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NOTICE OF A
SPECIAL JOINT MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
MEMBER ADVISORY COMMITTEE,
ONECARE CONNECT CAL MEDICONNECT PLAN
(MEDICARE-MEDICAID PLAN) MEMBER ADVISORY COMMITTEE,
PROVIDER ADVISORY COMMITTEE AND
WHOLE-CHILD MODEL FAMILY ADVISORY COMMITTEE

THURSDAY, MARCH 11, 2021

9:00 A.M.

CALOPTIMA
505 CITY PARKWAY WEST, SUITE 107
ORANGE, CALIFORNIA 92868

AGENDA

This agenda contains a brief, general description of each item to be considered. The Committees 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.

To ensure public safety and compliance with emergency declarations and orders related to the COVID-19 pandemic, individuals are encouraged <u>not</u> to attend the meeting in person. As an alternative, members of the public may:

1) **Listen to the live audio at +1 (562) 247-8422- Access Code: 248-871-609 or**

2) **Participate via Webinar at: https://attendee.gotowebinar.com/register/5311000016203486480 rather than attending in person. Webinar instructions are provided below.**

I. **CALL TO ORDER**
    Pledge of Allegiance

II. **ESTABLISH QUORUM**

Notice of a Special Joint Meeting of the CalOptima
Board of Directors' Member Advisory Committee, OneCare Connect
Cal MediConnect Plan (Medicare-Medicaid Plan) Member Advisory
Committee, Provider Advisory Committee and Whole-Child Model
Family Advisory Committee
March 11, 2021
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III. **PUBLIC COMMENT**

At this time, members of the public may address the Committees 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 Advisory Committees. When addressing the Committees, it is requested that you state your name for the record. Please address the Committees as a whole through the Chair. Comments to individual Committee members or staff are not permitted. Speakers will be limited to three (3) minutes.

IV. **CEO AND MANAGEMENT REPORTS**
   A. Chief Executive Officer Update
   B. Chief Medical Officer Update

V. **INFORMATIONAL ITEMS**
   A. Facilitated Discussion Regarding Strategic Plan Implementation
   B. Orange County COVID Response to Older Adult Infections
   C. CalAIM Update
   D. Federal and State Legislative Update
   E. Committee Member Updates

VI. **COMMITTEE UPDATES**

VII. **ADJOURNMENT**

Webinar Information

1. **Please register for the Special Joint Board Advisory Committee Meeting on March 11, 2021 at 9:00 a.m. PST at:**

   https://attendee.gotowebinar.com/register/5311000016203486480

   After registering, you will receive a confirmation email containing a link to join the webinar at the specified time and date.

   Note: This link should not be shared with others; it is unique to you.

   Before joining, be sure to check system requirements to avoid any connection issues.

2. **Choose one of the following audio options:**

   TO USE YOUR COMPUTER'S AUDIO:
   When the webinar begins, you will be connected to audio using your computer's microphone and speakers (VoIP). A headset is recommended.
   --OR--
   TO USE YOUR TELEPHONE:
   If you prefer to use your phone, you must select "Use Telephone" after joining the webinar and call in using the numbers below.
   United States: **+1 (562) 247-8422**

   Access Code: **248-871-609**

   Audio PIN: Shown after joining the webinar

MEMORANDUM

DATE: February 24, 2021

TO: CalOptima Board of Directors

FROM: Richard Sanchez, Chief Executive Officer

SUBJECT: CEO Report — March 4, 2021, Board of Directors Meeting

COPY: Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider
            Advisory Committee; OneCare Connect Member Advisory Committee; and
            Whole-Child Model Family Advisory Committee

CalOptima Welcomes Member Representative to the Board of Directors
Nancy Shivers, MSN, RN, CCM, was appointed by the Board of Supervisors to fill the open
CalOptima Board seat for a member or family member of a member. Ms. Shivers' son, daughter
and grandchildren are members of CalOptima. Ms. Shivers has been a nurse for more than 24
years and is familiar with health plan operations through her work as a case manager at Optum.
She will attend her first meeting on March 4.

Medi-Cal Rx Transition Delayed While State Considers Magellan Conflict of Interest
On February 17, the Department of Health Care Services (DHCS) delayed again the April 1
go-live of Medi-Cal Rx, based on the need to review new conflict avoidance protocols submitted
by Magellan Health. In January, Centene Corp. announced plans to acquire Magellan. Centene
subsidiaries Health Net and California Health and Wellness operate managed care plans and
pharmacies that participate in Medi-Cal. The state said the Centene transaction was unexpected
and requires additional time to ensure that there will be acceptable firewalls between the entities
to protect Medi-Cal members' pharmacy data and other proprietary information. No revised date
for the Medi-Cal Rx launch was offered, but the state said it would provide an update in May.
CalOptima will keep the Board and community informed about the twice-delayed transition.

COVID-19 Vaccination Efforts Take Priority as Pandemic Passes One-Year Milestone
February 26, 2021, marks one year since the original declaration of the COVID-19 public health
emergency in Orange County. While maintaining strong access to testing and treatment for
members, CalOptima is now working to support the vaccination phase that will move our
community toward the end of the pandemic. Below are summaries of selected efforts on
vaccination and other issues.

- *Permanent Telehealth Changes:* On February 2, DHCS released broad-based telehealth
  policy changes that would remain permanent following the end of the COVID-19 public
  health emergency. DHCS is seeking to modify or expand the use of synchronous telehealth,
  asynchronous telehealth, telephonic/audio-only and other virtual communication, and to add
  remote patient monitoring as a benefit. The changes would be effective July 1, 2021, after
  necessary federal approvals.

- *Member Mailing:* In late February, CalOptima members in Medi-Cal, OneCare Connect and
  OneCare will receive a mailing that includes a letter explaining the Board-approved $25
  incentive for each vaccine received and a question-and-answer document that highlights

vaccine safety and effectiveness. More than 552,000 mailings in seven languages were sent to members across the three programs.

- *Vaccine Equity Pilot Program (VEPP):* As of February 22, during the first three weeks of the VEPP, CalOptima has collaborated with the Orange County Health Care Agency (HCA) to directly allocate nearly 21,000 doses of COVID-19 vaccine to community health centers and health network providers. To be approved for a vaccine allocation, health networks had to identify CalVax-approved providers and commit to conducting personalized outreach to members to schedule appointments. CalOptima has asked health networks to report vaccine administration within 24 hours to the California Immunization Registry and aim for 100% vaccine utilization within each week. Recently, delivery of some doses was delayed because of inclement weather across the country, but resolution of that issue is expected soon.
- *Blue Shield:* According to a state contract released February 15, Blue Shield is now the third-party administrator of California's vaccine distribution effort. Subsequently, CalOptima learned that Orange County is in the second wave of counties where Blue Shield will lead the vaccine rollout, starting March 7. CalOptima will work with HCA to determine how this may impact future CalOptima-directed allocations under the VEPP.
- *Othena:* CalOptima and HCA facilitated a demonstration on February 11 of both the provider and member components of the Othena app. A total of 65 health network staff and CalVax providers attended the virtual demonstration. CalOptima recorded the event and has made it available for health networks to share with others who could not attend. Attendees provided positive feedback about their improved understanding of the provider registration process.
- *Program of All-Inclusive Care for the Elderly (PACE) Vaccination Events:* PACE is preparing to administer second doses to more than 270 participants and 50 staff on Saturday, February 27. A limited number of first doses will also be administered. When this effort is complete, approximately 77% of all PACE participants will be vaccinated.
- *Vaccination Awareness Campaign:* CalOptima's vaccination awareness ad campaign launched on February 11, with placement in local English, Spanish and Vietnamese language newspapers. Starting in March, ads for billboards, transit shelters, Spanish radio and social media will be added. The campaign will run through the end of June.
- *Media Coverage:* CalOptima received significant positive media coverage about our vaccine efforts in February. The Orange County Business Journal wrote about our member incentive program and PACE vaccination events, and the Orange County Register, Orange County Breeze and Patch ran articles about or made mention of the VEPP. On February 20, a commentary article with a shared byline from Interim Chief Medical Officer Emily Fonda, M.D., and Clayton Chau, M.D., Ph.D., Orange County Health Officer, HCA Director and CalOptima Board Member, ran in the Daily Pilot print edition and online here. The piece featured joint CalOptima-HCA efforts to support vaccination of vulnerable populations.

California Advancing and Innovating Medi-Cal (CalAIM) Documents Open for Comment
CalAIM is a multiyear initiative to improve Medi-Cal beneficiaries' quality of life and health outcomes by implementing delivery system, program and payment reforms. On February 16, DHCS released four draft documents about Enhanced Care Management (ECM) and In Lieu of Services (ILOS) for public comment. The documents include the DHCS/Managed Care Plan ECM and ILOS Contract Template; ECM and ILOS Standard Provider Terms and Conditions; ECM and ILOS Model of Care Template; and ECM and ILOS Coding Guidance. CalOptima staff will review the material for its impact on the organization. In March, CalOptima will begin

our collaboration with health networks to discuss the CalAIM initiatives. ECM and ILOS have a proposed effective date of January 1, 2022.

CalOptima Distributes $209 Million in Hospital Quality Assurance Fee (HQAF) Payments
On February 19, CalOptima released $209 million in HQAF funding to 26 hospitals. The payments cover the 18-month period of July 2019–December 2020. The HQAF program provides supplemental payments to California hospitals that serve Medi-Cal and uninsured patients, and CalOptima passes through the funding to the hospitals according to instructions from the California Hospital Association.

CalOptima Engages Elected Officials at Virtual Events
Since travel to Washington, D.C., is limited, the Association for Community Affiliated Plans is hosting a Virtual Legislative Fly-In February 24–26. Along with Executive Director of Public Affairs Rachel Selleck, I have several online meetings scheduled with federal elected officials and/or their staffs. Meetings are set with Reps. Lou Correa, Mike Levin and Alan Lowenthal, and the staffs of Sen. Alex Padilla and Reps. Katie Porter and Young Kim. We will share details about CalOptima's work to serve members during the pandemic and request legislative support in certain areas. Separately, CalOptima will host a Virtual Legislative Update on March 12 for our local, state and federal delegation and their staffs. Via webinar, CalOptima will highlight our legislative priorities and issues that impact members, such as COVID-19 vaccine distribution.

Joint Advisory Committee Meeting to Consider Key Issues, Strategic Plan Priorities
CalOptima's four advisory committees—Member Advisory Committee, OneCare Connect Member Advisory Committee, Whole-Child Model Family Advisory Committee and Provider Advisory Committee—will come together on March 11 to address interests shared by all committees. Topics include COVID-19 in older adults, health network contracting, CalAIM, and federal and state legislative information. In addition, staff plans to engage the group to gather feedback about increasing the attention on health equity, behavioral health, social determinants of health and service delivery models within the CalOptima 2020–2022 Strategic Plan. Staff will share the outcome of this discussion with the Board and seek guidance about how to enhance the Strategic Plan going forward.

CalOptima 2020–2022 Strategic Plan

Special Joint Meeting of the Board Advisory Committees

March 11, 2021

Strategic Plan Development Process and Implementation Overview

Rachel Selleck, Executive Director, Public Affairs

Debra Kegel, Director, Strategic Development

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Development Process Overview (April–December 2019)

Interviewed CalOptima Board, Executive Staff, and Advisory Committee Chairs and Vice Chairs

Conducted Strategic Planning Session with CalOptima Board of Directors

Completed Environmental Scan

Identified Themes and Priorities

Developed First Draft of 2020–2022 Strategic Plan

Facilitated Meetings with Advisory Committees and Health Networks

Presented Draft Strategic Plan to CalOptima Board of Directors

Integrated Final Input and Comments

Presented Final 2020–2022 Strategic Plan to CalOptima Board of Directors

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Strategic Priorities and Objectives

Innovate & Be Proactive

- Anticipate Likely CMS And DHCS Priorities
- Identify and Collaborate on Local Priorities and Needs
- Leverage New Federal and State Programs and Services to Improve Access and Quality of Care for Members
- Seek Opportunities to Further Integrate Care for Members

Expand CalOptima's Member-Centric Focus

- Focus on Population Health
- Strengthen Provider Network and Access to Care
- Enhance Member Experience and Customer Service

Strengthen Community Partnerships

- Increase Collaboration with Providers and Community Stakeholders to Improve Care
- Utilize Strong Advisory Committee Participation to Inform Additional Community Engagement Strategies

Increase Value and Improve Care Delivery

- Evaluate and Implement Value-Based Purchasing Strategies that Drive Quality
- Deploy Innovative Delivery Models to Address Social Determinants of Health and Homelessness
- Maintain Focus on Providing High-Quality Care Provided to Members

Enhance Operational Excellence and Efficiency

- Maintain Strong Culture of Compliance
- Preserve CalOptima's Financial Stability
- Invest in Infrastructure and Efficient Processes
- Engage Workforce and Identify Development Opportunities

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Strategic Planning Discussion

○ Strategic Priorities

| Innovate and Be Proactive | Expand CalOptima's Member-Centric Focus | Strengthen Community Partnerships | Increase Value and Improve Care Delivery | Enhance Operational Excellence and Efficiency |

○ Strategic Initiatives Categories

- Behavioral Health
- Clinical Operations
- Community Engagement
- COVID-19 Response
- Employee Support
- Health Equity*

- Member Access
- Organizational Operations
- Quality Improvement
- Service Delivery Model*
- Social Determinants of Health

* Added February 4, 2021, per Board of Directors   Back to Agenda

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Looking Forward

○ Continue leveraging flexibilities under the 2020–2022 Strategic Plan

  ▪ COVID-19 pandemic and aftermath

  ▪ New federal administrative and legislative agendas

  ▪ Next fiscal year state budget and initiatives

    • California Advancing and Innovating Medi-Cal (CalAIM)

    • Racial and ethnic health care disparities

○ Respond to Board directive at February 4 meeting

  ▪ Staff engaging advisory committees regarding proposed goals in the following categories:

    • Health Equity

    • Social Determinants of Health

    • Service Delivery Model

    • Behavioral Health

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Facilitated Discussion: Strategic Initiative Categories

Athena Chapman, President, Chapman Consulting

Caroline Davis, President, Davis Health Strategies LLC

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Health Equity

○ Purpose Statement

  ▪ Identify opportunities to proactively address health disparities and promote health equity for all CalOptima members while developing structure and processes to implement a health equity framework in all programs

○ Priorities

  ▪ Health Equity Framework

    • Set of guiding principles to ensure equity across all programs

  ▪ Population Health Equity Analysis and Interventions

    • Conduct analysis, identify disparities, and develop short- and long-term interventions

Social Determinants of Health

○ Purpose Statement

- Assess and address health-related social needs that influence member health outcomes, including targeted strategies and interventions that drive improvements in health

○ Priorities

- CalAIM In Lieu of Services (ILOS)

  - Implement alternative services that address members' social determinants of health needs

- Homeless Health Initiatives

  - Explore new pilots

  - Enhance current pilots/programs

    – Clinical Field Team pilot

    – Homeless Response Team

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Service Delivery Model

○ Purpose Statement

- Maximize funding for care delivery, increase access to quality services, promote efficiency and drive innovative collaborations among the different systems of care to promote an integrated service experience for members

○ Priorities

- CalAIM Planning and Implementation

  - Implement Enhanced Care Management and ILOS

- Virtual Care Strategy

  - Consider multiple strategies to provide virtual alternatives for members to access services

- OneCare Network Build for 2023

  - Develop a direct provider network as part of the transition from OneCare Connect to OneCare

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Behavioral Health

○ Purpose Statement

- Increase access to Behavioral Health (BH) services for CalOptima members while supporting efforts for a full physical and BH integration model

○ Priorities

- BH Integration

  • Expand the BH network to include Administrative Service Organization (ASO) providers

    − Contract with ASO providers to support members transitioning from County's Serious and Persistent Mental Illness services to CalOptima's mild-to-moderate services

  • Work on BH Integration Incentive Program

    − Improve physical and BH outcomes, care delivery efficiency and patient experience by establishing or expanding fully integrated care

Our Mission

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

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Special Joint Meeting of the Board Advisory Committees
Strategic Plan Initiative Categories
Draft Purpose Statements

Introductory: The draft purpose statement is the goal for each category that will guide CalOptima in developing and prioritizing initiatives.

BEHAVIORAL HEALTH*

Increase access to behavioral health services for CalOptima Members while supporting efforts for a full physical and behavioral health integration model. Initiatives under this category include:

- *Behavioral Health Integration (BHI) Incentive Program**: Administer and oversee the application, awards, implementation and reporting processes of the BHI Program created by DHCS to fund behavioral health integration projects. The objective of the incentive program is to incentivize improvement of physical and behavioral health outcomes, care delivery efficiency, and patient experience by establishing or expanding fully integrated care in the Medi-Cal managed health care plan's provider network. CalOptima received 27 applications from 14 organizations; of which 12 applications (7 entities) were selected by the DHCS. STARTED TRACKING IN 2021

- *Behavioral Health (BH) Network Expansion**: Expand BH network to include Administrative Service Organization (ASO) providers to support members transitioning from County's ASO outpatient mental health services program to CalOptima's mild-to-moderate BH program. STARTED TRACKING IN 2021

- *BH Ad Hoc Workgroup Coordination*: Expand collaborative opportunities and build a synergistic relationship among the Coalition of Orange County Community Health Centers, their member community health centers and CalOptima to promote health equity of the most vulnerable populations in Orange County, specific to mental health and substance use disorder treatment services.

- *BHI Redesign*: Develop, document and improve departmental processes for BHI due to transition of care services for OneCare and OneCare Connect from Magellan to CalOptima as of January 1, 2020, and assist with redesign of BHI department organization and internal team processes to improve member experience. SUBMITTED COMPLETION IN 2021

CLINICAL OPERATIONS

Ensure internal processes, policies and practices adhere to clinical guidelines, regulatory compliance and contractual obligations. Initiatives under this category include:

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* Prioritized for Facilitated Discussion at Special Joint Meeting of the Board Advisory Committees

- *Enhance Real-Time Monitoring*: Implement formalized real-time and near real-time monitoring processes with standards development for tracking, trending, feedback and remediation of utilization management activities.

- *Medi-Cal Pharmacy Benefit Carve-Out*: Carve out Medi-Cal pharmacy benefits to Medi-Cal Fee for Service, effective April 1, 2021. Excluded from the carve-out are OneCare, OneCare Connect, Program of All-Inclusive Care for the Elderly (PACE) and physician-administered drugs.

- *Pediatric Integrated Care Survey*: Pilot the implementation of a family-reported survey instrument, developed by Boston Children's Hospital, that measures family experience of care integration in a subset of the Whole Child Model (WCM) population. Both CalOptima and CHOC Health Alliance are participants in the initiative, which will inform quality improvement and interventions to improve integration of services for WCM members.

- *Pharmacy Benefit Management*: Negotiate contract with current PBM for dates of service starting January 1, 2022, or pursue a Request for Proposal (RFP) depending on outcome of contract negotiations. Initiative would ensure quality and efficient administration of pharmacy benefit for members in our Medicare programs. Note: Contract with MedImpact was extended through 2024. COMPLETE 12/31/2020

COMMUNITY ENGAGEMENT

Engage with providers, CalOptima advisory committees and community stakeholders to build synergistic collaboration to strengthen the system of care and improve health outcomes for shared segments of the most vulnerable population of the County. Initiatives under this category include:

- *CalOptima Collaboration in the Community*: Provide targeted outreach and education projects/activities to (1) increase engagement and collaboration with providers and community stakeholders; and (2) engage our advisory committees and other community stakeholders to identify members' needs, community health issues, priorities and opportunities.

- *Quarterly Safety Net Meetings*: Provide a platform for CalOptima and the Coalition of Orange County Community Health Centers to convene on a quarterly basis with a shared strategic agenda to identify opportunities for both organizations to partner and provide value to ongoing health care initiatives.

- *Vietnamese Leadership Collaborative*: Identify key stakeholders serving the Vietnamese community and launch the Vietnamese Leadership Collaborative to lead and address health care issues impacting our Vietnamese membership.

COVID-19 RESPONSE

Respond collaboratively, proactively and effectively to our members, staff, providers, community partners and others during the pandemic, and adjust to the fluidity of our current health care environment. Initiatives under this category include:

- *Community Stakeholder Outreach and Engagement During COVID-19 Pandemic*: Provide targeted outreach activities/projects to (1) serve as a reliable source of resource information to community stakeholders; (2) share information about CalOptima and Medi-Cal through virtual platforms; and (3) support community stakeholder sponsored events with information materials and branded items.

- *COVID-19 Pandemic Response*: Respond efficiently and proactively to our staff, providers, community partners and others during the pandemic, and adjust as necessary to the resulting regulatory changes from our federal, state and local partners.

- *COVID-19 Vaccination Member Health Rewards Program*: Administer the Board-approved COVID-19 vaccination member health rewards program which goal is to encourage members, through the provision of nonmonetary gift cards, to get the COVID-19 vaccination. STARTED TRACKING IN 2021

- *PACE Virtual Care*: Provide a technology platform for PACE providers and clinicians to connect virtually with PACE participants to meet current COVID-19 physical distancing requirements. COMPLETE 11/24/2020

- *Provider and Health Network Reimbursement*: Provide a temporary, short-term, public health-related supplemental payment increase for contracted Medi-Cal CalOptima Community Network and CalOptima Direct-Administrative Medi-Cal Fee-for-Service providers in recognition of the strain that the pandemic has placed on networks and providers. STARTED TRACKING IN 2021

- *Orange County COVID-19 Nursing Home Prevention Program*: Engage nursing homes to undergo intensive COVID-19 infection prevention training to provide greater depth and assurance of infection prevention, develop a toolkit and implement training to improve the infection prevention readiness for COVID-19 surge across OC nursing homes.

EMPLOYEE SUPPORT

Strengthen internal employee support systems and tools to promote operational excellence and maintain employee satisfaction. Initiatives under this category include:

- *Emergency Mass Notification System*: Provide CalOptima a vehicle to help protect, alert and communicate with CalOptima employees at times of need and/or during emergencies.

- *HR Learning Management System and eLearning Content RFP and Implementation*: Implement a new learning management system for CalOptima University employee training, development and education programs. Contracted vendor on target for implementation mid-2021.

HEALTH EQUITY*

Identify opportunities to proactively address health disparities and promote health equity for all CalOptima members while developing structure and processes to implement a health equity framework in all programs. Initiatives under this category include:

- *Health Equity Framework*:* Refine structure and process to support health equity work across all programs. STARTED TRACKING IN 2021

- *Population Health Equity Analysis and Interventions**: Complete a comprehensive population segment analysis of CalOptima's diverse ethnic membership and identify health disparities to develop short and long-term interventions to promote health equity. STARTED TRACKING IN 2021

MEMBER ACCESS

Expand access to covered services and programs that address existing access gaps and unmet member needs. Initiatives under this category include:

- *Long-Term Care at Home*: Provide members with greater access to skilled care at home and facilitate transition from the hospital and skilled nursing facility to home, subject to DHCS approval of its proposed LTCH initiative. Note: LTSS collaborated with DHCS and managed care plan stakeholders to assess the program design and provide structure feedback. On August 26, 2020, DHCS terminated the development of the LTCH program based on the inability to reach agreement with the Administration on a design process. CLOSED 8/26/2020

- *Preventive Care Outreach (Outbound Call Campaign per All Plan Letter 19-010)*: Contact all Medi-Cal beneficiaries under age 21 who have not used, or who have underutilized, preventive care services available under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, and encourage these beneficiaries to use EPSDT services.

  Private Duty Nursing—Case Management Responsibilities for Medi-Cal Eligible Members: Ensure Medi-Cal eligible members under the age of 21 know their right to PDN benefits, which fall under the EPSDT services. Note: Notices were sent to families with members under 21. COMPLETE 11/30/2020

ORGANIZATIONAL OPERATIONS

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* Prioritized for Facilitated Discussion at Special Joint Meeting of the Board Advisory Committees

Maximize administrative costs, ensure compliance with laws and regulations, promote efficiency and standardized business processes. Initiatives under this category include:

- *Communications Support*: Provide supportive communication strategies, messaging and materials for various strategic initiatives identified by other departments.

- *Department of Health Care Services Health Network Certification*: Monitor and certify CalOptima's subcontracted networks pursuant to regulatory standards and requirements set forth by DHCS, including time and distance standards, timely access, mandatory provider types and provider to member ratios. CalOptima is in the process of identifying network deficiencies, reviewing results with networks and updating policy accordingly. Note: In March 2022, CalOptima will submit documentation verifying that its networks have met the adequacy standards per DHCS guidance.

- *E-Signature Change Healthcare/Adobe*: Improve efficiencies for providers and CalOptima through Adobe e-signature functionality for provider contracts produced by CalOptima's Contracting Department. COMPLETE 7/31/2020

- *Intergovernmental Transfer Drawdown Process*: Work with DHCS and participating governmental entities to facilitate the transfer of public funds in order to access the highest federally allowable reimbursement rate for Orange County. IGT funds are part of CalOptima's operating income/expenses and must be used for Medi-Cal covered services for the Medi-Cal population.

- *Non-Contracted Ground Emergency Medical Transportation*: Provide additional funding to non-contracted GEMT providers that service Medi-Cal beneficiaries to support quality improvement efforts through the Quality Assurance Fee.

- *Organizational Support for Regulatory Guidance Implementation*: Facilitate multidepartment activities related to new regulatory requirements to support compliance and organizational policy and process alignment, while ensuring uninterrupted member care. Examples include: Cost Avoidance and Post-Payment Recovery for Other Health Coverage (OHC) (All Plan Letter 20-010); CMS Part C and D Final Rule Requirements (OneCare, OneCare Connect and PACE); D-SNP (OneCare) Contract Year 2021 Provisions; and Medi-Cal Contract Amendment Implementation.

- *PACE Encounters*: Develop end-to-end process for PACE encounters. This process begins with capture of center-based services and ends with validation and monitoring. This will ensure that all encounters are submitted and reported accurately to support CMS risk adjustment for Medicare payments.

- *Provider Experience Value Stream Enhancement*: Facilitate improvement of interdepartmental processes that impact the provider experience and satisfaction including onboarding, letters of agreement, contract uploads and agreement updates, quality monitoring, and provider dispute resolutions.

- *Provider Trust Exclusion Monitoring*: Streamline the required exclusion monitoring review process and implement a workflow that will reduce likelihood of Medicare and Medi-Cal fraud and meet regulatory compliance.

QUALITY IMPROVEMENT

Maximize pay for value and quality improvement programs and incentives as well as interoperability to improve access to and help inform decisions regarding health care services, health outcomes and member satisfaction. Initiatives under this category include:

- *Office Ally Electronic Health Record Implementation*: Build repository of member EHR data from Office Ally providers to close member data gaps for population health management, reduce provider abrasion by requesting fewer medical records for quality related review (HEDIS, PQIs), and assist with turnaround time for Utilization Management denials.

- *Post-Acute Infection Prevention Quality Initiative*: Reduce the spread of multi-drug resistant organisms in long-term care facilities and hospital admissions/readmissions through the administration of topical products to reduce bacteria on the body that can produce harmful infections.

- *Interoperability Implementation*: Implement a hosted health data exchange solution that supports improved access to health information across the continuum of care so that members and caregivers may have timely and complete health information to make informed decisions about their care. STARTED TRACKING IN 2021

SERVICE DELIVERY MODEL*

Maximize funding for care delivery, increase access to quality services, promote efficiency and drive innovative collaborations among the different systems of care to promote an integrated service experience for members. Initiatives under this category include:

- *California Advancing and Innovating Medi-Cal (CalAIM) Planning and Implementation**: Develop a strategy and business plan to explore implementation of the DHCS CalAIM initiative. CalAIM is a multi-year initiative which seeks to improve Medi-Cal beneficiaries' quality of life and health outcomes by implementing delivery system, program and payment reforms. Initially released in late 2019 but put on hold due to the pandemic, the renewed proposal revitalizes Enhanced Care management and In Lieu of Services (ILOS) and calls for implementation on January 1, 2022. STARTED TRACKING IN 2021

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* Prioritized for Facilitated Discussion at Special Joint Meeting of the Board Advisory Committees

- *Directed Payments*: Operationalize DHCS' Directed Payments programs (Physician Services, Hyde, Developmental Screening Services, Adverse Childhood Experiences Screening, Value-Based Payment and Family Planning Services) to incentivize specific providers for specific services using Proposition 56 (Tobacco tax) funds.

- *OneCare Network Build for 2023**: Build a OneCare provider network to support continuity and access to care for members participating in OneCare Connect who are expected to transition to OneCare in 2023. As a plan under the Cal MediConnect demonstration project, OneCare Connect is due to sunset at the end of 2022, at which time it is anticipated that existing OneCare Connect members will transition to OneCare. Board authority will be requested as needed.

- *RFP for Provider Data Management Solution System*: Issue an RFP to select a vendor, upon Board approval, to produce an integrated provider/partner data system that will merge existing systems used by CalOptima. These systems include Facets, McKesson, Cactus and Guiding Care, among others. The new system will collect data, spot discrepancies, assist in reconciling and validating the data and share it with other systems to which CalOptima exports. The end goal is a single provider data management platform that will be the internal source of truth for all CalOptima provider data with full interoperability.

- *Virtual Care Strategy**: Improve member access and convenience by (1) supporting use of virtual visits during COVID-19 and beyond; (2) contracting with specialty providers with a virtual care focus for CCN members; (3) contracting with a vendor offering virtual visits including after-hours access for acute non-emergency medical conditions and behavioral health conditions; (4) contracting with a vendor offering eConsults for CCN members and PCPs through CalOptima-contracted specialists; and (5) establishing member texting.

SOCIAL DETERMINANTS OF HEALTH*

Assess and address health-related social needs that influence member health outcomes, including targeted strategies and interventions to drive improvements in health. Initiatives under this category include:

- *CalAIM ILOS**: Implement alternatives to service options under the CalAIM proposal and work collaboratively with providers, members, county and community stakeholders to address the combined medical and social determinants of health needs of members. (See CalAIM Planning and Implementation initiative under Service Delivery Model) STARTED TRACKING IN 2021

- *Homeless Health Initiative-Clinical Field Team Pilot**: Meet the immediate urgent care needs of individuals experiencing homelessness throughout the county wherever they may be located. These on-call urgent care services are provided by contracted community health centers that serve members and others regardless of insurance status. By the end of the pilot, establish a sustainable program to continue these services.

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* Prioritized for Facilitated Discussion at Special Joint Meeting of the Board Advisory Committees

- *Homeless Health Initiative-Homeless Response Team**: Provide a dedicated team of case managers and care coordinators to administer the CFT pilot. HRT responsibilities include staffing the call line; making dispatches to contracted providers; scheduling, reporting and coordinating with community organizations, providers and health networks; developing relationships with homeless service providers; and engaging members and homeless service providers in the community.

- *Homeless Health Stakeholder Engagement*: Facilitate Homeless Health Stakeholder Engagement Strategy sessions to solicit input on outreach, engagement strategies and best practices from key homeless advocates and stakeholders who have an established presence in the community.

- *ILOS – Recuperative Care Request*: Develop a business case for implementation of recuperative care as an ILOS when no longer available under the Whole Person Care pilot. This will include collaboration with the county to leverage WPC experience and the prior DHCS CalAIM proposal. CalOptima will seek authorization from the Board of Directors prior to a formal application to DHCS to authorize recuperative care as an in lieu of service. CLOSED 1/8/2021

- *Intergovernmental Transfer Community Grants*: Provide oversight and report grant activity progress and achieved outcomes made toward the grants' goals and objectives. The CalOptima Board of Directors authorized the allocation of IGT funds toward community grants. Twelve community grants were awarded in the following categories: Adult Dental Services, Children's Dental Services, Children's Mental Health Services, Food Distribution Services for Children and Families, Primary Care Services and Social Determinants of Health, and Increase Access to Medication-Assisted Treatment.

STRATEGIC PLAN 2020–2022

CalOptima
A Public Agency
Better. Together.

Progress
Report: Year 1

January 1–December 31, 2020

Strategic Plan Progress Report

The events of 2020 could have never been predicted, yet the framework of our 2020–2022 Strategic Plan provided flexible guidance as CalOptima navigated changes and challenges due to the COVID-19 pandemic.

The valuable support from the Strategic Plan stems from the five strategic priorities that were carefully developed to reflect our commitment to members and the community and acknowledge our obligations as a public agency. Adhering to these timeless ideals meant that even though CalOptima was grappling with the unknowns of the pandemic, we still made remarkable progress on the programs that matter most. I am grateful for the outstanding work of staff, health networks and providers.

This Progress Report: Year 1 includes summaries of 38 initiatives identified in the five strategic priority areas. During the tumultuous 2020 year, five initiatives were completed, 31 were ongoing and two were awaiting launch. Furthermore, to help organize the efforts, CalOptima added nine operational categories that identify the initiative's focus. The new category structure is described on Page 5.

Given that there are nearly two years left in this plan, the time is right to consider responding to the dynamic health care landscape. The summary on Page 3 shows the many federal and state factors in play, which range from broad, such as the new Biden Administration, to narrow, such as specific regulatory changes. CalOptima's Board of Directors has expressed an interest in adjusting our strategic course to account for the pandemic's impact on health equity, behavioral health, social determinants of health and the service delivery system.

CalOptima staff and I look forward to working with Board members and other stakeholders to make modifications that will strengthen our course. Collaboration is at the heart of our Better. Together. approach to quality health care for Orange County's vulnerable low-income population.

Richard Sanchez
Chief Executive Officer

Board of Directors

Andrew Do (Chair)
Supervisor, First District,
Orange County Board
of Supervisors

Isabel Becerra (Vice Chair)
CEO, Coalition of Orange
County Community
Health Centers

Doug Chaffee
Supervisor, Fourth District,
Orange County Board
of Supervisors

Clayton Chau, M.D., Ph.D.
Orange County Health Officer
and Director, Orange County
Health Care Agency

Clayton M. Corwin
President,
StoneCreek Company

Mary Giammona, M.D., MPH
Pediatrician and
Physician Executive

Victor Jordan
Chief Operating Officer
and Health Network
Executive, Providence
Southern California

J. Scott Schoeffel
Health Care Attorney

**Nancy Shivers, MSN,
RN, CCM**
Member Representative

Trieu Tran, M.D.
Orthopedic Surgeon

Lisa Bartlett (Alternate)
Supervisor, Fifth District,
Orange County Board
of Supervisors

Health Care Landscape

In 2020, the health care community responded with innovation and resilience in facing the COVID-19 pandemic, one of the biggest public health crises in 100 years. In 2021, there will be continued challenges and opportunities related to the pandemic that shape CalOptima's strategic initiatives.

State

At the state level, CalOptima anticipates increased funding for Medi-Cal and health care spending as well as continued discussions about transforming Medi-Cal, addressing high health care costs and implementing payment reform. Key California initiatives likely to impact CalOptima in 2021 include:

- **Revised California Advancing and Innovating Medi-Cal (CalAIM):** Suspended in early 2020 due to the pandemic, CalAIM is making a comeback to continue efforts related to Enhanced Care Management, In Lieu of Services, Social Determinants of Health, Behavioral Health, and Full Integration of physical health, behavioral health and oral health under one contracted entity in a county or region.

- **Health Information Exchange:** Health plans and the Department of Health Care Services (DHCS) are likely to continue discussions regarding the development of a statewide health information exchange.

- **Telehealth:** DHCS has proposed new permanent telehealth policies based on the flexibilities offered during the pandemic.

- **Behavioral Health Services:** California is focused on improving access to behavioral health services.

- **Homelessness:** The statewide homeless crisis may lead to expansion of the Roomkey and Homekey programs.

- **Health Equity:** California's diverse population is driving targeted programs and investments that align with federal efforts to address racial and ethnic health care disparities.

Federal

At the federal level, CalOptima anticipates a particularly active year for health-related legislation and executive action, and for continued government investment in public health infrastructure. Key federal initiatives likely to impact CalOptima in 2021 include:

- **COVID-19:** Multiple efforts and investments are underway to address the COVID-19 pandemic, including testing, vaccine distribution, disaster relief funding for medical supplies and protective gear, aid to state and local governments, increased and expanded Affordable Care Act (ACA) premium tax credits, and expansion of emergency paid leave requirements.

- **ACA:** The Biden Administration intends to strengthen the ACA and rescind any lawsuits attempting to repeal or replace the program.

- **Racial and Ethnic Health Care Disparities:** There is federal support for targeted efforts and investments to address health care disparities.

- **Prescription Drugs:** Federal action supports lowering prescription drug prices.

Strategic Priorities and Objectives

Our members are the essential focus of the strategic priorities for the 2020–2022 Strategic Plan. The objectives related to the strategic priorities provide context to guide development and implementation of initiatives.

Innovate and Be Proactive

- Anticipate Likely CMS and DHCS Priorities
- Identify and Collaborate on Local Priorities and Needs
- Leverage New Federal and State Programs and Services to Improve Access and Quality of Care for Members
- Seek Opportunities to Further Integrate Care for Members

Expand CalOptima's Member-Centric Focus

- Focus on Population Health
- Strengthen Provider Network and Access to Care
- Enhance Member Experience and Customer Service

Strengthen Community Partnerships

- Increase Collaboration with Providers and Community Stakeholders to Improve Care
- Utilize Strong Advisory Committee Participation to Inform Additional Community Engagement Strategies

Increase Value and Improve Care Delivery

- Evaluate and Implement Value-Based Purchasing Strategies that Drive Quality
- Deploy Innovative Delivery Models to Address Social Determinants of Health and Homelessness
- Maintain Focus on Providing High-Quality Care to Members

Enhance Operational Excellence and Efficiency

- Maintain Strong Culture of Compliance
- Preserve CalOptima's Financial Stability
- Invest in Infrastructure and Efficient Processes
- Engage Workforce and Identify Development Opportunities

Strategic Initiatives

From January 1–December 31, 2020, Strategic Development staff tracked the progress of 38 initiatives, whose development was informed by the five priorities identified in the Strategic Plan. Although 2020 brought unprecedented challenges, staff managed to drive five initiatives to fruition, initiate implementation of 31 initiatives and plan to launch two initiatives in 2021.

Innovate and Be Proactive

- Communications Support
- Homeless Health Initiative: Clinical Field Team Pilot
- Homeless Health Initiative: Homeless Response Team
- Homeless Health Stakeholder Engagement
- In Lieu of Services—Recuperative Care Request
- Intergovernmental Transfer Community Grants
- Orange County Nursing Home COVID-19 Prevention Program
- Post-Acute Infection Prevention Quality Initiative (PIPQI)
- RFP for Provider Data Management Solution System
- Virtual Care Strategy

Expand CalOptima's Member-Centric Focus

- Long-Term Care at Home
- Pediatric Integrated Care Survey
- Preventive Care Outreach (Outbound Call Campaign per All Plan Letter 19-010)
- Private Duty Nursing—Case Management Responsibilities for Medi-Cal Eligible Members

Strengthen Community Partnerships

- CalOptima Collaboration in the Community
- Community Stakeholder Outreach and Engagement During COVID-19 Pandemic
- Quarterly Safety Net Meetings
- Vietnamese Leadership Collaborative

Increase Value and Improve Care Delivery

- Behavioral Health Ad Hoc Workgroup Coordination
- Behavioral Health Integration Redesign
- Department of Health Care Services Health Network Certification
- Directed Payments
- Intergovernmental Transfer Drawdown Process
- Non-Contracted Ground Emergency Medical Transportation
- Office Ally Electronic Health Record Implementation
- OneCare Network Build for 2023
- PACE Virtual Care

Enhance Operational Excellence and Efficiency

- COVID-19 Pandemic Response
- Emergency Mass Notification System
- Enhance Real-Time Monitoring
- E-Signature Change Healthcare/Adobe
- HR Learning Management System and eLearning Content RFP and Implementation
- Medi-Cal Pharmacy Benefit Carve-Out
- Organizational Support for Regulatory Guidance Implementation
- PACE Encounters
- Pharmacy Benefit Management
- Provider Experience Value Stream Enhancement
- Provider Trust Exclusion Monitoring

In addition to identifying initiatives by the five priority areas, staff categorized initiatives under nine operational categories:

- **Behavioral Health**
- **Clinical Operations**
- **Community Engagement**
- **COVID-19 Response**
- **Employee Support**
- **Member Access**
- **Organizational Operations**
- **Quality Improvement**
- **Social Determinants of Health**

The following pages summarize the progress of the 38 initiatives.

Completed Initiatives

Completed between January 1–December 31, 2020

Cat.	Project	Outcome	Strategic Priority	Status
CLINICAL OPERATIONS	**Pharmacy Benefit Management**	Extended contract with MedImpact through 2024 for dates of service starting January 1, 2022, to ensure quality and efficient administration of pharmacy benefit for members in our Medicare programs.	Enhance Operational Excellence and Efficiency	☑ Complete 12/31/2020
COVID-19 RESPONSE	**Program of All-Inclusive Care for the Elderly (PACE) Virtual Care**	Provided a technology platform for PACE providers and clinicians to connect virtually with PACE participants to meet current COVID-19 physical distancing requirements.	Increase Value and Improve Care Delivery	☑ Complete 11/24/2020
MEMBER ACCESS	**Long-Term Care at Home (LTCH)**	Collaborated with the Department of Health Care Services (DHCS) and managed care plan stakeholders to assess the LTCH program design and provide feedback. LTCH was intended to provide members with greater access to skilled care at home and facilitate transitions from hospitals and skilled nursing facilities to home. On August 26, 2020, DHCS terminated the development of the LTCH program based on an inability to reach agreement with the Administration on a design process.	Expand CalOptima's Member-Centric Focus	☑ Closed 8/26/2020
MEMBER ACCESS	**Private Duty Nursing (PDN)— Case Management Responsibilities for Medi-Cal Eligible Members**	Sent notices to families with members under age 21 to ensure Medi-Cal eligible members under age 21 know their right to PDN benefits, which fall under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services.	Expand CalOptima's Member-Centric Focus	☑ Complete 11/30/2020
ORGANIZATIONAL OPERATIONS	**E-Signature Change Healthcare/Adobe**	Improved efficiencies for providers and CalOptima through Adobe e-signature functionality for provider contracts produced by CalOptima's Contracting department.	Enhance Operational Excellence and Efficiency	☑ Complete 7/31/2020

Ongoing Initiatives

January 1–December 31, 2020

Cat.	Project	Progress	Strategic Priority	Status
BEHAVIORAL HEALTH	**Behavioral Health (BH) Ad Hoc Workgroup Coordination**	Addressed open action items and paused Ad Hoc until new action items are identified at the Quarterly Safety Net meetings. As a result of the Ad Hoc, a separate, ongoing workgroup was established to address more robust BH concepts, including consideration of a BH learning collaborative. Planning to reconvene the Ad Hoc, as necessary, to address mental health and substance use disorder treatment services identified through the Quarterly Safety Net meetings.	Increase Value and Improve Care Delivery	▷ Ongoing
BEHAVIORAL HEALTH	**Behavioral Health Integration (BHI) Redesign**	Finalized and implemented Concurrent Review workflow, which includes discharge planning and follow-up after hospitalization processes. Continuing to develop, document and improve departmental processes for BHI due to transition of services for OneCare and OneCare Connect from Magellan to CalOptima as of January 1, 2020. Assisting with redesign of BHI department organization and internal team processes to improve member experience.	Increase Value and Improve Care Delivery	▷ Ongoing
CLINICAL OPERATIONS	**Enhance Real-Time Monitoring**	Implemented inline monitoring of Post-Stabilization Authorization Requests and Pediatric Authorization Requests. Continuing to implement formalized real-time and near real-time monitoring processes with standards for tracking, trending, feedback and remediation of Utilization Management activities. Performing focused audits on deficiencies noted by CalOptima's Audit and Oversight department and regulatory and accreditation agencies.	Enhance Operational Excellence and Efficiency	▷ Ongoing
CLINICAL OPERATIONS	**Medi-Cal Pharmacy Benefit Carve-Out**	Continuing to work on the carve-out of Medi-Cal pharmacy benefits to Medi-Cal Rx, effective April 1, 2021. OneCare, OneCare Connect, PACE and physician-administered drugs are excluded from the carve-out.	Enhance Operational Excellence and Efficiency	▷ Ongoing

Ongoing Initiatives

January 1–December 31, 2020

Cat.	Project	Progress	Strategic Priority	Status
CLINICAL OPERATIONS	**Pediatric Integrated Care Survey**	Defined survey goals, target group and project parameters for CHOC Health Alliance member survey. Obtained approval of survey instrument through member materials process and approval of administration plan by CalOptima Privacy Officer to ensure HIPAA compliance. Working toward administering the survey, which was developed by Boston Children's Hospital, to measure family experience of care integration in a subset of the Whole-Child Model (WCM) population. Planning to use the results to enhance quality improvement and integration efforts for WCM members.	Expand CalOptima's Member-Centric Focus	▷ Ongoing
COMMUNITY ENGAGEMENT	**CalOptima Collaboration in the Community**	Hosted several virtual events: a resource fair focused on support for individuals experiencing homelessness; a Community Alliances Forum on mental health and self-care during uncertain times; a two-day presentation on Medi-Cal eligibility and enrollment and CalOptima's programs; and four Cafecito meetings to strengthen relationships with Latino community stakeholders. Continuing to provide targeted outreach and education activities to: 1) increase engagement and collaboration with providers and community stakeholders; and 2) engage our advisory committees and other stakeholders to identify members' needs, community health issues, priorities and opportunities.	Strengthen Community Partnerships	▷ Ongoing
COMMUNITY ENGAGEMENT	**Quarterly Safety Net Meetings**	Hosted four virtual meetings in 2020, with focus areas on behavioral health integration, Medi-Cal pharmacy benefit carve-out, auto assignment policy and COVID-19 response. Continuing to provide a platform for CalOptima and the Coalition of Orange County Community Health Centers to convene quarterly with a shared, strategic agenda that highlights opportunities for collaboration on health care initiatives.	Strengthen Community Partnerships	▷ Ongoing

Ongoing Initiatives

January 1–December 31, 2020

Cat.	Project	Progress	Strategic Priority	Status
COMMUNITY ENGAGEMENT	**Vietnamese Leadership Collaborative**	Identified key stakeholders serving the Vietnamese community and developed a model for collaboration, which will launch after in-person events/meetings are allowable. Continuing to plan for the Vietnamese Leadership Collaborative to lead and address health care issues impacting CalOptima's Vietnamese membership.	Strengthen Community Partnerships	▷ Ongoing
COVID-19 RESPONSE	**Community Stakeholder Outreach and Engagement During COVID-19 Pandemic**	Sent weekly community announcements to 2,700+ stakeholders in response to COVID-19, including information on member and provider issues; state and local guidance on stay-at-home orders; school closures/reopening; COVID-19 vaccination; community resources to address food insecurity, mental health and transportation; and virtual events/ trainings. Hosted event to address food insecurity. Provided financial support via sponsorship or registration fees for 22 community events/conferences and provided 27 CalOptima Medi-Cal overview presentations to community stakeholders via virtual platform. Continuing to provide targeted outreach to: 1) serve as a reliable source of COVID-19 information to community stakeholders; 2) share information about CalOptima and Medi-Cal through virtual platforms; and 3) support stakeholder-sponsored virtual and other events with information materials and branded items.	Strengthen Community Partnerships	▷ Ongoing

Ongoing Initiatives

January 1–December 31, 2020

Cat.	Project	Progress	Strategic Priority	Status
COVID-19 RESPONSE	**COVID-19 Pandemic Response**	Reviewed, analyzed and responded daily to federal, state and local flexibilities and waivers. Held weekly response team meetings to ensure close collaboration among departments and a unified message to CalOptima's members, providers and community. Continuing to respond efficiently and proactively to staff, providers, community partners and others during the pandemic, and to adjust as necessary to regulatory changes from federal, state and local partners. Working with delegated entities and community partners to ensure a smooth vaccine administration effort.	Enhance Operational Excellence and Efficiency	▷ Ongoing
COVID-19 RESPONSE	**Orange County Nursing Home COVID-19 Prevention Program**	Provided consultative services to 43 nursing homes: 12 nursing homes received intensive training and 31 nursing homes received consultation services. Developed online toolkit that features three modules, 51 documents and 20 videos, with more than 1,900 total web views. Created/distributed three nursing home posters on COVID-19 prevention. Conducted video surveillance for 12 nursing homes in intensive training, with 37,137 video observations to date, resulting in decreases in staff not wearing face masks (from 7% to 3%) and staff touching face without cleaning hands (from 14% to 10%). Continuing to engage nursing homes to undergo intensive COVID-19 infection prevention training. Implementing intensified outreach to increase COVID-19 vaccine uptake in nursing home staff and residents and enable vaccination tracking.	Innovate and Be Proactive	▷ Ongoing

Ongoing Initiatives

January 1–December 31, 2020

Cat.	Project	Progress	Strategic Priority	Status
EMPLOYEE SUPPORT	**Emergency Mass Notification System**	Executed contract with Everbridge, developed customized message templates to alert and communicate with CalOptima employees during times of need and/or emergencies, and trained system administrators. Continuing to train dispatchers and planning to roll out communication plan to announce the system to CalOptima employees, with implementation in early 2021.	Enhance Operational Excellence and Efficiency	▷ Ongoing
EMPLOYEE SUPPORT	**HR Learning Management System (LMS) and eLearning Content RFP and Implementation**	Reviewed five proposals for a hosted LMS system and eLearning content. Selected Cornerstone on Demand, with implementation on target for mid-2021. Continuing to implement a new learning management system for CalOptima University employee training, development and education programs.	Enhance Operational Excellence and Efficiency	▷ Ongoing
MEMBER ACCESS	**Preventive Care Outreach (Outbound Call Campaign per All Plan Letter 19-010)**	Began contacting all Medi-Cal beneficiaries under age 21 who have not used, or who have underutilized, preventive care services available under EPSDT, to encourage use of EPSDT services. Completed contact with 139,669 members, as of December 31, 2020. Continuing to plan outreach activities and submit reports to DHCS upon completion of activities.	Expand CalOptima's Member-Centric Focus	▷ Ongoing
ORGANIZATIONAL OPERATIONS	**Communications Support**	Adapted to the changing nature of the COVID-19 pandemic and supported the communication needs of several departments. Completed multiple projects across various platforms, including communications that support telehealth, promote PACE Without Walls, and raise awareness and advance quality improvement goals. Continuing to provide supportive communication strategies, messaging and materials for various strategic initiatives identified by other departments.	Innovate and Be Proactive	▷ Ongoing

Ongoing Initiatives

January 1–December 31, 2020

Cat.	Project	Progress	Strategic Priority	Status
ORGANIZATIONAL OPERATIONS	**DHCS Health Network Certification**	Received DHCS approval of CalOptima's Plan of Action. Monitoring and certifying CalOptima's subcontracted networks pursuant to DHCS standards and regulations, including time and distance standards, timely access, mandatory provider types, and provider-to-member ratios. Identifying network deficiencies, reviewing results with networks and updating policies accordingly. Working toward March 2022 to submit documentation verifying that CalOptima networks have met the adequacy standards per DHCS guidance, with implementation in July 2022.	Increase Value and Improve Care Delivery	▷ Ongoing
ORGANIZATIONAL OPERATIONS	**Directed Payments**	Implemented all the applicable and current DHCS Directed Payment programs, which are designed to incentivize specific providers for specific services using Proposition 56 (Tobacco tax) funds. Made updates to CalOptima's policies, procedures and operations to remain in compliance. Moved some initiatives to maintenance of business, including the Physician Services, Family Planning Services and Value-Based Payment Program. Continuing to implement regulatory requirements for these DHCS Directed Payment programs: Hyde, Developmental Screening Services and Adverse Childhood Experiences Screening.	Increase Value and Improve Care Delivery	▷ Ongoing
ORGANIZATIONAL OPERATIONS	**Intergovemmental Transfer (IGT) Drawdown Process**	Completed DHCS drawdown prefunding process for IGT 10, but funds not yet received. Submitted documentation to DHCS confirming intent for participation in IGT 11 drawdown process. Continuing to work with DHCS and participating governmental entities to facilitate the transfer of public funds to access the highest federally allowable reimbursement rate for Orange County. Complying with the regulation that IGT funds must be used for Medi-Cal-covered services for the Medi-Cal population.	Increase Value and Improve Care Delivery	▷ Ongoing

Ongoing Initiatives

January 1–December 31, 2020

Cat.	Project	Progress	Strategic Priority	Status
ORGANIZATIONAL OPERATIONS	**Non-Contracted Ground Emergency Medical Transportation (GEMT)**	Updated systems and processes to include new codes and rates associated with the revised GEMT All Plan Letter 20-002 and program extension to June 30, 2021. Continuing to provide additional funding to non-contracted GEMT providers that serve Medi-Cal beneficiaries to support quality improvement efforts through the Quality Assurance Fee.	Increase Value and Improve Care Delivery	▷ Ongoing
ORGANIZATIONAL OPERATIONS	**Organizational Support for Regulatory Guidance Implementation**	Completed the following: • Behavioral Health Integration Incentive Program: Implemented the program and working on finalizing MOUs with the providers awarded funds for this DHCS incentive program. • Blood Lead Screening of Young Children (Medi-Cal): Created a new policy and revised impacted policies, all of which have been approved by DHCS. • Cost Avoidance and Post-Payment Recovery for Other Health Coverage (Medi-Cal): Revised impacted policies and worked with delegated entities and vendors to implement the project. • Whole-Child Model: Continued to conduct post-implementation monitoring to make improvements. • Health Homes Program: Implemented Phase 1 (January 2020) and Phase 2 (July 2020) successfully. • Medi-Cal Contract Amendment Implementation: Reviewed and analyzed impact of most recent contract amendments. • D-SNP (OneCare) Contract Year 2021 Provisions: Updated internal data reporting processes to meet the February 2021 compliance date. Continuing to facilitate multidepartment activities related to new regulatory requirements to support compliance and alignment with organizational policy and process.	Enhance Operational Excellence and Efficiency	▷ Ongoing

Ongoing Initiatives

January 1–December 31, 2020

Cat.	Project	Progress	Strategic Priority	Status
ORGANIZATIONAL OPERATIONS	**Provider Experience Value Stream Enhancement**	Updated and documented improved processes for the following: 1) CalOptima Contracted Provider Rate Updates, to detail how provider contract rates are updated, uploaded into our systems and monitored by Claims; 2) Letters of Agreement, to detail how requests are processed, and provider exclusion/preclusion is checked and loaded into our systems for claims processing; and 3) Provider Action, to establish a corrective action pathway for nonclinical or administrative issues. Continuing to improve interdepartmental processes that impact the provider experience and satisfaction, including onboarding, contract uploads and updates, quality monitoring, and provider dispute resolutions.	Enhance Operational Excellence and Efficiency	▷ Ongoing
ORGANIZATIONAL OPERATIONS	**Provider Trust Exclusion Monitoring**	Executed a contract with Provider Trust, with software implementation planned for early 2021. Continuing to streamline the required exclusion monitoring review process and implement a workflow that will reduce the likelihood of Medicare and Medi-Cal fraud and support regulatory compliance.	Enhance Operational Excellence and Efficiency	▷ Ongoing
ORGANIZATIONAL OPERATIONS	**RFP for Provider Data Management Solution System**	Planning for RFP release in March 2021, aiming to select an integrated provider/partner data system that will merge existing systems used by CalOptima, including Facets, McKesson, Cactus and GuidingCare among others. Seeking to collect data, spot discrepancies, assist in data reconciliation, and share data with other systems to which CalOptima exports. The goal is a single provider data management platform that will be the internal source of truth for all CalOptima provider data with full interoperability.	Innovate and Be Proactive	▷ Ongoing

Ongoing Initiatives

January 1–December 31, 2020

Cat.	Project	Progress	Strategic Priority	Status
QUALITY IMPROVEMENT	**Office Ally Electronic Health Record (EHR) Implementation**	Awaiting legal review of contracting process. Continuing to build a repository of member EHR data from Office Ally providers to close member data gaps for population health management, reduce provider abrasion by requesting fewer medical records for quality-related reviews, and assist with turnaround time for Utilization Management denials.	Increase Value and Improve Care Delivery	▷ Ongoing
QUALITY IMPROVEMENT	**Post-Acute Infection Prevention Quality Initiative (PIPQI)**	Increased participating nursing facilities to 26, implemented additional quarterly performance incentive, added two staff to monitor compliance and provide support, tracked Healthcare Acquired Infection scores, and implemented an educational video series. Continuing to reduce the spread of multidrug resistant organisms in long-term care facilities and reduce hospital admissions/readmissions through the use of bacteria-fighting soap when bathing residents.	Innovate and Be Proactive	▷ Ongoing
QUALITY IMPROVEMENT	**Virtual Care Strategy**	Contracted with Bright Heart Health for behavioral health specialty providers and mPulse for member texting. Released RFPs for eVisits vendor and eConsults vendor. Continuing to improve member access and convenience by: 1) supporting use of virtual visits during COVID-19 and beyond; 2) contracting with specialty providers with a virtual care focus for CalOptima Community Network (CCN) members; 3) contracting with a vendor offering virtual visits, including after-hours acute nonemergency medical and behavioral health conditions; 4) contracting with a vendor offering eConsults for CCN members and primary care providers through CalOptima-contracted specialists; and 5) establishing member texting.	Innovate and Be Proactive	▷ Ongoing

Ongoing Initiatives

January 1–December 31, 2020

Cat.	Project	Progress	Strategic Priority	Status
SOCIAL DETERMINANTS OF HEALTH	**Homeless Health Initiative: Clinical Field Team (CFT) Pilot**	Implemented an option for telehealth. Continuing to meet the immediate urgent care needs of individuals experiencing homelessness throughout Orange County wherever they may be located. Supporting contracted community health centers as the CFTs that deliver on-call urgent care services for CalOptima members and others regardless of insurance status. Working to establish a sustainable program to continue CFT services after the pilot ends in 2021.	Innovate and Be Proactive	▷ Ongoing
SOCIAL DETERMINANTS OF HEALTH	**Homeless Health Initiative: Homeless Response Team (HRT)**	Transitioned to a virtual model, with no in-person outreach due to COVID-19 restrictions. Supported members housed by Project Roomkey and other county programs, as well as members transitioning out of Orange County Health Care Agency's medical respite program. Continuing to provide a dedicated team of case managers and care coordinators to administer the CFT pilot and fulfill other responsibilities, including staffing the call line; making dispatches to contracted providers; coordinating with community organizations, providers and health networks; and developing relationships with homeless service providers and members.	Innovate and Be Proactive	▷ Ongoing
SOCIAL DETERMINANTS OF HEALTH	**Homeless Health Stakeholder Engagement**	Convened one in-person meeting and three virtual meetings with internal and external stakeholders to identify engagement strategies. Vetted focus group and key informant interview questions with stakeholder workgroup, developed research protocols and submitted to DHCS for approval. Developed scope of work for research consultant and will release RFP for consultant to facilitate focus groups and key informant interviews. Continuing to facilitate Homeless Health Stakeholder Engagement Strategy sessions with key homeless advocates to solicit input on outreach, engagement strategies and best practices.	Innovate and Be Proactive	▷ Ongoing

Ongoing Initiatives

January 1–December 31, 2020

Cat.	Project	Progress	Strategic Priority	Status
SOCIAL DETERMINANTS OF HEALTH	**In Lieu of Services—Recuperative Care Request**	Responded to the extension of the Whole-Person Care (WPC) pilot through the end of 2021, with Orange County expected to continue recuperative care as long as funding is available. Gained CalOptima Board approval of recuperative care grant extension. Developing a business case for implementation of recuperative care as an in lieu of service when no longer available under the WPC pilot. This includes collaboration with the County to leverage WPC experience and the DHCS CalAIM proposal. Planning to seek authorization from the CalOptima Board for recuperative care as an in lieu of service, prior to submission to DHCS application.	Innovate and Be Proactive	▷ Ongoing
SOCIAL DETERMINANTS OF HEALTH	**Intergovernmental Transfer (IGT) Community Grants**	Obtained Board approval of contract amendments for eight IGT 5–7 grantees due to COVID-19 impacts. Gained Board approval on use of IGT 9 funds for a grant to UCI for an initiative to reduce COVID-19 outbreaks at skilled nursing facilities. Worked on Board-authorized reallocations of IGT 1–7 funds for a few grants to the Orange County Health Care Agency, including Post-WPC Medical Respite and non-WPC housing supportive services, which was subsequently reallocated to Homekey. Continuing to provide grant oversight and report grant activity and outcomes for 12 Board-approved community grants in the following categories: Adult Dental Services, Children's Dental Services, Children's Mental Health Services, Food Distribution Services for Children and Families, Primary Care Services and Social Determinants of Health, and Increase Access to Medication-Assisted Treatment.	Innovate and Be Proactive	▷ Ongoing

Initiatives Not Yet Started

Cat.	Project	Progress	Strategic Priority	Status
ORGANIZATIONAL OPERATIONS	**OneCare Network Build for 2023**	Starting in late 2021, build a OneCare provider network to support continuity and access to care for OneCare Connect members who are expected to transition to OneCare in 2023. The transition is due to OneCare Connect being a Cal MediConnect demonstration program that sunsets at the end of 2022. Board authority will be requested as needed.	Increase Value and Improve Care Delivery	☐ Not Yet Started
ORGANIZATIONAL OPERATIONS	**PACE Encounters**	Starting in 2021, develop an end-to-end process for PACE encounters. This process begins with capturing center-based services and ends with validation and monitoring, thereby ensuring that all encounters are submitted and reported accurately to support risk adjustment for Medicare payments.	Enhance Operational Excellence and Efficiency	☐ Not Yet Started

Next Steps

As Year 1 of the Strategic Plan concluded amid a global pandemic, the time is right to re-evaluate future CalOptima goals. CalOptima staff will continue to engage our Board members, advisory committees and other stakeholders to guide goal development.

We anticipate a focused effort in the following areas:

1. Response to COVID-19.

2. Impact of the pandemic on health equity, behavioral health, social determinants of health and the service delivery system.

3. New state budget and initiatives, such as the reintroduction of CalAIM and action on racial and ethnic health care disparities.

4. New federal administrative and legislative agendas.

2021–22 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 93 **Garcia**	**Prioritization of Food Supply Industry Workers:** Would prioritize workers in the food supply industry, such as field workers and grocery workers, for rapid testing and vaccination programs in response to pandemics, including COVID-19.	**12/07/2020** Introduced	CalOptima: Watch
AB 449 **Voepel**	**COVID-19 Hospital Reporting**: States the intent of the author to introduce legislation that would require hospitals to submit an annual report regarding deaths due to COVID-19, gender demographics for those who died, and the total reimbursement that a hospital received for costs related to the treatment of COVID-19 from 2020–21. Reporting would begin in 2022 and would be submitted to the State Legislature.	**02/08/2021** Introduced	CalOptima: Watch
SB 242 **Newman**	**Provider Reimbursement for Medically Necessary Equipment:** Would allow physicians and dental providers to be reimbursed for medically necessary equipment to treat and reduce the spread of COVID-19 or other infectious diseases in the workplace. Reimbursable equipment would include personal proactive equipment, infection control supplies, testing and diagnostic supplies, contact tracing, or other related information technology expenses. The reimbursement rates would be determined by the Department of Health Care Services (DHCS).	**01/21/2021** Introduced	CalOptima: Watch

BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 77 **Petrie-Norris**	**Jarrod's Law:** States the intent of the author to introduce legislation that would require DHCS to administer a licensing process for inpatient and outpatient substance use disorder treatment programs that are not otherwise required to be licensed under current law.	**12/07/2020** Introduced	CalOptima: Watch
SB 106 **Umberg**	**Mental Health Services Act (MHSA) Focus Populations:** States the intent of the author to introduce legislation that would update the MHSA to further address individuals with mental illness who are also experiencing homelessness or are involved in the criminal justice system. Updates to the MHSA would also address early intervention efforts for youth experiencing a mental illness.	**01/05/2021** Introduced	CalOptima: Watch

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Orange County's
Community Health Plan

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 256 Pan	**CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS):** Would require ECM to be included as a covered benefit for Medi-Cal beneficiaries. This would include the coordination of all primary, acute, behavioral, oral, and long-term services and supports. Additionally, would require a Medi-Cal managed care plan (MCP) to list available ILOS on the health plan's website and in the beneficiary handbook as well as share data with DHCS related to beneficiary utilization of ILOS. ILOS offered by the health plan must be incorporated into DHCS' methodology for calculating the MCP's capitation rate.	**01/26/2021** Introduced	CalOptima: Watch
TBD Trailer Bill	**CalAIM:** Would codify various provisions of the CalAIM Proposal as revised by DHCS on January 8, 2021, for which implementation requires changes in state law.	**02/01/2021** Published on the Department of Finance website	CalOptima: Watch

CHILDREN'S SERVICES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 66 Buchanan	**CARING for Kids Act:** Would permanently extend authorization and funding of the Children's Health Insurance Program (CHIP) and associated programs, including the Medicaid and CHIP express lane eligibility option, which enables states to expedite eligibility determinations by referencing enrollment in other public programs.	**01/04/2021** Introduced	CalOptima: Watch
AB 393 Reyes	**Early Childhood Development Act of 2020:** Effective immediately, would require the California Department of Social Services (CDSS) to conduct an evaluation of emergency childhood services provided during the COVID-19 public health emergency, including the following: ■ Availability of crisis childcare services ■ Availability of COVID-19 testing and personal protective equipment ■ Vaccination prioritization and distribution ■ Cleaning of childcare centers ■ Payment to family childcare homes during state-mandated closures ■ Foster care programs CDSS would be required to submit its findings and associated recommendations to the State Legislature by October 1, 2021.	**02/02/2021** Introduced	CalOptima: Watch

COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 56 Biggs	**Patient Access to Medical Foods Act:** Would expand the federal definition of medical foods to include a food prescribed as a therapeutic option when traditional therapies have been exhausted or may cause adverse outcomes. Effective January 1, 2022, medical foods, as defined, would be covered by private health insurance providers and federal public health programs, including Medicare, TRICARE, CHIP and Medicaid, as a mandatory benefit.	**01/04/2021** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 114 Maienschein	**Rapid Whole Genome Sequencing:** Would add rapid Whole Genome Sequencing as a covered Medi-Cal benefit. The benefit would include individual sequencing, trio sequencing for parents and their baby, and ultra-rapid sequencing.	**12/17/2020** Introduced	CalOptima: Watch
AB 342 Gipson	**Colorectal Cancer Screenings and Colonoscopies:** Effective January 1, 2022, would require health plans to provide no-cost coverage for all colorectal cancer screenings and laboratory tests recommended by the U.S. Preventive Services Task Force and Medicare. Additionally, would prohibit health plans from imposing cost sharing on colonoscopies for those between 50 and 75 years of age. Health plans would not be required to comply with these provisions when the service was delivered by an out-of-network provider.	**01/28/2021** Introduced	CalOptima: Watch
SB 306 Pan	**Sexually Transmitted Disease (STD) Home Test Kits:** Would require health plans to provide coverage and reimbursement for at-home, FDA-approved STD test kits and any associated laboratory fees. Subject to funding by the State Legislature, would also authorize Medi-Cal reimbursement for STD-related services at the same rate as comprehensive family planning services, even when the patient is not at risk of becoming pregnant or in need of contraception.	**02/04/2021** Introduced	CalOptima: Watch
RN 21 05566 Trailer Bill	**Delayed Suspension of Medi-Cal Adult Optional Benefits:** Would delay the suspension of certain Medi-Cal adult optional benefits, which are currently set to expire on December 31, 2021, by 12 additional months through December 31, 2022. Extended optional benefits include podiatric services, audiology services, speech therapy, optician and optical services, and incontinence creams and washes.	02/02/2021 Published on the Department of Finance website	CalOptima: Watch
RN 21 05595 Trailer Bill	**Delayed Suspension of Medi-Cal Postpartum Care Extension:** Would delay the suspension of Medi-Cal postpartum expanded eligibility, which is currently set to expire on December 31, 2021, by 12 additional months through December 31, 2022. Postpartum expanded eligibility allows Medi-Cal beneficiaries who receive pregnancy-related services and are diagnosed with a mental health condition, to remain eligible for Medi-Cal postpartum care for up to 12 months after the last day of pregnancy. Upon the discontinuation of postpartum expanded eligibility on December 31, 2022, postpartum care would terminate 60 days after the last day of pregnancy.	02/02/2021 Published on the Department of Finance website	CalOptima: Watch

ELIGIBILITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 4 Arambula	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals of all ages regardless of their immigration status. The Legislative Analyst's Office previously projected this expansion would cost approximately $900 million General Fund (GF) in 2019–20 and $3.2 billion GF each year thereafter, including the costs of In-Home Supportive Services.	**12/07/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 112 **Holden**	**Inmate Eligibility Extension:** Would delay the termination date of Medi-Cal eligibility for non-juvenile inmates from one year of elapsed incarceration to three years of elapsed incarceration. For juvenile inmates, Medi-Cal eligibility would not be terminated until three years after their status as a juvenile has ended. While Medi-Cal benefits and payments would still be suspended throughout incarceration, as required by federal law, this bill would allow inmates to remain Medi-Cal eligible for a longer period before termination. The lengthened eligibility period would allow more inmates to immediately reinstate their benefits upon release, rather than initiate the standard redetermination process.	**12/17/2020** Introduced	CalOptima: Watch
AB 470 **Carrillo**	**Elimination of Asset Consideration:** States the intent of the author to introduce legislation that would prohibit the consideration of an individual's assets when determining Medi-Cal eligibility.	**02/08/2021** Introduced	CalOptima: Watch
SB 56 **Durazo**	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals ages 65 years or older, regardless of their immigration status. The Assembly Appropriations Committee projects this expansion would cost approximately $134 million each year ($100 million GF, $21 million federal funds) for approximately 25,000 undocumented seniors. In-Home Supportive Services are estimated to cost $13 million GF.	**12/07/2020** Introduced	CalOptima: Watch

HOMELESSNESS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 71 **Rivas, Luz**	**Bring California Home Act:** Would create the Bring California Home Fund in the State Treasury to fund a statewide homelessness solutions program. Funds would be derived from specified rate increases and other adjustments in the personal income tax and corporate income tax structures. Would authorize the Homeless Coordinating and Financing Council and the Department of Housing and Community Development to jointly administer the funds to applicants, including counties, cities and developers, for the purpose of reducing the number of individuals experiencing homelessness. Eligible uses of funding would include rental assistance, landlord incentives, housing navigation services, and the development and operation of permanent affordable housing and transitional housing projects.	**12/07/2020** Introduced	CalOptima: Watch
AB 362 **Quirk-Silva**	**Homeless Shelter Safety:** States the intent of the author to introduce legislation that would require homeless shelters receiving certain grants to comply with health and safety regulations to improve the shelters' condition.	**02/01/2021** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 369 Kamlager	**Presumptive Eligibility and Street Medicine Payment:** Would require DHCS to apply presumptive Medi-Cal eligibility — with full-scope benefits and without share of cost — to individuals experiencing homelessness. Hospitals would be permitted to determine presumptive eligibility. Would also require DHCS to establish a Medi-Cal fee-for-service payment system to reimburse providers who deliver on-street medical services to individuals experiencing homelessness. Such services would not need to be provided by or require a referral from an assigned primary care physician. DHCS would issue a benefits identification card to those receiving services, but providers would not be required to verify the identity of the individual at the time of service. Additionally, would prohibit DHCS from requiring prior authorization or other utilization management of any services related to COVID-19, including testing, treatment, and prevention, through January 1, 2026.	02/01/2021 Introduced	CalOptima: Watch

MEDI-CAL OPERATIONS AND ADMINISTRATION

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
RN 21 08473 Trailer Bill	**Delayed Proposition 56 Suspensions:** Would delay the suspension of certain value-based payment (VBP) programs authorized under Proposition 56, which are currently set to expire on July 1, 2021. For VBP programs aimed at improving behavioral health integration, DHCS would suspend payments after spending a total of $95 million. For all other VBP programs, DHCS would suspend payments on July 1, 2022.	02/04/2021 Published on the Department of Finance website	CalOptima: Watch

HEALTH EQUITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 17 Pan	**Racism as a Public Health Crisis:** Would require the California Department of Public Health (CDPH) to collaborate with the Office of Health Equity, Health in All Policies Program, and other departments and stakeholders to address racism as a public health crisis.	12/07/2020 Introduced	CalOptima: Watch

PHARMACY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 97 Nazarian	**Insulin Affordability:** States the intent of the author to introduce legislation that would make insulin more affordable for Californians.	12/08/2020 Introduced	CalOptima: Watch

PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 40 **Hurtado**	**California Medicine Scholars Program:** Would require California's Office of Statewide Health Planning and Development (OSHPD) to establish the California Medicine Scholars Program (CMSP) as a five-year pilot program, effective January 1, 2023. In order to address the shortage of primary care physicians and the growing health disparities in underserved communities, the CMSP would serve as a pipeline for community college students to pursue premedical training and enter medical school. The CMSP would be administered by a contracted entity through four regional hubs, each comprised of a four-year university, medical school, community colleges and local organizations.	**12/17/2020** Introduced	CalOptima: Watch
SB 221 **Wiener**	**Timely Access to Care:** Would codify current timely access standards requiring health plans to ensure that contracted providers and health networks schedule initial appointments within specified time frames of a beneficiary's request. Would expand current standards to also require *follow-up* appointments with a non-physician mental health or substance use disorder provider to be scheduled within 10 business days of a previous appointment related to an ongoing course of treatment—in alignment with the current time frame for the initial appointment. Although this bill would modify the Knox-Keene Act, which does not apply to CalOptima, DHCS would be expected to align standards in the Medi-Cal managed care contracts in accordance with current practice.	**01/13/2021** Introduced	CalOptima: Watch

REIMBURSEMENT RATES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 265 **Petrie-Norris**	**Laboratory Services Reimbursement:** Would remove the current requirement that DHCS cannot reimburse Medi-Cal fee-for-service providers for clinical laboratory or laboratory services at a rate that exceeds 80% of the lowest maximum allowance established by the federal Medicare program for the same service. Federal legislation enacted in 2018 established new Medicare rates for lab services, which resulted in automatic cuts to Medi-Cal reimbursement rates that are now often below the cost of service.	**01/15/2021** Introduced	CalOptima: Watch
SB 316 **Eggman**	**Federally Qualified Health Center (FQHC) Reimbursement:** 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 does not allow an FQHC to be reimbursed for 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 of whether the visits were at the same location on the same day. As a result, a patient would no longer be required to wait for 24 hours between medical and dental or mental health services. Additionally, acupuncture services would be included as a covered benefit when provided at an FQHC.	**02/04/2021** Introduced	CalOptima: Watch

SUBSTANCE USE

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 75 Bates	**Southern California Fentanyl Task Force:** Would establish the Southern California Fentanyl Task Force, under the direction of the Attorney General, to identify strategies to combat the fentanyl crisis. The task force would be comprised of representatives from the California Department of Justice (DOJ), California Highway Patrol and each county within Southern California. Would require the task force to hold its first meeting by July 1, 2022, and issue a report of its findings and recommendations to the Legislature and DOJ by January 1, 2025.	12/15/2020 Introduced	CalOptima: Watch

TELEHEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 366 Thompson (CA)	**Protecting Access to Post-COVID-19 Telehealth Act of 2021:** Would permit the U.S. Secretary of Health and Human Services to waive or modify any telehealth service requirements in the Medicare program during a national disaster or public health emergency and for 90 days after one is terminated. Would also permit Medicare reimbursement for telehealth services provided by an FQHC or Rural Health Clinic (RHC), as well as allow patients to receive telehealth services in the home without restrictions.	01/19/2021 Introduced	CalOptima: Watch
S. 150 Cortez Masto	**Ensuring Parity in Medicare Advantage for Audio-Only Telehealth Act of 2021:** Would require the Centers for Medicare & Medicaid Services to include audio-only telehealth diagnoses in the determination of risk adjustment payments for Medicare Advantage plans during the COVID-19 public health emergency.	02/02/2021 Introduced	CalOptima: Watch
AB 32 Aguiar-Curry	**Telehealth Payment Parity and Flexibilities:** Would expand current law to require Medi-Cal MCPs, including County Organized Health Systems, to reimburse its contracted providers for telehealth services at the same rate as equivalent in-person health services. This requirement would also apply to any delegated entities of a Medi-Cal MCP, such as contracted health networks. Would allow providers to determine eligibility and enroll patients into Medi-Cal programs through audio-visual or audio-only telehealth services. Additionally, would require DHCS to indefinitely continue all telehealth flexibilities implemented during the COVID-19 pandemic. DHCS would be required to establish an advisory group to guide the development a long-term Medi-Cal telehealth policy.	12/07/2020 Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
RN 21 08394 Trailer Bill	**Medi-Cal Telehealth Proposal:** Would modify, extend or expand certain telehealth flexibilities adopted by DHCS during the COVID-19 pandemic to be incorporated into permanent law. Would allow FQHCs and RHCs to establish a patient within its federal designated service area through audio-visual telehealth. However, health care providers would be prohibited from establishing a patient through audio-only telehealth or other non-audio-visual telehealth modalities. Would also require DHCS to specify the Medi-Cal-covered health care benefits that may be delivered through telehealth services. DHCS and Medi-Cal MCPs would be required to reimburse audio-visual telehealth services at the same rate as in-person services, while audio-only, remote patient monitoring and other modalities may be reimbursed at different rates. Additionally, would allow Medi-Cal MCPs to include telehealth services when determining compliance with network adequacy standards without the use of alternative access standard requests.	02/02/2021 Published on the Department of Finance website	CalOptima: Watch

WHOLE CHILD MODEL

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 382 Kamlager	**Whole Child Model (WCM) Program Stakeholder Advisory Group:** Would extend the duration of the California Children's Services Advisory Group (CCS AG), which is currently scheduled to end on December 31, 2021, for an additional two years through December 31, 2023. The CCS AG, whose membership currently includes the CalOptima CEO and the Chair of CalOptima's WCM Family Advisory Committee, will continue to provide advice and recommendations to DHCS on the WCM program.	02/02/2021 Introduced	CalOptima: Watch

*Information in this document is subject to change as bills proceed through the legislative process.

ACAP: Association for Community Affiliated Plans
CAHP: California Association of Health Plans
CalPACE: California PACE Association
LHPC: Local Health Plans of California
NPA: National PACE Association

Last Updated: February 9, 2021

2021 Federal Legislative Dates

January 3	117th Congress, First Session convenes
March 29–April 9	Spring recess
August 2–27	Summer recess for House
August 9–September 10	Summer recess for Senate
December 10	First Session adjourns

2021 State Legislative Dates*

*Due to COVID-19, 2021 State Legislative dates have been modified

January 11	Legislature reconvenes
February 19	Last day for legislation to be introduced
March 25–April 4	Spring recess
April 30	Last day for policy committees to hear and report to fiscal committees any fiscal bills introduced in their house
May 7	Last day for policy committees to hear and report to the floor any non-fiscal bills introduced in their house
May 21	Last day for fiscal committees to hear and report to the floor any bills introduced in their house
June 1–4	Floor session only
June 4	Last day for each house to pass bills introduced in that house
June 15	Budget bill must be passed by midnight
July 14	Last day for policy committees to hear and report bills to fiscal committees or the floor
July 16–August 15	Summer recess
August 27	Last day for fiscal committees to report bills to the floor
August 30–September 10	Floor session only
September 3	Last day to amend bills on the floor
September 10	Last day for bills to be passed; final recess begins upon adjournment
October 10	Last day for Governor to sign or veto bills passed by the Legislature

Sources: 2021 State Legislative Deadlines, California State Assembly: http://assembly.ca.gov/legislativedeadlines

About CalOptima

CalOptima is a county organized health system that administers health insurance programs for low-income children, adults, seniors and people with disabilities. As Orange County's community health plan, 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).