

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

**THURSDAY, JULY 27, 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 June 22, 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

C. Federal and State Legislative Update

VI. INFORMATION ITEMS

- A. OneCare Connect MAC Member Updates
- B. OCC MAC Member Presentation on Post-Acute 101
- C. Behavioral Health and Geropsychiatric Bed Update
- D. Community Engagement
- E. New Member Orientation Overview

VII. COMMITTEE MEMBER COMMENTS

VIII. ADJOURNMENT

MINUTES

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

June 22, 2017

The Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC) was held on June 22, 2017, at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER

Chair Patty Mouton called the meeting to order at 3:08 p.m., and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Patty Mouton, Chair; Gio Corzo, Vice Chair; Ted Chigaros, Christine Chow, Josefina Diaz, Sandy Finestone, Sara Lee, George Crits, M.D. (non-voting)

Members Absent: John Dupies, Donta Harrison, Erin Ulibarri (non-voting)

Others Present: Michael Schrader, Chief Executive Officer; Dr. Donald Sharps, Medical Director; Candice Gomez, Executive Director, Program Implementation; Sesha Mudunuri, Executive Director, Operations; Belinda Abeyta, Director, Customer Service; Albert Cardenas, Associate Director, Customer Service; Becki Melli, Customer Service; Pamela Reichardt, Executive Assistant

MINUTES

Approve the Minutes of the May 25, 2017 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee

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

PUBLIC COMMENT

There were no requests for public comment.

CEO AND MANAGEMENT TEAM DISCUSSION

Chief Executive Officer Update

Michael Schrader, Chief Executive Officer discussed Medi-Cal Expansion and how proposed changes may effect federal funding through 2023. CalOptima collaborated with plans across

California, and sent a joint letter to the Senate Leadership regarding the Senate's consideration of the American Health Care Act, the proposed reduction in federal funding for Medicaid, and the overall impact on health outcomes. CalOptima also sent separate letters to the U.S. Senators representing California highlighting its concerns regarding the impact of the health care bill being developed in the Senate.

Chief Medical Officer (CMO) Update

Dr. Helmer provided an update on CalOptima Community Network and palliative care. Dr. Helmer explained that palliative care is an approach of taking care of people that can improve the care of members, but it is not a specific benefit. Additional information on palliative care will be presented at a future meeting.

Federal and State Budget and Legislative Update

Phil Tsunoda, Executive Director, Public Affairs provided an update on Federal and State Legislative items. It was noted that the proposed state budget continues OneCare Connect through December 31, 2019.

INFORMATION ITEMS

OCC MAC Member Updates:

Chair Mouton announced that the CalOptima Board of Directors approved the recommended slate of candidates for OCC MAC at their June Board meeting, including Josefina Diaz, OneCare Connect Member/Family Member; Sara Lee, Members from Ethnic or Cultural Community; Sandy Finestone, Members with Disabilities; and Gio Corzo, Community Based Adult Services (CBAS) Provider. In addition, Gio Corzo was selected as Chair and Patty Mouton as Vice Chair for fiscal year 2017-18. Richard Santana, In Home Supportive Services (IHSS)/Union Provider will be joining the OCC MAC on July 27, 2017. Chair Mouton requested three volunteers to serve on the Nominations Ad Hoc Subcommittee to review the applications for the open family member seat. Members Sandy Finestone, Ted Chigaros and Christine Chow agreed to serve on this ad hoc.

Member Sara Lee requested that CalOptima staff present on mental health barriers at an upcoming meeting. Member Ted Chigaros will present on post-acute care at the next OCC MAC meeting.

OCC MAC Member Presentation - Orange County Strategic Plan for Aging

Member Christine Chow, Alzheimer's Orange County, presented the Orange County Strategic Plan for the Aging (OCSPA). By 2040, nearly one in four residents in Orange County will be over the age of 65, and the county needs to prepare for the growing numbers of older residents and the issues they face. OCSPA's strategy is to bring together cities, the county, non-profits, foundations, and corporate entities to create a structure to address issues and concerns faced by older residents. The short-term strategy is to "move the needle" over the next 18-months in key areas, such as: 1) food security; 2) health care; 3) elder abuse prevention; 4) transportation; and

5) housing. Long-term strategies are to explore larger funding strategies, keep current groups going and develop new 18-month goals.

Group Needs Assessment

Pshyra Jones, Director Health Education and Disease Management, presented the results of the 2016 Group Needs Assessment (GNA). The goal of the GNA is to improve health outcome for members enrolled in Medi-Cal managed care. CalOptima mailed 17,030 surveys with 64% of completed surveys from CalOptima adult Medi-Cal members, 36% completed by adults for CalOptima children with Medi-Cal, and 13% of completed surveys from Seniors and Persons with Disabilities (SPD). GNA results and next steps were reviewed with the Committee.

Veterans Administration Health Care Coordination of Benefits

Belinda Abeyta, Director of Customer, presented an overview of the Veterans Administration (VA) health care eligibility, level of benefits and reimbursement methodology when services provided at a VA facility and a non-VA facility. The member has the right to choose whether to use their VA health care benefits or their Medicare or Medi-Cal health plan benefits.

Member Trend for CalOptima Community Network 2016

Ana Aranda, Manager, Grievance and Appeals, presented the top grievance issues related to quality of service, quality of care and interventions for members assigned to the CalOptima Community Network (CCN).

