

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

**THURSDAY, JULY 12, 2018
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 May 10, 2018 Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC)

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. REPORTS

- A. Consider Approval of Updated Fiscal Year (FY) 2018-19 MAC Goals & Objectives
- B. Consider Recommendation of MAC Consumer Representative
- C. Reconsider Recommendation of Whole-Child Model Family Advisory Committee (WCM FAC) Community Candidates

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. Update on Palliative Care
- C. Access to Care Overview
- D. Grievance and Appeal Process

VIII. COMMITTEE MEMBER COMMENTS

IX. ADJOURNMENT

MINUTES

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

May 10, 2018

A Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) was held on May 10, 2018, at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER

Chair Sally Molnar called the meeting to order at 2:40 p.m., and Mallory Vega led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Sally Molnar, Chair; Patty Mouton, Vice Chair; Suzanne Butler; Sandy Finestone; Connie Gonzalez; Donna Grubaugh; Jaime Muñoz; Ilia Rolon; Christina Sepulveda; Sr. Mary Therese Sweeney; Christine Tolbert; Mallory Vega

Members Absent: Velma Shivers; Lisa Workman

Others Present: Michael Schrader, Chief Executive Officer; Richard Bock, M.D., Deputy Chief Medical Officer; Ladan Khamseh, Chief Operating Officer; Phil Tsunoda, Executive Director, Public Affairs; Candice Gomez, Executive Director, Program Implementation; Emily Fonda, M.D., Medical Director; Sessa Mudunuri, Executive Director, Operations; Le Nguyen, Assistant Director, Customer Service; Becki Melli, Customer Service; Eva Garcia, Customer Service

MINUTES

Approve the Minutes of the January 11, 2018, Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee

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

Approve the Minutes of the March 8, 2018, Special Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee/OneCare Connect Member Advisory Committee/Provider Advisory Committee

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

PUBLIC COMMENT

There were no requests for public comment.

REPORTS

Consider Approval of Fiscal Year (FY) 2017-18 MAC Accomplishments

Chair Molnar presented the MAC's FY 2017-18 Accomplishments for approval. The Accomplishments will be presented to the Board of Directors at the June 7, 2018 meeting.

Action: On motion of Member Patty Mouton, seconded and carried, the MAC approved the FY 2017-18 MAC Accomplishments as submitted.

Consider Approval of FY 2018-19 MAC Meeting Schedule

Chair Molnar presented the FY 2018-19 meeting schedule for approval.

Action: On motion of Member Ilia Rolon, seconded and carried, the MAC approved the FY 2018-19 MAC Meeting Schedule as submitted.

Consider Approval of FY 2018-19 MAC Goals and Objectives

Chair Molnar reported that the Goals and Objectives Ad Hoc, composed of Members Sally Molnar, Patty Mouton and Ilia Rolon, met on March 29, 2018 to develop the MAC goals and objectives for FY 2018-19. The Goals and Objectives will be presented to the Board of Directors at the June 7, 2018 meeting. Following discussion, the ad hoc members agreed to reconvene to review provider access activities related to Partnership and Engagement.

Action: On motion of Member Mallory Vega, seconded and carried, the MAC approved the FY 2018-19 MAC Goals and Objectives.

Consider Recommendation of MAC Slate of Candidates and FY 2018-19 Chair/Vice Chair

Member Sandy Finestone presented the Nominations Ad Hoc Subcommittee's recommended slate of candidates, and the candidates for FY 2018-19 MAC Chair and Vice Chair. The ad hoc, composed of members Suzanne Butler, Sandy Finestone and Mallory Vega, convened on April 19, 2018. After reviewing the applications and selecting a candidate for each seat, the Nominations Ad Hoc recommended the reappointment of the following candidates for a term effective July 1, 2018 through June 30, 2020: Jaime Muñoz as the Foster Children Representative; Sally Molnar as the Medically Indigent Persons Representative; Sr. Mary Therese Sweeney as the Persons with Mental Illness Representative; and Christine Tolbert as the Persons with Special Needs Representative. The ad hoc also recommended the appointment of Luisa Santa as the Children's Representative and Elizabeth Anderson as the Long-Term Services and Support (LTSS) Representative for a two-year term ending June 30, 2020, while Diana Cruz-Toro was recommended as the Recipients of CalWORKs Representative for a term ending June 30, 2019. Sally Molnar and Patty Mouton were recommended for reappointment for FY 2018-19 Chair and Vice Chair, respectively.

Action: On motion of Member Suzanne Butler, seconded and carried, MAC approved the slate of candidates, Chair and Vice Chair as presented.

Consider Recommendation of Whole-Child Model Family Advisory Committee (WCM FAC) Slate of Candidates

Member Tolbert reported that the Whole-Child Model Family Advisory Committee (WCM FAC) Ad Hoc Subcommittee, composed of MAC members Connie Gonzalez, Jaime Munoz and Christine Tolbert, met on April 19, 2018 to review the proposed slate of candidates for the eleven voting seats that will establish the new WCM FAC. After reviewing the applications and selecting a candidate for each seat, the Nominations Ad Hoc recommended the appointment of the following Family Member candidates for a two-year term ending June 30, 2020: Maura Byron, Rick Cabral, Grace Leroy-Loge and Kristin Rogers. The following Family Member candidates were recommended for a one-year term ending June 30, 2019: Melissa Hardaway, Pam Patterson and Malissa Watson. In addition, Michael Arnot and Gabriela Huerta were recommended to serve as Community representatives for a two-year term ending June 30, 2020 and Sandra Cortez-Schultz and Diane Key were recommended to serve as Community representatives for a one-year term ending June 30, 2019.

Action: On motion of Member Finestone, seconded and carried, MAC approved the WCM FAC slate of candidates as recommended.

CEO AND MANAGEMENT REPORTS

Chief Executive Officer (CEO) Update

Michael Schrader, Chief Executive Officer, reported that CalOptima's provider rates for Medi-Cal Expansion members will remain the same as last year. The state has been decreasing the Expansion rates, bringing them closer to the rates paid for Medi-Cal Classic members.

Chief Medical Officer Update

Dr. Bock, Deputy Chief Medical Officer, reported that the National Committee for Quality Assurance (NCQA) will be visiting CalOptima for the triannual audit in July 2018. In addition, CalOptima is still waiting for the final audit report conducted by the Department of Health Care Services (DHCS) earlier this year.

Dr. Bock reported that DHCS released a timeline for the transition of behavioral health treatment (BHT) for children with non-Autism Spectrum Disorders. Responsibility for those services is moving from Regional Centers to Medi-Cal managed care plans, including CalOptima, starting in July 2018. CalOptima completed a similar transition for the population with Autism Spectrum Disorders about two years ago.

The Centers for Medicare & Medicaid Services (CMS) asked CalOptima to report on opioid misuse reduction. CalOptima will soon be limiting the number of opioids that dentists can prescribe and increasing the oversight of prescriptions for both opioids and benzodiazepines.

Dr. Bock reported that CalOptima is seeking volunteers to serve on the California Children's Services (CCS) Clinical Advisory Committee to work on clinical guidelines and CCS transition issues.

Chief Operating Officer Update

Ladan Khamseh, Chief Operating Officer, reported that Orange County will follow a phased approach for the BHT transition based on birth month. The first group (January–April) will transition July 1, 2018 and the two other groups will move August 1 and September 1. CalOptima is responsible for mailing 60-day and 30-day notices to ensure families are aware of the transition in advance. CalOptima will also conduct an outreach call campaign.

CalOptima Program Update

Candice Gomez, Executive Director, Business Integration, provided updates on the Whole Child Model (WCM) to California Children Services (CCS) transition. The state is developing a per member per month rate for CCS services, which will be part of CalOptima's budget for the next fiscal year. CalOptima is working on the CCS to WCM eligibility process and coordination with the medical therapy program.

Federal and State Legislative Update

Phil Tsunoda, Executive Director, Public Affairs, reported that Governor Brown would be releasing the May Revision to FY 2018-19 State Budget proposal on May 11, 2018. Items to look for in the May Revision include how much the budget surplus would be and whether Governor Brown will continue to advocate for taking the surplus dollars and placing them in reserve. Governor Brown's budget proposal in January estimated approximately \$6.1 billion in surplus revenue, most of which he proposed placing into a state reserve account. CalOptima will prepare an analysis of the May Revision and provide it to the MAC members.

INFORMATION ITEMS

MAC Member Updates

Chair Molnar announced Christina Sepulveda, Children's Representative, Velma Shivers, Long-Term Services and Supports (LTSS) Representative and Lisa Workman, Consumer Representative will step down from the MAC when their terms end on June 30, 2018.

Chair Molnar announced that MAC continues to recruit for the Consumer seat until May 25, 2018, and asked MAC members to contact CalOptima with potential candidates.

Chair Molnar recapped the Joint Member Advisory Committee/OneCare Connect Member Advisory Committee (OCC MAC)/Provider Advisory Committee (PAC) meeting, noting that the agenda included four topics of interest across all three committees: Orange County's opioid epidemic, behavioral health, quality and member access to providers.

MAC Member Presentation on the Orange County Community Coalition for Behavioral Health (OCCC4BH)

Member Jaime Munoz, Social Services Agency, provided a follow-up presentation from the March 8, 2018 Joint meeting on the OCCC4BH, an integrated, community-based coalition to address coordination of mental health services and resources. Mr. Munoz reported that the coalition is made up of community leaders who envision a comprehensive behavioral health system to serve everyone, including private insurance payors, the uninsured and Medi-Cal beneficiaries.

Intergovernmental Transfer Funds (IGT) Update

Cheryl Meronk, Director, Strategic Development, provided an update on IGT funds. IGT 5 will make available \$14.4 million. CalOptima conducted comprehensive research through a Member Health Needs Assessment to determine where to invest the funding. Eight priority areas were identified: adult mental health services, mental health/socialization services for older adults, mental health/developmental services for children, nutrition education and fitness program for children, Medi-Cal benefits education and outreach, primary care services and social determinants of health programs, adult dental services, and children's dental services. The \$14.4 million will be distributed through a process that includes Requests for Information (RFIs) and Requests for Proposal (RFPs). IGT 6 and 7 will make available \$23.6 million. The CalOptima Board of Directors identified three priority areas: children's mental health, homeless health, and opioid and other substance overuse. CalOptima will be proposing the distribution of \$10 million in IGT 6 and 7 funding to the County of Orange to address the homeless health issue. The remaining \$13.6 million will be available for the community through grants in the three priority areas.

Health Homes Program Presentation

Pallavi Patel, Director, Process Excellence, provided an overview of the Health Homes Program (HHP), which is being developed to serve eligible Medi-Cal beneficiaries with multiple chronic conditions who may benefit from enhanced care management and coordination. CalOptima's anticipated go-live date is July 1, 2018 for chronic conditions and January 1, 2020 for those with serious mental illness (SMI), with or without chronic conditions.

ADJOURNMENT

Chair Molnar announced that the next MAC meeting is Thursday, July 12, 2018 at 2:30 p.m.

Hearing no further business, Chair Molnar adjourned the meeting at 4:00 p.m.

/s/ Eva Garcia

Eva Garcia
Administrative Assistant

Approved: July 12, 2018

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

GOALS AND OBJECTIVES FY 2018-2019

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 	
		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 	
		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 	

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

GOALS AND OBJECTIVES FY 2018-2019

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 	
		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 2018-2019

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. • Convene a MAC Ad hoc subcommittee to partner with CalOptima staff to review data and findings from the Member Health Needs Assessment (and the Group Needs Assessment if additional info is needed) regarding improving members health • Provide CalOptima with input/recommendations based on data and findings from the MHNA (and GNA if needed) 	
		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 	
		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). 	

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

GOALS AND OBJECTIVES FY 2018-2019

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. 	

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



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Whole-Child Model (WCM) Update

Emily Fonda, M.D., MMM, CHCQM

Medical Director, Care Management, LTSS and Senior Programs

Department of Medical Management

July 2018

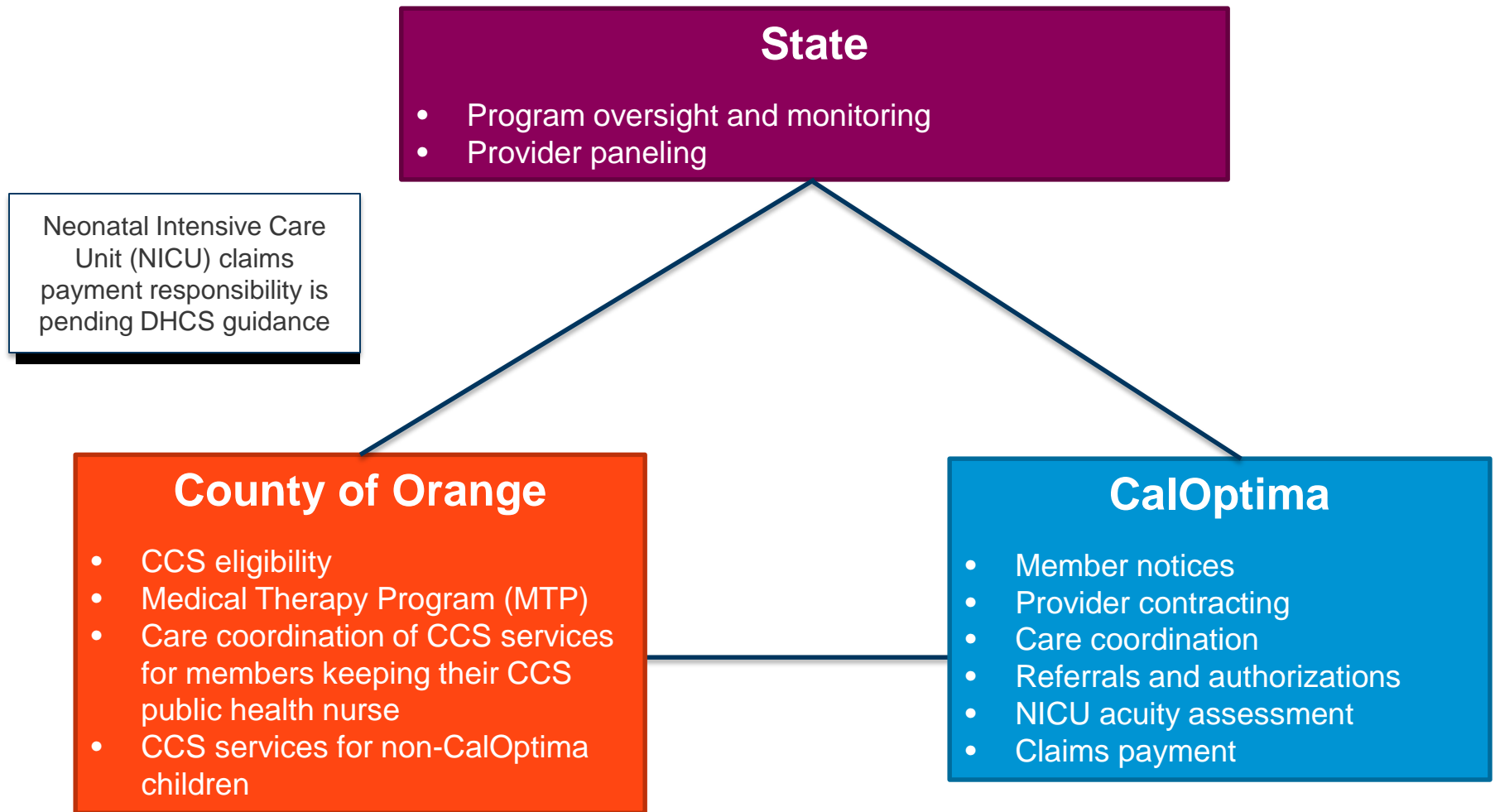
Agenda

- Whole-Child Model Overview
- CalOptima Implementation
- Next Steps

Whole-Child Model (WCM) Overview

- California Children's Services (CCS) is a statewide program providing medical care and case management for children under 21 with certain medical conditions
 - Locally administered by Orange County Health Care Agency
- Per SB 586, the WCM was authorized
- The Department of Health Care Services (DHCS) is implementing WCM into designated COHS (21 counties/5 Plans) to incorporate CCS services into select Medi-Cal Managed Care for Medi-Cal eligible CCS members
 - CalOptima will implement WCM effective January 1, 2019
 - All Plan Letter 18-011 released June 7, 2018

Division of WCM Responsibilities



Guiding Principles: CCS Children

- Continuity of care
 - Members can request to see the same providers they currently see, in addition to continuing care from custom DME providers
- Integration of services
 - Members receive CCS and non-CCS services from the same provider
- Member choice
 - Members can choose from a broad and diverse network of providers that covers the entire county — and beyond when necessary
- Timely access
 - Children receive timely authorizations and appointments

Guiding Principles: CCS Providers

- Broad participation
 - All existing CCS-paneled providers can participate under the new WCM
 - Providers will have visibility of a member's CCS and non-CCS services so they can coordinate care timely and with quality
- Administrative simplification
 - Coordinating care under one entity will reduce the administrative burden
- Stable payments
 - CCS-paneled physicians will receive the CCS rate unless otherwise agreed upon



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CalOptima Implementation

Orange County Partners

Orange County
Health Care Agency
CCS Program

CalOptima
Medi-Cal



CCS Children
and Families

Providers,
Health Networks and
Community Partners

Hospitals



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CCS Demographics

- About 13,000 Orange County children are receiving CCS services
 - Ninety percent are CalOptima members

Languages

- English = 51 percent
- Spanish = 43 percent
- Vietnamese = 4 percent
- Other/unknown = 2 percent

City of Residence (Top 5)

- Santa Ana = 23 percent
- Anaheim = 18 percent
- Garden Grove = 8 percent
- Orange = 6 percent
- Fullerton = 4 percent

Data as of April 2018

Proposed Delivery Model

- Leverage the existing Model of Care (in use for OneCare, OneCare Connect and SPD populations) in conjunction with delegated health networks, subject to Board approval
 - Includes case management, Personal Care Coordinators (PCCs), Interdisciplinary Care Team (ICT) meetings and Individual Care Plans (ICPs)
 - Will coordinate ICTs with the Medical Therapy Conferences (MTCs) from the Medical Therapy Units (MTUs)
 - Reflects the spirit of the law to bring together CCS services and non-CCS services into a single delivery system
- Existing model creates several advantages
 - Maintains relationships between CCS-eligible children, their chosen health network and primary care provider
 - Improves clinical outcomes and health care experience for members and their families with highly individualized attention and care
 - Decreases medical and administrative costs
 - Reduces administrative burden for providers



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Next Steps

WCM Preparation Ongoing

- Continue meetings with Health Care Agency and health networks to ensure smooth transition
- Establish WCM-specific policies, procedures and protocols. For example:
 - Honoring WCM-specific continuity of care requirements
 - Coordinating CCS and non-CCS services under WCM
 - Working on age-out process
- Hire staff with clinical expertise and special interest in serving children with complex needs
- Contract with CCS-paneled providers to meet children's needs

Advisory Committees

- Clinical Advisory Committee
 - County CCS Medical Director
 - Minimum of four CCS-paneled providers
 - CalOptima Chief Medical Officer
- Family Advisory Committee
 - Seats: 7–9 family seats and 2–4 community-based organization/advocate seats
 - Applications closed March 31, 2018
 - Board of Directors appointed six family seats
 - CalOptima expects to return to the Board in September for additional appointments

Stakeholder Engagement

- CalOptima is committed to keeping our stakeholders informed and providing opportunities for feedback
- Recent events
 - January 2018: General stakeholder event
 - February 2018: Family events
 - March 2018: CalOptima employee focus group
 - June 2018: Community-based focus groups
- Upcoming events
 - July 25, 2018: General stakeholder event
 - Additional general and family events planned through the end of 2018

Additional Information

- CalOptima WCM implementation information, including prior event materials
 - www.caloptima.org
 - Sign up for periodic updates
- DHCS WCM Implementation
 - Program information:
 - www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx
 - www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-011.pdf
 - CCS Advisory Group:
 - www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx

Transition Items in Development

- Application of the Model of Care to WCM (e.g., care management levels, PCCs, ICTs, ICPs)
- NICU processes to determine acuity and discharge to High-Risk Infant Follow-up (HRIF)
- CCS to WCM transition
- Continuity of Care including customized DME
- Age-out process
- Member communication
- Flows of information between the County and CalOptima
- Algorithm for risk stratification
- Health Needs Assessment (HNA)
- Pathway for keeping a County public health nurse vs. CalOptima CM
- Pharmacy needs
- Incorporation of the CCS MTP/MTU/MTC process
- Maintenance and Transportation for OON care
- CCS provider credentialing verification

CalOptima's Mission

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



A Public Agency

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A Public Agency

Medi-Cal
CalOptima
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A Public Agency

OneCare (HMO SNP)
CalOptima
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A Public Agency

OneCare Connect
CalOptima
Better. Together.



A Public Agency

PACE
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Palliative Care Update

Member Advisory Committee

July 12, 2018

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

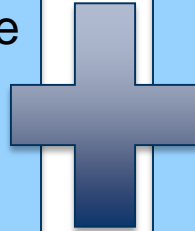
Legislative Background

- Senate Bill 1004 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.
- DHCS All Plan letter for Palliative Care (17-015) became effective January 1, 2018.

DHCS' Target Population

General Eligibility Criteria

- Using/likely to use hospital or emergency department (ED) to manage disease
- Advanced stage of illness
- Death within 1 year would not be unexpected
- Not eligible for or declines hospice
- Willing to participate in advanced care planning discussions.
- Received appropriate desired medical therapy or therapy is no longer effective
- Willing to receive disease management/palliative care



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/health networks (HNs) may chose to offer Palliative Care based on broader clinical criteria.*

CalOptima Implementation

- DHCS Target Population — starting point
- Includes members appropriate for palliative care with other conditions
- Coordinated by health networks with plan oversight
- Delivery models:
 - Vendor
 - Direct contracts with providers
 - In house
- Provider community education
- Clinical staff training
- First quarter DHCS report submitted May 2018

Palliative Care Results — Qtr 1

Referral Category	Volume
Requested	124
Approved	97
Declined (Member)	27
Denied	0

Condition Category	Volume
Cancer	51
Heart Failure	9
COPD	2
Liver Disease	2
Other	22

Challenges

- Member acceptance of palliative care
 - Knowledge deficit
 - Cultural beliefs
- Available data insufficient to make referrals — record review necessary
- Reporting difficult — no unique CPT codes exist

Next Steps

- Community education event
- Ongoing provider community education
- Encourage referrals
- Clinical staff additional training and feedback
- Continued tracking of participation
 - Members
 - Palliative care providers
- As initiative matures, evaluation of outcome metrics
 - Impact to member care (e.g. appropriate utilization, member/family satisfaction, provider satisfaction)

Resources

- DHCS' Palliative Care website
 - <http://www.dhcs.ca.gov/provgovpart/Pages/Palliative-Care-and-SB-1004.aspx>
- DHCS All Plan Letter
 - <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-015.pdf>

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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A Public Agency

Medi-Cal

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A Public Agency

OneCare (HMO SNP)

CalOptima

Better. Together.



A Public Agency

OneCare Connect

CalOptima

Better. Together.



A Public Agency

PACE

CalOptima

Better. Together.



Access to Care

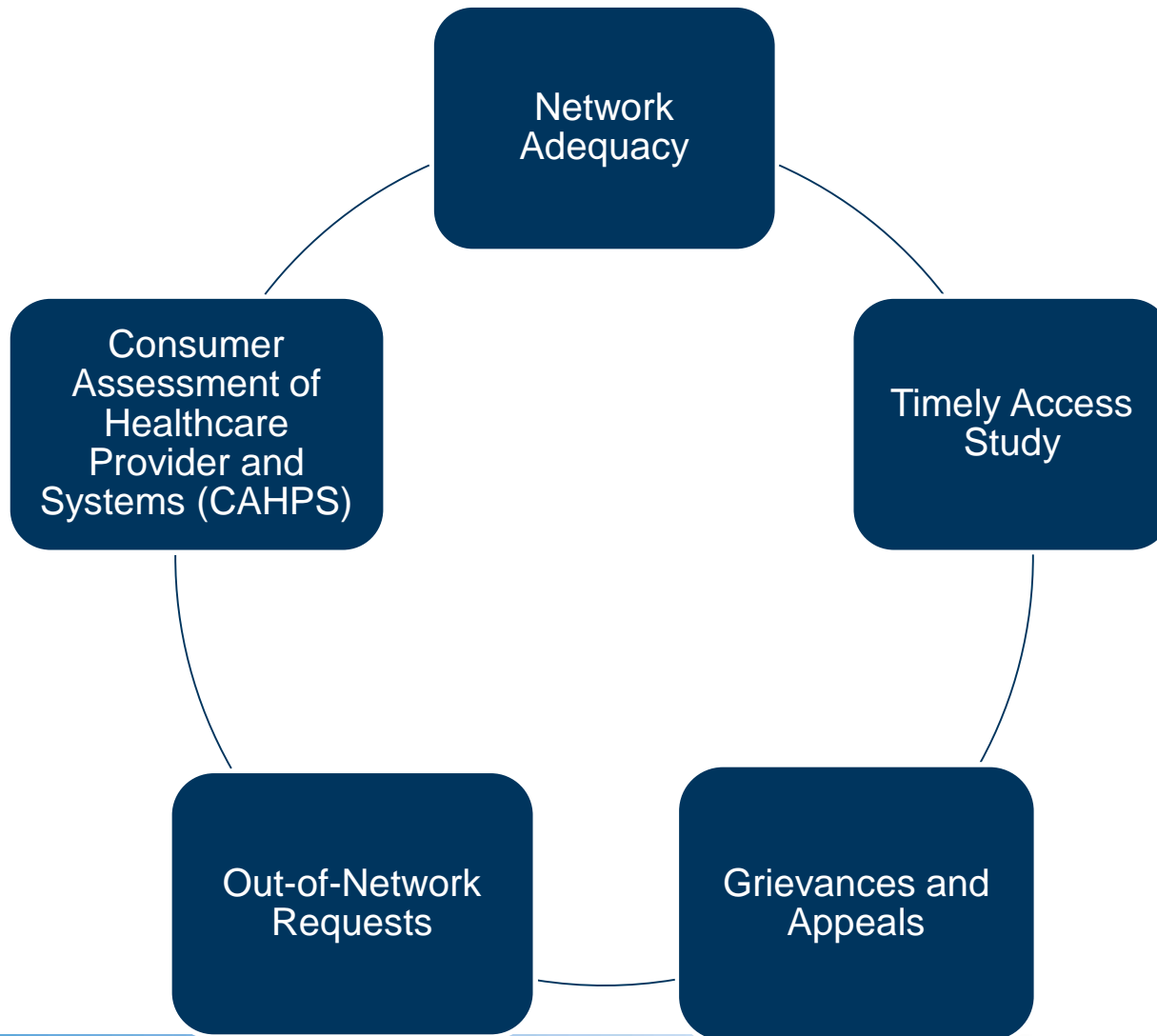
Marsha Choo

July 12, 2018

Marsha Choo

Manager of Quality Analytics

Areas to Monitor



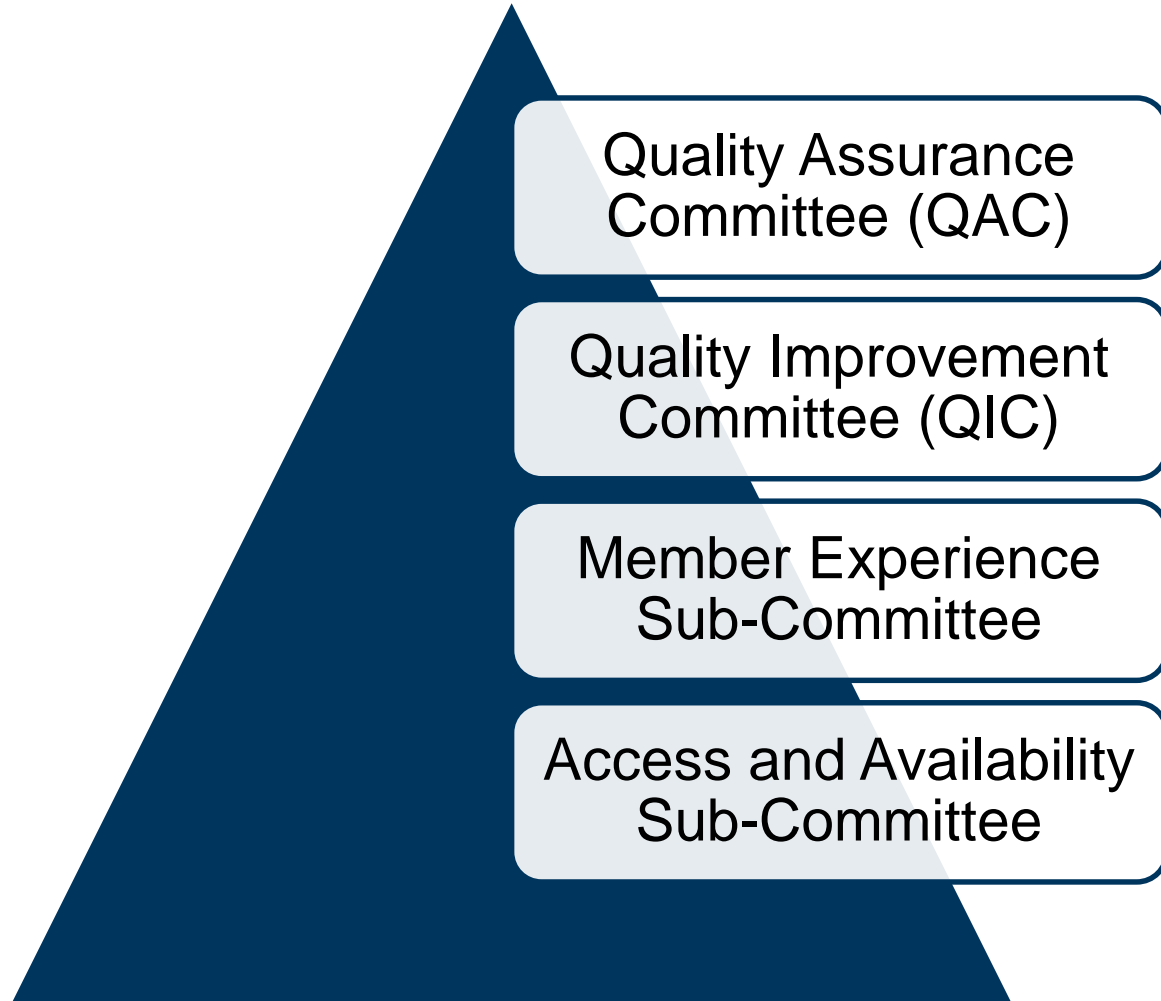
Access and Availability Sub-Committee

- Purpose:

- To ensure that CalOptima has the ability to provide medically necessary services needed for our members in a timely manner
- To monitor accessibility and availability of appropriate clinical care and network providers
- To identify gaps and opportunities for improvement
- To improve overall access to care for CalOptima members
- To meet all access regulatory requirements and regulations
- To meet all reporting requirements to the Department of Health Care Services (DHCS) and the Centers for Medicare and Medicaid Services (CMS)

* In compliance with GG.1600 and MA:7007 Access and Availability Standards

Reporting Structure



Network Adequacy

What

- Number and types of providers (provider to member ratios)
- Geographic distribution (distance and time/GeoAccess mapping)

Who

- Primary Care Physicians (PCPs)
- Specialists*
- Ancillary Services*

How

- Quarterly reports from provider database

* Provider types identified by the Department of Health Care Services (DHCS) and the Centers for Medicare and Medicaid Services (CMS)

Timely Access Survey

What

- Appointment Availability
- Business and After Hours Access

Who

- Primary Care Physicians (PCPs)
- High Volume/Impact Specialists
- Ancillary Services

How

- Annual Provider Self-Reported Survey
- Annual Telephone Audit

Consumer Assessment of Healthcare Provider and Systems (CAHPS)

What

- Member experience on
 - Getting needed care
 - Getting care quickly
 - In-Office Wait Time

Who

- Members eligible with CalOptima who have received services within 6 months of the survey

How

- Annual member experience survey

Out of Network (OON) Requests

What

- Volume of out-of-network (OON) requests and approvals by provider type

Who

- Referrals to providers

How

- Quarterly reporting by CalOptima and Health Networks' Utilization Management Departments

Grievances and Appeals

What

- Volume of grievances and appeals

Who

- Members and providers

How

- Quarterly reporting by the Grievances Appeals and Resolutions Department

Summary of Findings

- CalOptima has a robust provider network and meets all regulatory requirements
- Members are able to access care with their primary care physicians (PCPs) in a timely manner*
- Pregnant members are able to access their first prenatal care with their obstetrician/gynecologist (OB/GYN) in a timely manner*
- Referral and authorization process is challenging
- Members have difficulty accessing care with certain specialty providers
 - Need a stronger network in South County
 - Long appointment wait time

* Met regulatory appointment availability standards

Actions

- Share results: committees, forums, health networks
- Request corrective action from our contracted health networks, including the CalOptima Community Network
- Educate providers on the timely access standards and their access performance
- Continue efforts to recruit and contract with in-demand specialists, particularly in South County
 - Member can obtain out-of-network services at no-cost to them if services are not available in-network
- Provider Coaching
 - Shadow coaching and training on better customer service and communication with members

CalOptima's Mission

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



CalOptima

Better. Together.



Medi-Cal

CalOptima

Better. Together.



OneCare (HMO SNP)

CalOptima

Better. Together.



OneCare Connect

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PACE

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CALOPTIMA ACCESS STANDARDS

CalOptima adheres to patient care access and availability standards as required by the Department of Health Care Services (DHCS), the Department of Managed Health Care (DMHC) and the Centers for Medicare & Medicaid Services (CMS). Contracted providers and health networks are expected to comply with all access standards. The following is a brief description of the access standards for CalOptima. Standards apply to all lines of business, unless otherwise stated.

Access to Emergent/Urgent Medical Care:

Type of Care	Standard
Emergency Services	Immediately, 24 hours a day, 7 days a week
Urgent Care Services	Within 24 hours of request

Access to Primary Care:

Type of Care	Standard
Urgent Appointments that DO NOT Require Prior Authorization	Within 48 hours of request
Non-Urgent Primary Care	Within 10 business days of request
Routine Physical Exams and Wellness Visits	Within 30 calendar days of request
Initial Health Assessment (IHA) or Individual Health Education Behavioral Assessment (IHEBA) – Medi-Cal Only	Within 120 calendar days of Medi-Cal Enrollment

Access to Specialty and Ancillary Care:

Type of Care	Standard
Urgent Appointments that DO Require Prior Authorization	Within 96 hours of request
Non-Urgent Specialty Care	Within 15 business days of request
First Prenatal Visit	Within 2 weeks of request
Non-Urgent Ancillary Services	Within 15 business days of request

Access to Behavioral Health Care

Type of Care	Standard
Routine Care with a Non-Physician Behavioral Health Provider	Within 10 business days of request
Follow-up Routine Care with a Non-Physician Behavioral Health Provider	Available to Member within clinically reasonable timeframes. Behavioral health providers will assess the clinically appropriate treatment and provider follow-up services within the scope of their practice.

Telephone Access Standards:

Description	Standard
Telephone Triage	Telephone triage shall be available 24 hours a day, seven days a week. Telephone triage or screening waiting time shall not exceed 30 minutes.
Telephone wait time during business hours	A non-recorded voice within 30 seconds
Urgent message during business hours	Practitioner returns the call within 30 minutes after the time of message.
Non-emergency and non-urgent messages during business hours	Practitioner returns the call within 24 hours after the time of message.
Telephone access after business hours for emergencies	The phone message and/or live person must instruct members to dial 911 or go to the nearest emergency room.
After-hours access	A primary care provider (PCP) or designee shall be available 24 hours a day, seven days a week to respond to after-hours member calls or to a hospital emergency room practitioner.

Cultural and Linguistic Standards:

Description	Standard
Oral Interpretation	Oral interpretation including, but not limited to, sign language, shall be made available to members at key points of contact through an interpreter in person (upon a member's request) or by telephone, 24 hours a day and seven days a week.
Written Translation	All written materials to members shall be available in threshold languages as determined by CalOptima in accordance with CalOptima Policy DD.2002: Cultural and Linguistic Services, MA.4002: Cultural and Linguistic Services and CMC.4002: Cultural and Linguistic Services.

Description	Standard
Alternative Forms of Communication	Informational and educational information for members in alternative formats will be available at no cost in the threshold languages in at least 14 point font for Medi-Cal and 16 point font for OneCare and OneCare Connect, audio format, or braille upon request, or as needed within 21 business days of request or within a timely manner for the format requested.
Telecommunications Device for the Deaf	Telecommunications Device for the Deaf (TDD) or California Relay Services (CRS) and auxiliary aids shall be available to members with hearing, speech or sight impairments at no cost, 24 hours a day and seven days a week. The TDD/TTY Line is 1-800-735-2929 .
Cultural Sensitivity	Practitioners and staff shall encourage members to express their spiritual beliefs and cultural practices, be familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrate these beliefs into treatment plans.

Other Access Standards:

Description	Standard
Physical Accessibility	Members with disabilities shall have access that includes, but is not limited to: ramps, elevators, restrooms, designated parking spaces and drinking water provision.
In-office wait time for appointments	Less than 45 minutes before being seen by a provider
Rescheduling appointments	Appointments will be rescheduled in a manner appropriate to the member's health care needs and that ensures continuity of care is consistent with good professional practice.
Sensitive Services	A member may self-refer to an out of network provider to receive sensitive services without prior authorization.
Minor Consent Services	Available to a member under the age of 18 in a confidential manner without parental consent
Family Planning Services	A member shall have direct access to OB/GYN and family planning services, according to CalOptima Policy GG.1508: Authorization and Processing of Referrals.

Moral or Ethical Objection: In the event a provider has a moral or ethical objection to providing a covered service to a member, CalOptima or a health network shall refer the member to a different provider at no extra cost to CalOptima.

CalOptima Policies and Procedures:

GG.1118: Family Planning Services, Out-of-Network

GG.1508: Authorization and Processing of Referrals

GG.1600: Access and Availability (Medi-Cal)

MA:7007: Access and Availability and Availability Standards (OneCare and OneCare Connect)



Grievance and Appeal Process

**Member Advisory Committee Meeting
July 12, 2018**

**Ana Aranda
Interim Director, Grievance and Appeals**

Definitions

- **Complaint (Grievance):** Any expression of dissatisfaction **not** related to an adverse organization determination.
- **Appeal:** A review by CalOptima of an adverse organization determination.
 - These types of requests involve the delay, modification or denial of services or payment based on medical necessity, or a determination that the requested service was not a covered benefit.

Receipt of Grievance or Appeal

- Upon receipt of a grievance or appeal, the following is validated:
 - Eligibility
 - CalOptima responsibility
 - Notice of Denial of Medical Coverage or Payment (for appeal)
- Case is entered into a tracking system
- Case is assigned to a grievance resolution specialist
- An acknowledgment letter is mailed to the member or authorized representative within five calendar days

Investigation

- The Grievance Resolution Specialist
 - Reviews the case and determines priority level based on
 - Access requests
 - Coordination of service or care needs
 - Clinical staff may be consulted
 - Contacts the member if clarification or additional information is needed
 - Assists the member with any immediate needs
 - Works with internal departments, health networks, providers and delegated entities to resolve issues
 - Escalates concerns as appropriate to
 - Quality Improvement department
 - Compliance department
 - Provider Relations department
 - Requests medical records (for appeals)

Clinical Review

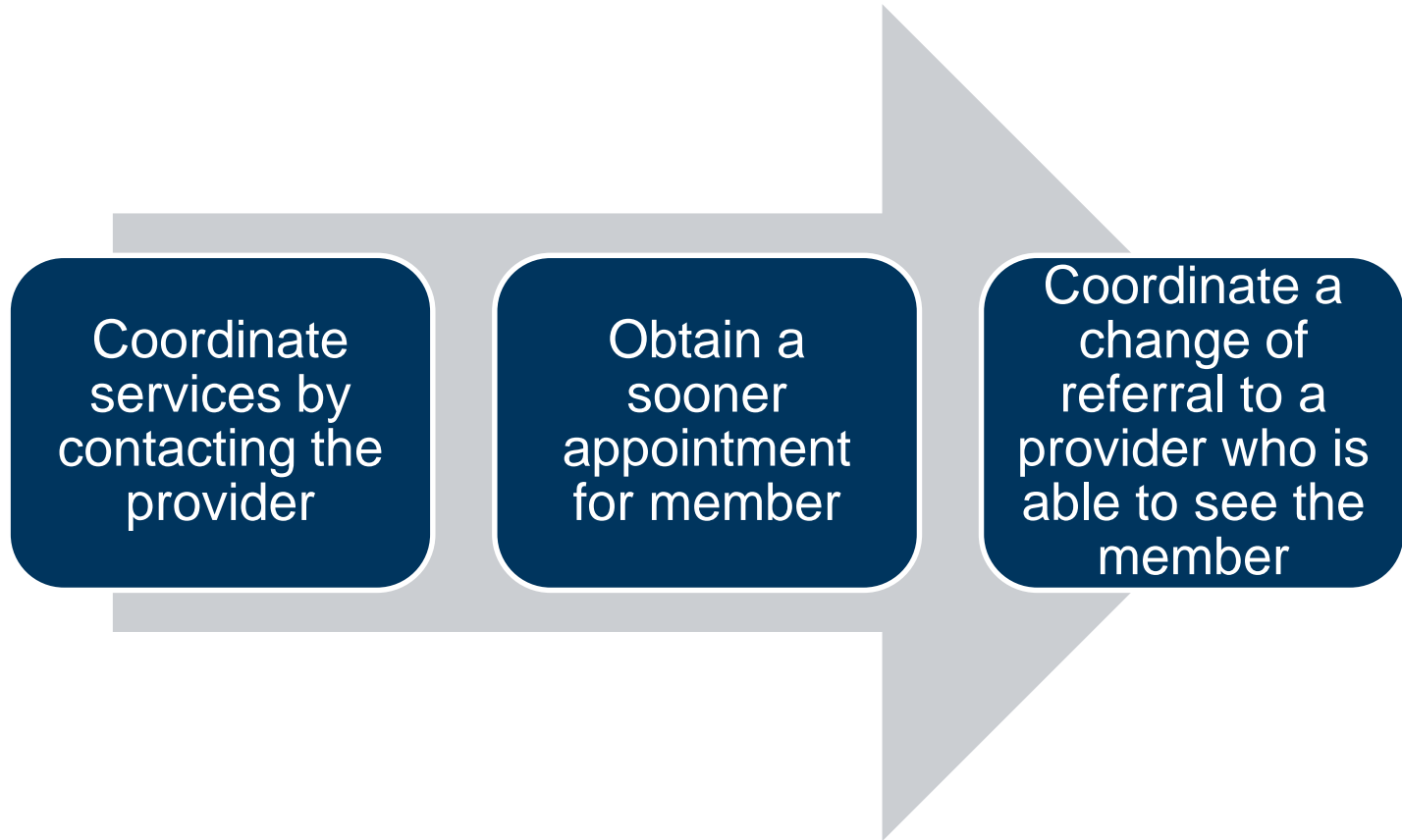
- A nurse specialist
 - Reviews the appeal
 - Completes a case summary
 - Applies appropriate criteria
- A medical director reviews and issues a decision
 - A physician making the appeal decision cannot have participated in prior decisions related to the appeal

Timelines

Type of Appeal/Grievance	Timeline to Submit	Timeline to Process
Grievance	Anytime	30 Calendar Days
Pre-Service Appeal	60 days from the date on the Notice of Denial	30 Calendar Days
Post Service Appeal	60 days from the date on the Notice of Denial	60 Calendar Days
Expedited Appeal	60 days from the Notice of Denial	72 hours

Access-Related Grievances

- Member needs timely access to care



Actions

- Multiple departments are working jointly on solutions to address access to care grievances.
- Providers are educated to provide awareness and encourage action.
- Grievance information is tracked and trended for areas of improvement.
- Information is shared with committees, subcommittees, providers, health networks and internal departments for further action.

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