

**NOTICE OF A  
REGULAR MEETING OF THE  
CALOPTIMA BOARD OF DIRECTORS'  
PROVIDER ADVISORY COMMITTEE**

**THURSDAY, MAY 11, 2017  
8:00 A.M.**

**CALOPTIMA  
505 CITY PARKWAY WEST, SUITE 109-N  
ORANGE, CALIFORNIA 92868**

**AGENDA**

This agenda contains a brief, general description of each item to be considered. The Committee may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda.

Information related to this agenda may be obtained by contacting the CalOptima Clerk of the Board at 714.246.8806 or by visiting our website at [www.caloptima.org](http://www.caloptima.org). In compliance with the Americans with Disabilities Act, those requiring special accommodations for this meeting should notify the Clerk of the Board's office at 714.246.8806. Notification at least 72 hours prior to the meeting will allow time to make reasonable arrangements for accessibility to this meeting.

**I. CALL TO ORDER**

*Pledge of Allegiance*

**II. ESTABLISH QUORUM**

**III. APPROVE MINUTES**

A. Approve Minutes of the April 13, 2017 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC)

**IV. PUBLIC COMMENT**

*At this time, members of the public may address the Committee on general topics. Public Comment on posted item(s) will follow staff presentation of the item(s) to the Committee. If you wish to speak on an item contained in the agenda, please complete a Public Comment Request Form(s) identifying the item(s) and submit the form to the assistant to the PAC. When addressing the Committee, it is requested that you state your name for the record. Please address the Committee as a whole through the Chair. Comments to individual Committee members or staff are not permitted. Speakers will be limited to three (3) minutes.*

**V. REPORTS**

- A. Consider Recommendation of PAC Slate of Candidates and FY 2017-18 PAC Chair and Vice Chair

**VI. CEO AND MANAGEMENT REPORTS**

- A. Chief Executive Officer (CEO) Update
- B. Chief Operating Officer (COO) Update
- C. Chief Medical Officer (CMO) Update
- D. Chief Financial Officer (CFO) Update
- E. Network Operations Update
- F. Federal and State Legislative Update

**VII. INFORMATION ITEMS**

- A. Community Based Adult Services (CBAS) and Skilled Nursing Facility (SNF) 2016 Satisfaction Survey
- B. Proposed Reinsurance Policy Changes
- C. Comparison Report of the CalOptima Community Network (CCN) to Contracted Health Networks – Financials and Utilization Performance
- D. PAC Member Updates

**VIII. COMMITTEE MEMBER COMMENTS**

**IX. ADJOURNMENT**

# **MINUTES**

## **REGULAR MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' PROVIDER ADVISORY COMMITTEE**

**April 13, 2017**

A Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC) was held on Thursday, April 13, 2017, at the CalOptima offices located at 505 City Parkway West, Orange, California.

### **CALL TO ORDER**

Suzanne Richards, PAC Vice Chair, acting as chair, called the meeting to order at 8:06 a.m. and Steve Flood led the Pledge of Allegiance.

### **ESTABLISH QUORUM**

Members Present: Anjan Batra, M.D.; Donald Bruhns; Theodore Caliendo, M.D.; Steve Flood; Jena Jensen; John Nishimoto, O.D.; Pamela Pimentel, R.N.; Suzanne Richards, RN, MBA, FACHE; Barry Ross, R.N., MPH, MBA; Jacob Sweidan, M.D.

Members Absent: Alan Edwards, M.D.; Pamela Kahn, R.N.; Teri Miranti; George Orras, Ph.D., FAAP; Mary Pham, Pharm.D., CHC

Others Present: Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Richard Bock, M.D., Deputy Chief Medical Officer; Gary Crockett, Chief Counsel; Nancy Huang, Interim Chief Financial Officer; Michelle Laughlin, Executive Director, Network Operations; Phil Tsunoda, Executive Director, Public Policy and Public Affairs; Cheryl Simmons, Staff to the PAC

### **MINUTES**

#### **Approve the Minutes of the March 9, 2017 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee**

*Action: On motion of Member Ross, seconded and carried, the Committee approved the minutes of the March 9, 2017 meeting. (Motion carried 11-0-0; Chair Miranti and Members Edwards, Kahn, and Pham absent)*

### **PUBLIC COMMENTS**

No requests for public comment were received.

Ladan Khamseh, Chief Operating Officer, introduced Michelle Laughlin, Executive Director, Network Operations.

## **REPORTS**

### **Consider Approval of the FY 2017-2018 PAC Meeting Schedule**

PAC members reviewed the proposed FY 2017-18 meeting schedule. As proposed, the PAC will meet on a monthly basis on the second Thursday of the month except during the months of July 2017 and January 2018 when no meetings are scheduled.

***Action: On motion of Member Jensen seconded and carried, the Committee adopted the FY 2017-18 PAC Meeting Schedule reflecting monthly meetings with the exception of July 2017 and January 2018. (Motion carried 11-0-0; Chair Miranti and Members Edwards, Kahn, and Pham absent)***

### **Consider Approval of FY 2016-17 PAC Accomplishments**

The FY 2016–17 PAC Accomplishments were presented for approval. The accomplishments will be presented as an informational item to the CalOptima Board of Directors at their June 1, 2017 meeting.

***Action: On motion of Member Pimentel seconded and carried, the Committee approved the FY 2016-17 PAC Accomplishments. (Motion carried 11-0-0; Chair Miranti and Members Edwards, Kahn, and Pham absent)***

### **Consider Approval of FY 2017-18 PAC Goals and Objectives**

The FY 2017–18 PAC Goals and Objectives were presented for approval. The Goals and Objectives will be presented as an informational item to the CalOptima Board of Directors at their June 1, 2017 meeting.

***Action: On motion of Member Ross seconded and carried, the Committee approved the FY 2017-18 PAC Goals and Objectives. (Motion carried 11-0-0; Chair Miranti and Members Edwards, Kahn, and Pham absent)***

## **CEO AND MANAGEMENT REPORTS**

### **Chief Executive Officer Update**

Michael Schrader, Chief Executive Officer, confirmed that the CalOptima Community Network (CCN) had reached a membership threshold that, according to policy, will prevent any further auto-assignment to CCN. Mr. Schrader noted that each member still has the option of selecting his or her own primary care physician, including those in the CCN. Mr. Schrader also noted that because of the popularity of the CCN there have been requests that staff consider asking the Board to consider raising the 10% limit. Staff is currently working on a side-by-side comparison of the CCN with the other CalOptima health networks, in categories such as financial performance, cost, quality of care, member satisfaction and audit results. The results of the side-by-side comparison will be vetted before being presented to the Board.

### **Chief Operating Officer Update**

Ladan Khamseh, Chief Operating Officer, provided an update on the Child Health and Disability Prevention (CHDP) program transitioning from the PM 160 form to the CMS 1500 form for claims submission. Ms. Khamseh noted that CalOptima was evaluating the possible impact on business processes should CalOptima migrate to this form.

### **Chief Medical Officer Update**

Richard Bock, M.D., Deputy Chief Medical Officer, provided the PAC with an update on the current opioid epidemic. Dr. Bock noted that Fentanyl-related overdoses have prompted the current Centers for Disease Control and Prevention (CDC) to issue an alert. He noted that the Drug Enforcement Agency (DEA) has issued a nationwide warning on Carfentanil, an animal opioid sedative considered 10,000 times stronger than morphine. Dr. Bock also discussed how overdoses are sometimes caused when Fentanyl and Carfentanil are combined and then mixed into powdered heroin. The use of this combined Benzodiazepine has been associated with 30.1 percent of opioid overdose deaths. Dr. Bock agreed to keep the PAC informed on any changes by the CDC or the DEA as necessary.

### **Chief Financial Officer Update**

Nancy Huang, Interim Chief Financial Officer, presented CalOptima's Financial Summary as of February 2017, including a report of the Health Network Enrollment for the month of February 2017. Ms. Huang summarized CalOptima's financial performance and current reserve levels. At the request of Member Batra, staff will present at a future PAC meeting on CalOptima's investments in the community through Inter-governmental Transfer (IGT) funds. These funds are available to provide enhanced benefits to existing Medi-Cal beneficiaries. All funding categories require state approval.

Michael Schrader reported that staff is working on CalOptima's FY 2017-18 budget, and noted that the State is considering rolling back the Medi-Cal Expansion Rate (MCE) for health plans, which could oblige CalOptima to realign its MCE reimbursement rates with the Medi-Cal classic rates. He noted that CalOptima continues to advocate for higher rates.

## **INFORMATION ITEMS**

### **Federal and State Budget Update**

Phil Tsunoda, Executive Director, Public Policy and Public Affairs, provided a State and Federal legislative update. Mr. Tsunoda also discussed a letter sent to the Congressional Representatives in CalOptima's delegation regarding the proposed American Health Care Act.

### **PAC Member Updates**

Vice Chair Richards reminded the Members that the PAC Nominations Ad Hoc Subcommittee is meeting on April 24, 2017; Members Pham, Bruhns and Batra serve on this ad hoc. As acting chair, Vice Chair Richards also formed an ad hoc consisting of Chair Miranti, Vice Chair Richards and Member Pimentel to meet with the MAC ad hoc to discuss possible agenda items for the joint MAC/PAC meeting scheduled for September 14, 2017.

**ADJOURNMENT**

There being no further business before the Committee, Vice Chair Richards adjourned the meeting at 9:24 a.m.

/s/ Cheryl Simmons  
Cheryl Simmons  
Staff to the PAC

*Approved: May 11, 2017*

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## MEMORANDUM

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DATE: May 4, 2017  
TO: CalOptima Board of Directors  
FROM: Michael Schrader, CEO  
SUBJECT: CEO Report  
COPY: Suzanne Turf, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee

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### **American Health Care Act (AHCA)**

On April 25, Congress reconvened after the two-week spring recess, with passing a Continuing Resolution as the priority to avoid a government shutdown. Alongside this effort, negotiations on the AHCA continued. As of April 26, the conservative House Freedom Caucus expressed support for a proposed amendment to AHCA by the moderate Tuesday Group's co-chairman Rep. Tom MacArthur (R-N.J.) The MacArthur amendment would not change AHCA provisions that significantly impact CalOptima related to Medicaid financing, such as the move to per capita rates or the provisions affecting Medicaid Expansion, but it would provide compromises in other areas so as to generate more support across Congress. Developments on AHCA are happening daily, and our associations and federal advocate are tracking the legislation to ensure CalOptima has the latest information available.

### **Medicaid Mega Reg**

In April 2016 under the Obama Administration, the Centers for Medicare & Medicaid Services (CMS) issued a final regulation that significantly revises Medicaid managed care rules. Due to its comprehensive nature, the regulation became known as the Mega Reg. As a whole, the Mega Reg aims to standardize the administration of Medicaid across the states. However, the new Administration has indicated that it favors flexibility for states as opposed to wide-ranging regulations imposed by the federal government. As a result, CalOptima has learned through our associations that the Mega Reg may be delayed or even reworked. Yet since the first major provisions go into effect July 1, 2017, we are obligated to operate as if it will be implemented as planned. At the state level, on the legislative front, Assembly Bill 205 (Wood)/Senate Bill 171 (Hernandez) have been introduced to direct certain aspects of Mega Reg implementation. Two of the bills' provisions have the potential to affect CalOptima's payments to hospital partners. Under consideration are changing the administration of the Quality Assurance Fee and having the Department of Health Care Services (DHCS) set annual percentage increases in payment rates for public hospitals, including University of California medical centers. We are expecting a contract amendment from DHCS to implement provisions of the Mega Reg. Separately, on the regulatory front, DHCS is working on new requirements and administrative processes for Rate Range Intergovernmental Transfers (IGTs). The Mega Reg will allow IGTs to continue, but requires that the transactions be prospective. At this point, our understanding is that IGTs may need to be arranged before the beginning of the fiscal year to which they apply. We will continue

to work with DHCS and our associations as Mega Reg implementation moves forward and additional details become available.

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

- **Nurse Practitioner Waiver**

On March 30, CMS approved our nurse practitioner waiver application submitted in December 2016. This flexibility expands the nurse practitioner's scope of practice within the on-site PACE clinic and allows the nurse practitioner to complete initial assessments and reassessments, which will be recognized by CMS. CalOptima is working to finalize the policies in order to move forward with implementation.

- **Health and Wellness Event**

On March 25, PACE hosted a Senior Health and Wellness Event, drawing more than 50 seniors and their families/caregivers. Attendees received a tour of the center, met key program staff and learned more about how CalOptima PACE can help them continue living independently.

### **Children's Health Insurance Program (CHIP) Reauthorization**

CHIP covers children in families living at up to 250 percent of the Federal Poverty Level under Medi-Cal. CHIP is due for reauthorization on October 1, 2017. DHCS Director Jennifer Kent stated that California is planning for a decrease in the federal funding level for this program. Currently, the federal/state match rate is 88/12, and it is expected to change to 65/35 starting in October. The draft FY 2017–18 state budget includes provisions for this higher outlay. No changes in eligibility have been proposed.

### **Medicare Star Rating**

On April 3, CMS released final 2018 updates to the Medicare Advantage and Part D Prescription Drug Programs, affecting OneCare Connect, OneCare and PACE. One area of concern for CalOptima has been the way CMS develops its Star rating system. The current Star system fails to adequately account for socioeconomic and disability status, producing a structural and financial disadvantage for plans such as CalOptima that exclusively serve dual-eligible beneficiaries. CalOptima's position is that CMS should develop a solution that accurately measures and compares the quality of care for plans that disproportionately serve dual-eligible beneficiaries. CalOptima worked with the Association for Community Affiliated Plans (ACAP) on a recent letter to CMS that expressed appreciation for CMS' implementation of the Categorical Adjustment Index for 2017 as an interim fix. The letter also encouraged CMS to consider an Office of the Assistant Secretary for Planning and Evaluation (ASPE) report found that dual-eligible status is a significant predictor of poor Star ratings. CMS appears to have taken note, stating in its 2018 materials that it is "carefully considering" recommendations from the ASPE report for Star ratings in the future. CalOptima will continue to work with ACAP and CMS to advocate for a long-term solution.

### **Opioid Opinion Article**

To raise awareness and extend our work on combating the opioid epidemic, CalOptima submitted an opinion article by Deputy Medical Director Richard Bock, M.D., to the Orange County Register. The piece ran April 21 in print and online. View the article [here](#).



## **Key Meetings**

- **California Children's Services (CCS) Advisory Group Meeting**  
On April 12, I attended the quarterly CCS Advisory Group Meeting, which addresses the transition of CCS to the Whole Child Model (WCM). Of note was a new discussion about the possibility of carving in neonatal intensive care unit (NICU) services to the health plans, whereas NICU was previously to continue being carved out and administered by the counties and state. Care coordination, which is one goal of WCM, could potentially be easier if plans were overseeing NICU services as well. Currently, the counties/state authorize and pay for some NICU days, and the plans pay for other days. A NICU Technical Workgroup has formed to discuss eligibility, authorization and payment issues. Ultimately, the group suggested that the decision on NICU could be left up to the various counties implementing WCM. I will keep your Board informed about impact to CalOptima and Orange County.
- **Kaiser Permanente**  
On April 14, I participated in a meeting between executives from Southern California public health plans and Julie Miller-Phipps, new president of Kaiser Foundation Hospitals and Health Plan, and her executive team. The health plans represented included CalOptima, L.A. Care, Inland Empire Health Plan and Kern Health Systems. Ms. Miller-Phipps oversees the Southern California region, with 14 hospitals and 241 medical offices, serving 4.2 million Kaiser members.
- **Orange County Leadership Forum on Aging**  
Held April 21, the Forum on Aging featured opening remarks by Supervisor Do and included me on a panel with four other speakers. Sponsored by the Orange County Aging Services Collaborative, the event drew a large crowd of more than 300 attendees and focused on the latest news and trends in aging policy. I spoke about the potential impacts to Medi-Cal if the ACA is changed and about our continuum of programs for seniors.
- **Medicaid Health Plans of America Board Meeting**  
On April 28, CalOptima was pleased to host in our offices the Medicaid Health Plans of America Board of Directors meeting, welcoming CEOs from commercial and public health plans across the nation. As you know, CalOptima joined the association this year to ensure our agency was well connected to the latest information available about national health policy. The productive meeting addressed key topics including Medicaid reform, the per capital cap model proposed in the AHCA and managed long-term services and supports.



**CalOptima**  
Better. Together.

# **Financial Summary**

## **March 2017**

**Nancy Huang**  
**Interim Chief Financial Officer**

# FY 2016-17: Consolidated Enrollment

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- March 2017 MTD:

- Overall enrollment was 793,442 member months
  - Actual lower than budget by 13,721 or 1.7%
    - Medi-Cal: unfavorable variance of 8,296 members
      - Medi-Cal Expansion (MCE) favorable to budget by 12,083 members
      - SPD enrollment is favorable to budget by 5,384
      - TANF unfavorable variance of 26,277 members
    - OneCare Connect: unfavorable variance of 5,540 members
  - 0.3% or 2,339 increase from prior month
    - Medi-Cal: increase of 2,475 from February
    - OneCare Connect: decrease of 136 from February
    - OneCare: decrease of 3 from February
    - PACE: increase of 3 from February

# FY 2016-17: Consolidated Enrollment

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- March 2017 YTD:

- Overall enrollment was 7,172,126 member months
  - Actual lower than budget by 54,328 or 0.8%
    - Medi-Cal: unfavorable variance of 11,955 members
      - Medi-Cal Expansion (MCE) growth higher than budget by 88.2K
      - SPD enrollment higher than budget by 39.7K due to less than anticipated dual eligible members transferring to OneCare Connect
      - Offset by lower than budget TANF enrollment of 144.9K
    - OneCare Connect: unfavorable variance of 42,648 members or 21.6%
    - PACE: unfavorable variance of 9 members or 0.5%
    - OneCare: favorable variance of 284 members or 2.6%

# FY 2016-17: Consolidated Revenues

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- March 2017 MTD:

- Actual higher than budget by \$22.7 million or 8.0%
  - Medi-Cal: favorable to budget by \$42.4 million or 17.9%
    - Price related favorable variance of \$44.9 million due to:
      - \$6.5 million of LTC revenue for non-LTC members
      - \$14.2 million for YTD CCI revenue true-up
      - Remaining from member mix difference versus budget
    - Volume related unfavorable variance of \$2.5 million
  - OneCare Connect: unfavorable variance of \$20.5 million or 47.3%
    - Unfavorable volume variance of \$11.1 million
    - Unfavorable price variance of \$9.4 million
      - OCC Medicare Part A and B revenue decreases due to base rate and RAF score changes
      - OCC Medi-Cal adjustments related to prior year updates.
      - OCC Medi-Cal cohorts mix true-up for prior periods

# FY 2016-17: Consolidated Revenues (con't.)

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- March 2017 YTD:

- Actual lower than budget by \$9.1 million or 0.4%
  - Medi-Cal: favorable to budget by \$130.5 million or 6.2%
  - OneCare Connect: unfavorable variance of \$140.8 million or 34.9%
    - Medi-Cal revenue unfavorable \$47.8 million
    - Medicare revenue unfavorable \$93.0 million
  - OneCare: favorable \$0.4 million or 3.2%
  - PACE: favorable \$0.8 million

# FY 2016-17: Consolidated Medical Expenses

- March 2017 MTD:
  - Actual higher than budget by \$24.1 million or 8.8%
    - Medi-Cal: unfavorable variance of \$39.8 million
      - MLTSS unfavorable variance \$18.3 million
        - LTC unfavorable variance \$9.3 million
        - IHSS related unfavorable variance approximately \$8.7 million
      - Provider Capitation unfavorable variance of \$15.0 million
        - \$12.5 million due to one shared risk network move to HMO model in February
        - \$2.3 million unfavorable variance related to Kaiser capitation reconciliation
      - Facilities expenses unfavorable variance of \$5.6 million due to IBNR restatement in current month relating to prior periods
    - OneCare Connect: favorable variance of \$15.9 million
      - Favorable volume variance of \$10.7 million
      - Favorable price variance of \$5.2 million
        - Lower than budget prescription drugs and LTC costs

# FY 2016-17: Consolidated Medical Expenses (Cont.)

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- March 2017 YTD:

- Actual higher than budget by \$23.1 million or 1.0%
  - Medi-Cal: unfavorable variance of \$147.4 million
    - Unfavorable price variance of \$150.8 million
      - IHSS estimated expense \$51.4 million higher than budget
      - Long Term Care expense \$50.0 million higher than budget
    - Favorable volume variance of \$3.4 million
  - OneCare Connect: favorable variance of \$123.1 million
    - Favorable volume variance of \$82.1 million
    - Favorable price variance of \$41.0 million

- Medical Loss Ratio (MLR):

- March 2017 MTD:      Actual: 97.7%      Budget: 97.0%
- March 2017 YTD:      Actual: 96.8%      Budget: 95.6%



# FY 2016-17: Consolidated Administrative Expenses

- March 2017 MTD:

- Actual lower than budget by \$2.8 million or 23.4%
  - Salaries and Benefits: favorable variance of \$1.7 million
  - Other categories: favorable variance of \$1.0 million

- March 2017 YTD:

- Actual lower than budget by \$21.7 million or 20.8%
  - Salaries and Benefits: favorable variance of \$14.6 million driven by lower than budgeted FTE
  - Other categories: favorable variance of \$7.2 million

- Administrative Loss Ratio (ALR):

- March 2017 MTD:            Actual: 3.0%            Budget: 4.2%
- March 2017 YTD:            Actual: 3.3%            Budget: 4.1%

# FY 2016-17: Change in Net Assets

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- March 2017 MTD:

- \$0.9 million deficit
- \$2.5 million favorable to budget
  - Higher than budgeted revenue of \$22.7 million
  - Higher than budgeted medical expenses of \$24.1 million
  - Lower than budgeted administrative expenses of \$2.8 million
  - Higher than budgeted investment income of \$1.1 million

- March 2017 YTD:

- \$6.2 million surplus
- \$2.9 million unfavorable to budget
  - Lower than budgeted revenue of \$9.1 million
  - Higher than budgeted medical expenses of \$23.1 million
  - Lower than budgeted administrative expenses of \$21.7 million
  - Higher than budgeted investment income of \$7.0 million

# Enrollment Summary:

## March 2017

Month-to-Date				Enrollment (By Aid Category)	Year-to-Date			
Actual	Budget	Variance	%		Actual	Budget	Variance	%
59,945	56,019	3,926	7.0%	Aged	528,179	498,540	29,639	5.9%
617	679	(62)	(9.1%)	BCCTP	5,592	6,094	(502)	(8.2%)
48,820	47,300	1,520	3.2%	Disabled	437,298	426,754	10,544	2.5%
328,225	344,010	(15,785)	(4.6%)	TANF Child	2,995,530	3,068,664	(73,134)	(2.4%)
98,235	108,727	(10,492)	(9.6%)	TANF Adult	912,453	984,138	(71,685)	(7.3%)
3,249	2,735	514	18.8%	LTC	29,350	24,316	5,034	20.7%
236,790	224,707	12,083	5.4%	MCE	2,096,198	2,008,048	88,150	4.4%
<b>775,881</b>	<b>784,177</b>	<b>(8,296)</b>	<b>(1.1%)</b>	<b>Medi-Cal</b>	<b>7,004,600</b>	<b>7,016,555</b>	<b>(11,955)</b>	<b>(0.2%)</b>
<b>16,086</b>	<b>21,626</b>	<b>(5,540)</b>	<b>(25.6%)</b>	<b>OneCare Connect</b>	<b>154,757</b>	<b>197,406</b>	<b>(42,648)</b>	<b>(21.6%)</b>
<b>197</b>	<b>205</b>	<b>(8)</b>	<b>(3.9%)</b>	<b>PACE</b>	<b>1,656</b>	<b>1,665</b>	<b>(9)</b>	<b>(0.5%)</b>
<b>1,278</b>	<b>1,155</b>	<b>123</b>	<b>10.6%</b>	<b>OneCare</b>	<b>11,113</b>	<b>10,829</b>	<b>284</b>	<b>2.6%</b>
<b>793,442</b>	<b>807,163</b>	<b>(13,721)</b>	<b>(1.7%)</b>	<b>CalOptima Total</b>	<b>7,172,126</b>	<b>7,226,455</b>	<b>(54,328)</b>	<b>(0.8%)</b>

# Financial Highlights:

## March 2017

Month-to-Date					Year-to-Date			
Actual	Budget	\$ Variance	% Variance		Actual	Budget	\$ Variance	% Variance
793,442	807,163	(13,721)	(1.7%)	Member Months	7,172,126	7,226,454	(54,328)	(0.8%)
304,813,539	282,139,998	22,673,541	8.0%	Revenues	2,527,406,241	2,536,467,681	(9,061,440)	(0.4%)
297,912,863	273,806,051	(24,106,812)	(8.8%)	Medical Expenses	2,447,047,392	2,423,945,257	(23,102,135)	(1.0%)
9,098,588	11,875,544	2,776,955	23.4%	Administrative Expenses	82,929,848	104,665,680	21,735,832	20.8%
<b>(2,197,912)</b>	<b>(3,541,597)</b>	<b>1,343,684</b>	<b>(37.9%)</b>	<b>Operating Margin</b>	<b>(2,570,998)</b>	<b>7,856,744</b>	<b>(10,427,742)</b>	<b>(132.7%)</b>
1,306,382	134,754	1,171,628	869.5%	Non Operating Income (Loss)	8,796,549	1,259,488	7,537,061	598.4%
<b>(891,530)</b>	<b>(3,406,842)</b>	<b>2,515,312</b>	<b>73.8%</b>	<b>Change in Net Assets</b>	<b>6,225,551</b>	<b>9,116,232</b>	<b>(2,890,681)</b>	<b>(31.7%)</b>
97.7%	97.0%	(0.7%)		Medical Loss Ratio	96.8%	95.6%	(1.3%)	
3.0%	4.2%	1.2%		Administrative Loss Ratio	3.3%	4.1%	0.8%	
<u>(0.7%)</u>	<u>(1.3%)</u>	0.5%		Operating Margin Ratio	<u>(0.1%)</u>	<u>0.3%</u>	(0.4%)	
100.0%	100.0%			Total Operating	100.0%	100.0%		

# Consolidated Performance Actual vs. Budget: March (in millions)

MONTH-TO-DATE				YEAR-TO-DATE		
<u>Actual</u>	<u>Budget</u>	<u>Variance</u>		<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
2.2	(2.6)	4.8	Medi-Cal	6.5	7.3	(0.8)
0.7	0.0	0.7	OneCare	0.4	0.2	0.2
(4.8)	(0.7)	(4.1)	OCC	(10.0)	2.3	(12.3)
(0.3)	(0.2)	(0.1)	PACE	0.4	(2.0)	2.4
<b>(2.2)</b>	<b>(3.5)</b>	<b>1.3</b>	<b>Operating</b>	<b>(2.7)</b>	<b>7.9</b>	<b>(10.5)</b>
1.3	0.1	1.2	Inv./Rental Inc, MCO tax	8.9	1.3	7.6
<b>1.3</b>	<b>0.1</b>	<b>1.2</b>	<b>Non-Operating</b>	<b>8.9</b>	<b>1.3</b>	<b>7.6</b>
<b>(0.9)</b>	<b>(3.4)</b>	<b>2.5</b>	<b>TOTAL</b>	<b>6.2</b>	<b>9.1</b>	<b>(2.9)</b>

# Consolidated Revenue & Expense:

## March 2017 MTD

	Medi-Cal Classic	Medi-Cal Expansion	Total Medi-Cal	OneCare	OneCare Connect	PACE	Consolidated
Member Months	539,091	236,790	775,881	1,278	16,086	197	793,442
<b>REVENUES</b>							
Capitation Revenue	\$ 189,280,126	\$ 89,162,436	\$ 278,442,561	\$ 2,237,364	\$ 22,893,140	\$ 1,240,473	\$ 304,813,539
Other Income	-	-	-	-	-	-	-
<b>Total Operating Revenues</b>	<u>189,280,126</u>	<u>89,162,436</u>	<u>278,442,561</u>	<u>2,237,364</u>	<u>22,893,140</u>	<u>1,240,473</u>	<u>304,813,539</u>
<b>MEDICAL EXPENSES</b>							
Provider Capitation	47,225,846	43,347,983	90,573,829	352,383	8,653,359	-	99,579,571
Facilities	37,644,775	25,855,002	63,499,777	292,873	9,499,937	316,334	73,608,921
Ancillary	-	-	-	57,503	1,035,401	-	1,092,904
Skilled Nursing	-	-	-	45,814	-	-	45,814
Professional Claims	5,454,626	12,055,982	17,510,608	-	-	343,049	17,853,657
Prescription Drugs	19,744,177	18,206,918	37,951,096	626,505	6,637,343	151,816	45,366,760
Long-term Care Facility Payments	53,528,133	2,541,154	56,069,287	-	(1,142,264)	14,771	54,941,794
Medical Management	3,085,647	-	3,085,647	18,288	1,131,471	443,480	4,678,885
Reinsurance & Other	(593,434)	1,095,710	502,276	6,034	88,809	147,438	744,556
<b>Total Medical Expenses</b>	<u>166,089,770</u>	<u>103,102,750</u>	<u>269,192,520</u>	<u>1,399,399</u>	<u>25,904,056</u>	<u>1,416,888</u>	<u>297,912,863</u>
<b>Medical Loss Ratio</b>	<b>87.7%</b>	<b>115.6%</b>	<b>96.7%</b>	<b>62.5%</b>	<b>113.2%</b>	<b>114.2%</b>	<b>97.7%</b>
<b>GROSS MARGIN</b>	<b>23,190,355</b>	<b>(13,940,314)</b>	<b>9,250,041</b>	<b>837,965</b>	<b>(3,010,916)</b>	<b>(176,415)</b>	<b>6,900,676</b>
<b>ADMINISTRATIVE EXPENSES</b>							
Salaries, Wages & Benefits			5,344,552	46,408	751,099	110,778	6,252,836
Professional fees			184,134	10,344	1,563	10,128	206,168
Purchased services			515,663	25,103	114,067	3,250	658,084
Printing and Postage			105,618	1,045	20,839	352	127,854
Depreciation and Amortization			429,717	-	-	2,087	431,804
Other expenses			1,021,156	0	49,717	22,536	1,093,409
Indirect cost allocation, Occupancy expense			(582,577)	30,641	877,727	2,643	328,434
<b>Total Administrative Expenses</b>			<u>7,018,262</u>	<u>113,540</u>	<u>1,815,011</u>	<u>151,775</u>	<u>9,098,588</u>
<b>Admin Loss Ratio</b>			<b>2.5%</b>	<b>5.1%</b>	<b>7.9%</b>	<b>12.2%</b>	<b>3.0%</b>
<b>INCOME (LOSS) FROM OPERATIONS</b>			2,231,779	724,425	(4,825,926)	(328,190)	(2,197,912)
<b>INVESTMENT INCOME</b>			-	-	-	-	1,296,868
<b>NET RENTAL INCOME</b>			-	-	-	-	5,100
<b>NET GRANT INCOME</b>			4,048	-	-	-	4,048
<b>OTHER INCOME</b>			366	-	-	-	366
<b>CHANGE IN NET ASSETS</b>			<u>\$ 2,236,193</u>	<u>\$ 724,425</u>	<u>\$ (4,825,926)</u>	<u>\$ (328,190)</u>	<u>\$ (891,530)</u>
<b>BUDGETED CHANGE IN ASSETS</b>			(2,600,178)	2,883	(727,120)	(217,182)	(3,406,842)
<b>VARIANCE TO BUDGET - FAV (UNFAV)</b>			<u>4,836,371</u>	<u>721,542</u>	<u>(4,098,806)</u>	<u>(111,008)</u>	<u>2,515,312</u>



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# Consolidated Revenue & Expense:

## March 2017 YTD

	Medi-Cal Classic	Medi-Cal Expansion	Total Medi-Cal	OneCare	OneCare Connect	PACE	Consolidated
<b>Member Months</b>	4,908,402	2,096,198	7,004,600	11,113	154,757	1,656	7,172,126
<b>REVENUES</b>							
Capitation Revenue	\$ 1,294,049,487	\$ 946,419,582	\$ 2,240,469,069	\$ 12,882,666	\$ 262,713,586	\$ 11,340,920	\$ 2,527,406,241
Other Income	-	-	-	-	0	-	-
<b>Total Operating Revenues</b>	<u>1,294,049,487</u>	<u>946,419,582</u>	<u>2,240,469,069</u>	<u>12,882,666</u>	<u>262,713,586</u>	<u>11,340,920</u>	<u>2,527,406,241</u>
<b>MEDICAL EXPENSES</b>							
Provider Capitation	312,814,056	387,527,553	700,341,609	3,601,167	67,104,447	-	771,047,223
Facilities	258,731,928	265,358,263	524,090,192	2,854,681	80,867,861	2,366,081	610,178,814
Ancillary	-	-	-	390,044	7,081,208	-	7,471,252
Skilled Nursing	-	-	-	512,745	-	-	512,745
Professional Claims	79,643,775	81,415,199	161,058,975	-	-	2,027,091	163,086,065
Prescription Drugs	164,020,120	150,704,470	314,724,591	4,026,370	45,884,211	827,470	365,462,642
Long-term Care Facility Payments	418,330,806	18,697,236	437,028,042	-	46,197,448	58,151	483,283,640
Medical Management	26,250,586	-	26,250,586	198,831	9,053,759	3,599,473	39,102,649
Reinsurance & Other	(4,282,400)	9,284,985	5,002,584	42,805	823,110	1,033,862	6,902,361
<b>Total Medical Expenses</b>	<u>1,255,508,871</u>	<u>912,987,707</u>	<u>2,168,496,578</u>	<u>11,626,643</u>	<u>257,012,044</u>	<u>9,912,127</u>	<u>2,447,047,392</u>
<b>Medical Loss Ratio</b>	<b>97.0%</b>	<b>96.5%</b>	<b>96.8%</b>	<b>90.3%</b>	<b>97.8%</b>	<b>87.4%</b>	<b>96.8%</b>
<b>GROSS MARGIN</b>	<b>38,540,616</b>	<b>33,431,875</b>	<b>71,972,491</b>	<b>1,256,023</b>	<b>5,701,542</b>	<b>1,428,793</b>	<b>80,358,849</b>
<b>ADMINISTRATIVE EXPENSES</b>							
Salaries, Wages & Benefits			47,463,677	179,536	7,154,431	846,784	55,644,428
Professional Fees			1,195,359	144,614	318,115	43,933	1,702,021
Purchased services			6,254,076	214,162	1,202,054	37,942	7,708,235
Printing and Postage			1,785,569	71,016	510,651	2,617	2,369,853
Depreciation and Amortization			2,958,702	-	-	18,465	2,977,167
Other expenses			8,950,587	2,071	339,385	79,076	9,371,119
Indirect cost allocation, Occupancy expense			(3,278,297)	216,371	6,197,848	21,102	3,157,025
<b>Total Administrative Expenses</b>			<u>65,329,675</u>	<u>827,769</u>	<u>15,722,485</u>	<u>1,049,918</u>	<u>82,929,848</u>
<b>Admin Loss Ratio</b>			<b>2.9%</b>	<b>6.4%</b>	<b>6.0%</b>	<b>9.3%</b>	<b>3.3%</b>
<b>INCOME (LOSS) FROM OPERATIONS</b>			6,642,816	428,254	(10,020,943)	378,875	(2,570,998)
<b>INVESTMENT INCOME</b>			-	-	-	-	8,860,931
<b>NET RENTAL INCOME</b>			-	-	-	-	47,070
<b>NET GRANT INCOME</b>			(112,664)	-	-	-	(112,664)
<b>OTHER INCOME</b>			1,213	-	-	-	1,213
<b>CHANGE IN NET ASSETS</b>			<u>\$ 6,531,364</u>	<u>\$ 428,254</u>	<u>\$ (10,020,943)</u>	<u>\$ 378,875</u>	<u>\$ 6,225,552</u>
<b>BUDGETED CHANGE IN ASSETS</b>			7,339,669	202,859	2,291,562	(1,977,345)	9,116,232
<b>VARIANCE TO BUDGET - FAV (UNFAV)</b>			<u>(808,305)</u>	<u>225,395</u>	<u>(12,312,504)</u>	<u>2,356,220</u>	<u>(2,890,680)</u>



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# Balance Sheet:

## As of March 2017

### ASSETS

#### Current Assets

Operating Cash	\$499,619,891
Catastrophic Reserves	11,173,846
Investments	1,434,341,743
Capitation receivable	296,898,752
Receivables - Other	18,564,393
Prepaid Expenses	12,421,963

**Total Current Assets** 2,273,020,588

#### Capital Assets

Furniture and equipment	35,790,228
Leasehold improvements	6,419,233
505 City Parkway West	49,271,389
	<u>91,480,850</u>
Less: accumulated depreciation	(36,638,498)
Capital assets, net	<u>54,842,352</u>

#### Other Assets

Restricted deposit & Other	300,000
Board-designated assets	
Cash and cash equivalents	11,633,228
Long term investments	521,415,794
Total Board-designated Assets	<u>533,049,022</u>
Total Other Assets	<u>533,349,022</u>

Deferred outflows of Resources - Pension Contributions	3,787,544
Deferred outflows of Resources - Difference in Experience	1,215,473

**TOTAL ASSETS & OUTFLOWS** 2,866,214,979

### LIABILITIES & FUND BALANCES

#### Current Liabilities

Accounts payable	\$38,879,762
Medical claims liability	680,912,203
Accrued payroll liabilities	10,627,236
Deferred revenue	907,321,771
Deferred lease obligations	216,199
Capitation and withholds	517,833,992
<b>Total Current Liabilities</b>	<u>2,155,791,162</u>

Other employment benefits liability	29,750,410
Net Pension Liabilities	12,626,137
Long Term Liabilities	100,000

**TOTAL LIABILITIES** 2,198,267,709

Deferred inflows of Resources - Excess Earnings	502,900
Deferred inflows of Resources - changes in Assumptions	1,651,640

Tangible net equity (TNE)	95,386,676
Funds in excess of TNE	570,406,054

**Net Assets** 665,792,730

**TOTAL LIABILITIES, INFLOWS & FUND BALANCES** 2,866,214,979



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# Board Designated Reserve and TNE Analysis As of March 2017

Type	Reserve Name	Market Value	Benchmark		Variance	
			Low	High	Mkt - Low	Mkt - High
Board-designated Reserve	Tier 1 - Payden & Rygel	145,711,189				
	Tier 1 - Logan Circle	145,451,948				
	Tier 1 - Wells Capital	145,463,504				
		436,626,641	313,071,502	488,125,007	123,555,138	(51,498,367)
TNE Requirement	Tier 2 - Logan Circle	96,422,381	95,386,676	95,386,676	1,035,705	1,035,705
	<b>Consolidated:</b>	<b>533,049,022</b>	<b>408,458,178</b>	<b>583,511,683</b>	<b>124,590,844</b>	<b>(50,462,661)</b>
	<i>Current reserve level</i>	<i>1.83</i>	<i>1.40</i>	<i>2.00</i>		

# HN Enrollment Summary - Medi-Cal

Health Network Name	APRIL 2017	Percentage
CHOC Health Alliance (PHC20)	151,870	19.5%
Monarch Family HealthCare (HMO16)	86,914	11.1%
CalOptima Community Network (CN)	72,108	9.2%
Arta Western Health Network (SRG66)	70,838	9.1%
Family Choice Health Network (PHC21)	47,747	6.1%
Kaiser Permanente (HMO04)	45,682	5.9%
Alta Med Health Services (SRG69)	44,293	5.7%
United Care Medical Network (SRG67)	35,350	4.5%
Prospect Medical Group (SRG63)	33,553	4.3%
Noble Mid-Orange County (SRG64)	31,657	4.1%
Talbert Medical Group (SRG65)	24,246	3.1%
AMVI Care Health Network (PHC58)	21,956	2.8%
Heritage - Regal Medical Group (HMO15)	4,549	0.6%
OC Advantage (PHC35)	1,244	0.2%
<b>Total Health Network Capitated Enrollment</b>	<b>672,006</b>	<b>86.2%</b>
CalOptima Direct (all others)	107,652	13.8%
<b>Total Medi-Cal Enrollment</b>	<b>779,658</b>	<b>100.0%</b>

# HN Enrollment Summary - OneCare

Health Network Name	APRIL 2017	Percentage
Monarch HealthCare (PMG53DE)	672	52.9%
AMVI/Prospect Medical Group (PMG27DE)	306	24.1%
Talbert Medical Group (PMG52DE)	104	8.2%
Family Choice Medical Group (PMG21DE)	70	5.5%
Alta-Med (PMG69DE)	44	3.5%
Arta Western Health Network (PMG66DE)	41	3.2%
United Care Medical Group (PMG67DE)	23	1.8%
Noble Mid Orange County (PMG64DE)	11	0.9%
<b>Total OneCare Enrollment</b>	<b>1,271</b>	<b>100.0%</b>

# HN Enrollment Summary – OneCare Connect

Health Network Name	APRIL 2017	Percentage
Monarch HealthCare (HMO16DE)	5,082	31.5%
Propect Medical Group (SRG63DB)	3,086	19.1%
Family Choice Medical Group (SRG81DB)	1,910	11.8%
CalOptima Community Network (CN)	1,762	10.9%
Talbert Medical Group (SRG52DB)	1,194	7.4%
United Care Medical Group (SRG67DB)	581	3.6%
Arta Western Health Network(SRG66DB)	567	3.5%
Alta-Med (SRG69DB)	567	3.5%
AMVI Care Health Network (PHC58DB)	546	3.4%
Noble Mid Orange County (SRG64DB)	468	2.9%
Heritage - Regal Medical Group (HMO15)	250	1.5%
OC Advantage (PHC35DB)	117	0.7%
<b>Total OneCare Connect Enrollment</b>	<b>16,130</b>	<b>100.0%</b>





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# **CBAS and SNF 2016 Satisfaction Survey Results**

**Provider Advisory Committee  
May 11, 2017**

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



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# **CBAS Satisfaction Survey Results**

# CBAS Satisfaction Survey Results

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

*\*Note that two CBAS Centers used their own satisfaction survey.*



# Greatest Areas of Concern

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

# Changes Implemented at CBAS Centers

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

# Satisfaction Survey Positive Comments

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



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# **SNF Satisfaction Survey Results**

# SNF Satisfaction Survey Results

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

# Greatest Areas of Concern

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

# Satisfaction Survey Positive Comments

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

# CalOptima's Mission

---

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







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# **Comparison of Financial and Utilization Performance:**

*CCN and Contracted Networks in OneCare Connect*

**Provider Advisory Committee**

**May 11, 2017**

**Nancy Huang**

**Interim Chief Financial Officer**

# Key Points

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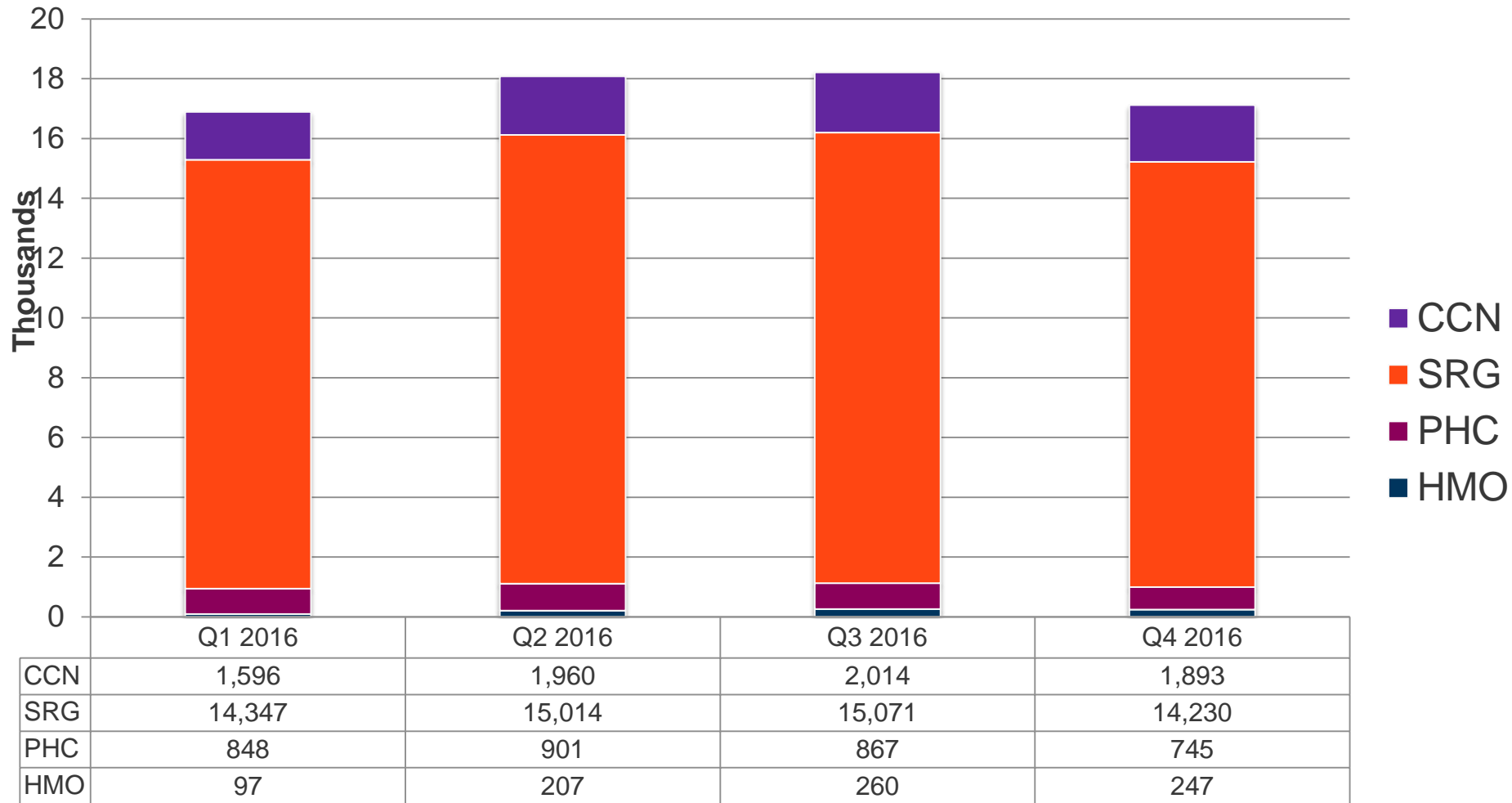
- Use OneCare Connect (OCC)
  - Revenue follows member
  - Comparable membership (no special populations)
- Calculate for Calendar Year 2016
- Include Medicare revenue and costs only
- Exclude Medi-Cal revenue and costs
  - Long-Term Services and Supports (LTSS) are major components and managed by CalOptima

# Key Points (Cont.)

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- Include claims and capitation payment but not encounter data
- Define performance as medical loss ratio (MLR)
  - Exclude administrative loss ratio (ALR)
  - Add CalOptima medical management based on resources required by network type
  - Exclude shared risk group (SRG) pool funding or settlements
- Align with Finance reports — with some exceptions

# OCC Membership by Network Type



# OCC Summary of Performance

	CCN	SRG	PHC	HMO	All
Average Member Months	1,888	14,664	840	203	17,595
Revenue PMPM	\$1,584	\$1,445	\$1,153	\$1,559	\$1,448
Risk Adjustment Factor (RAF)	1.30	1.17	0.91	1.34	1.17
Non-Psych Inpatient (Bed Days Per 1,000 Per Year)	1,911	1,224	N/A	N/A	1,225
Medical Cost PMPM	\$1,323	\$1,256	\$1,111	\$1,424	\$1,258
MLR	83.5%	86.9%	96.4%	91.3%	86.9%

# Medical Management Allocation

Medical Management Accounts	CCN	SRG	PHC	HMO
Behavioral Health	25%	25%	25%	25%
Case Management	40%	20%	20%	20%
Health Education/ Disease Management	25%	25%	25%	25%
Long-Term Services and Supports	25%	25%	25%	25%
Pharmacy Management	25%	25%	25%	25%
Quality Improvement/ Analytics	25%	25%	25%	25%
Utilization Management	60%	20%	10%	10%
<b>Amount</b>	<b>\$87.74</b>	<b>\$52.76</b>	<b>\$49.06</b>	<b>\$49.06</b>

# Conclusion

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- For the OCC line of business, CCN financial performance as measured by the MLR is comparable with contracted networks



# CalOptima's Mission

---

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



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Medi-Cal

## CalOptima

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OneCare (HMO SNP)

## CalOptima

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OneCare Connect

## CalOptima

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A Public Agency

PACE

## CalOptima

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Get a no-cost  
**\$10 gift card** and  
be entered into an  
opportunity drawing  
for a **\$100 gift card**.

# BREAST CANCER SCREENING MAMMOGRAM

**Eligible CalOptima Medi-Cal members ages 50–74 can receive a \$10 gift card and be entered into a \$100 gift card opportunity drawing!**

**STEP  
1**

Complete your breast cancer screening mammogram between March 1 and August 31, 2017.

**STEP  
2**

Complete the information on the other side, and submit this form to CalOptima to receive your \$10 gift card and be entered into a \$100 drawing.

**This form must be filled out, and signed by your provider in order to receive the \$10 gift card, and to be entered into a \$100 gift card opportunity drawing.**

## **Follow these steps to receive your gift card.**

**Step 1:** Complete your screening mammogram between **March 1 and August 31, 2017.**

**Step 2:** Complete this form. Make sure to fill out your provider's information. **Have your provider sign or stamp this form.**

**Step 3:** Submit this form to CalOptima by mail using the enclosed postage-paid envelope by **September 30, 2017. Or ask your provider to fax this form on your behalf.**

**Step 4:** Get your \$10 gift card in the mail in 4–6 weeks. Opportunity drawing winners will be sent a gift card at a later time.

## **Member Information**

Member Name:

Date of Birth:

CalOptima CIN Number:

Current Address:

City, State, Zip:

Phone Number:

## **PROVIDER INSTRUCTIONS**

**Providers please sign or stamp this form.**

- The member must complete a screening mammogram to be eligible for this incentive.
- The member must have you sign or stamp this form in order to receive the \$10 gift card.
- You can fax this form directly to CalOptima at **714-796-6613.**
- Or give this form to the member to mail back to CalOptima.

## **Provider Information/ Provider Information**

Date of Screening Mamogram:

Provider Name:


Signature/Stamp:

Address:

City, State, Zip:

Phone Number:





Get a no-cost  
**\$15 gift card** and  
be entered into an  
opportunity drawing  
for a **\$100 gift card**.

# CERVICAL CANCER SCREENING

**Eligible CalOptima Medi-Cal members ages 21–64 can receive a \$15 gift card and be entered into a \$100 gift card opportunity drawing!**

**STEP  
1**

Complete your cervical cancer screening between March 1 and August 31, 2017.

**STEP  
2**

Complete the information on the other side, and submit this form to CalOptima to receive your \$15 gift card and be entered into a \$100 opportunity drawing.

**This form must be filled out, and signed by your provider in order to receive the \$15 gift card, and to be entered into a \$100 gift card opportunity drawing.**

## **Follow these steps to receive your gift card.**

**Step 1:** Complete your cervical cancer screening between **March 1 and August 31, 2017**.

**Step 2:** Complete this form. Make sure to fill out your provider's information. **Have your provider sign or stamp this form.**

**Step 3:** Submit this form to CalOptima by mail using the enclosed postage-paid envelope by **September 30, 2017**. **Or ask your provider to fax this form on your behalf.**

**Step 4:** Get your \$15 gift card in the mail in 4–6 weeks. Opportunity drawing winners will be sent a gift card at a later time.

## **Member Information**

Member Name:

Date of Birth:

CalOptima CIN Number:

Current Address:

City, State, Zip:

Phone Number:

## **PROVIDER INSTRUCTIONS**

**Providers please sign or stamp this form.**

- The member must complete a cervical cancer screening to be eligible for this incentive.
- The member must have you sign or stamp this form in order to receive the \$15 gift card.
- You can fax this form directly to CalOptima at **714-796-6613**.
- Or give this form to the member to mail back to CalOptima.

## **Provider Information**

Date of Cervical Cancer Screening:

Provider Name:

Signature/Stamp:

Address:

City, State, Zip:

Phone Number:



Get a no-cost  
**\$25 gift card** and  
be entered into an  
opportunity drawing  
for a **\$100 gift card**.

# GET YOUR POSTPARTUM CHECKUP

**Eligible CalOptima Medi-Cal members can receive a \$25 gift card and be entered into a \$100 gift card opportunity drawing!**

**STEP  
1**

You must have had a delivery between March 30, 2017 and June 30, 2017 and get your postpartum checkup no later than 6 weeks after your delivery, to qualify for this incentive.

**STEP  
2**

Complete the information on the other side, and submit this form to CalOptima to receive your \$25 gift card and be entered into a \$100 opportunity drawing.



**This form must be filled out, and signed by your provider in order to receive the \$25 gift card, and to be entered into a \$100 gift card opportunity drawing.**

## **Follow these steps to receive your gift card.**

**Step 1:** You must have had a delivery between March 30, 2017 and June 30, 2017 and get your postpartum checkup no later than 6 weeks after your delivery.

**Step 2:** Complete this form. Make sure to fill out your provider's information. **Have your provider sign or stamp this form.**

**Step 3:** Submit this form to CalOptima by mail using the enclosed postage-paid envelope by **August 31, 2017. Or ask your provider to fax this form on your behalf.**

**Step 4:** Get your \$25 gift card in the mail in 4–6 weeks. Opportunity drawing winners will be sent a gift card at a later time.

## **Member Information**

Member Name:

Date of Birth:

CalOptima CIN Number:

Current Address:

City, State, Zip:

Phone Number:

Date of Delivery:

## **PROVIDER INSTRUCTIONS**

**Providers please sign or stamp this form.**

- The member must complete her postpartum checkup to be eligible for this incentive.
- Please review postpartum health with the member.
- The member must have you sign or stamp this form in order to receive the \$25 gift card
- You can fax this form directly to CalOptima at **714-796-6613**.
- Or give this form to the member to mail back to CalOptima.

## **Provider Information**

Date of Postpartum Checkup:

Provider Name:

Signature/Stamp:

Address:

City, State, Zip:

Phone Number:

