

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

**THURSDAY, NOVEMBER 9, 2017
2:30 P.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. 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 September 14, 2017 Special Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC)
- B. Approve Minutes of the September 14, 2017 Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) and 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 MAC. 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. PRESENTATION

- A. Community Referral Network and Whole Person Care Overview

VI. CEO AND MANAGEMENT REPORTS

- A. Chief Executive Officer (CEO) Report
- B. Chief Medical Officer Update
- C. Chief Operating Officer Update
- D. Network Operations Update
- E. Federal and State Legislative Update

VII. INFORMATION ITEMS

- A. MAC Member Updates
- B. Cultural and Linguistic Services Overview
- C. Accessing and Monitoring Availability of Applied Behavioral Analysis (ABA) Providers
- D. Healthcare Effectiveness Data and Information Set (HEDIS) 2017 Results Update
- E. Palliative Care

VIII. COMMITTEE MEMBER COMMENTS

IX. ADJOURNMENT

MINUTES

SPECIAL MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' MEMBER ADVISORY COMMITTEE

September 14, 2017

A Special Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) was held on September 14, 2017, at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER

Chair Sally Molnar called the meeting to order at 10:15 a.m.

ESTABLISH QUORUM

Members Present: Sally Molnar, Chair; Patty Mouton, Vice Chair; Suzanne Butler, Connie Gonzalez, Donna Grubaugh, Jaime Muñoz, Velma Shivers, Christine Tolbert, Lisa Workman

Members Absent: Sandy Finestone, Carlos Robles, Ilia Rolon, Christina Sepulveda, Sr. Mary Therese Sweeney, Mallory Vega

Others Present: Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Sesha Mudunuri, Executive Director, Operations; Candice Gomez, Executive Director, Program Implementation; Belinda Abeyta, Director, Customer Service

MINUTES

Approve the Minutes of the July 13, 2017, Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee

Action: On motion of Member Patty Mouton, seconded and carried, the MAC approved the minutes as submitted.

PUBLIC COMMENT

There were no requests for public comment.

INFORMATION ITEMS

Whole Child Model

Sesha Mudunuri, Executive Director of Operations, presented an overview on the proposed Whole Child Model Family Advisory Committee (WCM FAC). Mr. Mudunuri reported that SB 586 (Hernandez) was signed into law on September 25, 2016, authorizing the establishment of the Whole-Child Model (WCM) that incorporates California Children's Services (CCS) covered services for Medi-Cal eligible children and youth into specified county-organized health plans, including CalOptima. Approximately, 12,000 CalOptima children ages 0 – 21 years receive services through CCS. CalOptima is scheduled to implement WCM no sooner than January 1, 2019.

A provision of the Whole-Child Model requires that health plans establish a WCM family advisory committee. CalOptima staff reached out to the community to obtain stakeholder input on the structure and composition of the family advisory committee. Based on feedback, CalOptima staff proposed the WCM Family Advisory Committee should report directly to the Board of Directors and be composed of ten CCS family members/foster parents and CCS member beneficiaries. In addition, CalOptima staff recommended that advisory committee members should serve a two-year term. After considerable discussion, MAC members recommended that the WCM Family Advisory Committee should report directly to the Board of Directors and include a combination of CCS family members/foster parents and CCS member beneficiaries, as well as community stakeholders/advocates. MAC members concurred that the CCS individuals served should be empowered and have a voice on the committee, but it would be beneficial to include community stakeholders/advocates to bring balance to the committee, bring validation from a systemic perspective and increase the synergy on the committee. CalOptima staff responded that they would consider MAC's recommendation for the committee composition.

Chair Molnar announced that the MAC would review and evaluate the candidates for the first WCM FAC recruitment and asked for three volunteers. Members Connie Gonzalez, Jaime Muñoz and Christine Tolbert volunteered to serve on the WCM FAC Nominations Ad Hoc.

Member Tolbert requested an agenda item on the difficulty of accessing providers at the next Regular MAC meeting.

ADJOURNMENT

Chair Molnar announced that the next Regular MAC meeting is Thursday, November 9, 2017 at 2:30 p.m.

Hearing no further business, Chair Molnar adjourned the meeting at 10:53 a.m.

/s/ Eva Garcia _____
Eva Garcia
Administrative Assistant

Approved: November 9, 2017

MINUTES

JOINT MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' MEMBER ADVISORY COMMITTEE AND PROVIDER ADVISORY COMMITTEE

September 14, 2017

A Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) and Provider Advisory Committee (PAC) was held on Thursday, September 14, 2017, at the CalOptima offices located at 505 City Parkway West, Orange, California.

CALL TO ORDER

Teri Mirani, PAC Chair, called the meeting to order at 8:15 a.m., and MAC Chair Sally Molnar led the Pledge of Allegiance.

ESTABLISH QUORUM

Member Advisory Committee

Members Present: Sally Molnar, Chair; Patty Mouton, Vice Chair; Suzanne Butler, Connie Gonzalez, Donna Grubaugh, Jaime Muñoz, Velma Shivers, Christine Tolbert, Lisa Workman

Members Absent: Sandy Finestone, Carlos Robles, Ilia Rolon, Christina Sepulveda, Sr. Mary Therese Sweeney, Mallory Vega

Provider Advisory Committee

Members Present: Teri Miranti, Chair; Suzanne Richards, MBA, FACHE, Vice Chair; Anjan Batra, M.D.; Donald Bruhns; Theodore Caliendo, M.D.; Jena Jensen; Pamela Kahn, R.N.; John Nishimoto, O.D.; Mary Pham, Pharm.D, CHC; Pamela Pimentel, R.N.; Jacob Sweidan, M.D.

Members Absent: Alan Edwards, M.D.; Steve Flood; Craig Myers; George Orras, PhD;

Others Present: Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Gary Crockett, Chief Counsel; Becki Melli, Program Specialist; and Cheryl Simmons, Project Manager

PUBLIC COMMENTS

No requests for public comment were received.

Chief Executive Officer Report

Michael Schrader, Chief Executive Officer, provided an update on CalOptima's behavioral health transition plan that integrates administration of Medi-Cal covered Behavioral Health, which includes Mental Health and Applied Behavior Analysis services, within CalOptima internal operations effective January 1, 2018.

Community Forum for Member and Provider Stakeholders

Homeless Initiatives

Susan Price, Director of Care Coordination, County of Orange, presented on the County's Homeless Initiatives and presented the following data on behalf of the County on homelessness. As of the January 2017 Housing and Urban Development (HUD) census of the homeless in Orange County, there were 2,584 unsheltered homeless and 2,208 sheltered homeless. Of those, 422 individuals were residing on the Santa Ana River Trail as of the survey date. The Courtyard at the Santa Ana Civic Center serves over 700 homeless during the day, and 400 homeless at night as a safe sleep shelter. The Bridges at Kraemer in north Anaheim has space for 100 per night with on-going construction to house an additional 100 beds, which is anticipated to be operational in late 2018. She also mentioned that Crisis Stabilization Units are being established with \$23.9 million in funding from the County of Orange to increase the number of beds available for people in psychiatric crisis, which would allow homeless individuals to receive immediate psychiatric care through these units rather than sending homeless members in crisis as to the nearest emergency room.

Drug Medi-Cal and Substance Use Disorder

Sandra Fair, Administrative Manager, Behavioral Health Services, Orange County Health Care Agency, presented on Behavioral Health Services Drug Medi-Cal: An Organized Delivery System for Substance Use Disorder Services (SUD). Ms. Fair reviewed the 5-Year Pilot Project that was implemented after California received a waiver from the federal government to develop a pilot project to better serve individuals experiencing a substance use disorder, and who were eligible for Drug Medi-Cal (DMC) under the Affordable Care Act. She noted that approximately 900,000 Orange County residents are eligible Medi-Cal beneficiaries in Orange County, and estimated that between 7,000 and 13,000 Orange County residents may seek treatment for SUD services in a year. Ms. Fair added that the new model supports integrated services with mental health and physical health, including services provided by CalOptima.

Orange County Strategic Plan for Aging

Patty Mouton, Vice President of Outreach and Advocacy, Alzheimer's of Orange County and member of the MAC, presented the Orange County Strategic Plan for Aging. Ms. Mouton noted that by 2040, it is anticipated that nearly 1 in 4 individuals will be age 65 plus in Orange County. The strategic plan was developed to prepare Orange County for the growing numbers of older residents and the issues they will face. Ms. Mouton reviewed the plan and noted that it was developed through on-going collaboration, and finalized with a series of 18-month goals starting on July 1, 2017 and ending on December 31, 2018. During this 18-month timeframe, 10 initiatives will be developed, including: Healthcare, Elder Abuse Prevention and Awareness, Transportation, Housing, Technology, OC Successful Aging, Social Engagement, Food Security Fundraising and Sustainability and Communications.

ADJOURNMENT

There being no further business before the Committees, the meeting adjourned at 10:16 a.m.

/s/ Cheryl Simmons

Cheryl Simmons
Staff to the PAC

Approved: October 12, 2017

/s/ Becki Melli

Becki Melli
Staff to the MAC

Approved: November 9, 2017

MEMORANDUM

DATE: November 2, 2017
TO: CalOptima Board of Directors
FROM: Michael Schrader, CEO
SUBJECT: CEO Report
COPY: Suzanne Turf, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee

Executive Team

CalOptima recently welcomed Greg Hamblin and Lori Shaw as Chief Financial Officer and Executive Director, Human Resources, respectively. Both were hired after national recruitments conducted over several months. Most recently, Mr. Hamblin was vice president of finance for Molina Healthcare Inc. Prior to that, he was CFO for Molina Healthcare of California, where he gained experience in lines of business like CalOptima's, including Medi-Cal plans, Dual Eligible Special Needs Plans (OneCare) and Medicare-Medicaid Plans (OneCare Connect). Ms. Shaw comes to us with nearly 20 years of HR leadership in a variety of health care organizations, including hospitals, clinics and health plans. Most recently, she was HR director for Alliance Healthcare Services in Irvine, and she also worked for Optum, the parent company for Monarch HealthCare. She has experience with training, coaching, employee engagement and organization culture. I look forward to their significant contributions to CalOptima and our mission.

Quality Recognition

CalOptima and our provider partners have much to celebrate! Our Better. Together. effort to deliver quality care for members was recognized twice in the past two months. First, in September, CalOptima was again rated California's top Medi-Cal plan, according to the NCQA's Medicaid Health Insurance Plan Ratings 2017–2018. It is the fourth year in a row that NCQA has named CalOptima best overall in the state. Second, at the Department of Health Care Services (DHCS) Quality Conference in October, CalOptima was honored with the Outstanding Performance Award for a Large Scale Medi-Cal Plan. The DHCS award is based on 2016 HEDIS results. These latest awards are objective measures that CalOptima is fulfilling our mission. Thanks to your Board for your ongoing support and guidance!

