created in response to the COVID-19 pandemic — until the end of 2021 or the end of the COVID-19 public health emergency, whichever occurs later. Funds that are unspent by any deadline must be repaid to the U.S. Department of Health and Human Services (HHS). *Potential CalOptima Impact: Increased financial stability for CalOptima's contracted providers.*	**07/28/2021** Introduced; referred to committees	CalOptima: Watch
SB 510 Pan	**Disease Testing and Vaccination Coverage:** Would require a health plan to cover COVID-19 diagnostic and screening testing as well as vaccinations provided by an in-network or out-of-network provider, without cost sharing or prior authorization requirements, during a public health emergency. This bill would also apply these requirements retroactively from the beginning of the COVID-19 public health emergency as well as to any future diseases causing a public health emergency. *Potential CalOptima Impact: Reimbursement for all in-network and out-of-network provider claims for testing and vaccinations related to a disease causing a public health emergency.*	**09/10/2021** Enrolled to the Governor	CalOptima: Watch CAHP: Oppose Unless Amended LHPC: Oppose

BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1914 DeFazio S. 764 Wyden	**Crisis Assistance Helping Out On The Streets (CAHOOTS) Act:** Would allow State Medicaid programs to provide 24/7 community-based mobile crisis intervention services — under a State Plan Amendment or waiver — for those experiencing a mental health or substance use disorder crisis. Would provide states a 95% Federal Medical Assistance Percentage (FMAP) to cover such services for three years as well as a total of $25 million in planning grants. *Potential CalOptima Impact: Subject to further action by the California Department of Health Care Services (DHCS), increased behavioral health and substance use disorder services to CalOptima's Medi-Cal members.*	**03/16/2021** Introduced; referred to committees	**08/05/2021** CalOptima: Support

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Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 221 **Wiener**	**Timely Access to Behavioral Health Follow-Up Care:** Would codify current timely access standards requiring health plans to ensure that contracted providers and health networks schedule initial appointments within specified time frames of a beneficiary's request. Beginning July 1, 2022, would expand current standards to also require follow-up appointments with a non-physician mental health or substance use disorder provider to be scheduled within 10 business days of a previous appointment related to an ongoing course of treatment — in alignment with the current time frame for the initial appointment. *Potential CalOptima Impact: Increased monitoring of behavioral health appointments; arrangement and payment of out-of-network coverage when timely access is not ensured; additional contracting with behavioral health providers.*	**09/09/2021** Enrolled to the Governor	CalOptima: Watch

BUDGET[1,2]

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 128 **Ting** **AB 161** **Ting** **AB 164** **Ting** **SB 129** **Skinner**	**Budget Act of 2021:** Makes appropriations for the government of the State of California for Fiscal Year (FY) 2021–22. Total spending is $262.6 billion, of which $196.4 billion is from the General Fund. Key initiatives related to health care include: ■ Behavioral health services for youth ■ California Advancing and Innovating Medi-Cal (CalAIM) ■ COVID-19 response ■ Homelessness ■ Medi-Cal eligibility expansion to adults ages 50 years and older, regardless of immigration status ■ Medi-Cal Rx ■ New and reinstated Medi-Cal covered benefits ■ Telehealth	**07/16/2021** Signed into law	CalOptima: Watch
AB 133 **Committee on Budget**	**Health Trailer Bill I:** Consolidates and enacts certain trailer bill language to implement health-related policies funded by the FY 2021–22 state budget. Key initiatives include: ■ Behavioral health services for youth ■ CalAIM ■ Elimination of asset consideration for Medi-Cal eligibility ■ Health information exchange framework ■ Medi-Cal eligibility expansion to adults ages 50 years and older, regardless of immigration status ■ Medi-Cal eligibility extension for postpartum individuals ■ New and reinstated Medi-Cal covered benefits ■ Proposition 56 supplemental payments ■ Telehealth	**07/27/2021** Signed into law	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 171 Committee on Budget and Fiscal Review	**Health Trailer Bill II:** Would extend current network adequacy requirements for Medi-Cal managed care plans, including time and distance standards, from January 1, 2022, to January 1, 2023. Would also require DHCS to complete an analysis by January 1, 2024, to determine whether there is sufficient network adequacy to add housing support services as a covered Medi-Cal benefit. Finally, would require DHCS to expand Medi-Cal home- and community-based services (HCBS), authorized by CMS under the American Rescue Plan Act of 2021, to include the following new initiatives: ■ Housing and Homelessness Incentive Program ■ Community Based Residential Continuum Pilots ■ CalAIM funds for HCBS and homeless providers	**09/09/2021** Enrolled to the Governor	CalOptima: Watch

[1] The potential CalOptima impacts of budget legislation are included in the Analysis of the Enacted Budget that follows the Legislative Tracking Matrix.

