**NOTICE OF A
REGULAR MEETING OF THE
WHOLE-CHILD MODEL
FAMILY ADVISORY COMMITTEE**

**TUESDAY, NOVEMBER 19, 2024
9:30 A.M.**

**CalOptima Health
505 City Parkway West, Room 109-N
Orange, California 92868**

<u>AGENDA</u>

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. To speak on an item during the public comment portion of the agenda, please register using the Webinar link below. Once the meeting begins the Question-and-Answer section of the Webinar will be open for those who wish to make a public comment and registered individuals will be unmuted when their name is called. You must be registered to make a public comment.

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 Regular Whole-Child Model Family Advisory Committee's meeting agenda and supporting materials are available for review at CalOptima Health, 505 City Parkway West, Orange, CA 92868, 8 a.m. – 5:00 p.m., Monday-Friday, and online at www.caloptima.org.

Register to Participate via Zoom at:
https://us06web.zoom.us/webinar/register/WN_czLYOKZ0R9iQ8PHHbkx8Rw and Join the Meeting.

Webinar ID: 848 5963 1857

Passcode: 831982 -- Webinar instructions are provided below.

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

2. **ESTABLISH QUORUM**

3. **APPROVE MINUTES**
    Approve Minutes of the September 24, 2024 Regular Meeting of the Whole-Child Model Family Advisory Committee

4. **PUBLIC COMMENT**
    At this time, members of the public may address the Whole-Child Model Family 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.

5. **INFORMATIONAL ITEMS**
    A. California Children's Services (CCS) Update
    B. Family Support Services
    C. CalAIM Update
    D. Committee Member Updates

6. **MANAGEMENT REPORTS**
    A. Chief Operating Officer
    B. Chief Medical Officer
    C. Chief Executive Officer

7. **COMMITTEE MEMBER COMMENTS**

8. **ADJOURNMENT**

TO JOIN THE MEETING

Please register for the Regular Meeting of the Whole-Child Model Family Advisory Committee on November 19, 2024 at 9:30 a.m. (PDT)

Join from a PC, Mac, iPad, iPhone or Android device:
  Please click this URL to join.

https://us06web.zoom.us/s/84859631857?pwd=WDKJ1O4aJW7Tlrk9zwJmU5UElWF3ai.1

Passcode: 831982

Or One tap mobile:
  +16694449171,,84859631857#,,,,*831982# US
  +17193594580,,84859631857#,,,,*831982# US

Or join by phone:
Dial(for higher quality, dial a number based on your current location):
US: +1 669 444 9171 or +1 719 359 4580 or +1 720 707 2699 or +1 253 205 0468 or +1 253 215 8782 or +1 346 248 7799 or +1 301 715 8592 or +1 305 224 1968 or +1 309 205 3325 or +1 312 626 6799 or +1 360 209 5623 or +1 386 347 5053 or +1 507 473 4847 or +1 564 217 2000 or +1 646 558 8656 or +1 646 931 3860 or +1 689 278 1000

Webinar ID: 848 5963 1857

Passcode: 831982

MINUTES

REGULAR MEETING OF THE
CALOPTIMA HEALTH
WHOLE CHILD MODEL
FAMILY ADVISORY COMMITTEE

September 24, 2024

A Regular Meeting of the Whole-Child Model Family Advisory Committee (WCM FAC) was held on September 24, 2024 at CalOptima Health, 505 City Parkway West, Orange, California via in-person and teleconference (Zoom).

CALL TO ORDER
Chair Kristen Rogers called the meeting to order at 9:33 a.m. and led the Pledge of Allegiance.

ROLL CALL

Members Present: Kristen Rogers, Chair (remote); Erika Jewell, Vice-Chair (remote); Jody Bullard (remote); Jennifer Heavener; Cally Johnson (remote); Monica Maier (remote); Sofia Martinez; Janis Price; Jessica Putterman; Lori Sato (remote)

Members Absent:

Others Present: Michael Hunn, Chief Executive Officer; Yunkyung Kim, Chief Operating Officer; Richard Pitts, D.O., Ph.D., Chief Medical Officer; Veronica Carpenter, Chief Administrative Officer; Donna Laverdiere, Executive Director, Strategic Development; Sharon Dwiers, Clerk of the Board; Cheryl Simmons, Staff to the Advisory Committees;

Chair Kristen Rogers welcomed Jody Bullard to the committee as an Authorized Family Member.

MINUTES

Approve the Minutes of the June 18, 2024 Regular Meeting of the CalOptima Board of Directors' Whole-Child Model Family Advisory Committee

> *Action:*   ***On motion of Member Maier, seconded and carried, the WCM FAC Committee approved the minutes of the June 18, 2024, meeting. (Motion carried 10-0-0)***

PUBLIC COMMENTS
There were no public comments.

REPORTS

Approve Recommendation for Chair and Vice Chair

The WCM FAC received a letter of interest from Lori Sato for the Chair seat. There were no additional nominations from the floor.

> *Action:*   ***On motion of Member Johnson seconded and carried, the Committee approved the recommendation to appoint Lori Sato as the WCM FAC Chair. (Motion carried 10-0-0)***

The WCM FAC received a letter of interest from Erika Jewell for the Vice Chair seat. There were no additional nominations from the floor.