OneCare Connect Cal MediConnect Aid Codes

Albert Cardenas, Associate Director, Customer Service, presented an overview on aid codes and their relationship to the level of benefits a member is eligible to receive under their Medi-Cal benefits.

ADJOURNMENT

Chair Mouton announced that the next OCC MAC Meeting is Thursday, July 27, 2017. Hearing no further business, the meeting adjourned at 4:30 p.m.

/s/ Eva Garcia for Pamela Reichardt

Pamela Reichardt
Executive Assistant

Approved: July 27, 2017

Congressional Health Care Reform Efforts

Chronology of Events

U.S. SENATE

Date	Senate Action	Analysis
7/26/17	Senate Rejects "Repeal Now, Replace Later" Amendment (Sen. Paul) Vote: 45–55	
7/25/17	Senate Rejects BCRA With Amendments (Sens. Cruz and Portman) Vote: 43–57	<p>Sen. Cruz:</p> <ul style="list-style-type: none"> Allows health insurers to sell plans with limited benefits if they also offer at least one plan that complies with ACA requirements <p>Sen. Portman:</p> <ul style="list-style-type: none"> Provides \$100 billion for individuals who lose Medicaid to purchase commercial health coverage
7/25/17	Senate Approves "Motion to Proceed" on H.R. 1628 Vote: 51–50	Sens. Murkowski (R) and Collins (R) vote no. VP Pence casts tie-breaking vote.
7/21/17	Senate Parliamentarian Determines Certain BCRA Provisions Violate Budget Reconciliation Requirements (Byrd Rule)	<p>Certain BCRA provisions are found to violate the Byrd rule, including:</p> <ul style="list-style-type: none"> Cutting federal funding for Planned Parenthood Prohibiting the use of federal subsidies to buy insurance that covers abortion services Requiring individuals who have a lapse in insurance coverage to wait six months before obtaining coverage through a health care exchange Ending the requirement that state's alternative benefit Medicaid plans cover the ACA's 10 essential health benefits
7/20/17	CBO Scores BCRA (Includes Sen. McConnell Amendment)	<p>Beginning in 2021, the first year of Medicaid impact, a reduction of \$55 billion (approximately 10%) in Medicaid spending, which may result in 10 million fewer enrollees (approximately 14%) through 2021.</p> <p>In 2026, a reduction of \$87 billion (approximately 14%) in Medicaid spending, which may result in 15 million fewer enrollees (approximately 18%) through 2026.</p>
7/20/17	BCRA Amendment Offered (Sen. McConnell)	<p>Preserves three ACA-related taxes:</p> <ul style="list-style-type: none"> Payroll tax on individuals with annual income over \$200,000 (\$250,000 for couples) Investment income tax Provision that prevents insurance companies from writing off executive compensation <p>Medicaid provisions remain unchanged.</p>

Congressional Health Care Reform Efforts: *Chronology of Events*

Date	Senate Action	Analysis
7/19/17	CBO Scores "Repeal Now, Replace Later" Bill	Beginning in 2020, the first year of Medicaid impact, a reduction of \$75 billion (approximately 13%) in Medicaid spending, which may result in 15 million fewer enrollees (approximately 20%) through 2020. In 2026, a reduction of \$144 billion (approximately 23%) in Medicaid spending, which may result in 19 million fewer enrollees (approximately 23%) through 2026.
7/19/17	Three Republican Senators Publicly Oppose "Repeal Now, Replace Later" (Sens. Murkowski, Moore Capito and Collins)	
7/19/17	Leader McConnell Calls for "Repeal Now, Replace Later" Vote	This bill would eliminate the ACA's Medicaid Expansion (MCE) in 2020. No changes to Medicaid Classic.
7/18/17	Two More Republican Senators Publicly Oppose BCRA (Sens. Lee and Moran)	Total number of public "no" votes is four.
7/13/17	BCRA Amendment Offered (Sens. Cruz and Lee)	Allows health insurers to sell plans with limited benefits if they also offer at least one plan that complies with ACA requirements. Medicaid provisions remain unchanged.
7/02/17	Leader McConnell Postpones BCRA Vote	
6/28/17	DHCS Releases Fiscal Analysis of BCRA	Beginning in 2020, a reduction of \$3 billion (approximately 3%) to Medi-Cal. Classic would not see any reductions in 2020, and MCE would see a \$2.6 billion reduction. In 2026, a reduction of \$29.3 billion to Medi-Cal: \$11.3 billion in reductions for Classic and \$18 billion for MCE.
6/26/17	Two Republican Senators Publicly Oppose BCRA (Sens. Collins and Paul)	<ul style="list-style-type: none"> • Susan Collins (ME) opposes due to Medicaid reductions • Rand Paul (KY) opposes due to continuation of several ACA policies
6/26/17	CBO Scores BCRA	Beginning in 2021, the first year of Medicaid impact, a reduction of \$70 billion (approximately 13%) in Medicaid spending, which may result in 10 million fewer enrollees (approximately 14%) through 2021. In 2026, a reduction of \$158 billion (approximately 25%) in Medicaid spending, which may result in 15 million fewer enrollees (approximately 18%) through 2026. In 2036, a 35% reduction in Medicaid spending.

Congressional Health Care Reform Efforts: *Chronology of Events*

Date	Senate Action	Analysis
6/22/17	Senate Releases Better Care Reconciliation Act (BCRA) Discussion Draft	<p>Medicaid Classic:</p> <ul style="list-style-type: none"> • Transitions Classic 50/50 FMAP formula to per capita caps beginning in FY 2021 (AHCA: FY 2020). Establishes new per-enrollee baseline amount based on a state's Medicaid spending over eight consecutive quarters from FY 14–17 (AHCA: based on 2016 Medicaid spending). These amounts would increase by the CPI-M from FY 2021–24. In FY 2025, the growth rate would drop from CPI-M to the CPI-U. <p>MCE:</p> <ul style="list-style-type: none"> • Maintains the MCE 90/10 FMAP formula until 2021 (AHCA: 2020). Three year phase-down of MCE FMAP (85/15 in 2021, 80/20 in 2022, 75/25 in 2023. 50/50 FMAP in 2024).
6/21/17	CalOptima Sends Letter of Concern Regarding Senate Consideration of AHCA to Sens. Feinstein and Harris	<p>Opposes reduced federal funding from:</p> <ul style="list-style-type: none"> • Proposed per capita cap formula • MCE reductions
6/20/17	CalOptima Signs Part of Coalition Letter (including Blue Shield, L.A. Care, Molina, and IEHP) to Senate Leaders Regarding Medicaid Reform	<ul style="list-style-type: none"> • Expresses the importance of Medicaid • Opposes Medicaid provisions being debated • Offers to work with the Senate on meaningful reforms

U.S. HOUSE OF REPRESENTATIVES

Date	House Action	Analysis
5/04/17	AHCA Passes House Vote: 217–213	<p style="text-align: center;">Orange County House Delegation</p> <p>CD 38 – Sanchez: NO CD 47 – Lowenthal: NO CD 39 – Royce: AYE CD 48 – Rohrabacher: AYE CD 45 – Walters: AYE CD 49 – Issa: AYE CD 46 – Correa: NO</p>
5/03/17	AHCA Amended (Reps. MacArthur and Palmer)	<p>Rep. MacArthur:</p> <ul style="list-style-type: none"> • Through the state waiver process, allows states to set their own essential health benefits and allows commercial health insurers to charge individuals with pre-existing conditions up to five times more than healthy individuals (ACA: 3:1) <p>Rep. Palmer:</p> <ul style="list-style-type: none"> • Allocates \$15 billion for high-risk pool to reduce premiums for individuals with pre-existing conditions
3/24/17	Speaker Ryan Postpones Vote on AHCA	
3/24/17	CalOptima Letter Regarding AHCA to Orange County Congressional Delegation	<p>Shares concerns with reduced federal funding through:</p> <ul style="list-style-type: none"> • Proposed per capita caps formula • MCE reductions

Congressional Health Care Reform Efforts: *Chronology of Events*

Date	House Action	Analysis
3/21/17	AHCA Amended (Rep. Walden)	<p>Changes to Medicaid:</p> <ul style="list-style-type: none"> Through state waiver process, allows states to add Medicaid work requirements and choose block grant formula vs. per capita cap formula Increases per capita cap annual growth rate for elderly and disabled from CPI-M to CPI-M + 1%
3/21/17	DHCS Releases Analysis of AHCA	<p>Beginning in 2020, the first year of Medi-Cal impact, a reduction of nearly \$6 billion to Medi-Cal (approximately 5%): \$680 million in reductions for Classic and \$4.8 billion for MCE.</p> <p>In 2027, a reduction of \$24 billion to Medi-Cal: \$5.3 billion in reductions for Classic and \$18.6 billion for MCE.</p>
3/13/17	CBO Scores AHCA	<p>Beginning in 2020, the first year of Medicaid impact, a reduction of \$68 billion (approximately 12%) in Medicaid spending, which may result in 9 million fewer enrollees (approximately 12%) through 2020.</p> <p>In 2026, a reduction of \$155 billion (approximately 25%) in Medicaid spending, which may result in 14 million fewer enrollees (approximately 17%) through 2026.</p>
3/08/17	AHCA Amended by Two House Committees (E&C and W&M)	Technical, non-substantive changes. Medicaid provisions remain unchanged.
3/06/17	American Health Care Act (AHCA) H.R. 1628 Introduced in the House	<p>Medicaid Classic:</p> <ul style="list-style-type: none"> Transitions Classic 50/50 FMAP formula to per capita caps beginning in FY 2020. Establishes new per-enrollee baseline amount based on a state's 2016 Medicaid spending levels. These amounts would increase by the consumer price index medical (CPI-M) <p>MCE:</p> <ul style="list-style-type: none"> Transitions MCE FMAP formula from 90/10 to 50/50 beginning January 1, 2020 Current MCE enrollees who experience a 30-day break in coverage after January 1, 2020, funded at 50/50 FMAP

About CalOptima

CalOptima is a county organized health system that administers health insurance programs for low-income children, adults, seniors and people with disabilities in Orange County. Our mission is to provide members with access to quality health care services delivered in a cost-effective and compassionate manner. As one of Orange County's largest health insurers, we provide coverage through four major programs: Medi-Cal, OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan), OneCare (HMO SNP) (a Medicare Advantage Special Needs Plan), and Program of All-Inclusive Care for the Elderly (PACE).

