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

APRIL 25, 2019
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 28, 2019 Regular Meeting of the CalOptima Board of Directors' 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 OCC MAC. When addressing the Committee, it is requested that you state your name for the record. Please address the Committee as a whole through the Chair. Comments to individual Committee members or staff are not permitted. Speakers will be limited to three (3) minutes.

V. REPORTS

A. Consider Approval of FY 2019-2020 OCC MAC Meeting Schedule
B. Consider Recommendation of OCC MAC Slate of Candidates

VI. CEO AND MANAGEMENT REPORTS

A. Chief Executive Officer (CEO) Update
B. Chief Medical Officer (CMO) Update
C. Federal and State Legislative Update

VII. INFORMATION ITEMS

A. Homeless Health Update
B. Behavioral Health Update
C. OneCare Connect Member Benefits Overview
D. OneCare Connect Member Advisory Committee Member Updates

VIII. COMMITTEE MEMBER COMMENTS

IX. ADJOURNMENT

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MINUTES

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

February 28, 2019

The Regular Meeting of the CalOptima Board of Directors' OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) Member Advisory Committee (OCC MAC) was held on February 28, 2019 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, Josefina Diaz, Sandy Finestone, Sara Lee, Keiko Gamez (at 3:20 p.m.)

Members Absent: George Crits (non-voting), Erin Ulibarri (non-voting), Jyothi Atluri (non-voting)

Others Present: Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Candice Gomez, Executive Director, Program Implementation; Sesha Mudunuri, Executive Director, Operations; Dr. Emily Fonda, Medical Director, Medical Management; Arif Shaikh, Director Government Affairs; Albert Cardenas, Director, Customer Service (Medicare); Cheryl Simmons, Program Specialist Sr. Customer Service; Samantha Fontenot, Program Specialist, Customer Service

Chair Corso notified the Committee that Family Member Representative Kristin Trom passed away in December 2018. Members were also notified that Christine Chow the OCC MAC Member Advocate Representative has resigned her seat.

MINUTES

Approve the Minutes of the August 23, 2018 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee

Action: ***On motion of Member Sandy Finestone, seconded and carried, the Committee approved the minutes of the August 23, 2018 meeting. (Motion carried 6-0-0)***

PUBLIC COMMENT

There were no public comments.

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CEO AND MANAGEMENT REPORTS

Chief Executive Officer Update

Michael Schrader, Chief Executive Officer, provided an overview of the three priorities for 2019: Children's Health, Mental Health and Homeless Health. The transition of the California Children's Services (CCS) to the Whole-Child Model program is planned go live date on July 1, 2019. The Be Well OC initiative is a private/public partnership between CalOptima, Orange County, Kaiser and Providence St. Joseph. Services at the $40M regional wellness campus will include mental health and substance use disorder services ranging from crisis stabilization to outpatient follow-up for community support. CalOptima will contribute $11.4M towards this initiative, which is a prepayment for medical services for CalOptima members. Mr. Schrader also provided a brief update on the actions approved by the Board of Directors at their Special meeting on February 22, 2019, related to Homeless Health Care.

INFORMATION ITEMS

Chair Corso reordered the agenda to hear item VII.E.

Understanding Skilled Nursing in Today's Changing Health Care Environment

Dr. Michelle Eslami of Rockport Health Care gave an informative presentation on Skilled Nursing Facilities (SNFs). In California, SNFs care for over 370,000 patients in short-term and long-term care. She noted that 37% of the residents in SNFs are between the ages of 45-74 with 84% being discharged home within a three-month period. An overview of nursing home staffing, practice challenges, rehospitalization consequences, the Mega Reg and the Quality Report Program (QRP).

OCC MAC Member Updates

Chair Corzo formed an Ad Hoc to review the application received for the Member Advocate Representative. Members Mouton, Chigaros and Finestone agreed to serve on the ad hoc. Chair Corso noted that recruitment will begin on March 1, 2019 for the following seats: Representatives for Members with Disabilities, Members from Ethnic or Cultural Community, In-Home Support and Services – Union Provider, and two Member/Family Members seats are open for a two-year term. Chair Corso formed a Nominations Ad Hoc to review applicants. Members Mouton, Chigaros and Gamez volunteered to serve on this ad hoc. It was also noted that Richard Santana, In-Home Support and Services – Union Provider Representative has resigned from the Committee.

Chair Corso also discussed the meeting schedule for the upcoming fiscal year that proposes the option of a morning meeting, holding quarterly meetings, or keeping the current meeting schedule. The proposed meeting schedule options will be presented for consideration at the April 25, 2019 meeting.

Opioid Crisis Update

Kris Gericke, Pharm.D., Pharmacy Director, presented an update on the opioid crisis in Orange County. Dr. Gericke noted that CalOptima has instituted certain formulary restrictions that require prior authorization for drugs with the highest risk of overdose such as Methadone and extended-release high-dose morphine, and for short-acting opioid analgesic combinations exceeding formulary quantity

limits. Dr. Gericke also noted that CalOptima's pharmacy management team currently works with members who have been prescribed opioids and the physicians who are prescribing them by providing member and physician education.

Update on State Budget

Arif Shaikh, Director, Government Affairs, provided an update on Governor Newsom's budget proposals, including expanding full-scope Medi-Cal to undocumented individuals up to age 25 terminating upon the individual's 26th birthday, and in an effort to control drug costs, carving out pharmacy services and returning it to fee-for-service no sooner than July 1, 2021. Mr. Shaikh also reported on the Managed Care Organization (MCO) Tax, which is due to end on June 30, 2019. He noted that there are signs of support in extending the MCO tax, which brings in approximately $1 billion per year for Medi-Cal.

Update on Dental Initiatives

Mr. Shaikh presented an update on the Denti-Cal Initiative. He noted that at the November 1, 2018 Board of Directors meeting, the Board authorized CalOptima to explore policy opportunities to carve-in dental benefits for Orange County Medi-Cal members. CalOptima will start to engage local stakeholders, regulators and statewide advocacy organizations, including DHCS and the California Dental Association, to determine their level of support. CalOptima is seeking letters of support from organizations that share CalOptima's interest in the integration of the dental program into Medi-Cal. Letters of support are due by March 1, 2019.

ADJOURNMENT

Chair Corzo announced that the next OCC MAC Meeting will be held on Thursday, April 25, 2019 at 3:00 p.m.

Hearing no further business, the meeting adjourned at 4:45 p.m.

/s/ Cheryl Simmons
Cheryl Simmons
Staff to the Advisory Committees

Approved: April 25, 2019

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Cal MediConnect Plan (Medicare-Medicaid Plan)

Draft 1 – Moving meeting to 9:30 AM on the fourth Thursday of Every other Month with the exception of December, which would be on the second Tuesday, December 10th due to the upcoming holidays.

OneCare Connect Member Advisory Committee

FY 2019-2020 Meeting Schedule

August
Thursday, August 22, 2019

October
Thursday, October 24, 2019

December
Tuesday, December 10, 2019

February
Thursday, February 27, 2020

April
Thursday, April 23, 2020

June
Thursday, June 25, 2020

Regular Meeting Location and Time
CalOptima
www.caloptima.org
505 City Parkway West, 1st Floor
Orange, CA 92868
Conference Room 109-N
9:30 a.m. – 11:30 a.m.

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

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Cal MediConnect Plan (Medicare-Medicaid Plan)

Draft 2 – Moving meetings to 8 AM on the fourth Thursday of every other month with the exception of December which would be on Tuesday, December 10th due to upcoming holidays.

OneCare Connect Member Advisory Committee

FY 2019-2020 Meeting Schedule

August
Thursday, August 22, 2019

October
Thursday, October 24, 2019

December
Tuesday, December 10, 2019

February
Thursday, February 27, 2020

April
Thursday, April 23, 2020

June
Thursday, June 25, 2020

Regular Meeting Location and Time

CalOptima
www.caloptima.org
505 City Parkway West, 1st Floor
Orange, CA 92868
Conference Room 109-N
8:00 a.m. – 10:00 a.m.

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

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Cal MediConnect Plan (Medicare-Medicaid Plan)

Draft 3 – Keep schedule at the normal time with the exception of the December meeting which will be Tuesday, December 10th due to the upcoming holidays.

OneCare Connect Member Advisory Committee

FY 2019-2020 Meeting Schedule

August
Thursday, August 22, 2019

October
Thursday, October 24, 2019

December
Tuesday, December 10, 2019

February
Thursday, February 27, 2020

April
Thursday, April 23, 2020

June
Thursday, June 25, 2020

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

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

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MEMORANDUM

DATE:	April 4, 2019
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; and Whole-Child Model Family Advisory Committee

Whole-Child Model (WCM) Networks Meet Certification Standards for July Launch
On March 15, the Department of Health Care Services (DHCS) certified that CalOptima's 12 delegated health networks and our direct network, CalOptima Community Network, meet the requirements for WCM participation. Therefore, the transition of California Children's Services to WCM in Orange County is officially approved for July 1, 2019. Thank you to our health networks for their partnership in this effort to provide access to more coordinated care for children with medically complex conditions. We look forward to a successful launch. Further, CalOptima continues to engage with stakeholder groups at the local and state levels to ensure awareness and work toward a smooth transition. Our WCM Family Advisory Committee is meeting bimonthly and offering valuable feedback to staff, and CalOptima was asked to make a presentation to the California Children's Services Advisory Group this month in Sacramento. Chief Medical Officer David Ramirez, M.D., will be sharing the information about our delegated model, members' access to out-of-network care, the role of CalOptima Direct and CalOptima Community Network, and auto-assignment processes.

Ad Hoc on Homeless Health to Recommend Major Commitment to Additional Programs
CalOptima's focus on Orange County's homeless health crisis is evident in actions the past few months. Not only was there a special meeting for the full Board in February resulting in approval of our clinical field teams and CalOptima Homeless Response Team, a newly appointed ad hoc committee amplified their work in March, issuing a set of recommendations for significant financial support to homeless health initiatives. Your April Board materials include a presentation and two report items that collectively reflect CalOptima's commitment to partnering with Orange County and community organizations to make a difference in the lives of CalOptima members who are homeless.

Audit Finds Medi-Cal Services for Children Lacking; Regulators and Legislators Respond
On March 14, the California State Auditor issued a report about DHCS oversight of preventive care for children in Medi-Cal. The report cites deficiencies in utilization of preventive care, based in part on provider access issues due to low reimbursement. Fortunately, CalOptima is included somewhat favorably in the report. While all plans can do more to ensure delivery of preventive care for children, CalOptima's 60.7 percent utilization rate is second only to San Francisco Health Plan's 64.2 percent. The lowest rate among the 23 plans listed was 39.9 percent. As a result of the audit's largely negative findings, DHCS announced a series of stricter

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quality oversight measures, including new performance benchmarks and sanctions for noncompliance. Further, Assemblyman Jim Wood also introduced legislation to implement similar controls. We are carefully monitoring this regulatory and legislative activity to ensure that CalOptima continues to serve our youngest members according to high quality standards.

Governor Introduces Individual Mandate as Part of Budget Trailer Bill
Reflecting his focus on California health care issues, Gov. Gavin Newsom introduced a state-based requirement to obtain health care coverage, known as an individual mandate, with the release of FY 2019–20 budget trailer bill language in mid-March. The language includes a tax penalty of $695 per adult and $348 per child that would be collected by the state and deposited into the General Fund. The money would then be used to provide subsidies for coverage purchased through Covered California and expand subsidies to people between 400 percent to 600 percent of the federal poverty level. Experts predict that an individual mandate may also have the effect of driving more enrollment into Medi-Cal as eligible individuals seek coverage rather than pay penalties.

State Requests Pharmacy Data to Gauge Impact of Governor's Carve-Out Order
Gov. Newsom's executive order to carve out pharmacy services from Medi-Cal managed care took another step forward this past month. On March 26, CalOptima participated in a statewide call with DHCS, which has now requested data on pharmacy costs and utilization for our Medi-Cal and OneCare Connect programs. Officials are working to get a sense of the size of transition driven by the governor's order. Our industry associations continue to prioritize work on this issue by suggesting alternatives that may offer the desired result of lower overall drug costs without jeopardizing the care coordination inherent in managed care.

Cal MediConnect Poised for a Three-Year Extension That Brings Program Changes
The Cal MediConnect (CMC) program, including CalOptima OneCare Connect, is awaiting state and federal approval of a three-year extension that would authorize CMC through 2023 and introduce key changes. The extension includes new rules for financial penalties based on high rates of disenrollment starting in 2019, an increase in the quality withhold of 4 percent starting in 2020, and an experience rebate that would require plans to share with DHCS and the Centers for Medicare & Medicaid (CMS) any profit over a threshold. The California Association of Health Plans provided feedback in response to a DHCS request, suggesting certain enhancements, including passive enrollment of newly Medicare-eligible and a pilot to integrate In-Home Supportive Services, which was a component of the original CMC program. I will keep your Board apprised of CMC status as the extension will add further stability to OneCare Connect.

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2019–20 Legislative Tracking Matrix

FEDERAL BILLS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 652 Blumenauer	**Programs of All-Inclusive Care for the Elderly (PACE) Final Rule:** Directs the Secretary of Health and Human Services (HHS) to release the final PACE rule (81 Fed. Reg. 54666) no later than April 1, 2019, which would implement the first update to PACE regulations in more than ten years. The proposed changes include allowing PACE organizations (POs) to, (1) include community-based physicians as part of their interdisciplinary teams (IDTs); (2) use nurse practitioners and physician assistants as primary care providers; (3) provide services in settings other than the PACE Center, and; (4) configure the IDT to meet the needs of individual participants. Taken together these changes are likely to enable POs to accommodate more participants and expand their programs without compromising quality of care. CalOptima PACE has been an early adopter of many of the PACE innovations reflected in the final rule, applying for Centers for Medicare & Medicaid Services (CMS) exemptions to utilize community-based physicians, nurse practitioners, and the Alternative Care Setting (ACS) model to deliver PACE care outside of the PACE center. Updating the PACE regulations to allow these innovations to be part of the program will facilitate growth and sustainability for the PACE model.	**01/17/2019** Introduced; Referred to Ways and Means; Energy and Commerce	NPA – Support

STATE BILLS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 4 Arambula SB 29 (Lara/Durazo)	**Medi-Cal Eligibility Expansion:** Extends eligibility for full-scope Medi-Cal to eligible individuals of all ages regardless of their immigration status. The Department of Health Care Services (DHCS) projects this expansion would cost approximately $1.6 billion General Fund (GF) each year; $1.5 billion by expanding full-scope Medical up to age 64 and $115 million by expanding to adults 65 years of age and older. Additionally, the cost of In-Home Supportive Services (IHSS) for undocumented young adults with disabilities would cost $2.2 million GF each year. The cost of IHSS for undocumented seniors has yet to be calculated. Under the terms of SB 75, signed into California state law in 2015, children under 19 years of age, regardless of their immigration status, became eligible for full-scope Medi-Cal benefits, as long as they meet all other eligibility requirements. This change in state policy brought approximately 9,000 new members in to CalOptima. Similarly, AB 4/SB 29 would likely increase CalOptima's Medi-Cal membership. Of note, the Governor's 2019-20 Budget Proposal includes a provision to expand full-scope Medi-Cal to undocumented individuals, but only for ages 19 to 25. According to a DHCS analysis, the Governor's proposed expansion would result in an estimated 138,000 newly eligible individuals receiving full-scope benefits at a cost of $194 million to the state's GF ($260 million total) in fiscal year 2019-20. A similar analysis of AB 4/SB 29's impact is likely to be produced as these bills are heard in their respective committees of jurisdiction.	**12/03/2018** Introduced	Watch
AB 316 Ramos/Rivas	**Medi-Cal Dental Services Reimbursement:** Would increase the fee-for-service reimbursement rate for Denti-Cal providers that provide services to individuals with special needs. Pending approval from the Centers for Medicare & Medicaid Services (CMS), the increase in reimbursement rates to Denti-Cal providers would allow the provider to be reimbursed for the additional time and resources required to treat a patient with special needs. Providers are currently not receiving additional funds if a patient with specials needs uses more time and resources than originally allocated. The increase in reimbursement rate has yet to be defined. Since Denti-Cal is a Medi-Cal managed care "carve-out," CalOptima does not provide dental benefits to our Medi-Cal members. However, CalOptima is tracking this bill due to its potential impact on our members who access dental benefits on a fee-for-service basis as part of the Denti-Cal program.	**01/30/2019** Introduced	Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 318 Chu	**Materials for Medi-Cal Members:** Similar to AB 2299, introduced and vetoed by the Governor in 2018, requires all Medi-Cal managed care plans' (MCPs) written health education and information materials to be reviewed through "field testing" to ensure all materials meet readability and suitability standards. Field testing may be conducted internally by the MCP or by an external entity. The findings of the field testing will then be reported to the Department of Health Care Services (DHCS). Under current state policy, MCPs are already required to meet readability and suitability standards for all written materials. The timeline to complete the field test report has yet to be defined. Currently, CalOptima's Health Education and Cultural Linguistic Services departments review all informational materials released to members in all threshold languages. To ensure the quality of the translation, CalOptima and its Health Networks participate in a robust process to ensure cultural and linguistic appropriateness, including: qualified translators, editor for translated documents, and having the translated documents translated back to English to check the accuracy of the translation, as necessary. This bill proposes to add an additional step—field test reports to DHCS—in addition to the current process.	**01/30/2019** Introduced	Watch
SB 66 Atkins/ McGuire	**Federally Qualified Health Center (FQHC) Reimbursement:** Similar to SB 1125, introduced and vetoed by the Governor in 2018, would allow an FQHC to be reimbursed by the state for a mental health or dental health visit that occurs on the same day as a medical face-to-face visit. Currently, California is one of the few states that do not allow for reimbursable mental or dental and physical health visits on the same day. A patient must seek mental health or dental treatment on a subsequent day for an FQHC to receive reimbursement for that service. This bill would distinguish a medical visit through the member's primary care provider and a mental health or dental visit as two separate visits, regardless if at the same location on the same day. As a result, the patient would no longer have to wait a 24-hour time period in order to receive medical and dental or mental health services, while ensuring that clinics are appropriately reimbursed for both services. Although there is no direct impact to CalOptima given that the FQHC "wrap around" prospective payment system (PPS) reimbursement is administered by the state, the policy change would impact access to services that our members receive at FQHCs. LHPC supported SB 1125 in 2018.	**01/08/2019** Introduced	Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 163 Portantino	**Qualifications for Autism Spectrum Disorder (ASD) Providers:** Similar to SB 399, introduced and vetoed by the Governor in 2018, would revise and expand the definitions of those providing care and support to individuals with Autism Spectrum Disorder (ASD) and redefine the minimum qualifications of autism service professionals. Additionally, ASD treatment would be provided at any time or location, in an unscheduled and unstructured setting, by a qualified autism provider and the authorization of ASD treatment services would not be declined if a parent or caregiver is unable to participate. This would significantly limit CalOptima's ability to determine medically necessary services. Furthermore, without parent or caregiver participation, the ability to manage the child's behavior as well as the success of the treatment would be limited. CAHP and LHPC opposed SB 399 in 2018, asserting that the provisions resulted in a disregard of current medical recommendations and evidence-based practice guidelines.	**02/06/2019** Referred to Committees on Health and Human Services **01/24/2019** Introduced	Watch
SB 175 Pan	**State-Based Individual Mandate:** Would create a state-based individual mandate, to require all California residents to be enrolled in a health insurance plan. A fine would be charged to each resident for each month that person is not insured. The bill language does not currently define the penalty fee amount. H.R. 1 (P.L. No: 115-97), passed by Congress in 2017, eliminated the penalty associated with the Affordable Care Act's individual mandate, effective January 1, 2019; therefore, there is currently a zero-dollar fine if a California resident is not insured. As a result, the California Legislative Analyst's Office (LAO) reported that 24 percent fewer people enrolled in Covered California in 2019 when compared to 2018 enrollment data. While there is no direct impact to CalOptima, since it does not operate in the individual market, the provisions would have a wide-ranging impact on the health care system as a whole. Individuals who are just above the Medi-Cal eligibility threshold often "churn" back and forth between Covered California and CalOptima and SB 175 could potentially impact this population.	**02/06/2019** Referred to Committees on Health and Governance & Finance **01/28/2019** Introduced	Watch

*Information in this document is subject to change as bills are still going through the early stages of the legislative process.

NPA: National PACE Association
CAHP: California Association of Health Plans
LHPC: Local Health Plans of California

Last Updated: February 20, 2019

2019 Federal Legislative Dates

January 3	116th Congress convenes 1st session
April 15–26	Spring recess
July 29–September 6	Summer recess
September 30–October 11	Fall recess

2019 State Legislative Dates

January 7	Legislature reconvenes
February 22	Last day for legislation to be introduced
April 26	Last day for policy committees to hear and report bills to fiscal committees
May 3	Last day for policy committees to hear and report non-fiscal bills to the floor
May 17	Last day for fiscal committees to report fiscal bills to the floor
May 28–31	Floor session only
May 31	Last day to pass bills out of their house of origin
June 15	Budget bill must be passed by midnight
July 12–August 9	Summer recess
August 30	Last day for fiscal committees to report bills to the floor
September 3–13	Floor session only
September 13	Last day for bills to be passed. Final recess begins upon adjournment
October 13	Last day for Governor to sign or veto bills passed by the Legislature
December 2	Convening of the 2020–21 session

Sources: 2019 State Legislative Deadlines, California State Assembly: http://assembly.ca.gov/legislativedeadlines

CalOptima Behavioral Health Update

OneCare Connect / One Care Member Advisory Committee

April 25, 2019

Donald Sharps, M.D.

Medical Director, Behavioral Health

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CalOptima Behavioral Health Integration

- Magellan MBHO continues to manage OneCare and OneCare Connect (OC/OCC) mental health
  - Ø OC/OCC BH has been apart of CalOptima since 2005
- 2018 — CalOptima began directly managing Medi-Cal mental health (MH) / behavioral health treatment (BHT)
  - Ø Member support, provider network, claims and utilization management
  - Ø CalOptima had delegated Medi-Cal MH and BHT to a managed behavioral healthcare organization (MBHO) from 2014 to 2017
- County mental health (MH) level of care for Medi-Cal unchanged with Affordable Care Act in January 2014

CalOptima BH Integration — Strategic Focus

- Integrated care
  - Ø Mental health screening at primary care settings
  - Ø Psychological factors affecting physical health
  - Ø Co-location of behavioral and physical health services
  - Ø Interdisciplinary care team
- Network development
  - Ø Special populations
  - Ø Specialty areas
- Quality of care
  - Ø Access and availability
  - Ø Member satisfaction

CalOptima — OCC/OC in 2018

- 8,680 incoming calls to access a provider
- 1,067 average encounters per month
  - Ø 7 – 10 % new starts each month
  - Ø 1,769 unique members (11 percent annual penetrance)
- 33 psychiatrists/nurse practitioners with claims
- 62 therapists with claims
- Open access with monitoring of appropriate level-of-care and utilization
- Top 10 diagnoses included:
  - Ø Major depressive disorders, Schizophrenia, Schizoaffective, Bipolar Disorders, Generalized anxiety disorder

CalOptima Mild to Moderate Outpatient (cont'd)

- 47,012 incoming calls to access a provider
- 18 percent transferred to clinical team for additional support
- Open access with monitoring of appropriate
- Top 10 diagnoses included:
  - Ø Generalized anxiety disorder and unspecified, Major depressive disorders — single and recurrent without psychosis, Dysthymia, Bipolar unspecified
- Diagnoses excluded County Mental Health Plan
  - Ø Intellectual disabilities from mild to profound
    - § If mild to moderate MH impairment, CalOptima offers medication management and counseling for MH needs
    - § If severe MH impairment, CalOptima assists Regional Center of Orange County (RCOC) in linking them to county mental health services

CalOptima Mild to Moderate Outpatient (cont'd)

- 18,050 average of encounters per month
  - Ø 25,861 unique members in 2018
    - § 4.1 percent yearly penetrance
  - Ø 155 psychiatrists*
  - Ø 32 nurse practitioners*
  - Ø 10 physician assistants*
  - Ø 608 therapists*

- Average Penetrance Rate for under 18
  - Ø Psychotherapy - 0.5% vs 1.0% for over 18
  - Ø Psychiatrist visit – 0.2% vs 1.2% for over 18

*2018 claims data

CalOptima Behavioral Health Treatment (BHT)

- BHT includes Applied Behavior Analysis (ABA)
- 3,662 unique members received ABA in 2018
  - Ø One in 84 <21 year old members received ABA (1.2 percent penetrance)
- Requests for services in 2018
  - Ø 10,117 authorizations
  - Ø 365 modifications and 60 denials
  - Ø 10 state fair hearings
  - Ø Criteria — MCG, APL 18-006, and CalOptima GG.1548
- Eight hours per week average for all ages
- More than 60 providers (CalOptima has met with half)
- Five meetings of ABA Transition Council

Grievances and Appeals

- Top grievance types continue to be delays in service, question of treatment and provider/staff services
  - § Includes delays in results, medication, and referrals; inability to reach provider; member's health concerns were not addressed; poor provider/staff service
  - § Providers within this category are tracked and trended with escalation to Provider Relations, Compliance or Quality Improvement for additional review when required

- Appeals increased significantly from Q2
  - Ø Psychological testing
  - Ø Number of ABA service hours

Drug Medi-Cal Organized Delivery System

- Alcohol Misuse Screening and Behavioral Counseling Interventions (APL 18-014 & APL 17-006)
  - ØReplaced Screening, Brief Intervention, Referral for Treatment
- Medical admits versus voluntary inpatient detoxication(VID)
  - Ø882 Medi-Cal admissions with primary alcohol diagnoses (2016)
  - ØVID is a prior authorized hospitalization (APL 18-001)
- Outpatient drug free
- Intensive outpatient
- Residential
- Social model detoxification
- Medication assisted treatment (MAT) — CalOptima
  - Ø266 prescribers of buprenorphine for CalOptima members (2018)
  - ØTop 10 prescribers with 35 percent of prescriptions

Drug Medi-Cal Organized Delivery System (cont.)

- **Beneficiary Access Line (BAL) July–Dec 2018**
- **631** screenings for clients seeking Drug Medi-Cal services
  - Ø 41 percent of these referrals screened for residential
  - Ø 40 percent of these referrals screened for outpatient
  - Ø 12 percent screened for detox services
  - Ø Six percent screened for Methadone or other MAT
- **354** clients in outpatient contracted programs
  - Ø Last year at this time, they were serving **32** DMC clients
  - Ø Nine contract locations and four county operated sites
  - Ø Medical withdrawal management expanded from one to four days/wk
  - Ø 48 clients have received Vivitrol
- **1,750** clients in methadone programs
  - Ø Providers now include subutex, antabuse and naloxone

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CalOptima
A Public Agency
Better. Together.

*Beneficiary Access Line (BAL): (800)-723-8641

CalOptima BH Line

- **855-877-3885**
  - Ø OC/OCC members are connected to Magellan MBHO
  - Ø For Medi-Cal
    - § Toll-free number for members to access outpatient MH and BHT services
    - § Staffed by customer service representatives, licensed behavioral health clinicians, and member liaison specialists
    - § Level of care screening
    - § Routine with assistance

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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OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

OneCare Connect Customer Service

OneCare Connect Member Advisory Committee

April 25, 2019

Andrew Tse

Manager, Customer Service

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What Is ANOC?

- The Annual Notice of Change (ANOC) is a Centers for Medicare and Medicaid Services (CMS) required mailing and one of the most important mailings a member will receive.
- The purpose of the mailing is to inform all members of the changes to their benefits that will be effective on January 1st and give them an opportunity to review the changes and compare with those of other plans.
- All health plans must ensure the ANOC is in the members' hands and on the plan's website no later than September 30th of each year.

What Is in the ANOC Packet?

- Annual Notice of Changes
- Member Handbook Insert
- Multi-Language Insert
- Nondiscrimination Notice — Language Taglines
- Notice of Privacy Practices
- Pre-Enrollment Checklist
- Provider Directory — Formulary Insert
- Summary of Benefits

Changes to OCC

- **Section D. Changes to benefits and costs for next year**

	2018	2019
Dental Services	$0 co-pay for limited dental services	Dental services are not covered.
Hearing Services	$0 co-pay for hearing services.	$0 co-pay for hearing services. For hearing aids, our plan pays up to $500, above the Medi-Cal limit. This benefit may only be used once during the year.

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Changes to OCC (cont.)

- **Section D. Changes to benefits and costs for next year**

	2018	2019
Non-Medical Transportation (NMT)	Unlimited transportation to plan-approved locations for the following: • Medically necessary covered services • Picking up drug prescriptions • Picking up medical supplies or other medically necessary covered equipment Referral requirements may apply. Contact OneCare Connect Customer Service for details.	Unlimited transportation to plan-approved locations for the following: • Medically necessary covered services • Picking up drug prescriptions • Picking up medical supplies or other medically necessary covered equipment • Trips to/from the gym as the health club membership is offered as a benefit to the plan Referral requirements may apply. Contact OneCare Connect Customer Service for details.

Changes to OCC (cont.)

- **Section D. Changes to benefits and costs for next year**

	2018	2019
Podiatry Services	$0 co-pay	$0 co-pay Our plan also offers podiatry services for routine foot care as a supplemental benefit, up to 12 visits per year.
Vision Care	Our plan pays up to $100 every two years for contact lenses or eyeglasses (frames and lenses).	Our plan pays up to $150 above the Medi-Cal limit, every two years for contact lenses or eyeglasses (frames and lenses).
Worldwide Emergency/Urgent Coverage	Not covered	You pay for your emergency and urgent care outside of the U.S., and we will reimburse you up to $25,000 per year.

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Changes to OCC (cont.)

- **Section D2. Changes to prescription drug coverage**

  Ø There are two payment stages for your Medicare Part D prescription drug coverage under OneCare Connect. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
During this stage, the plan pays part of the costs of your drugs, and you pay your share. *Your share is called the co-pay.* You begin this stage when you fill your first prescription of the year.	During this stage, the plan pays all of the costs of your drugs through December 31, 2019. You begin this stage when you have paid a certain amount of out-of-pocket costs.

Changes to OCC (cont.)

- **Section D2. Changes to prescription drug coverage**

	2018	2019
Drugs in Tier 1 *(generic drugs)* Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your co-pay for a one-month (30-day) supply is **$0, $1.25 or $3.35 per prescription**.	Your co-pay for a one-month (30-day) supply is **$0 per prescription**.
Drugs in Tier 2 (*brand-name drugs)* Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your co-pay for a one-month (30-day) supply is **$0, $3.70 or $8.35 per prescription**.	Your co-pay for a one-month (30-day) supply is **$0** per prescription until your total drug costs reach $3,820, then your co-pays will be $**0, $3.80 or $8.50 per prescription**.
Drugs in Tier 3 *(non-Medicare drugs)* Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your co-pay for a one-month (30-day) supply is **$0 per prescription**.	Your co-pay for a one-month (30-day) supply is **$0 per prescription**.

The Initial Coverage Stage ends when your total out-of-pocket costs reach **$5,100.** At that point, the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. Chapter 6 has more information about how much you will pay for prescription drugs.

Changes to OCC (cont.)

- **Section E. Administrative changes**

Cost	2018	2019
Dental Services	Dental services were offered through LIBERTY Dental	Dental services not covered
Inpatient Mental Health Care	Inpatient psychiatric hospital services required a referral.	Inpatient psychiatric hospital services do not require a referral.
Medicare-covered Glaucoma Screening	Medicare-covered glaucoma screening required prior authorization	Medicare-covered glaucoma screening do not require prior authorization.
Medicare-covered Diabetes Self-Management Training	Medicare-covered diabetes self-management training required prior authorization	Medicare-covered diabetes self-management training do not require prior authorization.
Other Medicare Covered Preventive Services	Not applicable for 2018	Medicare-covered barium enemas, Medicare-covered digital rectal exams and Medicare-covered EKG following welcome visit do not require prior authorization.

Changes to OCC (cont.)

- **Section F. How to choose a plan**
  - Ø F1. How to stay in our plan
    - § We hope to keep you as a member next year.
      You do not have to do anything to stay in your health plan. If you do not change to a Medicare Advantage Plan or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2019.

Changes to OCC (cont.)

- **Section F. How to choose a plan**
  - Ø F2. How to leave OneCare Connect
    - § You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan or moving to Original Medicare.
    - § **NOTE**: If you are in a drug management program, you may not be able to join a different plan. See Chapter 5 of your Member Handbook for information about drug management programs
    - § If you leave OneCare Connect and do not join a Medicare Advantage Plan, you will go back to getting your Medicare and Medi-Cal services separately.
    - § You will continue to get your Medi-Cal services through CalOptima. Your Medi-Cal services include most long-term services and supports and behavioral health care.
    - § You will have three options for getting your Medicare services. By choosing one of these options, you will automatically end your membership in our Cal MediConnect plan.

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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