

CALOPTIMA HEALTH BOARD ACTION AGENDA REFERRAL

Action To Be Taken October 3, 2024

Regular Meeting of the CalOptima Health Board of Directors

Report Item

17. Approve Actions Related to CalOptima Health's Potential Participation in Covered California

Contacts

Veronica Carpenter, Chief Administrative Officer, (657) 900-1161

Donna Laverdiere, Executive Director, Strategic Development, (714) 986-6981

Recommended Actions

1. Adopt CalOptima Health's Covered California Guiding Principles to inform the design and development of CalOptima Health's potential participation in Covered California;
2. Authorize the continued regular convening of CalOptima Health's Covered California Stakeholder Steering Committee to inform ongoing operational and regulatory considerations for CalOptima Health's potential participation in Covered California; and
3. Direct the Chief Executive Officer, or designee, to request the Orange County Board of Supervisors to amend Section 4-11-2 of the Codified Ordinances of the County of Orange to remove the prohibition on the participation of the Orange County Health Authority in the California Health Benefit Exchange.

Background

The Patient Protection and Affordable Care Act (ACA) was signed into law in March 2010. The ACA allowed states to establish their own state-based health insurance marketplaces/exchanges to provide their residents with an avenue to shop for and purchase health coverage and receive premium assistance in the form of federal subsidies, if eligible. California was the first state to introduce legislation to create the California Health Benefit Exchange, also known as Covered California. In September 2010, then-Governor Arnold Schwarzenegger signed into law Assembly Bill 1602 (the California Patient Protection and Affordable Care Act) and Senate Bill 900. In 2011, in response to the enacted legislation, the Orange County Board of Supervisors (BOS) approved an amendment to the governing ordinance of the Orange County Health Authority (doing business as CalOptima Health) to prohibit its participation in Covered California.

The recent reinstatement of Medi-Cal renewals following the end of the COVID-19 public health emergency, as well as the existing churn in eligibility for low-income populations, compromises continuity of care for CalOptima Health members and results in mixed-coverage households with varying provider networks. Entry into Covered California would bridge the coverage gap when CalOptima Health members lose Medi-Cal coverage and keep family members in aligned networks at affordable premiums. As the largest health plan in Orange County, CalOptima Health has broad partnerships, a commitment to investing in the local community, and a responsibility to protect access to and continuity of high-quality care for members throughout their life span.

As such, on August 1, 2024, the CalOptima Health Board of Directors (Board) authorized the Chief Executive Officer (CEO) to convene a stakeholder steering committee comprised of key external partners and providers to discuss considerations for potential participation in Covered California. In addition, the Board authorized staff to conduct stakeholder listening sessions and other presentations to solicit feedback from broader partners and the community at large.

Discussion

Since the Board's actions on August 1, 2024, CalOptima Health leadership and staff convened the Covered California Stakeholder Steering Committee (see *Attachment 1* for current membership list) and have engaged with the committee, other key stakeholders, and community members, as follows:

- Member Advisory Committee (MAC)/Provider Advisory Committee (PAC) Joint Meeting (August 8, 2024)
- Community Listening Session #1 (August 14, 2024)
- Health Network Forum (August 15, 2024)
- Community Clinic Forum (August 26, 2024)
- Community Listening Session #2 (August 29, 2024)
- Steering Committee Meeting #1 (August 29, 2024)
- Steering Committee Meeting #2 (September 16, 2024)
- Whole-Child Model Family Advisory Committee (September 24, 2024)
- Steering Committee Meeting #3 (September 24, 2024)

Based upon the positive and informative feedback received through engagement efforts thus far, staff recommends that the Board direct the CEO, or designee, to request the BOS to amend CalOptima Health's governing ordinance to remove the prohibition on participation in Covered California. Staff would then coordinate with BOS offices and the Orange County Health Care Agency (HCA) to draft an amended ordinance for consideration of a first and second reading at the next two available BOS meetings, likely in November 2024.

Amending CalOptima Health's governing ordinance would be only the first step in a multi-year, multi-step entry process and would therefore not be a final approval for CalOptima Health's participation in Covered California. Removing the current prohibition on participation would allow staff to take additional steps to conduct internal and external analyses, including related to membership projections, provider network considerations, and cost and staffing needs that would inform future decision-making.

Subject to BOS approval of an amended ordinance and the Board's ongoing support, staff would return to the Board regularly to request authorizations to take individual future steps regarding key operational and regulatory considerations over the next approximately two-and-a-half years for a potential market entry date of January 1, 2027. Board approvals would include but would not be limited to financial resources, implementation support, vendor solutions, regulatory filings, provider contracting, and marketing and outreach campaigns (see *Attachment 2* for preliminary high-level implementation timeline and Board review checkpoints). Most immediately, staff

would expect to return to the Board on December 5, 2024, to request approval for initial financial and development resources.

With input from the steering committee, leadership and staff have established the following Guiding Principles to inform CalOptima Health's potential participation in Covered California and present them for the Board's consideration and adoption:

CalOptima Health's Covered California Guiding Principles

1. Through Covered California participation, provide continuous, high-quality care to our members across changes in life circumstances.
2. Ensure sufficient provider reimbursement in alignment with the current Covered California market in Orange County.
3. Consistently engage external stakeholders on an ongoing basis to inform the design, development and implementation of the program in a transparent way.
4. Be strong stewards of public funds by identifying opportunities for efficiency and careful investment in needed capabilities.
5. Ensure ongoing reinvestment in the Orange County community as a key tenet of Covered California participation.
6. Start small, and target individuals and families churning on and off Medi-Cal coverage.
7. Ensure network adequacy to support access and availability to care for our members.

Given the critical insights of the steering committee, staff also recommends that the Board authorize the continued regular convening of CalOptima Health's Covered California Stakeholder Steering Committee to inform ongoing operational and regulatory considerations for CalOptima Health's potential participation in Covered California.

Fiscal Impact

The recommended actions have no immediate fiscal impact. Staff will request funding through separate Board actions at future meetings.

Rationale for Recommendation

This recommendation will allow CalOptima Health to proceed to the next step to consider participation in Covered California.

