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

THURSDAY, JUNE 8, 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. 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 May 11, 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
None

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 Engagement Report
B. 2016 Group Needs Assessment Results
C. PAC Member Updates

VIII. COMMITTEE MEMBER COMMENTS

IX. ADJOURNMENT

Back to Agenda

MINUTES

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

May 11, 2017

A Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC) was held on Thursday, May 11, 2017, at the CalOptima offices located at 505 City Parkway West, Orange, California.

CALL TO ORDER

Teri Miranti, PAC Chair, called the meeting to order at 8:04 a.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present:	Teri Miranti, Chair; Suzanne Richards, MBA, FACHE, Vice Chair; Donald Bruhns; Theodore Caliendo, M.D.; Alan Edwards, M.D.; Steve Flood; Jena Jensen; Pamela Kahn, R.N.; John Nishimoto, O.D.; Mary Pham, Pharm.D., CHC; George Orras, Ph.D., FAAP; Barry Ross, R.N., MPH, MBA; Jacob Sweidan, M.D.
Members Absent:	Anjan Batra, M.D.; Pamela Pimentel, R.N.
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; Laura Guess, Supervisor, Quality Improvement; Marsha Choo, Manager, Quality Initiatives; Becki Melli, Staff to the Member Advisory Committee

MINUTES

Approve the Minutes of the April 13, 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 April 13, 2017 meeting. (Motion carried 13-0-0; Members Batra and Pimentel absent)***

PUBLIC COMMENTS

No requests for public comment were received.

Back to Agenda

REPORTS

Consider Recommendation of PAC Slate of Candidates , PAC Chairperson and Vice Chairperson

Member Pham summarized the recommendations of the PAC Nominations Ad Hoc Subcommittee, which consisted of Members Batra, Bruhns and Pham. The ad hoc met on April 24, 2017 to review the applications for the four seats available and to recommend candidates for the PAC Chair and Vice Chair positions. The four seats expiring are Community Health Clinic Representative, Hospital Representative, Physician Representative, and Traditional/Safety Net Representative.

The ad hocreviewed eight (8) applications: four (4) for the Community Health Clinic Representative seat; one (1) for the Hospital Representative seat; one (1) for the Physician Representative seat and two (2) for the Traditional/Safety Net Representative seat.

The ad hoc subcommittee recommended the following candidates for the four expiring seats: Craig G. Myers (new appointment) for the Community Health Clinic seat; Suzanne Richards (reappointment) for the Hospital seat; Jacob Sweidan, M.D. (reappointment) for the Physician seat; and Jena Jensen (reappointment) for the Traditional/Safety Net seat.

Action: ***On motion of Member Caliendo, seconded and carried, the Committee approved the recommendations of the PAC Nominations Ad Hoc e for the four expiring seats for a three-year term as presented. (Motion carried 10-0-3; Members Richards, Sweidan and Jensen abstained; Members Batra and Pimentel absent).***

The ad hoc recommended the reappointment of Teri Miranti as PAC Chairperson for FY 2017-18.

Action: ***On motion of Member Ross, seconded and carried, the Committee approved the recommendation of the PAC Nominations Ad Hoc to reappoint Teri Miranti as PAC Chair for FY 2017-18. (Motion carried 12-0-1; Chair Miranti abstained; Members Batra and Pimentel absent).***

The ad hoc recommended the reappointment of Suzanne Richards as PAC Vice Chairperson for FY 2017-18.

Action: ***On motion of Member Sweidan, seconded and carried, the Committee approved the recommendation of the PAC Nominations Ad Hoc to reappoint Suzanne Richards as PAC Vice Chair for FY 2017-18. (Motion carried 12-0-1; Vice Chair Richards abstained; Members Batra and Pimentel absent).***

Back to Agenda

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Update

Michael Schrader, Chief Executive Officer reported on the budget process for FY 2017-2018, and noted that CalOptima received the Medi-Cal rates from the State for both Classic and Expansion members. The rates included a reduction of $55M for classic members and $62M for expansion members, totaling $117M in rate reductions to CalOptima. There was extended discussion about the new rate among the members and CalOptima staff.

Chief Operating Officer Update

Ladan Khamseh, Chief Operating Officer, reported on the complimentary direct deposit through U.S. Bank established for providers that went into effect on April 10, 2017. She noted that the providers could now access their funds directly and review their claim details electronically.

Chief Medical Officer Update

Richard Bock, M.D., Deputy Chief Medical Officer introduced Marsha Choo, Manager of Quality Initiatives, who presented a verbal update on initiatives that are being worked on in the Quality Initiatives department. Ms. Choo also discussed the member/provider incentive and provided information on breast cancer screening, cervical cancer screening and postpartum check-ups. Ms. Choo noted that 60,000 women who had not had these screenings and checkups to date were sent fliers in their threshold language.

Chief Financial Officer Update

Nancy Huang, Interim Chief Financial Officer, presented CalOptima's Financial Summary as of March 2017, including a report of the Health Network Enrollment for the month of March 2017. Ms. Huang summarized CalOptima's financial performance and current reserve levels.

Provider Network Operations Update

Michelle Laughlin, Executive Director, Provider Network Operations, provided an update on the incentive program that was approved by the Board in December 2016 for screening of adolescents for clinical depression that will be rolled out the week of May 15, 2017. Approximately 600 primary care physicians may be participating in this incentive program for screening these adolescents.

Federal and State Budget Update

Phil Tsunoda, Executive Director, Public Policy and Public Affairs, provided a State and Federal legislative update. On the Federal front, Mr. Tsunoda noted that the Congressional Budget Office (CBO) would release the CBO scoring of the American Health Care Act (AHCA) the week of May 22, 2017. On the State side, it was anticipated that the Governor would release the May Revise on May 11, 2017, which adjusts his proposed budget released in January 2017. It is anticipated that the May Revise will restate the Governor's commitment to continue the Cal MediConnect program (OneCare Connect) through December 31, 2019. He also noted that the recently passed Tobacco Tax Increase Initiative (Proposition 56) will generate annual additional revenue for fiscal year 2017/18 of approximately $1.2B. The Senate Committee on Budget and Fiscal Review has reported that the Governor would like to use that revenue to fund Medi-Cal program expenditure growth above last year's levels. This is specifically tied to the Medi-Cal

Expansion Program (MCE) where the State is anticipating an increased cost in upcoming years. Mr. Tsunoda noted that the California Medical Association (CMA) and the California Dental Association (CDA) are requesting that $900M in Proposition 56 revenue be used to provide incentive based supplemental payments to physicians and dentists based on the number of Medi-Cal patients served.

INFORMATION ITEMS

Community Based Adult Services (CBAS) and Skilled Nursing Facility (SNF) 2016 Satisfaction Survey

Laura Guest, Supervisor, Quality Improvement, presented the CBAS and SNF Satisfaction survey results. For the CBAS Centers, surveys were distributed to 30 CBAS centers with nearly 1,000 surveys returned. The greatest concerns noted by the participants included dissatisfaction with meals, transportation issues, concerns not being addressed and physical and/occupational therapy not meeting their needs. These concerns are being addressed with the facilities and steps are being taken internally to correct these concerns. For the SNFs, 10 SNFs received surveys for 20 members each, for a total of 200 surveys with 124 (64%) surveys returned with an overall satisfaction score of 77%. The greatest concerns were dissatisfaction with the meals, services provided by the dietician, activities are not meaningful and concerns not being addressed.

Reinsurance Policy Changes

Ms. Huang, presented on the proposed changes to the Reinsurance Policy. Currently, CalOptima pays 90% of the hospital claims for patients exceeding $100,000 within a one-year period. The proposed change would reduce this to 80% of claims for patients exceeding $150,000. For physicians, CalOptima currently pays 90% of physician claims for patients who exceed $13,000 in medical costs. As proposed CalOptima would pay 80% of claims for patients who exceed $17,000 in medical costs within a one year period.

Comparison Report of the CalOptima Community Network (CCN) to Contract Health Networks – Financials and Utilization Performance

Ms. Huang also presented a comparison report of the CCN to the contracted health networks. The members and staff discussed the comparison study and PAC members expressed their desire to provide additional metrics that would be included in the CalOptima comparison prior to presentation at a CalOptima Board meeting.

PAC Member Updates

Member Ross noted that this would be his last PAC meeting. PAC members and CalOptima executives thanked Member Ross for serving as the Community Clinic's Representative for the last six years. Member Ross thanked the PAC for their support throughout his tenure.

Back to Agenda

ADJOURNMENT

There being no further business before the Committee, Chair Miranti adjourned the meeting at 10:11 a.m.

/s/ Cheryl Simmons
Cheryl Simmons
Staff to the PAC

Approved: June 8, 2017

Back to Agenda

MEMORANDUM

DATE:	June 1, 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

May Revision Highlights

In releasing the May Revision of the FY 2017–18 budget, Gov. Brown made clear that California is experiencing worsening financial conditions that require careful attention to ensure the state does not again face large deficits. This environment influenced spending decisions in health care, including for Medi-Cal, which is projected to post a $1.1 billion shortfall for FY 2016–17. Below are four elements in the proposed budget that affect CalOptima. A final budget is expected to be approved in June.

- **Cal MediConnect**: The May Revision reauthorizes through 2019 the duals demonstration pilot we call OneCare Connect in Orange County. The budget forecasts approximately $8 million in General Fund savings based on the proposed continuation of the program. Cal MediConnect was previously included in the January draft budget, and we are optimistic that it will remain in the final budget as well.
- **Tobacco Tax**: Proposition 56 revenue will generate up to $1.2 billion in revenue in FY 2017–18, up $23.3 million compared with the January draft budget. Despite industry urging to use these funds to increase payment rates for Medi-Cal providers, the May Revision does not call for any such increases and instead uses the funding for general obligations.
- **Medicare Part A Recoupment**: The May Revision identifies an issue with beneficiaries who gained Medi-Cal coverage under the Affordable Care Act (ACA) while already being eligible for Medicare Part A. Funding for this group should not have been at the higher ACA rates. Enrollment systems were corrected in August 2016, and the state will now begin recouping $365 million from Medi-Cal managed care plans, including CalOptima. While details about the recoupment methodology are not available from the state at this time, CalOptima will keep your Board informed about the potential financial impact.
- **Children's Health Insurance Program (CHIP)**: CHIP is a federal/state program that California uses to provide Medi-Cal coverage to children in families living at up to 266 percent of the Federal Poverty Level. The ACA increased the federal match to 88 percent, but given the uncertainty with that legislation, the May Revision assumes the federal match will be decreased to the previous 65 percent level. Therefore, after the change to 65/35, the impact to the state budget will be an additional $536 million in CHIP spending. CalOptima has 109,000 members age 0–19 who are eligible because of CHIP.

Back to Agenda

Department of Health Care Services (DHCS) Medical Loss Ratio (MLR) Reconciliation
DHCS continues to develop a draft methodology for the MLR calculation for Medi-Cal Expansion members. CalOptima expects to learn more at an upcoming All-Plan CFO meeting in mid-June. Still, it is our understanding that the state plans to perform the reconciliation in two phases. Phase 1 includes the first 18 months of Medi-Cal Expansion, from January 2014 to June 2015; Phase 2 is the next 12 months, from July 2015 to June 2016. I will share more information about the reconciliation process once it is available.

CHRONIC Care Act
On May 18, the U.S. Senate Finance Committee unanimously passed the CHRONIC Care Act, which would permanently reauthorize Dual Eligible Special Needs Plans (D-SNPs), including CalOptima OneCare. (CHRONIC stands for Creating High-Quality Results and Outcomes Necessary to Improve Chronic Care.) The bill now awaits further consideration and a vote by the full Senate. D-SNPs are currently set to expire on December 31, 2018, and have historically been reauthorized periodically by Congress. This bill would remove the need to continually reauthorize D-SNPs, providing continuity and assurance for CalOptima's OneCare program and its 1,300 members. CalOptima sent a letter of support to the bill's sponsor, Senate Finance Committee Chairman Sen. Orrin Hatch, to express the need for this important and bipartisan legislation.

Good Health Campaign
CalOptima's Good Health wellness campaign debuted May 13. The campaign was purposely designed with an overarching "Good Health" theme so that it can be used across all CalOptima programs and adjusted to fit a variety of initiatives. The first focus was raising awareness about the importance of cervical cancer screenings, with a goal of boosting our HEDIS scores in this area. Just in time for Mother's Day, CalOptima aired 30-second and 60-second Spanish and Vietnamese radio commercials. These commercials will continue through the remainder of June. We plan to roll out the radio commercials to Korean language stations this summer. English language radio buys are cost prohibitive, but we have recorded English commercials for possible use on our website or "hold" messages. To continue building awareness, "Good Health" print ads, covering both cervical and breast cancer screenings, are also planned to run in English and ethnic media outlets starting mid-June.

Scholarship Winners
For the second year in a row, CalOptima's Employee Activities Committee (EAC) sponsored a scholarship essay contest for members pursuing careers in health care or social services. The first place $1,000 scholarship was awarded to a two-time cancer survivor now attending USC for her master's in social work. Second place ($750) went to a single mom pursuing her bachelor's degree in nursing at Cal State Fullerton. Third place ($500) was for a young woman headed to Cal State Long Beach to study nursing as well. In the same fashion as this past year, our first place winner moves on to the national Association for Community Affiliated Plans contest for a chance at a $5,000 scholarship. EAC scholarship dollars are generated through fundraising events and voluntary donations; no public money was used.

Back to Agenda

Media Coverage

- **Adolescent Depression Screenings Article:** CalOptima was included in a May 17 OC Weekly article about Kaiser's adolescent depression screenings and our new physician incentive program to do the same. The article quoted Donald Sharps, M.D., medical director of Behavioral Health Integration. The online version can be viewed here.
- **Opioid Epidemic Radio Program:** For a program that aired May 28, Tammy Trujillo, host of the Community Cares program on Angels Radio AM 830, interviewed Deputy Chief Medical Officer Richard Bock, M.D., about the opioid epidemic. Dr. Bock provided a history of opioids as well as shared how Orange County is being impacted by the drugs and what CalOptima is doing to prevent overprescribing by physicians and curb abuse by members. Dr. Bock was also invited back this month to discuss another important subject — smoking cessation and the dangers of vaping.
- **New York Times Medicaid Article:** An opinion article in the May 3 edition of the New York Times directly addresses the experience and perspectives of a disabled Medicaid recipient. It provides an insight into the challenges that some of our members may face with Medi-Cal generally and In-Home Supportive Services in particular.

Back to Agenda

CCN Performance:
Quality and Financial Analysis

Provider Advisory Committee
CMO Update, June 8, 2017

Richard Helmer, M.D.
Chief Medical Officer

Back to Agenda

CalOptima Community Network (CCN) Analysis

- Background of CalOptima Direct (COD) and CCN
- Membership Growth in CCN
- Performance on Quality Measures
  - Clinical Measures
  - CAHPS (Satisfaction) Measures

Back to Agenda

CCN Analysis (Cont.)

- Financial Performance
  - Revenue/Risk Adjustment Factor
  - Comparable Utilization Metrics
  - Medical Loss Ratio
- The Challenge With a Medi-Cal Comparison
- Considerations for the Future of CCN

Back to Agenda

Background of CCN

Back to Agenda

Background of CCN

- Original CalOptima Direct (COD) network for members:
  - Could not be assigned a primary care physician (PCP)
    - New to CalOptima and transitioning to network
    - Out of area
    - Dual coverage (fee-for-service Medicare)
  - Complicated, vulnerable and high risk ("Complex")
    - In Long-Term Care (LTC) facilities
    - Transplants, end-stage renal disease, HIV/AIDS, hemophilia, etc.
- Additional members and PCPs added for networks that had terminated ("General")
  - Members linked to PCP
  - Rebranded as "CalOptima Care Network" or CCN

Back to Agenda

Background of CCN (Cont.)

- Common feature of COD and earlier CCN
  - Members could not select the network except with a family linkage
  - No auto assignment — relatively flat growth
  - Higher acuity of member needs
  - Limited to Medi-Cal line of business (OneCare still excluded)
- 2014 — needed to reconsider COD/CCN network
  - Small- to medium-size physician practices not included in recent network expansion RFP desired to participate more fully
  - Need to have the broadest possible network for duals demonstration/OneCare Connect
    - Large number of FFS Medicare beneficiaries served by COD/CCN practitioners
    - These physicians may only participate in CCN and not delegated networks

Background of CCN (Cont.)

- CalOptima Community Network (CCN) implemented Q2 2015
  - Members could select CCN
  - CCN received auto-assignment
  - Membership limited to 10% of total membership as opposed to 33% for delegated networks

Back to Agenda

Background of CCN (Cont.)

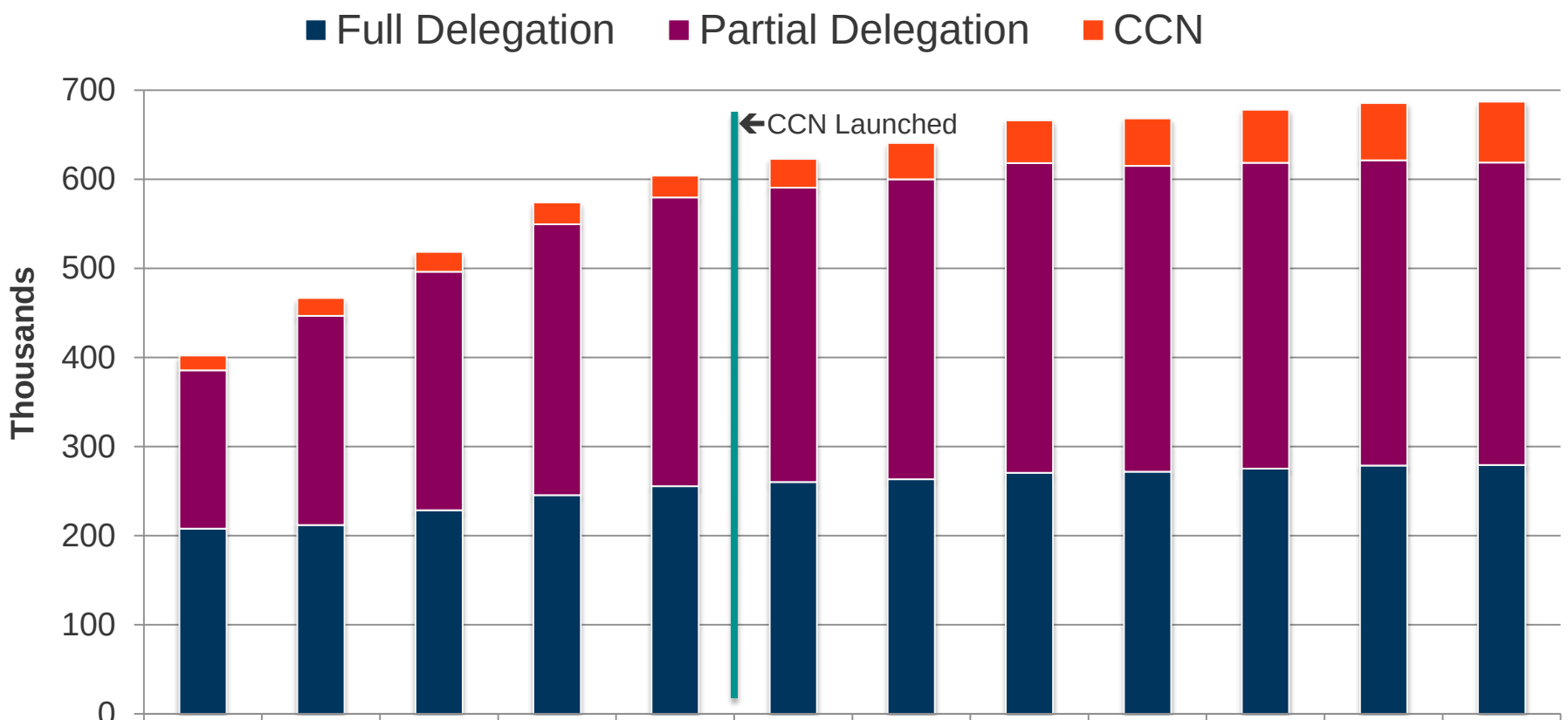
- Premise of CCN
  - Held accountable to the same standards as delegated networks
    - Financially viable — not “subsidized” by CalOptima
    - Assessed by Audit and Oversight for regulatory, operational and accreditation compliance
    - Comparable quality scores
  - Funded based on member risk
  - Reward physicians for appropriate performance
    - Pay for value
    - Appropriate utilization
- CalOptima management would update Board and other stakeholders with key quality and financial performance when information is available

Back to Agenda

Membership Growth in CCN

Back to Agenda

Medi-Cal Members by Network Type



	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016
CCN	16,839	20,089	22,376	24,376	24,583	32,382	40,700	47,974	53,211	59,438	64,365	68,422
Partial Delegation	177,773	234,556	267,604	304,169	324,119	330,334	336,565	347,458	343,177	343,173	342,557	339,609
Full Delegation	207,708	212,070	228,582	245,317	255,404	260,199	263,419	270,550	271,818	275,281	278,701	279,188

Back to Agenda

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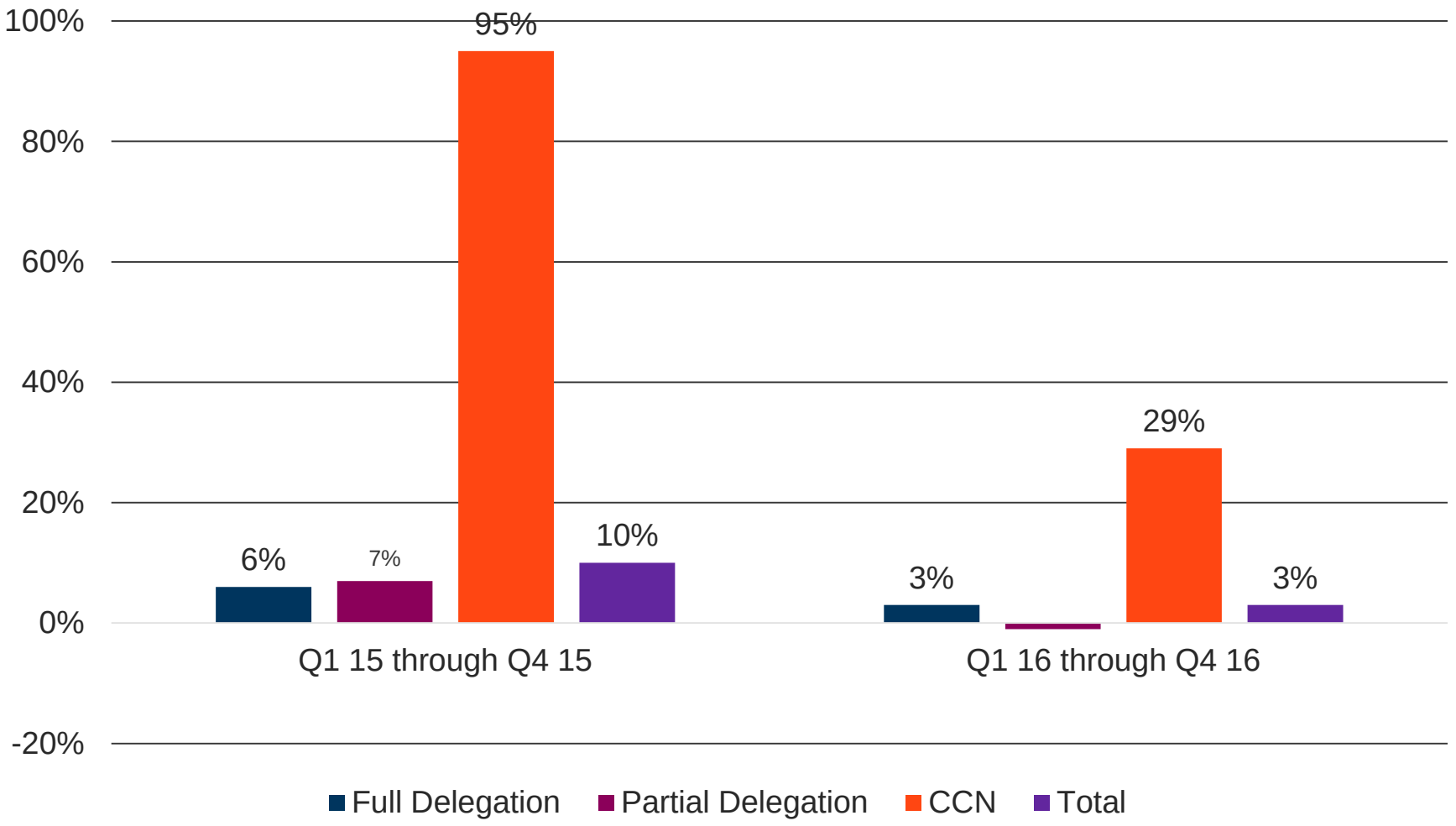
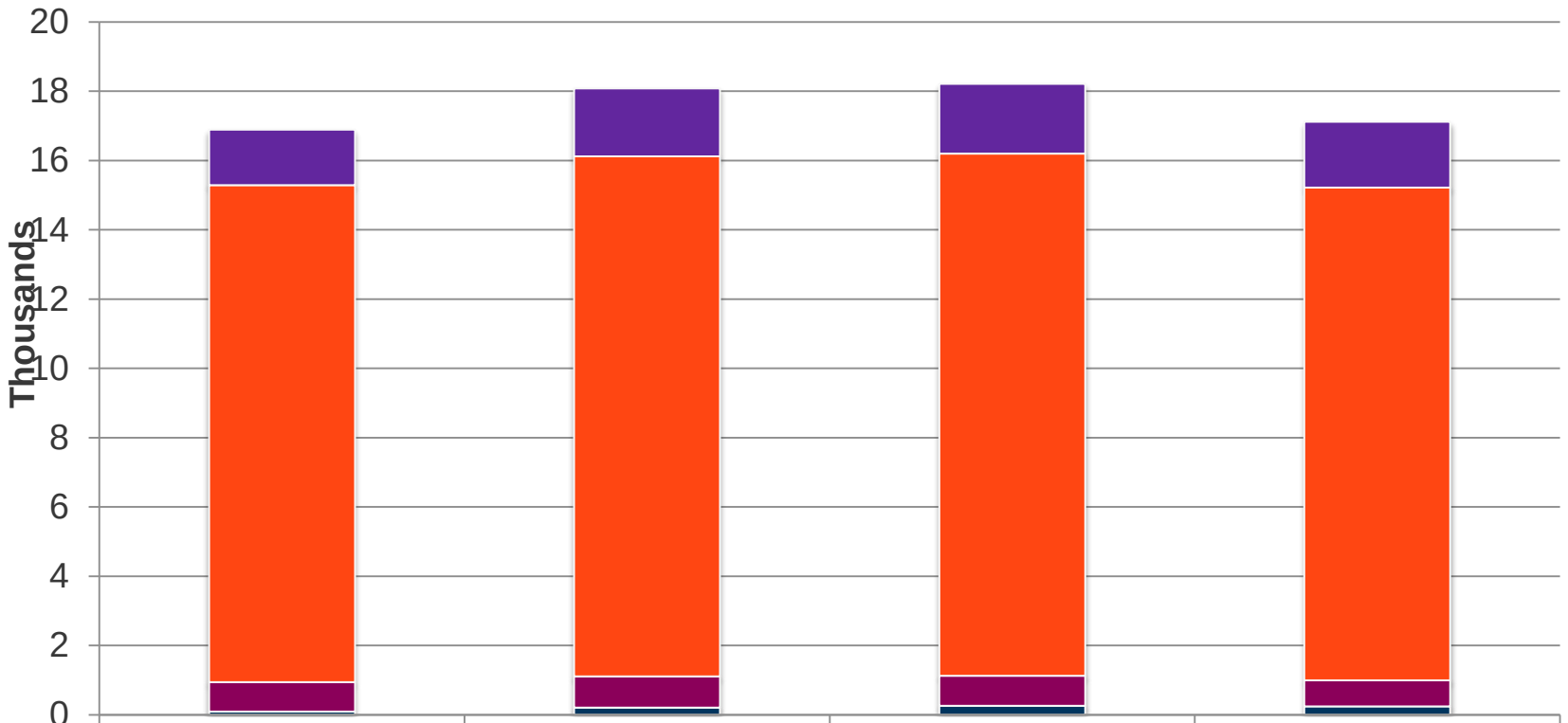
Medi-Cal Membership Q1 to Q4 2015 and 2016 Growth by Network Type



Back to Agenda

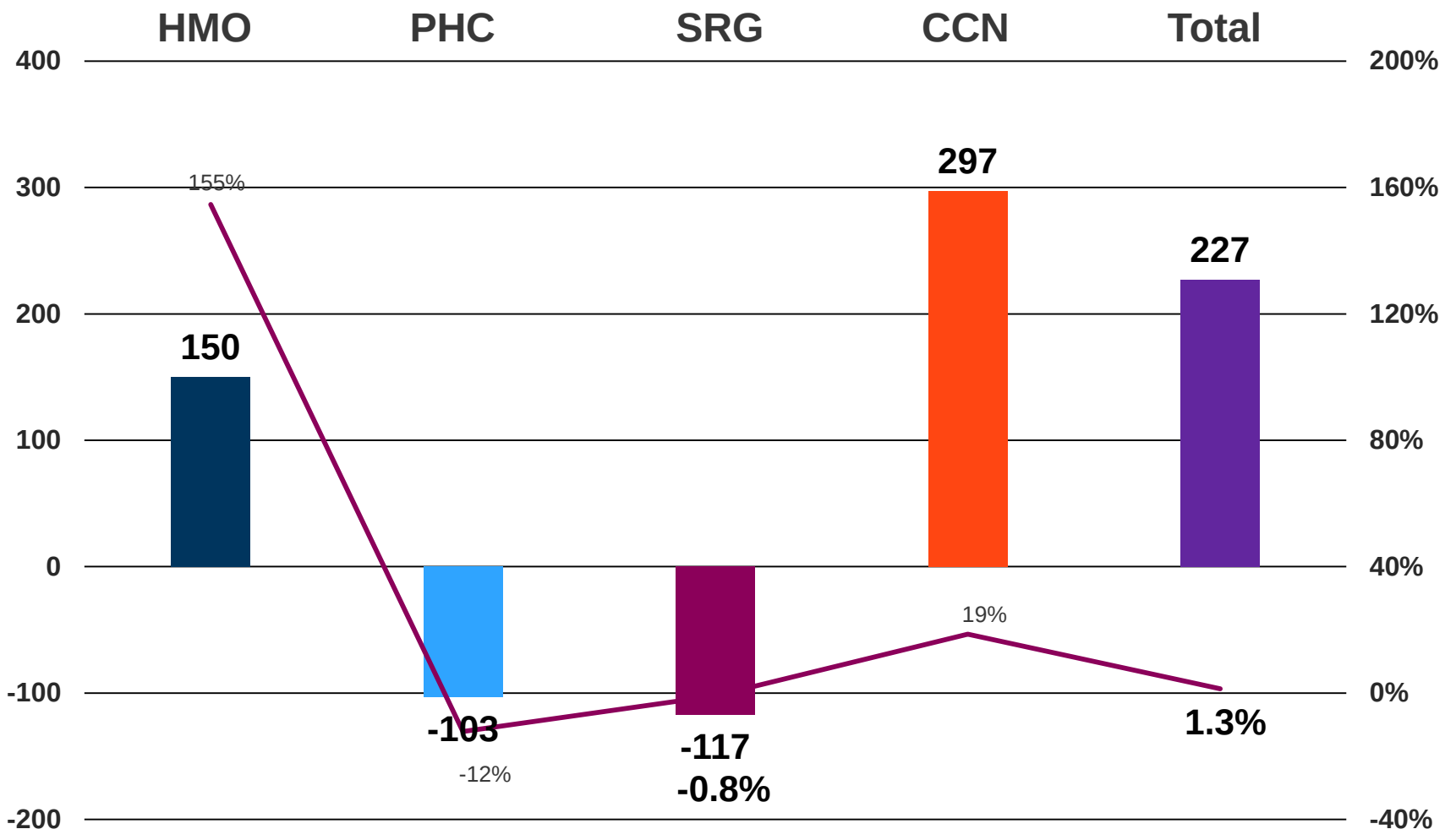
OCC Membership by Network Type



	Q1 2016	Q2 2016	Q3 2016	Q4 2016
CCN	1,596	1,960	2,014	1,893
SRG	14,347	15,014	15,071	14,230
PHC	848	901	867	745
HMO	97	207	260	247

Back to Agenda

OCC Membership Change Q1 to Q4 2016



Network Change 2017

Health Network Name	Enrollment % of Total	% Change December 2016 through May 2017	Actual Change	5/1/2017	12/1/2016
Medi-Cal					
CalOptima Community Network	9%	3%	2,132	71,903	69,771
Contracted Network	77%	-4%	(23,411)	595,553	618,964
Total Health Network Enrollment	86%	-3%	(21,279)	667,457	688,736
CalOptima Direct	14%	11%	10,407	106,099	95,692
Total Medi-Cal Enrollment	100%	-1%	(10,872)	773,555	784,427
OneCare Connect					
CalOptima Community Network	11%	-5%	(89)	1,784	1,873
Contracted Network	89%	-6%	(874)	14,255	15,129
Total OneCare Connect Enrollment	100%	-6%	(963)	16,039	17,002

Back to Agenda

Conclusion: Membership Growth

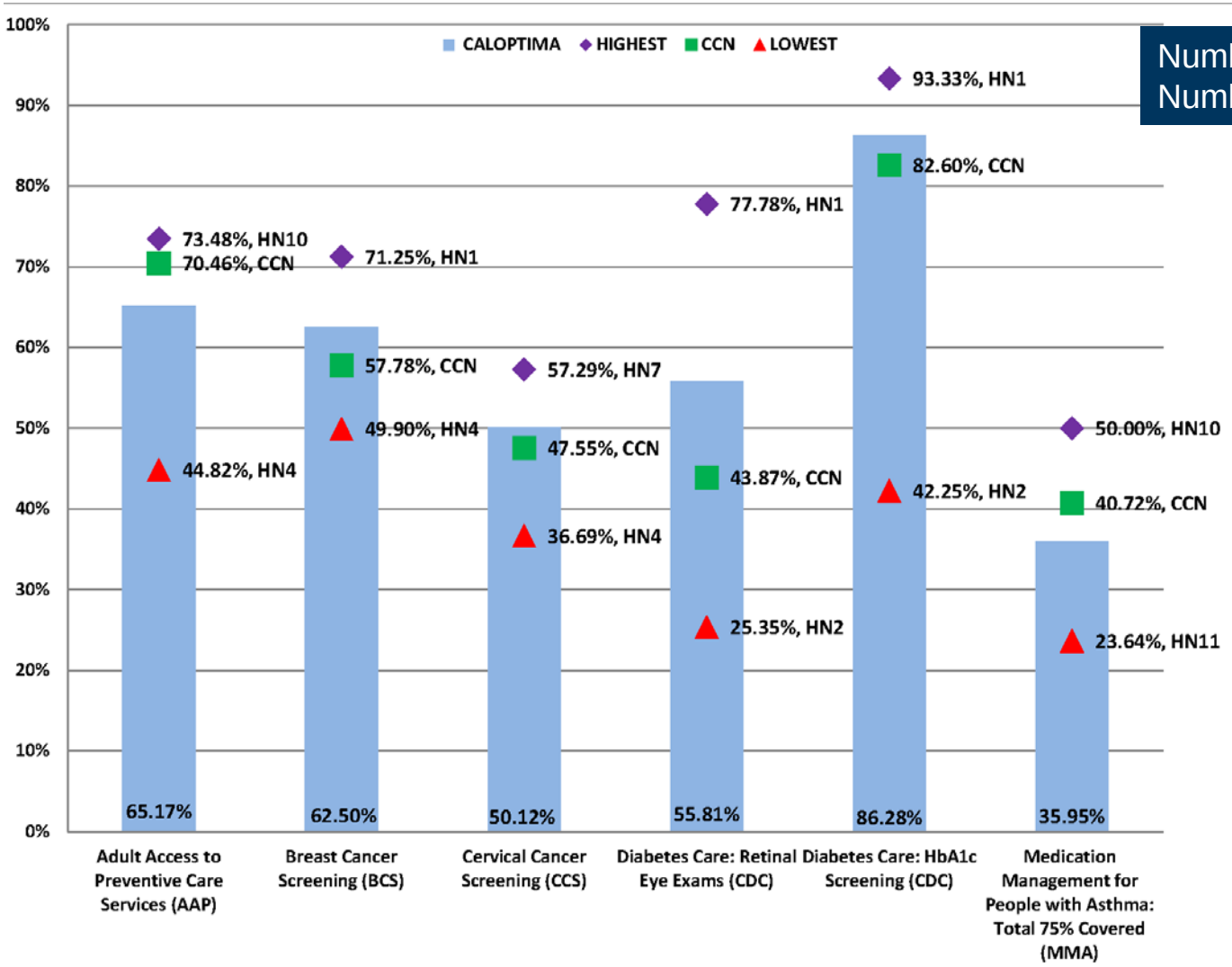
- Members have chosen CCN for both the Medi-Cal and OCC programs in significant numbers

Back to Agenda

Performance on Quality Measures

Back to Agenda

Adult Medi-Cal Clinical Measures



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Back to Agenda

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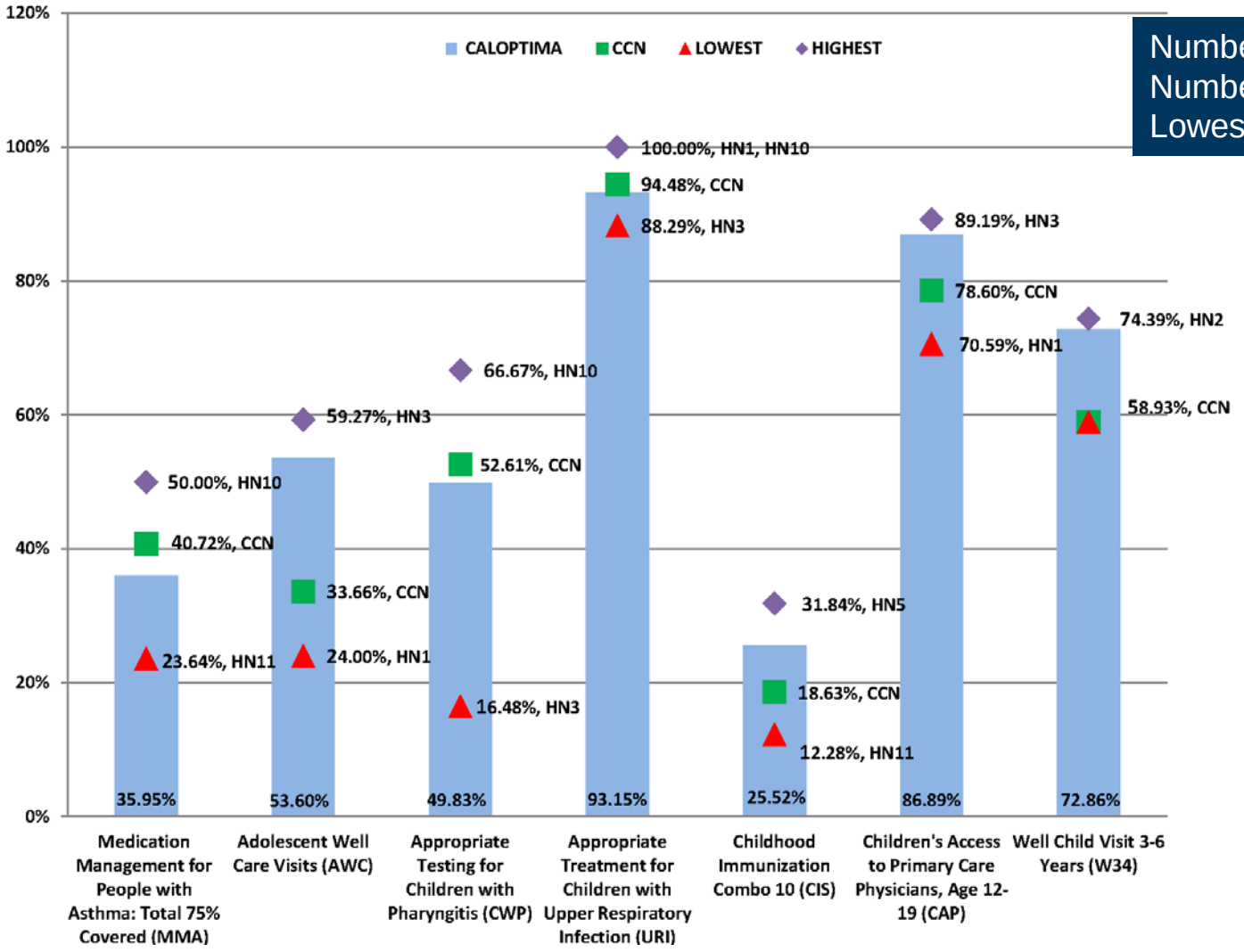
Child Medi-Cal Clinical Measures



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Back to Agenda

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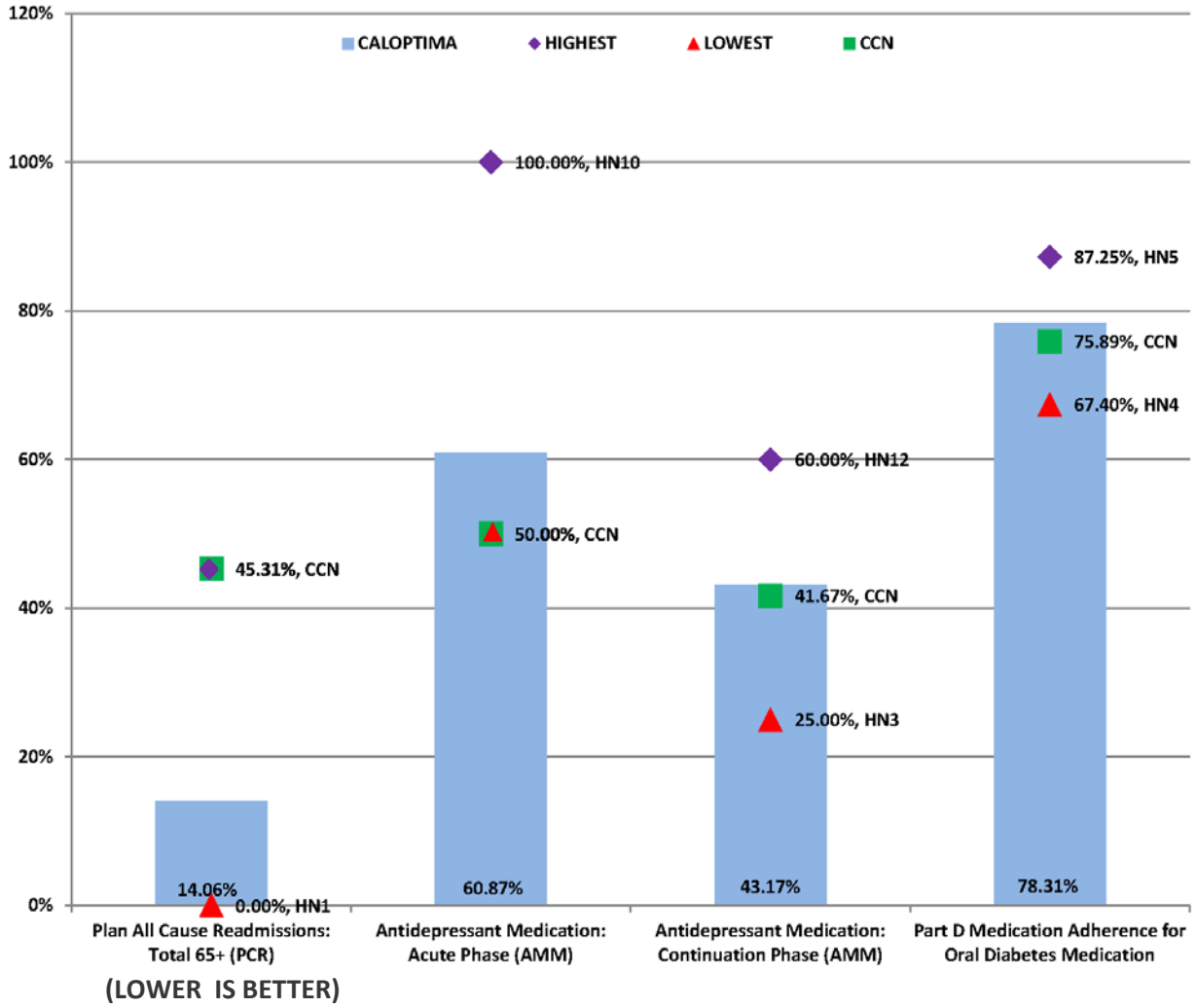
Adult OCC Clinical Measures



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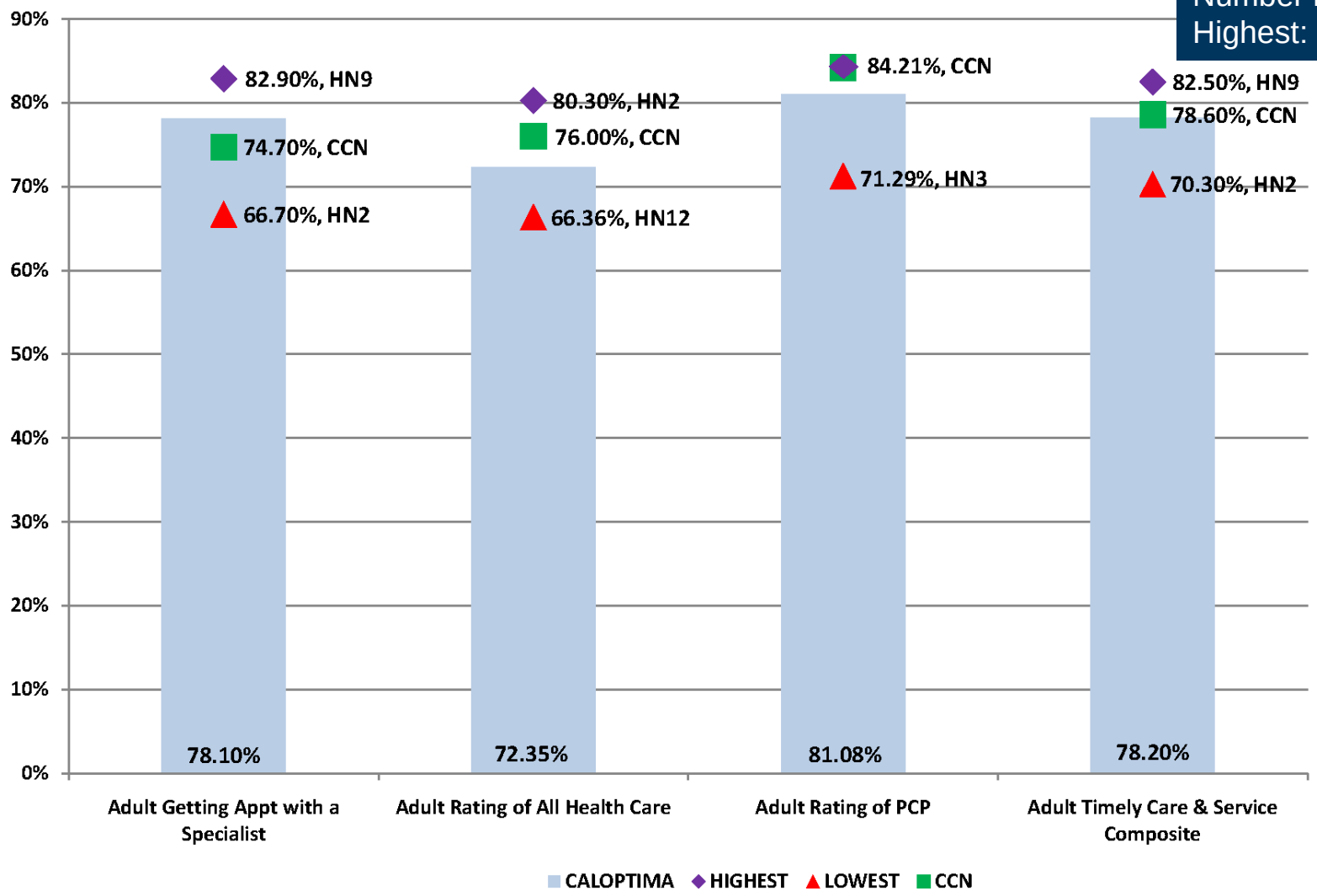
Back to Agenda

Adult Medi-Cal CAHPS

Number Above: 3
Number Below: 1
Highest: 1



Back to Agenda

Child Medi-Cal CAHPS

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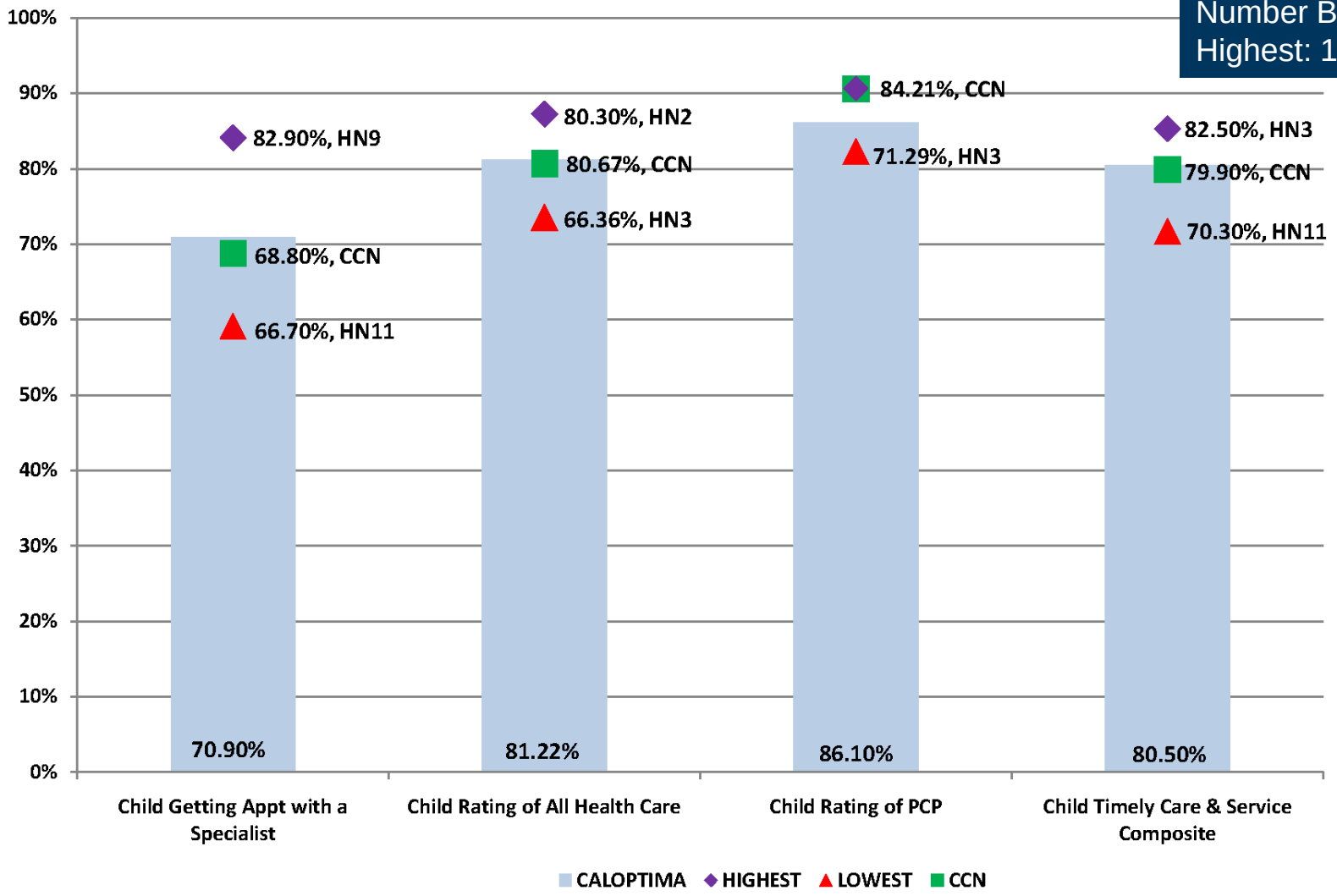

Back to Agenda

Conclusion: Quality Metrics

- Medi-Cal
  - Clinical Quality
    - CCN performed better than CalOptima overall in five out of 13 Medi-Cal measures
  - Satisfaction
    - Adult and Child CAHPS: CCN performed better than CalOptima overall for four of the eight measures
    - Highest in PCP satisfaction for both Adult and Child
- OCC
  - Clinical Quality
    - CCN was below CalOptima overall in all four OCC measures
    - Readmission score has both quality and utilization implications

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Financial Performance

Back to Agenda

Financial/Utilization Measures

- 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

Back to Agenda

Financial/Utilization Measures (Cont.)

- 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 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**
Emergency Dept. Visits (Visits/1,000 mbrs/Y)	682	502	N/A	N/A	**N/A**
Non-Psych Inpatient (Bed Days/1,000 mbrs /Y)	1,911	1,224	N/A	N/A	**N/A**
Pharmacy PMPM	$385	$339	$314	$282	**$342**
Medical Cost PMPM	$1,323	$1,256	$1,111	$1,424	**$1,258**
MLR	**83.5%**	**86.9%**	**96.4%**	**91.3%**	**86.9%**

Back to Agenda

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%
Amount	**$87.74**	**$52.76**	**$49.06**	**$49.06**

Back to Agenda

Revised Medical Management Allocation With Detail

Network Type		CCN	SRG	PHC	HMO
Member Months/ Percentage of Membership		22,659 (11%)	175,973 (83%)	10,082 (5%)	2,434 (1%)
Medical Management Accounts	**Amount**	**Percent Allocation**			
Behavioral Health	$267,210	25%	25%	25%	25%
Case Management	$4,721,167	40%	20%	20%	20%
Health Education/ Disease Management	$564,679	25%	25%	25%	25%
LTSS	$985,841	25%	25%	25%	25%
Pharmacy Management	$2,115,790	25%	25%	25%	25%
Quality Improvement/ Analytics	$1,381,376	25%	25%	25%	25%
Utilization Management	$1,850,472	100%	0%	0%	0%
Total	$11,886,534	$3,335,918	$7,982,840	$457,360	$110,416
PMPM	$56.29	$147.22	$45.36	$45.36	$45.36
% of Total Spend	100%	28%	67%	4%	1%

Back to Agenda

Revised 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**
Emergency Dept. Visits (Visits/1,000 mbrs/Y)	682	502	N/A	N/A	**N/A**
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Pharmacy PMPM	$385	$339	$314	$282	**$342**
Medical Cost PMPM	$1,474	$1,303	$1,156	$1,467	**$1,316**
MLR	**93.1%**	**90.2%**	**100.4%**	**94.3%**	**91.0%**

Back to Agenda

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- CCN financial performance as measured by the MLR is comparable with delegated health networks

Back to Agenda

The Challenge With a Medi-Cal Comparison

Back to Agenda

The Challenge With a Medi-Cal Comparison

- For Medicare: Every member has an actual revenue amount
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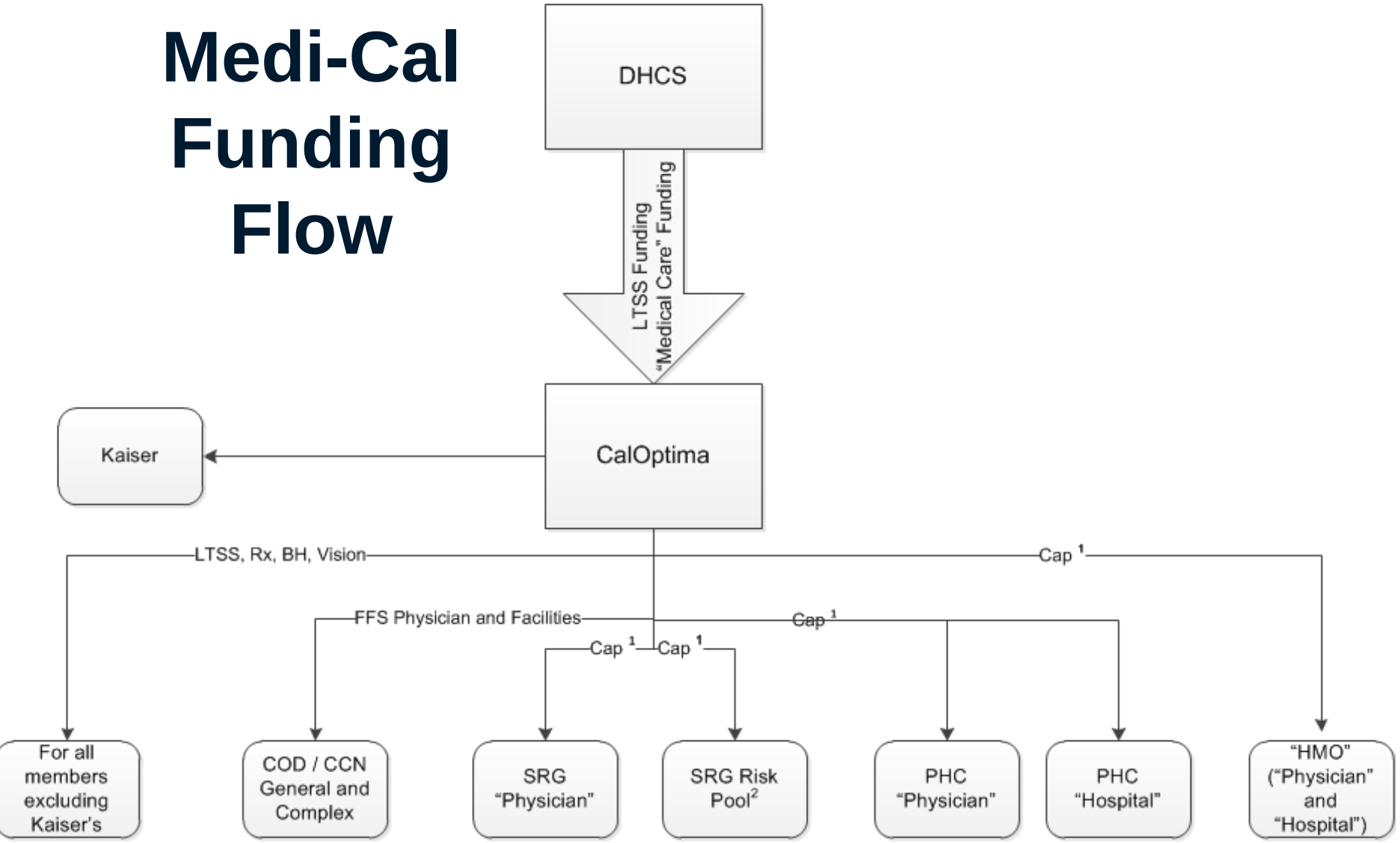
Back to Agenda

Medi-Cal Funding Flow



1 = Capitation is based on aid category, age, sex, CDPS risk adjustment

2 = Surplus funds from SRG pool are distributed between SRG Physician and CalOptima

Back to Agenda

The Challenge With a Medi-Cal Comparison (Cont.)

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  - Complex = 6.1
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Back to Agenda

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Considerations for the Future of CCN

Back to Agenda

Considerations for CCN

- Need evaluation and plan to address high readmission rate for OCC

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  - Pay for value program
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Back to Agenda

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- Evaluate network management and resources of CCN "IPA"
  - Ensure capabilities are in place and efficient
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Back to Agenda

CalOptima's Mission

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Back to Agenda

Medi-Cal

OneCare (HMO SNP)

OneCare Connect

PACE

Back to Agenda

CCN Performance:
Quality and Financial Analysis

Provider Advisory Committee
CMO Update, June 8, 2017

Richard Helmer, M.D.
Chief Medical Officer

Back to Agenda

CalOptima Community Network (CCN) Analysis

- Background of CalOptima Direct (COD) and CCN
- Membership Growth in CCN
- Performance on Quality Measures
  - Clinical Measures
  - CAHPS (Satisfaction) Measures

Back to Agenda

CCN Analysis (Cont.)

- Financial Performance
  - Revenue/Risk Adjustment Factor
  - Comparable Utilization Metrics
  - Medical Loss Ratio
- The Challenge With a Medi-Cal Comparison
- Considerations for the Future of CCN

Back to Agenda

Background of CCN

Back to Agenda

Background of CCN

- Original CalOptima Direct (COD) network for members:
  - Could not be assigned a primary care physician (PCP)
    - New to CalOptima and transitioning to network
    - Out of area
    - Dual coverage (fee-for-service Medicare)
  - Complicated, vulnerable and high risk ("Complex")
    - In Long-Term Care (LTC) facilities
    - Transplants, end-stage renal disease, HIV/AIDS, hemophilia, etc.
- Additional members and PCPs added for networks that had terminated ("General")
  - Members linked to PCP
  - Rebranded as "CalOptima Care Network" or CCN

Back to Agenda

Background of CCN (Cont.)

- Common feature of COD and earlier CCN
  - Members could not select the network except with a family linkage
  - No auto assignment — relatively flat growth
  - Higher acuity of member needs
  - Limited to Medi-Cal line of business (OneCare still excluded)
- 2014 — needed to reconsider COD/CCN network
  - Small- to medium-size physician practices not included in recent network expansion RFP desired to participate more fully
  - Need to have the broadest possible network for duals demonstration/OneCare Connect
    - Large number of FFS Medicare beneficiaries served by COD/CCN practitioners
    - These physicians may only participate in CCN and not delegated networks

Background of CCN (Cont.)

- CalOptima Community Network (CCN) implemented Q2 2015
  - Members could select CCN
  - CCN received auto-assignment
  - Membership limited to 10% of total membership as opposed to 33% for delegated networks

Back to Agenda

Background of CCN (Cont.)

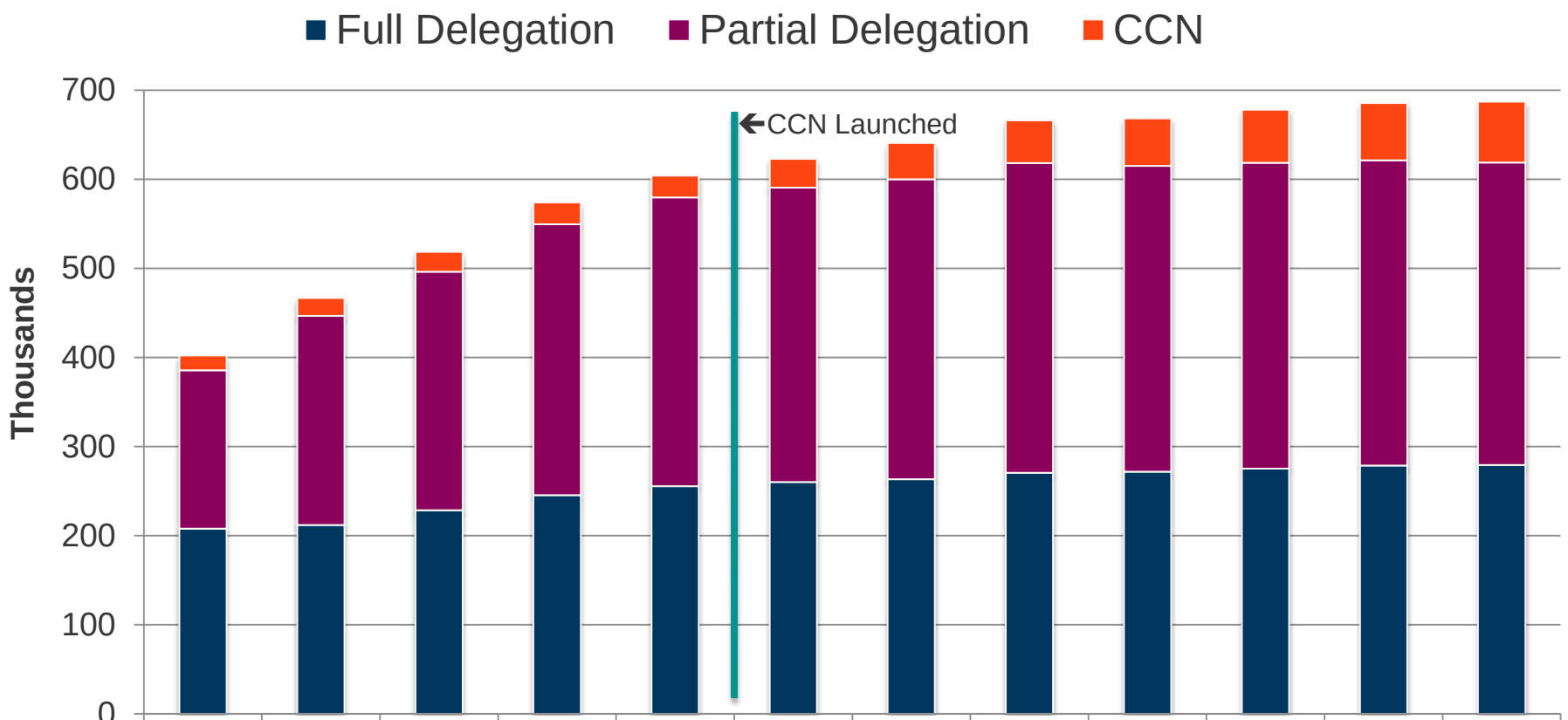
- Premise of CCN
  - Held accountable to the same standards as delegated networks
    - Financially viable — not “subsidized” by CalOptima
    - Assessed by Audit and Oversight for regulatory, operational and accreditation compliance
    - Comparable quality scores
  - Funded based on member risk
  - Reward physicians for appropriate performance
    - Pay for value
    - Appropriate utilization
- CalOptima management would update Board and other stakeholders with key quality and financial performance when information is available

Back to Agenda

Membership Growth in CCN

Back to Agenda

Medi-Cal Members by Network Type



	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016
CCN	16,839	20,089	22,376	24,376	24,583	32,382	40,700	47,974	53,211	59,438	64,365	68,422
Partial Delegation	177,773	234,556	267,604	304,169	324,119	330,334	336,565	347,458	343,177	343,173	342,557	339,609
Full Delegation	207,708	212,070	228,582	245,317	255,404	260,199	263,419	270,550	271,818	275,281	278,701	279,188

Back to Agenda

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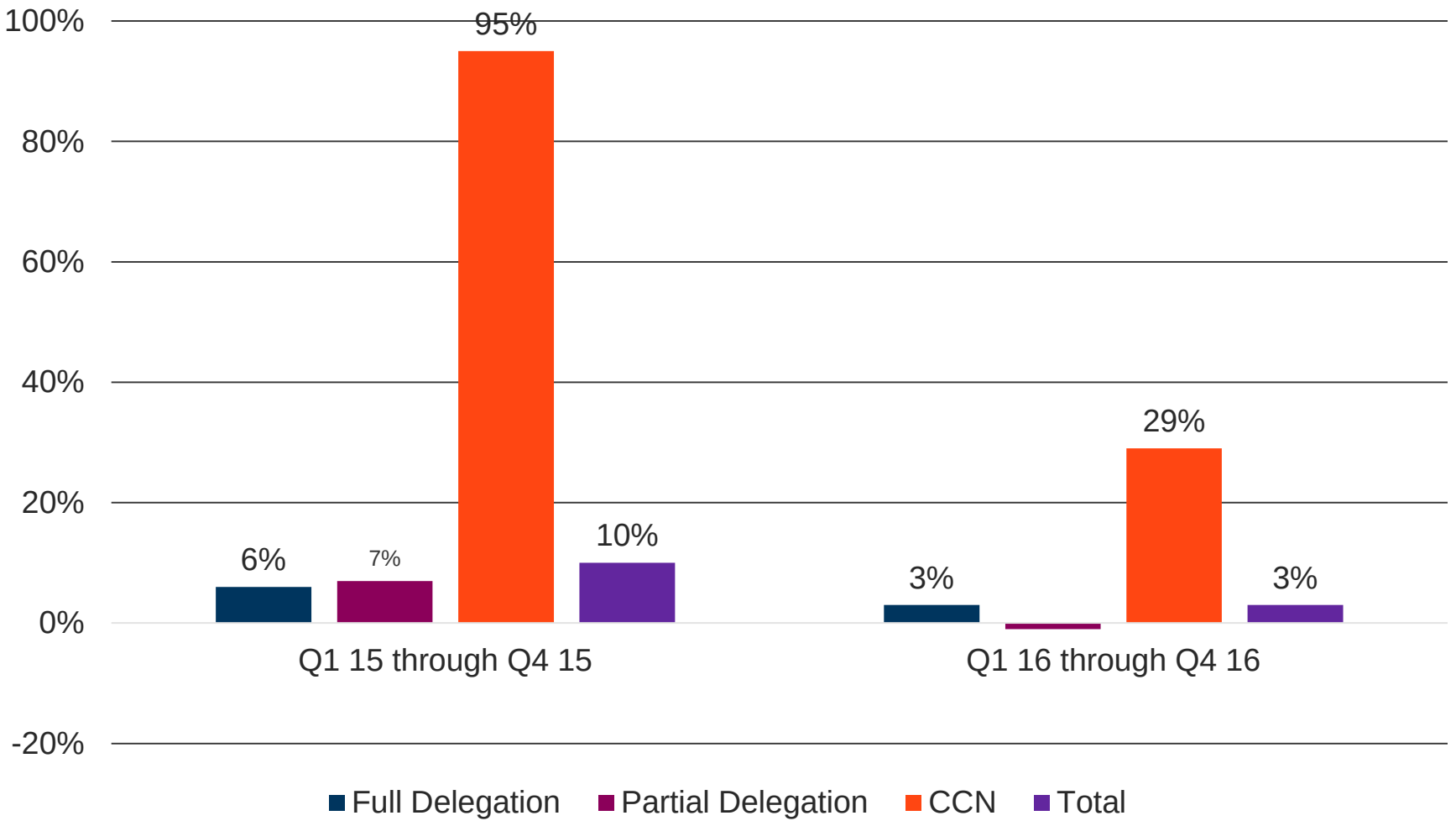
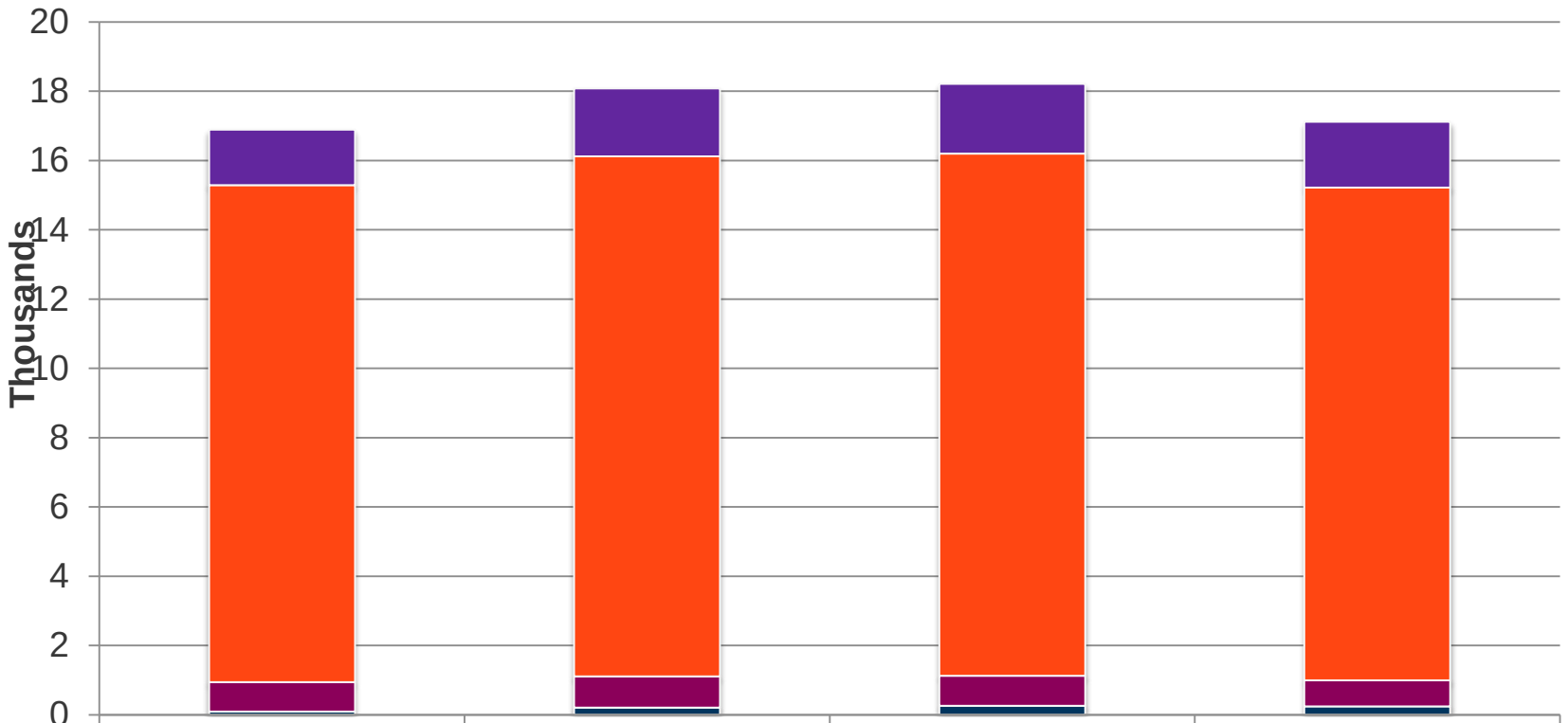
Medi-Cal Membership Q1 to Q4 2015 and 2016 Growth by Network Type



Back to Agenda

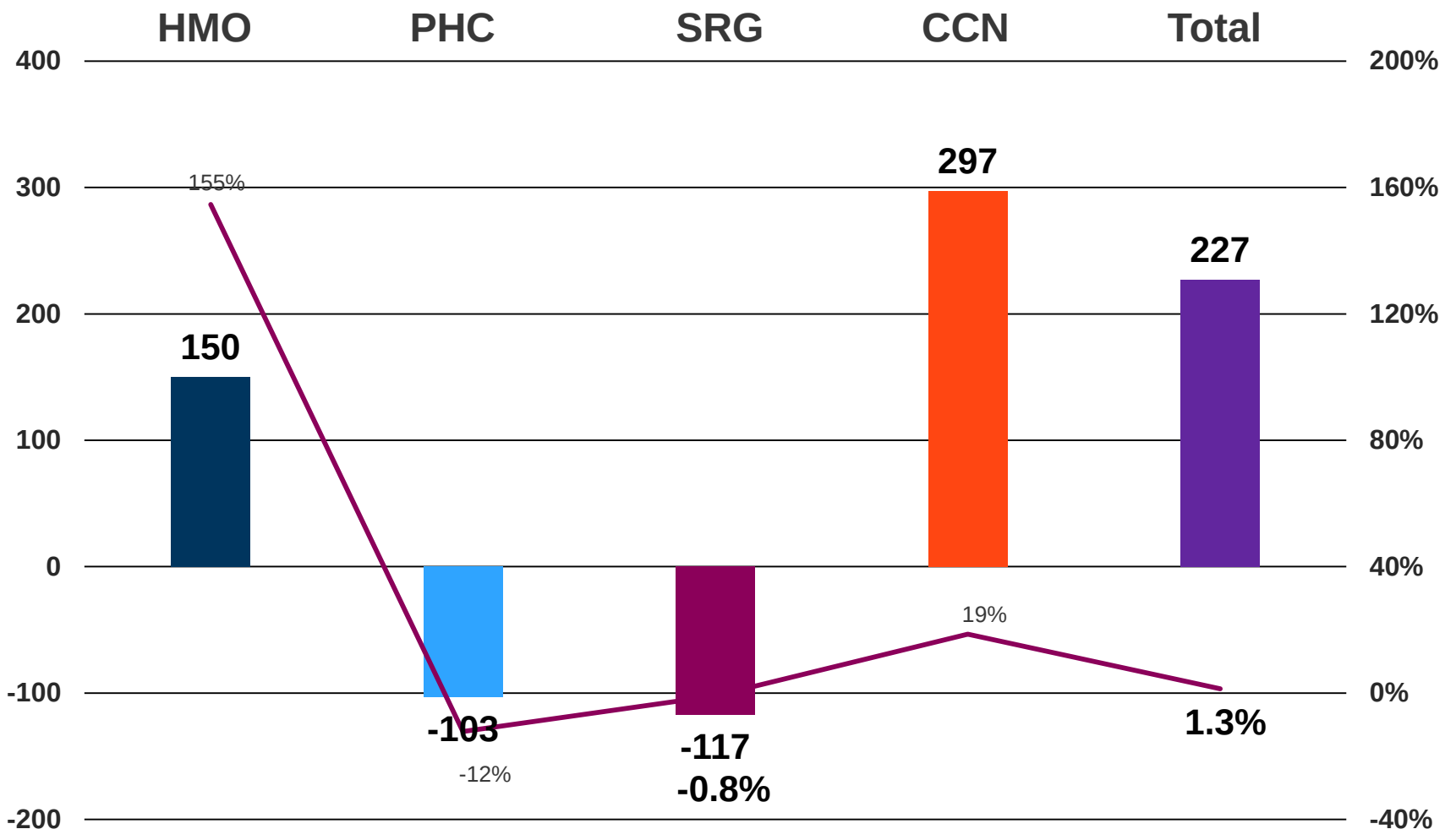
OCC Membership by Network Type



	Q1 2016	Q2 2016	Q3 2016	Q4 2016
CCN	1,596	1,960	2,014	1,893
SRG	14,347	15,014	15,071	14,230
PHC	848	901	867	745
HMO	97	207	260	247

Back to Agenda

OCC Membership Change Q1 to Q4 2016



Network Change 2017

Health Network Name	Enrollment % of Total	% Change December 2016 through May 2017	Actual Change	5/1/2017	12/1/2016
Medi-Cal					
CalOptima Community Network	9%	3%	2,132	71,903	69,771
Contracted Network	77%	-4%	(23,411)	595,553	618,964
Total Health Network Enrollment	86%	-3%	(21,279)	667,457	688,736
CalOptima Direct	14%	11%	10,407	106,099	95,692
Total Medi-Cal Enrollment	100%	-1%	(10,872)	773,555	784,427
OneCare Connect					
CalOptima Community Network	11%	-5%	(89)	1,784	1,873
Contracted Network	89%	-6%	(874)	14,255	15,129
Total OneCare Connect Enrollment	100%	-6%	(963)	16,039	17,002

Back to Agenda

Conclusion: Membership Growth

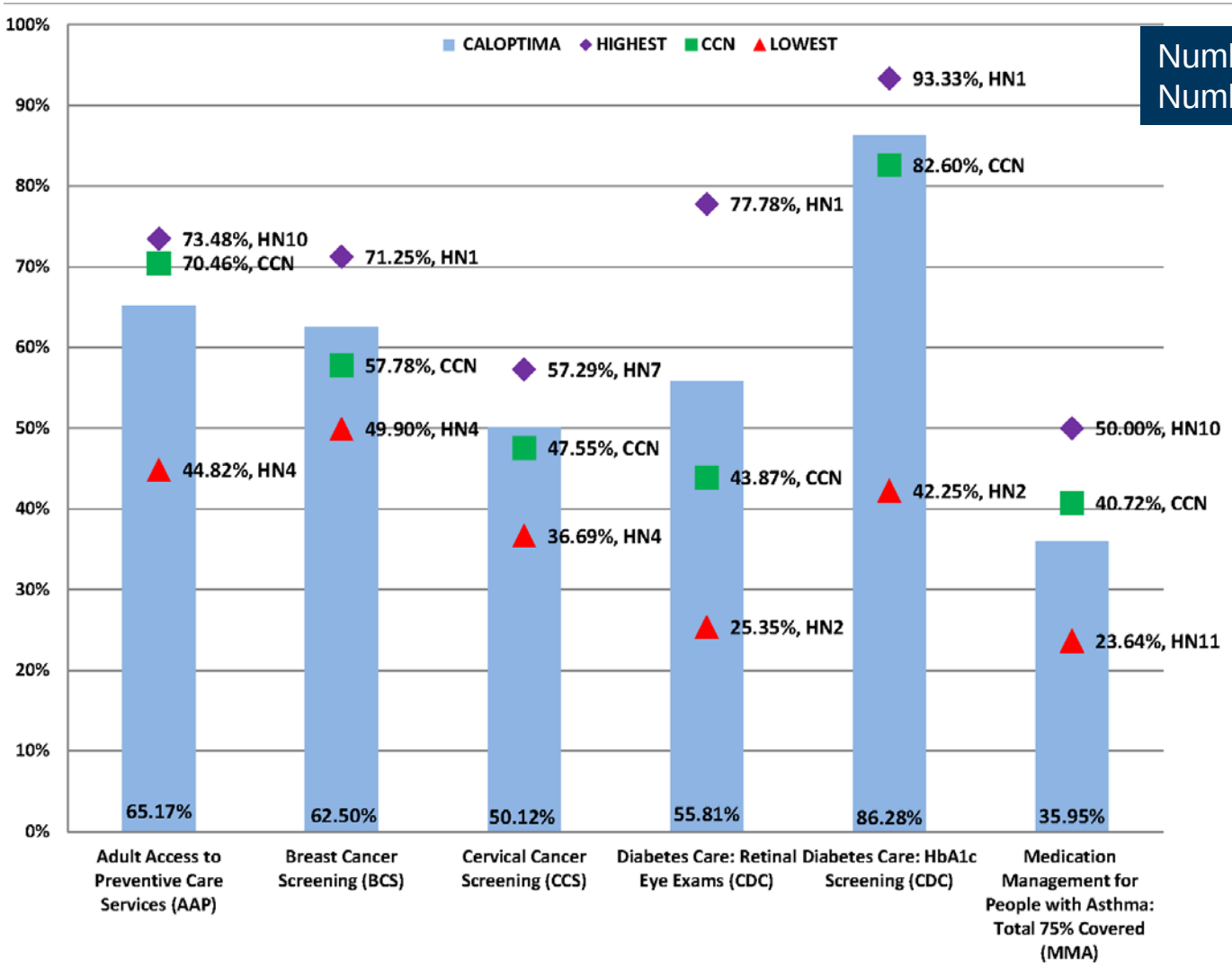
- Members have chosen CCN for both the Medi-Cal and OCC programs in significant numbers

Back to Agenda

Performance on Quality Measures

Back to Agenda

Adult Medi-Cal Clinical Measures



Number Above: 2
Number Below: 4

Back to Agenda

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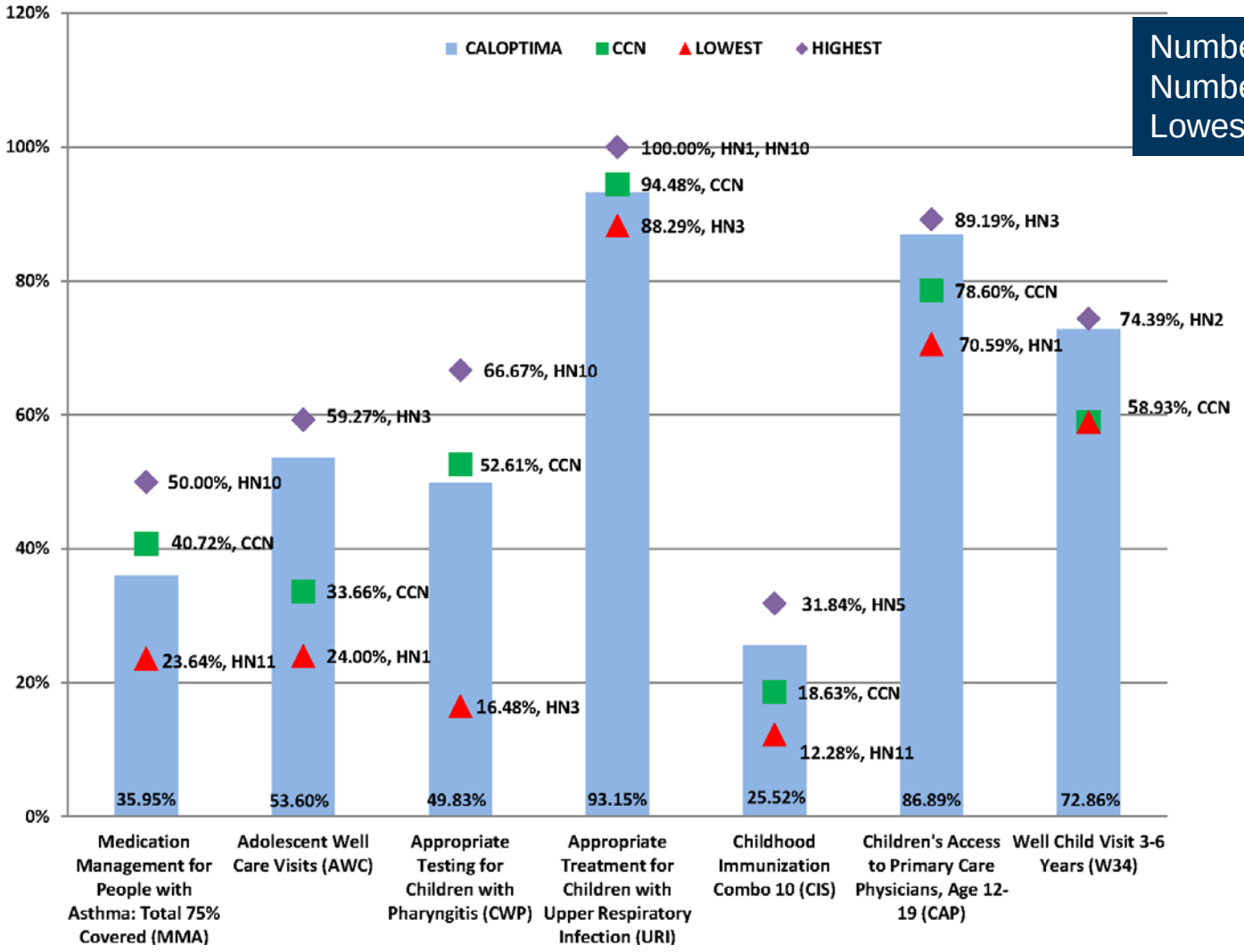
Child Medi-Cal Clinical Measures



Number Above: 3
Number Below: 4
Lowest: 1

Back to Agenda

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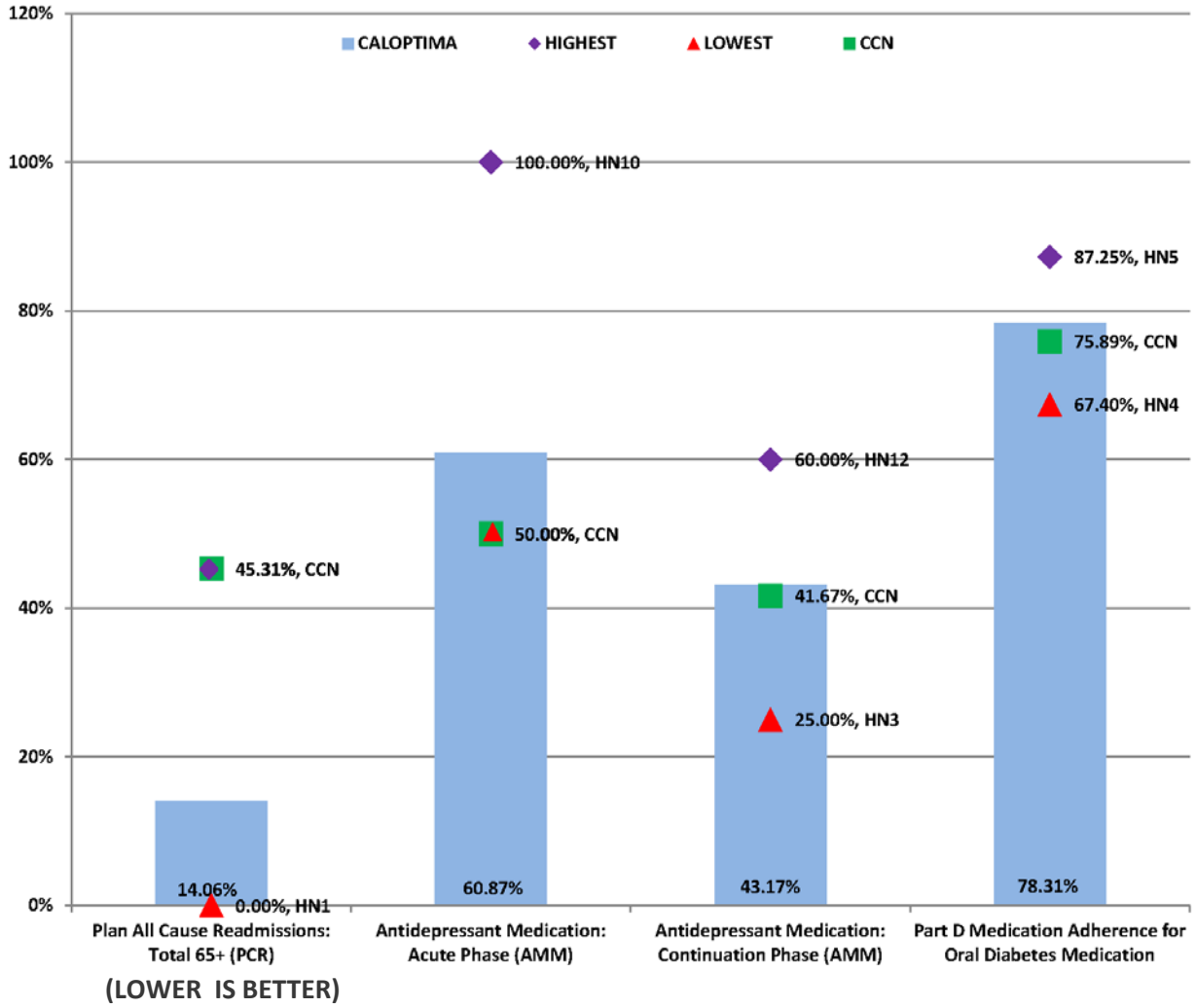
Adult OCC Clinical Measures

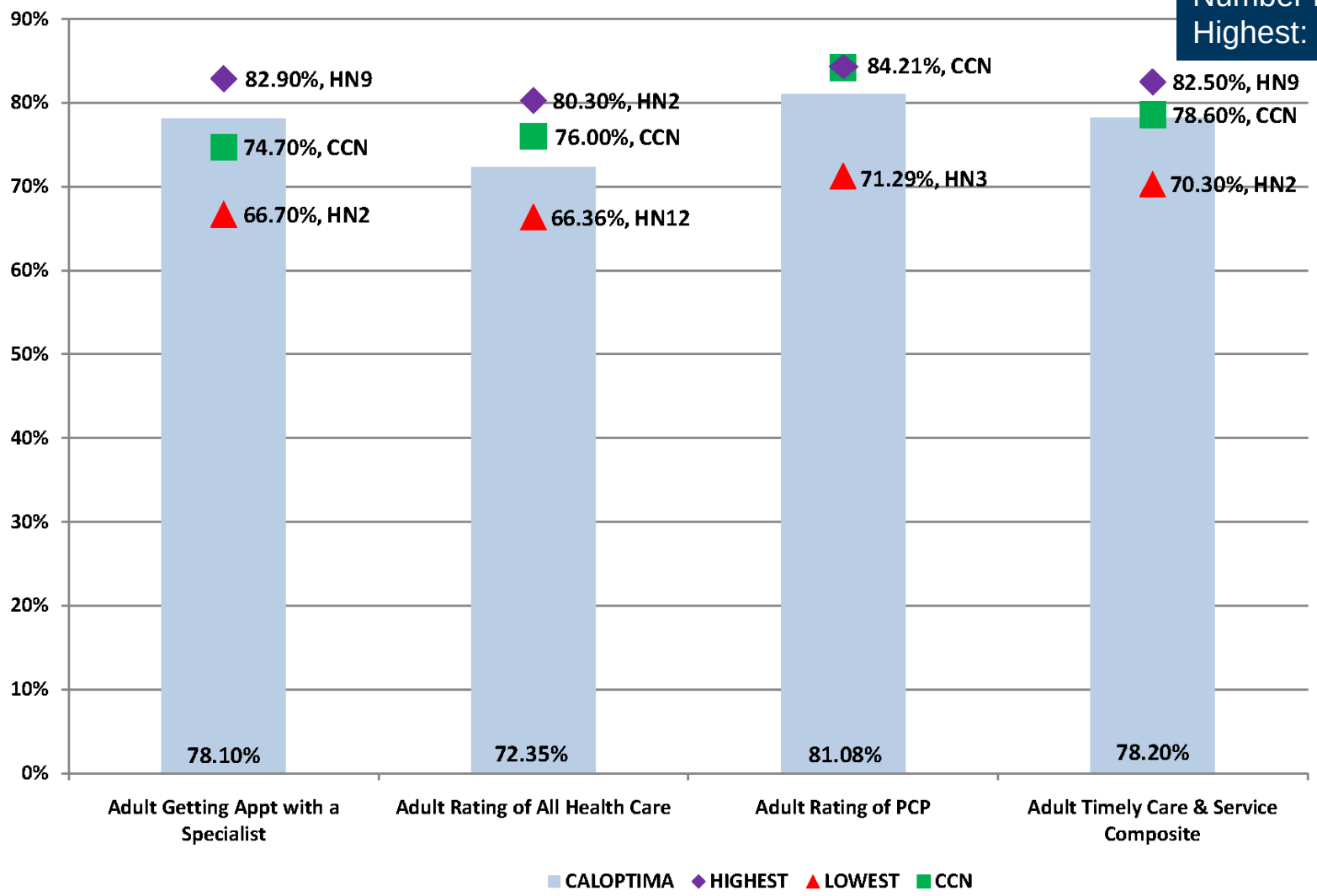


Number Above: 0
Number Below: 4
Lowest: 2

Back to Agenda

Adult Medi-Cal CAHPS

Number Above: 3
Number Below: 1
Highest: 1



Back to Agenda

Child Medi-Cal CAHPS

Number Above: 1
Number Below: 3
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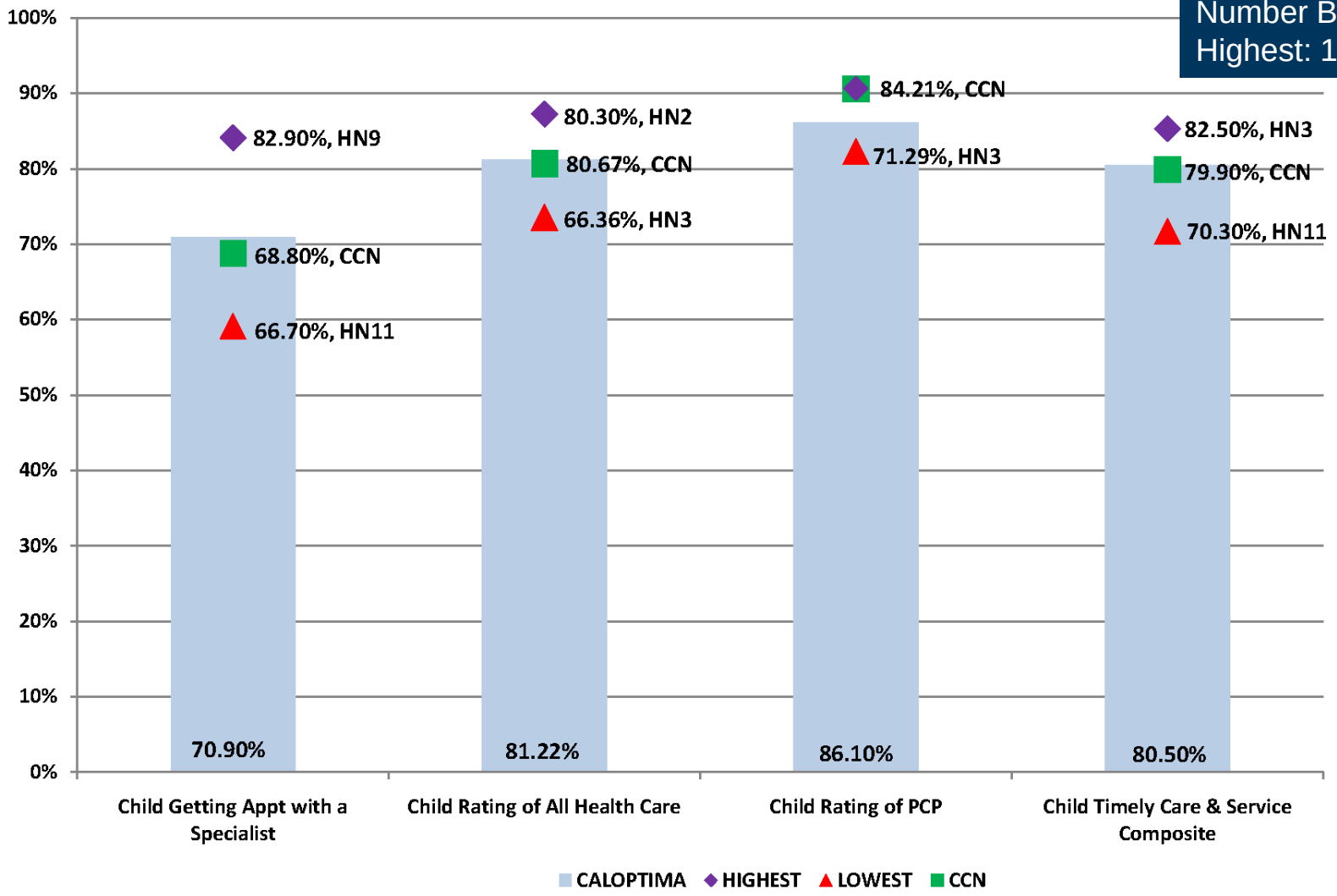

Back to Agenda

Conclusion: Quality Metrics

- Medi-Cal
  - Clinical Quality
    - CCN performed better than CalOptima overall in five out of 13 Medi-Cal measures
  - Satisfaction
    - Adult and Child CAHPS: CCN performed better than CalOptima overall for four of the eight measures
    - Highest in PCP satisfaction for both Adult and Child
- OCC
  - Clinical Quality
    - CCN was below CalOptima overall in all four OCC measures
    - Readmission score has both quality and utilization implications

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Financial Performance

Back to Agenda

Financial/Utilization Measures

- 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

Back to Agenda

Financial/Utilization Measures (Cont.)

- 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 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**
Emergency Dept. Visits (Visits/1,000 mbrs/Y)	682	502	N/A	N/A	**N/A**
Non-Psych Inpatient (Bed Days/1,000 mbrs /Y)	1,911	1,224	N/A	N/A	**N/A**
Pharmacy PMPM	$385	$339	$314	$282	**$342**
Medical Cost PMPM	$1,323	$1,256	$1,111	$1,424	**$1,258**
MLR	**83.5%**	**86.9%**	**96.4%**	**91.3%**	**86.9%**

Back to Agenda

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%
Amount	**$87.74**	**$52.76**	**$49.06**	**$49.06**

Back to Agenda

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Back to Agenda

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Back to Agenda

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Back to Agenda

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Back to Agenda

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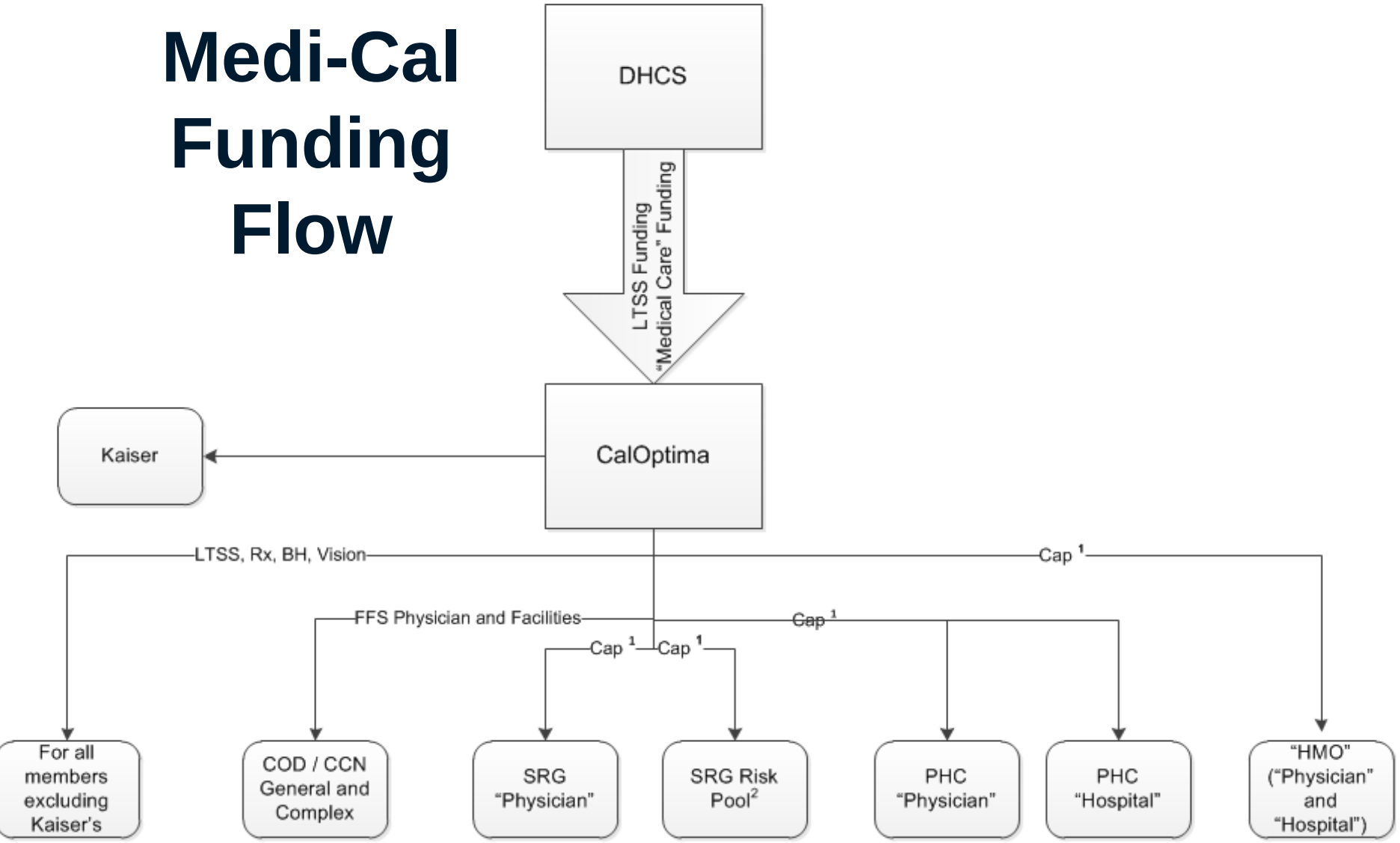

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Back to Agenda

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Back to Agenda

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Back to Agenda

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Back to Agenda

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Back to Agenda

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Back to Agenda

Medi-Cal

OneCare (HMO SNP)

OneCare Connect

PACE

Back to Agenda

Financial Summary

April 2017

Nancy Huang

Interim Chief Financial Officer

Back to Agenda

FY 2016-17: Consolidated Enrollment

- April 2017 MTD:
  - Overall enrollment was 792,511 member months
    - Actual lower than budget by 15,940 or 2.0%
      - Medi-Cal: unfavorable variance 10,487 members
        - Medi-Cal Expansion (MCE) favorable to budget by 12,382 members
        - SPD enrollment is favorable to budget by 5,523
        - TANF unfavorable variance 28,985 members
      - OneCare Connect: unfavorable variance of 5,589 members
    - 0.1% or 931 decrease from prior month
      - Medi-Cal: decrease of 835 from March
      - OneCare Connect: decrease of 111 from March
      - OneCare: increase of 11 from March
      - PACE: increase of 4 from March

FY 2016-17: Consolidated Enrollment

- April 2017 YTD:
  - Overall enrollment was 7,964,637 member months
    - Actual lower than budget by 70,268 or 0.9%
      - Medi-Cal: unfavorable variance of 22,442 members
        - Medi-Cal Expansion (MCE) growth higher than budget by 100,532
        - SPD enrollment higher than budget by 45,204 due to less than anticipated dual eligible members transferring to OneCare Connect
        - Offset by lower than budget TANF enrollment of 173,804
      - OneCare Connect: unfavorable variance of 48,237 members or 22.0%
      - PACE: unfavorable variance of 18 members or 1.0%
      - OneCare: favorable variance of 429 members or 3.6%

Back to Agenda

FY 2016-17: Consolidated Revenues

- April 2017 MTD:
  - Actual higher than budget by $58.6 million or 20.7%
    - Medi-Cal: favorable to budget by $75.9 million or 32.1%
      - Price related favorable variance of $79.1 million due to:
        - $57.6 million of FY16 revenue for Coordinated Care Initiative
        - $8.3 million of LTC revenue for non-LTC members
        - $4.2 million April 2017 IHSS revenue
        - Remaining from member mix difference versus budget
      - Volume related unfavorable variance of $3.2 million
    - OneCare Connect: unfavorable variance of $17.5 million or 40.4%
      - Unfavorable volume variance of $11.2 million
      - Unfavorable price variance of $6.3 million
        - For cohort mix and rate change and prior year revenue adjustments
        - CMC Medicare Part A and B rate decrease due to base rate and RAF score change

Back to Agenda

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

- April 2017 YTD:
  - ➢ Actual higher than budget by $49.5 million or 1.8%
    - ▪ Medi-Cal: favorable to budget by $206.4 million or 8.8%
      - IHSS favorable revenue of $175.7 million
      - LTC favorable revenue of $57.5 million
    - ▪ OneCare Connect: unfavorable variance of $158.3 million or 35.4%
      - Medicare revenue unfavorable $106.2 million
      - Medi-Cal revenue unfavorable $52.1 million
    - ▪ OneCare: favorable $0.5 million or 3.7%
    - ▪ PACE: favorable $0.9 million or 7.3%

FY 2016-17: Consolidated Medical Expenses

- April 2017 MTD:
  - ➢ Actual higher than budget by $40.2 million or 14.9%
    - ▪ Medi-Cal: unfavorable variance of $55.5 million
      - MLTSS unfavorable variance $56.0 million
        - ➢ LTC unfavorable variance $6.6 million
        - ➢ IHSS related unfavorable variance approximately $49.4 million for true-up to county IHSS expense data for FY16
      - Provider Capitation unfavorable variance of $13.3 million
        - ➢ $12.7 million due to one shared risk group move to HMO model in February
      - Facilities expenses favorable variance of $11.2 million
        - ➢ Shared risk group move to HMO model in February
    - ▪ 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 facility costs

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

- April 2017 YTD:
  - Actual higher than budget by $63.3 million or 2.3%
    - Medi-Cal: unfavorable variance of $202.9 million
      - Unfavorable price variance of $209.3 million
        - IHSS estimated expense $100.8 million higher than budget
        - Long Term Care expense $56.6 million higher than budget
        - Provider capitation unfavorable variance of $39.6 million for unbudgeted conversion of ASO contract to capitation
      - Favorable volume variance of $6.5 million
    - OneCare Connect: favorable variance of $139.0 million
      - Favorable volume variance of $92.8 million
      - Favorable price variance of $46.2 million

- Medical Loss Ratio (MLR):
  - April 2017 MTD: Actual: 91.0% Budget: 95.6%
  - April 2017 YTD: Actual: 96.1% Budget: 95.6%

FY 2016-17: Consolidated Administrative Expenses

- April 2017 MTD:
  - Actual higher than budget by $3.4 million or 30.3%
    - Salaries and Benefits: unfavorable variance of $3.9 million due to GASB 68 annual requirement for CalPERS actuarial report of $5.5 million
    - Other categories: favorable variance of $0.4 million

- April 2017 YTD:
  - Actual lower than budget by $18.3 million or 15.8%
    - Salaries and Benefits: favorable variance of $10.7 million driven by lower than budgeted FTE
    - Other categories: favorable variance of $7.6 million

- Administrative Loss Ratio (ALR):
  - April 2017 MTD: Actual: 4.3% Budget: 4.0%
  - April 2017 YTD: Actual: 3.4% Budget: 4.1%

Back to Agenda

FY 2016-17: Change in Net Assets

- April 2017 MTD:
  - $18.6 million surplus
  - $17.5 million favorable to budget
    - Higher than budgeted revenue of $58.6 million
    - Higher than budgeted medical expenses of $40.2 million
    - Higher than budgeted administrative expenses of $3.4 million
    - Higher than budgeted investment and other income of $2.5 million

- April 2017 YTD:
  - $24.8 million surplus
  - $14.6 million favorable to budget
    - Higher than budgeted revenue of $49.5 million
    - Higher than budgeted medical expenses of $63.3 million
    - Lower than budgeted administrative expenses of $18.3 million
    - Higher than budgeted investment and other income of $10.0 million

Enrollment Summary: April 2017

Month-to-Date					Year-to-Date			
Actual	Budget	Variance	%	Enrollment (By Aid Category)	Actual	Budget	Variance	%
60,525	56,180	4,345	7.7%	Aged	588,704	554,720	33,984	6.1%
622	680	(58)	(8.5%)	BCCTP	6,214	6,774	(560)	(8.3%)
48,504	47,268	1,236	2.6%	Disabled	485,802	474,022	11,780	2.5%
326,989	344,780	(17,791)	(5.2%)	TANF Child	3,322,519	3,413,444	(90,925)	(2.7%)
97,358	108,552	(11,194)	(10.3%)	TANF Adult	1,009,811	1,092,690	(82,879)	(7.6%)
3,336	2,743	593	21.6%	LTC	32,686	27,059	5,627	20.8%
237,712	225,330	12,382	5.5%	MCE	2,333,910	2,233,378	100,532	4.5%
775,046	**785,533**	**(10,487)**	**(1.3%)**	**Medi-Cal**	**7,779,646**	**7,802,088**	**(22,442)**	**(0.3%)**
15,975	**21,564**	**(5,589)**	**(25.9%)**	**OneCare Connect**	**170,732**	**218,969**	**(48,237)**	**(22.0%)**
201	**210**	**(9)**	**(4.3%)**	**PACE**	**1,857**	**1,875**	**(18)**	**(1.0%)**
1,289	**1,144**	**145**	**12.7%**	**OneCare**	**12,402**	**11,973**	**429**	**3.6%**
792,511	**808,451**	**(15,940)**	**(2.0%)**	**CalOptima Total**	**7,964,637**	**8,034,905**	**(70,268)**	**(0.9%)**

Back to Agenda

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Financial Highlights: April 2017

Month-to-Date					Year-to-Date			
Actual	Budget	$ Variance	% Variance		Actual	Budget	$ Variance	% Variance
792,511	808,451	(15,940)	(2.0%)	Member Months	7,964,637	8,034,905	(70,268)	(0.9%)
341,053,457	282,479,926	58,573,531	20.7%	Revenues	2,868,459,698	2,818,947,607	49,512,091	1.8%
310,297,534	270,136,155	(40,161,378)	(14.9%)	Medical Expenses	2,757,344,926	2,694,081,413	(63,263,513)	(2.3%)
14,812,940	11,368,826	(3,444,114)	(30.3%)	Administrative Expenses	97,742,788	116,034,506	18,291,718	15.8%
15,942,983	**974,945**	**14,968,038**	**1535.3%**	**Operating Margin**	**13,371,985**	**8,831,689**	**4,540,296**	**51.4%**
2,618,978	134,754	2,484,223	1843.5%	Non Operating Income (Loss)	11,415,527	1,394,242	10,021,285	718.8%
18,561,961	**1,109,699**	**17,452,262**	**1572.7%**	**Change in Net Assets**	**24,787,512**	**10,225,931**	**14,561,581**	**142.4%**
91.0%	95.6%	4.6%		Medical Loss Ratio	96.1%	95.6%	(0.6%)	
4.3%	4.0%	(0.3%)		Administrative Loss Ratio	3.4%	4.1%	0.7%	
4.7%	0.3%	4.3%		Operating Margin Ratio	0.5%	0.3%	0.2%	
100.0%	100.0%			Total Operating	100.0%	100.0%		

Back to Agenda

Consolidated Performance Actual vs. Budget: April (in millions)

MONTH-TO-DATE				YEAR-TO-DATE		
Actual	Budget	Variance		Actual	Budget	Variance
17.7	1.3	16.4	Medi-Cal	24.2	8.7	15.6
(0.3)	0.0	(0.3)	OneCare	0.2	0.2	(0.1)
(1.2)	(0.2)	(1.0)	OCC	(11.2)	2.1	(13.3)
(0.3)	(0.1)	(0.2)	PACE	0.1	(2.1)	2.2
15.9	**1.0**	**15.0**	**Operating**	**13.3**	**8.8**	**4.4**
2.6	0.1	2.5	Inv./Rental Inc, MCO tax	11.5	1.4	10.1
2.6	**0.1**	**2.5**	**Non-Operating**	**11.5**	**1.4**	**10.1**
18.6	**1.1**	**17.5**	**TOTAL**	**24.8**	**10.2**	**14.6**

Back to Agenda

Consolidated Revenue & Expense: April 2017 MTD

	Medi-Cal Classic	Medi-Cal Expansion	Total Medi-Cal	OneCare	OneCare Connect	PACE	Consolidated
Member Months	537,334	237,712	775,046	1,289	15,975	201	792,511
REVENUES							
Capitation Revenue	$ 194,173,102	$ 118,293,508	$ 312,466,610	$ 1,442,147	$ 25,811,365	$ 1,333,336	$ 341,053,457
Other Income	-	-	-	-	-	-	-
Total Operating Revenues	194,173,102	118,293,508	312,466,610	1,442,147	25,811,365	1,333,336	341,053,457
MEDICAL EXPENSES							
Provider Capitation	39,573,545	49,402,598	88,976,143	405,269	8,579,067	-	97,960,479
Facilities	24,015,581	21,649,188	45,664,769	719,839	2,515,576	574,710	49,474,895
Ancillary	-	-	-	24,483	997,618	-	1,022,101
Skilled Nursing	-	-	-	(15,391)	-	-	(15,391)
Professional Claims	8,732,685	8,403,227	17,135,912	-	-	293,775	17,429,687
Prescription Drugs	17,405,187	16,548,301	33,953,488	421,340	3,879,134	121,346	38,375,307
Long-term Care Facility Payments	80,657,545	12,246,754	92,904,299	-	8,342,926	1,133	101,248,358
Medical Management	2,688,600	-	2,688,600	26,386	876,175	386,177	3,977,337
Reinsurance & Other	(489,599)	988,556	498,957	4,331	163,020	158,452	824,760
Total Medical Expenses	172,583,543	109,238,626	281,822,168	1,586,257	25,353,515	1,535,593	310,297,534
Medical Loss Ratio	**88.9%**	**92.3%**	**90.2%**	**110.0%**	**98.2%**	**115.2%**	**91.0%**
GROSS MARGIN	**21,589,560**	**9,054,882**	**30,644,442**	**(144,110)**	**457,849**	**(202,257)**	**30,755,924**
ADMINISTRATIVE EXPENSES							
Salaries, Wages & Benefits			10,557,511	31,406	723,528	79,501	11,391,947
Professional fees			169,934	20,230	-	3,001	193,165
Purchased services			682,914	30,474	113,157	1,161	827,706
Printing and Postage			202,870	15,863	41,958	6,224	266,916
Depreciation and Amortization			350,328	-	-	2,069	352,398
Other expenses			1,351,239	280	40,334	8,919	1,400,771
Indirect cost allocation, Occupancy expense			(376,713)	25,447	728,917	2,388	380,038
Total Administrative Expenses			12,938,083	123,701	1,647,895	103,263	14,812,940
Admin Loss Ratio			**4.1%**	**8.6%**	**6.4%**	**7.7%**	**4.3%**
INCOME (LOSS) FROM OPERATIONS			17,706,359	(267,811)	(1,190,045)	(305,520)	15,942,983
INVESTMENT INCOME			-	-	-	-	2,608,722
NET RENTAL INCOME			-	-	-	-	3,386
NET GRANT INCOME			6,810	-	-	-	6,810
OTHER INCOME			60	-	-	-	60
CHANGE IN NET ASSETS			**$ 17,713,229**	**$ (267,811)**	**$ (1,190,045)**	**$ (305,520)**	**$ 18,561,961**
BUDGETED CHANGE IN ASSETS			1,317,895	27,611	(223,864)	(146,697)	1,109,699
VARIANCE TO BUDGET - FAV (UNFAV)			16,395,334	(295,422)	(966,181)	(158,823)	17,452,262

Back to Agenda

CalOptima A Public Agency Better. Together.

Consolidated Revenue & Expense: April 2017 YTD

	Medi-Cal Classic	Medi-Cal Expansion	Total Medi-Cal	OneCare	OneCare Connect	PACE	Consolidated
Member Months	5,445,736	2,333,910	7,779,646	12,402	170,732	1,857	7,964,637
REVENUES							
Capitation Revenue	$ 1,488,222,589	$ 1,064,713,090	$ 2,552,935,679	$ 14,324,813	$ 288,524,951	$ 12,674,255	$ 2,868,459,698
Other Income	-	-	-	-	0	-	-
Total Operating Revenues	1,488,222,589	1,064,713,090	2,552,935,679	14,324,813	288,524,951	12,674,255	2,868,459,698
MEDICAL EXPENSES							
Provider Capitation	352,387,600	436,930,152	789,317,752	4,006,437	75,683,513	-	869,007,702
Facilities	282,747,509	287,007,452	569,754,961	3,574,520	83,383,437	2,940,791	659,653,709
Ancillary	-	-	-	414,527	8,078,826	-	8,493,353
Skilled Nursing	-	-	-	497,355	-	-	497,355
Professional Claims	88,376,460	89,818,427	178,194,887	-	-	2,320,866	180,515,753
Prescription Drugs	181,425,307	167,252,771	348,678,078	4,447,710	49,763,345	948,816	403,837,949
Long-term Care Facility Payments	498,988,350	30,943,990	529,932,340	-	54,540,373	59,284	584,531,998
Medical Management	28,939,186	-	28,939,186	225,216	9,929,934	3,985,649	43,079,986
Reinsurance & Other	(4,771,999)	10,273,541	5,501,542	47,136	986,130	1,192,314	7,727,121
Total Medical Expenses	1,428,092,414	1,022,226,333	2,450,318,746	13,212,900	282,365,559	11,447,720	2,757,344,926
Medical Loss Ratio	**96.0%**	**96.0%**	**96.0%**	**92.2%**	**97.9%**	**90.3%**	**96.1%**
GROSS MARGIN	**60,130,176**	**42,486,757**	**102,616,933**	**1,111,913**	**6,159,392**	**1,226,536**	**111,114,773**
ADMINISTRATIVE EXPENSES							
Salaries, Wages & Benefits			58,021,188	210,942	7,877,959	926,285	67,036,375
Professional Fees			1,365,293	164,844	318,115	46,934	1,895,186
Purchased services			6,936,990	244,637	1,315,212	39,103	8,535,941
Printing and Postage			1,988,439	86,878	552,610	8,842	2,636,769
Depreciation and Amortization			3,309,031			20,534	3,329,565
Other expenses			10,301,826	2,351	379,719	87,994	10,771,890
Indirect cost allocation, Occupancy expense			(3,655,010)	241,818	6,926,765	23,489	3,537,062
Total Administrative Expenses			78,267,758	951,470	17,370,380	1,153,181	97,742,788
Admin Loss Ratio			**3.1%**	**6.6%**	**6.0%**	**9.1%**	**3.4%**
INCOME (LOSS) FROM OPERATIONS			24,349,175	160,443	(11,210,988)	73,355	13,371,985
INVESTMENT INCOME			-	-	-	-	11,469,653
NET RENTAL INCOME			-	-	-	-	50,456
NET GRANT INCOME			(105,854)	-	-	-	(105,854)
OTHER INCOME			1,273	-	-	-	1,273
CHANGE IN NET ASSETS			**$ 24,244,593**	**$ 160,443**	**$ (11,210,988)**	**$ 73,355**	**$ 24,787,512**
BUDGETED CHANGE IN ASSETS			8,657,564	230,470	2,067,698	(2,124,043)	10,225,931
VARIANCE TO BUDGET - FAV (UNFAV)			15,587,029	(70,027)	(13,278,686)	2,197,398	14,561,581

Back to Agenda

CalOptima A Public Agency Better. Together.

Balance Sheet: As of April 2017

ASSETS		
Current Assets		
Operating Cash		$547,444,222
Catastrophic Reserves		11,017,632
Investments		1,314,931,506
Capitation receivable		342,198,083
Receivables - Other		19,379,894
Prepaid Expenses		7,095,242
Total Current Assets		**2,242,066,578**
Capital Assets	Furniture and equipment	35,790,228
	Leasehold improvements	6,666,887
	505 City Parkway West	49,271,389
		91,728,503
	Less: accumulated depreciation	(37,199,361)
	Capital assets, net	**54,529,142**
Other Assets	Restricted deposit & Other	300,000
	Board-designated assets	
	Cash and cash equivalents	17,955,981
	Long term investments	516,239,691
	Total Board-designated Assets	534,195,671
	Total Other Assets	**534,495,671**
	Deferred outflows of Resources - Pension Contributions	9,133,218
	Deferred outflows of Resources - Difference in Experience	1,215,473
TOTAL ASSETS & OUTFLOWS		**2,841,440,083**

LIABILITIES & FUND BALANCES		
Current Liabilities		
Accounts payable		$17,463,408
Medical claims liability		686,407,295
Accrued payroll liabilities		10,193,845
Deferred revenue		860,105,383
Deferred lease obligations		209,840
Capitation and withholds		531,371,369
Total Current Liabilities		**2,105,751,141**
Other employment benefits liability		30,021,563
Net Pension Liabilities		15,430,763
Long Term Liabilities		100,000
TOTAL LIABILITIES		**2,151,303,467**
Deferred inflows of Resources - Excess Earnings		4,130,286
Deferred inflows of Resources - changes in Assumptions		1,651,640
Tangible net equity (TNE)		96,640,187
Funds in excess of TNE		587,714,503
Net Assets		**684,354,690**
TOTAL LIABILITIES, INFLOWS & FUND BALANCES		**2,841,440,083**

Back to Agenda

CalOptima A Public Agency Better. Together.

Board Designated Reserve and TNE Analysis
As of April 2017

Type	Reserve Name	Market Value	Benchmark		Variance	
			Low	High	Mkt - Low	Mkt - High
	Tier 1 - Payden & Rygel	145,963,515				
	Tier 1 - Logan Circle	145,759,457				
	Tier 1 - Wells Capital	145,693,263				
Board-designated Reserve						
		437,416,235	311,979,635	487,102,416	125,436,600	(49,686,181)
TNE Requirement	Tier 2 - Logan Circle	96,779,437	96,640,187	96,640,187	139,250	139,250
	Consolidated:	**534,195,672**	**408,619,822**	**583,742,603**	**125,575,850**	**(49,546,931)**
	Current reserve level	*1.83*	*1.40*	*2.00*		

Back to Agenda

HN Enrollment Summary - Medi-Cal

Health Network Name	MAY 2017	Percentage
CHOC Health Alliance (PHC20)	150,631	19.5%
Monarch Family HealthCare (HMO16)	85,900	11.1%
CalOptima Community Network (CN)	71,903	9.3%
Arta Western Health Network (SRG66)	70,146	9.1%
Family Choice Health Network (PHC21)	47,453	6.1%
Kaiser Permanente (HMO04)	45,607	5.9%
Alta Med Health Services (SRG69)	44,208	5.7%
United Care Medical Network (SRG67)	35,008	4.5%
Prospect Medical Group (SRG63)	33,547	4.3%
Noble Mid-Orange County (SRG64)	31,034	4.0%
Talbert Medical Group (SRG65)	23,959	3.1%
AMVI Care Health Network (PHC58)	22,168	2.9%
Heritage - Regal Medical Group (HMO15)	4,580	0.6%
OC Advantage (PHC35)	1,315	0.2%
Total Health Network Capitated Enrollment	**667,457**	**86.3%**
CalOptima Direct (all others)	106,099	13.7%
Total Medi-Cal Enrollment	**773,555**	**100.0%**

Back to Agenda

HN Enrollment Summary – OneCare Connect

Health Network Name	MAY 2017	Percentage
Monarch HealthCare (HMO16DE)	5,038	31.4%
Propect Medical Group (SRG63DB)	3,106	19.4%
Family Choice Medical Group (SRG81DB)	1,891	11.8%
CalOptima Community Network (CN)	1,784	11.1%
Talbert Medical Group (SRG52DB)	1,160	7.2%
United Care Medical Group (SRG67DB)	574	3.6%
Arta Western Health Network(SRG66DB)	559	3.5%
Alta-Med (SRG69DB)	553	3.4%
AMVI Care Health Network (PHC58DB)	531	3.3%
Noble Mid Orange County (SRG64DB)	477	3.0%
Heritage - Regal Medical Group (HMO15)	247	1.5%
OC Advantage (PHC35DB)	119	0.7%
Total OneCare Connect Enrollment	**16,039**	**100.0%**

Back to Agenda

HN Enrollment Summary - OneCare

Health Network Name	MAY 2017	Percentage
Monarch HealthCare (PMG53DE)	693	52.5%
AMVI/Prospect Medical Group (PMG27DE)	315	23.9%
Talbert Medical Group (PMG52DE)	109	8.3%
Family Choice Medical Group (PMG21DE)	72	5.5%
Arta Western Health Network (PMG66DE)	48	3.6%
Alta-Med (PMG69DE)	45	3.4%
United Care Medical Group (PMG67DE)	25	1.9%
Noble Mid Orange County (PMG64DE)	12	0.9%
Total OneCare Enrollment	**1,319**	**100.0%**

Back to Agenda

Medi-Cal

OneCare (HMO SNP)

OneCare Connect

PACE

Back to Agenda

Proposition 56 Tobacco Tax Allocation Proposals 2017–18 State Budget

California voters approved Proposition 56 last November, which increased state taxes on tobacco products. The Governor's January budget proposal and May Revise anticipates approximately $1.3 billion in new revenue for the Medi-Cal program for FY 17-18. However, the Governor, Assembly, and Senate have differing views on how this money should be allocated.

In sum, the Governor is proposing to allocate *all* of the new Prop. 56 revenue for current and anticipated increases for general Medi-Cal expenditures. Both the Assembly and Senate proposals would use the additional revenue for specific and, in some cases, different purposes within the Medi-Cal program. In addition, the Assembly and Senate proposals would allocate the revenue at different funding levels. The specific purposes in the Assembly and Senate proposals include provider rate increases for physicians and dentists, as well as expanded full-scope Medi-Cal benefits for individuals 26 and under regardless of immigration status.

Below are the highlights on the differing Prop. 56 spending plans by the Administration and the Legislature for FY 17-18:

Governor	Assembly	Senate
<u>Amount</u> $0 for specified purposes $1.3 billion for general Medi-Cal costs	<u>Amount</u> $1.0 billion for specified purposes Approximately $300 million remains in the Prop. 56 reserve account for general Medi-Cal costs	<u>Amount</u> $349 million for specified purposes Approximately $900 million remains in the Prop. 56 reserve account for general Medi-Cal costs
<u>Summary</u> Transfers all Prop. 56 revenue to general Medi-Cal budget.	<u>Summary</u> Invests approximately $1.0 billion of Prop. 56 funds annually in various healthcare initiatives, which includes increasing rates, and expanding state-only Medi-Cal funds for undocumented immigrants up to the age of 26.	<u>Summary</u> Gradually phases in Prop. 56 funds for various healthcare initiatives, which includes increasing rates, and expanding state-only Medi-Cal funds for undocumented immigrants up to the age of 26.
<u>Details</u> The Governor's budget proposal notes that overall Medi-Cal costs are increasing due to healthcare cost inflation, program expansion, and caseload growth. As a result, the Governor proposes to use all Prop. 56 revenue for ongoing and increasing Medi-Cal costs.	<u>Details</u> ■ Incentive based physician payments ($610 million) ■ Incentive based dentist payments ($247.3 million) ■ Full Scope Medi-Cal coverage to individuals who are 26 and under, regardless of immigration status ($54 million)	<u>Details</u> ■ High-needs specialty pool ($150 million in 17-18, growing to $700 million in 20-21) ■ Dental reimbursement rates ($130 million annually) ■ Full Scope Medi-Cal coverage to individuals who are 26 and under, regardless of immigration status beginning July 1, 2018 ($63.1 million in 18-19, $85.5 million annually)

Both the Senate and Assembly have passed their respective budgets, and are currently resolving their budget differences in the 2017-18 Budget Conference Committee. Once the Conference Committee completes the reconciliation of the two versions, it will be voted on by both the Assembly and the State Senate prior to Thursday, June 15, which is the deadline for the state budget to be approved by the Legislature and sent to the Governor for his consideration. The state fiscal year for 2017-18 begins on July 1, 2017.

Back to Agenda

About CalOptima

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

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

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Community Engagement

Provider Advisory Committee

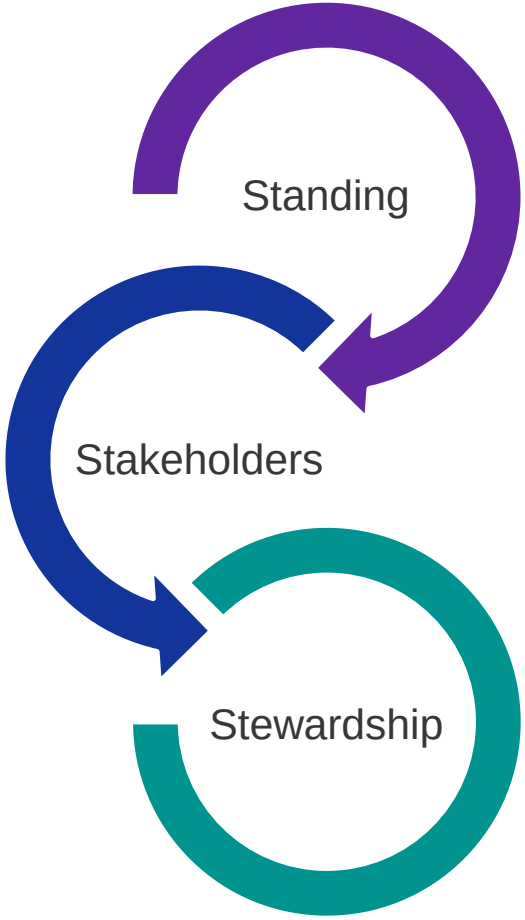
June 8, 2017

Cheryl Meronk

Director, Strategic Development

Back to Agenda

Community Engagement Goals



Back to Agenda

Community Involvement

- Create and maintain a positive influence and impact in the community by strengthening our community partnerships

- Community Partners:
  - Non-profit organizations: approximately 350 organizations
  - Faith-based/school-based groups: 56 groups
  - Family resource centers: 12 centers
  - Elected officials: more than 200 individuals
  - County agencies

Community Involvement

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

Back to Agenda

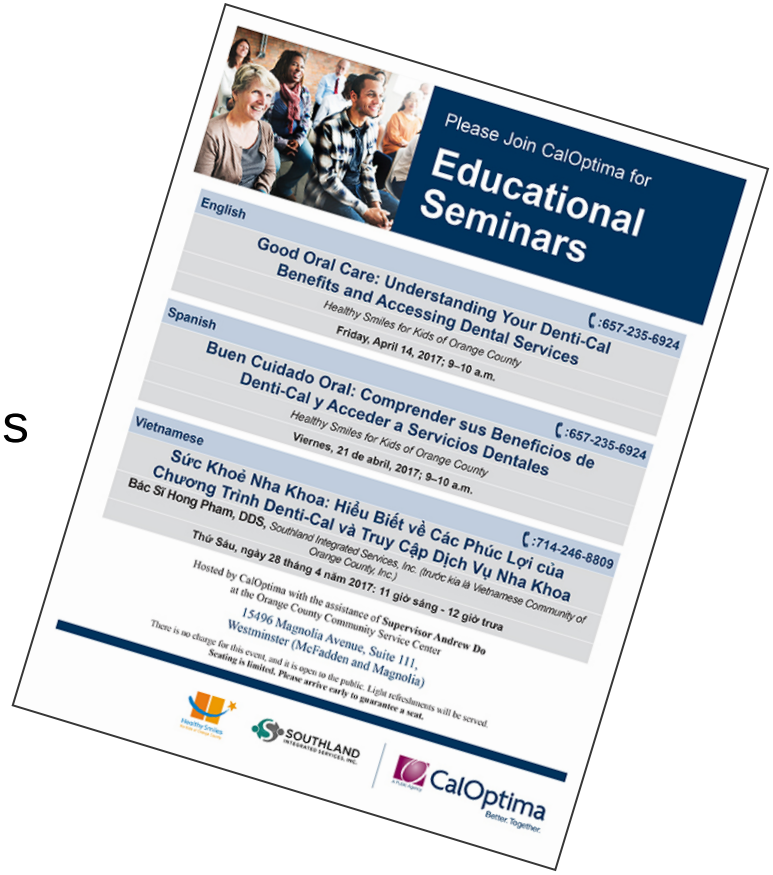
Community Involvement

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

Back to Agenda

Community Involvement

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

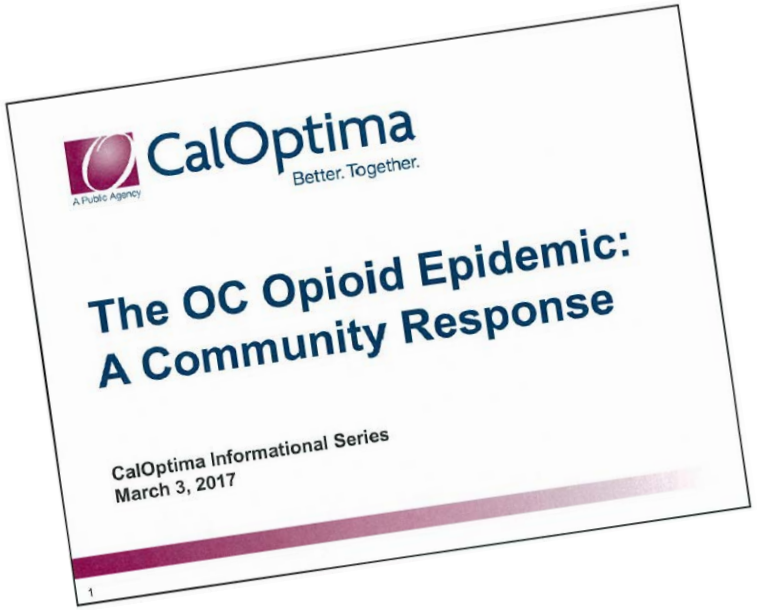


Back to Agenda

Community Involvement

- CalOptima Informational Series provides information to providers and community stakeholders about updates/changes to our health programs.
  - Offered 11 Quarterly Informational Series since July 2013

Next forum June 9th - "Care Management: How CalOptima Supports Delivery of Quality, Person-Centered Care"



Back to Agenda

Community Involvement

- CalOptima Employee Activities Committee (EAC) provides:
  - Food, diaper, and toy donations throughout the year
  - Participation and volunteering with fundraising walks (i.e. March of Dimes, Susan G. Komen, etc.)
  - Member scholarship contest supported by employee fund raising activities

Back to Agenda

Community Involvement

- Intergovernmental Transfer (IGT) funds
  - Secure additional federal revenue to retroactively increase Medi-Cal managed care capitation rates
  - Funds used to deliver enhanced services for the Medi-Cal population

- Total of $47.3M received from IGT to-date
  - $37 million in support of our members in the community

Back to Agenda

Community Involvement

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

Back to Agenda

Community Involvement

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

Back to Agenda

Community Involvement

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

Back to Agenda

CalOptima's Mission

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

Back to Agenda

Back to Agenda

2016 Group Needs Assessment

Board of Directors' Provider Advisory Committee

June 8, 2017

Pshyra Jones

Director, Health Education & Disease Management

Back to Agenda

Background

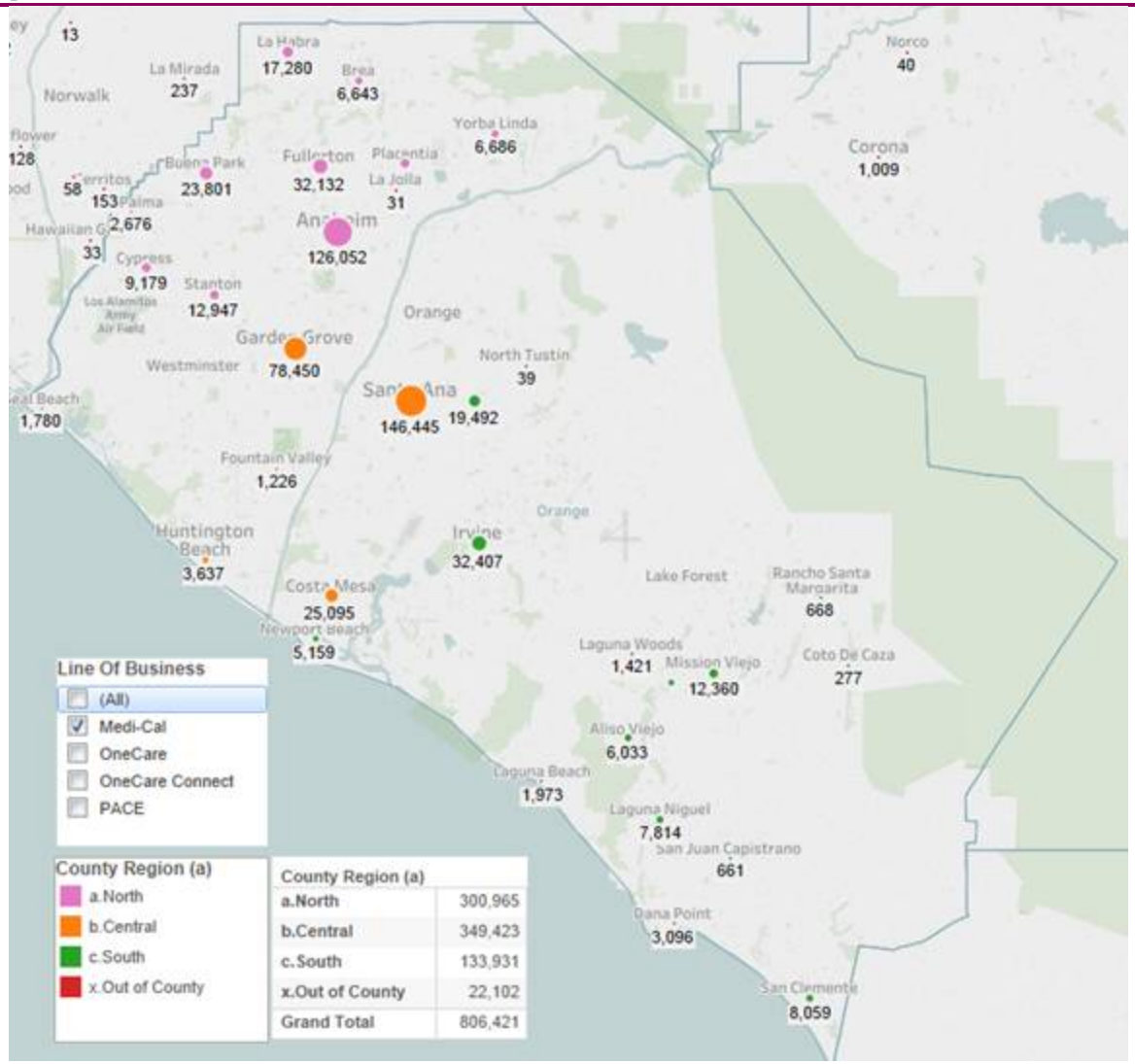
Health plans are required to conduct Group Needs Assessments (GNAs) to identify the needs of members, available health education and cultural and linguistic (C&L) programs and resources, and gaps in services.

Goal

The goal of the GNA is to improve health outcomes for members enrolled in Medi-Cal managed care by evaluating member health risks, identifying health needs, and prioritizing health education, C&L services, and preventative health and quality improvement programs to improve member health outcomes.

Back to Agenda

CalOptima Medicaid Membership by Region



Back to Agenda

CalOptima Required Sample Size (English/Spanish)

Health Network	Target # Surveys	Health Network Proportion	Sample Size (4X)
1	200	9%	800
2	200	9%	800
3	200	9%	800
4	200	9%	800
5	200	9%	800
6	200	9%	800
7	200	9%	800
8	200	9%	800
9	200	9%	800
10	200	9%	800
11	200	9%	800
Total	**2200**	**100%**	**8800**

Back to Agenda

CalOptima Required Sample Size (Other Languages)

Language	Target # Surveys	Membership Proportion	Sample Size (4X)
Vietnamese	180	10%	722
Korean	336	3%	1344
Farsi	368	2%	1472
Arabic	378	1%	1514
Chinese	384	1%	1536
Total	**1646**	**16%**	**6586**

Back to Agenda

Sample Size Goals

- Mailed 17,030 surveys
- Expect a minimum of 200 responses
  - Double-check we have Health Network coverage across regions
- With that we can compare
  - Language difference within or between regions
  - Health Network difference between regions
  - Health Network difference between languages
  - All within +/- 7% confidence interval

Back to Agenda

GNA Areas of Focus

- People Who Provide Health Care (Primary Care Provider)
- Medical Interpreters
- Member Health Perception and Health Plan Benefits
- Forms and Health Plan Materials
- Social Determinants of Health (Custom Questions)

Back to Agenda

Social Determinants of Health

- Included custom questions to address categories representing social determinants of health.

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Back to Agenda

GNA Results

Back to Agenda

GNA Results: Survey Response Rate

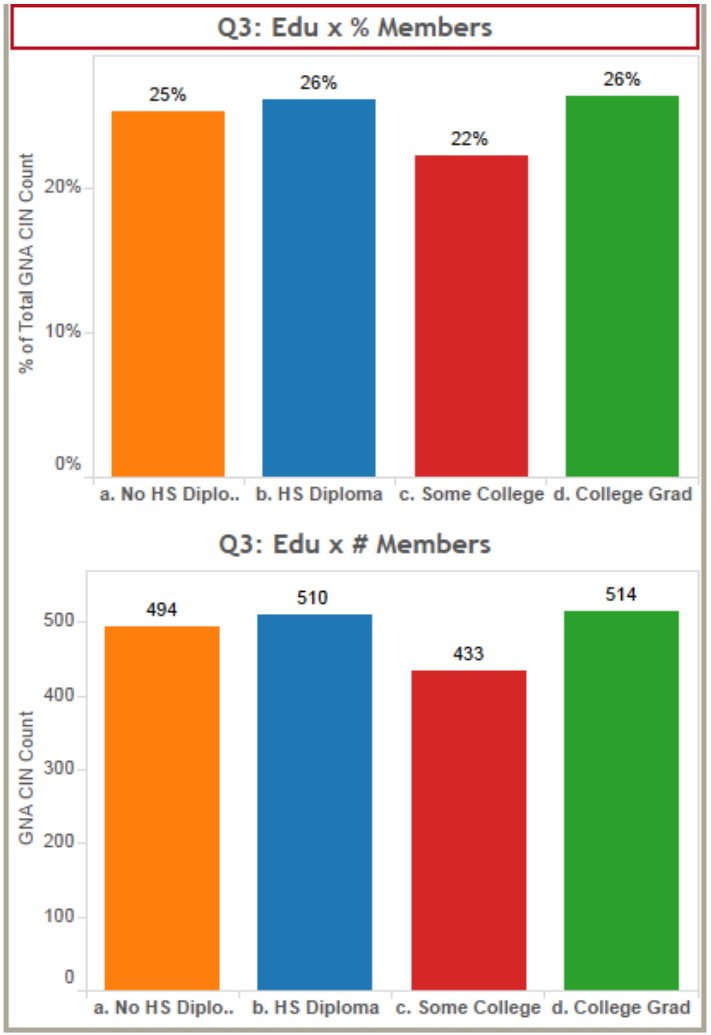
Language	North OC Responses	Central OC Responses	South OC Responses	Region Unknown	Total Response
Vietnamese	224	186	109	2	521
Korean	208	128	207	7	550
Farsi	35	13	132	2	182
Arabic	91	34	58	5	188
Chinese	167	62	184	4	417
English	209	200	178	6	593
Spanish	198	206	208	8	620
Total*	**1,132**	**829**	**1,076**	**34**	**3,071**

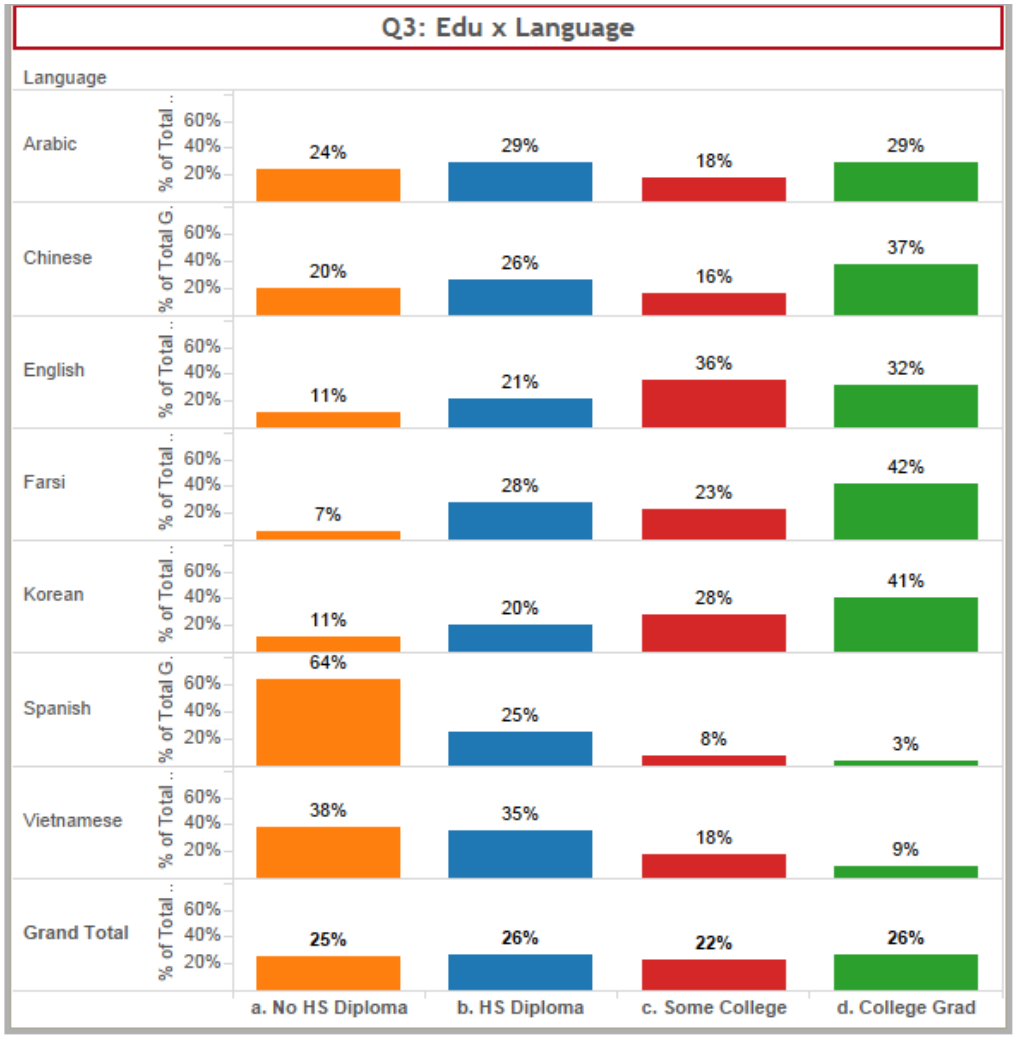
Back to Agenda

GNA Results: Profiling Respondents

- 64% (1,979) of the completed surveys were from CalOptima adult Medi-Cal members.
- 36% (1092) were completed by adults for CalOptima children with Medi-Cal.
- 13% (400) of completed surveys respondents were received from our Seniors and Persons with Disabilities (SPD) population.

GNA Results: Education

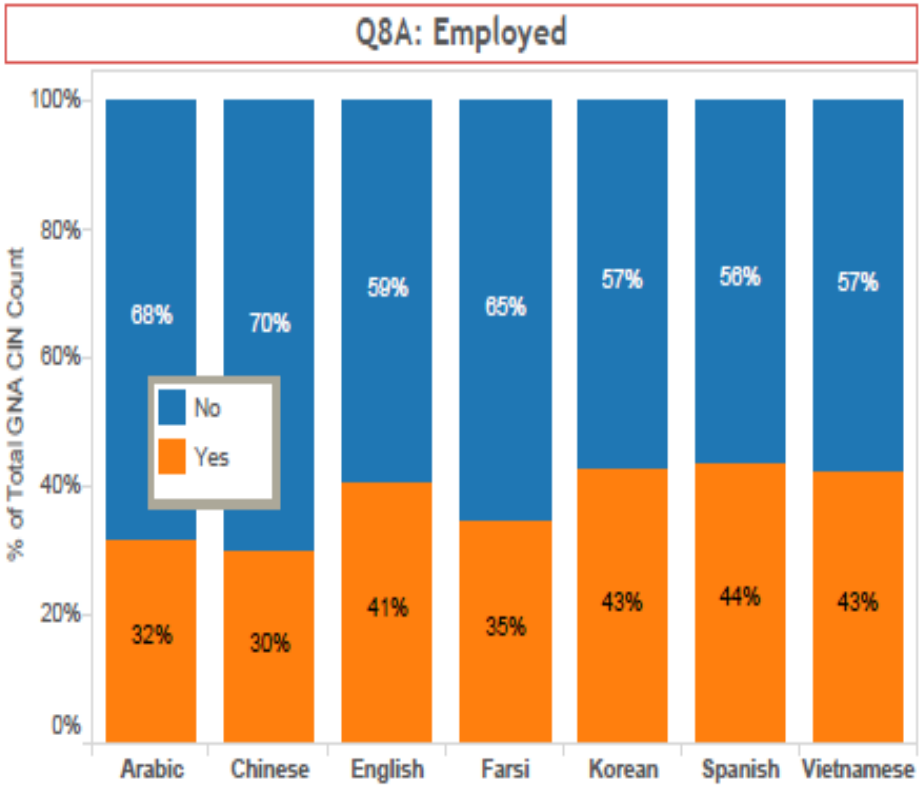


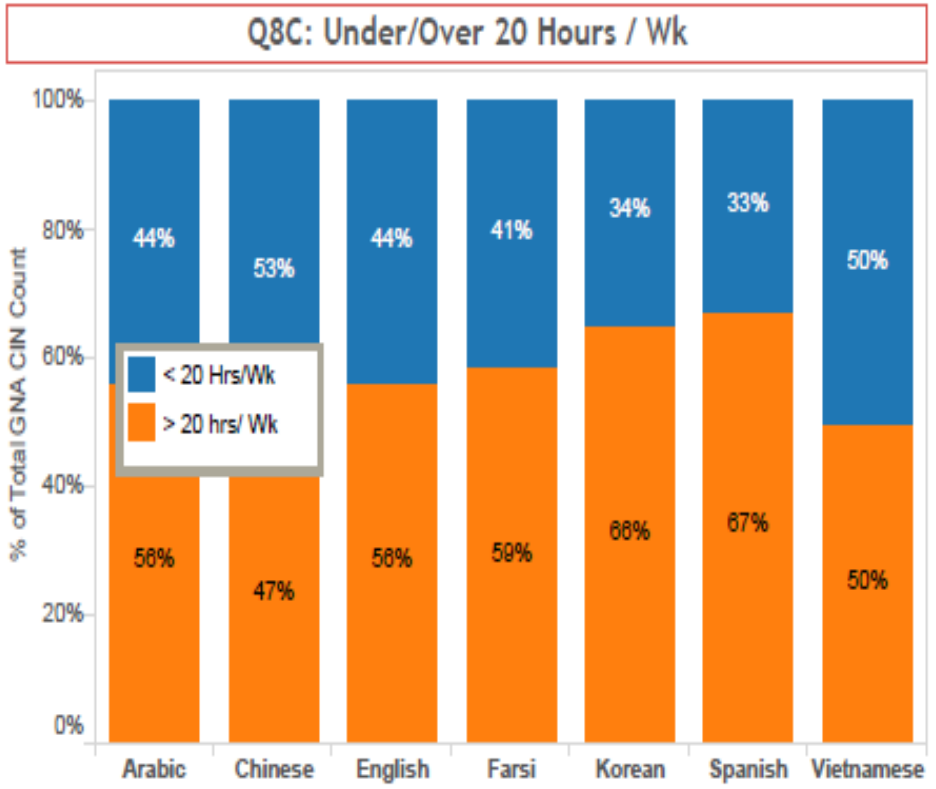


Total adult responses: 1,952

Back to Agenda

GNA Results: Employment





Back to Agenda

GNA Results: Number of Jobs

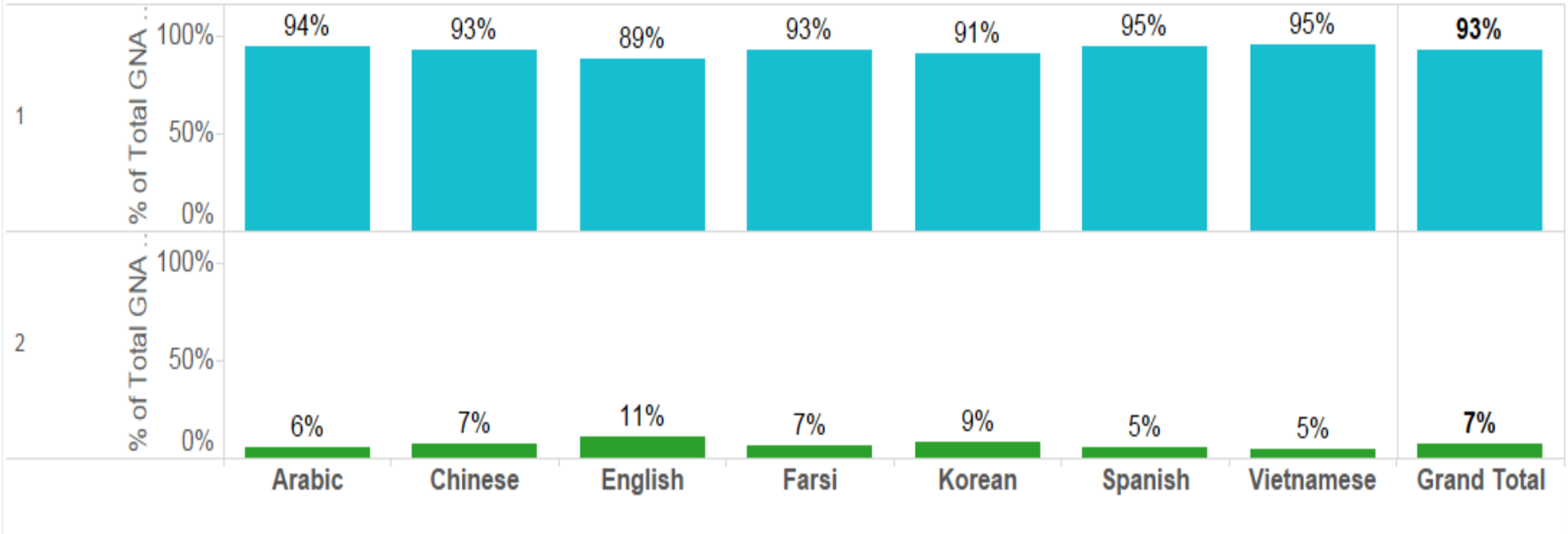
Q8B: Number of Jobs (ws)

Overall, 8% of our working members have more than 1 job

Volume-wise: 773K members x 40% (working) x 8% (> 1 job)

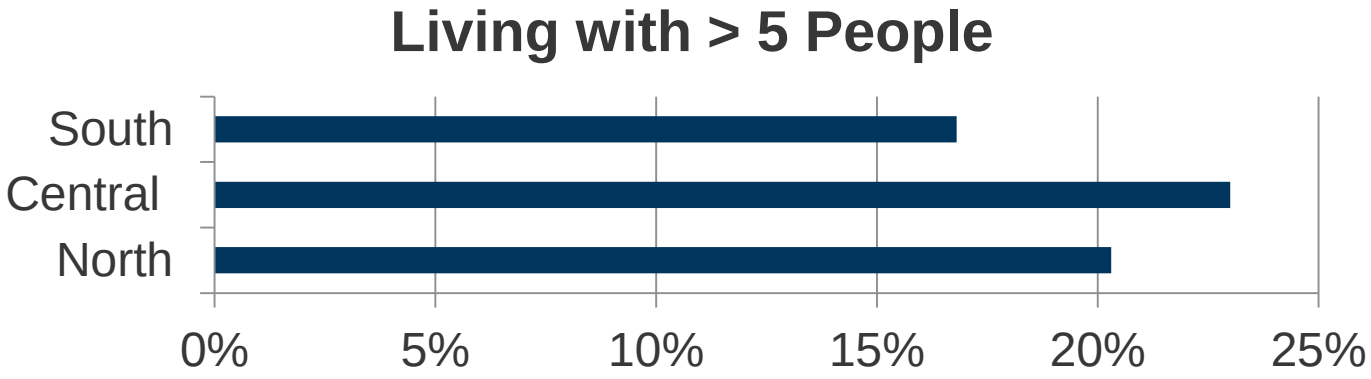
This comes to ~25K members

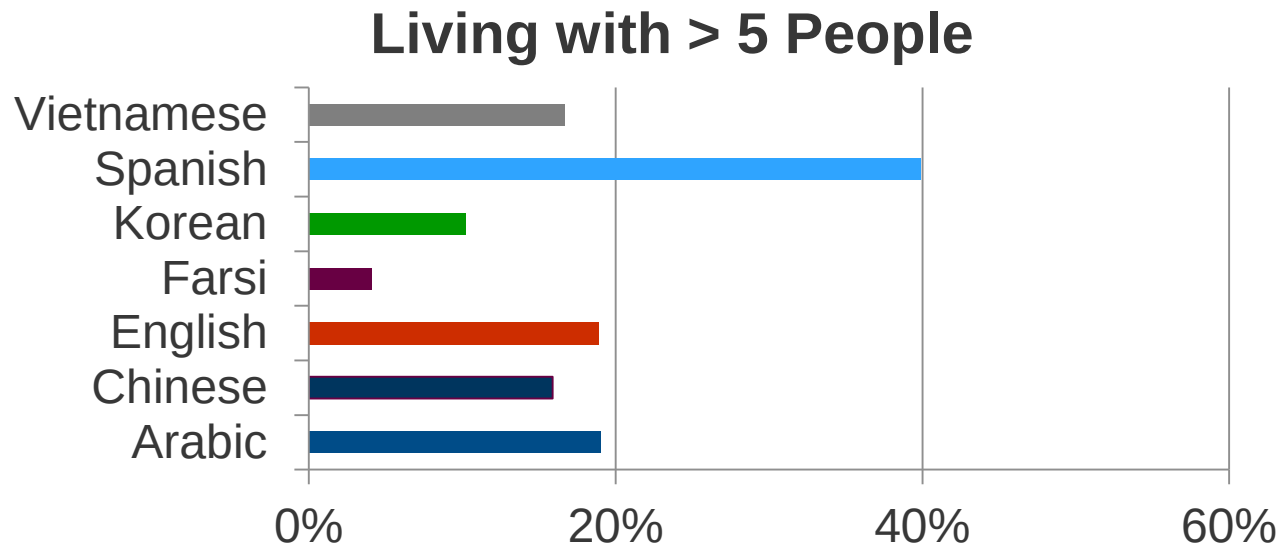
for whom 8-5 PCP office hours are unlikely to be considered as 'readily accessible'

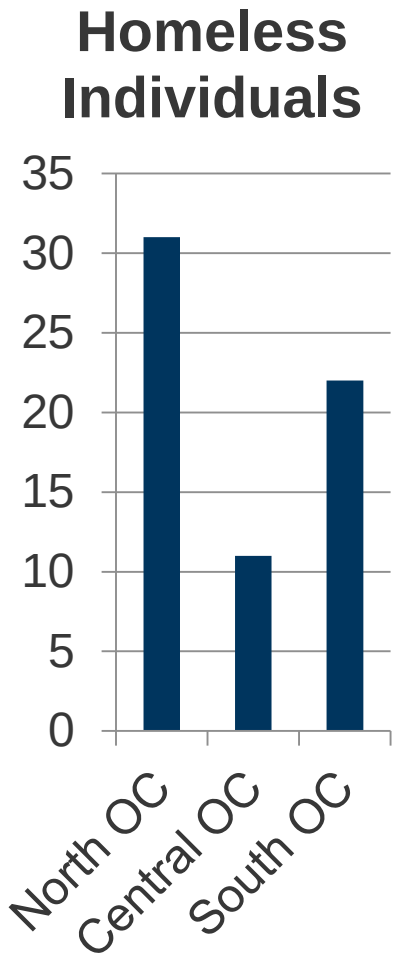


Back to Agenda

GNA Results: Living Situation







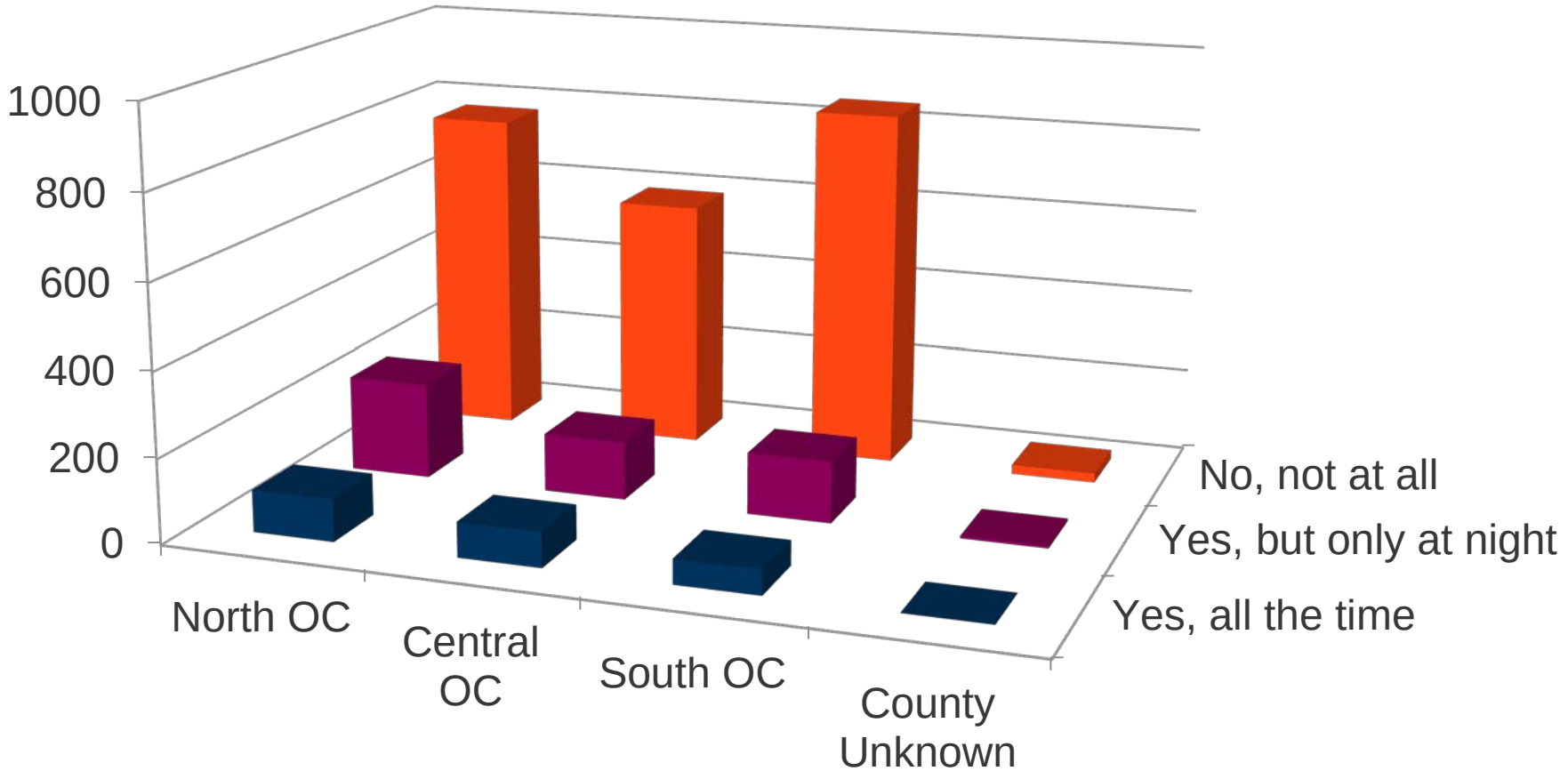
Back to Agenda

GNA Results: Health Concerns in Area

What do you think are important health concerns or issues for people living in your area? Check all that apply.

Back to Agenda

GNA Results: Worried About Being a Victim of Crime in Neighborhood



Back to Agenda

GNA Results: Time to Primary Care Provider

		a. <= 15 min	b. 15 - 30 min	c. > 30 min
Arabic	a.North	37%	51%	12%
	b.Central	19%	69%	11%
	c.South	26%	44%	30%
Chinese	a.North	26%	62%	12%
	b.Central	34%	52%	14%
	c.South	21%	60%	18%
English	a.North	45%	45%	9%
	b.Central	48%	44%	8%
	c.South	43%	46%	11%
Farsi	a.North	21%	35%	44%
	b.Central	8%	75%	17%
	c.South	22%	60%	17%
Korean	a.North	41%	48%	12%
	b.Central	46%	49%	5%
	c.South	37%	55%	8%
Spanish	a.North	36%	46%	18%
	b.Central	42%	46%	12%
	c.South	40%	45%	15%
Vietnamese	a.North	40%	50%	9%
	b.Central	38%	56%	7%
	c.South	20%	63%	17%

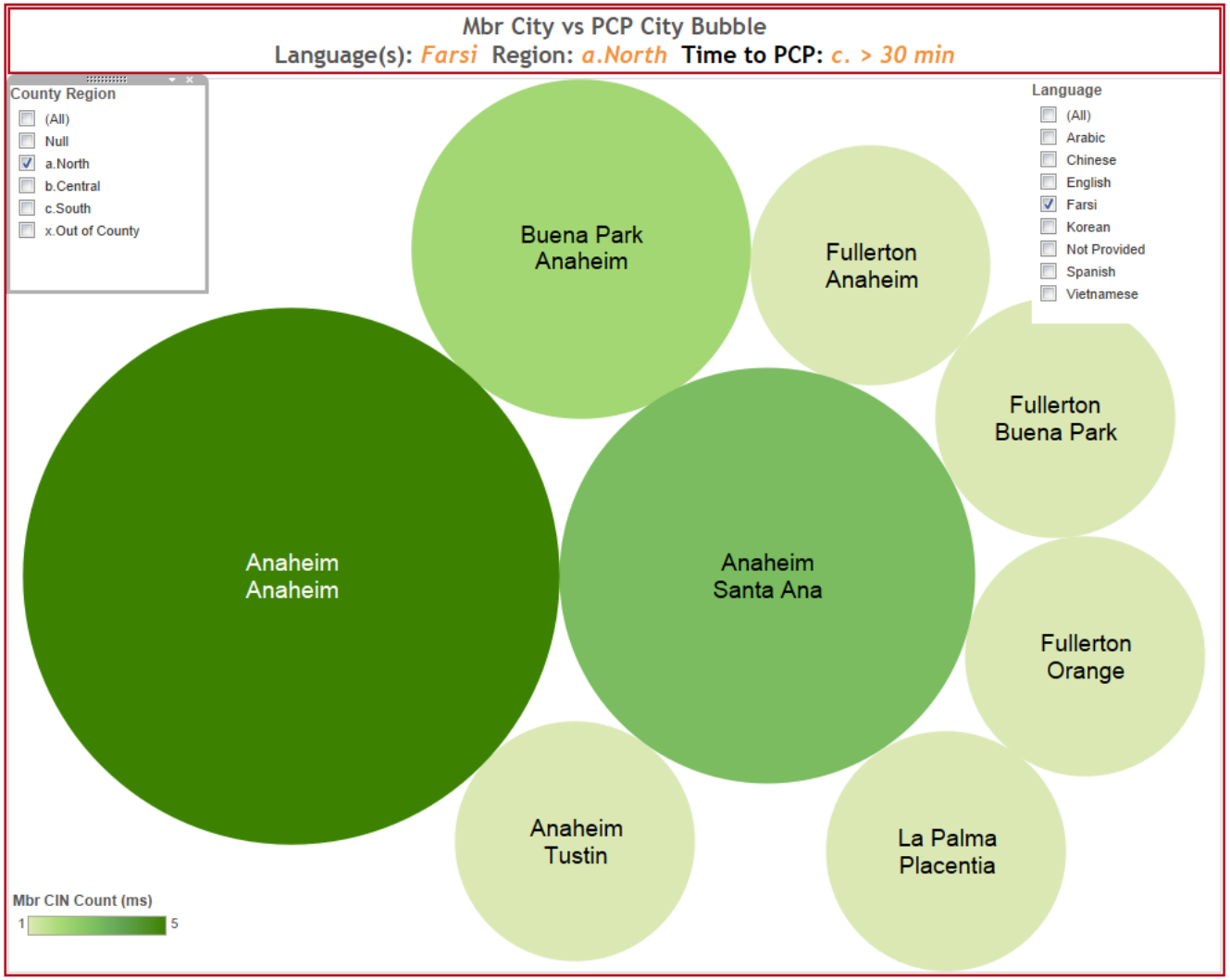
Back to Agenda

GNA Results:
Member City vs. PCP: Farsi Population

Legend

Member City
PCP City

Color & Size
Represent #
Of Members



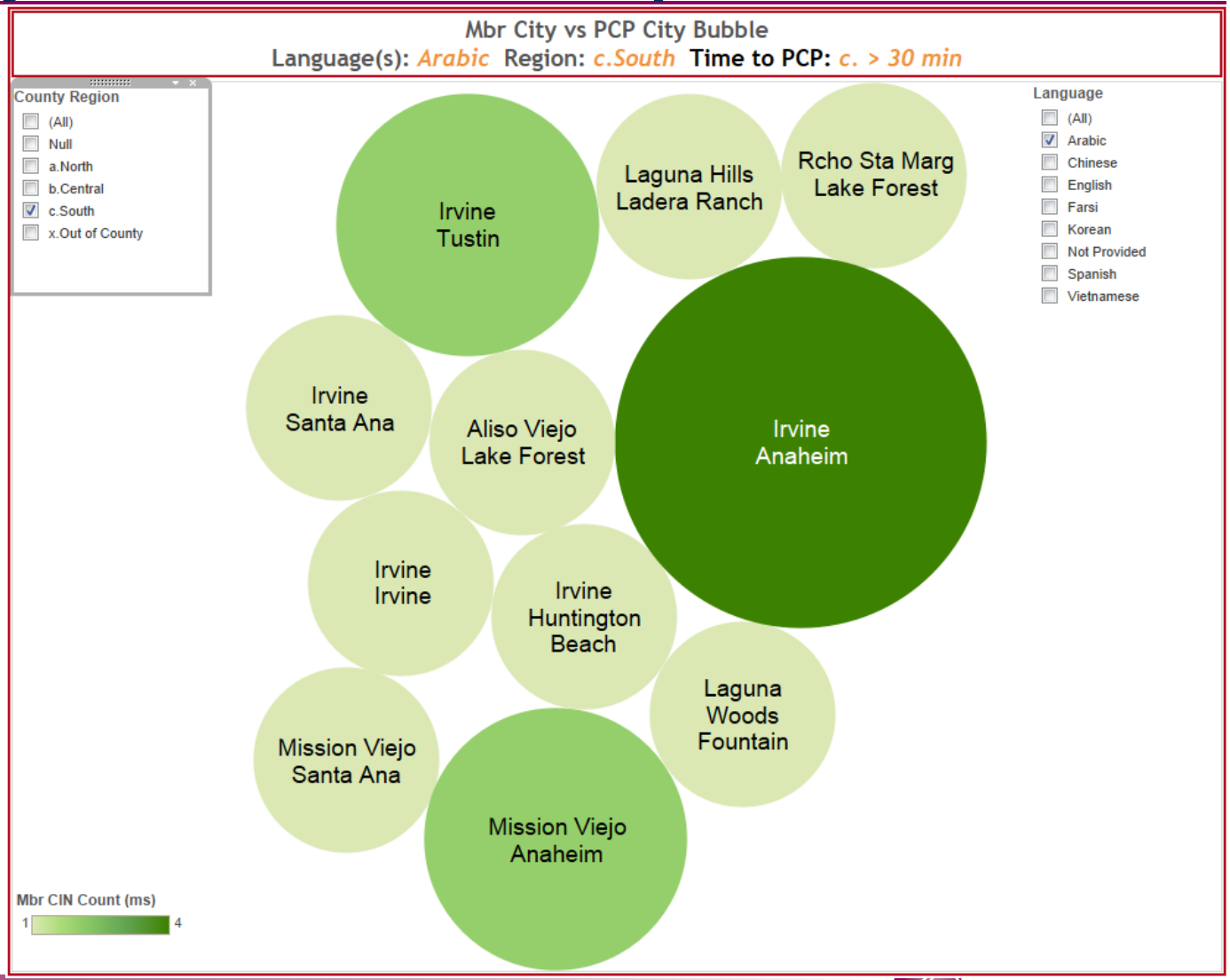
Back to Agenda

GNA Results:
Member City vs. PCP: Arabic Population

Legend

Member City
PCP City

Color & Size
Represent #
Of Members



Back to Agenda

GNA Results:
Appt Times x ER Visits and PCP Visits

Q25b Appt Times x ER Visits

In the aggregate, those who thought there were NOT enough appointment times have a higher ER visit rate

Language	Appt Times Ok				Agreed, Not Enough			
	ER Visits / GNA Mbr	Er Visit Count	GNA CIN Count	% of Language	ER Visits / GNA Mbr	Er Visit Count	GNA CIN Count	% of Language
Arabic	0.3	36	111	63%	0.4	25	65	37%
Chinese	0.1	39	317	82%	0.1	4	68	18%
English	0.3	120	394	72%	0.5	72	155	28%
Farsi	0.3	38	112	67%	0.3	16	55	33%
Korean	0.2	44	247	49%	0.1	19	257	51%
Spanish	0.3	107	351	61%	0.4	97	228	39%
Vietnamese	0.1	35	359	76%	0.1	10	116	24%
Grand Total	0.2	419	1,891	67%	0.3	243	944	33%

Q25b Appt Times x PCP Visits

In the aggregate, those who thought there were NOT enough appointment times have a lower PCP visit rate

Language	Appt Times Ok				Agreed, Not Enough			
	Visits / GNA Mbr	Visit Count	GNA CIN Count	% of Language	Visits / GNA Mbr	Visit Count	GNA CIN Count	% of Language
Arabic	1.9	54	28	68%	2.6	34	13	32%
Chinese	2.2	195	87	87%	1.7	22	13	13%
English	2.4	286	120	79%	2.3	70	31	21%
Farsi	2.2	35	16	53%	2.5	35	14	47%
Korean	2.3	147	64	54%	1.9	102	54	46%
Spanish	2.4	288	122	65%	2.5	165	67	35%
Vietnamese	2.6	142	55	82%	1.9	23	12	18%
Grand Total	2.3	1,147	492	71%	2.2	451	204	29%

Back to Agenda

GNA Results:
Support x ER Visits and PCP Visits

Q13 Support Friends / Relatives x ER Visits

In the aggregate, those who said they have support from relatives & friends have a lower ER visit rate

	Don't have support				Have support			
Language	ER Visits / GNA Mbr	Er Visit Count	GNA CIN Count	% of Language	ER Visits / GNA Mbr	Er Visit Count	GNA CIN Count	% of Language
Arabic	0.6	16	25	22%	0.3	24	90	78%
Chinese	0.0	0	20	8%	0.1	16	222	92%
English	0.6	33	56	15%	0.3	108	310	85%
Farsi	0.2	5	29	20%	0.3	34	113	80%
Korean	0.2	20	109	30%	0.1	20	255	70%
Spanish	0.6	37	57	24%	0.3	52	184	76%
Vietnamese	0.1	18	192	48%	0.1	30	207	52%
Grand Total	0.3	129	488	26%	0.2	284	1,381	74%

Q13 Support Friends / Relatives x PCP Visits

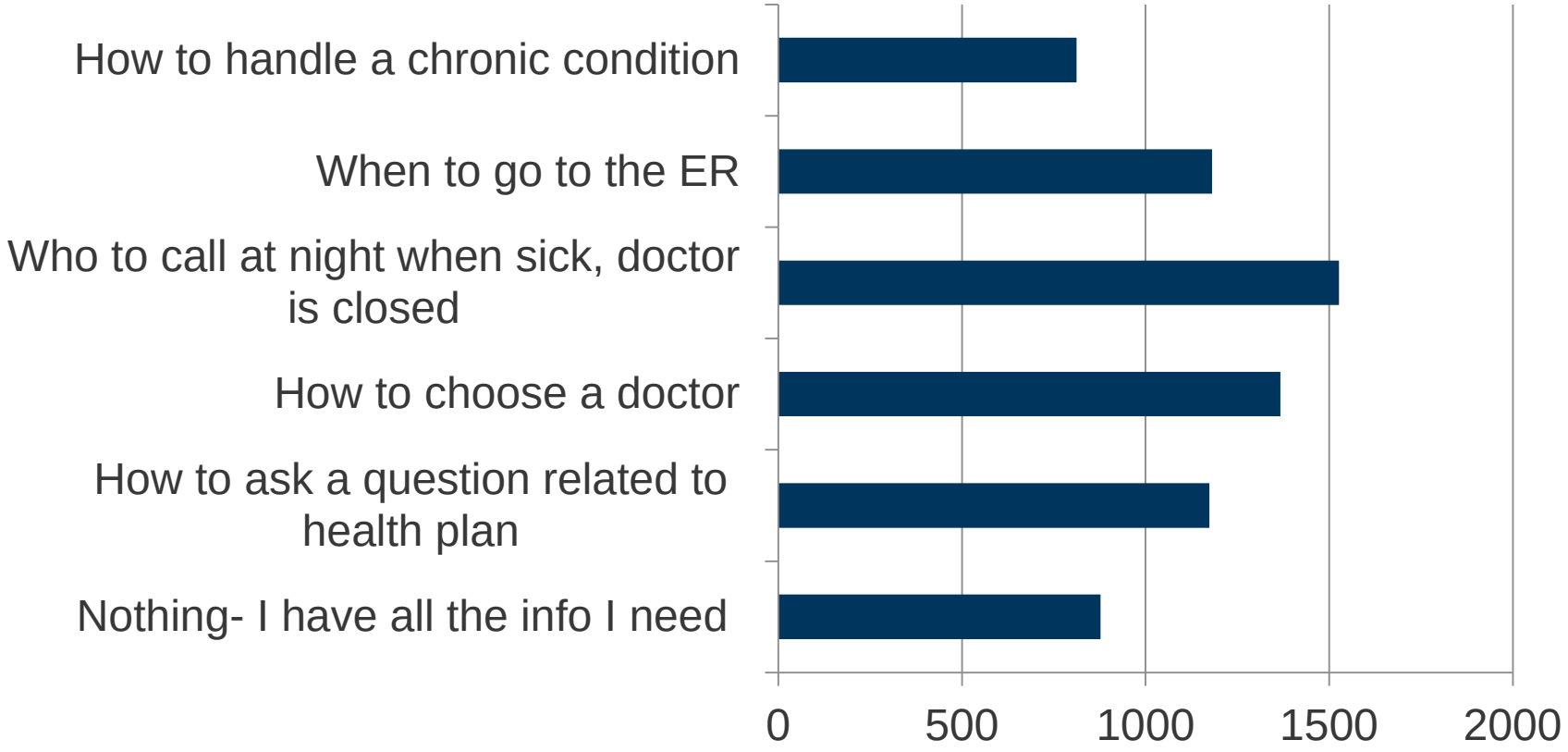
In the aggregate, those who said they have support from relatives & friends have a higher PCP visit rate

	Don't have support				Have support			
Language	Visits / GNA Mbr	Visit Count	GNA CIN Count	% of Language	Visits / GNA Mbr	Visit Count	GNA CIN Count	% of Language
Arabic	3.0	6	2	18%	3.3	30	9	82%
Chinese	4.0	12	3	10%	3.6	101	28	90%
English	2.2	20	9	14%	3.3	186	56	86%
Farsi	2.0	6	3	25%	3.4	31	9	75%
Korean	3.4	27	8	28%	3.0	62	21	72%
Spanish	3.6	50	14	29%	5.1	172	34	71%
Vietnamese	1.8	21	12	48%	3.8	50	13	52%
Grand Total	2.8	142	51	23%	3.7	632	170	77%

Back to Agenda

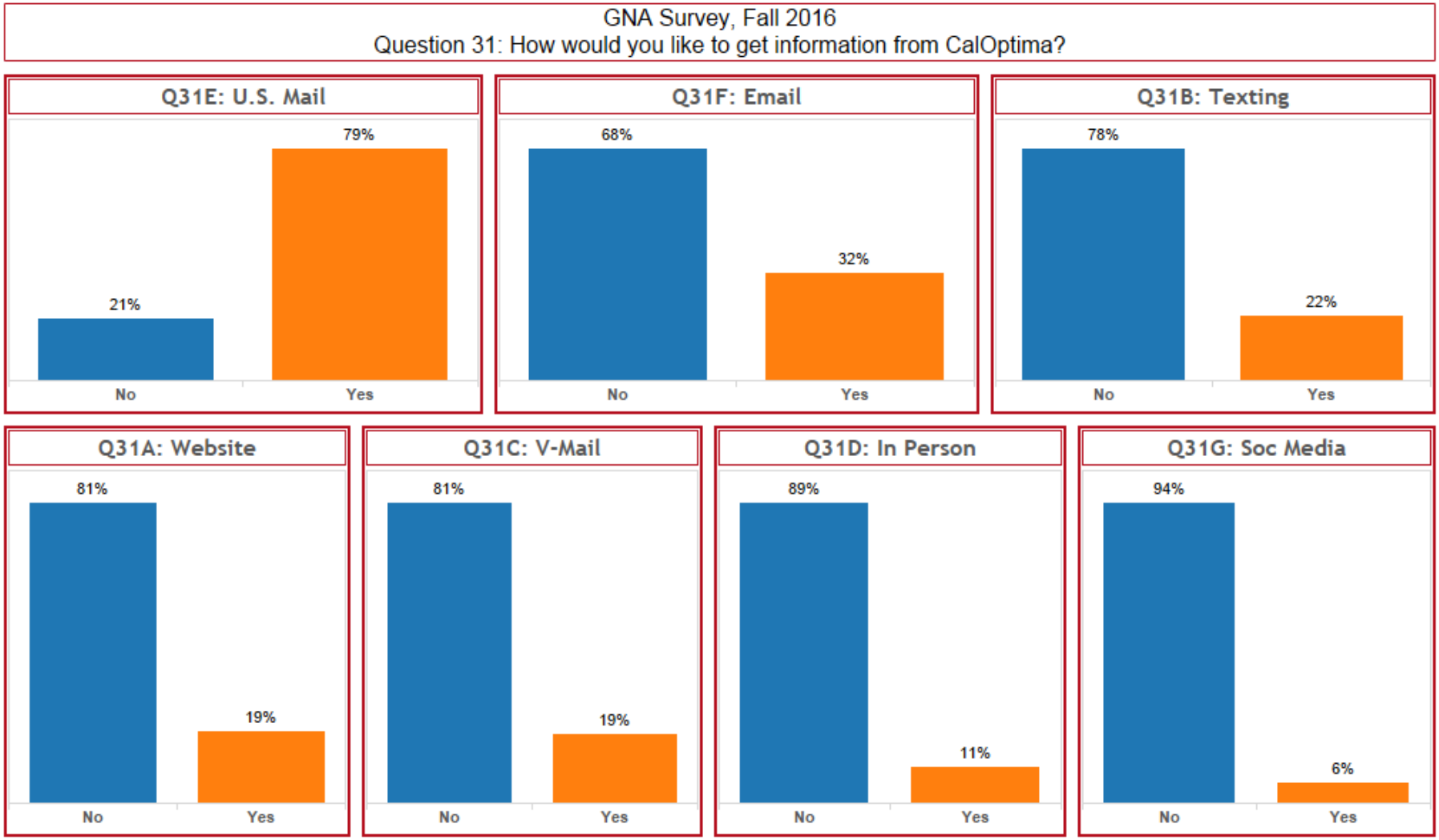
GNA Results: Helpful information

What information would be helpful to you on how to use CalOptima? Check all that apply.



Back to Agenda

GNA Results: How members like to get information from CalOptima



Back to Agenda

CalOptima
A Public Agency
Better. Together.

After the survey…

- Collaboration with:
  - Member Health Needs Assessment
  - Access & Availability
  - Member Experience
  - Providers
  - Community Agencies
  - Members

Back to Agenda

CalOptima's Mission

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

Back to Agenda

Back to Agenda

OneCare Connect Town Hall for Physicians & Hospital Staff

Join the **Orange County Global Medical Center** and the **Orange County Communications Workgroup** for a program about the Coordinated Care Initiative and OneCare Connect program.

NEW DATE (rescheduled from May 3rd)

TUESDAY, JUNE 20, 2017

5:30 - 8:00 pm

Orange County Global Medical Center / BASH Auditorium

1001 N. Tustin Avenue, Santa Ana, CA 92705

5:30 pm: Networking / Reception / Registration
6:15 pm: Dinner / Program
7:30 pm: Q&A

Come hear our panel of experts:

- CalOptima
- The SCAN Foundation
- Harbage Consulting / DHCS
- OneCare Connect Member Advisory Committee
- OneCare Connect provider

SPACE IS LIMITED! Please RSVP:

Rita - (951) 468-5712
Lydia - (714) 953-3633

Back to Agenda

Orange County Communications Workgroup

Provider Advisory Committee
FY 2017-2018 Meeting Schedule

July
Thursday, July 13, 2017
No Meeting

August
Thursday, August 10, 2017

September
Thursday, September 14, 2017*

October
Thursday, October 12, 2017

November
Thursday, November 9, 2017

December
Thursday, December 14, 2017

January
Thursday, January 11, 2018
No Meeting

February
Thursday, February 8, 2018

March
Thursday, March 8, 2018

April
Thursday, April 12, 2018

May
Thursday, May 10, 2018

June
Thursday, June 14, 2018

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

***Joint MAC/PAC Meeting**
All meetings are open to the public. Interested parties are encouraged to attend.

Back to Agenda