

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

**THURSDAY, JUNE 28, 2018  
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](http://www.caloptima.org). In compliance with the Americans with Disabilities Act, those requiring special accommodations for this meeting should notify the Clerk of the Board's office at 714.246.8806. Notification at least 72 hours prior to the meeting will allow time to make reasonable arrangements for accessibility to this meeting.

**I. CALL TO ORDER**

*Pledge of Allegiance*

**II. ESTABLISH QUORUM**

**III. APPROVE MINUTES**

A. Approve Minutes of the April 26, 2018 Regular 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 Ombudsman Update
- C. Update on Palliative Care
- D. Access to Care Overview
- E. Grievance and Appeals Process

**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**

April 26, 2018

The Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC) was held on April 26, 2018 at CalOptima, 505 City Parkway West, Orange, California.

### **CALL TO ORDER**

Chair Gio Corzo called the meeting to order at 3:04 p.m. and led the Pledge of Allegiance.

### **ESTABLISH QUORUM**

Members Present: Gio Corzo, Chair; Patty Mouton, Vice Chair; Ted Chigaros, Christine Chow, Josefina Diaz, Sandy Finestone, Richard Santana, Kristin Trom, Jyothi Atluri (non-voting), Amber Nowak (non-voting)

Members Absent: Sara Lee, John Dupies, Erin Ulibarri (non-voting), Adam Crits (non-voting)

Others Present: Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Richard Bock, M.D., Deputy Chief Medical Officer; Emily Fonda, M.D., Medical Director, Medical Management; Phil Tsunoda, Executive Director, Public Affairs; Candice Gomez, Executive Director, Program Implementation; Albert Cardenas, Director, Customer Service (Medicare); Becki Melli, Customer Service; Eva Garcia, Program Assistant

### **MINUTES**

#### **Approve the Minutes of the February 22, 2018 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee**

*Action: On motion of Member Richard Santana, seconded and carried, the OCC MAC approved the minutes as revised.*

### **PUBLIC COMMENT**

There were no requests for public comment.

### **REPORTS**

#### **Consider Approval of Fiscal Year (FY) 2017-2018 OCC MAC Accomplishments**

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

**Action:**        *On motion of Member Richard Santana, seconded and carried, the OCC MAC approved the FY 2017 – 2018 Accomplishments.*

**Consider Approval of FY 2018-2019 OCC MAC Meeting Schedule**

Chair Corzo presented the FY 2018-2019 meeting schedule for approval.

**Action:**        *On motion of Member Ted Chigaros, seconded and carried, the OCC MAC approved the FY 2018 – 2019 Meeting Schedule.*

**Consider Approval of FY 2018-2019 OCC MAC Goals and Objectives**

Member Christine Chow reported that the Goals and Objectives Ad Hoc, composed of Members Sara Lee, Sandy Finestone and Christine Chow, met on March 29, 2018 to develop the OCC MAC goals and objectives for FY 2018-19.

**Action:**        *On motion of Member Sandy Finestone, seconded and carried, the OCC MAC approved the FY 2018 – 2019 Goals and Objectives.*

**Consider Recommendation of FY 2018-2019 OCC MAC Slate of Candidates and Chair/Vice Chair**

Member Sandy Finestone reported on the Nomination Ad Hoc Subcommittee's recommended slate of candidates, Chair and Vice Chair. The ad hoc, composed of OCC MAC members Jyothi Atluri, Kristin Trom and Sandy Finestone, met on April 12, 2018 to evaluate each of the applications for the vacant seats, and for the Chair and Vice Chair for FY 2018-19. After reviewing the applications and selecting a candidate for each open seat, the Nominations Ad Hoc recommended the following slate of candidates: Gio Corzo as the Community-Based Adult Services (CBAS) Provider representative; Patty Mouton as the Seniors representative; Ted Chigaros as the Long-Term Care Facility representative; Christine Chow as the Member Advocate representative; and Keiko Gamez as the OCC Member/Family Member representative. The OCC MAC also recommended Gio Corzo as Chair and Patty Mouton as Vice Chair for FY 2018-19. The recommended candidates will be presented to the Board of Directors on June 7, 2018 for consideration.

**Action:**        *On motion of Member Kristin Trom, seconded and carried, the OCC MAC approved the FY 2018 – 2019 Slate of Candidates and Chair/Vice Chair.*

**CEO AND MANAGEMENT TEAM DISCUSSION**

**Chief Executive Officer Update**

Michael Schrader, Chief Executive Officer, provided an update on CalOptima's efforts to maximize access to and choice within the Program of All-Inclusive Care for the Elderly (PACE).

The Centers for Medicare & Medicaid Services (CMS) approved CalOptima's waiver request to allow community-based physicians to deliver primary care services for PACE participants, effective April 12, 2018. This change will offer potential participants the option to receive care from their existing community-based physicians, which will uphold quality and choice and enhance enrollment.

Mr. Schrader reported that CalOptima is preparing for the transition of the California Children's Services (CCS) program from a Medi-Cal carve-out administered by the Orange County Health Care Agency to the fully integrated Whole Child Model (WCM), which will be administered by CalOptima, effective January 1, 2019.

Mr. Schrader reported that the Department of Health Care Services (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.

#### **Chief Medical Officer (CMO) Update**

Richard Bock, M.D., Deputy Chief Medical Officer, reported that the DHCS recently conducted its annual audit of CalOptima's Medi-Cal plan, covering the period of February 1, 2017 through January 31, 2018. CalOptima is awaiting the audit report.

Dr. Bock reported that CalOptima continues working on the opioid pharmacy reduction programs, including point-of-service metrics and pharmacy home programs to identify potential fraud, waste and abuse. In addition, CalOptima is working with pharmacies to distribute Narcan/Naloxone.

Dr. Bock reported that CalOptima assisted approximately 180 homeless CalOptima members that had been relocated from the Santa Ana Riverbed to local motels. CalOptima completed approximately 72 screenings and outreached to the remaining CalOptima members.

#### **Federal and State Legislative Update**

Phil Tsunoda, Executive Director, Government Affairs, reported that two bills recently passed their respective health policy committees and would propose extending eligibility for full scope Medi-Cal benefits to undocumented adults over the age of 19 years. He also reported that Governor Brown will soon release his May Revise budget proposal for the coming fiscal year.

Mr. Tsunoda provided an update on the Intergovernmental Transfer (IGT) funds. IGT 5 has \$14.4 million set aside to address the results of the Member Health Needs Assessment (MHNA). The MHNA found eight areas of need, including 1) expanding access to mental health services for adults; 2) expanding mental health and socialization services for older adults; 3) expanding access to mental health/developmental services for children ages 0-5 years; 4) addressing childhood obesity; 5) Medi-Cal education and outreach; 6) expanding access to primary care services and programs addressing social determinants of health; 7) expanding access to adult dental services; and 8) expanding access to children's dental services. CalOptima will soon

release a Request for Information (RFI) in order to pare down the broad categories. Mr. Tsunoda added that IGTs 6 and 7 have approximately \$23 million available and the funding categories include homeless health, opioids/substance abuse, and children's mental health.

## **INFORMATION ITEMS**

### **OCC MAC Member Updates**

Chair Corzo asked if there were volunteers to present the OCC MAC member presentation at the June 28, 2018 meeting. Members Richard Santana and Patty Mouton volunteered to present on the United Domestic Workers of America and access to palliative care, respectively.

### **OCC Denti-Cal Benefits Overview**

Albert Cardenas, Director, Customer Service (Medicare), provided an overview on the coordination of OneCare Connect dental plan, Liberty Dental, and Denti-Cal, noting that Liberty Dental covers several procedure codes not covered by Denti-Cal. Mr. Cardenas reported that effective January 1, 2018, Medi-Cal reinstated benefits into the Denti-Cal program resulting in 50 of the 61 dental procedure codes covered by OneCare Connect overlapping with Denti-Cal. Members receive a welcome packet upon enrollment that provides information on where to call with additional questions and what dental procedures are covered under Denti-Cal and what procedures are covered under the enhanced supplemental plan. Liberty Dental also assists members in locating a contracted dental provider.

### **OCC MAC Member Presentation on Overview of Centers for Medicare & Medicaid Services Quality Conference**

Member Sandy Finestone presented an overview of the Centers for Medicare & Medicaid Services (CMS) Quality Conference. Ms. Finestone attended as a member of the CMS Beneficiary and Family Advisory Council (BFAC) and reported that this was the first time that patients and caregivers were invited to attend and participate in the conference. She added that the theme of the conference was 'putting patients first'. Presentations were given on successful programs in various communities across the country.

## **ADJOURNMENT**

Chair Corzo announced that the next OCC MAC Meeting is Thursday, June 28, 2018.

Hearing no further business, the meeting adjourned at 4:32 p.m.

/s/ Eva Garcia  
Eva Garcia  
Program Assistant

Approved: June 29, 2018

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## MEMORANDUM

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**DATE:** June 7, 2018  
**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

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### **June Board Meeting Focuses on Strategic Priorities, Sets Stage for New Fiscal Year**

CalOptima's June Board meeting reflects the agency's commitment to the 2017–2019 Strategic Plan and new fiscal year preparation. With the strategic priorities of innovation and value in mind, CalOptima is seeking Board approval to integrate two programs into Medi-Cal: behavioral health treatment for children without autism, starting July 1, 2018, and California Children's Services, starting January 1, 2019. Carving in programs simplifies the health care experience for vulnerable members. Partnerships are a key focus in the Strategic Plan as well, and to that end, CalOptima is enhancing support for providers who deliver quality care. Primary care providers, psychiatrists, hospitals, and long-term and hospice care facilities will receive rate increases for certain services as part of the FY 2018–19 \$3.5 billion operating budget. Further, engagement with our community stakeholders is essential in fulfilling CalOptima's mission, and proposed actions at the meeting uphold this priority, as we will appoint candidates for all three of our existing advisory committees and our new Whole-Child Model Family Advisory Committee. I look forward to working with the Board and our community to ensure CalOptima's success in the new year and beyond.

### **Hospitals Receive \$130.7 Million in Quality Assurance Fee (QAF) Distribution**

Earlier this month, CalOptima distributed \$130.7 million in QAF dollars to 23 Orange County hospitals, representing dates of service from July–December 2016. For hospitals that serve Medi-Cal and uninsured patients, the supplemental funding is provided by the state, and the Hospital Association of Southern California supplies CalOptima with a distribution list of dollar amounts by hospital.

### **State Budget Includes a Surplus That May Impact Medi-Cal Spending**

On May 11, Gov. Brown released the May Revision to his January budget proposal. He indicated that state revenue grew faster than expected and that the Department of Finance is predicting a surplus of approximately \$8 billion. At the same time, he advocated for fiscal restraint, recommending that much of the surplus be designated for the state's Rainy Day Fund. Proposed Medi-Cal spending remains essentially flat compared with the January budget proposal and reflects additional costs incurred by the state for current year Medi-Cal spending. However, the Legislature, perhaps in anticipation of the larger surplus, indicated its desire to spend a portion of it on existing state programs and services, including Medi-Cal. The Assembly Budget Subcommittee on Health and Human Services proposed an additional \$1 billion in health care

spending for FY 2018–19, including more than \$300 million for Medi-Cal. The Legislature and governor will negotiate a final spending plan soon, as California’s final budget must be adopted by June 15.

### **CalOptima Invites Community to Whole-Child Model (WCM) Meetings**

Continuing our widely recognized WCM engagement strategy, CalOptima is inviting leaders from community-based organizations (CBOs) to participate in focus groups on June 14, 10 a.m.–noon, and June 15, 2–4 p.m., at CalOptima’s offices. The goal is to collaborate with CBOs and consider their feedback during WCM implementation in January 2019. For more information, contact [BusinessIntegration@CalOptima.org](mailto:BusinessIntegration@CalOptima.org).

### **Rep. Correa Tours CalOptima Program of All-Inclusive Care for the Elderly (PACE)**

The PACE center welcomed U.S. Rep. Lou Correa for a one-hour visit and tour on May 25. Rep. Correa spent most of his time cordially interacting with participants, including speaking to those in the center’s English-learners class and wishing all a Happy Memorial Day. He also received an update about the PACE expansion initiatives of alternative care settings, service area expansion to South Orange County and community-based physicians. Rep. Correa expressed support for CalOptima PACE and was happy to hear about the current growth of the center.

### **Cal MediConnect Results in Improved Care Transitions, Report Says**

In May, the University of California released a SCAN Foundation-funded [report](#) about coordinated care for dual eligibles through Cal MediConnect (CMC), known as OneCare Connect in Orange County. Findings show that CMC encourages provider collaboration, which improves transitions across care settings.



## 2018 Orange County Legislative Delegation June 5, 2018 Primary Results

<b>Congress (7)</b>	<b>Status of November 2018 General Election/Notes</b>
CD 38 – Linda Sánchez (D)	Linda Sanchez (D)/Ryan Downing (R)
CD 39 – Ed Royce (R) (Retiring)	Young Kim (R)/Gil Cisneros (D)
CD 45 – Mimi Walters (R)	Mimi Walters (R)/Katie Porter (D)
CD 46 – Lou Correa (D)	Lou Correa (D)/Russell Lambert (R)
CD 47 – Alan Lowenthal (D)	Alan Lowenthal (D)/John Briscoe (R)
CD 48 – Dana Rohrabacher (R)	Dana Rohrabacher (R)/Harley Rouda (D)
CD 49 – Darrell Issa (R) (Retiring)	Diane Harkey (R)/Mike Levin (D)

<b>State Senate (5)</b>	<b>Status of November 2018 General Election/Notes</b>
SD 29 – Josh Newman (D) (Recalled)	Ling-Ling Chang (R) Elected to fill seat for the remainder of the term, from approx. July 2018 to December 2020
SD 32 – Tony Mendoza (D) (Resigned)	Rita Topalian (R)/Vanessa Delgado (D) Top two advance to Special General Election on August 7 to fill vacancy for remainder of term, from approx. September 2018 to December 2018  Rita Topalian (R)/Bob Archuleta (D) Top two advance to General Election on November 6 for new term beginning January 2019
SD 34 – Janet Nguyen (R)	Janet Nguyen (R)/Tom Umberg (D)
SD 36 – Pat Bates (R)	Pat Bates (R)/Maggie Castellano (D)
SD 37 – John Moorlach (R)	Current term to 2020

**State Assembly (7)****Status of November 2018 General Election/Notes**

AD 55 – Phillip Chen (R)	Phillip Chen (R)/Gregg Fritchle (D)
AD 65 – Sharon Quirk-Silva (D)	Sharon Quirk-Silva (D)/Alexandria Coronado (R)
AD 68 – Steven S. Choi (R)	Steven S. Choi (R)/Michelle Duman (D)
AD 69 – Tom Daly (D)	Tom Daly (D)/TBD
AD 72 – Travis Allen (R) (Ran for Governor)	Josh Lowenthal (D)/Tyler Diep (R)
AD 73 – William Brough (R)	William Brough (R)/Scott Rhinehart (D)
AD 74 – Matthew Harper (R)	Matthew Harper (R)/Cottie Petrie-Norris (D)

**Board of Supervisors (5)****Status of November 2018 General Election/Notes**

DIS 1 – Andrew Do	Current term to 2020
DIS 2 – Michelle Steel	Michelle Steel Re-elected to 4-year term, 2018-2022
DIS 3 – Todd Spitzer (Running for Orange County DA)	Current term to 2020
DIS 4 – Shawn Nelson (Termed out)	Tim Shaw (R)/Doug Chaffee (D)
DIS 5 – Lisa Bartlett	Lisa Bartlett Re-elected to 4-year term, 2018-2022

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**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. We provide coverage through four major programs: Medi-Cal, OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan), OneCare (Medicare Advantage Special Needs Plan), and the Program of All-Inclusive Care for the Elderly (PACE).