> *Action:*   ***On motion of Member Sato, seconded and carried, the Committee approved the recommendation to reappoint Erika Jewell as the Vice Chair. (Motion carried 10-0-0)***

INFORMATION ITEMS

California Children's Services Update

Doris Billings, Program Manager and Chief Therapist, California Children Services (CCS) program in Orange County. Ms. Billings noted that CalOptima Health and CCS held a joint training in July for health networks and community providers on the WCM concept and the CCS program with the goal to share roles and responsibilities of both the managed care plan and CCS and to provide information on established policies. She also noted that in July CCS had implemented the Newborn Gateway Program for babies in the Neonatal Intensive Care Unit (NICU) who would now be assigned their own Client Index Number (CIN) versus assuming their mother's CIN number. Ms. Billings also discussed how the CCS program throughout the State continues to experience ongoing budget allocation challenges with increased shortfalls to the counties. She noted that CCS has seen decreases in budget allocations for the last three years; however, the continue to serve the CCS population to the best of their ability.

Covered California

Veronica Carpenter, Chief Administrative Officer, and Donna Laverdiere, Executive Director, Strategic Development, jointly presented on Covered California. Ms. Carpenter and Ms. Laverdiere provided an overview on how CalOptima Health is re-exploring the possibility of joining Covered California in 2026. They both reviewed the background on Covered California and talked about the added value for CalOptima Health's participation in Covered California for those low-income residents of Orange County.

Committee Member Updates

Chair Kristen Rogers announced the Whole Child Model member updates and noted that compliances courses were due by November 1, 2024 and to reach out to Cheryl Simmons if you

need assistance. She also noted that there was one Authorized Family Member seat available on the committee and to please assist by recruiting for this seat.

CEO AND MANAGEMENT REPORTS

Chief Operating Officer Report
Yunkyung Kim, Chief Operating Officer, thanked the committee for their feedback on initiatives that are working and those that are not achieving the desired impact, as well as what CalOptima Health could improve upon with regard to care for some of the most at-risk children. Ms. Kim also reviewed the quality incentive grants for eligible providers currently contracted with CalOptima Health. She noted that approximately $80 million in quality Pay-For-Value payments has been allocated for these quality incentives so that when health networks or physicians achieve certain quality metrics, they receive an additional payment to again thank them for helping CalOptima Health maintain a high level of quality for all of our members. Ms. Kim also noted that the quality grants would also be available soon for the OneCare line of business.

Chief Medical Officer Report
Richard Pitts, D.O., Ph.D., Chief Medical Officer, presented a Communicable Disease Update that included Mpox, Syphilis and other communicable diseases that are on CalOptima Health's radar. He reviewed Mpox and Syphilis trends and answered questions from the committee.

Chief Executive Officer Update
Michael Hunn, Chief Executive Officer, reviewed his CEO report and the Fast Facts report with the committee and answered questions about budget allocations contained in the report. He noted that CalOptima Health's administrative overhead is about 5.2% and that CalOptima Health has the lowest administrative overhead of any of the plans in the state of California, public or commercial with 94 cents per every dollar going to the member.

ADJOURNMENT
Hearing no further business, Chair Kristen Rogers adjourned the meeting at 11:00 a.m.

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

Approved: November 19, 2024

Family Support Network

SERVING SPECIAL FAMILIES SINCE 1985

Maura Byron, Executive Director

Back to Agenda

▶ Family Support Network was founded in 1985, by a group of families who met while sitting at the bedsides of their newborn babies in the neonatal intensive care unit. Getting to know one another through this shared traumatic experience, the parents connected for emotional support. When doctors prepared them all to leave the hospital and go home, they realized they had a very limited understanding of what having a child with special needs meant. As they began the process of navigating the very complicated system, they connected once again to help each other through the process and quickly realized that many families were struggling with similar situations. Family Support Network was born.

- ## *Mission Statement:*

Family Support Network provides services offering resources and advocacy for families and children with social, emotional, intellectual, and physical needs so they may reach their full potential.

- ## Vision Statement:

At Family Support Network, we serve by building communities and offering programs to empower families to be the best version of themselves.

The Face of Change:

At Family Support Network we are *families forward*. Our services are managed person to person taking into consideration each family's concern and everyone's needs. Our staff provide the one-on-one care the families need, and we are changing lives one family at a time. We are funded through donations, foundation grants, and contracts.

Our Departments:

- Early Childhood

- Special Needs

- Resilient Families

Early Childhood Department

Bloom Behavior Coaching: Critical buffering supports - a Behavior Intervention Program through Parent Coaching: Offering 5 in person/zoom sessions with caregivers and children to help fill the "gap" of being waitlisted for services. Resources / linkages provided. Provided by a certified Child Family Life Educator.

Voice Options Program: Offering devices (Ipad)and applications for individuals who need communication assistance because of a language disability. Partnering with the Department of Rehabilitation. Even though this program is offered without age limit, referrals begin as soon as young children are deemed to have a language disability.

Developmental Screenings: Free screenings for children between the ages of 0-5.   Screenings offered throughout the county focusing on developmental milestones, behavioral health and physical health. Partnering with various community providers and Regional Center of OC, we connect families to various community resources, school districts, medical access and medical homes.

Early Childhood Details

Bloom

- Free to ages 0-5
- COVID concerns: follow ups
- Majority of referrals from Developmental Screenings, but can self refer
- Coaching for first time parents
- Early attention to negative behaviors – prior to diagnosis
- Certified Family Life Educator
- Helping families feel connected

Voice Options

- Free devices/application/equipment
- Entire process takes about a month
- Verification of Delay
- Applications: 6 available: Proloquo to Go/Proloquo toText;
- Go Talk Now; LAMP; Touch Chat;
- Predictable
- No Age Limits

Developmental Screenings

- **Free** to children aged 0 – 5
- Referrals from Foster Care; Social Services; Physicians; Pre-schools; etc. Open to community.
- **Comprehensive**: Check for weight and overall health; dental health; vision; speech and language; audiological levels; gross and fine motor skills and behavioral/emotional health. Screening by certified therapists and specialists.
- Partner with Regional Center of OC and private funders.

Special Needs Department

(Specializing in system navigation for those with physical and intellectual delays.)