[2] Because the CalAIM initiative was included in budget legislation, separate CalAIM policy bills are no longer required.

COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 56 Biggs	**Patient Access to Medical Foods Act:** Would expand the federal definition of medical foods to include food prescribed as a therapeutic option when traditional therapies have been exhausted or may cause adverse outcomes. Effective January 1, 2022, medical foods, as defined, would be covered by private health insurance providers and federal public health programs, including Medicare, TRICARE, Children's Health Insurance Program (CHIP) and Medicaid, as a mandatory benefit. *Potential CalOptima Impact: New covered benefit for CalOptima's lines of business.*	**01/04/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 1118 Dingell	**Medicare Hearing Aid Coverage Act of 2021:** Effective January 1, 2022, would require Medicare Part B coverage of hearing aids and related examinations. *Potential CalOptima Impact: New covered benefit for CalOptima OneCare, OneCare Connect and Program of All-Inclusive Care for the Elderly (PACE).*	**02/18/2021** Introduced; referred to committees	CalOptima: Watch
AB 342 Gipson	**Colorectal Cancer Screenings and Colonoscopies:** Effective January 1, 2022, would require health plans to provide no-cost coverage for a colorectal cancer screening recommended by the U.S. Preventive Services Task Force and Medicare. Additionally, when such a test produces a positive result, health plans would be required to provide no-cost coverage for a colonoscopy. Health plans would not be required to comply with these provisions when the service was delivered by an out-of-network provider. *Potential CalOptima Impact: New Medi-Cal covered benefit.*	**09/10/2021** Enrolled to the Governor	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 48 Limón	**Annual Cognitive Health Assessment:** Would add annual cognitive health assessments as a covered Medi-Cal benefit for beneficiaries ages 65 or older in order to identify signs of Alzheimer's disease and dementia. Assessments would not be covered for beneficiaries who already receive similar assessments as part of an annual wellness visit covered by Medicare. *Potential CalOptima Impact: New Medi-Cal covered benefit.*	**09/09/2021** Enrolled to the Governor	CalOptima: Watch
SB 65 Skinner	**California Momnibus Act:** No later than April 1, 2022, would require DHCS to convene a workgroup to support implementation of the Medi-Cal doula benefit enacted by the FY 2021–22 state budget. The workgroup, consisting of doulas, providers, health plans, counties and advocates, would focus on ensuring beneficiary access and awareness, adequate doula workforce size and training, and timely payment for services. *Potential CalOptima Impact: Increased guidance and preparation for covering the doula benefit; increased utilization of doula services by CalOptima Medi-Cal members.*	**09/10/2021** Enrolled to the Governor	CalOptima: Watch
SB 306 Pan	**Sexually Transmitted Disease (STD) Home Test Kits:** Would require health plans to provide coverage and reimbursement for at-home STD test kits and any associated laboratory fees. *Potential CalOptima Impact: New Medi-Cal covered benefit.*	**09/10/2021** Enrolled to the Governor	CalOptima: Watch CAHP: Oppose

MEDI-CAL OPERATIONS AND ADMINISTRATION

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1738 Dingell S. 646 Brown	**Stabilize Medicaid and CHIP Coverage Act of 2021:** Would provide 12 months of continuous eligibility and coverage for any Medicaid or CHIP beneficiary. *Potential CalOptima Impact: Increased number of CalOptima's Medi-Cal members.*	**03/10/2021** Introduced; referred to committees	CalOptima: Watch ACAP: Support
AB 361 Rivas	**Extension of Brown Act Flexibilities:** Effective immediately upon the Governor's signature, would extend current temporary Brown Act flexibilities — enacted by the Governor in response to the COVID-19 public health emergency — that allow remote participation in meetings of a local public agency. Currently set to expire on September 30, 2021, these flexibilities would instead be permitted during any state of emergency that threatens the health and safety of meeting attendees. *Potential CalOptima Impact: Continued ability for members of CalOptima's Board of Directors and advisory committees to participate in meetings by teleconference during the COVID-19 public health emergency.*	**09/10/2021** Enrolled to the Governor	CalOptima: Watch LHPC: Support