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

**Phil Tsunoda**

Executive Director, Public Policy and Public Affairs  
714-246-8632; ptsunoda@caloptima.org

**Shamiq Hussain**

Senior Policy Analyst, Government Affairs  
714-347-3208; shussain@caloptima.org

**Arif Shaikh**

Director, Public Policy and Government Affairs  
714-246-8418; ashaikh@caloptima.org

**Bárbara Kidder García**

Senior Policy Analyst, Government Affairs  
657-900-1390; barbara.kidder@caloptima.org

## Hussain, Shamiq

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**To:** Hussain, Shamiq  
**Subject:** CalOptima Community Announcements

**From:** Kaaiaakamanu, Tiffany

**Sent:** Thursday, June 07, 2018 11:29 AM

**To:** Kaaiaakamanu, Tiffany <[tkaaiakamanu@caloptima.org](mailto:tkaaiakamanu@caloptima.org)>

**Cc:** Tsunoda, Phil <[ptsunoda@caloptima.org](mailto:ptsunoda@caloptima.org)>; Meronk, Cheryl <[cmeronk@caloptima.org](mailto:cmeronk@caloptima.org)>; Shaikh, Arif <[ashaikh@caloptima.org](mailto:ashaikh@caloptima.org)>; Hernandez, Claudia <[chernandez@caloptima.org](mailto:chernandez@caloptima.org)>; Nguyen, Lisa <[lisanguyen@caloptima.org](mailto:lisanguyen@caloptima.org)>; Sham, Wilbur <[wsham@caloptima.org](mailto:wsham@caloptima.org)>; Allala, Yesica <[yesica.allala@caloptima.org](mailto:yesica.allala@caloptima.org)>; Hussain, Shamiq <[shussain@caloptima.org](mailto:shussain@caloptima.org)>; Kidder, Barbara <[barbara.kidder@caloptima.org](mailto:barbara.kidder@caloptima.org)>

**Subject:** CalOptima Community Announcements

Greetings Community Partners-

Please find the following CalOptima community announcements to share with your colleagues, clients and professional networks.

- Community Grants available through Intergovernmental Transfers (IGT). Attached is the IGT Community Grants Definitions and Timeline.
- Whole-Child Model Community-Based Organizations Focus Groups on June 14, 2018 from 10am-12pm and June 15, 2018 from 2-4pm. RSVPs accepted through June 8, 2018.
- CalOptima Scholarship Essay Contest for high school students and adults pursuing careers in health care or social services. Deadline for essay submissions is June 8, 2018 before 5pm.

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CalOptima is proud to provide dollars to the community through our Intergovernmental Transfer (IGT) program. Over the past six years, IGT funds have made a significant impact on the health of our Medi-Cal members, and now two additional IGT community grant opportunities are available — IGT 5 and IGT 6/7.

### IGT 5

IGT 5 makes available \$14.4 million. To determine where to invest the funding, CalOptima conducted comprehensive research through a Member Health Needs Assessment. 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 6/7

IGT 6/7 makes 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 6/7 funding to the County of Orange to address the current homeless health crisis.

The remaining \$13.6 million will be available for the community through grants in the three priority areas. To that end, CalOptima received 117 Letters of Interest/Information (LOIs), which will result in several RFPs open to any interested party.

Attached is a timeline and definitions for participation in the IGT community grant opportunities. Please see the Community Grants section of the CalOptima [website](#) for additional information.

Should you have questions, please contact [strategicdevelopment@caloptima.org](mailto:strategicdevelopment@caloptima.org).

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Please feel free to contact me if you have any questions.

Best regards,

**Tiffany Kaaiakamanu**

Manager

Community Relations



**CalOptima**  
Better. Together.

CalOptima, A Public Agency  
505 City Parkway West, Orange, CA 92868  
Direct: 657.235.6872 | Cell: 714.222.0637 | Fax: 714-338-3141  
[www.caloptima.org](http://www.caloptima.org) | Facebook | Twitter

**California's Top-Rated Medi-Cal Plan**

—NCQA's Medicaid Health Insurance Plan Ratings 2017–2018

## Intergovernmental Transfer (IGT) Community Grants Timeline

### IGT 5 — \$14.4 Million

<b>June 8, 2018</b>	Release Requests for Information (RFIs)
<b>July 9, 2018</b>	RFI responses due
<b>September 7, 2018</b>	Release Requests for Proposal (RFPs)
<b>October 5, 2018</b>	RFP responses due
<b>December 6, 2018</b>	Award grants

### IGT 6/7 — \$13.6 Million

<b>October 19, 2017</b>	Release Letters of Interest/Information (LOIs) — <i>completed</i>
<b>November 13, 2017</b>	LOI responses due — <i>completed</i>
<b>August 3, 2018</b>	Release Requests for Proposal (RFPs)
<b>September 14, 2018</b>	RFP responses due
<b>December 6, 2018</b>	Award grants

*Dates are tentative*



## **Intergovernmental Transfer (IGT) Community Grants Definitions**

### **Definitions**

<b>Intergovernmental Transfer (IGT)</b>	A financial transaction that results in additional funding for programs and services that fulfill unmet needs of Medi-Cal members; CalOptima's Board governs the agency's IGT transactions.
<b>Grant</b>	A financial award given by CalOptima to an eligible recipient to achieve a particular purpose or project.
<b>Letter of Interest/ Information (LOI)</b>	A document declaring an organization's interest/information to help define the scope of work for a Request for Proposal. (Synonymous with RFI)
<b>Request for Information (RFI)</b>	A document used to gather written information to help define the scope of work for a Request for Proposal. (Synonymous with LOI)
<b>Request for Proposal (RFP)</b>	A document used to solicit proposals from potential grantees.