- **Regional Center REACH**: Family Liaisons are vendored with Regional Centers throughout the state to provide Resources, Education, Advocacy, Compassion and Help. Referrals from Service Coordinators at Regional Center.

- **Parent 2 Parent Mentors:** System Navigation and Emotional Support for Families of Individuals with Special Needs - all diagnosis – not necessarily RCOC

- **SHIFT** (Supportive Help in Family Transition) Support Group – all diagnosis – Special Needs individuals aged 16 and older and their caregivers. (Beginning again in the new year 2025)

- **Voice Options Program:** In Partnership with Department of Rehab, providing assistive communication devices to individuals with language disabilities.

CAMP TLC: Coming in near future (hopefully!) – seeking funders!

▶Resilient Families

▶**Wraparound Orange County** (In partnership with SSA/HCA/Probation)

▶Works closely with the three Wraparound agencies: South Coast Children's Services, Olive Crest and New Alternatives.

▶ Parent Institute: Parent Partner recruitment and training. Represents the parent voice on Intake and Referral team.

▶ Data Collection: Family and Staff satisfaction surveys and fidelity to program

▶ Resources: Provide **emergency needs items,** community services and linkages to various programs – everything from Aqua therapy to Zoomba Classes. In-kind supports from Costco, Target and other retailers.

▶**Parent Mentor Services for Reunification** (In partnership with SSA)

▶ Individuals with lived experience provide Peer to Peer mentorship for families who have been separated and are going through the reunification process in the court system. System navigation and emotional support. Resources, linkages and support through the process.

▶**Social Worker referral required for both programs.**

Thank You for your time and consideration! Questions???

CalAIM Services :

Explanation of Services and Propsosed Refinements

November 19, 2024

Kelly Bruno- Nelson, DSW
Executive Director, Medi-Cal & CalAIM
CalOptima Health

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

Personal Care and Homemaker Services

Services provided for individuals who need assistance with activities of daily living (ADLs), such as bathing, dressing, toileting, ambulation or feeding.

○ Fill a gap until IHSS is approved

○ Provide additional hours if necessary

Respite Services

- Services provided to caregivers of members who require intermittent temporary supervision

    - Length of service
- 336 hours per calendar year

Environmental Accessibility Adaptations

- Physical adaptations to a home that are necessary to ensure the health, welfare and safety of the individual, or enable the individual to function with greater independence in the home, without which the member would require institutionalization
  - For example: Ramps, grab bars and stairlifts
- Length of service
  - Lifetime maximum of $7,500

Nursing Facility Transition/Diversion to Assisted Living Facilities

- Services that facilitate nursing facility transition and ongoing support to members transitioning into an Assisted Living Facility from a Nursing Home or private residence.

  - Time Limited Transition services: one time moving expenses

  - Ongoing assisted living services, including ADL and IADL support (excludes room and board).

  - Once ALW is approved, no longer eligible.

Nursing Facility Transition to a Home

- Supports members in transitioning from a licensed facility to a living arrangement in a private residence where the members is responsible for their own living expenses

  - Setup expenses necessary to establish a basic household.

  - Time limited services to secure and transition from the licensed facility to a private residence. responsible for his or her own living expenses

  - Lifetime maximum of $7,500

Questions?

CalOptima
Health

Deputy Chief Medical Officer Update

Whole Child Model- Family Advisory Committee

Zeinab Dabbah, MD, JD, MPH, FACP
Deputy Chief Medical Officer

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Agenda

○ Immunization Update

○ New Asthma Treatment Guidelines

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2024

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
Influenza live, attenuated (LAIV4)	1 dose annually			
Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. See Notes.			≥60 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, see notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)				See Notes
				See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations		
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			
Mpox				

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/ Not applicable

CalOptima Health

Global Initiative for Asthma Update

o   Use of Inhaled Corticosteroid- long-acting beta agonist (ICS-formoterol)(e.g. Symbicort) as the reliever reduces the risk of exacerbations compared with using a Short Acting Beta Agonist (SABA)reliver.

- For acute asthma attacks use ICS-formoterol instead of using short acting beta agonist (e.g. albuterol) by itself for 12 yrs and over for every category of asthma including intermittent asthma
- Use of short acting beta agonist (albuterol) in tandem with ICS or alternatively a low dose ICS-formoterol combo as reliever for ages: 5 to 11 years.
- For children less than 5, use short acting (Albuterol) alone as reliever but start ICS at onset of viral infection

o   Home nebulization of albuterol is no longer recommended. Instead Pressurized Metered Dose Inhalers (pMDI) with spacer are more effective and associated with less Emergency Room use

https://ginasthma.org/2024-report/

Back to Agenda

CalOptima Health

Box 11-2. Personalized management of asthma in children 5 years and younger

GINA 2024 – Children 5 years and younger

Personalized asthma management:
Assess, Adjust, Review response

REVIEW · ASSESS · ADJUST

Exclude alternative diagnoses
Symptom control & modifiable risk factors
Comorbidities
Inhaler technique & adherence
Child and parent/caregiver preferences and goals

Symptoms
Exacerbations
Side-effects
Risk factors
Comorbidities
Child and parent/caregiver satisfaction

Treat modifiable risk factors and comorbidities
Non-pharmacological strategies
Asthma medications
Education & skills training

Asthma medication options:
Adjust treatment up and down for individual child's needs

	STEP 1 (Insufficient evidence for daily controller)	STEP 2 Daily low dose inhaled corticosteroid (ICS) (see Box 11-3 for ICS dose ranges for pre-school children)	STEP 3 Double 'low dose' ICS (See Box 11-3)	STEP 4 Continue controller & refer for specialist assessment
PREFERRED CONTROLLER CHOICE				
Other controller options (limited indications, or less evidence for efficacy or safety)	Consider intermittent short course ICS at onset of viral illness	Daily leukotriene receptor antagonist (LTRA†), or intermittent short course of ICS at onset of respiratory illness	Low dose ICS + LTRA† Consider specialist referral	Add LTRA†, or increase ICS frequency, or add intermittent ICS
RELIEVER	As-needed short-acting beta₂-agonist			
CONSIDER THIS STEP FOR CHILDREN WITH:	Infrequent viral wheezing and no or few interval symptoms	Symptom pattern not consistent with asthma but wheezing episodes requiring SABA occur frequently, e.g. ≥3 per year. Give diagnostic trial for 3 months. Consider specialist referral. Symptom pattern consistent with asthma, and asthma symptoms not well-controlled or ≥3 exacerbations per year.	Asthma diagnosis, and asthma not well-controlled on low dose ICS	Asthma not well-controlled on double ICS
			Before stepping up, check for alternative diagnosis, check inhaler skills, review adherence and exposures	

CalOptima Health

ASTHMA TREATMENT STEPS FOR CHILDREN 6–11 YEARS

Box 4-12. Personalized management for children 6–11 years to control symptoms and minimize future risk

GINA 2024 – Adults & adolescents 12+ years

Personalized asthma management
Assess, Adjust, Review
for individual patient needs

ASSESS
- Confirmation of diagnosis if necessary
- Symptom control & modifiable risk factors (see Box 2-2)
- Comorbidities
- Inhaler technique & adherence
- Patient preferences and goals

REVIEW
- Symptoms
- Exacerbations
- Side-effects
- Lung function
- Comorbidities
- Patient satisfaction

ADJUST
- Treatment of modifiable risk factors and comorbidities
- Non-pharmacological strategies
- Asthma medications including ICS (as below)
- Education & skills training

TRACK 1: PREFERRED CONTROLLER and RELIEVER
Using ICS-formoterol as the reliever* reduces the risk of exacerbations compared with using a SABA reliever, and is a simpler regimen

STEPS 1 – 2
As-needed-only low dose ICS-formoterol

STEP 3
Low dose maintenance ICS-formoterol

STEP 4
Medium dose maintenance ICS-formoterol

STEP 5
Add-on LAMA
Refer for assessment of phenotype. Consider high dose maintenance ICS-formoterol, ± anti-IgE, anti-IL5/5R, anti-IL4Rα, anti-TSLP

RELIEVER: As-needed low-dose ICS-formoterol*
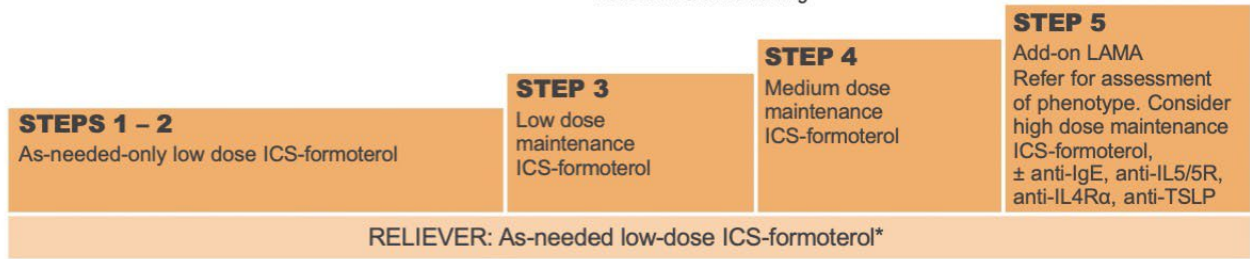
See GINA severe asthma guide

TRACK 2: Alternative CONTROLLER and RELIEVER
Before considering a regimen with SABA reliever, check if the patient is likely to adhere to daily controller treatment

STEP 1
Take ICS whenever SABA taken*

STEP 2
Low dose maintenance ICS

STEP 3
Low dose maintenance ICS-LABA

STEP 4
Medium/high dose maintenance ICS-LABA

STEP 5
Add-on LAMA
Refer for assessment of phenotype. Consider high dose maintenance ICS-LABA, ± anti-IgE, anti-IL5/5R, anti-IL4Rα, anti-TSLP
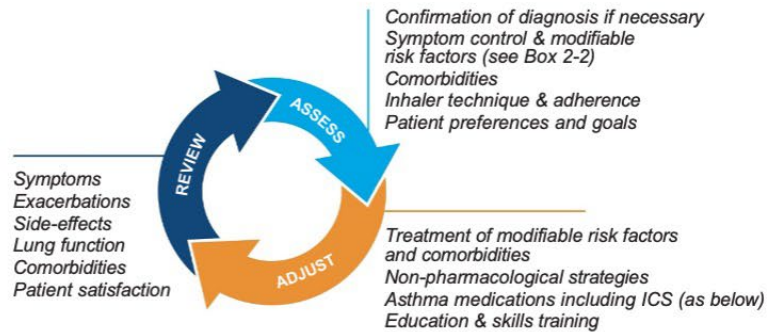
RELIEVER: As-needed ICS-SABA*, or as-needed SABA
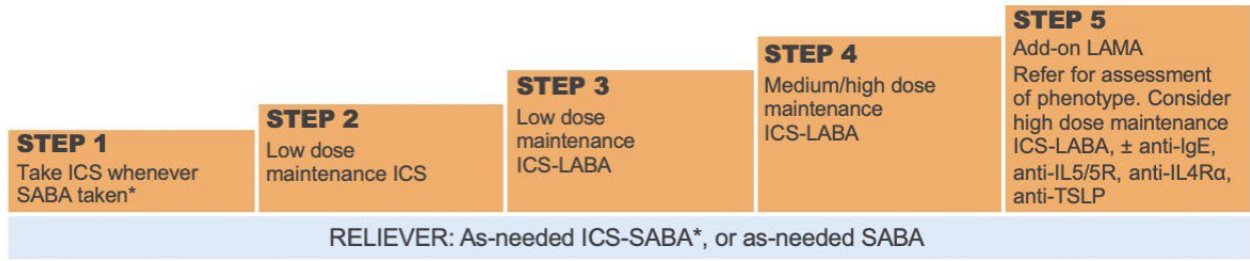
Other controller options (limited indications, or less evidence for efficacy or safety – see text)