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1082 Waldron	**California Health Benefits Review Program (CHBRP) Extension:** Would extend current authorization for the University of California to administer CHBRP, which provides independent analyses of proposed states legislation regarding new health benefits, from July 1, 2022, until July 1, 2027. To fully fund CHBRP, the bill would also increase the total annual fee charged to health plans and insurers from $2 million to $2.2 million, beginning July 1, 2022. *Potential CalOptima Impact: Increased annual fee assessed to CalOptima; continued availability of CHBRP analyses.*	**09/10/2021** Enrolled to the Governor	CalOptima: Watch CAHP: Support In Concept

OLDER ADULT SERVICES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1868 Yarmuth	**Extension of Medicare Sequestration Moratorium:** Extends the moratorium on automatic, across-the-board 2% spending cuts to Medicare payments. The moratorium, which was set to expire on March 31, 2021, now ends on December 31, 2021. *CalOptima Impact: Continued federal capitation payments to CalOptima OneCare, OneCare Connect and PACE.*	**04/14/2021** Signed into law	CalOptima: Watch
H.R. 4131 Dingell **S. 2210** Casey	**Better Jobs Better Care Act:** Would make permanent the enhanced 10% FMAP for Medicaid HCBS enacted by the American Rescue Plan Act of 2021. Would also provide states with $100 million in planning grants to develop HCBS infrastructure and workforces. Additionally, would make permanent spousal impoverishment protections for those receiving HCBS. *Potential CalOptima Impact: Continuation of current federal funding rate for HCBS; expansion of HCBS opportunities.*	**06/24/2021** Introduced; referred to committees	CalOptima: Watch NPA: Support
H.R. 4941 Blumenauer	**PACE Part D Choice Act of 2021:** Would allow a Medicare-only PACE participant to opt out of drug coverage provided by the PACE program and instead enroll in a standalone Medicare Part D prescription drug plan that results in equal or lesser out-of-pocket costs. PACE programs would be required to educate their participants about this option. *Potential CalOptima Impact: Increased enrollment into CalOptima PACE by Medicare-only beneficiaries due to decreased out-of-pocket costs.*	**08/06/2021** Introduced; referred to committees	CalOptima: Watch NPA: Support
S. 1162 Casey	**PACE Plus Act:** Would increase the number of PACE programs nationally by making it easier for states to adopt PACE as a model of care and providing grants to organizations to start PACE centers or expand existing PACE centers. Would incentivize states to expand the number of seniors and people with disabilities eligible to receive PACE services beyond those deemed to require a nursing home level of care. Would provide states a 90% FMAP to cover the expanded eligibility. *Potential CalOptima Impact: Subject to further DHCS authorization, expanded eligibility for CalOptima PACE; additional federal funding to expand the service area of a current PACE center or to establish a new PACE center(s).*	**04/15/2021** Introduced; referred to committee	CalOptima: Watch CalPACE: Support NPA: Support

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 523 Nazarian	**Permanent PACE Flexibilities:** Would permanently extend most flexibilities granted to PACE organizations during the COVID-19 public health emergency. This includes flexibilities relating to telehealth services, verbal agreements followed with in-person signatures, Adult Day Health Center home-based services and discharge planning. *Potential CalOptima Impact: Continuation of most flexibilities adopted by CalOptima PACE during the COVID-19 pandemic.*	09/09/2021 Enrolled to the Governor	06/03/2021 CalOptima: Support CalPACE: Support/ Sponsor

PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 365 Caballero	**Medi-Cal Provider Electronic Consultation (E-Consult) Service:** Would allow provider-to-provider e-consult services to be reimbursable to all requesting and consulting Medi-Cal providers, including Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) providers. The e-consult may include assessing health records, providing feedback and/or recommending a further course of action. *Potential CalOptima Impact: Expanded reimbursable service for all Medi-Cal providers and FQHC providers.*	09/09/2021 Enrolled to the Governor	CalOptima: Watch LHPC: Support

SOCIAL DETERMINANTS OF HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 379 Barragan S. 104 Smith	**Improving Social Determinants of Health Act of 2021:** Would require the Centers for Disease Control and Prevention (CDC) to establish a social determinants of health (SDOH) program to coordinate activities to improve health outcomes and reduce health inequities. CDC would be required to consider SDOH in all relevant grant awards and other activities, as well as issue new grants of up to $50 million to health agencies, nonprofit organizations and/or institutions of higher education to address or study SDOH. *Potential CalOptima Impact: Increased availability of federal grants to address SDOH.*	01/21/2021 Introduced; referred to committees	CalOptima: Watch
H.R. 943 McBath S. 851 Blumenthal	**Social Determinants for Moms Act:** Would require HHS to convene a task force to coordinate federal efforts on social determinants of maternal health as well as award grants to address SDOH, eliminate disparities in maternal health and expand access to free childcare during pregnancy-related appointments. Would also extend postpartum eligibility for the Special Supplemental Nutrition Program for Women, Infants, and Children from six months postpartum to two years postpartum. *Potential CalOptima Impact: Additional federal guidance or requirements as well as increased availability of federal grants to address social factors affecting maternal health.*	02/08/2021 Introduced; referred to committees	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 2503 Bustos	**Social Determinants Accelerator Act of 2021:** Would establish the Social Determinants Accelerator Interagency Council to award state and local health agencies up to 25 competitive grants totaling no more than $25 million, as well as provide technical assistance to improve coordination of medical and non-medical services to a targeted population of high-need Medicaid beneficiaries. *Potential CalOptima Impact: Increased availability of federal grants to address the SDOH of members with complex needs.*	**07/15/2021** Passed House Energy and Commerce Committee's Subcommittee on Health; referred to full Committee	CalOptima: Watch
H.R. 3894 Blunt Rochester	**Collecting and Analyzing Resources Integral and Necessary for Guidance (CARING) for Social Determinants Act of 2021:** Would require the Centers for Medicare & Medicaid Services (CMS) to update guidance at least once every three years to help states address SDOH in Medicaid and CHIP programs. *Potential CalOptima Impact: Increased opportunities for CalOptima to address SDOH.*	**07/21/2021** Passed House Energy and Commerce Committee; referred to House floor	CalOptima: Watch
H.R. 4026 Burgess	**Social Determinants of Health Data Analysis Act of 2021:** Would require the Comptroller General of the United States to submit a report to Congress outlining the actions taken by HHS to address SDOH. The report would include an analysis of interagency efforts, barriers and potential duplication of efforts as well as recommendations on how to foster private-public partnerships to address SDOH. *Potential CalOptima Impact: Increased opportunities for CalOptima to address SDOH.*	**07/21/2021** Passed House Energy and Commerce Committee; referred to House floor	CalOptima: Watch
AB 369 Kamlager	**Presumptive Eligibility and Street Medicine for Homeless Individuals:** Would apply presumptive Medi-Cal eligibility — with full-scope benefits and without share of cost — to individuals experiencing homelessness. Would allow any Medi-Cal provider to determine presumptive eligibility and issue a temporary Medi-Cal card. Would add a field on the Medi-Cal application to indicate homelessness. Would also allow Medi-Cal providers to deliver any covered Medi-Cal benefit to a homeless individual outside of a medical facility, including primary, specialist and laboratory services, without a referral or prior authorization. Finally, would require DHCS to deduct capitation payments if a plan does not provide services to a person indicating homelessness within the first 60 days of Medi-Cal enrollment *Potential CalOptima Impact: Increased number of CalOptima's Medi-Cal members; increased access to services for homeless members but may negatively impact care coordination; increased payments to providers; implementation of modified utilization management procedures for homeless members.*	**09/10/2021** Enrolled to the Governor	CalOptima: Watch LHPC: Oppose Unless Amended

TELEHEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 366 Thompson (CA)	**Protecting Access to Post-COVID-19 Telehealth Act of 2021:** Would allow HHS to waive or modify any telehealth service requirements in the Medicare program during a national disaster or public health emergency and for 90 days after one is terminated. Would also permit Medicare reimbursement for telehealth services provided by an FQHC or RHC, as well as allow patients to receive telehealth services in the home without restrictions. *Potential CalOptima Impact: Continuation and expansion of certain telehealth flexibilities allowed during the COVID-19 pandemic for CalOptima OneCare, OneCare Connect and PACE.*	01/19/2021 Introduced; referred to committees	CalOptima: Watch
H.R. 2166 Sewell	**Ensuring Parity in MA and PACE for Audio-Only Telehealth Act of 2021:** Would require CMS to include audio-only telehealth diagnoses in the determination of risk adjustment payments for Medicare Advantage (MA) and PACE plans during the COVID-19 public health emergency. *Potential CalOptima Impact: For CalOptima OneCare, OneCare Connect and PACE, members' risk scores and risk adjustment payments would accurately reflect diagnoses.*	03/23/2021 Introduced; referred to committees	08/05/2021 CalOptima: Support ACAP: Support NPA: Support
H.R. 2903 Thompson (CA) S. 1512 Schatz	**Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2021:** Would expand telehealth services for those receiving Medicare benefits and remove restrictions in the Medicare program that prevent physicians from using telehealth technology. Specifically, would: ■ Remove all geographic restrictions for telehealth services ■ Allow beneficiaries to receive telehealth in their own homes, in addition to other locations determined by HHS ■ Remove restrictions on the use of telehealth in emergency medical care ■ Allow FQHCs and RHCs to provide telehealth services *Potential CalOptima Impact: Continuation and expansion of telehealth flexibilities for CalOptima OneCare, OneCare Connect and PACE.*	04/28/2021 Introduced; referred to committees	CalOptima: Watch
H.R. 3447 Smith (MO)	**Permanency for Audio-Only Telehealth Act:** Would permanently extend the following current flexibilities, which have been temporarily authorized by CMS during the COVID-19 public health emergency: ■ Medicare providers may be reimbursed for providing certain services via audio-only telehealth, including evaluation and management, behavioral health and substance use disorder services, or any other service specified by HHS. ■ Medicare beneficiaries may receive telehealth services at any location, including their homes. *Potential CalOptima Impact: Permanent continuation of certain telehealth flexibilities for CalOptima OneCare, OneCare Connect and PACE.*	05/20/2021 Introduced; referred to committees	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4058 Matsui S. 2061 Cassidy	**Telemental Health Care Access Act of 2021:** Would remove the requirement that Medicare beneficiaries be seen in-person within six months of being treated for behavioral health services via telehealth. *Potential CalOptima Impact: For CalOptima OneCare and OneCare Connect, decreased in-person behavioral health encounters and increased telehealth behavioral health encounters.*	06/22/2021 Introduced; referred to committees	CalOptima: Watch
S. 150 Cortez Masto	**Ensuring Parity in MA for Audio-Only Telehealth Act of 2021:** Would require CMS to include audio-only telehealth diagnoses in the determination of risk adjustment payments for MA plans during the COVID-19 public health emergency *Potential CalOptima Impact: For CalOptima OneCare and OneCare Connect, members' risk scores and risk adjustment payments would accurately reflect diagnoses.*	02/02/2021 Introduced; referred to committee	CalOptima: Watch ACAP: Support NPA: Support

