

**NOTICE OF A
REGULAR MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
ONECARE CONNECT CAL MEDICONNECT PLAN (MEDICARE-MEDICAID PLAN)
MEMBER ADVISORY COMMITTEE**

**THURSDAY, MARCH 23, 2017
3:00 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 February 23, 2017 Meeting of the OneCare Connect Member Advisory Committee (OCC 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 OneCare Connect 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. CEO AND MANAGEMENT REPORTS

A. Chief Executive Officer (CEO) Update
B. Chief Medical Officer Update

VI. INFORMATION ITEMS

- A. OneCare Connect MAC Member Updates
- B. Assisted Living Waiver Update
- C. Community-Based Adult Services (CBAS) and Skilled Nursing Facility (SNF)
Satisfaction Survey Results for 2016
- D. Federal and State Legislative Update

VII. COMMITTEE MEMBER COMMENTS

VIII. ADJOURNMENT

MINUTES

REGULAR MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' ONECARE CONNECT CALMEDICCONNECT PLAN (MEDICARE-MEDICAID PLAN) MEMBER ADVISORY COMMITTEE

February 23, 2017

The Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC) was held on February 23, 2017, at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER

Vice Chair Gio Corzo called the meeting to order at 3:02 p.m., and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Ted Chigaros, Christine Chow, Gio Corzo, Josefina Diaz, John Dupies, Susie Gordee, Sara Lee, Lena Berlove (non-voting), Jorge Sole (non-voting), Erin Ulibarri (non-voting)

Members Absent: Patty Mouton, Chair; Sandy Finestone, Donta Harrison, George Crits, M.D. (non-voting)

Others Present: Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Richard Bock, M.D., Deputy Chief Medical Officer; Belinda Abeyta, Director, Customer Service; Becki Melli, Customer Service; Caryn Ireland, Executive Director, Quality Analytics; Phil Tsunoda, Executive Director, Public Policy and Public Affairs; Emily Fonda, M.D., Medical Director; Tracy Hitzeman, Executive Director, Clinical Operations

MINUTES

Approve the Minutes of the December 22, 2016 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee

Action: On motion of member Ted Chigaros, seconded and carried, the OCC MAC approved the minutes as submitted.

PUBLIC COMMENT

No requests for public comment were received.

CEO AND MANAGEMENT TEAM DISCUSSION

Chief Executive Officer (CEO) Update

Michael Schrader, Chief Executive Officer, reported that Governor Brown's proposed FY 2017–18 State Budget includes an extension of the Cal MediConnect (CMC) program, known as OneCare Connect in Orange County, until December 31, 2019. However, the proposed budget discontinues the broader Coordinated Care Initiative (CCI) that originally authorized CMC. Based on the Department of Finance's assessment that CCI was not cost-effective, the initiative is slated to end January 1, 2018. Under the proposed budget, the state will return responsibility for IHSS to counties and IHSS benefits will be removed from health plan capitation rates. IHSS is a Medi-Cal benefit considered an alternative to nursing home care.

Mr. Schrader reported that CalOptima is closely monitoring potential changes to the Affordable Care Act (ACA). Congress has started the budget reconciliation process that instructs four congressional committees to develop ACA repeal language, which could reduce or eliminate funding for Medicaid expansion. In addition, President Trump signed an Executive Order directing federal agencies to minimize economic and regulatory burdens of the ACA and giving greater flexibility to the states. Mr. Schrader noted that the states could pursue waivers to modify Medicaid programs. He added that CalOptima is participating in legislative events with the Association for Community Affiliated Plans and Local Health Plans of California, as well as collaborating with local stakeholders to develop advocacy strategies for Orange County.

Chief Medical Officer (CMO) Update

Richard Bock, M.D., Deputy Chief Medical Officer, reported that the Department of Health Care Services (DHCS) and the California Department of Managed Health Care (DMHC) completed their annual regulatory audits on February 17. DHCS evaluated Medi-Cal's compliance with our contract and regulations in areas such as utilization management, case management and care coordination, access and availability, member rights and responsibilities, quality improvement, facility site reviews, and medical records review. DMHC reviewed Medi-Cal's compliance with the Seniors and Persons with Disabilities 1115 Waiver and OneCare Connect's provision of Medicaid-based services, evaluating compliance in the areas of utilization management, continuity of care, availability and accessibility of services, member rights, and quality management.

Dr. Bock provided a brief update on the opioid epidemic and CalOptima's proposed interventions for our member population. The interventions include the following: edits at the point of service to prevent members from obtaining prescriptions from multiple sources; identifying high volume prescribers; and conducting education and training series for providers. The opioid reduction program will be presented to the Board of Directors at the March 2, 2017 meeting.

Dr. Bock reported that the transition to Magellan Health, Inc. as the managed behavioral health organization provided OCC members with a larger selection of physicians than before the transition.

INFORMATION ITEMS

Committee Member Updates

Vice Chair Gio Corzo announced that recruitment begins March 1, 2017 for five OCC MAC seats that expire on June 30, 2017. The application and additional recruitment information are available on the CalOptima website. Vice Chair Corzo also announced the need for volunteers to serve as Chair and Vice Chair for next year. The deadline to apply for all these positions is March 31, 2017.

Quarterly Ombudsman Update

Member Sara Lee, Health Consumer Action Center of the Legal Aid Society of Orange County (LASOC), presented the Quarterly Ombudsman Update. Member Lee reported that LASOC continues to receive direct referrals and warm transfers from CalOptima regarding OneCare Connect (OCC) members' eligibility issues. Many of the cases involve proposed Medi-Cal and OCC termination and/or other issues related to OCC coverage. LASOC works with members to resolve service disruption issues for members experiencing problems with their Medi-Cal eligibility. Member Lee explained that in an effort to alleviate disruptions, LASOC conducts considerable outreach and education to OCC members on OCC benefits, billing issues and the importance of complying with the Medi-Cal renewal process. In addition, LASOC educates members on their rights and LASOC's role as the Ombudsman to assist with their issues.

Pay for Value Update

Caryn Ireland, Executive Director, Quality and Analytics, presented the 2016 Pay for Value program results, explaining that the program's focus is to improve members' health, provide better care and lower health care costs. She added that the program objectives include the following: recognizing and rewarding the health networks and their physicians for demonstrating quality performance; providing comparative information for members and the public on CalOptima's performance; and providing industry standard benchmarks and data driven feedback to the health networks on their quality improvement efforts. Ms. Ireland reviewed the proposed 2017 program scoring and payment methodology that rewards providers for performance and improvement. She noted that both performance and improvement are important factors when measuring the health network's overall performance.

Federal and State Budget and Legislative Update

Phil Tsunoda, Executive Director, Public Affairs, provided a recap regarding Governor Brown's proposed budget containing the Cal MediConnect extension until December 31, 2019. He added that for the program to be funded, it must be reauthorized by the legislature. Mr. Tsunoda will share information to advocate for the extension of Cal MediConnect/OneCare Connect in the final budget with the Committee at a future meeting.

Vice Chair Corzo announced that the next OneCare Connect MAC meeting is March 23, 2017 at 3:00 p.m.

ADJOURNMENT

Hearing no further business, Vice Chair Corzo adjourned the meeting at 4:13 p.m.

Minutes of the Regular Meeting of the CalOptima Board of Directors
OneCare Connect Member Advisory Committee
February 23, 2017
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/s/ Cindi Reichert
Program Assistant

Approved: 3.23.2017

MEMORANDUM

DATE: March 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

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

In February 2016, CalOptima's Board outlined next steps for PACE expansion via the Alternative Care Setting (ACS) model once the Garden Grove center's financial performance and enrollment trends were positive. Before PACE expansion, the Board directed that the Finance and Audit Committee (FAC) first receive a thorough analysis of existing PACE operations and of the ACS model using Community-Based Adult Services (CBAS) centers as satellite locations. FAC has received two presentations sharing extensive data, most recently on February 16, 2017. Performance indicators show that CalOptima PACE is on solid financial and operational footing, with six months of breakeven or better financial results and enrollment growth bringing the census to 195 participants. As part of the expansion plan, the Board also approved the submission to regulators of a PACE Service Area Expansion application for south Orange County and the initiation of a Request for Proposal (RFP) process for PACE satellite locations, including CBAS centers. CalOptima is ready to begin these two steps as we strive to offer PACE's comprehensive, community-based care to a wider geographic population of frail seniors. In another step for the longer term, the Board directed that once the Garden Grove center reaches 80 percent capacity, staff should request that the Board consider authorizing additional centers. At this time, center capacity is approximately 600 participants, so the center is not yet near that benchmark. Given the community's interest in our PACE expansion plans, I am including an Information Item on your agenda this month and will provide periodic updates as the process moves forward.

Regulatory Audit

From February 6–17, approximately 20 Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) auditors conducted a major yet routine regulatory review of CalOptima. DHCS evaluated Medi-Cal's compliance with our contract and regulations in the areas of utilization management, case management and care coordination, access and availability, member rights and responsibilities, quality improvement system, CalOptima organization and administration, facility site reviews, and medical records review. DMHC reviewed Medi-Cal's compliance with the Seniors and Persons with Disabilities 1115 Waiver and OneCare Connect's provision of Medicaid-based services, evaluating compliance in the areas of utilization management, continuity of care, availability and accessibility of services, member rights, and quality management. CalOptima expects that DHCS will distribute a draft

findings report sometime in April, followed by an exit conference. A final report is expected about four weeks after the exit conference.

OneCare Connect

Health plans participating in Cal MediConnect (CMC), including CalOptima, are pleased that Gov. Brown's proposed Fiscal Year 2017–18 state budget includes an extension of the program until December 31, 2019. Advocacy to ensure that the provision remains in the final budget is ongoing. Toward this end, Local Health Plans of California held a legislative briefing on February 14 in Sacramento. I gave a joint presentation with another health plan CEO focused on the positive impact CMC plans have had in reducing costs and increasing quality. About 25 key staff from regulatory agencies and legislative committees attended. Separately, I had the opportunity while in Washington, D.C., to provide an update about OneCare Connect for two Centers for Medicare & Medicaid Services (CMS) officials: Tim Engelhardt, Director, Federal Coordinated Health Care Office, and Cheri Rice, Acting Deputy Center Director for the Center for Medicare. In these meetings, I shared about the continuation of CMC in the proposed state budget and our recent program innovations, including a new initiative to improve the level of care for OneCare Connect members who reside in long-term care facilities. Both officials were pleased about our continued commitment to the dual-eligible population. Further, to highlight the value of OneCare Connect in our community, I contributed an opinion article to the Orange County Register about the benefits of coordinated care in improving care, lowering costs and enhancing the patient experience. The piece ran February 23 in the print edition and online [here](#).

Affordable Care Act (ACA)

CalOptima continues to track potential changes to the ACA provisions involving Medicaid expansion and to advocate for the best possible outcome for Orange County. In February, I participated in Washington, D.C., fly-in sponsored by the Association for Community Affiliated Plans and in meetings organized by Local Health Plans of California (LHPC). LHPC's public managed care plans, including CalOptima, met with key staff from the four congressional committees working on ACA changes: Senate Finance; Senate Health, Education, Labor and Pensions; House Energy and Commerce; and House Ways and Means. Staff was interested in learning about how managed care plans in California are able to provide high-quality, cost-effective care. They asked that LHPC stay in contact to serve as an information resource as the process of changing ACA moves forward. While in Washington, I also met with Reps. Mimi Walters, Alan Lowenthal, Lou Correa and Dana Rohrabacher, and staff to Reps. Ed Royce and Darrell Issa, and Sens. Dianne Feinstein and Kamala Harris. My focus was sharing the economic impact of Medi-Cal growth in Orange County. As you know, Medi-Cal expansion has resulted in 234,000 new CalOptima members and \$1.1 billion in revenue. These two facts were of significant interest to the delegation, especially given that CalOptima's public-private partnership has increased revenue to hospitals by \$227 million and to health networks by \$565 million. Members of Congress and their staff appreciated the information and requested that CalOptima continue to provide details about the local impact of any potential ACA changes.

Informational Series on Opioid Epidemic

At your November 2016 strategic planning session, your Board highlighted the growing epidemic of opioid abuse in Orange County and charged CalOptima with addressing the problem

in our member population. On March 3, a CalOptima Informational Series event will raise community awareness about the issue and share our efforts to prevent opioid abuse. Featured speakers will include Board Member Dr. Nikan Khatibi, a pain management specialist, as well as Richard Bock, M.D., CalOptima's Deputy Chief Medical Officer, Sandra Fair from Orange County Health Care Agency Behavioral Health Services, and Bharath Chakravarthy, M.D., of SafeRx OC. Approximately 150 attendees are expected, including providers, member advocates and community-based organizations.



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Assisted Living Waiver

**OneCare Connect Member Advisory Committee
March 23, 2017**

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

Waiver Development

- Home and Community-Based Services (HCBS) Waiver Program Goals:
 - Facilitate safe transition of eligible Medi-Cal members from long term care facilities to community home-like settings with assisted living support
 - Offer eligible Medi-Cal members residing in the community, but at risk of institutionalization an option to receive assisted living support
- History
 - Established 2007
 - Current waiver effective through February 2019
 - Administered by Department of Health Care Services Long Term Care Division

Benefits

- Assisted Living Waiver provides:
 - Care Coordination
 - Assisted Living Services
 - Nursing Facility Transition Coordination
 - Environmental Accessibility Adaptations
- Settings may include:
 - Residential Care Facility/Adult Residential Care Facility (approved by DHCS for participation)
 - Public subsidized housing

Eligibility

- Medi-Cal eligible with **no** Share of Cost (SOC) *or* Long Term Care (LTC) Medi-Cal with a SOC less than \$1,300
- Receiving Social Security benefits
- Nursing facility eligible- need for assistance with activities of daily living and cognitive impairment
- Not enrolled in OneCare or OneCare Connect

Application

Contact an Orange County Care Coordination Agency:

- **Huntington Home Care** 626-623-1003
Sergio Blancas, Program Manager
- **Media Home Health** 323-227-1436
Zhanna Sherman, President
- **Star Nursing, Inc.** 877-687-7399
Nancy Frost, President of Clinical Operations

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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CBAS and SNF 2016 Satisfaction Survey Results

**OCC Member Advisory Committee
March 23, 2017**

**Laura Guest, RN, ANP
Supervisor, Quality Improvement**



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CBAS Satisfaction Survey Results

CBAS Satisfaction Survey Results

- Surveys were distributed to 30 CBAS Centers. Close to 1000 surveys were returned.*
- Goal of 90% Overall Satisfaction
 - 100% of the centers had an overall satisfaction rate > 90%
 - 43% of the centers had an overall satisfaction rate = 100%

** Note two CBAS Centers use their own satisfaction survey.*

Greatest Areas of Concern

- Dissatisfaction with the meals
- Transportation issues
- Concerns not addressed
- Physical and/or occupational therapy not meeting needs

Changes Implemented at CBAS Centers

- **Home Avenue CBAS** - Hired new caterer with menus that are sensitive to religious and cultural preferences
- **RIO Orange CBAS** - Implemented monthly communication folder. Added new cooking class and health classes to activity program. Created new Physical and Occupational Therapy activity questionnaire to elicit feedback ensuring goals are incorporated in treatment planning.
- **South County CBAS** - Increased the hours for Occupational Therapist, Registered Dietician, Speech Therapist, Licensed Clinical Social Worker and Pharmacist. Met with Orange County Transportation Authority to review transportation concerns.
- **Sultan CBAS** - Nutritionist will meet with participants quarterly. Caterer will provide more fish options.

Satisfaction Survey Positive Comments

- **Anaheim VIP:** “Staff are very nice, my Mom enjoys going to the center. It’s a blessing she can go meet with her friends.”
- **Irvine:** “The Center provides peace of mind and respite to our caregiver and family members. There is peace of mind knowing that our loved one is in good hands of professionals.”
- **Santa Ana/Tustin VIP:** “I am happy because my dad is in a secure place.”
- **South County:** “Thank you for making a positive contribution in my mother’s life. We greatly appreciate all your efforts and courtesy.”
- **Whittier:** “I enjoy marching to the patriotic music and helping the Activities Coordinator in setting up for special events.”
- **Evergreen:** “I do not have family in U.S., so Evergreen is like my family. I enjoy to come to the center, make new friends here.”
- **Helping Hands:** “We love the program. Everyone is helpful and they call me when they have questions about my son’s care. They are on top of everything. Very organized! Love it here!”



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SNF Satisfaction Survey Results

SNF Satisfaction Survey Results

- 10 Skilled Nursing Facilities received surveys for 20 members each, for a total of 200 surveys.
- 124 (62%) surveys were returned
- 77% Overall Satisfaction

Greatest Areas of Concern

- Dissatisfaction with the meals
- Services provided by the Dietician
- Activities are not meaningful
- Concerns are not addressed

Satisfaction Survey Positive Comments

- **Seal Beach Health & Rehab**: Staff very professional
- **Sea Cliff**: Likes the activities
- **Anaheim Healthcare**: Likes the faculty and staff
- **French Park Care Center**: Likes all activities except bingo.

CalOptima's Mission

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OneCare Connect Enrollment Update

Enrollment by Health Network

Report for: 3/1/2017

Health Network		3/1/17
Alta Med Health Services - OCC	SRG69DB	552
AM/ I Care - OCC	PHC58DB	557
ARTA Western Health Network - OCC	SRG66DB	584
CalOptima Community Network - OCC	CODCNDB	1,761
Family Choice Physician Group - OCC	SRG81DB	1,908
Heritage - Regal Medical Group	HMO15DB	173
Heritage-ADOC Medical Group - OCC	HMO14DB	72
Monarch Family HealthCare	HMO16DB	5,102
Noble Mid-Orange County - OCC	SRG64DB	449
OC Advantage - OCC	PHC35DB	114
Prospect Medical Group Inc - OCC	SRG63DB	3,107
Talbert Physician Group - OCC	SRG52DB	1,193
United Care Medical Group - OCC	SRG67DB	590
Total		16,162

Enrollment/Disenrollment by Month

Month	Voluntary Enrollment	Involuntary Disenrollment	Voluntary Disenrollment
December 2016	142	238	364
January 2017	202	219	154
February	245	193	146

OCC Member Deeming Status

Deeming Period	In Deeming	Regained OCC at the end of Deeming	Termed OCC at the end of Deeming	Regained Medi-Cal 1 Month	Regained Medi-Cal 2 Month	Has not regained Eligibility
12/2016	209	58	151	1	49	101
01/2017	210	68	142	1	29	112
02/2017	180	56	124	3	0	121
03/2017	192	0	0	0	0	0

If you have, any question related to OCC enrollment please contact Belinda Abeyta, Director, Customer Service at 657-235-6755 or babeyta@caloptima.org