Program of All-Inclusive Care for the Elderly (PACE)

Progress continues in our effort to expand PACE into South Orange County, and staff is working on three initiatives in parallel. First, on October 16, CalOptima submitted a Notice of Intent to Apply for Service Area Expansion (SAE) to DHCS. This is the initial step for an SAE filing in fourth quarter of 2017. Once we submit the application, it can take six to nine months for review and approval by both DHCS and the Centers for Medicare & Medicaid Services (CMS).

Approval of an expanded service area is contingent upon strategies being in place to provide the PACE model of care countywide. The Board-approved strategies that will make expansion possible are the use of Alternative Care Setting (ACS) sites and community-based physicians,

which represent our second and third ongoing initiatives. Regarding ACS, CalOptima released a Request for Proposal (RFP) for ACS sites, and we anticipate that several Community-Based Adult Services centers will respond. Finally, regarding community-based physicians, CalOptima submitted a waiver in September to DHCS and CMS. Staff anticipate implementing the community-based physician strategy no sooner than the second quarter of 2018. Separately, in August, the state released a PACE draft policy letter and solicited comments. The draft letter: 1) Prohibits a PACE organization from delegating PACE operations to a separate entity, 2) Allows the use of ACS sites, and 3) Creates a process with multiple approvals for outside PACE operators to open in county organized health system (COHS) counties without oversight by the COHS plan. CalOptima submitted comments consistent with protecting the COHS model while allowing appropriate delegation of selected PACE services, but it is our understanding that the three principles in the draft are likely to remain when the final policy letter is released. In the meantime, I will continue updating your Board on PACE expansion activities, and staff will return to a future Board meeting to request authorization to contract with ACS sites and community-based physicians.

Behavioral Health (BH) Transition

Staff are making significant progress in preparation for the January 1, 2018, transition of the BH benefit from Magellan Healthcare to CalOptima. The development of the provider network is well underway. In September, we mailed contracts to 550 mental health services providers, conducting outreach to the 140 providers who collectively deliver 90 percent of the services. In October, CalOptima mailed contracts to 70 Applied Behavior Analysis (ABA) vendors. To remain transparent and collaborative, CalOptima held a meeting with ABA vendors on October 10, 2017, in part to discuss the rates, which are set for 2018 based on a fixed and limited ABA budget from the state. The next meeting with ABA vendors is scheduled for October 25, 2017.

California Children's Services (CCS)

One of DHCS's highest priorities for 2018 is the transition of critical components of the CCS program from counties to COHS plans, including CalOptima. This will be a major initiative for CalOptima in 2018, as we have the largest CCS population among the COHS plans included in the transition. The transition from the Orange County Health Care Agency to CalOptima becomes effective January 1, 2019. In the coming months, I will share information with your Board regarding our transition plan with the County and our engagement with CCS families and providers. Our goal across the transition is for these children to have continued access to the same PCPs, specialists, hospitals, durable medical equipment suppliers, and other providers essential to their care.

Funding Distributions

CalOptima made two significant funding distributions to health networks and hospitals in recent weeks. In September, health networks with shared risk group contracts received shared risk pool distributions totaling approximately \$160 million for FY 2015. On behalf of hospitals, CalOptima received from the state a \$271 million Quality Assurance Fee (QAF) payment covering FY 2015–16. As you know, the DHCS QAF program provides supplemental payments to hospitals through managed care plans. Following the Hospital Association of Southern

California distribution schedule, CalOptima released these funds to Orange County hospitals in late October.

Intergovernmental Transfers

Using funds from IGT 4, CalOptima's first comprehensive Member Health Needs Assessment is well underway. To date, staff has coordinated 28 member focus groups throughout Orange County. The focus groups have been conducted in all seven threshold languages (plus two additional languages), targeting a broad spectrum of member populations, including parents of children with autism, homeless members, older adults, teens, working adults, members with disabilities and other. In addition, CalOptima consultants have conducted 24 key stakeholder interviews with community leaders, service providers and members of your Board. The final assessment will also include data gathered from 5,542 completed member surveys, collected either by mail, online or telephone. Staff plans to share an executive summary with your Board next month. Separately, CalOptima received payment from DHCS for IGT 6, and CalOptima's share of these funds totals \$15.2 million. We expect to receive \$12.1 million from IGT 7 in early spring, bringing the anticipated cumulative IGT 6 and 7 funding total to \$27.3 million. Staff has developed an IGT 6 and 7 Expenditure Plan process, and the first step was executed on October 19, with the release of a solicitation for Letters of Interest from organizations interested in working on projects in three Board-approved areas: Opioid and Other Substance Overuse, Homeless Health, and Children's Mental Health. Due by November 13, the letters will be used to guide grant funding allocation amounts. Grant funding applications will be released in early 2018.

Key Meetings

- *Health Network CEO Meeting:* On September 13, CalOptima held our quarterly meeting with leadership of the health networks. The meeting covered various topics, including CalOptima administration of the Medi-Cal BH benefit starting on January 1, 2018; the Whole Person Care program's use of recuperative care; the state medical loss ratio (MLR) audit of CalOptima sometime in the future; CalOptima's MLR audits of health networks; CalOptima's risk-pool distributions to health networks with shared risk group agreements; and possible reductions to rates for Medi-Cal Expansion members starting July 1, 2018.
- *Joint Advisory Committee Meeting:* On September 14, CalOptima's Member and Provider Advisory Committees came together for a joint meeting. The agenda featured presentations that highlighted Orange County's impressive work in serving people who are homeless or who have substance use disorders. Orange County Director of Care Coordination Susan Price spoke about the growth in the homeless population and current interventions, while Sandra Fair, administrative manager of Behavioral Health Services at the Orange County Health Care Agency, covered the County's five-year pilot project to strengthen Drug Medi-Cal.
- *Local Health Plans of California (LHPC):* On October 9, I attended the LHPC Board meeting in Huntington Beach. Department of Managed Health Care Director Shelley Rouillard provided an update about the regulator's activities, including in the priority areas of provider directories, timely access to care and clinical quality improvement. Another key element of the meeting was the development of a document outlining the association's principles regarding universal coverage. Considering the passage of a single-payer bill in the California State Senate (before it was held in the Assembly) and the attention on Sen. Bernie

Sanders' bill in Washington, D.C., my fellow LHPC Board members and I think the best course of action is to set forth key principles that will be used to evaluate proposals in future state or federal legislative efforts. As a COHS, CalOptima has an interest in ensuring access to care. However, we believe that any reform efforts should build upon the success of Medi-Cal managed care plans in expanding coverage thus far. The current versions of the single-payer bills are based upon the fee-for-service delivery model.

- *California Association of Health Plans (CAHP)*: On October 10, as part of the CAHP Board meeting and separate dinner in the evening, I attended the CAHP Annual Conference in Huntington Beach. Among other topics, CAHP leaders highlighted the association's aggressive advocacy effort on prescription drug price transparency, which resulted in the passage of SB 17. The governor signed the bill, now requiring drug companies to give payers notice of major price increases and time to plan for the increases. SB 17 was sponsored by Sen. Ed Hernandez, who also spoke at the conference.
- *Annual Healthy Smiles Gala*: On October 21, a few CalOptima staff including myself attended the Annual Healthy Smiles Gala at the Bowers museum to receive the Community Partner of the Year award, on behalf of CalOptima. I spoke at the event and described how "Better. Together." CalOptima and Healthy Smiles serve many of the same children from low-income families in Orange County.

CalOptima Board of Directors'
Member Advisory Committee
Goals and Objectives
FY 2017-2018

GOALS AND OBJECTIVES FY 2017-2018

CalOptima Strategic Priority	CalOptima Goals	CalOptima Objectives	MAC Activities	MAC Progress
I. Innovation	Pursue innovative programs and services to optimize member access to care	1. Delivery System Innovation - Utilize pay-for performance, creative partnerships, sponsored initiatives and technology to empower networks and providers to drive innovation and improve member access.	<ul style="list-style-type: none"> • Monitor CalOptima's pay-for-value program as well as member and provider incentive initiatives • Review and provide input on member experience results, HEDIS and CAHPS indicators and other surveys 	<p>MAC discussed member and provider incentive initiatives at July 13 meeting.</p> <p>MAC will receive Medi-Cal and OneCare HEDIS results for 2016 data at the Nov. 9 meeting. OCC baseline results will also be presented. CAHPS will be presented</p>
		2. Program Integration - Implement programs and services that create an integrated service experience for members, including an integrated physical and behavioral health service model.	<ul style="list-style-type: none"> • Monitor and provide input on access and care coordination of behavioral health from Magellan. • Provide input on coordinating and integrating physical and behavioral health care 	Regular updates have been presented on Magellan and behavioral health at MAC meetings, including the July 13 and Sept 14 Joint MAC/PAC meetings. MAC will continue to receive updates on moving administrative services from Magellan to CalOptima effective 1/1/18.
		3. Program Incubation - Incubate new programs and pursue service approaches to address unmet member needs by sponsoring program pilots addressing areas such as substance abuse, behavioral health services, childhood obesity and complex conditions.	<ul style="list-style-type: none"> • Provide input on collaborating with community based organizations to identify community resources and address unmet needs • Provide input on proposed pilot programs addressing areas of unmet needs (such as substance abuse) • Provide input on CalOptima's role in the Whole Person Care proposal (homeless) • Provide input on IGT funding initiatives 	<p>At Sept. 14 meeting, MAC received presentations on: 1. the County's homeless initiatives; 2. the County's substance abuse services; and 3. collaborative efforts from OC organizations to prepare for older adult issues</p> <p>Community Referral Network to be presented on Nov. 9. Also Whole Person Care to be presented on Nov. 9.</p>

CalOptima Board of Directors'
Member Advisory Committee
Goals and Objectives
FY 2017-2018

GOALS AND OBJECTIVES FY 2017-2018

CalOptima Strategic Priority	CalOptima Goals	CalOptima Objectives	MAC Activities	MAC Progress
II. Value	Maximize the value of care for members by ensuring quality in a cost effective way	1. Data Analytics Infrastructure - Establish robust IT infrastructure and integrated data warehouse to enable predictive modeling, effective performance accountability and data-based decision making.	<ul style="list-style-type: none"> • Provide input to CalOptima to improve efficiencies and systems/processes that affect members. 	
		2. Pay for Value - Launch pay-for-performance and quality incentive initiatives that encourage provider participation, facilitate accurate encounter data submissions, improved clinical quality and member experience outcomes, and the spread of best practices.	<ul style="list-style-type: none"> • Provide input on pay-for-value and quality incentive initiatives. • Provide input on findings from Member Experience program, CAHPS and HEDIS. • Provide input to improve member experience outcomes. • Provide input on IGT funding initiatives 	MAC received presentation on member and provider quality incentive initiatives at July 13 meeting MAC will receive Medi-Cal and OneCare HEDIS results for 2016 data at the Nov. 9 meeting. OCC baseline results will also be presented. CAHPS/member experience findings will be presented.
		3. Cost Effectiveness - Implement efficient systems and processes to facilitate better understanding of internal cost drivers, eliminate administrative redundancies, and promote effective and standardized internal practices.	<ul style="list-style-type: none"> • Provide input to ensure CalOptima maximizes health care dollars. 	

CalOptima Board of Directors'
Member Advisory Committee
Goals and Objectives
FY 2017-2018

GOALS AND OBJECTIVES FY 2017-2018

CalOptima Strategic Priority	CalOptima Goals	CalOptima Objectives	MAC Activities	MAC Progress
III. Partnership and Engagement	Engage providers and community partners in improving the health status and experience of our members	1. Provider Collaboration - Enhance partnerships with networks, physicians and the Provider Advisory Committee to improve service to providers and members, expand access, and advance shared health priorities.	<ul style="list-style-type: none"> • Work with the Provider Advisory Committee to ensure members have access to providers. 	convened Joint MAC/PAC meeting on September 14, 2017 to discuss county initiatives on homelessness. Access to providers was on agenda, but ran out of time. Accessing ABA providers is on Nov. 9 agenda. proposed joint advisory committee meeting in Mar. 2018
		2. Member Engagement - Seek input from the Member Advisory Committee and plan's diverse membership to better understand member needs, and ensure the implementation of services and programs that strengthen member choice and experience and improve health outcomes.	<ul style="list-style-type: none"> • Ensure that the Board is informed of member issues and concerns prior to the Board's consideration or action upon major decisions or initiatives • Ensure MAC provides input into proposed services and programs, especially to improve both member experience and health outcomes. <ul style="list-style-type: none"> • areas to consider include hospital readmissions, palliative care, substance abuse, ABA/mental health, IHSS/LTSS 	MAC Chair reports monthly to Board regarding input and activities MAC discussed County's efforts on homelessness and substance abuse on Sept 14. Also OC organizations' efforts to prepare for older adult issues MAC to discuss palliative care at Nov. 9 meeting. MAC to discuss ABA at Nov. 9 meeting. Group Needs Assessment, including identifying and understanding members' needs, discussed at July 13 meeting. At Sept 14 Special meeting, MAC provided input on composition and structure of WCM FAC.
		3. Community Partnerships - Establish new organizational partnerships and collaborations to understand, measure and address social determinants of health that lead to health disparities among the plan's vulnerable populations.	<ul style="list-style-type: none"> • Provide input to ensure collaboration with community stakeholders and members. • Provide input to CalOptima to address health disparities among vulnerable populations. • Provide input on CalOptima's role in the Whole Person Care proposal (homeless). 	At Sept. 14 meeting, MAC received presentation on the County's homeless initiatives, the County's substance abuse services and collaborative efforts from OC organizations to prepare for older adult issues Whole Person Care to be presented on Nov. 9.

**CalOptima Board of Directors'
Member Advisory Committee
Goals and Objectives
FY 2017-2018**

GOALS AND OBJECTIVES FY 2017-2018				
CalOptima Strategic Priority	CalOptima Goals	CalOptima Objectives	MAC Activities	MAC Progress
		4. Shared Advocacy - Utilize provider and community relationships to educate stakeholders about health policy issues impacting the safety-net delivery system and community members, and promote the value of CalOptima to members, providers, and the broader population health of the Orange County Community.	<ul style="list-style-type: none"> •Work with CalOptima and community stakeholders to respond to changes in health policy, including OCC, ACA, CMC. •Ensure MAC has strong representation. •Encourage MAC members to attend CalOptima's community education events to enhance MAC's knowledge of issues impacting members. 	MAC receives regular updates on policy and legislative issues that impact CalOptima. MAC members are encouraged to share policy issues with community advocates.

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.

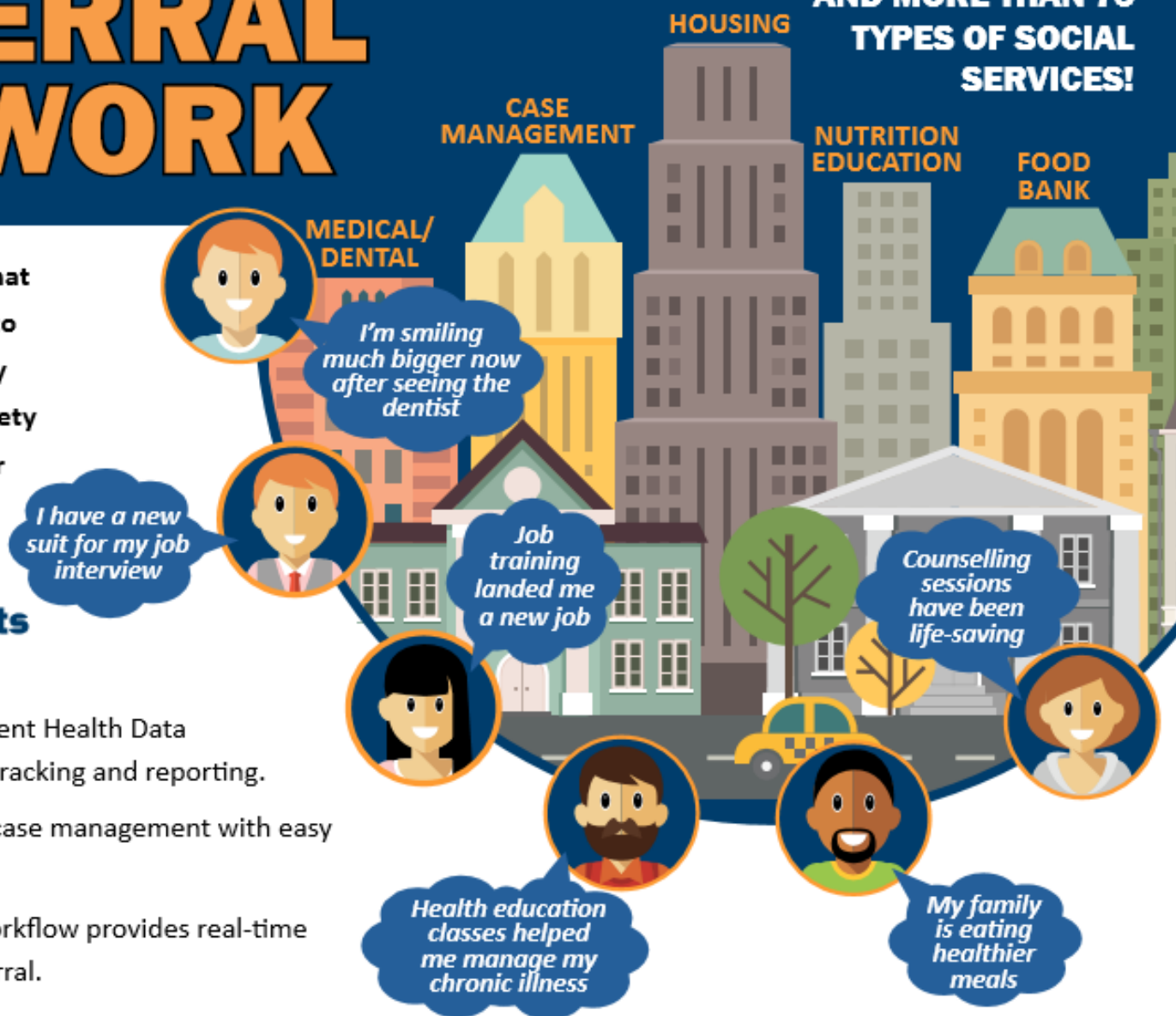
COMMUNITY REFERRAL NETWORK

**FACILITATE
REFERRALS FOR
MEDICAL, DENTAL
AND MORE THAN 75
TYPES OF SOCIAL
SERVICES!**

An easy-to-use tool that allows organizations to quickly and accurately refer clients for a variety of services in a matter of seconds.

System Benefits Include:

- ❖ Comprehensive Client Health Data Management, for tracking and reporting.
- ❖ Improved referral case management with easy user interface.
- ❖ Fully integrated workflow provides real-time status of each referral.



The **Community Referral Network (CRN)** is a web-centric referral system designed to facilitate synergistic relationships with community clinics, hospitals, and social service agencies in order to provide holistic care for their clients. Within the CRN there are five functionalities: eConsult, Specialty Care, Hospital Follow-Up, Surgery Waitlist and Social Services. This slide show will highlight the **Social Services Component**.

OUR MISSION IS TO BRIDGE SERVICE GAPS, CREATE A STRONGER NETWORK OF SERVICES, AND ACHIEVE A HEALTHY, EMPOWERED COMMUNITY. OUR NETWORK WILL CREATE AWARENESS OF UNDERUTILIZED SERVICES THAT ARE AVAILABLE TO UNDERSERVED POPULATIONS.

The program is **FREE** to use thanks to contributions from:

Kaiser Permanente ❖ St. Joseph Health System ❖ Orange County Community Foundation ❖ United Healthcare
The County of Orange ❖ Coalition of Orange County Community Health Centers ❖ Tides Foundation



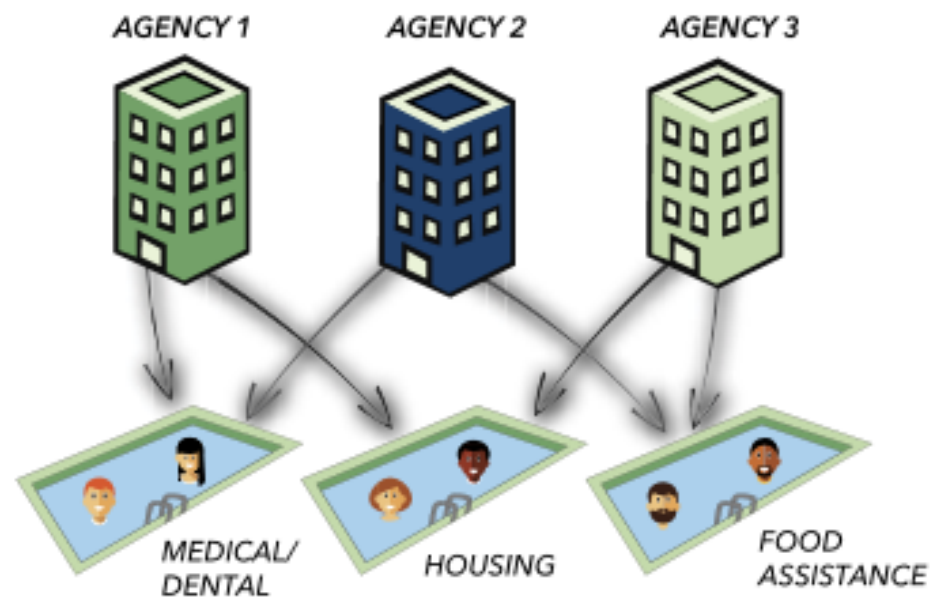
Funded in part by
Whole Person Care in
partnership with:



SOCIAL SERVICE REFERRALS

SOCIAL SERVICE POOL

When an agency creates a Social Service Referral, the client is placed in a Service Pool where a corresponding agency in the client's service area may pull the client from the Service Pool to provide them the service they requested.





CREATE A REFERRAL

(enter clients into the Service Pool)

Referral Type
☐ Specialty Care ☐ Consult ☐ Surgery Waitlist ☐ Hospital Follow-Up ☒ Social Svcs ☐ Clinical Trial

Demographic Services

Client Identification
First Name Middle Last Name Gender Date of Birth

Client Information
Home Phone () - x
Alternate Phone () - x
County CA
City
Language
Consent ☒ (Check to indicate) ☐
Veteran ☐
Homeless ☐
Reference #
Authorization #

SUBMIT UP TO **5** SOCIAL SERVICES AT A TIME!

Referral Type
☐ Referral ☐ Consult ☐ Surgery Waitlist ☐ Hospital Follow-Up

Demographic **Services**

Service Requested
Reason for Referral



Service Requested
Reason for Referral

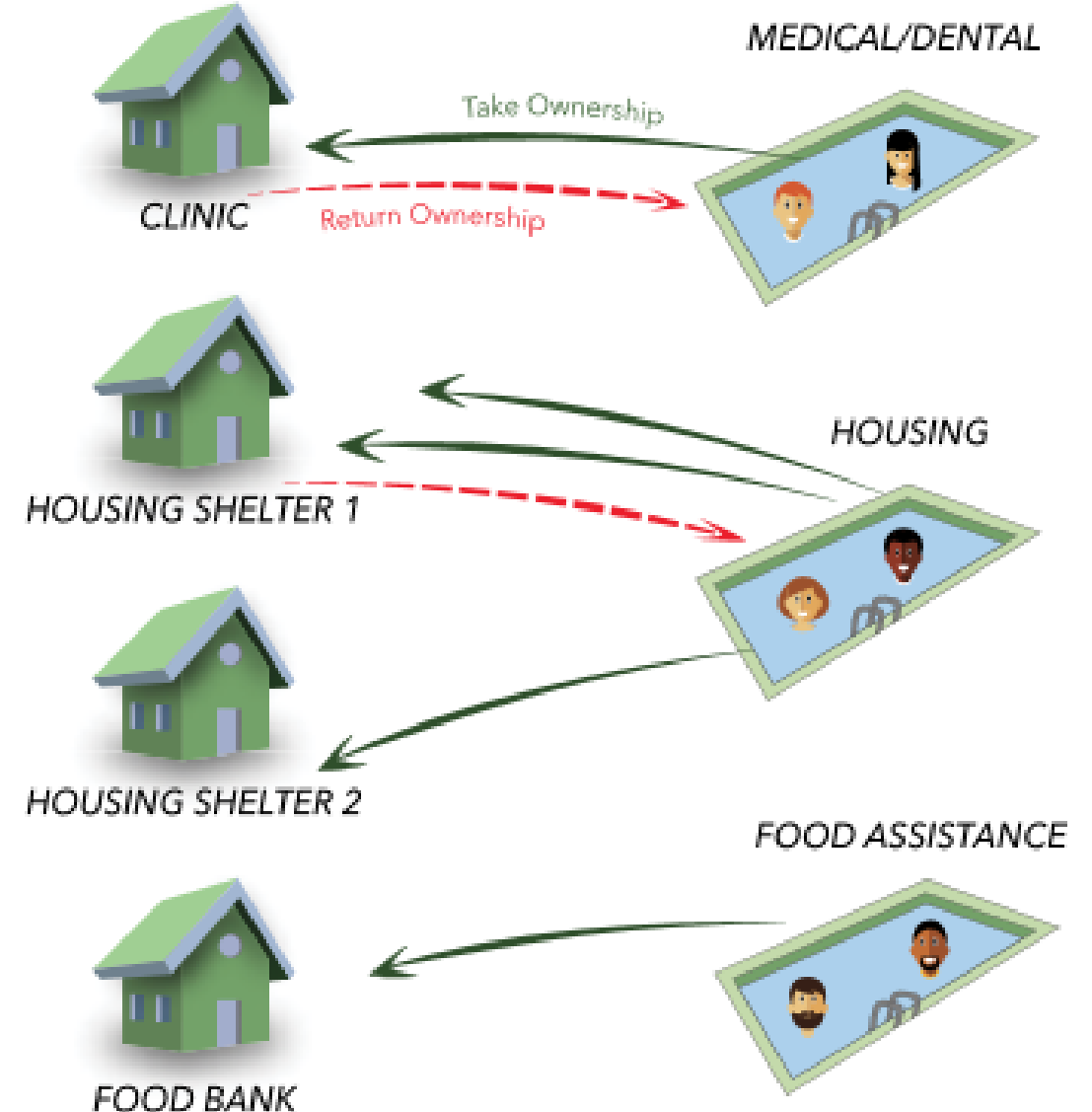
Service Requested
Reason for Referral



RECEIVE A REFERRAL

(remove clients from the Service Pool)

In order to  **Take Ownership** of a referral, the agency must pull the client out of the Service Pool. Once that happens, the client will no longer appear in the Service Pool. If for any reason the agency is unable to assist the client, they may  **Return Ownership** therefore sending the client back into the Service Pool for another agency to help.



Assign Status to Referral to track results

Referral Information

+ New

✕ Cancel Referral

✕ Delete Activity

↺ Reopen Referral

📄 Transfer

● D

Social Svcs for Health, Medical Assistance - Adult, from: Lestonnac - Orange to:

Referral Information

Activity

Activity Date	Referral Step	Comment	Create User	Create Facility	Create Date
04/08/2017	Submitted		marisol ortiz MA	Lestonnac - Orange	04/08/2017
04/08/2017	Submitted	eMail Notification Sent to: kcole@lestonnacfreeclinic.org; rpete...	marisol ortiz MA	Lestonnac - Orange	04/08/2017
04/08/2017	Submitted	eMail Notification Sent to: JuanaPantoja@nocrhf.org	marisol ortiz MA	Lestonnac - Orange	04/08/2017
04/08/2017	Submitted	eMail Notification Sent to: dcarbajal@servethepeoplechc.org	marisol ortiz MA	Lestonnac - Orange	04/08/2017
04/08/2017	Submitted	eMail Notification Sent to: languyen@thevncoc.org	marisol ortiz MA	Lestonnac - Orange	04/08/2017
04/08/2017	Submitted	eMail Notification Sent to: kathy.nguyen@nhanhoa.org; dung....	marisol ortiz MA	Lestonnac - Orange	04/08/2017

Referral Activity

Save

✕ Cancel

Help

Activity Date

04/20/2017

Referral Step

Referral Reviewed by Provider

Appointment Set

Appointment was Cancelled

Referral was Completed

Referral was Cancelled

Referral was Declined

Misc Note

Comment

Different status options are available depending on the status of the visit. Additional case management notes may be added to this section.

Each Agency may set up an **Unlimited** Number of Users

AXEIUM Referral Service - Build 1.0.6302.21497 User - ADMIN - Remote ARS

Main Menu

- Referrals
- Common
- Maintenance

User Setup

+ New Edit Delete User Setup

Users Preferences Notification Specialties

Scope
Clinic: ALL USERS

User General Maintenance

Save User Reset Password Cancel

User 0

Account Status
☒ Active ☐ Disabled

Clinic Select a clinic

First

Last

Login

Professional Designation Is a Medical Provider ☐ ?

Email

Phone Number

Created

Updated

Provider Code

Provider Comment

External Source Code

External Source Value

Is Deleted ☐

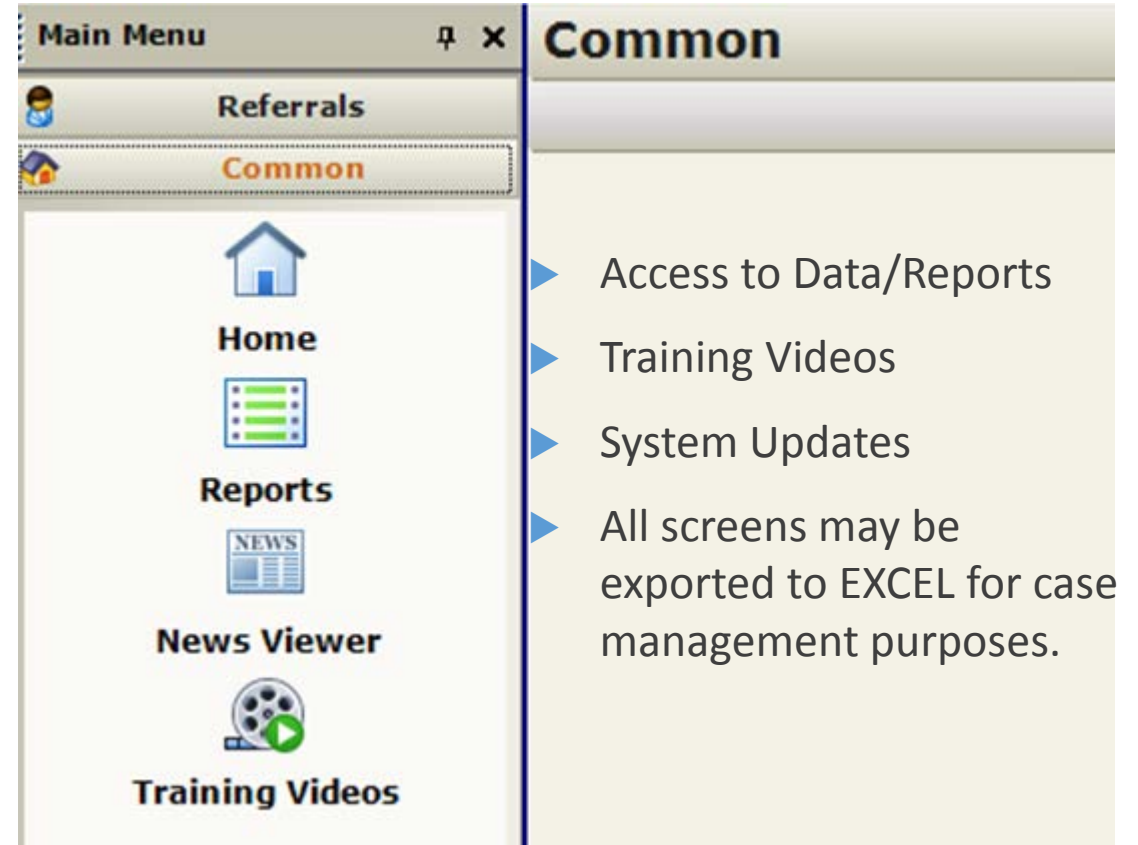
UserRole	
Selected	Text
<input type="checkbox"/>	!Common Access
<input type="checkbox"/>	Admin, Facility
<input type="checkbox"/>	Admin, Resource Schedule
<input type="checkbox"/>	Admin, User
<input type="checkbox"/>	Inbound, All Referrals
<input type="checkbox"/>	Inbound, Hospital Follow-up Appts
<input type="checkbox"/>	Inbound, Hospital Follow-up Referrals
<input type="checkbox"/>	Inbound, Medical Consult
<input type="checkbox"/>	Outbound, Create Referral
<input type="checkbox"/>	Outbound, Set Referral Priority
<input type="checkbox"/>	Queue, Social Services
<input type="checkbox"/>	Queue, Surgery Waitlist
<input type="checkbox"/>	Reports

Each agency has 1 Master User "admin" who may add an unlimited number of additional users

PP20-dlgUser

Current Available Services & Additional System Benefits

- **85** Specialty Care Services
- **10** eConsult Services
- **109** Types of Surgeries
- Emergency Room and Discharge Follow Up
- **115** Distinct Social Services
- **110** AGENCIES CURRENTLY IN THE SYSTEM



TO GET STARTED, PLEASE CONTACT: Roseann Peters, Program Manager

Phone: 714.583.6433 ✦ Email: rpeters@lestonnacfreeclinic.org ✦ www.CommunityReferralNetwork.org



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Cultural & Linguistic Services Overview

Carlos Soto

Manager, Cultural & Linguistic Services

Cultural & Linguistic Services

- Importance of C&L Services Program
 - C&L addresses the linguistic and cultural barriers that Limited English Proficient (LEP) members face
 - Supports CalOptima's mission to provide access to quality health care services
 - Helps meet regulatory requirement for health plans and health providers



Cultural & Linguistic Services

- No-Cost Translation Services
 - Member materials translated in CalOptima's threshold languages
 - Alternate formats, including Braille, large font or audio
- No-Cost Interpreter Services
 - Telephonic interpreter services
 - Face-to-face interpreter services
 - California Relay and Telecommunication Device for the Deaf (TDD) for members with hearing and speech impairments

Cultural Linguistic Services

Goals and Objectives



Cultural and Linguistic Services 2017 Goals and Objectives

GOALS AND OBJECTIVES				
GOALS	OBJECTIVES	PERFORMANCE	IMPLEMENTATION TIMETABLE	ACCOMPLISHMENTS
I. Conduct Awareness and Education Seminar (AES)	<ul style="list-style-type: none"> Provide information and education on the cultural concerns and needs of CalOptima's Member population Awareness and Education Seminar (AES), are be conducted on a quarterly basis 	<ul style="list-style-type: none"> Conduct Awareness and Education Seminar (AES) for CalOptima staff, health networks and providers, to inform and educate staff, health networks and providers on the cultural concerns and needs of CalOptima's Member population. Attendees are asked to provide feedback regarding the seminar by completing an evaluation form 	<p>Qtr 1 AES - Completed: February 2017</p> <p>Qtr 2 AES - Completed: April 2017</p> <p>Qtr 3 AES - scheduled for August 2017</p> <p>Qtr 4 AES - scheduled for November 2017</p>	<p>Qtr 1 - February 9, 2017; Women's Health Topic: March of Dimes Healthy Birth Spacing. Evaluation was positive with an average of 98% satisfaction rate</p> <p>Qtr 2 - April 2017; HIV among the Latino population. Evaluation was positive with an average 99% satisfaction rate,</p> <p>Qtr 3 - TBD</p> <p>Qtr 4 - TBD</p>
II. CalOptima Staff Cultural & Linguistic In-Service Training	<ul style="list-style-type: none"> Provide information, tips and resources regarding cultural needs and concerns -that will allow the CalOptima staff members to assist with 	<ul style="list-style-type: none"> Conduct annual Cultural & Linguistic (C&L) annual In-Service trainings to CalOptima staff 	<ul style="list-style-type: none"> Annually 	<ul style="list-style-type: none"> As of Q1/Q2 2017 C&L presented the following in-service trainings: <ul style="list-style-type: none"> Customer Service: April 13, 2017 & May 4, 2017 Member Liaison: June 2, 2017 Health Education: June 21, 2017

Updated 8/02/2017

Cultural Linguistic Services

Goals and Objectives



Cultural and Linguistic Services 2017 Goals and Objectives

	the cultural needs of CalOptima Members.			
III. CalOptima New Hire Cultural & Linguistic Services Training	<ul style="list-style-type: none"> Provide new employees with an overview of CalOptima's Cultural & Linguistics Program. The overview includes information on the cultural concerns and needs of CalOptima's Member population 	<ul style="list-style-type: none"> Present C&L services at CalOptima Boot Camp trainings for new CalOptima staff. Educate and provide information, tips and resources for new staff on the cultural needs of CalOptima's diverse Member population 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> As of Q1/Q2 2017 C&L presented the following new hire training: <ul style="list-style-type: none"> January 19, 2017 February 15, 2017 March 16, 2017 April 13, 2017 May 11, 2017 June 8, 2017 July 6, 2017
IV. Translation of written member informing material & review documents for consistency	<ul style="list-style-type: none"> Comply with regulatory mandated threshold language requirements by providing translation of written informing documents and materials in the member's preferred language at no cost to the member. 	<ul style="list-style-type: none"> Translate CalOptima Member informing materials in the required threshold languages. Written informing documents provide essential information regarding access and usage of Covered Services. Ensure that informational or educational materials are available at in the required threshold languages at no-cost to members in alternative formats, such as large-print, audio format, or Braille upon request 	<ul style="list-style-type: none"> Daily Glossaries are updated twice a year, January and July 	<ul style="list-style-type: none"> As of Q1/Q2 2017 C&L received 1,031 translation requests: <ul style="list-style-type: none"> Spanish 609 Vietnamese 176 Farsi 113 Korean 83 Arabic 20 Chinese 30 The C&L glossaries have been updated on:

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Cultural Linguistic Services

Goals and Objectives



Cultural and Linguistic Services 2017 Goals and Objectives

	<ul style="list-style-type: none"> Update CalOptima's multilingual glossaries 	update CalOptima's multilingual glossaries to ensure consistency in the usage of translated terms by CalOptima staff and translation vendors.		<ul style="list-style-type: none"> January 27, 2017 July 20, 2017
V. Translation of Annual Notice of Change member materials	<ul style="list-style-type: none"> Comply with regulatory requirements of translating all Annual Notice of change materials in the threshold languages and ensure that all member materials are in the member's hands by September 30th of each year as required by the Center for Medicare and Medicaid Services (CMS). 	<ul style="list-style-type: none"> OneCare and OneCare Connect Annual notice Of Change (ANOC) documents consist of: <ul style="list-style-type: none"> Annual Notice of Change Summary of Benefits Provider Directory Insert Notice of Privacy Practices Non-Discrimination Insert 	<ul style="list-style-type: none"> Annually 	<ul style="list-style-type: none"> CalOptima has consistently met this requirement
VI. Interpretative Services	<ul style="list-style-type: none"> Comply and adhere to regulatory requirements to provide culturally and linguistically appropriate services to Members Provide, at no-cost to the 	<ul style="list-style-type: none"> CalOptima provides at no cost to the Member, twenty-four (24)-hour access to interpreter services at Key Points of Contact. Such services include: <ul style="list-style-type: none"> Linguistic interpreter services, American Sign Language (ASL) interpreter services, and information about the California Relay 	<ul style="list-style-type: none"> Daily 	<ul style="list-style-type: none"> As of Q1/Q2 2017 C&L received 53 Face to Face interpreter requests, which were successfully completed: <ul style="list-style-type: none"> Chinese 32 Farsi 17 Russian 3 Arabic 1

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Cultural Linguistic Services

Goals and Objectives



Cultural and Linguistic Services 2017 Goals and Objectives

	<p>Member, twenty-four (24) hour access to interpreter services at Key Points of Contact</p>	<p>Service (CRS) to members with hearing or speech impairments, and auxiliary aids for Members with visual impairments, as necessary.</p> <ul style="list-style-type: none"> - CalOptima informs Members of the no cost interpreter services through the CalOptima Member Handbook, Customer Service and other communications, including, but not limited to posters and flyers distributed at sites where Members receive Covered Services, Member Newsletters, New Member orientation sessions. - In addition to Face-to-Face interpreting, CalOptima utilizes a vendor for telephone and video interpreting services for Urgent Care and Emergency Services or as needed at Key Points of Contact. 	<ul style="list-style-type: none"> • As of Q1/Q2 2017 C&L received 714 telephonic interpreting requests, which were provided by an outside vendor. The following is a percentage breakdown of telephonic interpreting services which were fulfilled by the interpreting vendor: <ul style="list-style-type: none"> - Spanish 252 - Vietnamese 137 - Arabic 106 - Russian 83 - Iranian Persian 68 - Korean 32 - Bengali 7 - Romanian 7 - Mandarin Chinese 7 - Yue Chinese 4 - Central Khmer 5 - Gujarati 6 • As of Q1/Q2 2017 C&L received 48 video interpreting requests, which were provided by an outside vendor. The following is a percentage breakdown of video interpreting services which were
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Cultural Linguistic Services

Goals and Objectives



Cultural and Linguistic Services 2017 Goals and Objectives

				fulfilled by the interpreting vendor: - Spanish 2 - Vietnamese 1 - American Sign Language 45
VI. Publish standing articles in the Medi-Cal, OneCare and OneCare Connect newsletters	<ul style="list-style-type: none"> • Inform members of the availability of no-cost language assistance services • Encourage members to contact CalOptima to provide their preferred spoken languages • Promote awareness and acceptance of cultural diversity 	<ul style="list-style-type: none"> - The Medi-Cal, OneCare and OneCare Connect Newsletters are published to inform member of the following: <ul style="list-style-type: none"> - The availability of no-cost language assistance services - Encourage members to contact CalOptima to provide their preferred spoken languages - Promote health awareness - Promote awareness and acceptance of cultural diversity - Convey member rights and other notices 	<ul style="list-style-type: none"> - Medi-Cal Newsletter are mailed quarterly and available on CalOptima.org after publication - OneCare Newsletter are mailed annually and available on CalOptima.org after publication - OneCare Connect Newsletter are mailed quarterly and available on CalOptima.org after publication 	<ul style="list-style-type: none"> - Medi-Cal Newsletter: <ul style="list-style-type: none"> - Qtr 1 - February 2017 - Qtr 2 - July 2017 - Qtr 3 - TBD - Qtr 4 - TBD - OneCare Newsletter is published annually TBD - OneCare Connect: <ul style="list-style-type: none"> - Qtr 1 - April 2017 - Qtr 2 - June 2017 - Qtr 3 - TBD - Qtr 4 - TBD

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QUESTIONS?



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HEDIS® 2017 Results

**Member Advisory Committee
November 9, 2017**

**Kelly Rex-Kimmet
Director, Quality Analytics**

What's New...

- Achieved NCQA Accreditation at Commendable status!
 - Showed improvement in Clinical Quality
 - Showed declining scores in Member Experience
 - Maintaining Commendable or above an agency goal
- Awarded Outstanding Performance Award for large plan from DHCS (based on HEDIS scores)
- Top Rated Medicaid Health Plan in CA based on NCQA 2016–2017 Ratings
- OneCare Rating: 3.5 out of 5.0

Results Compared to CalOptima Goals*

- Medi-Cal
 - **All DHCS Minimum Performance Levels have been met !**
 - 25 of 57 measures met goal (44 percent)
 - 41 of 57 measures improved over previous year (72 percent)
 - Opportunities for Behavioral Health Rates improvement
- Some goals were “stretch goals” designed to move to the next highest NCQA percentile

Results Compared to CalOptima Goals* (cont.)

- OneCare (OC)
 - 13 of 21 measures met goal (62 percent)
 - 14 of 21 measures improved over previous year (67 percent)
- OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)
 - 9 of 13 measures met goal (69 percent)
 - Baseline reporting — first year of plan level HEDIS results for OneCare Connect (OCC)

* Some goals were “stretch goals” designed to move to the next highest NCQA percentile



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Medi-Cal Measure Results

CalOptima Accreditation Measure Results at NCQA

National Medicaid 90th and 75th Percentile

Measures	Rate	Percentile
Adult BMI Assessment (ABA)	93.55%	90th
Comprehensive Diabetes Care (CDC) — Eye Exam	63.49%	90th
Comprehensive Diabetes Care (CDC) — Nephropathy	90.93%	90th
Weight Assessment and Counseling (WCC) — BMI	86.83%	90th
Weight Assessment and Counseling (WCC) — Nutrition	85.48%	90th
Weight Assessment and Counseling (WCC) — Physical Activity	80.91%	90th
Antidepressant Medication Management (AMM) — Acute	55.28%	75th
Antidepressant Medication Management (AMM) — Continuing	40.94%	75th
Appropriate Treatment for Children with URI	93.15%	75th
Asthma Medication Ration (AMR)	66.78%	75th
Chlamydia Screening in Women (Total)	68.42%	75th
Comprehensive Diabetes Care (CDC) — BP <140/90	71.63%	75th
Comprehensive Diabetes Care (CDC) — HbA1C < 8%	57.21%	75th
Comprehensive Diabetes Care (CDC) — HbA1C > 9%	32.09%	75th
Prenatal and Postpartum Care (PPC) — Postpartum	69.01%	75th
Medication Management for People With Asthma (MMA 75%)	35.39%	75th

CalOptima Accreditation Measure Results at NCQA

National Medicaid 50th, 25th and < 25th Percentile

Measures	Rate	Percentile
Breast Cancer Screening (BCS)	64.40%	50th
Childhood Immunization Status (CIS) — Combo2	75.46%	50th
Childhood Immunization Status (CIS) — Combo10	35.88%	50th
Comprehensive Diabetes Care (CDC) — HbA1c Testing	86.98%	50th
Prenatal and Postpartum Care (PPC) — Prenatal	84.98%	50th
Frequency of Prenatal Care (FPC ≥81%)	67.84%	50th
Immunizations for Adolescents (IMA Combo 1)	80.32%	50th
Pharmacotherapy Management of COPD Exacerbation (PCE) — Bronchodilator	84.89%	50th
Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB)	22.44%	25th
Cervical Cancer Screening (CCS)	52.93%	25th
Follow-up for Children Prescribed ADHD Med (ADD) — Initiation	38.95%	25th
Follow-up for Children Prescribed ADHD Med (ADD) — Continuing	43.07%	25th
Use of Imaging Studies for Low Back Pain (LBP)	73.33%	25th
Use of Spirometry for COPD (SPR)	25.49%	25th
Pharmacotherapy Management of COPD Exacerbation (PCE) — Corticosteroid	64.26%	25th
Appropriate Testing for Children with Pharyngitis (CWP)	49.68%	<25th



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OneCare Connect Results First Year Baseline

HEDIS 2017 Results: OCC Controlling Blood Pressure

2017



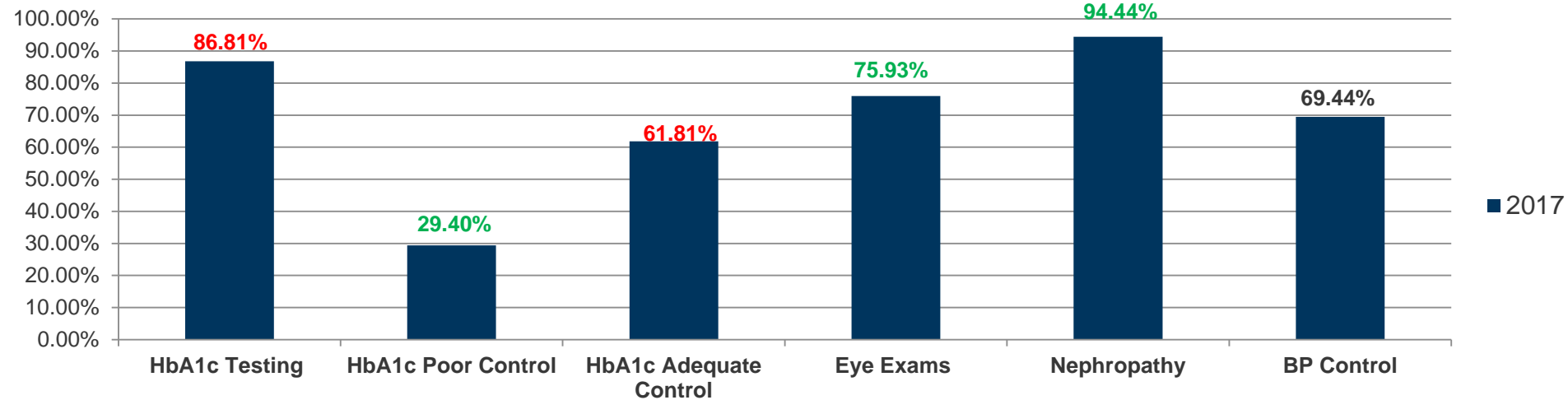
HEDIS Measure	3–Star/ 50th percentile	4–Star/ 75th percentile	5–Star/ 90th percentile	Goal	Reporting Requirements*
Controlling High-Blood Pressure**	56%	64%	75%	56%	Star, P4V, Withhold

* Red = less than 3–Star or 50th percentile, Green = met goal

** Triple weighted for STARS

HEDIS 2017 Results: OCC Comprehensive Diabetes Care

2017



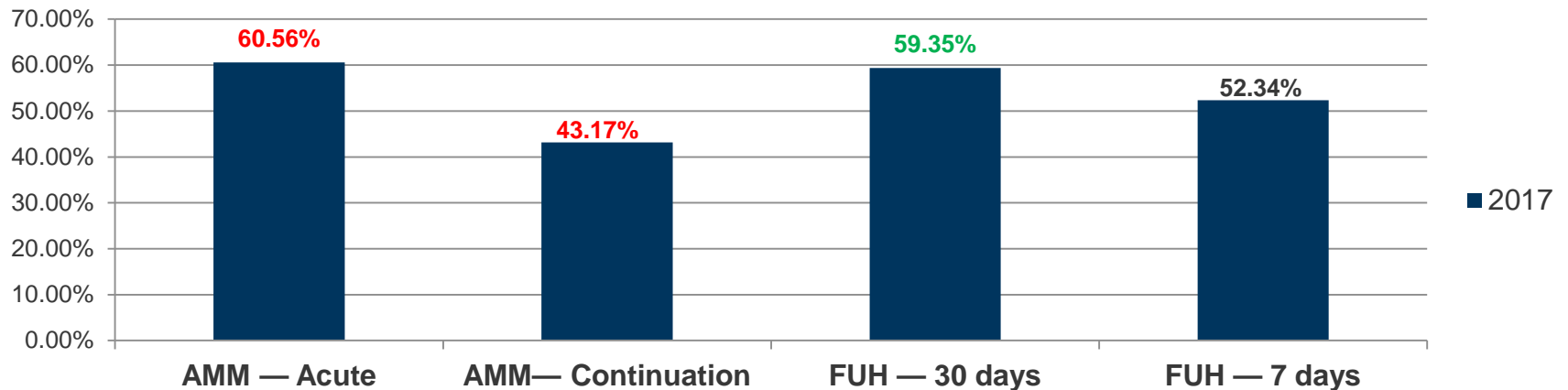
HEDIS Measure	3-Star/ 50th percentile	4-Star/ 75th percentile	5-Star/ 90th percentile	Goal	Reporting Requirements*
Comprehensive Diabetes Care (CDC)					
1. HbA1c Testing	93.90%	95.62%	97.08%	93.90%	CMS
2. HbA1c Poor Control (>9.0%) **	38%	24%	16%	38%	Star
3. HbA1c Adequate Control (<8.0%)	66.07%	72.75%	76.72%	66.07%	CMS
4. Eye Exams	57%	75%	87%	57%	Star
5. Nephropathy Monitoring	56%	74%	86%	56%	Star
6. BP Control	59%	75%	88%	59%	Star

* Red = less than 3-Star or 50th percentile, Green = met goal

** Triple weighted for STARS

HEDIS 2017 Results: OCC Behavioral Health

2017

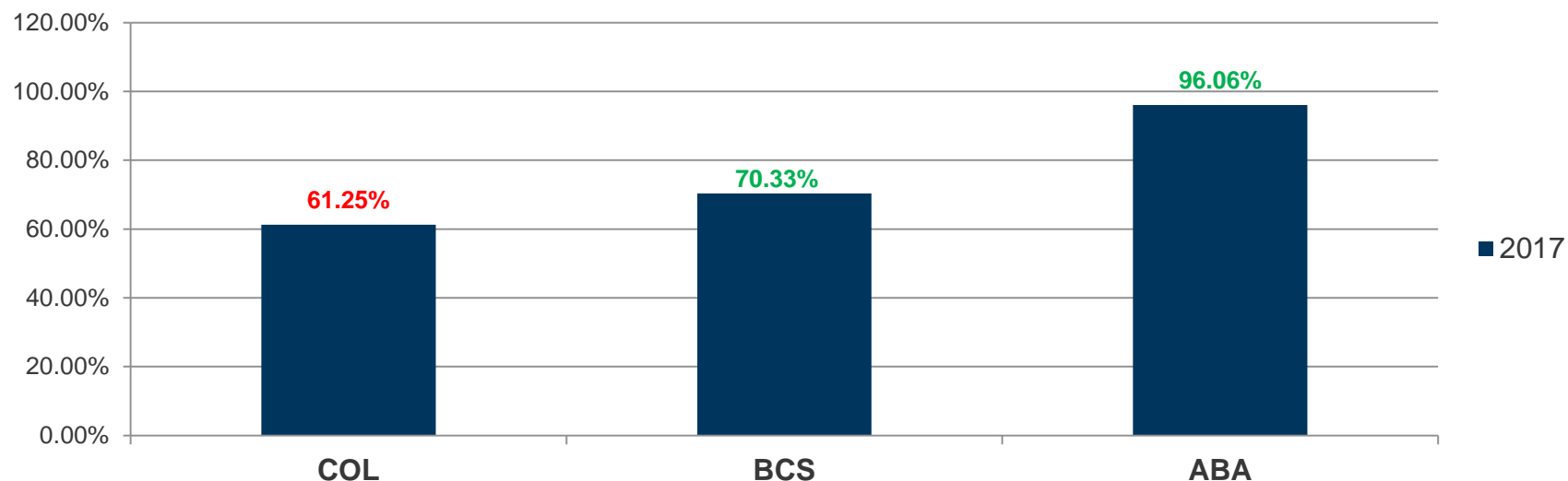


HEDIS Measure	NCQA 50th Percentile	NCQA 75th Percentile	NCQA 90th Percentile	Goal	Reporting Requirements*
Antidepressant Medications Management (AMM) — Acute Phase Treatment	69.47%	75.15%	82.77%		P4V
Antidepressant Medications Management (AMM) — Continuation Phase Treatment	55.26%	61.02%	72.25%		P4V
Follow-Up After Hospitalization for Mental Illness (FUH) — 30 days ++	49.81%	65.70%	76.19%	56%	CMS, Withhold
Follow-Up After Hospitalization for Mental Illness (FUH) — 7 days ++	30.80%	42.86%	57.95%	56%	CMS, Withhold

* Red = less than 3-Star or 50th percentile, Green = met goal ++ Quality withhold measure

HEDIS 2017 Results: OCC Prevention and Screening

2017

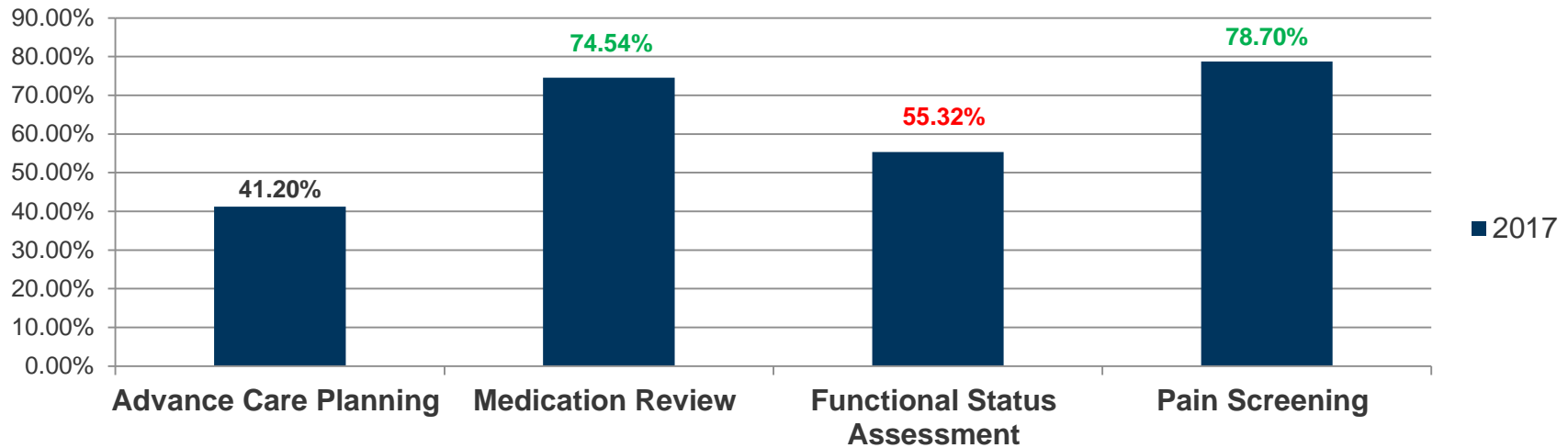


HEDIS Measure	3-Star	4-Star	5-Star	Goal	Reporting Requirements*
Colorectal Cancer Screening (COL)	62%	71%	81%	62%	Star
Breast Cancer Screening (BCS)	63%	69%	76%	63%	Star
Adult BMI Assessment (ABA)	63%	87%	96%	63%	Star

* Red = less than 3-Star or 50th percentile, Green = met goal

HEDIS 2017 Results: OCC Care for Older Adults

2017



HEDIS Measure	3-Star	4-Star	5-Star	Goal	Reporting Requirements*
Care for Older Adults (COA)					
1. Advance Care Planning					CMS
2. Medication Review	57%	75%	87%	57%	Star
3. Functional Status Assessment	56%	74%	86%	56%	Star
4. Pain Screening	59%	75%	88%	59%	Star

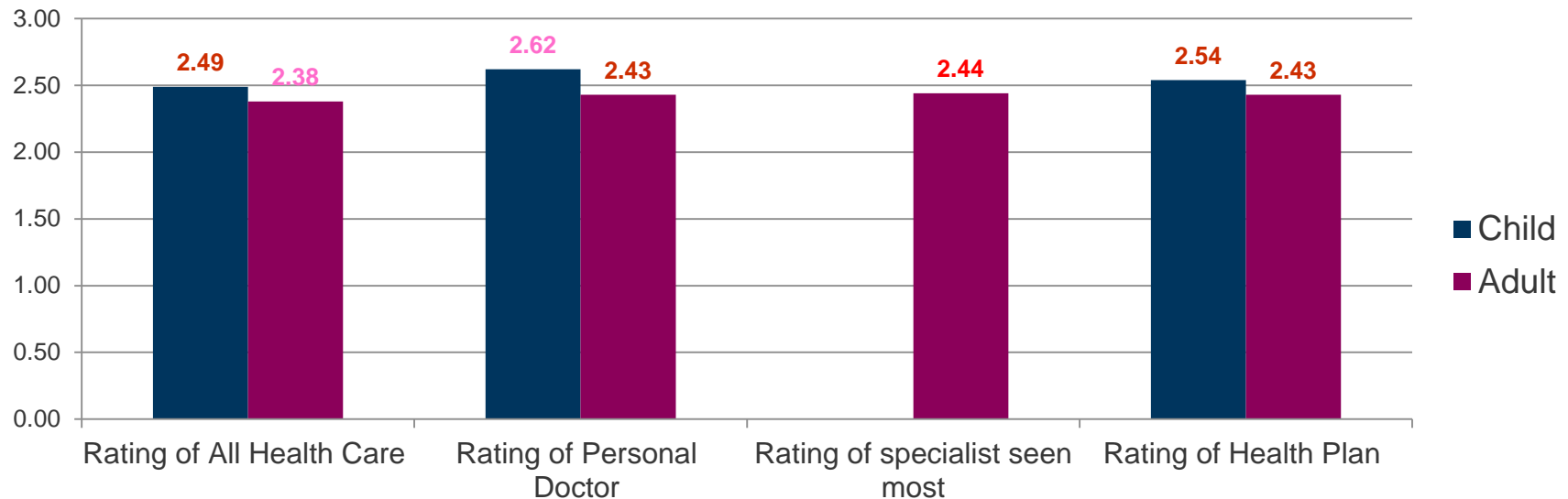
* Red = less than 3-Star or 50th percentile, Green = met goal



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Member Experience (CAHPS)

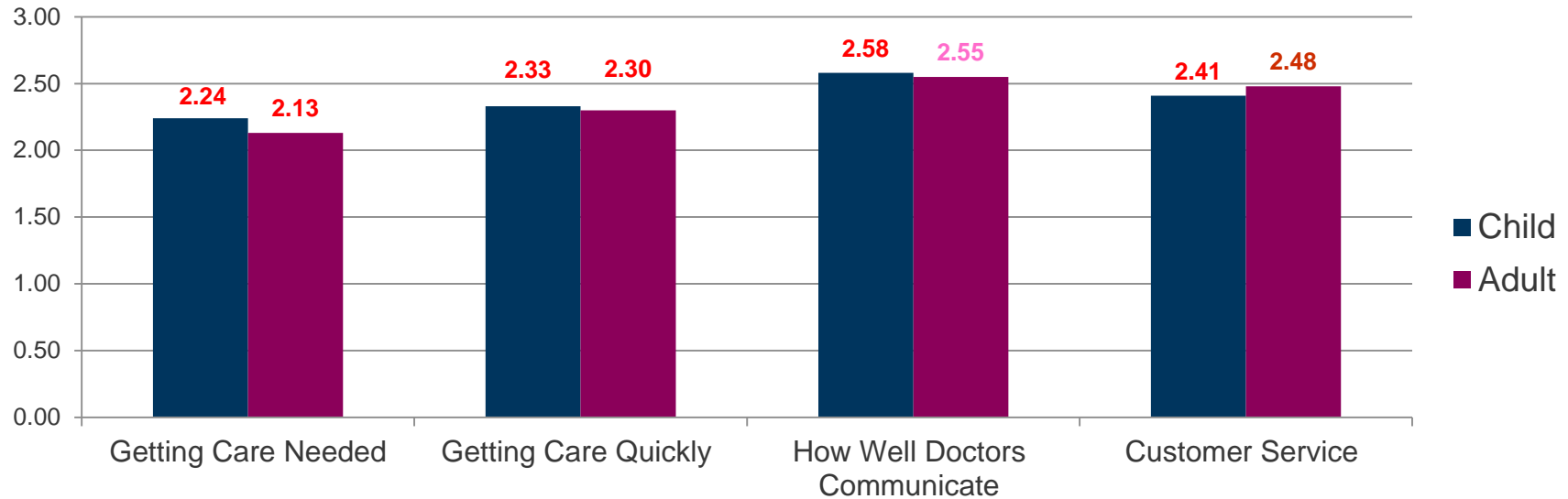
CAHPS Child vs. Adult Member Survey Results (3-Point Score)



NCQA Accreditation 3-Point Score	Child	Adult
Rating of All Health Care	25th Percentile	50th Percentile
Rating of Personal Doctor	50th Percentile	25th Percentile
Rating of Specialist Seen Most	NA	< 25th Percentile
Rating of Health Plan	25th Percentile	25th Percentile

*Red = less than 25th percentile, Orange = 25th percentile, Pink = 50th percentile, Blue = 75th percentile, Green = 90th percentile

CAHPS Child vs. Adult Member Survey Results (3-point score) (cont.)



NCQA Accreditation 3-Point Score	Child	Adult
Getting Care Needed	< 25th Percentile	< 25th Percentile
Getting Care Quickly	< 25th Percentile	< 25th Percentile
How Well Doctors Communicate	< 25th Percentile	50th Percentile
Customer Service	< 25th Percentile	25th Percentile

*Red = less than 25th percentile, Yellow = 25th percentile, Pink = 50th percentile, Blue = 75th percentile, Green = 90th percentile

Next Steps

- Implement strategies on low performing areas
 - Priority areas will include low areas of performance and areas related to strategic initiatives
 - CalOptima and Health Network specific Results have been shared with health network (including CCN)
- Results shared with Quality Improvement Committee, Quality Assurance Committee, Member Advisory Committees and Provider Advisory Committee
- Member and Provider Incentive pilot projects focused on women's health screenings and continue through end of year.
- Goal is to maintain or exceed our current NCQA “commendable” accreditation rating and top CA Medicaid health plan rating.

CalOptima's Mission

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





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Palliative Care

**Member Advisory Committee Meeting
November 9, 2017**

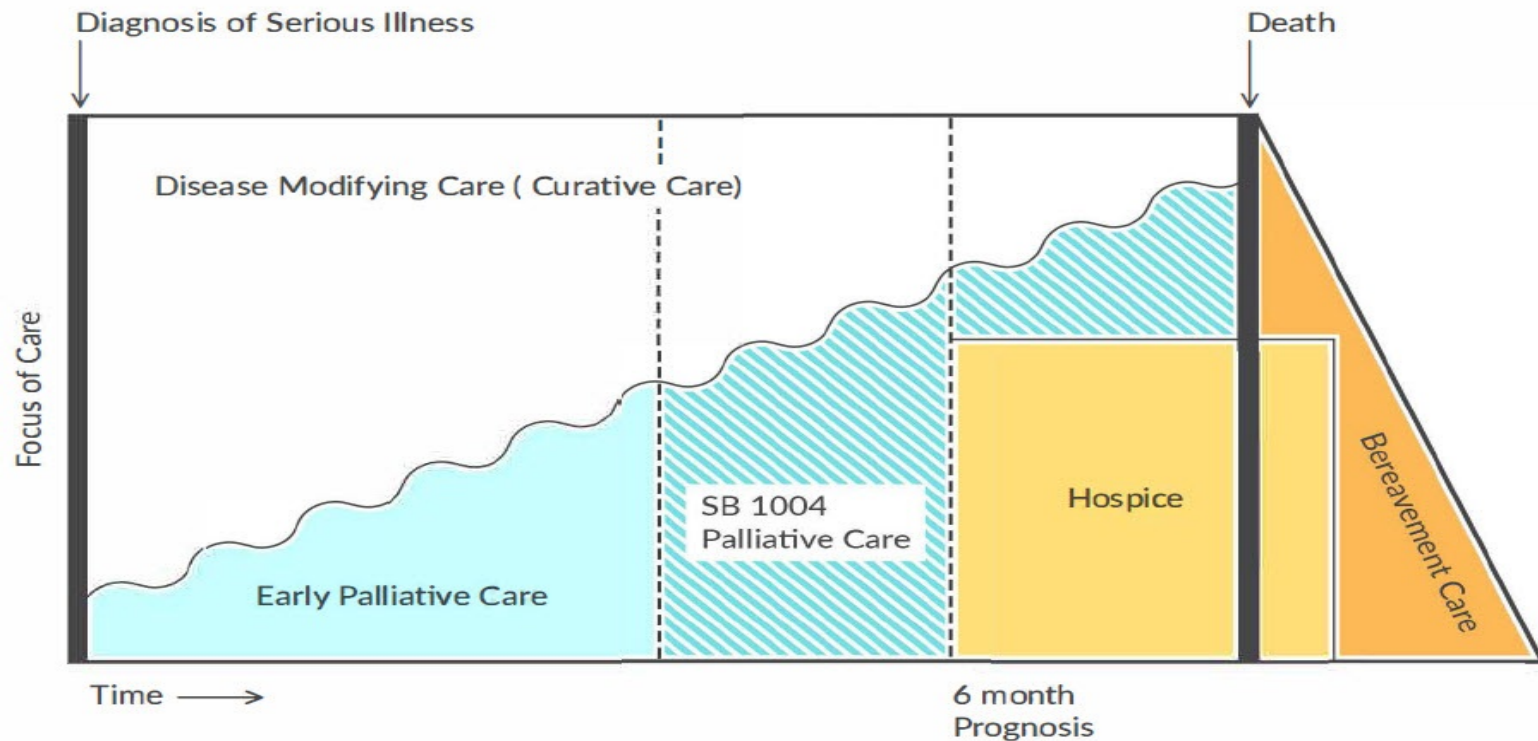
**Tracy Hitzeman, RN, CCM
Executive Director, Clinical Operations**

Legislative Background

- Senate Bill 1004 (2014) requires the Department of Health Care Services (DHCS) to establish standards and provide technical assistance to ensure delivery of palliative care services by Managed Care Plans
- Implementation **no later than 1/1/18**
- DHCS policy document (9/1/16) and final APL (10/19/17) provide guidance for Medi-Cal only members
 - Additional final guidance anticipated before implementation
 - Reporting requirements
 - Quality measures
 - Rate Adjustment not expected

Palliative Care Defined

“Patient and family centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social and spiritual needs and facilitating patient autonomy, access to information and choice.” – www.CMS.gov



DHCS Palliative Care Goals

- Optimize member quality of life by anticipating, preventing and treating suffering
- Address physical, intellectual, emotional, social and spiritual needs
- Facilitate patient autonomy, access to information and choice

Target Population

General Eligibility Criteria

- Using/likely to use hospital or ED to manage disease
- Advance stage of illness
- Death within 1 year would not be unexpected
- Willing to participate in advanced care planning discussions
- Not eligible for or declines hospice
- Received appropriate desired medical therapy or therapy is not longer effective
- Willing to receive disease management



Has One of Four Diagnoses

- Advanced Cancer
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Liver Disease

Notes:

- *Each diagnosis has specific criteria, which may require file review*
- *Plans/HNs may choose to offer Palliative Care based on broader clinical criteria*

CalOptima Direct (COD) Members

- COD Includes CalOptima Community Network (CCN)
 - SB 1004 target population and services at implementation
 - Will contract with providers for service delivery and care coordination
 - Service, reporting and other requirements detailed in P&P being finalized
 - Consider use of Medi-Cal FFS rates
 - Use existing billing codes
 - Potential addition of informational modifiers to distinguish Palliative Care from Hospice
 - Standard provider credentialing criteria based on contracting provider type

Health Network (HN) Members

- HNs will be responsible for all SB 1004 Palliative Care services for their assigned members effective 1/1/18
 - CalOptima does not plan to prescribe delivery requirements other than as required in legislation, APL and outlined in CalOptima's policies and procedures
 - Final APL has been provided to HNs for planning purposes
 - CalOptima policy and procedure pending approval from DHCS
 - Reporting will be based on DHCS and plan requirements

Next Steps

- Anticipate receipt of DHCS guidance mid-November
 - Reporting requirements
- Receive DHCS approval for CalOptima policies and procedures
- Provide updated guidance and finalized CalOptima policies and procedures to Health Networks
- CalOptima to contract with palliative care providers for CCN/COD members
- Develop reporting metrics per DHCS requirements

Resources

- DHCS' Palliative Care website
 - <http://www.dhcs.ca.gov/provgovpart/Pages/Palliative-Care-and-SB-1004.aspx>

CalOptima's Mission

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



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Medi-Cal

CalOptima

Better. Together.



OneCare (HMO SNP)

CalOptima

Better. Together.



OneCare Connect

CalOptima

Better. Together.



PACE

CalOptima

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ARCHES OPEN HOUSE

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ENJOY REFRESHMENTS!



TOUR THE OFFICE!



LEARN ABOUT OUR SERVICES!



NETWORK WITH PARTNERS!



WIN A RAFFLE!

JOIN US AS WE HONOR
DR. MONIQUE NGUYEN, O.D.



FOR 10 YEARS OF DEDICATED SERVICE
TO CHILDREN AND FAMILIES IN OUR COMMUNITY!



A Division of Boys & Girls Clubs of Garden Grove

FRIDAY NOVEMBER 17

2:30 to 5PM

CHILDREN'S HEALTH & DENTAL CENTER
10602 CHAPMAN AVE, STE 101, GARDEN GROVE
(714) 532-7940

To RSVP, please email:

RSVP@bgcgg.org