YOUTH SERVICES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 66 Buchanan	**Comprehensive Access to Robust Insurance Now Guaranteed (CARING) for Kids Act:** Would permanently extend authorization and funding of CHIP and associated programs, including the Medicaid and CHIP express lane eligibility option, which enables states to expedite eligibility determinations by referencing enrollment in other public programs. *Potential CalOptima Impact: Continuation of current federal funding and eligibility requirements for CalOptima's Medi-Cal members eligible under CHIP.*	01/04/2021 Introduced; referred to committee	CalOptima: Watch
H.R. 1390 Wild S. 453 Casey	**Children's Health Insurance Program Pandemic Enhancement and Relief (CHIPPER) Act:** Would retroactively extend CHIP's temporary 11.5% FMAP increase, enacted by the HEALTHY KIDS Act (2018), from September 30, 2020, until September 30, 2022, to meet increased health care needs during the COVID-19 public health emergency. *Potential CalOptima Impact: Increased federal funds for CalOptima's Medi-Cal members eligible under CHIP.*	02/25/2021 Introduced; referred to committees	CalOptima: Watch
SB 682 Rubio	**Childhood Chronic Health Conditions:** Would require the California Health and Human Services Agency to convene an advisory workgroup to develop and implement a plan that reduces racial disparities in children with chronic health conditions by 50% by 2030. Chronic conditions may include asthma, diabetes, depression and vaping-related diseases. *Potential CalOptima Impact: New interventions, quality measures and/or reporting requirements required by DHCS.*	09/09/2021 Enrolled to the Governor	CalOptima: Watch

Two-Year Bills

The following bills did not meet the deadline to be passed by both houses of the Legislature. These are now considered two-year bills and are eligible for reconsideration in 2022:

- AB 4 (Arambula)
- AB 32 (Aguiar-Curry)
- AB 58 (Salas)
- AB 71 (Rivas, Luz)
- AB 112 (Holden)
- AB 114 (Maienschein)
- AB 393 (Reyes)
- AB 454 (Rodriguez)
- AB 470 (Carrillo)
- AB 540 (Petrie-Norris)
- AB 552 (Quirk-Silva)
- AB 563 (Berman)
- AB 586 (O'Donnell)
- AB 671 (Wood)
- AB 685 (Maienschein)
- AB 797 (Wicks)
- AB 822 (Rodriguez)
- AB 862 (Chen)
- AB 875 (Wood)
- AB 882 (Gray)
- AB 935 (Maienschein)
- AB 942 (Wood)
- AB 1050 (Gray)
- AB 1083 (Nazarian)
- AB 1107 (Boerner Horvath)
- AB 1117 (Wicks)
- AB 1131 (Wood)
- AB 1132 (Wood)
- AB 1160 (Rubio)
- AB 1162 (Villapadua)
- AB 1254 (Gipson)
- AB 1372 (Muratsuchi)
- AB 1400 (Kalra, Lee, Santiago)
- SB 17 (Pan)
- SB 56 (Pan)
- SB 245 (Gonzalez)
- SB 250 (Pan)
- SB 256 (Pan)
- SB 279 (Pan)
- SB 293 (Limon)
- SB 316 (Eggman)
- SB 371 (Caballero)
- SB 508 (Stern)
- SB 523 (Leyva)
- SB 562 (Portantino)
- SB 773 (Roth)

*Information in this document is subject to change as bills proceed through the legislative process.

ACAP: Association for Community Affiliated Plans
CAHP: California Association of Health Plans
CalPACE: California PACE Association
LHPC: Local Health Plans of California
NPA: National PACE Association

Last Updated: September 13, 2021

2021 Federal Legislative Dates

January 3	117th Congress, First Session convenes
March 29–April 9	Spring recess
August 2–27	Summer recess for House
August 9–September 10	Summer recess for Senate
December 10	First Session adjourns

2021 State Legislative Dates*

*Due to COVID-19, 2021 State Legislative dates have been modified

January 11	Legislature reconvenes
February 19	Last day for legislation to be introduced
March 25–April 4	Spring recess
April 30	Last day for policy committees to hear and report to fiscal committees any fiscal bills introduced in their house
May 7	Last day for policy committees to hear and report to the floor any non-fiscal bills introduced in their house
May 21	Last day for fiscal committees to hear and report to the floor any bills introduced in their house
June 1–4	Floor session only
June 4	Last day for each house to pass bills introduced in that house
June 15	Budget bill must be passed by midnight
July 14	Last day for policy committees to hear and report bills to fiscal committees or the floor
July 16–August 15	Summer recess
August 27	Last day for fiscal committees to report bills to the floor
August 30–September 10	Floor session only
September 3	Last day to amend bills on the floor
September 10	Last day for bills to be passed; final recess begins upon adjournment
October 10	Last day for Governor to sign or veto bills passed by the Legislature

Sources: 2021 State Legislative Deadlines, California State Assembly: http://assembly.ca.gov/legislativedeadlines

About CalOptima

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