

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

**THURSDAY, AUGUST 13, 2015  
8:00 A.M.**

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

**AGENDA**

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

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

**I. CALL TO ORDER**

*Pledge of Allegiance*

**II. ESTABLISH QUORUM**

**III. APPROVE MINUTES**

A. Approve Minutes of the June 11, 2015 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC)

**IV. PUBLIC COMMENT**

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

**V. REPORTS**

None

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**VI. CEO AND MANAGEMENT REPORTS**

- A. Chief Executive Officer (CEO) Update
- B. Chief Medical Officer (CMO) Update
- C. Chief Financial Officer (CFO) Update

**VII. INFORMATION ITEMS**

- A. PAC Member Updates
- B. OneCare Connect Update
- C. Operations Update
- D. Network Update

**VIII. COMMITTEE MEMBER COMMENTS**

**IX. ADJOURNMENT**

## CEO Update

- I. State Budget and Undocumented Immigrants
- II. Program of All-Inclusive Care for the Elderly (PACE) Expansion Study
- III. CalOptima 2016-19 Strategic Plan
- IV. Behavioral Health Therapy Transition

### **I. THE STATE BUDGET AND UNDOCUMENTED IMMIGRANTS**

California's FY 2015–16 State Budget took effect on July 1, 2015. As previously shared with the CalOptima Provider Advisory Committee (PAC), this budget included two significant provisions related to undocumented immigrants and Medi-Cal. The specific details of each provision, as well as the date each is scheduled to take effect, is further outlined below. However, one of these provisions has garnered a great deal of attention statewide: the budget action that expands full-scope Medi-Cal benefits to children under the age of 19, regardless of immigration status.

**Medi-Cal for Children Regardless of Immigration Status:** The deal reached between the Governor and the Legislature for the FY 2015-16 budget included an expansion of full-scope Medi-Cal coverage to undocumented immigrant children under the age of 19. Previously, these children were only eligible for limited-scope Medi-Cal services (such as emergency and pregnancy-related services) through the fee-for-service system. The budget proposes to transition those children who were already enrolled in limited-scope Medi-Cal to full-scope coverage, and also to enroll new undocumented immigrant children who were not previously affiliated with Medi-Cal in any way. The Department of Health Care Services (DHCS) estimated that approximately 170,000 undocumented immigrant children statewide will be impacted by this budget action.

According to DHCS, approximately two-thirds of the impacted children are already currently enrolled in limited-scope Medi-Cal, and all of these children are expected to transition to full-scope Medi-Cal through the managed care system. In addition, DHCS assumes that only about half of the remaining children – those not currently enrolled – will eventually sign up for Medi-Cal. According to DHCS, approximately 142,500 undocumented immigrant children statewide are expected to enroll in Medi-Cal as a result of the legislative budget action. Based on the statewide estimates, in Orange County, this could result in between 6,800 and 13,600 of these children receiving Medi-Cal services through CalOptima. The budget anticipates that this provision will take effect on May 1, 2016.

Additionally, the budget included a related provision for undocumented immigrants: an assumption of the impact of President Obama's executive order on immigration policy issued on November 20, 2014. While the population affected by this provision overlaps to a certain degree

with those undocumented children under age 19 outlined above, the majority of individuals impacted by the executive order will be adults, not children.

**Immigrants with “Deferred Action” Status and Medi-Cal:** President Obama’s executive order expands the population eligible for the Deferred Action for Childhood Arrivals (DACA) program and also creates the Deferred Action for Parents of U.S. Citizens and Lawful Permanent Residents (DAPA) program. Individuals who are eligible for the DACA or DAPA programs are considered to have the immigration status of “Permanently Residing Under Color of Law” (PRUCOL). And, in California, individuals with PRUCOL status are eligible to enroll in Medi-Cal and receive state-funded full-scope benefits. As a result, it is estimated that more than 1 million undocumented immigrants in California will be impacted by President Obama’s executive order. As mentioned, a majority of these individuals will be adults who qualify for the newly created DAPA program.

However, not all of these individuals will enroll in Medi-Cal. In forecasting how many undocumented immigrants will actually receive full-scope benefits, DHCS used a number of key assumptions. For instance, DHCS assumed that only about half of all individuals eligible for the expanded DACA and the new DAPA will apply to the programs. Additionally, only about half of those individuals who are approved for the programs will also have incomes below 138% of the Federal Poverty Level (FPL) – making them eligible for Medi-Cal. Finally, DHCS assumes that just under half of these undocumented immigrants – approximately 101,700 individuals – will eventually be enrolled in Medi-Cal as a result of President Obama’s executive order. Based on the statewide estimates, in Orange County, this could result in approximately between 4,500 and 8,500 undocumented immigrants receiving Medi-Cal services through CalOptima. The budget anticipates that this provision will take effect on October 1, 2015.

Each of the FY 2015-16 state budget provisions outlined above was approved independently of one another, and neither is contingent upon the other’s implementation. Furthermore, it is important to note that the first provision, regarding undocumented children under the age of 19, is “final” and will be implemented beginning next year. The second provision, regarding the executive order, is contingent upon the outcome of an ongoing legal process, and is not guaranteed to take effect during FY 2015-16.

## **II. PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) EXPANSION STUDY**

CalOptima opened a PACE Center in central Orange County – in Garden Grove – in August 2013. Per federal and state regulations, CalOptima PACE can only enroll residents who reside within one hour of the center’s location. As a result, providers have expressed interest in serving additional residents in south Orange County and north Orange County. While the market demand is currently unknown, CalOptima is exploring options for the potential of expanding the availability of PACE across the county. An internal team of subject-matter experts is studying

the feasibility of a PACE expansion, including gathering input from regulators, evaluating financial impacts, and identifying the eligible senior population. Of note, two key options have emerged: 1) not expanding PACE at this time; and 2) creating a delegated model where CalOptima would subcontract with another provider for all/some PACE services. According to DHCS, the second option is rare and would require a lengthy approval process before launch. As follow up, CalOptima has commissioned a feasibility analysis from On Lok Consulting to better vet the decision. On Lok's analysis will be complete by the end of August, and a staff recommendation will be provided to the Board in September.

### **III. THREE-YEAR STRATEGIC PLAN (2016-2019)**

CalOptima's current Strategic Plan expires in June 2016. The priorities outlined in this plan have largely been achieved – or are currently being implemented. As such, there is a need to create a new strategic plan with new initiatives for the next three years, from 2016 to 2019. In October, CalOptima will launch the process to create this new plan. An external consultant will facilitate a meeting of executive staff to affirm the mission, values and vision as well as identify potential strategic priorities. The end goal will be to draft a strategic plan for further Board and stakeholder input by the first quarter of 2016, ultimately gaining the Board's approval by April 2016. Additional updates will be provided to the PAC as the strategic planning process begins this fall.

### **IV. BEHAVIORAL HEALTH TREATMENT (BHT) TRANSITION**

There are two items of interest regarding the Behavioral Health Therapy (BHT) transition. First, the California Department of Health Care Services (DHCS) notified health plans that the transition of members from Regional Centers to Medi-Cal managed care plans will be delayed from November 1, 2015 to February 1, 2016. According to DHCS, this delay will provide additional time for them to continue working with the Department of Developmental Services (DDS) to prepare for the transition. DHCS has worked closely with DDS, MCPs, Regional Centers, and stakeholders to operationalize the transition since the Centers for Medicare & Medicaid Services (CMS) released guidance requiring states to cover BHT for children with Autism Spectrum Disorder.

Secondly, CalOptima received final BHT rates from DHCS, and we are pleased to report that based on staff's analysis of the rates, we will be able to support \$42 per hour. Also, as previously shared with the PAC, during the first six months after the transition of Regional Center members and to provide continuity of care, ABA paraprofessional services will be reimbursed at \$50 per hour for cases that were contracted with the Regional Center of Orange County (RCOC) at a higher rate. Staff will return to the PAC on October 8, 2015 for final vetting of the BHT rates before recommendation of final approval by the CalOptima Board of Directors at the November 5, 2015 meeting.

CEO Update  
CalOptima Provider Advisory Committee (PAC) Update  
August 13, 2015

*If you have any questions regarding the above information, please contact:*

***Phil Tsunoda***, *Interim Executive Director, Public Policy and Public Affairs*  
(714) 246-8632; [ptsunoda@caloptima.org](mailto:ptsunoda@caloptima.org)

***Arif Shaikh***, *Manager, Government Affairs*  
(714) 246-8418; [ashaikh@caloptima.org](mailto:ashaikh@caloptima.org)

***Michael German***, *Senior Policy Analyst, Government Affairs*  
(714) 796-6176; [mgerman@caloptima.org](mailto:mgerman@caloptima.org)

# MINUTES

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

June 11, 2015

A Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC) was held on Thursday, June 11, 2015, at the CalOptima offices located at 505 City Parkway West, Orange, California.

*PAC Chair Jensen asked that the CEO present his update (Agenda Item VI., A.) while those in attendance were waiting for a quorum to be reached.*

### **CEO AND MANAGEMENT REPORTS**

#### **CEO Update**

Michael Schrader, Chief Executive Officer, reported that CalOptima has engaged Stan Rosenstein, a former director of Medi-Cal, to support an analysis in indentifying organizations in Orange County eligible to partner with CalOptima to draw down additional federal funds via an Intergovernmental Transfer (IGT). He stated that CalOptima will continue to work with UCI, our partner for the prior four IGTs, while seeking guidance on all potential funding entities within the county.

Mr. Schrader reminded PAC that CalOptima's Program of All-Inclusive Care for the Elderly (PACE) currently operates in central Orange County. He noted that an internal team of subject matter experts at CalOptima is working on the feasibility of adding additional PACE centers. Mr. Schrader stated that this team is considering input from regulators, market demand, financial impact, eligible seniors and health plans to begin this analysis in July and make an expansion recommendation to the Board after the analysis has been completed.

#### **CALL TO ORDER**

Jena Jensen, PAC Chair, called the meeting to order at 8:18 a.m., and Member Fitzpatrick led the Pledge of Allegiance.

#### **ESTABLISH QUORUM**

Members Present: Karen Brandenburg, RN; Theodore Caliendo, M.D.; Alan Edwards, M.D.; Camille Fitzpatrick, MSN, ANP-BC, GNP-BC; Stephen N. Flood; Jena Jensen; William Manalo; Mary Pham, Pharm.D, CHC; Pamela Pimentel, R.N.; Barry Ross, R.N., MPH, MBA; and Jacob Sweidan, M.D., FAAP (9:16 am)

Members Absent: Cheryl Petterson; Suzanne Richards, RN, MBA, FACHE; and Joseph M. Ruggio, M.D., FACP, FACC, FSCAI

Others Present: Michael Schrader, Chief Executive Officer; Chet Uma, Chief Financial Officer; Javier Sanchez, Chief Network Officer; Bill Jones, Chief Operating Officer; Richard Helmer, M.D., Chief Medical Officer; Ladan Khamseh, Executive Director Operations; Phil Tsunoda, Interim Executive, Public Policy and Public Affairs; Roberto Madrid, MD, Medical Director, Quality and Analytics and Maria Wahab, Project Manager

### **PUBLIC COMMENTS**

Teri Miranti, Director of Government Programs at Monarch Healthcare – Oral re: Agenda Item VI. B., CMO Update, Health Network Performance Programs.

### **MINUTES**

#### **Approve the Minutes of the May 14, 2015 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee**

*Action: On motion of Member Ross seconded and carried, the Committee approved the minutes of the May 14, 2015 meeting as presented. (Motion carried 10-1-0; Members Sweidan, Petterson, Richards and Ruggio absent)*

### **CEO AND MANAGEMENT REPORTS**

#### **CMO Update:**

Dr. Richard Helmer, Chief Medical Officer, and Dr. Roberto Madrid, Medical Director of Quality and Analytics, co-presented regarding CalOptima's Health Network Performance Programs; CY 2015 Pay for Performance Programs; OneCare Connect Initial Care Coordination and Member Satisfaction; and OneCare Connect Quality Withhold. Their presentation covered: the purpose of the pay-for-performance programs, guiding principles, overview of the programs under Medi-Cal, OneCare and OneCare Connect; changes for the future; and quality withholds and measures.

#### **CFO Update**

Chet Uma, Chief Financial Officer, presented CalOptima's Financial Summary for April 2015, which included FY 2014-15 Consolidated Enrollment, Revenues, Medical Expenses, and Administrative Expenses, change in net assets, enrollment summary, financial highlights and balance sheet. Mr. Uma noted that the FY 2014-15 Consolidated Enrollment reached 747,499 in the month of April, which was 7.0 percent higher than budgeted and a 31.5 percent increase from prior year. He stated that the FY 2014-15 Consolidated Revenues for the month of April were lower than budget by 3 percent. Mr. Uma further reported that the change in net assets \$16.2 million and \$180.9 million for the month and year, respectively. Mr. Uma also presented Medi-Cal and OneCare enrollment figures as of April 2015 by health network as requested by the PAC. He reported that on June 30, 2015, the Medi-Cal Expansion rates (MCE rates) will expire.



However, Mr. Uma stated that, based on the current information we have from the state, CalOptima plans to continue the MCE rates for another year.

## **INFORMATION ITEMS**

### **State and Federal Update**

Phil Tsunoda, Interim Executive Director of Public Policy/Government and Community Affairs, distributed a summary of the May Revise of the Governor's Budget for Fiscal Year 2015-16.

Mr. Tsunoda reported that the May Revise did not address the Managed Care Organization (MCO) Tax that was proposed in January 2015. To that end, Mr. Tsunoda also noted that it is anticipated that the current MCO Tax formula will continue for one more fiscal year, beginning July 1, 2015 and will generate \$1.2 billion for the state in FY 2015-16.

Mr. Tsunoda noted that the May Revise assumes that the President's executive order on undocumented immigrants from last fall will eventually be implemented, albeit later in the year due to court challenges, enabling some immigrants with "deferred action" status to enroll in Medi-Cal. He also reported that the Coordinated Care Initiative (CCI), which includes OneCare Connect, will continue to operate as long as it results in "cost savings" for California, and CCI could be phased out by January 2017 if the program does not achieve target cost savings by the end of this year. The May Revise also included the restoration of a seven percent reduction in In-Home Supportive Services (IHSS) hours.

Mr. Tsunoda reported that CalOptima has formally requested a delay to no sooner than July 1, 2017 in the Health Homes Program (HHP) slated to launch on January 1, 2016. He stated that the HHP aims to enhance care management and coordination for Medi-Cal members with complex needs and approximately 30,000 CalOptima Medi-Cal members could be eligible for the program. Mr. Tsunoda noted that this program is of concern to CalOptima because HHP represents a major initiative comparable in scope to the implementation of OneCare Connect and the launch date appears to be very aggressive, especially considering that CalOptima is in the midst of the OneCare Connect passive enrollment process. He also reported that the Legislature's budget includes the reversal of the AB 97 10% provider reductions in Medi-Cal; but that issue is still subject to ongoing negotiations between the leaders of the Assembly and the State Senate and the Administration.

### **Operations Update**

Bill Jones, Chief Operating Officer, reminded PAC that the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys are used to evaluate Customer Satisfaction, one of the three dimensions in the NCQA rankings as well for the Medicare STARS rankings. Mr. Jones stated that CalOptima has generated a set of targeted interventions under each of the four domains within the CAHPS surveys. He noted that CalOptima's recommended approach is to conduct a set of focus groups with members, providers and provider office staff. The Board approved \$50,000 in professional fees for consultants to facilitate the focus groups and implement steps to enhance the Member Experience. Mr. Jones stated that by partnering with the health networks and provider community, targeted, impactful interventions will result in

improvements to the customer satisfaction dimension of CalOptima's NCQA ranking from a 1 to a 3 by the 2016 survey.

Chair Jensen stated that the Board of Directors had requested that PAC participate in the focus groups for customer satisfaction.

Member Pham thanked CalOptima staff for sharing the CAHPS surveys results and requested that PAC convene a subcommittee to review the strengths and weaknesses of the CAHPS surveys and provide feedback and formulate recommendations to improve scores.

Member Ross noted that in order to improve member experience the staff and providers have to be engaged. He asked if any surveys have been conducted to gauge satisfaction within these two sectors. Mr. Sanchez shared that CalOptima releases an employee survey every other year and annually for providers. Mr. Sanchez will present provider survey results to PAC in the near future.

Mr. Jones reported that CalOptima is very close to reaching a three-year contract with MedImpact with an effective date of January 1, 2016. He added that the PACE Center now has 92 participants.

Mr. Jones also reported that, due to CalOptima's growth and new programs, the agency needs additional staff and office space. He stated that the proposed short-term strategy includes sub-leasing additional space while long-term options includes long-term leasing, building on-site or finding an alternate location in proximity. He noted that CalOptima will conduct a Request for Qualifications (RFQu) process to procure assistance from a local real estate agent to explore the various options and present recommendations to the Board for consideration.

Ladan Khamseh, Executive Director of Operations, provided a Crossover Claims Payment Issues Update. Ms. Khamseh reported that for dates of service from July 26, 2011 through May 21, 2013, DHCS Fiscal Intermediary paid some claims to providers for "crossover" services provided to members who have both Medi-Cal and Medicare. She noted that in August 2014, DHCS mailed notices to affected providers and began recouping these payments. She stated that DHCS has provided CalOptima with additional data to reconcile and move forward with accurately processing the claims. Ms. Khamseh remarked that impacted providers should receive detailed remittance reports by the end of the month, so that they may see how much money they were originally paid, the value of the services they provided, and how much money CalOptima will pay after applying established crossover payment rules. She noted that in some cases CalOptima's payments may be less than what the providers were originally paid or no payment at all.

### **Network Update**

Javier Sanchez, Chief Network Officer, reported that the readiness reviews of the five new delegated health networks are still in process. He noted that Orange County Advantage Medical Group (OCAMG) Inc, a network of physicians that primarily serve the Vietnamese community, might be the first network ready for the OneCare Connect (OCC) program, followed by St.

Joseph Heritage Medical Group. Mr. Sanchez noted that the size of the OCC Provider & Pharmacy Directory is an indication of a robust OCC network.

**OneCare Connect Update**

Javier Sanchez and Bill Jones reported that the enrollment process for CalOptima's OneCare Connect program is underway, with an average of a 26.5 percent opt-out rate compared to a statewide opt-out rate of approximately 60 percent. Mr. Sanchez reported that the proposed Long Term Care enrollment process of enrolling by facility rather than by birth month has not yet been approved by DHCS and CMS. However, he reported that regulators did approve the supplemental dental benefit and the contract with Liberty Dental is almost finalized.

**PAC MEMBER COMMENTS**

Chair Jensen reminded PAC that members of the Board Directors are interested in attending the PAC meetings.

Member Manalo thanked PAC and CalOptima staff for the opportunity to serve on the PAC.

**ADJOURNMENT**

There being no further business before the Committee, the meeting was adjourned at 10:00 a.m.

/s/ Maria Wahab

Maria Wahab  
Staff to the PAC

*Approved: August 13, 2015*



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# **OneCare Connect Quality Withhold**

**Provider Advisory Committee Meeting  
August 13, 2015**

**Richard Bock, MD  
Deputy Chief Medical Officer**

# OneCare Connect Quality Withhold

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- The Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS) have constructed a quality withhold process, which applies to Medi-Cal and Medicare Part A/B capitation.
- The amounts of the withhold are 1% for Year One, 2% for Year Two, and 3% for Year Three.
- All or a part of the withhold may be earned back based on a methodology being developed by DHCS and CMS.

# Shortened Year One

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- CalOptima began to participate in the Coordinated Care Initiative (CCI) program on July 1, 2015.
- Given the delayed start date of the program, the first year of the withhold process will be shortened to reflect services rendered from July 1, 2015 to December 30, 2015.
- Not all measures will qualify by time or membership thresholds.

# Ten Quality Measures

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- There are ten quality withhold measures in CCI for Year one. Five of these measures are California-specific and were just released by CMS on July 8, 2015
  - Encounter data
  - Getting appointments and care quickly
  - Customer service
  - BH provider participates in care plan development
  - Documentation of care goals
  - Case Management contact with member
  - OneCare Connect Member Advisory Council implementation
  - Memorandum of Understanding with County Mental Health
  - Timely completion of Health Risk Assessments
  - Physical access work plan

# CMC Withhold

- Capitation for both MediCal and Medicare payments to CalOptima will be reduced by one percent (1%) in year one. These withheld funds can be earned back by CalOptima in the following manner:
  - Plan will pass or fail each measure based on benchmarks
  - All withhold measures will be weighted equally
  - If a measure cannot be calculated due to timing constraints (of the shortened Year One) or enrollment requirements, it will be removed from the total number of withhold measures on which the plan will be evaluated
  - Payout will be based on:

<b>Percent of Measures Passed</b>	<b>Percent of Withhold MMP Receives</b>
0-19%	0%
20-39%	25%
40-59%	50%
60-79%	75%
80-100%	100%



# Health Network Distribution

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- Distribution of Earned Withhold Funds to the Health Networks will be simplified for Year One
  - The health networks do not have full accountability for every measure.
  - The two Behavioral Health measures are a shared responsibility and shared disbursement with County Mental Health; method TBD.
  - Distribution of earned-back withhold funds attributable to Community Network membership is TBD.
  
- For Year One, we will all be “Better, Together”

# Example

- 1% of capitation is withheld from CalOptima,
- The downstream percent of premium (POP) Medicare capitation payments to Health Networks will be identically reduced.
- Medicare withhold funds which are earned back by CalOptima will be shared with the Health Networks using the same POP formula.
  - For example, if CalOptima's revenue is \$1,000 PMPM, the quality withhold is 1%, and a network's POP is 35%, the network's capitation will be  $35\% \times \$990$ , which is \$346.50 PMPM
  - Assuming CalOptima recoups the full withhold of \$10, the network will receive 35% or \$3.50 PMPM.
  - Future distribution formulae for Years 2 and 3 may take into account the Health Networks' percent responsibility for, and the relative performance on, the expanded measure set, but this simpler approach is more appropriate for Year 1.
  - If CalOptima does not recoup any withhold money, then no Quality Withhold money will be paid out to any network

# Eligibility

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- Eligibility to receive any withhold monies earned by CalOptima will be dependent on the health network's:
- Good standing with CalOptima, and
- Active contractual status with CalOptima during any part of the measurement period, and
- At the time of distribution.

# CalOptima's Mission

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





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Better. Together.

# **One Care Connect Initial Welcome Assessment**

**Provider Advisory Committee  
August 13, 2015**

**Roberto Madrid, MD  
Medical Director  
Quality and Analytics**

# Discussion

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- Background
- Incentive
- Why?

# Background

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- Directed to new OneCare Connect members
  - Passively transferred OneCare members are excluded
- Is in addition to already covered medical costs in:
  - Capitation for delegated networks
  - Fee for service for the community network

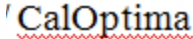


# Incentive

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- Evolution of current model of care incentive
- Great success in capturing HEDIS measures
- Built on lessons learned

# OneCare Connect Welcome Visit

Description of Practitioner Activity	Reimbursement amount / payer
<ul style="list-style-type: none"> <li>• Review of the beneficiary's medical and social history</li> <li>• Physical examination</li> </ul>	Per Network Policy / Health Network (delegated or CCN)
<ul style="list-style-type: none"> <li>• Review of Health Risk Assessment and Individualized Care Plan</li> <li>• Documentation of care goals with member</li> </ul>	
<ul style="list-style-type: none"> <li>• Advance Care Planning</li> </ul>	
<ul style="list-style-type: none"> <li>• Functional Status Assessment</li> </ul>	
<ul style="list-style-type: none"> <li>• Pain Assessment</li> </ul>	
<ul style="list-style-type: none"> <li>• Medication List</li> <li>• Medication Review</li> </ul>	

# OneCare Connect Welcome Visit

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- Practitioner bills CalOptima directly
  - CalOptima pays provider directly
  - One time payment
- CalOptima will send activity reports to corresponding health network

# Why?

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- Leverage PCP involvement
  - Improve quality of care
  - Improve member satisfaction
- Align Coordinated Care Initiative goals with local delivery of care model
- A successful OneCare Connect Program

# CalOptima's Mission

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



A Public Agency

# CalOptima

Better. Together.



A Public Agency

Medi-Cal

## CalOptima

Better. Together.



A Public Agency

OneCare (HMO SNP)

## CalOptima

Better. Together.



A Public Agency

OneCare Connect

## CalOptima

Better. Together.



A Public Agency

PACE

## CalOptima

Better. Together.



A Public Agency

**CalOptima**  
Better. Together.

# **Financial Summary**

**June 2015**

**Chet Uma**

**Chief Financial Officer**

# FY 2014-15: Consolidated Enrollment

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- June 2015:

- Overall enrollment reached 752,613

- Actual higher than budget by 6.4%
    - 0.4% increase from prior month
      - Growth in MediCal Expansion population
      - Slight decrease in Classic Medi-Cal over past two months
    - 21.6% increase from prior year

- June YTD:

- Actual of 8,548,616 member months higher than budget by 6.0%

- Increase in enrollment

- Mainly attributable to Medi-Cal Expansion and HFP transition populations
    - Offset by unfavorable variance in TANF category



# FY 2014-15: Consolidated Revenues

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- June 2015:
  - Actual lower than budget
  - Negative variance of \$13.3 million or (4.7%) for the month
    - Medi-Cal Expansion population favorable enrollment was offset by Hepatitis C drugs and MLTSS components that were budgeted, but not in actuals
    - Medi-Cal Expansion revenue was recorded at lower reduced rate
    - Volume variance is \$18.2 million
    - Price variance is (\$31.5) million
- June YTD:
  - Actual higher than budget
  - Positive variance of \$91.8 million or 3.0%
  - Directly attributable to higher enrollment than budgeted that was offset by Hepatitis C drugs and MLTSS
    - Volume variance is \$182.5 million
    - Price variance is (\$90.7) million

# FY 2014-15: Consolidated Medical Expenses

- June 2015:
  - Actual lower than budget
  - Positive variance of \$23.6 million or 9.1% for the month
    - Volume variance is (\$16.4) million
    - Price variance is \$40.0 million
- June YTD:
  - Actual lower than budget
  - Positive variance of \$48.2 million or 1.7%
    - Volume variance is (\$171.9) million
    - Price variance is \$220.1 million
- Medical Loss Ratio (MLR):
  - June 2015: 86.1%
  - June YTD: 89.9%

# FY 2014-15: Consolidated Administrative Expenses

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- June 2015:
  - Actual lower than budget
  - Positive variance of \$0.4 million or 3.4% for the month
    - Savings in salaries and benefits due to open positions
- June YTD:
  - Actual lower than budget
  - Positive variance of \$35.0 million or 27.3% for the month
    - Mainly attributable to savings in salaries and benefits
    - All other administrative expenses are lower than budgeted
- Administrative Loss Ratio (ALR):
  - June 2015: 3.8%
  - June YTD: 3.0%

# FY 2014-15: Change in Net Assets

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- June 2015:
  - \$27.1 million surplus; \$10.1 million favorable to budget
  - Attributable to:
    - Savings in medical expenses
    - Savings in administrative expenses (salaries and benefits)
- June YTD:
  - \$226.0 million surplus; \$177.0 million favorable to budget

# FY 2014-15: Change in Net Assets (cont.)

- June YTD variance attributable to:
  - Medi-Cal: \$219.7 million surplus; \$165.7 million favorable to budget
    - Higher percentage of Medi-Cal Expansion population than projected resulting in favorable revenues
    - Savings in administrative expenses
  - OneCare: \$9.7 million surplus; \$8.0 million favorable to budget
    - Lower Part D prescription drug costs and savings in administrative expenses
  - PACE: \$4.0 million deficit; \$0.5 million favorable to budget
    - Lower than budgeted revenue and higher than budgeted medical expenses are set off by lower than anticipated administration expenses
  - OneCareConnect: \$2.6 million deficit; \$1.7 million favorable to budget
    - Early start-up costs prior to implementation of program

# Enrollment Summary: June 2015 and June YTD

Month				Enrollment (By Aid Category)	Year - to - Date			
Actual	Budget	Variance	%		Actual	Budget	Variance	%
63,205	59,042	4,163	7.1%	Aged	733,342	695,392	37,950	5.5%
680	1,029	(349)	(33.9%)	BCCTP	9,192	12,114	(2,922)	(24.1%)
55,186	55,463	(277)	(0.5%)	Disabled	661,019	658,373	2,646	0.4%
3,817	4,142	(325)	(7.8%)	LTC	46,730	49,927	(3,197)	(6.4%)
97,883	84,633	13,250	15.7%	HFP	1,125,902	1,010,977	114,925	11.4%
329,033	381,355	(52,322)	(13.7%)	TANF	3,926,247	4,361,960	(435,713)	(10.0%)
189,765	86,451	103,314	119.5%	MCE	1,882,188	1,014,568	867,620	85.5%
739,567	672,115	67,452	10.0%	Medi-Cal	8,384,621	7,803,308	581,313	7.4%
-	19,498	(19,498)	(100.0%)	OneCare Connect	-	71,156	(71,156)	(100.0%)
95	95	-	0.0%	PACE	850	800	50	6.3%
12,951	15,947	(2,996)	(18.8%)	OneCare	163,145	187,062	(23,917)	(12.8%)
445	479	(34)	(7.1%)	MSSP	5,286	5,748	(462)	(8.0%)
<b>753,058</b>	<b>708,134</b>	<b>44,924</b>	<b>6.3%</b>	<b>CalOptima Total</b>	<b>8,553,901</b>	<b>8,068,074</b>	<b>485,827</b>	<b>6.0%</b>

# Financial Highlights: June 2015 and June YTD

Month					Year - To - Date			
Actual	Budget	\$ Variance	% Variance		Actual	Budget	\$ Variance	% Variance
752,613	707,655	44,958	6.4%	Member Months	8,548,616	8,062,326	486,290	6.0%
272,668,422	285,957,598	(13,289,177)	(4.6%)	Revenues	3,116,928,648	3,025,132,098	91,796,550	3.0%
234,645,827	258,209,749	23,563,922	9.1%	Medical Expenses	2,801,158,146	2,849,373,330	48,215,184	1.7%
10,459,592	10,828,344	368,753	3.4%	Administrative Expenses	93,192,111	128,187,370	34,995,258	27.3%
(458,288)	120,162	(578,450)	(481.4%)	Non Operating	3,389,115	1,441,941	1,947,173	135.0%
<b>27,104,715</b>	<b>17,039,667</b>	<b>10,065,048</b>	<b>59.1%</b>	<b>Change in Net Assets</b>	<b>225,967,506</b>	<b>49,013,340</b>	<b>176,954,166</b>	<b>361.0%</b>
86.1%	90.3%	4.2%		Medical Loss Ratio	89.9%	94.2%	4.3%	
3.8%	3.8%	(0.0%)		Administrative Loss Ratio	3.0%	4.2%	1.2%	

MSSP members are excluded from above

# Consolidated Performance Actual vs. Budget: June 2015 and June YTD (in millions)

MONTH				YEAR-TO-DATE		
<u>Actual</u>	<u>Budget</u>	<u>Variance</u>		<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
24.3	11.5	12.8	Medi-Cal	219.6	53.9	165.7
4.8	2.7	2.1	OneCare	9.7	1.8	8.0
(0.5)	2.9	(3.4)	OCC	(2.6)	(4.3)	1.7
0.0	0.0	0.0	Healthy Families	0.1	0.0	0.1
(0.2)	0.0	(0.2)	MSSP	(0.3)	(0.3)	0.0
(0.1)	0.0	(0.1)	ASO	0.0	(0.1)	0.1
<u>(0.6)</u>	<u>(0.2)</u>	<u>(0.5)</u>	PACE	<u>(4.0)</u>	<u>(3.5)</u>	<u>(0.5)</u>
<b>27.6</b>	<b>16.9</b>	<b>10.6</b>	<b>Operating</b>	<b>222.6</b>	<b>47.6</b>	<b>175.0</b>
<u>(0.5)</u>	<u>0.1</u>	<u>(0.6)</u>	Inv./Rental Inc, MCO tax	<u>3.4</u>	<u>1.4</u>	<u>1.9</u>
<u><b>(0.5)</b></u>	<u><b>0.1</b></u>	<u><b>(0.6)</b></u>	<b>Non-Operating</b>	<u><b>3.4</b></u>	<u><b>1.4</b></u>	<u><b>1.9</b></u>
<u><b>27.1</b></u>	<u><b>17.0</b></u>	<u><b>10.1</b></u>	<b>TOTAL</b>	<u><b>226.0</b></u>	<u><b>49.0</b></u>	<u><b>177.0</b></u>



# Consolidated Revenue & Expenses: June 2015

	Medi-Cal	OneCare	OneCare Connect	Healthy Families	MSSP	PACE	Behavioral Health ASO	Consolidated
<b>Member Months</b>	739,567	12,951	-	-	445	95	-	753,058
<b>REVENUES</b>								
Capitation revenue	248,067,806	\$ 23,782,918	\$ -	\$ -	\$ (41,325)	\$ 602,636	\$ -	\$ 272,412,036
Other Income	-	-	-	-	-	-	256,386	256,386
<b>Total Operating Revenues</b>	<b>248,067,806</b>	<b>23,782,918</b>	<b>-</b>	<b>-</b>	<b>(41,325)</b>	<b>602,636</b>	<b>256,386</b>	<b>272,668,422</b>
<b>MEDICAL EXPENSES</b>								
Provider capitation	68,312,310	8,452,083	-	-	-	-	-	76,764,393
Facility inpatient	35,377,309	6,221,494	-	-	-	-	-	41,598,803
Ancillary	-	502,423	-	-	-	-	-	502,423
Skilled Nursing	-	425,276	-	-	-	-	-	425,276
Facility outpatient	619,071	-	-	-	-	-	-	619,071
Professional Claims	(4,169,337)	-	-	-	-	448,377	-	(3,720,960)
Prescription drugs	35,098,213	1,955,467	-	-	-	45,799	-	37,099,478
Quality Incentives	-	183,814	-	-	-	-	-	183,814
Long-term care facility payments	22,192,581	-	-	-	-	-	-	22,192,581
Contingencies	54,104,078	-	-	-	-	-	-	54,104,078
Medical management	3,781,920	267,712	104,846	-	-	-	-	4,154,478
Reinsurance & other	(518,268)	124,443	-	-	134,675	\$ 612,459	369,082	722,391
	<b>214,797,877</b>	<b>18,132,712</b>	<b>104,846</b>	<b>-</b>	<b>134,675</b>	<b>1,106,635</b>	<b>369,082</b>	<b>234,645,827</b>
<b>GROSS MARGIN</b>	<b>33,269,929</b>	<b>5,650,206</b>	<b>(104,846)</b>	<b>-</b>	<b>(176,000)</b>	<b>(503,999)</b>	<b>(112,696)</b>	<b>38,022,595</b>
<b>ADMINISTRATIVE EXPENSES</b>								
Salaries, wages & employee benefits	4,457,938	377,801	214,227	-	43,893	75,688	3,756	5,173,303
Professional fees	1,219,973	39,275	-	-	0	31,250	-	1,290,498
Purchased Services	1,313,731	105,846	26,730	-	(975)	1,269	-	1,446,600
Printing and Postage	156,612	46,555	168,271	-	-	624	2,636	374,698
Depreciation and Amortization	274,165	-	-	-	-	2,518	-	276,683
Other Expenses	1,584,077	36,939	7,805	-	9,300	11,559	113	1,649,794
Indirect cost allocation, Occupancy Expense	(15,471)	243,257	-	-	8,376	2,909	8,945	248,015
<b>Total Administrative Expenses</b>	<b>8,991,025</b>	<b>849,672</b>	<b>417,034</b>	<b>-</b>	<b>60,593</b>	<b>125,818</b>	<b>15,450</b>	<b>10,459,592</b>
<b>INCOME (LOSS) FROM OPERATIONS</b>	<b>24,278,904</b>	<b>4,800,534</b>	<b>(521,880)</b>	<b>-</b>	<b>(236,593)</b>	<b>(629,817)</b>	<b>(128,146)</b>	<b>27,563,003</b>
<b>INVESTMENT INCOME</b>	-	-	-	-	-	-	-	(388,131)
<b>NET RENTAL INCOME</b>	-	-	-	-	-	-	-	(70,343)
<b>NET OPERATING TAX</b>	-	-	-	-	-	-	-	-
<b>QAF/IGT</b>	-	-	-	-	-	-	-	-
<b>OTHER INCOME</b>	186	-	-	-	-	-	-	186
<b>CHANGE IN NET ASSETS</b>	<b>\$ 24,279,090</b>	<b>\$ 4,800,534</b>	<b>\$ (521,880)</b>	<b>\$ -</b>	<b>\$ (236,593)</b>	<b>\$ (629,817)</b>	<b>\$ (128,146)</b>	<b>\$ 27,104,715</b>

# Consolidated Revenue & Expense: June YTD

	Medi-Cal	OneCare	OneCare Connect	Healthy Families	MSSP	PACE	Behavioral Health ASO	Consolidated
<b>Member Months</b>	8,384,621	163,145	-	-	5,286	850	-	8,553,902
<b>REVENUES</b>								
Capitation revenue	2,916,906,696	\$ 188,307,272	\$ -	\$ -	\$ 1,856,061	\$ 4,875,119	\$ -	\$ 3,111,945,148
Other Income	-	-	-	-	-	-	4,983,500	4,983,500
<b>Total Operating Revenues</b>	<u>2,916,906,696</u>	<u>188,307,272</u>	<u>-</u>	<u>-</u>	<u>1,856,061</u>	<u>4,875,119</u>	<u>4,983,500</u>	<u>3,116,928,648</u>
<b>MEDICAL EXPENSES</b>								
Provider capitation	856,409,992	65,522,667	-	-	-	-	-	921,932,660
Facility inpatient	593,777,773	59,131,338	-	-	-	-	-	652,909,111
Ancillary	-	6,245,556	-	-	-	-	-	6,245,556
Skilled Nursing	-	5,078,225	-	-	-	-	-	5,078,225
Facility outpatient	85,592,690	-	-	(56,217)	-	-	-	85,536,473
Professional Claims	170,477,165	-	-	-	-	2,884,518	-	173,361,683
Prescription drugs	299,950,049	20,473,546	-	(211)	-	458,469	-	320,881,852
Quality Incentives	-	2,310,670	-	-	-	-	-	2,310,670
Long-term care facility payments	367,034,441	-	-	-	-	-	-	367,034,441
Contingencies	201,289,722	-	-	-	-	-	-	201,289,722
Medical management	39,262,207	5,775,196	969,704	-	-	-	-	46,007,108
Reinsurance & other	5,689,999	2,190,772	-	-	1,460,198	4,434,097	4,795,581	18,570,646
	<u>2,619,484,037</u>	<u>166,727,970</u>	<u>969,704</u>	<u>(56,428)</u>	<u>1,460,198</u>	<u>7,777,084</u>	<u>4,795,581</u>	<u>2,801,158,146</u>
<b>GROSS MARGIN</b>	297,422,658	21,579,302	(969,704)	56,428	395,864	(2,901,965)	187,919	315,770,502
<b>ADMINISTRATIVE EXPENSES</b>								
Salaries, wages & employee benefits	-	-	-	-	-	-	-	-
Professional fees	51,473,832	5,222,744	1,388,640	-	545,216	756,328	54,834	59,441,593
Purchased Services	3,523,812	1,030,829	(10)	-	8,514	125,808	-	4,688,952
Printing and Postage	6,361,173	535,526	38,411	-	249	8,488	-	6,943,849
Depreciation and Amortization	3,506,756	299,215	184,584	-	237	26,516	22,189	4,039,498
Other Expenses	3,083,932	-	7,819	-	-	30,782	-	3,122,534
Indirect cost allocation, Occupancy Expense	11,049,695	451,167	-	-	73,519	89,556	717	11,664,654
<b>Total Administrative Expenses</b>	<u>(1,222,305)</u>	<u>4,319,173</u>	<u>-</u>	<u>-</u>	<u>55,734</u>	<u>31,096</u>	<u>107,334</u>	<u>3,291,032</u>
	<u>77,776,895</u>	<u>11,858,653</u>	<u>1,619,444</u>	<u>-</u>	<u>683,471</u>	<u>1,068,574</u>	<u>185,074</u>	<u>93,192,111</u>
<b>INCOME (LOSS) FROM OPERATIONS</b>	219,645,763	9,720,649	(2,589,148)	56,428	(287,607)	(3,970,538)	2,845	222,578,391
<b>INVESTMENT INCOME</b>	-	-	-	-	-	-	-	3,252,433
<b>NET RENTAL INCOME</b>	-	-	-	-	-	-	-	134,078
<b>NET OPERATING TAX</b>	-	-	-	-	-	-	-	-
<b>QAF/IGT</b>	-	-	-	-	-	-	-	-
<b>OTHER INCOME</b>	2,604	-	-	-	-	-	-	2,604
<b>CHANGE IN NET ASSETS</b>	<u>\$ 219,648,367</u>	<u>\$ 9,720,649</u>	<u>\$ (2,589,148)</u>	<u>\$ 56,428</u>	<u>\$ (287,607)</u>	<u>\$ (3,970,538)</u>	<u>\$ 2,845</u>	<u>\$ 225,967,506</u>

# Balance Sheet: As of June 2015

## ASSETS

Current Assets	
Operating Cash	\$22,518,055
Investments	745,792,608
Capitation receivable	559,110,130
Prepaid expenses and other	20,255,480
<b>Total Current Assets</b>	<b><u>1,347,676,274</u></b>
Cap Furniture and equipment	25,225,592
Leasehold improvements	7,977,021
505 City Parkway West	46,625,859
	<u>79,828,473</u>
Less: accumulated depreciation	<u>(26,479,084)</u>
Capital assets, net	<u>53,349,388</u>
Other Restricted deposit & Other	405,021
Board-designated assets	
Cash and cash equivalents	866,365
Short term investments	-
Long term investments	459,282,739
Total Board-designated Assets	<u>460,149,105</u>
Total Other Assets	<u>460,554,126</u>
	<b><u>\$1,861,579,788</u></b>

## LIABILITIES & FUND BALANCES

Current Liabilities	
Accounts payable	\$24,329,910
Medical claims liability	640,921,119
Accrued payroll liabilities	11,686,764
Deferred revenue	211,011,046
Deferred revenue - CMS	0
Deferred lease obligations	356,093
Capitation and withholds	290,632,912
Accrued insurance costs	29,412,181
<b>Total Current Liabilities</b>	<b><u>1,208,350,025</u></b>
Other (than pensions) post employment benefits liability	26,802,492
Long Term Liabilities	<u>150,000</u>
Total Liabilities	<u>1,235,302,517</u>
Tangible net equity (TNE)	86,144,291
Funds in excess of TNE	<u>540,132,980</u>
Net Assets	<u>626,277,271</u>
<b>TOTAL LIABILITIES &amp; FUND BALANCES</b>	<b><u>\$1,861,579,788</u></b>

# HN Enrollment Summary - Medi-Cal

Health Network Name	JULY 2015	Percentage
CHOC Health Alliance (PHC20)	146,368	19.6%
Monarch Family HealthCare (SRG68)	89,173	12.0%
Arta Western Health Network (SRG66)	84,616	11.3%
Family Choice Health Network (PHC21)	48,815	6.5%
Kaiser Permanente (HMO04)	41,671	5.6%
Noble Mid-Orange County (SRG64)	35,665	4.8%
CalOptima Care Network (CCN)	35,567	4.8%
United Care Medical Network (SRG67)	34,796	4.7%
Alta Med Health Services (SRG69)	32,009	4.3%
Prospect Medical Group (SRG63)	29,364	3.9%
Talbert Medical Group (SRG65)	29,001	3.9%
AMVI Care Health Network (PHC58)	24,890	3.3%
<b>Total Health Network Capitated Enrollment</b>	<b>631,936</b>	<b>84.7%</b>
CalOptima Direct (COD) Administrative	113,824	15.3%
<b>Total Paid Capitated Enrollment</b>	<b>745,760</b>	<b>100.0%</b>

# HN Enrollment Summary - OneCare

Health Network Name	JULY 2015	Percentage
Monarch HealthCare (PMG53DE)	5,725	45.0%
AMVI/Prospect Medical Group (PMG27DE)	3,047	23.9%
Family Choice Medical Group (PMG21DE)	1,541	12.1%
Talbert Medical Group (PMG52DE)	1,354	10.6%
United Care Medical Group (PMG67DE)	367	2.9%
Arta Western Health Network (PMG66DE)	314	2.5%
Alta-Med (PMG69DE)	312	2.5%
Noble Mid Orange County (PMG64DE)	66	0.5%
MemorialCare Medical Group (PMG70DE Term - Retro Only)	0	0.0%
<b>Total Paid Capitated Enrollment</b>	<b>12,726</b>	<b>100.0%</b>



**PROVIDER ADVISORY COMMITTEE VOTING MEMBERS  
FY 2015–2016**

<b>CONSTITUENCY REPRESENTED/TERM</b>	<b>PAC MEMBER NAME and ADDRESS</b>	<b>CONTACT INFORMATION</b>
<p><b>SAFETY NET</b></p> <p>Term: 7/1/15–6/30/17</p> <p>Member since 2013</p>	<p><b>Chair</b>  <b>Jena Jensen</b>            Chief Government Relations Officer            CHOC Children's            1201 W. La Veta Ave.            Orange, CA 92868</p>	<p><b>Work Phone:</b> 714-509-4206  <b>Fax:</b> 714-509-9023  <b>Email:</b> <a href="mailto:jjensen@choc.org">jjensen@choc.org</a>  <b>Assistant:</b> Lisa Miller  <b>Work Phone:</b> 714-509-8413  <b>Email:</b> <a href="mailto:lmiller@choc.org">lmiller@choc.org</a></p>
<p><b>ALLIED HEALTH SERVICES</b></p> <p>Term: 7/1/15–6/30/18</p> <p>Member since 2009            Previous term: 2009-2015</p>	<p><b>Pamela Pimentel, RN</b>            Chief Executive Officer            MOMS Orange County            1128 W. Santa Ana Blvd.            Santa Ana, CA 92703</p>	<p><b>Work Phone:</b> 714-352-3423  <b>Fax:</b> 714-972-2620  <b>Email:</b> <a href="mailto:ppimentel@momsorangecounty.org">ppimentel@momsorangecounty.org</a>  <b>Assistant:</b> Cheryl Battiston  <b>Work Phone:</b> 714-352-3415  <b>Email:</b> <a href="mailto:cbattiston@momsorangecounty.org">cbattiston@momsorangecounty.org</a></p>
<p><b>BEHAVIORAL/MENTAL HEALTH</b></p> <p>Term: 7/1/15-06/30/18</p> <p>Member since 2015</p>	<p><b>VACANT!</b></p>	
<p><b>COMMUNITY HEALTH CENTERS</b></p> <p>Term: 7/1/15–6/30/17</p> <p>Member since 2011</p>	<p><b>Barry Ross, RN, MPH, MBA</b>            Board Chair,            St. Jude Neighborhood Health Centers            101 E. Valencia Mesa Dr.            Fullerton, CA 92835</p>	<p><b>Work Phone:</b> 714-992-3996  <b>Fax:</b> 714-992-3029  <b>Email:</b> <a href="mailto:barry.ross@stjoe.org">barry.ross@stjoe.org</a></p>
<p><b>HEALTH CARE AGENCY</b></p> <p>Standing Seat</p> <p>Member since 2006</p>	<p><b>Alan Edwards, MD</b>            Medical Director            Health Care Agency/Behavioral Health            405 W. Fifth St., Suite 479            Santa Ana, CA 92701</p>	<p><b>Work Phone:</b> 714-568-5756  <b>Fax:</b> 714-834-6575  <b>Email:</b> <a href="mailto:aedwards@ochca.com">aedwards@ochca.com</a>  <b>Assistant:</b> Michelle Garcia  <b>Email:</b> <a href="mailto:mgarcia@ochca.com">mgarcia@ochca.com</a></p>

CONSTITUENCY REPRESENTED/TERM	PAC MEMBER NAME and ADDRESS	CONTACT INFORMATION
<p><b>HEALTH NETWORK</b></p> <p>Term: 7/1/15–6/30/18</p> <p>Member since 2015</p>	<p><b>Teri Miranti</b>            Director of Government Programs            Monarch HealthCare Irvine CA            11 Technology Drive            Irvine, CA 92618</p>	<p><b>Work Phone:</b> 949-923-3310  <b>Fax:</b> 949-923-3596  <b>Email:</b> <a href="mailto:tmiranti@mhealth.com">tmiranti@mhealth.com</a>  <b>Assistant:</b> Diane Moore  <b>Work Phone:</b> 949-453-4302  <b>Email:</b> <a href="mailto:dmoore@mhealth.com">dmoore@mhealth.com</a></p>
<p><b>HOSPITAL</b></p> <p>Term: 7/1/15–6/30/17</p> <p>Member since 2014</p>	<p><b>Suzanne Richards, RN, MBA, FACHE</b>            COO, KPC Healthcare, Inc. and CEO, Western Medical Center, Santa Ana            1301 N. Tustin Ave.            Santa Ana, CA 92705</p>	<p><b>Work Phone:</b> 714-953-3652  <b>Fax:</b> 714-953-3613  <b>Email:</b> <a href="mailto:Suzanne.Richards@ihhioc.com">Suzanne.Richards@ihhioc.com</a>  <b>Assistant:</b> Maggie Irias  <b>Work Phone:</b> 714-325-9241  <b>Email:</b> <a href="mailto:Margrett.Irias@ihhioc.com">Margrett.Irias@ihhioc.com</a></p>
<p><b>LONG TERM SERVICES AND SUPPORTS</b></p> <p>Term: 8/14/14–6/30/16</p> <p>Member since 2012</p>	<p><b>Stephen N. Flood</b>            Chief Operations Officer            New Orange Hills Inc            5017 E. Chapman Ave.            Orange, CA 92869</p>	<p><b>Work Phone:</b> 714-997-7090  <b>Fax:</b> 714-919-1038  <b>Email:</b> <a href="mailto:sflood@neworangehills.com">sflood@neworangehills.com</a></p>
<p><b>LONG TERM SERVICES AND SUPPORTS</b></p> <p>Term: 8/14/14–6/30/16</p> <p>Member since 2014</p>	<p><b>Cheryl Petterson</b>            Vice President, Business Services            Country Villa Health Services            2400 E. Katella Ave., Suite 800            Anaheim, CA 92806</p>	<p><b>Work Phone:</b> 714-627-2458  <b>Fax:</b> 323-596-4645  <b>Email:</b> <a href="mailto:Cheryl.Petterson@countryvillahealth.com">Cheryl.Petterson@countryvillahealth.com</a></p>
<p><b>NON-PHYSICIAN MEDICAL PRACTITIONER</b></p> <p>Term: 8/14/14–6/30/16</p> <p>Member since 2012            Previous term: 1995-2001</p>	<p><b>Camille Fitzpatrick, MSN, AGPCNP-BC</b>            Clinical Professor Nursing Science            UC Irvine Program in Nursing Science            299B Berk Hall            Irvine, CA 92697</p>	<p><b>Work Phone:</b> 949-824-1924  <b>Cell Phone:</b> 949-824-0470  <b>Email:</b> <a href="mailto:fitzpatc@uci.edu">fitzpatc@uci.edu</a></p>



CONSTITUENCY REPRESENTED/TERM	PAC MEMBER NAME and ADDRESS	CONTACT INFORMATION
<p><b>NURSE</b></p> <p>Term: 7/1/15–6/30/18</p> <p>Member since 2015</p>	<p><b>Pamela Kahn, RN</b>  Coordinator of Health &amp; Wellness  OC Department of Education  200 Kalmus Dr.  Costa Mesa, CA 92626</p>	<p><b>Work Phone:</b> 714-327-1057  <b>Cell Phone:</b> 714-668-7937  <b>Email:</b> <a href="mailto:pkahn@ocde.us">pkahn@ocde.us</a>  <b>Assistant:</b> Rocio Vitko  <b>Work Phone:</b> 714-327-1062  <b>Email:</b> <a href="mailto:rvitko@ocde.us">rvitko@ocde.us</a></p>
<p><b>PHARMACY</b></p> <p>Term: 8/14/14–6/30/16</p> <p>Member since 2014</p>	<p><b>Mary Pham, Pharm.D, CHC</b>  Chief Operating Officer &amp; Chief Compliance Officer  Center for Inherited Blood Disorders (CIBD)  2670 N. Main St., Suite 150  Santa Ana, CA 92705</p>	<p><b>Work Phone:</b> 714-586-5336  <b>Fax:</b> 714-600-4791  <b>Email:</b> <a href="mailto:mpham@c3dibd.org">mpham@c3dibd.org</a>  <b>Assistant:</b> Carol Samson  <b>Email:</b> <a href="mailto:Csamson@c3dibd.org">Csamson@c3dibd.org</a></p>
<p><b>PHYSICIAN</b></p> <p>Term: 8/14/14–6/30/16</p> <p>Member since 2010</p>	<p><b>Theodore Caliendo, MD</b>  Pediatrician &amp; Neonatologist  Pediatric Practice in Mission Viejo  27800 Medical Center Rd., Suite 204  Mission Viejo, CA 92691</p>	<p><b>Work Phone:</b> 949-364-3532  <b>Fax:</b> 949-347-7645  <b>Email:</b> <a href="mailto:tj@drkaliendo.com">tj@drkaliendo.com</a>  <b>Assistant:</b> Sylvia Caliendo  <b>Email:</b> <a href="mailto:syl@drkaliendo.com">syl@drkaliendo.com</a></p>
<p><b>PHYSICIAN</b></p> <p>Term: 8/14/14–6/30/16</p> <p>Member since 2012</p>	<p><b>Joseph M. Ruggio, MD, FACP, FACC, FSCAI</b>  Cardiologist and President  Pacific Cardiovascular Associates Medical Group Inc  3080 Bristol St., Suite 600  Costa Mesa, CA 92626</p>	<p><b>Work Phone:</b> 714-445-0220  <b>Fax:</b> 714-445-0245  <b>Email:</b> <a href="mailto:pca-cardiology@msn.com">pca-cardiology@msn.com</a>  <b>Att:</b> Bill Kuhl, Vice President, Operations</p>
<p><b>PHYSICIAN</b></p> <p>Term: 7/1/15–6/30/17</p> <p>Member since 2009</p>	<p><b>Jacob Sweidan, MD, FAAP</b>  Pediatrician &amp; Neonatologist  Medical Group of Orange County Inc  12665 Garden Grove Blvd., Suite 713  Garden Grove, CA 92843</p>	<p><b>Work Phone:</b> 714-754-4033  <b>Fax:</b> 714-537-2176  <b>Email:</b> <a href="mailto:jacobswaidanmd@gmail.com">jacobswaidanmd@gmail.com</a></p>

CONSTITUENCY REPRESENTED/TERM	PAC MEMBER NAME and ADDRESS	CONTACT INFORMATION
<b>CalOptima Staff to the PAC</b>	<b>Maria Wahab</b> Provider Relations Project Manager CalOptima 505 City Parkway West Orange, CA 92868	<b>Work Phone:</b> 714-796-6143 <b>Fax:</b> 714-796-6679 <b>Email:</b> <a href="mailto:mwahab@caloptima.org">mwahab@caloptima.org</a>

# CalOptima PAC: Proposed Implementation of new Term Limits and Length - effective July 1, 2015

	PAC Member	Member Since	Time Served	CURRENT POSITION	2014	2015	TERM LIMITS 2016	2017	2018	2019	2020	2021	2022	2023	2024
1	Sweidan, Jacob, MD, FAAP	2009	07/01/2009 - 06/30/2017	PHYSICIAN		Reappointed		Eligible to apply for 2nd three year TERM			TERM LIMIT - new appt			NEW APPT 2nd 3 year term	
2	Caliendo, Theodore, MD	2010	07/01/2010 - 06/30/2016	PHYSICIAN	Reappointed		Eligible to apply for 2nd three year TERM			TERM LIMIT - new appt			NEW APPT 2nd 3 year term		
3	Ross, Barry, RN, MPH, MBA	2011	07/01/2011 - 06/30/2017	COMMUNITY HEALTH CENTERS (changed from Community Clinic)		Reappointed		Eligible to apply for 2nd three year TERM			TERM LIMIT - new appt			NEW APPT 2nd 3 year term	
4	Flood, Stephen N.	2012	07/01/2012 - 06/30/2016	LTSS [change from LTC]	Reappointed		Eligible to apply for 2nd three year TERM			TERM LIMIT - new appt			NEW APPT 2nd 3 year term		
5	Ruggio, Joseph, MD, FACP, FACC, FSCAI	2012	07/01/2012 - 06/30/2016	PHYSICIAN	Reappointed		Eligible to apply for 2nd three year TERM			TERM LIMIT - new appt			NEW APPT 2nd 3 year term		
6	Fitzpatrick, Camille, MSN, NP-C	2012	07/01/1995 - 06/30/2001 & 07/01/2012 - 06/30/2016	NON-PHYSICIAN MEDICAL PRACTITIONER	Reappointed		Eligible to apply for 2nd three year TERM			TERM LIMIT - new appt			NEW APPT 2nd 3 year term		
7	Jena Jensen	2013	07/01/2013 - 06/30/2017	TRADITIONAL/SAFETY NET		Reappointed		Eligible to apply for 2nd three year TERM			TERM LIMIT - new appt			NEW APPT 2nd 3 year term	
8	Suzanne Richards, RN, MBA	2014	10/02/2014 - 06/30/2017	HOSPITAL		Reappointed		Eligible to apply for 2nd three year TERM			TERM LIMIT - new appt			NEW APPT 2nd 3 year term	
9	Mary Pham, Pharm.D., CHC	2014	08/14/2014 - 06/30/2016	PHARMACY	Reappointed		Eligible to apply for 2nd three year TERM			TERM LIMIT - new appt			NEW APPT 2nd 3 year term		
10	Cheryl Petterson	2014	08/14/2014 - 06/30/2016	LTSS [change from LTC]	Reappointed		Eligible to apply for 2nd three year TERM			TERM LIMIT - new appt			NEW APPT 2nd 3 year term		
11	Pimentel, Pamela RN	2015	07/01/2015 - 06/30/2017 07/01/2009 - 06/30/2015	ALLIED HEALTH SERVICES		NEW appointment as Ancillary prior Nurse seat	extend term 1 yr to stagger into a 3 year cycle		Eligible to apply for 2nd three year TERM			TERM LIMIT - new appt			NEW APPT 2nd 3 year term
12	Teri Miranti	2015	07/01/2015 - 06/30/2017	HEALTH NETWORK		NEW appointment	extend term 1 yr to stagger into a 3 year cycle		Eligible to apply for 2nd three year TERM			TERM LIMIT - new appt			NEW APPT 2nd 3 year term
13	Pamela Kahn	2015	07/01/2015 - 06/30/2017	NURSE		NEW appointment	extend term 1 yr to stagger into a 3 year cycle		Eligible to apply for 2nd three year TERM			TERM LIMIT - new appt			NEW APPT 2nd 3 year term
14	NEW SEAT	2015	NEW SEAT EFF 07/01/2015	NEW SEAT - BEHAVIORAL/MENTAL HEALTH PROVIDER		NEW START 1ST TERM			Eligible to apply for 2nd three year TERM			TERM LIMIT - new appt			NEW APPT 2nd 3 year term
15	Edwards, Alan, MD	2006	STANDING	Health Care Agency	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
<b>OPEN PAC SEATS</b>					6	8	6	4	4	6	4	4	6	4	4
	PHYSICIAN	NURSE	PHYSICIAN	PHYSICIAN	ALLIED	PHYSICIAN	PHYSICIAN	ALLIED	PHYSICIAN	PHYSICIAN	ALLIED	PHYSICIAN	PHYSICIAN	PHYSICIAN	ALLIED
	LTSS	PHYSICIAN	LTSS	HEALTH CENTER	NETWORK	LTSS	HEALTH CENTER	NETWORK	LTSS	HEALTH CENTER	NETWORK	LTSS	HEALTH CENTER	NETWORK	
	PHYSICIAN	HEALTH CENTER	PHYSICIAN	SAFETY NET	NURSE	PHYSICIAN	SAFETY NET	NURSE	PHYSICIAN	SAFETY NET	NURSE	PHYSICIAN	SAFETY NET	NURSE	
	Non-Physician	SAFETY NET	Non-Physician	HOSPITAL	BEHAVIORAL/MENTAL	Non-Physician	HOSPITAL	BEHAVIORAL/MENTAL	Non-Physician	HOSPITAL	BEHAVIORAL/MENTAL	Non-Physician	HOSPITAL	BEHAVIORAL/MENTAL	
	PHARMACY	HOSPITAL	PHARMACY			PHARMACY			PHARMACY		ALLIED	PHARMACY		ALLIED	
	LTSS	NETWORK	LTSS			LTSS			LTSS			LTSS			
		ALLIED													
		BEHAVIORAL/MENTAL													

**NOTES:**

- 1 Term limits and change in term duration will be effective as their term expires with the exception of the 3 newly appointed members in 2015
- 2 As of 07/01/2015 Extend to a 3 year term for Allied, Network and Nurse seats in order to stagger terminations at a rate of 6, 4, 4
- 3 NEW Behavioral/Mental Health Position will start after special election in 2015 with new a three year term duration.
- 4 Members who reach the term limits may take a one year hiatus before reapplying for the same position.
- 5 Members who reach the term limits do not need to take a break if they qualify and are selected for a different seat.

**CalOptima Board of Directors'  
PAC Goals and Objectives  
FY 2015-2016**

<b>GOALS AND OBJECTIVES FY 2015-2016</b>								
CalOptima Strategic Priority	CalOptima Goals	CalOptima Objectives	PAC Activities	1st Quarter (Jul - Sept 2015)	2nd Quarter (Oct - Dec 2015)	3rd Quarter (Jan - Mar 2016)	4th Quarter (Apr - Jun 2016)	Year End Results for PAC Activities
<b>I. Quality Programs and Services</b>	<b>I. A. Provide members with Access to quality health care services</b>	<b>I. A. Launch and expanded business lines</b> o Affordable Care Act and Medi-Cal Expansion o Coordinated Care Initiative including Cal MediConnect o PACE Center o Bridge Program	<p><b>I. A1.</b> PAC will work closely with Board and CalOptima staff to actively solicit key milestones where PAC will proactively structure activities, provider outreach and then discuss and bring back recommendations to CalOptima staff and the Board:</p> <ul style="list-style-type: none"> <li>o PAC will collaborate with the Board and Executive staff to explore issues around the <b>Affordable Care Act and Medi-Cal Expansion:</b> Medi-Cal enrollment/annual renewals and potential gaps in benefits</li> <li>o PAC will collaborate with the Board and Executive staff to explore issues around the <b>Coordinated Care Initiative including Cal MediConnect:</b> Provider Education and Communication; Logistics of billing for Cal MediConnect (OneCare Connect); details of contract/rates; Continuity of Care; Delivery Network or accurate list of providers; review member letters/notices</li> <li>o PAC will collaborate with the Board and Executive staff to plan and implement a series of provider focus groups to solicit feedback on roll out and transition of Cal MediConnect (OneCare Connect)</li> <li>o <b>PACE Center:</b> the PAC will work closely with Board and CalOptima staff to explore enrollment strategies for PACE and PAC ad hoc members will continue participation in the MAC/PAC PACE Ad Hoc Advisory Committee.</li> <li>o <b>Bridge Program:</b> PAC will work closely with Board and CalOptima staff to provide updates regarding Medi-Cal redetermination, backlog and churn from Medi-Cal to Exchange and vice versa.</li> </ul>					
	<b>I. B. Integrate and Coordinate Care to ensure optimal health outcomes for all our members</b>		<p><b>I. B1.</b> PAC will collaborate with Board and CalOptima staff to explore issues around integration and coordination of care; Interdisciplinary Care Team (ICTs), Interdisciplinary Care Plan (ICPs), Health Risk Assessment (HRA's), etc.</p> <ul style="list-style-type: none"> <li>• PAC will work closely with Board and CalOptima staff to assess effectiveness of care coordination processes and protocols based on existing best practices.</li> <li>• PAC will serve as focus group or sounding board for new initiatives related to new processes and approaches for communicating with stakeholders regarding these processes.</li> </ul> <p><b>I. B2.</b> PAC will work with the Board and CalOptima staff to schedule a PAC meeting inviting provider constituents focusing on unmet dental needs in the community for a "Gap Assessment."</p>					
	<b>I. C. Integrate Physical and Behavioral health.</b>	<b>I. C. Further integrate behavioral health</b>	<b>I. C1.</b> PAC will collaborate with the Board and Executive staff to explore issues around the re-evaluation of Behavioral Health Treatment (BHT)/Applied Behavioral Analysis (ABA) six-month transition plan and prepare to provide feedback to the Board and CalOptima staff on status of access and patient/provider satisfaction and quality.	Invite dental providers to the June 9, 2016 PAC meeting focusing on unmet dental needs in the community for a "Gap Assessment."				

**CalOptima Board of Directors'  
PAC Goals and Objectives  
FY 2015-2016**

<b>GOALS AND OBJECTIVES FY 2015-2016</b>								
CalOptima Strategic Priority	CalOptima Goals	CalOptima Objectives	PAC Activities	1st Quarter (Jul - Sept 2015)	2nd Quarter (Oct - Dec 2015)	3rd Quarter (Jan - Mar 2016)	4th Quarter (Apr - Jun 2016)	Year End Results for PAC Activities
			<b>I. C2.</b> PAC will work with the Board and CalOptima staff to schedule a joint MAC/PAC meeting reviewing new Medi-Cal Mental Health benefit and the gaps; improve transition between inpatient and outpatient settings. PAC will work closely with Board and CalOptima staff to invite interested stakeholders to make public comments	Schedule joint MAC/PAC meeting to review new Medi-Cal Mental Health benefit and the gaps for January 2016				
			<b>I. C3.</b> PAC will work with the Board and CalOptima staff to schedule a PAC meeting focusing Behavioral/Mental Health in primary care offices and invite community primary care providers to offer testimony	Invite providers to offer testimony for the November 12, 2015 PAC Regular Meeting.				
			<b>I. C4.</b> PAC will work with the Board and CalOptima staff to explore other venues/vehicles for reaching out for primary care and solicit input regarding Behavioral/Mental Health.					
	<b>I. D. Support initiatives that complement the work</b>	<b>I. D. Use the CalOptima Foundation to</b>	<b>I. D1.</b> PAC will collaborate with Board and CalOptima staff to explore issues around unmet community needs to inform the process to identify and evaluate potential Foundation and Intergovernmental Transfer (IGT) activities.					

**CalOptima Board of Directors'  
PAC Goals and Objectives  
FY 2015-2016**

<b>GOALS AND OBJECTIVES FY 2015-2016</b>								
CalOptima Strategic Priority	CalOptima Goals	CalOptima Objectives	PAC Activities	1st Quarter (Jul - Sept 2015)	2nd Quarter (Oct - Dec 2015)	3rd Quarter (Jan - Mar 2016)	4th Quarter (Apr - Jun 2016)	Year End Results for PAC Activities
<b>II. Strong Internal Process</b>	<b>II. A. Achieve measurable improvements in</b>	<b>II. A. Increase use of benchmarking and comparisons to</b>	II. A1. CalOptima staff to update the PAC regarding changes in CMS/DHCS regulations, requirement and rankings. PAC will collaborate with Board and CalOptima staff to seek feedback or consensus from constituents.					
			II. A2. CalOptima staff will provide reports regarding services and quality ranking requirements/benchmarks and PAC will disseminate information to constituencies.	PAC CAHPS Ad Hoc Team; Member Pham, Caliendo, Miranti, & Ross. Objective to utilize resources and expertise to improve outcomes and scored for CAHPS and improve provider education/ satisfaction on the network side.				
	<b>II. B. Continuously enhance governance process.</b>	<b>II. B. Apply best practices to board governance process</b>	II. B1. PAC will collaborate with Board and CalOptima staff to explore how to use PAC as a resource to solicit provider input on key issues and initiatives.					
			II. B2. PAC will collaborate with Board and CalOptima staff to explore how to actively encourage constituents to provide meaningful input and dialogue on CalOptima activities.					

Charge of the Advisory Committees pursuant to Resolution No. 2-14-95:

1. Provide advice and recommendations to the Board on issues concerning CalOptima as directed by the Board.
2. Engage in study, research and analysis on issues assigned by the Board or generated by the committees.
3. Serve as liaisons between interested parties and the Board.
4. Assist the Board in obtaining public opinion on issues related to CalOptima.
5. Initiate recommendations on issues of study to the Board for their approval and consideration.
6. Facilitate community outreach for CalOptima and the CalOptima Board.