**Health Consumer Action Center (HCAC)  
of the  
Legal Aid Society of Orange County**

# **OMBUDSMAN UPDATE**

## **June 28, 2018**

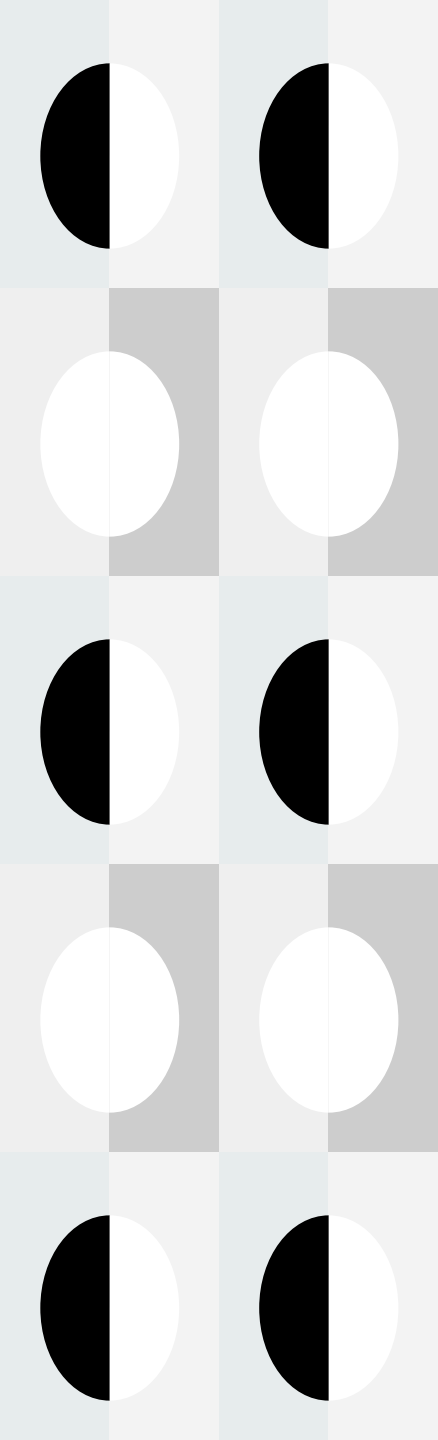
**Sara Lee, Supervising Attorney  
OSP Toll Free: 1-855-501-3077  
Legal Aid Society of Orange County  
Hotline: 1-800-834-5001  
Korean Hotline : 714-489-2796**



## Dental Benefits

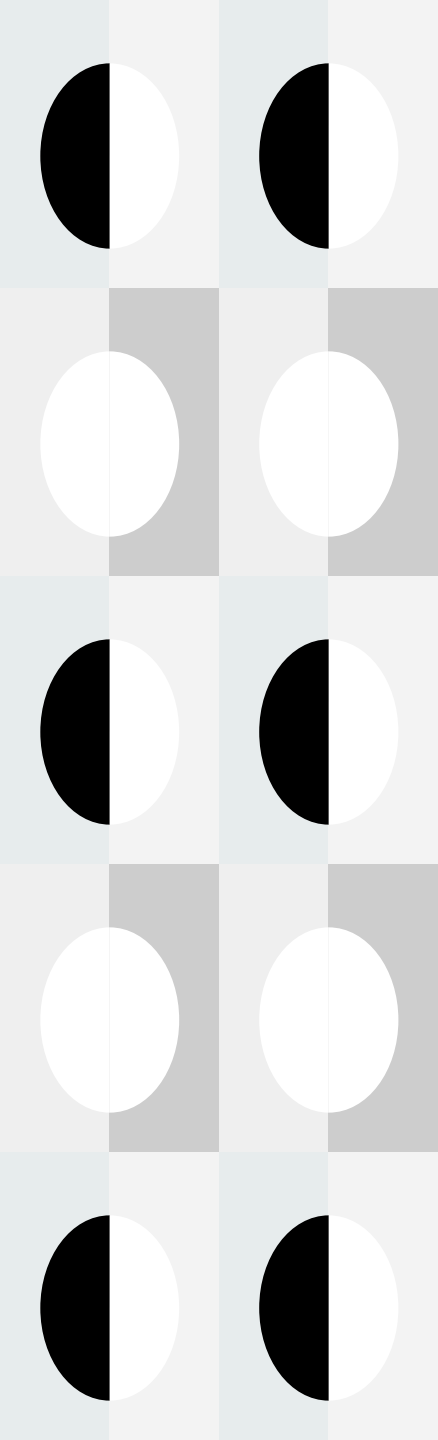
- Based on CalOptima's Presentation on Dental benefits for OCC members, the information is part of LASOC's outreach presentation and education to OCC members.
- The additional 11 benefits which mostly include porcelain is a nice addition to the benefit.
- It is a statewide issue regarding predatory consumer credit card practices (dental credit cards and personal loans) involved with dentists treating Denti-Cal patients.
- Can the CMC plan become more involved about the fact that the dental credit card associated with their supplemental dental providers might not be necessary if consumers used their Denti-Cal?





Most of the OCC members referred by CalOptima involves Medi-Cal eligibility issue.

- Most of the termination or proposed termination is linked to annual renewal process.
- The OSP assists dual eligible consumers with Share of Cost (SOC) affordability issues and educate them on ways to avoid the SOC Medi-Cal.
- LASOC assisted an OCC member terminated from OCC due to SOC but was not provided with the notice of termination. The member found out about the termination at the pharmacy. LASOC raised this matter to CalOptima and the plan will be reaching out to consumers who may have be in similar situation.



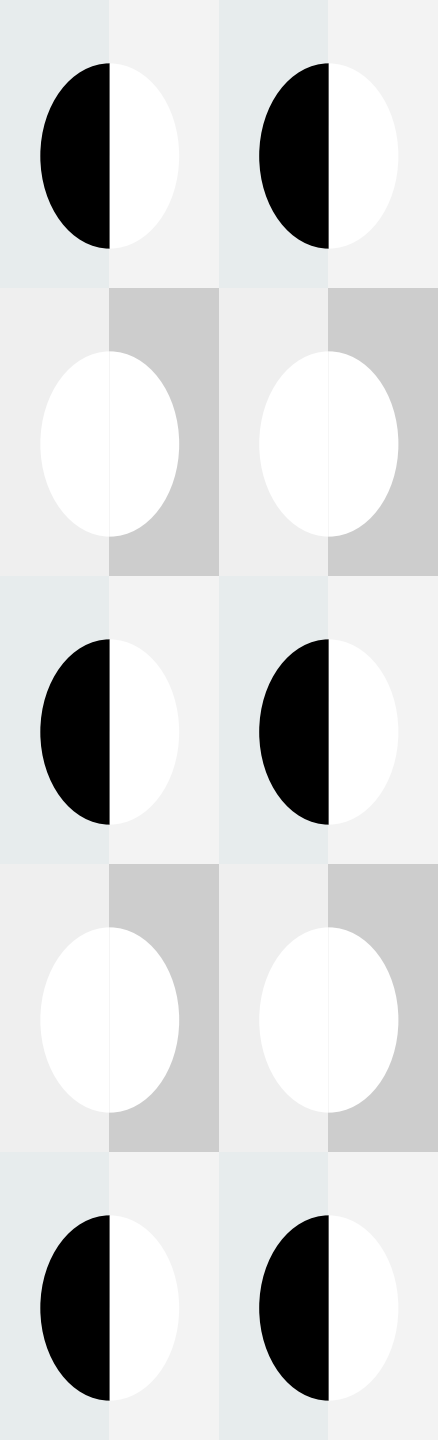
▪DEEMING PERIOD for OCC members losing Medi-Cal for the following reasons receive different deeming periods

▪- MEDI-CAL ELIGIBITLY (Medi-Cal termination ) : 2 months Deeming period.

▪- Medi-Cal SOC : 3 months Deeming Period (Whether members need to meet the SOC during deeming period is unclear which would defeat the purpose of the deeming period)

▪- Out of County Resident : If State sends Aid Code 61 then 2months Deeming Period but if CMS sends list of potential out of area then members get 6 months DEEMING PERIOD ( How are the notices tailored ?)

▪ Request Confirmation of the above from CalOptima/OCC plan



OSP continues to educate members about the benefits of OCC such as the role of the PCC and care coordination.

- LASOC helps bridge services for members who were terminated from OCC.
- OSP advises consumers about LINET when they are disenrolled from OCC and assists with obtaining their medication. ([Limited Income Newly Eligible Transition Program – Humana https://www.humana.com](https://www.humana.com))
- LASOC continues to see inappropriate Balance Billing which is an issue affecting dual eligibles, especially for consumers with Fee For Service Medicare and Medi-Cal/CalOptima.



# Palliative Care Update

**OneCare Connect Member Advisory Committee  
June 28, 2018**

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

# Legislative Background

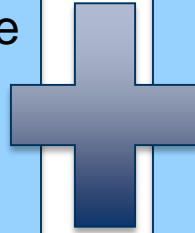
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- Senate Bill 1004 requires the Department of Health Care Services (DHCS) to establish standards and provide technical assistance to ensure delivery of palliative care services by Managed Care Plans.
- DHCS All Plan letter for Palliative Care (17-015) 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

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- 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

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- 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

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- 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

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- 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

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



A Public Agency

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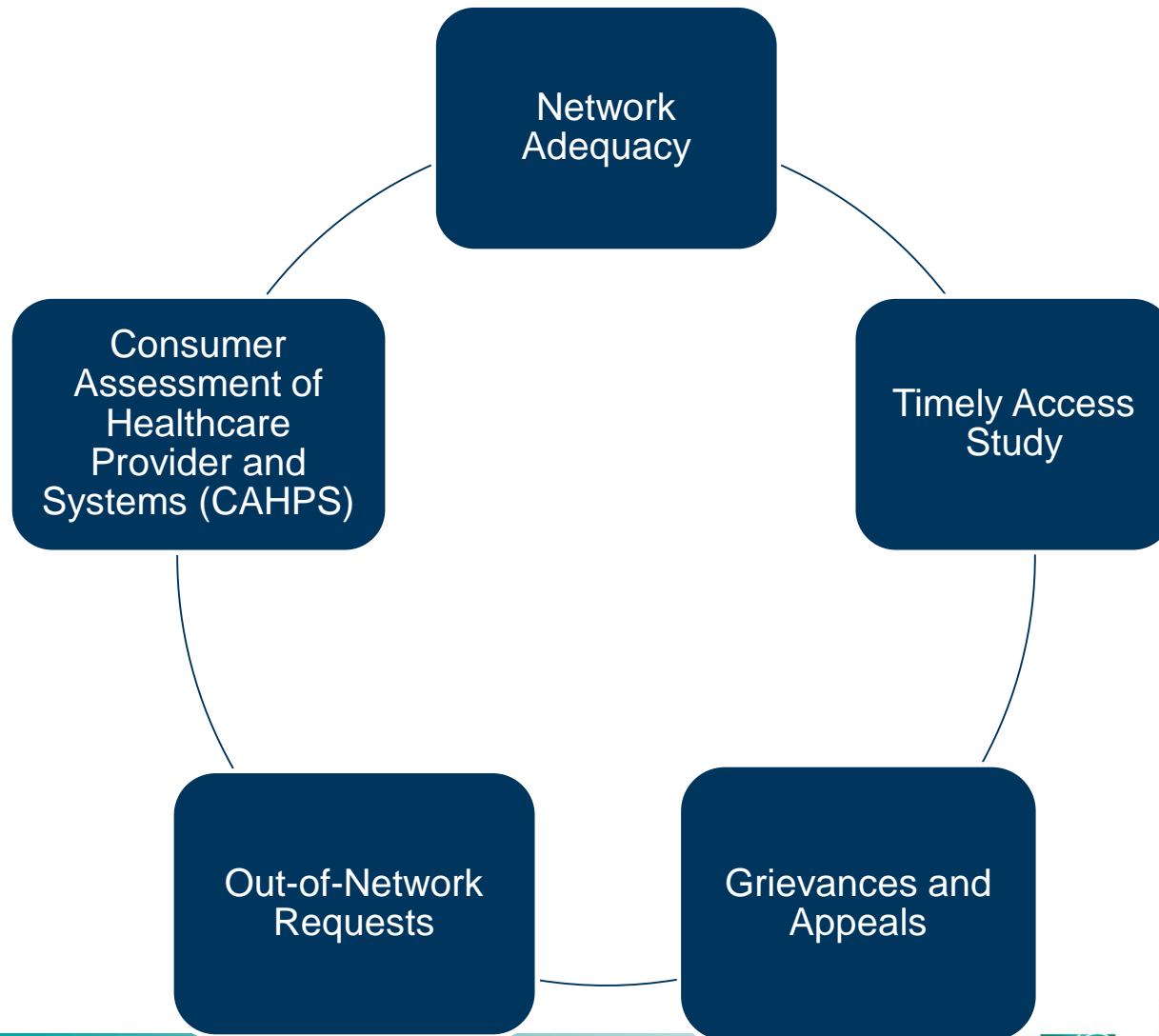
OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

# Access to Care

**OneCare Connect Member Advisory Committee**  
**June 28, 2018**

**Marsha Choo**  
**Manager of Quality Analytics**

# Areas to Monitor



# Access and Availability Subcommittee

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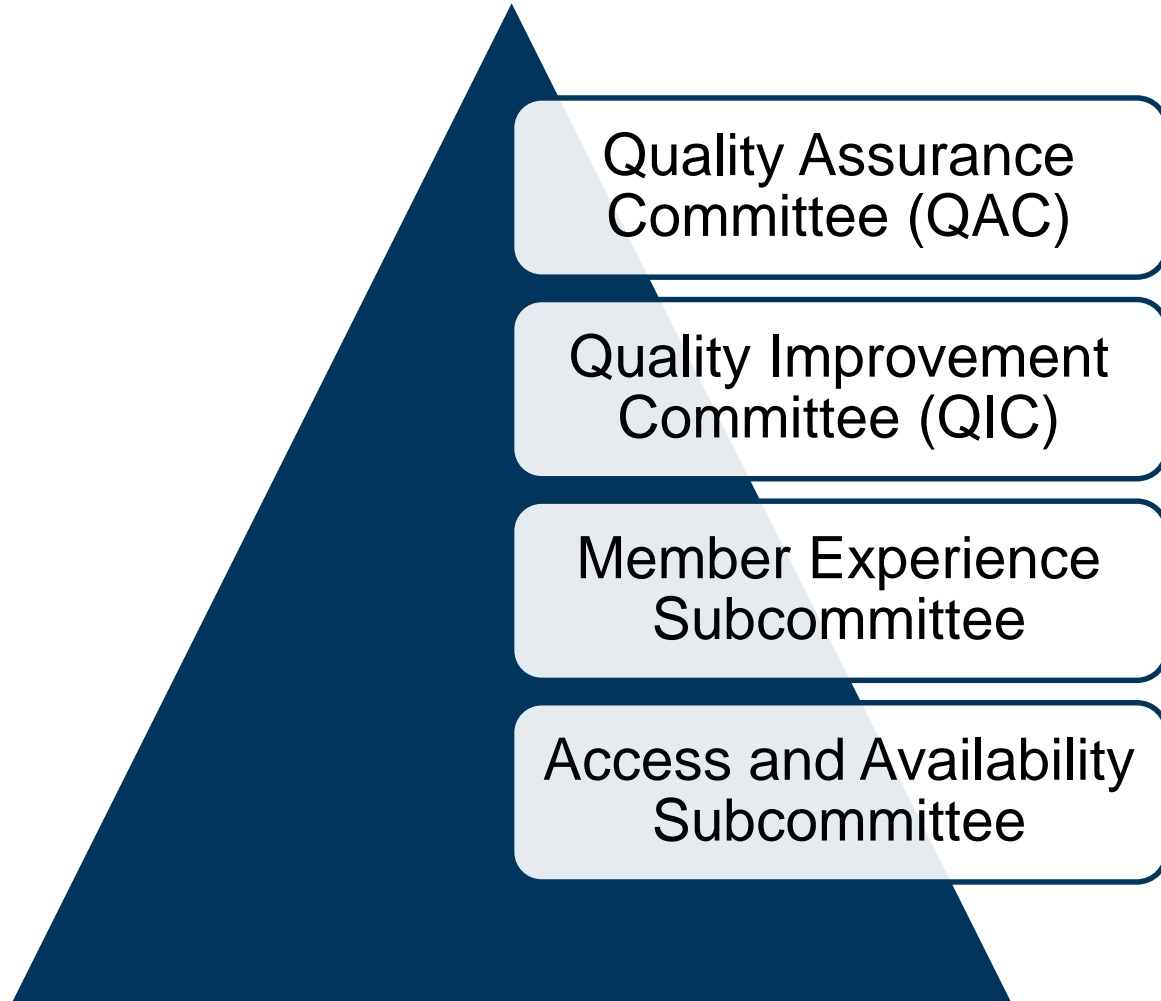
- Purpose:

- 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 & 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 & 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

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## What

- Volume of grievances and appeals

## Who

- Members and providers

## How

- Quarterly reporting by the Grievance and Appeals department

# Summary of Findings

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- 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

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- Share results: committees, forums, health networks
- Request corrective action from our contracted health networks, including the CalOptima Community Network
- Educate providers on 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



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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	Medi-Cal: Within 10 business days of request OneCare & OneCare Connect: 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 <b>1-800-735-2929</b> .
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)



OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

# Grievance and Appeal Process

**OneCare Connect Member Advisory Committee Meeting  
June 28, 2018**

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

# Definitions

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- **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

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- 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

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- 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

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- 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

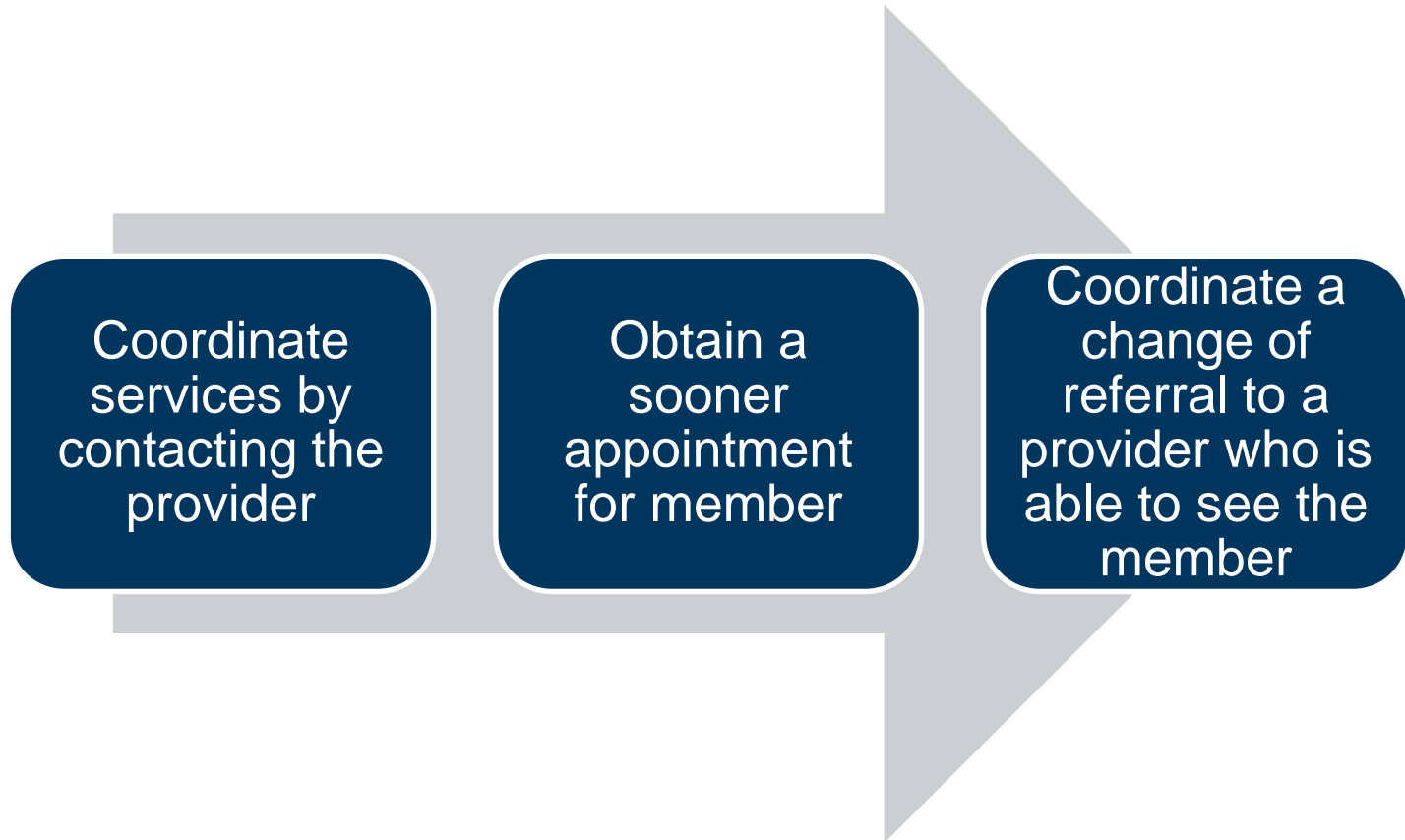
# Timelines

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

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- Member needs timely access to care



# Actions

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- 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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