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

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Post-acute 101

CalOptima MAC

Ted Chigaros

SVP Managed Care

Rockport Healthcare Services

July 27, 2017

Post-Acute 101

Rockport Healthcare Services

- * A contracted Administrative Support Services Company 🕒
- * Represent over 80 Subacute/SNFs and ALFs in California and Texas
- * Based in Los Angeles

Post-Acute 101 – Skilled Nursing Facility

Licensed by CDPH as a

“Skilled Nursing Facility”

Nursing Home

Long-term care facility

Short-term care facility

Respite care facility

Subacute Care (CA certification)

SNF

Post-Acute 101 – Day in the Life of a OCC

Pre-admission

- Patient provided options of SNFs
- (Member must go to a contracted SNF)
- SNF must have a contract with the network
- SNF receives referral/clinical details
- SNF verifies coverage with Med/Med/CalOpt
- SNF secures prior authorization

Post-Acute 101 – Day in the Life of a OCC

Admission

- Physician orders must be confirmed
- Drugs ordered – within 4 hours
- Pain, skin, smoking and/or alcohol/drugs
- IDT assesses patient and provides details to MDS nurse to enter into system
- In-house case manager confirms services with CalOptima or with network case manager, establishes time frames for clinical updates

Post-Acute 101 – Day in the Life of a OCC

Admission

- Patient completes Admission Agreement and related documents
 - Patient reminded of SOC responsibility
 - Advanced Directive status obtained
 - No AD – Ombudsman required
- No requirement to complete POLST
Physician Orders for Life Sustaining Treatment

Post-Acute 101 – Day in the Life of a OCC

Admission

- Patient meets new SNF doc (NP/PA)
- Patient meets nurses/therapists
- Care Plan Conference including RP, Family members, involved parties within 72 hours of admission
- Goals are set

Post-Acute 101 – Day in the Life of a OCC

Dining

- MD ordered

- Three meals daily/snacks

Activities

- Music and Memory

- BBQ, art/cooking classes, community outings to malls, museums, beach, etc

- Candlelight dining, holiday dinners

- Heart to Serve

Post-Acute 101 – Day in the Life of a OCC

SNF benefit

- 100 calendar days per benefit period

- NOMNC required

Expirations

- Short-term

- Long-term

Discharge Planning

- Lower level of care

- Collaboration with network

- SNF responsible for safe discharge

- Resources critical

Post-Acute 101 – Day in the Life of a OCC

Transfer/Discharge Rules

- SNF must fax notice of discharge to ombudsman
- Patient can refuse to leave
- Five ways to discharge
 1. The resident's health has sufficiently improved
 2. Necessary for resident's welfare and resident's needs cannot be met
 3. The health of individuals would otherwise be endangered
 4. The resident has failed after reasonable and appropriate notice to pay
 5. The facility ceases to operate

Post-Acute 101 – Day in the Life of a OCC

Convert to Long-term Care

- CalOptima approval required
- Seamless for the patient
- Patient switched from OCC to long-term CalOptima
- No change of room
- MD/NP visits usually drop to x1 month
- Therapy may continue but no longer daily

Post-Acute 101 – SNF Survey

- Highly regulated
- Certification by CDPH
- Annual Survey Process
- OSHPD

Office of Statewide Health Planning and Development

Post-Acute 101 – SNF Survey

SNFs preparing for new requirements of participation (RoPs)

Themes:

Person-centered care, quality, Facility assessment, competency based approach, comprehensive review & modernization, implementation of legislative requirements

Three phases:

Started November 2016 with new rules merged

Phase II November 2017 focus combines “traditional” and Quality Indicator Survey

Phase III November 2019

Post-Acute 101 – SNF Survey

New definitions

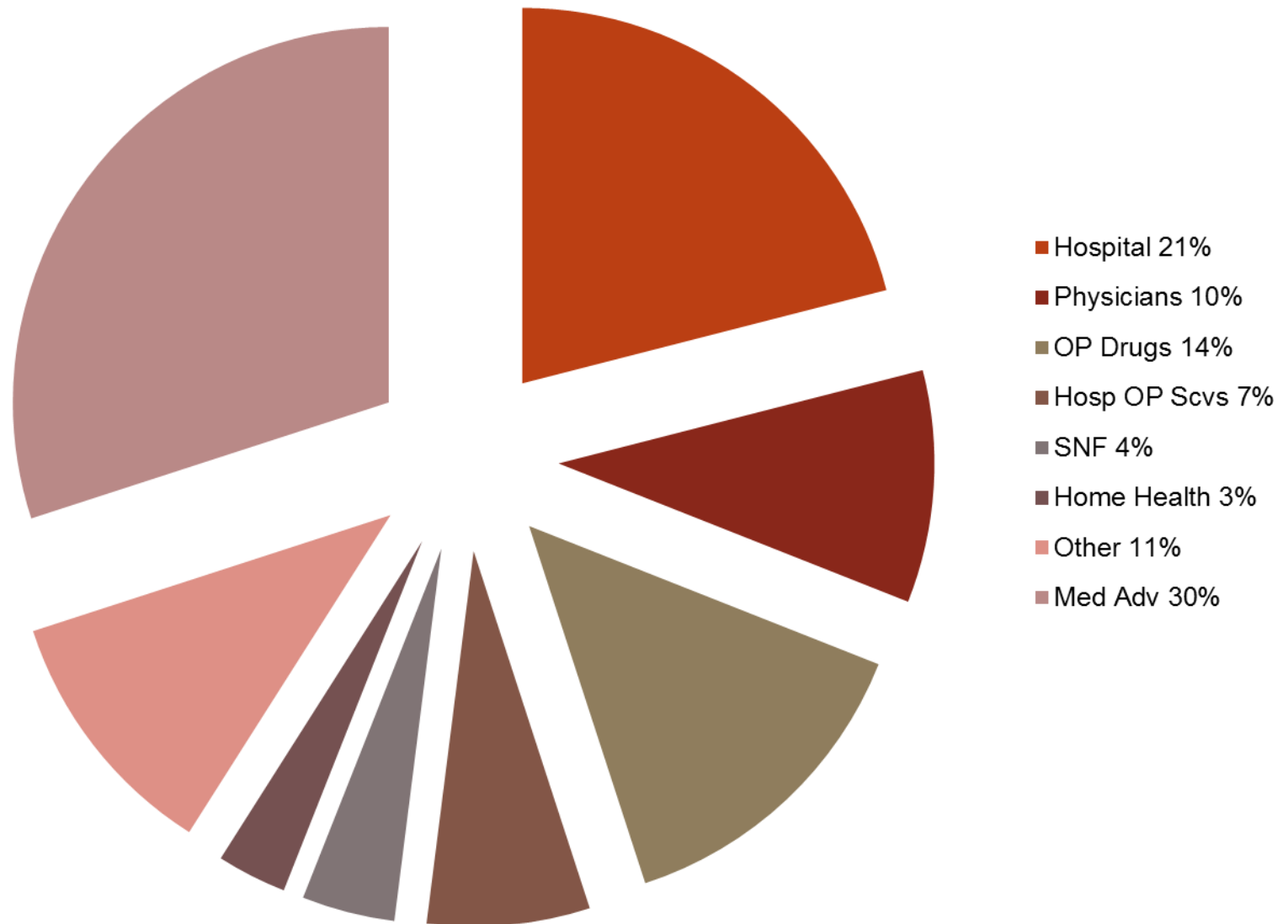
- Abuse
- Adverse event
- Exploitation
- Misappropriation of resident property
- Mistreatment
- Neglect
- Person centered-care
- Resident representative
- Sexual abuse

Post-Acute Providers Approx Cost

Continuum of Care

LTAC	\$ 1637+
IRF	\$ 1032+
Subacute/SNF	\$ 400+
LTC/SNF	\$ 200+
Assisted Living	\$ 100+
<hr/>	
Home Health	\$ 75+

Breakdown of Medicare Dollar



Post-Acute 101 - Orange County Post-Acute (SNFs)

SNF Reimbursement

	Per Day	Per Hour
Medicare	\$650.00	\$27.00
Managed Care	\$400.00	\$16.66
Medi-Cal	\$227.11	\$ 9.46

Post-Acute 101 - How To Pick A SNF – CMS



Post-Acute 101 - How To Pick A SNF – CMS

- * Overall Star Rating
- * Health Inspections
- * Staffing
- * Quality Measures

Post-Acute 101 - How to Pick a SNF

- Short-stay or long-term care?
- Visit the SNF
- Research the Internet
- Talk to people who have been there/family
- Ask a physician who has patients at the SNF
- Medicare.gov – Nursing Home Compare
- California Advocates for Nursing Home Reform
- AARP Guidelines
- SNF participate in Medi-Cal?



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GeroPsych Beds

OCC Member Advisory Committee
July 27, 2017

Donald Sharps, MD
Medical Director, Behavioral Health

Orange County GeroPsych Bed Inventory

- A psychiatric unit specialized to treat the elder population with psychiatric conditions as well as manage concurrent medical conditions
- Inpatient Utilization 2016 (OCC):

	Admissions per 1000	Bed Days per 1000
All Ages	14	147
56 and Older	2	28

Orange County GeroPsych Bed Inventory

Psychiatric Hospitals	Type of Acute Bed	LPS Designated	# of Beds
Chapman Medical Center	Geriatric	Yes	12
Los Alamitos Medical Ctr	Geriatric	Yes	25
Newport Bay Hospital	Adult/Geriatric	Yes	36
South Coast Global Medical Ctr	Geriatric	No	23
West Anaheim Medical Ctr	Geriatric	No	30
Anaheim Global Medical Ctr	Adult	Yes	90
College Hosp Costa Mesa	Adult/Adolescent	Yes	104
UCI Medical Center	Adult/Adolescent	Yes	48
Mission Hosp Laguna Beach	Adult	Yes	28
St. Josephs Hospital	Adult	Yes	36
Huntington Beach Hospital	Adult	No	23
La Palma Intercommunity	Adult	No	16

Typical Medical Necessity for Admission

- Criteria is the same as any other patient
- Criteria
 - Imminent harm to self
 - Imminent harm to others
 - Imminent and dangerous deterioration of general medical or behavioral health
- Can't be managed at a lower level of care

GeroPsych Bed Interventions

- Activities/resources to meet the social needs of older members with chronic mental illness
- Specialized unit
- Specialized staffing
 - Biopsychosocial assessments
 - Stressors
 - Dementia verses behavioral health
- Social Service needs
- Discharge planning
 - Residency / location

LTC Psychiatric Access

- Survey QI Study
 - 7 Question BH Access survey sent to 70 LTC facilities in Q1
 - 28/70 surveys were returned with responses (40% response rate)
 - Results will be presented to the BHQI committee on August 1 (Q3) for Review of actionable items
 - Implementation of actionable items can be implemented in Q4



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ACCESSING BEHAVIORAL HEALTH

Referral for CalOptima BH Services

Call CalOptima Behavioral Health at:

855-877-3885

For screening and referral to mental health services.