| Low dose ICS whenever SABA taken*, or daily LTRA†, or add HDM SLIT | Medium dose ICS, or add LTRA†, or add HDM SLIT | Add LAMA or add LTRA† or add HDM SLIT, or switch to high dose ICS-only | Add azithromycin (adults) or add LTRA†. As last resort consider adding low dose OCS but consider side-effects |
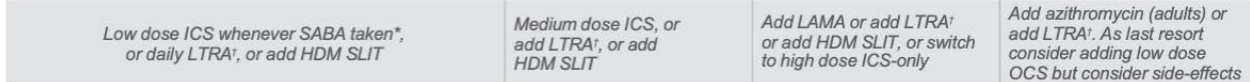
*Anti-inflammatory reliever; †advise about risk of neuropsychiatric adverse effects

GINA 2024 Box 4-6

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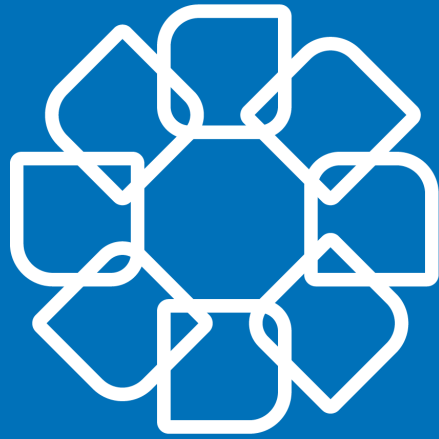
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90-Day Countdown: Pediatric Integration of Members 21 Years of Age and Younger

October 31, 2024

Background

The purpose of this alert is to inform pharmacy providers and prescribers that Medi-Cal Rx will reinstate claim edits and prior authorization (PA) requirements for members 21 years of age and younger on January 31, 2025.

As part of Pediatric Integration, Medi-Cal Rx will implement the California Children's Services (CCS) Panel Authority policy in which CCS Panel Providers will have prescribing authority for a limited list of medications and supplies under a set of utilization management (UM) policies selected for this authority. The CCS Panel Authority policy will apply to specific CCS Panel Providers only and for members younger than 21 years of age.

What Pharmacy Providers and Prescribers Need to Know

Beginning January 31, 2025, claim edits and PA request requirements will apply to all Medi-Cal Rx covered pharmacy claims for members 21 years of age and younger. For more information on claim and PA request requirements, refer to the *Medi-Cal Rx Provider Manual*.

In recognition of the training and experience required by CCS Panel Providers to care for pediatric members with complex medical conditions, Medi-Cal Rx will implement the CCS Panel Authority policy for specific CCS Panel Providers. CCS Panel Authority policy will apply to PA request requirements for select drugs, enteral nutrition products, and medical supplies when the following conditions are met:

- The member is younger than 21 years of age.
- The prescription is written by a CCS Panel Provider who has been given CCS Panel Authority by the Department of Health Care Services (DHCS).

What Pharmacy Providers and Prescribers Need to Do

Pharmacy providers and prescribers should review the resources posted on the new Pediatric Integration tab on the Medi-Cal Rx Web Portal. To access this tab, navigate to the Education & Outreach page on the Medi-Cal Rx Web Portal and select the **Pediatric Integration** tab.

Beginning January 17, 2025, Medi-Cal Rx will host a weekly webinar about Pediatric Integration to support stakeholder readiness. Pharmacy providers and prescribers should plan to attend a webinar prior to implementation on January 31, 2025.

Pharmacy providers and prescribers are also encouraged to review the following resources to learn more about Medi-Cal Rx and Pediatric Integration.

Medi-Cal Rx Resources

- *Medi-Cal Rx Provider Manual*
- *Medi-Cal Rx Billing Tips*
- *Claim Submission Reminders*
- *Medi-Cal Rx Web Claims Submission User Guide*
- Contract Drugs & Covered Products Lists page on the Medi-Cal Rx Web Portal
- *Medi-Cal Rx CDL and Approved NDC List Navigation* YouTube video
- *Five Ways to Submit a Prior Authorization Request*
- *Prior Authorization Submission Reminders*
- *Submitting a Prior Authorization (PA) Request via the Medi-Cal Rx Secured Provider Portal* YouTube video
- *How To Resolve Reject Code 76 – Plan Limitations Exceeded*
- *How to Resolve Claim Reject Code 78: Cost Exceeds Maximum*
- *NCPDP Reject Code 83 – Duplicate Paid/Captured Claim*

CCS Paneled Providers

- California Children's Services
- Becoming a California Children's Services Provider
- CCS Panel Application on the California Children's Services (CCS) Provider Paneling Portal
- California Children's Services Provider Lists
- *California Children's Services (CCS) – Frequently Asked Questions (FAQs)*
- *California Children's Services (CCS) Program and Genetically Handicapped Persons Program (GHPP)* section in the *Medi-Cal Rx Provider Manual*

Enteral Nutrition and Medical Supplies

- Refer to the *Covered Products Lists* section in the Contract Drugs & Covered Products Lists page on the Medi-Cal Rx Web Portal to review the *List of Contracted Enteral Nutrition Products*.
- Refer to the *Enteral Nutrition Products* section in the *Medi-Cal Rx Provider Manual* for additional information and criteria guidelines.
- Refer to the Bulletins & News and Forms & Information pages on the Medi-Cal Rx Provider Portal for guidance to successfully submit PA requests.

Contact Information

You can call the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, which is available 24 hours a day, 7 days a week, 365 days per year.

For other questions, email Medi-Cal Rx Education & Outreach at MediCalRxEducationOutreach@primetherapeutics.com.

M E M O R A N D U M

DATE:	November 1, 2024
TO:	CalOptima Health Board of Directors
FROM:	Michael Hunn, Chief Executive Officer
SUBJECT:	CEO Report — November 7, 2024, Board of Directors Meeting
COPY:	Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; and Whole-Child Model Family Advisory Committee

A. State Audit Recommendations Fully Implemented; Audit Now Closed

On October 22, the California State Auditor (CSA) confirmed that CalOptima Health has fully implemented all audit recommendations and officially closed the audit with no further responses or actions required. CSA expects to formally publish the final audit status on its website soon. Previously, the CSA released a report on May 2, 2023, following a comprehensive nine-month audit of CalOptima Health that covered an eight-year period from January 2014 through June 2022. In accordance with the terms of the audit, CalOptima Health was required to submit 60-day, six-month and one-year status updates to CSA regarding the implementation of the report's seven recommendations. This closure announcement came after CSA completed its review of our one-year status update.

B. CalOptima Health Met/Exceeded All MCAS Measures for 2023

I am pleased to inform the Board that our Medi-Cal performance on the Department of Health Care Services (DHCS) quality measures for Measurement Year 2023, defined in the Managed Care Accountability Set (MCAS), exceeded the 50th percentile of the National Committee for Quality Assurance National Medicaid benchmarks. By exceeding the minimum benchmarks established by DHCS for the 18 MCAS measures, CalOptima Health averted sanctions and corrective action from DHCS. The MCAS measures cover important health domains, including children's health, chronic disease management, reproductive health and cancer screening. We continue to identify opportunities to ensure that members receive these services in a timely manner according to evidence-based practice guidelines. For example, we are currently promoting flu vaccines using text, email and phone outreach; identifying women who have not received a mammogram and conducting outreach for scheduling; and identifying members with diabetes who need coaching to control blood sugar levels. Please note that the MCAS includes two behavioral health measures (Follow-Up After Emergency Department Visit for Mental Illness and Follow-Up Emergency Department Visit for Substance Use) that DHCS did not subject to sanctions due to data issues. CalOptima Health, along with most health plans, did not meet the Minimum Performance Level for these measures. We continue to work with our county behavioral health partners to share data to resolve this data gap.

C. CMS Star Rating for OneCare Released; Quality Grants Offered

The Centers for Medicare & Medicaid Services (CMS) uses a five-star rating system to evaluate the quality of Medicare health plans. Each year CMS calculates an overall, Part C and Part D Star Rating for each Medicare Advantage health plan. Star Ratings comprise clinical quality, member experience, prescription drug and health plan administrative measures. On October 10, CMS released the Star Ratings for the 2025 display year. Although CalOptima Health OneCare scored 3.0 on Part C and 3.0 on Part D, the overall score is 2.5, a decrease from 3.0 in 2024. CalOptima Health has implemented quality improvement initiatives to raise our Star Ratings, including closing care gaps for annual wellness visits, breast cancer screening, colorectal cancer screening, diabetes care and flu vaccines. We are planning a series of community health fairs to provide these services directly to members in their own neighborhoods. In a separate effort, CalOptima Health announced a Quality Improvement Grant Program OneCare Program Year 1 (2024). This program is intended to support health networks in planning and implementing quality improvement activities for services to OneCare members. It empowers health networks to identify, implement and evaluate evidence-based practices that drive measurable improvements in health care quality. Grant funding will be for a one-year period starting from the grant issue date.

D. OneCare Annual Election Period Is Underway

The annual election period (AEP) for CalOptima Health OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, opened October 15 and runs through December 7. To be eligible for OneCare a member must be:
- Age 21 and older
- Living in Orange County
- Enrolled in Medicare Parts A and B
- Receiving Medi-Cal benefits

Starting in 2025, CalOptima Health OneCare members now have two plan options to select from:
- CalOptima Health OneCare Complete — Our original plan offers $0 copays on medical and hospital services and all covered prescription drugs. It includes many extras, such as a fitness benefit, comprehensive dental, more vision care, a flex card for over-the-counter (OTC) items and groceries, and more.
- CalOptima Health OneCare Flex Plus — Our new low-cost plan is designed for flexibility, offering $0 doctor visits and hospital stays. It also includes generous extras, such as a larger flex card allowance for OTC items, more vision care, comprehensive dental, a fitness benefit, and more.

E. Covered California Ordinance Request Sent to Board of Supervisors

As directed by October's Board action, I recently sent a letter to the Orange County Board of Supervisors (BOS) to formally request the amendment of CalOptima Health's governing ordinance to allow our participation in Covered California. Amending the ordinance will require two successive majority votes, which will ideally be completed by December. Staff are also in the process of soliciting support letters from a wide range of providers and stakeholders to further reinforce our request to the BOS. Finally, to boost public transparency regarding our efforts, our website now has a dedicated Covered California resource page with FAQs, presentations, timelines and other materials.

F. Governor Completes Legislative Action

On September 30, Gov. Gavin Newsom finished signing or vetoing all 1,206 bills that were passed this year by the California State Legislature. He signed 1,017 bills into law and vetoed 189 bills, which is a veto rate of 15.7% — slightly higher than the 10-year historical average of 15%. Of note, 13 policy bills being monitored by CalOptima Health were signed into law, and seven were vetoed, reflecting a higher

veto rate for Medi-Cal-related legislation. According to an analysis by Capitol-watcher Chris Micheli, the governor rejected 30% of total bills due to budget concerns, 27% due to policy disagreements, and 22% that were unnecessary or impeded state agencies or local governments (among other reasons). Overall, CalOptima Health and our state trade associations had a largely successful year of advocacy with the Legislature and administration to defeat bills with potentially negative impacts. Government Affairs staff is now preparing analyses of signed legislation that may significantly affect CalOptima Health and our members, providers and stakeholders.

G. CalOptima Health Hosts Maternal Health and Wellness Event With UCI Health

On October 19, CalOptima Heath Chief Health Equity Officer Michaell Silva Rose, DrPH, LCSW, and the Equity and Community Health team partnered with UCI Health to host a health and wellness event specifically for women who had gaps in care related to their prenatal or postpartum care. The women who attended were hand-selected and invited to participate in this pilot "clinic day" and offered transportation to UCI Health Family Health Center in Santa Ana. Twenty-eight women received screenings and health education and participated in a survey that included questions on maternal mental health and social determinants of health.

H. County Supervisors Present Breast Cancer Awareness Month Proclamation

During the Orange County Board of Supervisors meeting on October 22, Chief Medical Officer Richard Pitts, D.O., Ph.D., was presented with a proclamation for Breast Cancer Awareness Month on behalf of CalOptima Health. Dr. Pitts also shared information with the supervisors about CalOptima Health's new cancer screening awareness campaign, which has the tagline "Screening Is About Life, not Cancer."

I. CalOptima Health Hosts First Senior Health and Wellness Fair

On October 19, approximately 350 seniors attended CalOptima Health's first Senior Health and Wellness Event and learned more about our OneCare and PACE programs. Attendees also received assistance with Medi-Cal and CalFresh enrollment, dental and vision screenings, and flu and COVID vaccines. The event also offered community resources for basic needs, mental health, and services for older adults and people with disabilities.

J. Response to Change Healthcare Cyberattack Complete

Eight months after the Change Healthcare cyberattack, CalOptima Health has reconnected with the health care technology company and has started processing new remittance advices (RAs). Following the announcement of the cyberattack in February, CalOptima Health proactively disconnected from Change Healthcare. We also added a 90-day grace period to the 365-day claims deadline and informed providers of alternative options for submitting claims and receiving electronic payments. CalOptima Health was part of a limited reconnection to Change Healthcare in May, but that did not include RAs. After fully reconnecting with Change Healthcare in August, we worked on processing the backlog of RAs submitted after the February disconnection. After we completed processing all RAs through the end of September, we returned to normal RA operations in early October.

![CalOptima Health logo]

Fast Facts
November 2024

Mission: To serve member health with excellence and dignity, respecting the value and needs of each person.

Membership Data* (as of September 30, 2024)

Total CalOptima Health Membership **913,501**	Program	Members
	Medi-Cal	895,716
	OneCare (HMO D-SNP)	17,282
	Program of All-Inclusive Care for the Elderly (PACE)	503

*Based on unaudited financial report and includes prior period adjustment

Operating Budget (for three months ended September 30, 2024)

	YTD Actual	YTD Budget	Difference
Revenues	$1,255,951,660	$1,068,106,279	$187,845,381
Medical Expenses	$1,236,461,011	$1,059,866,014	($176,594,997)
Administrative Expenses	$56,486,311	$71,765,553	$15,279,242
Operating Margin	($36,995,66)	($63,525,288)	$26,529,626
Medical Loss Ratio (MLR)	98.4%	99.2 %	(0.8%)
Administrative Loss Ratio (ALR)	4.5%	6.7%	2.2%

Notes:
- Totals may not add due to rounding
- Adjusted MLR is 96.1%, excluding estimated provider rate increases funded by reserves

Reserve Summary (as of September 30, 2024)

	Amount (in millions)
Board Designated Reserves	$1,036.1*
Statutory Designated Reserves	$136.4
Capital Assets (Net of depreciation)	$103.9
Resources Committed by the Board	$485.7
Board Approved Provider Rate Increases	$473.6
Resources Unallocated/Unassigned	$242.5*
Total Net Assets	$2,478.3

Total of Board-designated reserves and unallocated resources can support approximately 119 days of CalOptima Health's current operations.

Total Annual Budgeted Revenue

$4 Billion

NOTE: CalOptima Health receives its funding from state and federal revenues only.
CalOptima Health does not receive any of its funding from the County of Orange.

CalOptima Health Fast Facts
November 2024

Personnel Summary (as of October 19, 2024, pay period)

	Filled	Open	Vacancy % Medical	Vacancy % Administrative	Vacancy % Combined
Staff	1,319.5	74.15	46.36%	53.64%	5.32%
Supervisor	81	2	50%	50%	2.41%
Manager	113	5	40%	60%	4.24%
Director	68.25	2.5	60%	40%	3.53%
Executive	20	2	0%	100%	9.09%
Total FTE Count	1,601.8	85.7	47.89%	52.11%	5.08%

FTE count based on position control reconciliation and includes both medical and administrative positions.

Provider Network Data (as of October 10, 2024)

	Number of Providers
Primary Care Providers	1,319
Specialists	6,959
Pharmacies	523
Acute and Rehab Hospitals	40
Community Health Centers	72
Long-Term Care Facilities	207

Treatment Authorizations (as of August 31, 2024)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	32.83 hours
Prior Authorization – Urgent	72 hours	18.32 hours
Prior Authorization – Routine	5 days	2.27 days

Average turnaround time for routine and urgent authorization requests for CalOptima Health Community Network.