Concurrence

James Novello, Outside General Counsel, Kennaday Leavitt

Attachment

1. Covered California Stakeholder Steering Committee Membership List
2. Preliminary High-Level Covered California Implementation Timeline and Board Review Checkpoints
3. Previous Board Action dated August 1, 2024, “Approve Actions Related to Convening a Steering Committee and Conducting Community Listening Sessions to Explore Joining Covered California”

/s/ Michael Hunn
Authorized Signature

09/26/2024
Date

Covered California Stakeholder Steering Committee

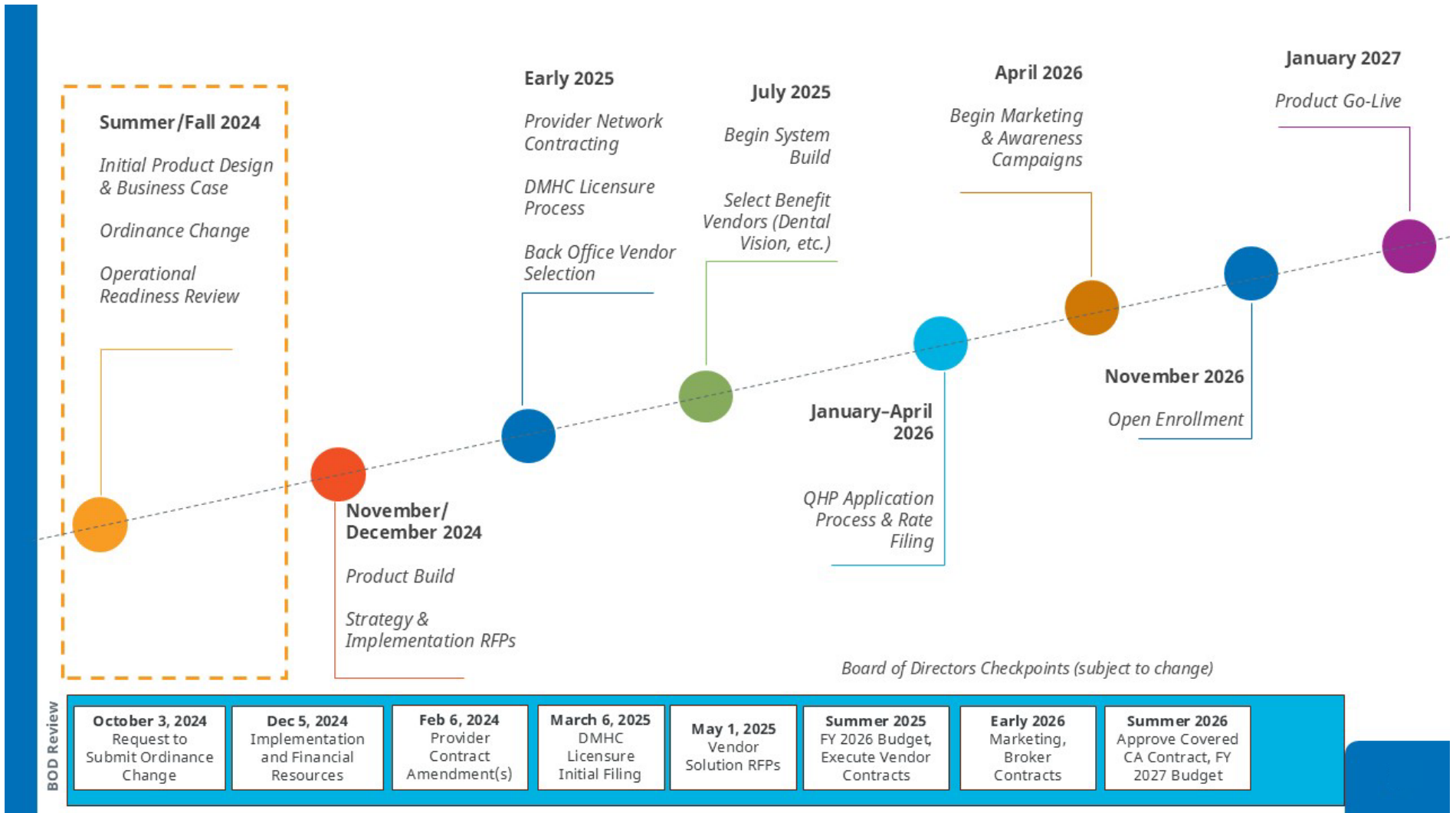
Membership List

(as of September 24, 2024)

1. Hospital Association of Southern California (HASC) Representative
 - **Sara May / Paul Young**
2. Orange County Medical Association (OCMA) Representative
 - **Connie Bartlett, D.O.**
3. Safety Net Hospital Representative
 - **Randolph P. Siwabessy, MA, MBA, FACHE, FHFMA** — UCI Health
4. Pediatric Hospital Representative
 - **Jena Jensen** — Children’s Hospital of Orange County (CHOC)
5. Large Health Network Representative
 - **Ray Chicoine** — Optum Orange County
6. Small Health Network Representative
 - **Toan Q. Tran, M.D. / Tao Le, M.D.** — Family Choice Health Services
7. Coalition of Orange County Community Health Centers (Coalition) Representative
 - **Sonia Shah, MPH / Ryan Yamamoto**
8. Community Clinic Representative
 - **Jenny Q. Nguyen, MPH** — Nhan Hoa Comprehensive Health Care Clinic
9. Chair, Member Advisory Committee (MAC)
 - **Christine C. Tolbert**
10. Chair, Provider Advisory Committee (PAC)
 - **John H. Nishimoto, O.D., MBA, FAAO**
11. Office of O.C. Supervisor Vicente Sarmiento
 - **Vasila Ahmad**
12. Office of O.C. Supervisor Doug Chaffee
 - **Al Jabbar**

Preliminary High-Level Covered California Implementation Timeline and Board Review Checkpoints

(as of September 24, 2024)



CALOPTIMA HEALTH BOARD ACTION AGENDA REFERRAL

Action To Be Taken August 1, 2024

Regular Meeting of the CalOptima Health Board of Directors

Report Item

18. Approve Actions Related to Convening a Steering Committee and Conducting Community Listening Sessions to Explore Joining Covered California

Contacts

Yunkyung Kim, Chief Operating Officer, (714) 246-8408

Donna Laverdiere, Executive Director of Strategic Development, (714) 986-6981

Recommended Actions

1. Authorize the Chief Executive Officer, or designees, to convene a Stakeholder Steering Committee to explore CalOptima Health joining Covered California and provide feedback throughout the regulatory process.
2. Authorize the Chief Executive Officer, or designees, to conduct stakeholder listening sessions and workshops to explore CalOptima Health joining Covered California.

Background/Discussion

The Patient Protection and Affordable Care Act (ACA) was signed into law in March of 2010. The ACA allowed states to set up their own state-based marketplace or exchange to provide its residents with an avenue to shop for and purchase their health insurance and receive discounts in the form of federal subsidies if eligible.

California was the first state to introduce legislation to create the California Health Benefit Exchange, known as Covered California. In September of 2010, then-Governor Arnold Schwarzenegger signed Assembly Bill 1602, (the "California Patient Protection and Affordable Care Act"), by Assembly Speaker John Perez, and Senate Bill 900, by State Senator Elaine Alquist, into law.

In 2011, because of the signed legislations, the Orange County Board of Supervisors voted to not allow CalOptima to participate in Covered California. This was done through amending the CalOptima county ordinance that specifically prohibited CalOptima's participation in the State Health Care Exchange.

At the May 5, 2022, meeting, the Board had supported CalOptima's participation in Covered California and directed staff to seek an ordinance change from the County of Orange. The CalOptima Health Board of Directors approved joining Covered California in the Strategic Plan at its meeting on June 2, 2022.

CalOptima Health staff recommends convening a steering committee comprised of providers partners and members to explore joining Covered CA. The recent reinstatement of Medi-Cal renewals and existing churn in eligibility for low-income populations compromises continuity of care for members and results in mixed-coverage households with varying provider networks. Entry into Covered California would bridge the coverage gap when members lose Medi-Cal coverage and keep family members in aligned networks at affordable premiums.

The Steering Committee would provide staff with feedback starting in mid-August and continuing throughout the calendar year.

Additionally, in order to provide a transparent and robust stakeholder engagement process, staff would like to hold community listening sessions on August 14, 2024 and August 29, 2024.

Staff will bring findings and recommendations on next steps no later than the October Board meeting.

Fiscal Impact

There is no immediate fiscal impact to explore CalOptima Health’s participation in Covered California. Staff will address any additional fiscal impact in separate Board actions.

Rationale for Recommendation

The recommendation action will allow CalOptima Health to solicit broad stakeholder feedback from the exploratory phase and obtain ongoing feedback related to CalOptima Health’s participation in Covered California. The feedback will inform Board recommendations on next steps.

Concurrence

Jim Novello, Outside General Counsel, Kennaday Leavitt

Attachments

1. Proposed Steering Committee Seats
2. Previous Board Action dated May 5, 2022 “Direct the Chief Executive Officer to Take Actions to Amend CalOptima’s Ordinance to Allow for the Participation in the California Health Benefit Exchange”
3. Previous Board Action dated June 2, 2022 “Adopt Strategic and Tactical Priorities for 2022-2025”

/s/ Michael Hunn
Authorized Signature

07/25/2024
Date

Covered California Steering Committee (PROPOSED)

1. Hospital Association of Southern California (HASC) Representative
2. Orange County Medical Association (OCMA) Representative
3. Safety Net Hospital Representative
4. Pediatric Hospital Representative
5. Large Health Network Representative
6. Small Health Network Representative
7. Community Clinic Representative
8. Member Advisory Committee Chair
9. Provider Advisory Committee Chair
10. Office of Supervisor Sarmiento
11. Office of Supervisor Chaffee

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken May 5, 2022

Regular Meeting of the CalOptima Board of Directors

Report Item

20. Direct the Chief Executive Officer to Take Actions to Amend CalOptima's Ordinance to Allow for the Participation in the California Health Benefit Exchange

Contacts

Michael Hunn, Chief Executive Officer, (657) 900-1481

Yunkyung Kim, Chief Operating Officer, (714) 246-8408

Recommended Actions

1. Support CalOptima's participation in the California Health Benefit Exchange; and
2. Direct the Chief Executive Officer to seek an ordinance change from the County of Orange to allow CalOptima to participate in the State Health Insurance Exchange, also known as, Covered California.

Background/Discussion

The Patient Protection and Affordable Care Act (ACA) was signed into law in March of 2010. The ACA allowed states to set up their own state-based marketplace or exchange to provide its residents with an avenue to shop for and purchase their health insurance and receive discounts in the form of federal subsidies if eligible.

California was the first state to introduce legislation to create the California Health Benefit Exchange, known as Covered California. In September of 2010, then-Governor Arnold Schwarzenegger signed Assembly Bill 1602, (the "California Patient Protection and Affordable Care Act"), by Assembly Speaker John Perez, and Senate Bill 900, by State Senator Elaine Alquist, into law.

In 2011, because of the signed legislations, the Orange County Board of Supervisors voted to not allow CalOptima to participate in Covered California. This was done through amending the CalOptima county ordinance that specifically prohibited CalOptima's participation in the State Health Care Exchange.

Staff is seeking approval to allow the Chief Executive Officer to pursue an ordinance amendment at the County of Orange that would allow CalOptima to participate in Covered California. CalOptima's participation in Covered California would substantially benefit the county and CalOptima members for the following four core reasons:

- Reduce churn by providing CalOptima members continuity of care for former Medi-Cal members.
- Improve access by expanding the options to ensure more lives are covered.
- Extend local expertise that amplifies the impact of CalOptima's community focus.
- Bolster the safety net by bringing revenue that can be invested back into community health.

If approved, staff will seek approval to change the CalOptima Ordinance in order to allow participation in Covered California. The Ordinance is governed by the Orange County Board of Supervisors, so consideration of a change by the Board of Supervisors would require two readings:

- First Reading: Tuesday, May 10
- Second Reading: Tuesday, May 24

Following that process, CalOptima would begin work on building internal capabilities for a plan launch in January 2024. Covered California plans have an open enrollment period that begins in fall for annual coverage. Thus, the CalOptima plan would need to be ready to offer in late 2023 for 2024. Individuals can enroll outside of this window if they have certain life events, such as loss of coverage, a move, marriage and other considerations.

Fiscal Impact

There is no immediate fiscal impact to support CalOptima's participation in Covered California and to seek a change to CalOptima's ordinance. Staff will address any additional fiscal impact in separate Board actions.

Rationale for Recommendation

Participation in Covered California will provide CalOptima with greater opportunities to further its mission and serve its programs and members. The requested action will initiate the Ordinance change process.

Concurrence

James Novello, Outside General Counsel, Kennaday Leavitt

Attachments

1. [CalOptima Marketplace Briefing Sheet](#)
2. [May 10, 2022 Board of Supervisors Agenda Item](#)

/s/ Michael Hunn
Authorized Signature

04/28/2022
Date

Proposal and Timeline

At the May 5th CalOptima Board of Directors meeting, staff will seek approval to change the CalOptima Ordinance at the Board of Supervisors (BoS) in order to allow CalOptima to participate in Covered California. If approved, the ordinance change at the BoS would require two readings:

- First Reading-Tuesday, May 10th
- Second Reading-Tuesday, May 24th

The benefit to CalOptima and our members is:

- Continuity of care: up to 10,000 people in CA move between Medi-Cal and Covered California each month (pre-pandemic). Participating in the Exchange allows CalOptima to maintain continuity of care for Orange County residents who switch coverage
- Improved access to care
- Increased revenue that will help to support the safety net

Background

Medi-Cal offers low-cost or free health coverage to eligible Orange County residents with limited income. Covered California is the state's health insurance marketplace where Orange County residents may shop for health plans and access financial assistance if they qualify for it.

According to Covered California:

- As of December 2021, Orange County has a total of 155,660 residents enrolled in Covered California:
 - 138,470 enrollees are subsidized
 - 17,200 enrollees are unsubsidized

- Covered California Enrollment in Orange County by FPL December 2021

138% FPL or less	2.5%
138% FPL to 150% FPL	22.2%
150% FPL to 200% FPL	23.4%
200% FPL to 250% FPL	13.3%
250% FPL to 400% FPL	25.7%
400% FPL to 600% FPL	5.4%
600% FPL or greater	2.3%

- Enrollment in Orange County by Health Plan, December 2021

Anthem Blue Cross of California	14,310
Blue Shield of California	42,770
Health Net	28,650
Kaiser Permanente	31,650
Molina Healthcare	1,190
Oscar Health Plan of California	37,080

Agenda Item

AGENDA STAFF REPORT



ASR Control 22-000427

MEETING DATE: 05/10/22
LEGAL ENTITY TAKING ACTION: Board of Supervisors
BOARD OF SUPERVISORS DISTRICT(S): All Districts
SUBMITTING AGENCY/DEPARTMENT: Health Care Agency (Approved)
DEPARTMENT CONTACT PERSON(S): Torhon Barnes (714) 834-5109
 Clayton Chau (714) 834-2830

SUBJECT: Amendments to CalOptima Ordinance

CEO CONCUR Concur	COUNTY COUNSEL REVIEW Approved Ordinance to Form	CLERK OF THE BOARD Discussion 3 Votes Board Majority
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Budgeted: N/A **Current Year Cost:** N/A **Annual Cost:** N/A
Staffing Impact: No **# of Positions:** **Sole Source:** N/A
Current Fiscal Year Revenue: N/A
Funding Source: N/A **County Audit in last 3 years:** No
Prior Board Action: 10/18/2011 #29, 10/04/2011 #38

RECOMMENDED ACTION(S):

1. Read title of Ordinance, "An Ordinance of the County of Orange, California amending sections 4-11-2, of the Codified Ordinances of the County of Orange Regarding the Orange County Health Authority."
2. Order further reading of Ordinance be waived.
3. Consider the matter.
4. Direct Ordinance be placed on the agenda for the next regularly scheduled Board of Supervisors meeting for adoption.
5. Consider the matter and adopt the Ordinance at the next regularly scheduled meeting.

SUMMARY:

Modifying the CalOptima Ordinance will allow the CalOptima to participate in the California Health Benefit Exchange.

BACKGROUND INFORMATION:

The Patient Protection and Affordable Care Act (ACA) was signed into law in March of 2010. The ACA allowed states to set up their own state-based marketplace or exchange to provide its residents with an avenue to purchase their health insurance and receive discounts in the form of federal subsidies if eligible.

California was the first state to introduce legislation to create the California Health Benefit Exchange, known as Covered California. In September of 2010, then-Governor Arnold Schwarzenegger signed Assembly Bill 1602, the California Patient Protection and Affordable Care Act and Senate Bill 900 into law.

On October 4, 2011, the Orange County Board of Supervisors amended the CalOptima ordinance that stated, “It is not intended that the Health Authority compete with private sector health plans, individually or through joint ventures, to offer insurance directly to individual or group private payers procuring their coverage in the commercial, non-governmental health care market.”

On May 5, 2022, the CalOptima Board of Directors will consider authorizing the CalOptima Chief Executive Officer to seek an amendment of the CalOptima Ordinance from the Board of Supervisors regarding allowing CalOptima to participate in Covered California.

CalOptima’s participation in Covered California would substantially benefit the County and CalOptima members for the following four core reasons:

- Reduce churn by providing CalOptima members continuity of care for former Medi-Cal members.
- Improve access by expanding the options to ensure more individuals are covered.
- Extend local expertise that amplifies the impact of CalOptima’s community focus.
- Bolster the safety net by bringing revenue that can be invested back into community health.

The proposed amendments authorize CalOptima to participate in the Covered California as a health care service plan in accordance with Title 22 of the California Government Code (commencing with Section 100500) and Title 10 of the California Code of Regulations, and aligns the current Ordinance with Welfare & Institutions Code Section 14087.54.

In the event the Board adopts the amendments, CalOptima plans to begin building internal capabilities for a plan launch in January 2024.

FINANCIAL IMPACT:

N/A

STAFFING IMPACT:

N/A

ATTACHMENT(S):

Attachment A - Proposed Amendments to Orange County Codified Ordinance, Section 4-11-2

Attachment B - Current Version of Orange County Codified Ordinance, Section 4-11-2-2

Attachment C - Welfare & Institutions Code Section 14087.54

ORDINANCE NO. 22-___

AN ORDINANCE OF THE COUNTY OF ORANGE, CALIFORNIA
 AMENDING SECTIONS 4-11-2 OF THE CODIFIED ORDINANCES OF THE
 COUNTY OF ORANGE REGARDING THE ORANGE COUNTY HEALTH
 AUTHORITY

The Board of Supervisors of the County of Orange, California ordains as follows:

SECTION 1. Section 4-11-12 of Article 1 of Division 11 of Title 4 of the Codified Ordinances of the County of Orange is hereby amended to read as follows:

Sec. 4-11-2. - Purpose.

(a) ~~The purpose of the Health Authority is to negotiate exclusive contracts specified in Welfare and Institutions Code section 14087.5 with the California Department of Health Care Services and to arrange for the provision of health care services to qualifying individuals who lack sufficient annual income to meet the cost of healthcare, and whose other assets are so limited that their application toward the cost of health care would jeopardize the person's or family's future minimum self-maintenance and security, pursuant to provided pursuant to chapter 7 of part 3 of division 9 of the Welfare and Institutions Code, and to participate in any other publicly supported health care program the Health Authority is permitted to participate in under state and federal law that are intended to assist low income or indigent residents in obtaining healthcare. It is not intended that the Health Authority compete with private sector health plans, individually or through joint ventures, to offer insurance directly to individual or group private payers procuring their coverage in the commercial, non-governmental health care market.~~

(b) The Health Authority shall design and operate a program that:

- (1) Incorporates managed care concepts; gives high priority to prevention, education and early intervention services; and improves access to primary care and related specialty and ancillary services for enrolled recipients.
- (2) Includes mechanisms for assuring that the program is culturally appropriate and linguistically competent, provides for continuity of care and geographic access to health care services, and meets appropriate quality of care standards.
- (3) Recognizes the importance of institutions providing medical, nursing and allied health education.
- (4) Provides a system for enrolled recipients to select their primary care provider.
- (5) Includes special care management components and a system of assignment to such components assuring that the health care needs of enrolled recipients with special requirements are met.

An Ordinance of the County of Orange, California, amending Section 4-11-2, subsection (a) of the Codified Ordinances of the County of Orange regarding the Orange County Health Authority

(6) Incorporates a plan of service delivery and implements reimbursement mechanisms which will assure the long-term viability of a locally operated Medi-Cal managed care system.

(7) Implements a financial plan which includes the creation of a prudent reserve within three (3) years of commencing operation, and which provides that if additional surplus funds accrue, such funds shall be used to expand access, improve benefits and/or augment provider reimbursement.

(8) Ensures that all program obligations, statutory, contractual or otherwise, shall be obligations of the program and shall not be the obligations of the County of Orange.

(c) The Health Authority shall have the power to contract with providers for services, including, but not limited to, contracts where services are provided on a capitation and other risk-sharing basis. The Health Authority may contract with public and private insurers, purchasers of health insurance, and fiscal intermediaries to administer its health care program.

(d) After commencement of operations of the Health Authority finance program for Medi-Cal recipients, the Health Authority shall design and implement a plan through separate contracts to include within the program it administers those eligible indigent persons for whom the County of Orange is responsible under part 5 (commencing with section 17000) of division 9 of the Welfare and Institutions Code. Unless otherwise provided by the Health Authority, providers contracting with the Health Authority shall serve all CalOptima eligible populations.

(e) The Health Authority shall have the power to contract with the California Managed Risk Medical Insurance Board, or other state approved Board as a participating health plan under California's Healthy Families Plan (part 6.2 of division 2 of the Insurance Code, commencing with section 12693).

(f) The Health Authority shall have the power to contract with the Centers for Medicare & Medicaid Services, or other applicable federal or state approved organization, and to execute such other agreements and documents to effectuate health care delivery systems for the following persons who are eligible to receive medical benefits:

(1) Persons who are eligible to receive medical benefits ~~Under both Title 18 of the federal Social Security Act (42 U.S.C. Sec. 1395 et seq.) and Title 19 of the federal Social Security Act (42 U.S.C. Sec. 1396 et seq.);~~

(2) Persons who are eligible to receive medical benefits ~~Under Title 18 of the federal Social Security Act (42 U.S.C. Sec. 1395 et seq.);~~ and

(3) As otherwise permitted by Welfare and Institutions Code section 14087.54 Other individuals or groups in the service area, including, but not limited to, public agencies, private businesses, and uninsured or indigent persons. The Health Authority shall not use any payment or reserve from the Medi-Cal program for purposes of this subparagraph.

An Ordinance of the County of Orange, California, amending Section 4-11-2, subsection (a) of the Codified Ordinances of the County of Orange regarding the Orange County Health Authority

(g) ~~The Health Authority shall have the power to enter into contracts for to-provisione of a health care servicesdelivery system for the to individuals in the service area who are eligible to receive medical benefit under any publicly supported program, such as of Medi-Cal eligible, and Healthy Families, if the Health Authority and participating providers acting pursuant to subcontracts with the Health Authority agree to hold harmless the beneficiaries of the publicly supported programs if the contract between the sponsoring government agency and the Health Authority does not ensure sufficient funding to cover program costs. The Health Authority shall not use any payments or reserve from the Medi-Cal program for this purposeeligible or other low income or indigent people in the County of Orange.~~

(h) ~~The Health Authority shall not have the power to offer a health insurance product in competition with private managed care organizations or private insurance plans in participate in the any California Health Insurance-Benefit Exchange (commonly known as Covered California) as a health care service plan in accordance with Title 22 of the California Government Code (commencing with Section 100500) and Title 10 of the California Code of Regulationscreated pursuant to the provisions of California Government Code Sections 100500-100521 or similar statutes that may be enacted, unless that product is intended to serve Medi-Cal eligible, Healthy Families eligible or other low income or indigent persons in obtaining healthcare. The Health Authority shall have the power to participate in any other publicly supported health care program that the Health Authority is permitted to participate in under state and federal law that are intended to assist low income or indigent residents in obtaining healthcare. Nothing in this subsection (h) shall be construed to limit the power of the Health Authority to enter into contracts for the programs described in subsections (a) through (g) of this section. Nothing in this subsection (h) shall limit the Health Authority from coordinating the referral of Orange County residents who have applied to a Health Insurance-Benefit Exchange and are eligible for enrollment in the Medi-Cal, Healthy Families or other similar programs authorized by state or federal law for low income or indigent persons offered by the Health Authority.~~

(Ord. No. 3896, § 1, 8-10-93; Ord. No. 98-10, § 1, 7-21-98; Ord. No. 00-8, § 1, 8-1-00; Ord. No. 05-008, § 1, 5-24-05; Ord. No. 06-012, § 1, 12-5-06; Ord. No. 09-001, 1-13-09; Ord. No. 11-013, 5-3-11)

ORANGE COUNTY, CALIFORNIA, CODE OF ORDINANCES
TITLE 4 - HEALTH SANITATION AND ANIMAL REGULATIONS
Division 11 ORANGE COUNTY HEALTH AUTHORITY

ARTICLE 1. GENERAL PROVISIONS

Sec. 4-11-2. - Purpose.

(a) The purpose of the Health Authority is to negotiate exclusive contracts with the California Department of Health Care Services and to arrange for the provision of health care services to qualifying individuals who lack sufficient annual income to meet the cost of healthcare, and whose other assets are so limited that their application toward the cost of health care would jeopardize the person's or family's future minimum self-maintenance and security, pursuant to chapter 7 of part 3 of division 9 of the Welfare and Institutions code, and to participate in any other publicly supported health care program the Health Authority is permitted to participate in under state and federal law that are intended to assist low income or indigent residents in obtaining healthcare. It is not intended that the Health Authority compete with private sector health plans, individually or through joint ventures, to offer insurance directly to individual or group private payers procuring their coverage in the commercial, non-governmental health care market.

(b) The Health Authority shall design and operate a program that:

- (1) Incorporates managed care concepts; gives high priority to prevention, education and early intervention services; and improves access to primary care and related specialty and ancillary services for enrolled recipients.
- (2) Includes mechanisms for assuring that the program is culturally appropriate and linguistically competent, provides for continuity of care and geographic access to health care services, and meets appropriate quality of care standards.
- (3) Recognizes the importance of institutions providing medical, nursing and allied health education.
- (4) Provides a system for enrolled recipients to select their primary care provider.
- (5) Includes special care management components and a system of assignment to such components assuring that the health care needs of enrolled recipients with special requirements are met.
- (6) Incorporates a plan of service delivery and implements reimbursement mechanisms which will assure the long-term viability of a locally operated Medi-Cal managed care system.

An Ordinance of the County of Orange, California, Section 4-11-2, subsection (a) of the Codified Ordinances of the County of Orange regarding the Orange County Health Authority

(7) Implements a financial plan which includes the creation of a prudent reserve within three (3) years of commencing operation, and which provides that if additional surplus funds accrue, such funds shall be used to expand access, improve benefits and/or augment provider reimbursement.

(8) Ensures that all program obligations, statutory, contractual or otherwise, shall be obligations of the program and shall not be the obligations of the County of Orange.

(c) The Health Authority shall have the power to contract with providers for services, including, but not limited to, contracts where services are provided on a capitation and other risk-sharing basis. The Health Authority may contract with public and private insurers, purchasers of health insurance, and fiscal intermediaries to administer its health care program.

(d) After commencement of operations of the Health Authority finance program for Medi-Cal recipients, the Health Authority shall design and implement a plan through separate contracts to include within the program it administers those eligible indigent persons for whom the County of Orange is responsible under part 5 (commencing with section 17000) of division 9 of the Welfare and Institutions Code. Unless otherwise provided by the Health Authority, providers contracting with the Health Authority shall serve all CalOptima eligible populations.

(e) The Health Authority shall have the power to contract with the California Managed Risk Medical Insurance Board, or other state approved Board as a participating health plan under California's Healthy Families Plan (part 6.2 of division 2 of the Insurance Code, commencing with section 12693).

(f) The Health Authority shall have the power to contract with the Centers for Medicare & Medicaid Services, or other applicable federal or state approved organization, and to execute such other agreements and documents to effectuate health care delivery systems for persons who are eligible to receive medical benefits:

(1) Under both Title 18 of the federal Social Security Act (42 U.S.C. Sec. 1395 et seq.) and Title 19 of the federal Social Security Act (42 U.S.C. Sec. 1396 et seq.);

(2) Under Title 18 of the federal Social Security Act (42 U.S.C. Sec. 1395 et seq.); and

(3) As otherwise permitted by Welfare and Institutions Code section 14087.54.

(g) The Health Authority shall have the power to contract to provide a health care delivery system for the benefit of Medi-Cal eligible, Healthy Families eligible or other low income or indigent people in the County of Orange.

(h) The Health Authority shall not have the power to offer a health insurance product in competition with private managed care organizations or private insurance plans in any Health Insurance Exchange created pursuant to the provisions of California Government Code Sections 100500-100521 or similar statutes that may be enacted, unless that product is intended to serve

An Ordinance of the County of Orange, California, Section 4-11-2, subsection (a) of the Codified Ordinances of the County of Orange regarding the Orange County Health Authority

Medi-Cal eligible, Healthy Families eligible or other low income or indigent persons in obtaining healthcare. Nothing in this subsection (h) shall be construed to limit the power of the Health Authority to enter into contracts for the programs described in subsections (a) through (g) of this section. Nothing in this subsection (h) shall limit the Health Authority from coordinating the referral of Orange County residents who have applied to a Health Insurance Exchange and are eligible for enrollment in the Medi-Cal, Healthy Families or other similar programs authorized by state or federal law for low income or indigent persons offered by the Health Authority.

(Ord. No. 3896, § 1, 8-10-93; Ord. No. 98-10, § 1, 7-21-98; Ord. No. 00-8, § 1, 8-1-00; Ord. No. 05-008, § 1, 5-24-05; Ord. No. 06-012, § 1, 12-5-06; Ord. No. 09-001, 1-13-09; Ord. No. 11-013, 5-3-11)

ORANGE COUNTY, CALIFORNIA, CODE OF ORDINANCES
TITLE 4 - HEALTH SANITATION AND ANIMAL REGULATIONS
Division 11 ORANGE COUNTY HEALTH AUTHORITY

ARTICLE 1. GENERAL PROVISIONS

Sec. 4-11-2. - Purpose.

(a) The purpose of the Health Authority is to negotiate exclusive contracts with the California Department of Health Care Services and to arrange for the provision of health care services to qualifying individuals who lack sufficient annual income to meet the cost of healthcare, and whose other assets are so limited that their application toward the cost of health care would jeopardize the person's or family's future minimum self-maintenance and security, pursuant to chapter 7 of part 3 of division 9 of the Welfare and Institutions code, and to participate in any other publicly supported health care program the Health Authority is permitted to participate in under state and federal law that are intended to assist low income or indigent residents in obtaining healthcare. It is not intended that the Health Authority compete with private sector health plans, individually or through joint ventures, to offer insurance directly to individual or group private payers procuring their coverage in the commercial, non-governmental health care market.

(b) The Health Authority shall design and operate a program that:

- (1) Incorporates managed care concepts; gives high priority to prevention, education and early intervention services; and improves access to primary care and related specialty and ancillary services for enrolled recipients.
- (2) Includes mechanisms for assuring that the program is culturally appropriate and linguistically competent, provides for continuity of care and geographic access to health care services, and meets appropriate quality of care standards.
- (3) Recognizes the importance of institutions providing medical, nursing and allied health education.
- (4) Provides a system for enrolled recipients to select their primary care provider.
- (5) Includes special care management components and a system of assignment to such components assuring that the health care needs of enrolled recipients with special requirements are met.
- (6) Incorporates a plan of service delivery and implements reimbursement mechanisms which will assure the long-term viability of a locally operated Medi-Cal managed care system.

(7) Implements a financial plan which includes the creation of a prudent reserve within three (3) years of commencing operation, and which provides that if additional surplus funds accrue, such funds shall be used to expand access, improve benefits and/or augment provider reimbursement.

(8) Ensures that all program obligations, statutory, contractual or otherwise, shall be obligations of the program and shall not be the obligations of the County of Orange.

(c) The Health Authority shall have the power to contract with providers for services, including, but not limited to, contracts where services are provided on a capitation and other risk-sharing basis. The Health Authority may contract with public and private insurers, purchasers of health insurance, and fiscal intermediaries to administer its health care program.

(d) After commencement of operations of the Health Authority finance program for Medi-Cal recipients, the Health Authority shall design and implement a plan through separate contracts to include within the program it administers those eligible indigent persons for whom the County of Orange is responsible under part 5 (commencing with section 17000) of division 9 of the Welfare and Institutions Code. Unless otherwise provided by the Health Authority, providers contracting with the Health Authority shall serve all CalOptima eligible populations.

(e) The Health Authority shall have the power to contract with the California Managed Risk Medical Insurance Board, or other state approved Board as a participating health plan under California's Healthy Families Plan (part 6.2 of division 2 of the Insurance Code, commencing with section 12693).

(f) The Health Authority shall have the power to contract with the Centers for Medicare & Medicaid Services, or other applicable federal or state approved organization, and to execute such other agreements and documents to effectuate health care delivery systems for persons who are eligible to receive medical benefits:

(1) Under both Title 18 of the federal Social Security Act (42 U.S.C. Sec. 1395 et seq.) and Title 19 of the federal Social Security Act (42 U.S.C. Sec. 1396 et seq.);

(2) Under Title 18 of the federal Social Security Act (42 U.S.C. Sec. 1395 et seq.); and

(3) As otherwise permitted by Welfare and Institutions Code section 14087.54.

(g) The Health Authority shall have the power to contract to provide a health care delivery system for the benefit of Medi-Cal eligible, Healthy Families eligible or other low income or indigent people in the County of Orange.

(h) The Health Authority shall not have the power to offer a health insurance product in competition with private managed care organizations or private insurance plans in any Health Insurance Exchange created pursuant to the provisions of California Government Code Sections 100500-100521 or similar statutes that may be enacted, unless that product is intended to serve

An Ordinance of the County of Orange, California, Section 4-11-2, subsection (a) of the Codified Ordinances of the County of Orange regarding the Orange County Health Authority

Medi-Cal eligible, Healthy Families eligible or other low income or indigent persons in obtaining healthcare. Nothing in this subsection (h) shall be construed to limit the power of the Health Authority to enter into contracts for the programs described in subsections (a) through (g) of this section. Nothing in this subsection (h) shall limit the Health Authority from coordinating the referral of Orange County residents who have applied to a Health Insurance Exchange and are eligible for enrollment in the Medi-Cal, Healthy Families or other similar programs authorized by state or federal law for low income or indigent persons offered by the Health Authority.

(Ord. No. 3896, § 1, 8-10-93; Ord. No. 98-10, § 1, 7-21-98; Ord. No. 00-8, § 1, 8-1-00; Ord. No. 05-008, § 1, 5-24-05; Ord. No. 06-012, § 1, 12-5-06; Ord. No. 09-001, 1-13-09; Ord. No. 11-013, 5-3-11)



WELFARE AND INSTITUTIONS CODE - WIC

DIVISION 9. PUBLIC SOCIAL SERVICES [10000 - 18999.98] (*Division 9 added by Stats. 1965, Ch. 1784.*)

PART 3. AID AND MEDICAL ASSISTANCE [11000 - 15771] (*Part 3 added by Stats. 1965, Ch. 1784.*)

CHAPTER 7. Basic Health Care [14000 - 14199.67] (*Chapter 7 added by Stats. 1965, 2nd Ex. Sess., Ch. 4.*)

ARTICLE 2.8. County Health Systems [14087.5 - 14087.95] (*Heading of Article 2.8 amended by Stats. 1988, Ch. 1348, Sec. 1.*)

14087.54. (a) Any county or counties may establish a special commission in order to meet the problems of the delivery of publicly assisted medical care in the county or counties and to demonstrate ways of promoting quality care and cost efficiency.

(b) (1) A county board of supervisors may, by ordinance, establish a commission to negotiate the exclusive contract specified in Section 14087.5 and to arrange for the provision of health care services provided pursuant to this chapter. The boards of supervisors of more than one county may also establish a single commission with the authority to negotiate an exclusive contract and to arrange for the provision of services in those counties. If a board of supervisors elects to enact this ordinance, all rights, powers, duties, privileges, and immunities vested in a county by this article shall be vested in the county commission. Any reference in this article to "county" shall mean a commission established pursuant to this section.

(2) A commission operating pursuant to this section may also enter into contracts for the provision of health care services to persons who are eligible to receive medical benefits under any publicly supported program, if the commission and participating providers acting pursuant to subcontracts with the commission agree to hold harmless the beneficiaries of the publicly supported programs if the contract between the sponsoring government agency and the commission does not ensure sufficient funding to cover program costs. The commission shall not use any payments or reserves from the Medi-Cal program for this purpose.

(3) In addition to the authority specified in paragraph (1), the board of supervisors may, by ordinance, authorize the commission established pursuant to this section to provide health care delivery systems for any or all of the following persons:

(A) Persons who are eligible to receive medical benefits under both Title 18 of the federal Social Security Act (42 U.S.C. Sec. 1395 et seq.) and Title 19 of the federal Social Security Act (42 U.S.C. Sec. 1396 et seq.).

(B) Persons who are eligible to receive medical benefits under Title 18 of the federal Social Security Act (42 U.S.C. Sec. 1395).

(C) Other individuals or groups in the service area, including, but not limited to, public agencies, private businesses, and uninsured or indigent persons. The commission shall not use any payment or reserve from the Medi-Cal program for purposes of this subparagraph.

(4) Nothing in this section shall prohibit a commission established pursuant to this section from providing services pursuant to subparagraph (C) of paragraph (3) in counties other than the commission's county if the commission is approved by the Department of Managed Health Care to provide services in those counties. The commission shall not use any payment or reserve from the Medi-Cal program for purposes of this paragraph.

(5) For purposes of providing services to persons described in subparagraph (A) or (B) of paragraph (3), if the commission seeks a contract with the federal Centers for Medicare and Medicaid Services to provide Medicare services as a Medicare Advantage

program, the commission shall first obtain a license under the Knox-Keene Health Care Service Plan Act (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

(6) With respect to the provision of services for persons described in subparagraph (A) or (B) of paragraph (3), the commission shall conform to applicable state licensing and freedom of choice requirements as directed by the federal Centers for Medicare and Medicaid Services.

(7) Any material, provided to a person described in subparagraph (A) or (B) of paragraph (3) who is dually eligible to receive medical benefits under both the Medi-Cal program and the Medicare Program, regarding the enrollment or availability of enrollment in Medicare services established by the commission shall include notice of all of the following information in the following format:

(A) Medi-Cal eligibility will not be lost or otherwise affected if the person does not enroll in the plan for Medicare benefits.

(B) The person is not required to enroll in the Medicare plan to be eligible for Medicare benefits.

(C) The person may have other choices for Medicare coverage and for further assistance may contact the federal Centers for Medicare and Medicaid Services (CMS) at 1-800-MEDICARE or www.Medicare.gov.

(D) The notice shall be in plain language, prominently displayed, and translated into any language other than English that the commission is required to use in communicating with Medi-Cal beneficiaries.

(c) It is the intent of the Legislature that if a county forms a commission pursuant to this section, the county shall, with respect to its medical facilities and programs occupy no greater or lesser status than any other health care provider in negotiating with the commission for contracts to provide health care services.

(d) The enabling ordinance shall specify the membership of the county commission, the qualifications for individual members, the manner of appointment, selection, or removal of commissioners, and how long they shall serve, and any other matters as a board of supervisors deems necessary or convenient for the conduct of the county commission's activities. A commission so established shall be considered an entity separate from the county or counties, shall be considered a public entity for purposes of Division 3.6 (commencing with Section 810) of Title 1 of the Government Code, and shall file the statement required by Section 53051 of the Government Code. The commission shall have in addition to the rights, powers, duties, privileges, and immunities previously conferred, the power to acquire, possess, and dispose of real or personal property, as may be necessary for the performance of its functions, to employ personnel and contract for services required to meet its obligations, to sue or be sued, and to enter into agreements under Chapter 5 (commencing with Section 6500) of Division 7 of Title 1 of the Government Code. Any obligations of a commission, statutory, contractual, or otherwise, shall be the obligations solely of the commission and shall not be the obligations of the county or of the state.

(e) Upon creation, a commission may borrow from the county or counties, and the county or counties may lend the commission funds, or issue revenue anticipation notes to obtain those funds necessary to commence operations.

(f) In the event a commission may no longer function for the purposes for which it was established, at the time that the commission's then existing obligations have been satisfied or the commission's assets have been exhausted, the board or boards of supervisors may by ordinance terminate the commission.

(g) Prior to the termination of a commission, the board or boards of supervisors shall notify the State Department of Health Care Services of its intent to terminate the commission. The department shall conduct an audit of the commission's records within 30 days of the notification to determine the liabilities and assets of the commission. The department shall report its findings to the board or boards within 10 days of completion of the audit. The board or boards shall prepare a plan to liquidate or otherwise dispose of the assets of the commission and to pay the liabilities of the commission to the extent of the commission's assets, and present the plan to the department within 30 days upon receipt of these findings.

(h) Upon termination of a commission by the board or boards, the county or counties shall manage any remaining assets of the commission until superseded by a department approved plan. Any liabilities of the commission shall not become obligations of the county or counties upon either the termination of the commission or the liquidation or disposition of the commission's remaining assets.

(i) Any assets of a commission shall be disposed of pursuant to provisions contained in the contract entered into between the state and the commission pursuant to this article.

(j) Nothing in this section shall be construed to supersede Section 14093.06 or 14094.3.

(Amended by Stats. 2007, Ch. 483, Sec. 51. Effective January 1, 2008.)

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken June 2, 2022

Regular Meeting of the CalOptima Board of Directors

Report Item

18. Adopt Strategic and Tactical Priorities for 2022-2025

Contacts

Michael Hunn, Chief Executive Officer, (657) 900-1481

Yunkyung Kim, Chief Operating Officer, (714) 246-8408

Recommended Action(s)

1. Adopt Strategic and Tactical Priorities for 2022-2025

Background and Discussion

CalOptima was created by the Orange County Board of Supervisors in 1993 as a County Organized Health System (COHS) to meet the needs of Orange County residents and providers in the Medicaid system.

In July of 1994, the CalOptima Board of Directors (Board) adopted the Mission, Goals, and Objective Statement for O.P.T.I.M.A as developed by the Provider Advisory Committee and the Consumer/Beneficiary Advisory Committee.

At that time, the Board wanted to ensure that the statement regarding the inclusion of the County-responsible indigent population in O.P.T.I.M.A was linked to the availability of adequate funding for services provided to this population.

The following mission was adopted and defined in Policy #AA. 1201:

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

CalOptima also adopted the following vision statement:

- To be a model public agency and community health plan that provides an integrated and well-coordinated system of care to ensure optimal health outcomes for all our members.

In 2013, during a strategic planning session conducted by the Board updating the mission was considered. Ultimately, it was agreed upon that the original mission statement did not require any changes.

Today, CalOptima is the single largest health insurer in Orange County, providing coverage for one in four residents through four programs:

- Medi-Cal
- OneCare
- OneCare Connect

- PACE

On March 17, 2022, the Board formally adopted new mission and vision statements.

- Mission-To serve member health with excellence and dignity, respecting the value and needs of each person.
- Vision-By 2027, remove barriers to healthcare 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.

Beginning in December of 2021, staff developed five strategic priorities and tactical priorities. Over the last six months, CalOptima has sought feedback from advisory committees, health networks, hospitals, and clinics among others. The five strategic priority areas are as follows:

- Organizational and Leadership Development
- Overcoming Health Disparities
- Finance and Resource Allocation
- Accountability and Results Tracking
- Future Growth

The strategic priority areas and tactical priorities will support planning and development for CalOptima through 2025. Staff will return to the Board with a Strategic Plan using these priorities for approval.

Fiscal Impact

There is no fiscal impact.

Rationale for Recommendation

Development of the proposed Strategic Priority Areas is consistent with the direction provided by the Board of Directors to support planning and development of CalOptima programs and initiatives.

Concurrence

James Novello, Outside General Counsel, Kennaday Leavitt

Attachments

1. [Strategic Priorities One Pager](#)
2. [Resolution of New Mission and Vision Statement for CalOptima](#)

/s/ Michael Hunn
Authorized Signature

05/27/2022
Date

Mission	<i>To serve member health with excellence and dignity, respecting the value and needs of each person.</i>				
Vision	<i>By 2027, remove barriers to healthcare 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.</i>				
Core Strategy	The 'inter-agency' co-creation of services and programs, together with our delegated networks, providers, and community partners, to support the mission and vision.				
Strategic Priorities 2022-2025	Organizational and Leadership Development	Overcoming Health Disparities	Finance and Resource Allocation	Accountabilities & Results Tracking	Future Growth
Tactical Priorities 2022-2025	<ul style="list-style-type: none"> • Cultural Alignment throughout CalOptima • Talent Development & Succession Planning • Effective & Efficient Organizational Structures • Aligned Operating Systems & Structures • Staff Leadership Development Institutes (Training) & Executive Coaching • Organizational Excellence Annual Priorities • On-going updated Policies & Procedures • Governance & Regulatory Compliance Trainings • Board Priorities 	<ul style="list-style-type: none"> • CalOptima's 'Voice & Influence' • Local, Federal & State Advocacy • Collaboration with the County, HCA, BeWell, the Networks and Community Based Organizations • Support for Community Clinics & Safety Net Providers • Medical Affairs Value Based Care Delivery • CalAIM initiatives • Focus on Equity & Communities Impacted by Health Inequities • Co-Created Needs Assessment within Equity Communities & Neighborhoods • ITS Architecture that supports the Core Strategy • DHCS Comprehensive Quality Strategy 	<p>Operating Budget Priorities</p> <ul style="list-style-type: none"> • Balanced Operating Budget • New Programs & Services Budgeting (CalAIM, DHCS Quality Strategy) • Fiscal Strategic Plan Priorities (KPI/KFI) • Quarterly Budget Reconciliation <p>Capital Budget Priorities</p> <ul style="list-style-type: none"> • Capital Planning & Asset Management, including Real-Estate Management and Acquisition(s) • New ITS Architecture <p>New Policy and Program Development based on Funding</p> <ul style="list-style-type: none"> • Reserve/Spending Policies & Priorities • Aligned Incentives for Network Quality & Compliance • Contracting & Vendor/Provider Management <p>Back to Item</p>	<ul style="list-style-type: none"> • Updated By-Laws • Executive Priorities & Outcomes • COBAR Clarity • Inter-Agency Team Priorities • Public/Private Implementation Work Group • Resource Allocation for Inter-Agency Initiatives • Partner CalAIM Opportunities for Outcomes Metrics • Research Analytics for Efficacy Reporting (Metrics of Success) • Regular Board Training Sessions <p>DRAFT STRATEGIC AND TACTICAL PRIORITIES May_2022</p>	<ul style="list-style-type: none"> • Member Access to Quality Care • Participate in Covered California • Site Utilization (PACE etc.) • Services/Programs Aligned with Future Reimbursements from DHCS and CMS • Demographic & Analytics by Micro-Community • ITS Data Sharing to benefit the member • Implement Programs & Services (CalAIM) & Plan for Site Locations • Industry Trends Analysis (Trade Associations, Lobbyists etc.) • Enhanced ITS security posture

RESOLUTION NO. 22-0317-01

**RESOLUTION OF THE BOARD OF DIRECTORS
ORANGE COUNTY HEALTH AUTHORITY
d.b.a. CalOptima**

RESOLUTION FOR MISSION AND VISION STATEMENT

WHEREAS, the governing body of the Orange County Health Authority, dba CalOptima, (“CalOptima”) adopted Mission, Goals, and Objective Statement O.P.T.I.M.A in July of 1994;

WHEREAS, this mission statement adopted in 1994 stated, the mission is to provide members with access to quality health care services delivered in a cost-effective and compassionate manner;

WHEREAS, the adoption of the mission statement was reflected in Policy #AA. 1201;

WHEREAS, the governing body of CalOptima has adopted a new mission and vision statement on March 17, 2022 and will be reflected in Policy #AA. 1201;

WHEREAS, the governing body adopted CalOptima’s new mission and vision statement as follows;

- Mission: To serve member health with excellence and dignity, respecting the value and needs of each person.
- Vision: By 2027, remove barriers to healthcare 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.

NOW, THEREFORE, BE IT RESOLVED that the governing body of CalOptima adopts a new mission and vision statement.

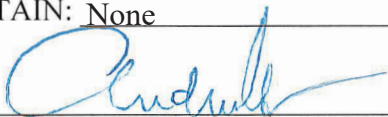
APPROVED AND ADOPTED by the Board of Directors of the Orange County Health Authority, d.b.a., CalOptima this 17th day of March 2022.

AYES: Becerra, Chaffee, Contratto, Corwin, Do, Mayorga, Schoeffel, Shivers

NOES: None

ABSENT: Tran

ABSTAIN: None

/s/ 

Title: Chair, Board of Directors

Printed Name and Title: Andrew Do, Chair, CalOptima Board of Directors

Attest:
/s/ 
Sharon Dwiers, Clerk of the Board