This number is available 24 hours a day, 7 days a week.

TDD/TTY: 800-735-2929

CalOptima Behavioral Health Benefits

Behavioral Health Services	Medi-Cal Population	OC/OCC Population
Psychiatric inpatient	County CSU	✓
Partial hospitalization	-	✓
Outpatient psychotherapy	✓	✓
Psychological testing	✓	✓
Medication management	✓	✓
Referral to Orange County Mental Health Plan for specialty mental health services	✓	✓

CalOptima's Mission

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





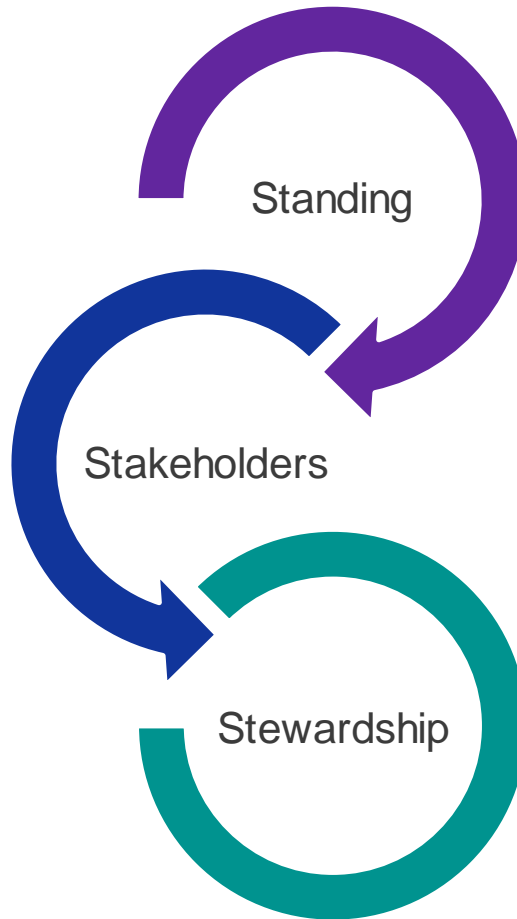
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CalOptima in the Community

**OneCare Connect Member Advisory Committee
July 27, 2017**

**Cheryl Meronk
Director, Strategic Development**

Community Engagement Goals



Community Involvement

- Create and maintain a positive influence and impact in the community by strengthening our community partnerships
- Community Partners:
 - Non-profit organizations: approximately 350 organizations
 - Faith-based/school-based groups: 56 groups
 - Family resource centers: 12 centers
 - Elected officials: more than 200 individuals
 - County agencies

Community Involvement

- Supporting our community partners and members
 - Attend 130 community meetings and collaborations annually
 - Supports and participates in nearly 200 community events annually
 - Provide more than \$45,000 in community event sponsorships annually



Community Involvement

- Host Community Alliances Forum to enhance community partnerships
 - Recognizing the value of collaboration with our partners
 - Total of 40 forums hosted
 - Total of 4,657 community partners participated



Community Involvement

- Works directly with approximately over 400 community-based organizations (CBOs) to provide:
 - Education seminars at County Community Service Center in Westminster
 - OneCare Connect Forums in partnership with senior centers
 - Town Halls and informational forums on initiatives and updates



Community Involvement

- *Community Connections* - a monthly electronic newsletter for community stakeholders
- Distributed to nearly 1,200 readers, representing local CBOs, non-profits, charities, local agencies, providers and other entities
 - Emailed second Tuesday of each month
 - On CalOptima's website in the Community section



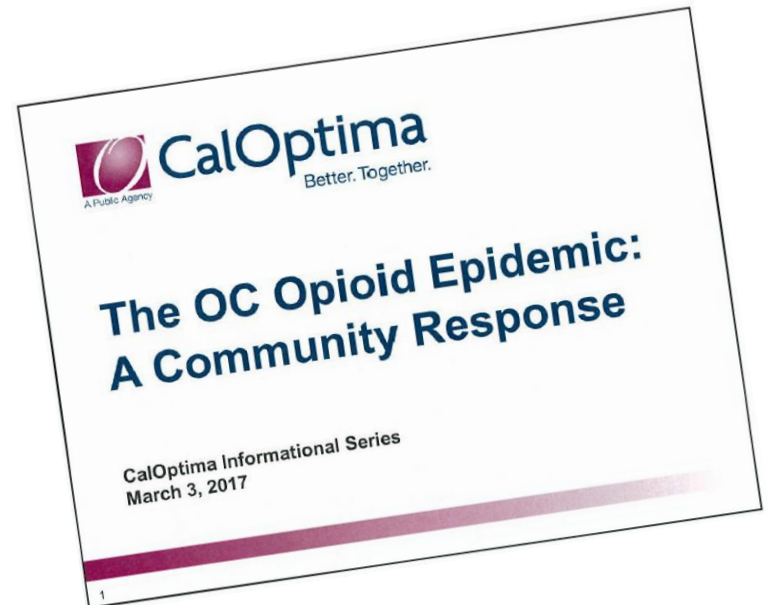
Community Involvement

- CalOptima Informational Series provides information to providers and community stakeholders about updates/changes to our health programs.
 - Offered 12 Quarterly Informational Series since July 2013