Member Demographics (as of September 30, 2024)

Member Age		Language Preference		Medi-Cal Aid Category	
0 to 5	8%	English	54%	Temporary Assistance for Needy Families	38%
6 to 18	23%	Spanish	31%	Expansion	38%
19 to 44	36%	Vietnamese	9%	Optional Targeted Low-Income Children	7%
45 to 64	20%	Other	2%	Seniors	11%
65 +	13%	Korean	2%	People With Disabilities	5%
		Farsi	1%	Long-Term Care	<1%
		Chinese	<1%	Other	<1%
		Arabic	<1%		

Provider Network Trend
November 2024

Mission: To serve member health with excellence and dignity, respecting the value and needs of each person.

CHCN and Health Networks

Total Providers [1]

Provider Type	2023 – Q3	2023 – Q4	2024 – Q1	2024 – Q2	2024 – Q3	YOY Net Δ
PCP [2]	1,309	1,307	1,296	1,297	1,307	-2
Specialist (Physicians)	6,528	6,463	6,503	6,754	6,945	417
Hospitals [3]	44	43	39	40	40	-4
Community Health Centers [4]	63	63	64	65	65	2
Long Term Care	196	197	201	200	207	11
Behavioral Health [5]	1,967	1,982	2,122	2,213	2,239	272
ECM	31	32	32	32	32	1
Community Support	72	77	95	99	102	30

Medi-Cal

Provider Type	2023 – Q3	2023 – Q4	2024 – Q1	2024 – Q2	2024 – Q3	YOY Net Δ
PCP [2]	1,113	1,118	1,108	1,100	1,082	-31
Specialist (Physicians)	5,772	5,752	5,856	6,129	6,348	576
Hospitals [3]	41	40	36	37	37	-4
Community Health Centers [4]	63	63	63	64	64	1
Long Term Care	192	193	197	196	203	11
Behavioral Health [5]	1,883	1,904	2,043	2,118	2,162	279
ECM	31	32	32	32	32	1
Community Support	71	77	95	99	102	31

OneCare

Provider Type	2023 – Q3	2023 – Q4	2024 – Q1	2024 – Q2	2024 – Q3	YOY Net Δ
PCP [2]	1,065	1,073	1,095	1,092	1,095	30
Specialist (Physicians)	4,746	4,809	4,934	5,132	5,331	585
Hospitals [3]	38	38	34	35	35	-3
Community Health Centers [4]	58	57	58	58	58	0
Long Term Care	66	70	68	68	69	3
Behavioral Health [5]	515	526	547	596	607	92

PACE

Provider Type	2023 – Q3	2023 – Q4	2024 – Q1	2024 – Q2	2024 – Q3	YOY Net Δ
PCP [2]	4	5	5	5	5	1
Specialist (Physicians)	3,114	3,106	3,109	3,253	3,405	291
Hospitals [3]	32	32	28	29	29	-3
Community Health Centers [4]	0	0	0	0	0	0
Long Term Care	63	67	67	65	65	2
Behavioral Health [5]	100	97	94	97	96	-4

Provider Network Trend
November 2024

CHCN Only

Total Providers [1]

Provider Type	2023 – Q3	2023 – Q4	2024 – Q1	2024 – Q2	2024 – Q3	YOY Net Δ
PCP [2]	666	685	674	672	677	11
Specialist (Physicians)	5,877	5,811	5,829	6,082	6,273	396
Hospitals [3]	40	39	35	36	36	-4
Community Health Centers [4]	52	52	56	56	56	4
Long Term Care	192	193	197	196	203	11
Behavioral Health [5]	1,955	1,969	2,104	2,189	2,215	260
ECM	31	32	32	32	32	1
Community Support	71	77	95	99	102	31

Medi-Cal

Provider Type	2023 – Q3	2023 – Q4	2024 – Q1	2024 – Q2	2024 – Q3	YOY Net Δ
PCP [2]	646	664	653	651	653	7
Specialist (Physicians)	5,358	5,346	5,427	5,717	5,939	581
Hospitals [3]	38	37	33	34	34	-4
Community Health Centers [4]	52	52	56	56	56	4
Long Term Care	192	193	197	196	203	11
Behavioral Health [5]	1,874	1,894	2,028	2,097	2,141	267
ECM	31	32	32	32	32	1
Community Support	71	77	95	99	102	31

OneCare

Provider Type	2023 – Q3	2023 – Q4	2024 – Q1	2024 – Q2	2024 – Q3	YOY Net Δ
PCP [2]	554	572	564	564	570	16
Specialist (Physicians)	4,056	4,108	4,195	4,385	4,588	532
Hospitals [3]	33	33	29	30	30	-3
Community Health Centers [4]	42	42	46	46	46	4
Long Term Care	192	193	197	196	203	11
Behavioral Health [5]	500	509	528	578	588	88

PACE

Provider Type	2023 – Q3	2023 – Q4	2024 – Q1	2024 – Q2	2024 – Q3	YOY Net Δ
PCP [2]	4	5	5	5	5	1
Specialist (Physicians)	3,114	3,106	3,109	3,253	3,405	291
Hospitals [3]	32	32	28	29	29	-3
Community Health Centers [4]	0	0	0	0	0	0
Long Term Care	63	67	67	65	65	2
Behavioral Health [5]	100	97	94	97	96	-4

Footnotes:

[1] *Unique count of Provider by NPI (does not include count of each practice location per provider)*

[2] *Includes Primary Care Physicians, FQHCs and Long Term Care facilities acting as Primary Care Providers*

[3] *Includes Acute, Rehab and Long Term Acute Care Hospitals*

[4] *Community Health Centers includes FQHCs, FQHC look-alike and Community Clinics*

[5] *Includes Practitioners and Behavioral Health Groups*