Most recent forum

June 9th –

**“Care Management:
How CalOptima
Supports Delivery of
Quality, Person-
Centered Care”**



Community Involvement



- CalOptima's Employee Activities Committee (EAC) promotes wellness and support the community.
- EAC organizes:
 - Food, diaper, and toy donations throughout the year to either the Salvation Army and Camp Pendleton
 - Participation and volunteering with fundraising walks (i.e. March of Dimes, Susan G. Komen, etc.)
 - Member scholarship contest supported by employee fundraising



Community Involvement

- Intergovernmental Transfer (IGT) funds
 - Secure additional federal revenue to retroactively increase Medi-Cal managed care capitation rates
 - Funds used to deliver enhanced services for the Medi-Cal population
- Total of \$47.3M received from IGT to-date
 - \$37 million in support of our members in the community

Community Involvement

- \$37 million in support of our members in the community through Intergovernmental Transfer (IGT) dollars
 - Support and sustain the safety net
 - Address barriers to accessing preventative care/treatment
 - Extend care coordination for vulnerable members
 - Expand Federally Qualified Health Centers (FQHC)
 - Conduct a comprehensive member needs assessment to address gaps in services and improve health outcomes



Community Involvement

- \$2.9 million to support:
 - Children's health
 - Conduct autism, depression, dental and vision screenings
 - Implement county-wide obesity prevention and intervention programs
- \$19.1 million to support:
 - Strengthening the Safety Net/Adult Mental Health
 - Assist community health centers to prepare for and achieve designation as FQHCs or Look-Alike centers
 - Support expansion of behavioral and dental health services
 - Establish Personal Care Coordinators (PCCs) program to assist with coordination of social services, health care, and helping members avoid preventable hospitalizations
 - Support recuperative care for homeless members after hospitalization with clinical oversight in a safe/clean place

Community Involvement

- \$15 million approved by Board
 - Conduct a comprehensive Member Health Needs Assessment (to be completed by December 2017)
 - Identify the highest needs and barriers to access, gaps in services and disparities in health for members
 - Recognize and address the social determinants of health impacting members
 - Improve health outcomes and access to services
 - Develop strategic community grant initiatives to address identified needs
 - PAC/MAC/OCC MAC input
 - Distribute through competitive grant RFP process

CalOptima's Mission

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





OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

OneCare Connect Cal Medi Connect New Member Orientation Overview

Cynthia Valencia
July 27, 2017

New Member Orientation's Purpose

Welcome to
OneCare
Connect

Educate
Members on
benefits and
services

Answer
Questions

Address any
issues

How do members sign up?

RSVP in Welcome Packet

- Many members mail a form to reserve a seat

NMO schedule on CalOptima's website

- A member may walk into any of our NMOs

Suggested by CS representatives

- Members are offered NMO during the 45 day outreach call.

What Information is provided?

Member Handbook

- ID cards
- Welcome letters, packets

Choosing a Doctor

- PCP Selections
- What to expect from PCP

Accessing Services

- Initial visit
- Referrals
- Urgent Care
- Prescriptions
- DME, ER

What Information is provided? (Cont.)

Member Rights

- PHI
- Maintaining Eligibility
- Fraud hotline
- Interpreter Services

Customer Service

- Customer Service Team
- Personal Care Coordinators
- Nurse Advice Line

Coordination of Services

- Coordination of Care
- Medication Therapeutic Management (MTM)
- Prior Authorization Process
- Non-Emergency Medical Transportation

What Information is provided? (Cont.)

Other Supplemental Benefits

- Enhanced Dental
- Enhanced Vision
- Health & Fitness (Gym)
- Transportation

Grievances

- How to file
- Appeals process

Contact Info and Feedback

- Contact OneCare Connect
- Improving NMO
- OneCare Connect Ombudsman

What do members think of NMO?

Survey

- Participation is voluntary, but, most attendees provide feedback

Evaluation of Content

- Over 90% of Attendees find NMO very informative

Evaluation of Presenter

- Presenters are retrained where needed

Questions?

CalOptima's Mission

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OneCare Connect Enrollment Update

Enrollment by Health Network

Report for: 7/21/2017

Health Network		7/1/17
Alta Med Health Services - OCC	SRG69DB	526
AMVI Care - OCC	PHC58DB	489
ARTA Western Health Network - OCC	SRG66DB	527
CalOptima Community Network - OCC	CODCNDB	1,747
Family Choice Physician Group - OCC	SRG81DB	1,853
HPN - Regal Medical Group	HMO15DB	234
Monarch Family HealthCare	HMO16DB	4,898
Noble Mid-Orange County - OCC	SRG64DB	435
OC Advantage - OCC	PHC35DB	117
Prospect Medical Group - OCC	HMO17DB	2,923
Talbert Physician Group - OCC	SRG52DB	1,133
United Care Medical Group - OCC	SRG67DB	535
Total		15,417

Enrollment/Disenrollment by Month

Month	Voluntary Enrollment	Involuntary Disenrollment Other*	Involuntary Disenrollment Loss of Demonstration	Voluntary Disenrollment
December 2016	142	93	151	364
January 2017	162	102	130	154
February	190	82	119	146
March	164	78	110	145
April	189	93	218	123
May	145	74	205	160
June	179	70	179	159

*Death, Disenrollment - No Part A/B/C, Disenrollment – Out of Area

OCC Deeming

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	79	71
01/2017	210	68	142	1	52	89
02/2017	180	57	123	3	60	60
03/2017	189	73	116	2	48	66
04/2017	274	102	172	2	61	109
05/2017	288	98	190	2	41	147
06/2017	287	100	187	1	1	185
07/2017	200	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



Cal MediConnect Plan (Medicare-Medicaid Plan)

**OneCare Connect Member Advisory Committee
FY 2017-2018 Meeting Schedule**

July

Thursday, 27, 2017

August

Thursday, August 24, 2017

September

Thursday, September 28, 2017

October

Thursday, October 26, 2017

November

Thursday, November 16, 2017*

December

Thursday, December 14, 2017*

January

Thursday, January 25, 2018

February

Thursday, February 22, 2018

March

Thursday, March 22, 2018

April

Thursday, April 26, 2018

May

Thursday, May 24, 2018

June

Thursday, June 28, 2018

Regular Meeting Location and Time

CalOptima
505 City Parkway West, 1st Floor
Orange, CA 92868
Conference Room 109-N
3:00 p.m. – 5:00 p.m.
www.caloptima.org

All meetings are open to the public. Interested parties are encouraged to attend.

*Revised meeting date due to holiday.

Cal MediConnect Plan (Medicare-Medicaid Plan)

**ONECARE CONNECT MEMBER ADVISORY COMMITTEE MEMBERS
FY 2017–2018**

CONSTITUENCY REPRESENTED/TERM	MEMBER NAME and ADDRESS	CONTACT INFORMATION
Community-Based Adult Services (CBAS) Provider Term: 7/1/16–6/30/18 Member since 2015	Chair Gio Corzo Vice President, Home & Care Services SeniorServ 1200 N. Knollwood Circle Anaheim, CA 92801	Work Phone: 714-823-3285 Fax: 714-220-1406 Email: gcorzo@seniorserv.org
Representing Seniors Term: 7/1/16–6/30/18 Member since 2015	Vice Chair Patty Mouton Vice President, Outreach & Advocacy Alzheimer's Orange County 2515 McCabe Way Irvine, CA 92614	Work Phone: 949-757-3713 Cell Phone: 714-349-5517 Email: patty.mouton@alzoc.org
Representing Members with Disabilities Term: 7/1/17–6/30/19 Member since 2015	Dr. Sandra Finestone Executive Director Association of Cancer Patient Educators 18025 Sky Park Circle, Ste. A Irvine, CA 92614	Work Phone: 949-261-6020 Cell Phone: 714-401-6495 Fax: 949-261-2001 Email: sandyfinestone@aol.com
Representing Members from Ethnic or Cultural Community Term: 7/1/17–6/30/19 Member since 2015	Sara Lee Supervising Attorney Health Consumer Action Center/Legal Aid Society of Orange County 2101 N. Tustin Ave. Santa Ana, CA 92705	Work Phone: 714-571-5263 Fax: 714-571-5270 Email: slee@legal-aid.com
In Home Supportive Services (IHSS) or Union Provider Term: 7/1/17–6/30/19 Member since 2017	Richard Santana Organizer UDWA 333 Civic Center Dr., West Santa Ana, CA 92791	Work Phone: 714-478-3732 Email: rsantana@UDWA.org

Long-Term Care (LTC) Facility Term: 7/1/16–6/30/18 Member since 2015	Ted Chigaros Senior Vice President, Managed Care Rockport Healthcare Services 5900 Wilshire Blvd., Ste. 1600 Los Angeles, CA 90036	Work Phone: 323-330-6558 Cell Phone: 323-326-6186 Email: tchigaros@rockporthc.com
Member Advocate Term: 7/1/16–6/30/18 Member Since 2015	Christine Chow Director of Community Relations Alzheimer's Orange County 2515 McCabe Way Irvine, CA 92614	Work Phone: 949-757-3714 Email: christine.chow@alzoc.org
OneCare Connect Member/Family Member Term: 7/1/17–6/30/19 Member Since 2016	Josefina Diaz OneCare Connect Family Member 2101 N. Tustin Ave. Santa Ana, CA 92705	Work Phone: 714-571-5251 Cell Phone: 714-363-8444 Fax: 714-571-5270 Email: jdiaz@legal-aid.com
OneCare Connect Member/Family Member Term: Member Since	Vacant	Phone: Email:
OneCare Connect Member/Family Member Term: 7/1/16–6/30/18 Member Since 2016	John Dupies OneCare Connect Member 505 City Parkway West Orange, CA 92868	Cell Phone: 714-305-6562 Email: jedcsdzb@yahoo.com

Agency Representatives		
Orange County Health Care Agency Behavioral Health Member since 2015	George A. Crits, M.D. Associate Medical Director Health Care Agency-Behavioral Health 405 W. 5 th St. Santa Ana, CA 92701	Work Phone: 714-834-6753 Email: gcrits@ochca.com

Orange County IHSS Public Authority Member since	Vacant	Work Phone: Email:
Orange County Office on Aging Member since 2015	Erin Ulibarri, MPH Manager, Information & Assistance Orange County Office on Aging 1300 S. Grand Ave., Bldg. B Santa Ana, CA 92705	Work Phone: 714-480-6455 Email: Erin.Ulibarri@occr.ocgov.com
Orange County Social Services Agency Member since	Vacant	Work Phone: Email: