THURSDAY, MAY 10, 2018
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 April 12, 2018 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 Approval of Fiscal Year (FY) 2018-19 PAC Meeting Schedule
    B. Consider Approval of FY 2017-2018 PAC Accomplishments
    C. Consider Recommendation of PAC Slate of Candidates, and Chair and Vice Chair for
        FY 2018-19

VI.   CEO AND MANAGEMENT REPORTS
    A. Chief Executive Officer (CEO) Update
    B. Chief Operating Officer (COO) Update
    C. Chief Financial Officer (CFO) Update
    D. Chief Medical Officer (CMO) Update
    E. Network Operations Update
    F. Federal and State Budget Update

VII.   INFORMATION ITEMS
    A. Intergovernmental Transfer (IGT) Funds Update
    B. Health Homes Program Update
    C. Appropriate Use of Emergency Room Services
    D. PAC Goals and Objectives
    E. PAC Member Updates

VIII.   COMMITTEE MEMBER COMMENTS

IX.   ADJOURNMENT

MINUTES

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

April 12, 2018

A Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC) was held on Thursday, April 12, 2018, 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 8:06 a.m., and Member Caliendo led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Teri Miranti, Chair; Anjan Batra, M.D.; Donald Bruhns; Theodore Caliendo, M.D.; Steve Flood; Jena Jensen; Pamela Kahn, R.N.; Craig G. Myers; John Nishimoto, O.D; Mary Pham, Pharm.D., CHC; Pamela Pimentel, R.N.; Jacob Sweidan, M.D.

Members Absent: George Orras, Ph.D., FAAP; Suzanne Richards, MBA, FACHE, Vice Chair;

Others Present: Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Gary Crockett, Chief Counsel; Michelle Laughlin, Executive Director, Network Operations; Nancy Huang, Controller; Cheryl Simmons, Staff to the PAC

Chair Miranti announced that Mary Hale, Orange County Health Care Agency (OCHCA) Representative, has retired from the OCHCA.

MINUTES

Approve the Minutes of the February 8, 2018 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee

> *Action:*   *On motion of Member Sweidan, seconded and carried, the Committee approved the minutes of the February 8, 2018 meeting. (Motion carried 12-0-0; Vice Chair Richards and Member Orras absent)*

Approve the Minutes of the March 8, 2018 Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC), OneCare Connect MAC and Provider Advisory Committees

> *Action:* ***On motion of Member Pimentel, seconded and carried, the Committee approved the minutes of the March 8, 2018 Joint Meeting. (Motion carried 12-0-0; Vice Chair Richards and Member Orras absent)***

PUBLIC COMMENTS
No requests for public comment were received.

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Update
Michael Schrader, Chief Executive Officer, referred PAC members to the CEO report included in the meeting materials.

Chief Operating Officer Update
Ladan Khamseh, Chief Operating Officer, provided updates to several ongoing items. She noted that Behavioral Health Treatment Services were transferring from the Regional Center of Orange County (RCOC) effective July 1, 2018. Ms. Khamseh also discussed the timeline associated with the Whole Child Model (WCM), and the transition of the Child Health and Disability Prevention Program (CHDP) claim forms and the delegation of payment to the health networks. She noted that the Department of Healthcare Services changed the start date of the Health Homes Program from January 1, 2019 to July 1, 2019. Ms. Khamseh updated the PAC on anticipated additional Proposition 56 (Tobacco tax) funds and also mentioned that Medicare has begun to issue the new Medicare identification cards, which removes the member's social security number and replaces it with a new identification number.

Chief Financial Officer Update
Nancy Huang, Controller, presented the February 2018 financial report, and summarized CalOptima's financial performance and current reserve levels. Ms. Huang also provided a 2018-19 budget briefing and noted that the final budget would be presented to the Board at the June 7, 2018 meeting for their approval.

Network Operations Update
Michelle Laughlin, Executive Director, Network Operations, introduced Jennifer Bamberg as the new Director of Provider Relations. Ms. Laughlin shared the new Medicaid enrollment flier that has been developed and will be sent to all providers who are not registered in the State's Medi-Cal program. The flier informs providers about the new rule imposed by the Centers for Medicare & Medicaid Services (CMS) that all provider applications must be completed and submitted by the December 31, 2018 deadline to CMS. Ms. Laughlin also discussed the CCS transition to CalOptima. It was noted that discussions continue with the State concerning rates. It is anticipated that additional information will be provided at the May 10, 2018 PAC meeting.

INFORMATION ITEMS

Strategic Plan Update
Michael Schrader, Chief Executive Officer, presented an update on CalOptima's 2017-2019 Strategic Plan. There was much discussion centered on the Intergovernmental Transfer (IGT) funds and the programs attributed to the various IGTs, in particular, IGTs 5, 6 and 7. Mr. Schrader reported that a Request for Information (RFI) would be sent out with the next week or two to identify the best use of IGT 5 funds for mental health purposes.

Joint MAC/OCC MAC and PAC Meeting Debrief
This agenda item was moved to the May PAC meeting.

PAC Goals and Objectives
Chair Miranti asked the committee to review the Goals and Objectives for the second quarter and let Staff know if they had any suggested changes.

PAC Member Updates
Chair Miranti noted that the PAC Nominations Ad Hoc Committee would be meeting on April 18, 2018 to review the candidates for the open PAC seats.

ADJOURNMENT
There being no further business before the Committee, Chair Miranti adjourned the meeting at 9:59 a.m.

_____
Cheryl Simmons
Staff to the PAC

CalOptima
A Public Agency

Better. Together.

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.

Provider Advisory Committee
FY 2017 - 2018 Accomplishments

During FY 2017-2018 the Provider Advisory Committee (PAC) of the CalOptima Board of Directors provided input on provider issues to ensure that CalOptima members continue to receive high quality health care services. The following list highlights their accomplishments:

- The PAC Allied Health Representative helped to recruit two new Member Advisory Committee (MAC) members during FY2017-2018 who were approved by the Board. Member also assisted in the recruitment of two more possible representatives, one for Family Whole Child Advisory Committee member and an applicant for MAC. Member assisted with the Member Needs Assessment Survey by being a key informant and allowing CalOptima to use MOMs facility for the focus group meetings. MOMs staff assisted with the recruitment of the members MOMs serves for their participation and feedback.

- PAC members shared the news with their constituencies and professional organizations regarding CalOptima's ranking as California's top-ranked Medi-Cal health plan, according to the National Committee for Quality Assurance's (NCQA's) Medicaid Health Insurance Plan Rankings for 2017–2018.

- One of the three PAC Physician Representatives (Dr. Sweidan) served on the CalOptima's Quality Improvement Committee (QIC): this committee provides overall direction for the continuous improvement process and oversees activities that are consistent with CalOptima's strategic goals and priorities; promotes an interdisciplinary approach to driving continuous improvement and makes certain that adequate resources are committed to the program; supports compliance with regulatory and licensing requirements and accreditation standards related to quality improvement projects, activities and initiatives; also monitors and evaluates the care and services members are provided to promote quality of care.

- PAC LTSS Representative continues to participate in the Long-Term Services and Supports Quality Subcommittee (LTSS QISC). His role is to provide input in CalOptima LTSS Quality Program. This has resulted in improvements to the quality metrics used to measure LTSS providers and the educational programs used to improve knowledge and services at the provider level.

- PAC Health Network Representative shared information with all the health networks at the monthly Health Network Forum. She gathered feedback from them on topics to bring forward for discussion. Topics included: rate discussions, IGT funding, difficult to access providers, transgender services, Prop 56 and Opioid Epidemic.

- All PAC members completed the annual Compliance Training for 2017/18 by the deadline.

- PAC held a total of two joint meetings during the 2017-18. The first meeting was a MAC/PAC meeting and was held on September 14, 2018 and the second meeting was held March 8, 2018 with MAC and OCC MAC. PAC hopes to continue to share feedback with the other advisory committees on a yearly basis.

- 2018 PAC Nomination Ad Hoc subcommittee met on April 18, 2018, to select new PAC members for the four PAC vacancies: Allied Health, Behavioral Health, Health Network, and Nurse Representatives. The ad hoc members presented the slate of candidates to the full PAC on May 10, 2018 with their recommendations.

- PAC members supported the intergovernmental transfer (IGT) projects that are completed or in progress, as well as the proposed recommendations for the use of the remaining IGT funds.

- The PAC Chair submitted and presented the PAC Report at CalOptima's Board of Directors' monthly meetings to provide the Board with input and updates on the PAC's current activities.

- The PAC Chair solicited discussion topics/presentations from other PAC members which led to sharing their expertise about programs we were not aware of. The Chair monitored and documented the quarterly PAC Goals and Objectives. As Chair she spent on average three hours a month working with staff to the PAC to formalize the agenda and review and edit PAC's Report to the Board. The Chair worked with CalOptima staff to review the Member Needs Assessment report. As the Chair, she discussed issues with other committee members to ensure their concerns were addressed at a PAC meeting.

- PAC members attendance equals on average over 82% of members attending each monthly meeting and there are 12 out of 15 members attending each meeting.

- In addition to meeting monthly during FY 2017-18, PAC members have participated in at least five (5) ad hoc subcommittees and dedicated approximately 403 hours or the equivalent of 50 business days. This does not account for the time spent preparing for meetings, reviewing reports, participating in their professional associations and communicating with CalOptima staff and their respective constituencies.

- Once again, the PAC appreciates and thanks the CalOptima Board for the opportunity to present input and updates on the PAC's activities during the monthly Board Meetings. In addition, the PAC welcomes direction or assignment from the Board on any issues or items requiring study, research, and input.

M E M O R A N D U M

DATE:	May 3, 2018
TO:	CalOptima Board of Directors
FROM:	Michael Schrader, CEO
SUBJECT:	CEO Report
COPY:	Suzanne Turf, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee

Program of All-Inclusive Care for the Elderly (PACE) Expansion Now Operational
Months in the making, the expansion of CalOptima PACE has officially begun. In April, the first PACE participant began receiving regular services at Acacia Adult Day Services, the first of five Alternative Care Setting sites that will be brought on as CalOptima PACE enhances its reach and capacity. Further, this month, PACE will identify its first community-based physician, with a plan to contract in June and have the physician as part of a care team by July. This flexibility to include doctors other than the PACE physician follows CalOptima's recently approved federal waiver, which allows participants to continue receiving care from the community-based physicians they have known for years. Finally, next up is PACE Service Area Expansion. In July, CalOptima PACE can begin serving participants in all Orange County ZIP codes, offering access to comprehensive, coordinated care without limitations because of where eligible participants live. I look forward to providing updates regarding this exciting time in the history of CalOptima PACE.

Centers for Medicare & Medicaid Services (CMS) Conducts Routine PACE Audit
As another sign of CalOptima PACE's maturity, the program underwent its first standard CMS audit in late April. This was the first audit conducted since the conclusion of the CMS three-year trial period, during which time the new program was audited annually with generally positive results. The standard audit protocol measures CalOptima PACE's performance in both clinical and administrative areas. Regulators will provide feedback during an exit conference planned for early May.

Budget for New Fiscal Year Highlights Key Changes, Challenges
As a public agency, CalOptima is focused on prudent use of resources and financial transparency. Those goals were the impetus behind the introduction to the FY 2018–19 CalOptima budget, shared at the April Board meeting. One potentially significant budget issue is the possible change in rates for Medi-Cal Expansion members, bringing them closer to the rates paid for Medi-Cal Classic members. Over the past few months, we have made this possible rate change clear to health networks and providers so they can plan ahead. Also significant is CalOptima's January 2019 integration of California Children's Services as part of the Whole-Child Model. The state is developing a per member per month rate for CCS services, which will be part of CalOptima's budget for next year.

Medical Loss Ratio (MLR) Audit Shows Aggregate Health Network Spending at 91 Percent
To measure medical spending in the Medi-Cal Expansion era, CalOptima is in the process of completing an MLR audit of our contracted health networks. The purpose of the audit is to ensure that an appropriate portion of health networks' capitation payments is used to pay for medical services. Under contract, health networks are obligated to spend 85 percent or more of their capitation revenue on member health expenses. Based on preliminary analysis, the aggregate MLR for all health networks is 91 percent, which is good news showing that networks took less than the maximum of 15 percent for administrative costs and profit. To be abundantly fair with our MLR methodology, CalOptima aggregated results for Medicare and Medi-Cal Classic and Expansion members, since health networks could have margins far smaller than 15 percent for Classic and greater than 15 percent for Expansion. Further, we combined the first three years of Classic and Expansion (2014, 2015 and 2016) since the rates for Expansion have decreased over time. The initial findings show that health networks are appropriately passing dollars along to providers. However, there are a few networks that did have lower than required medical spending. Our compliance team will oversee corrective action so these networks distribute at least 85 percent to the provider community and establish new operating parameters, ensuring the ratio is met both during the audit period and in the future. Going forward, CalOptima plans to conduct MLR audits of the networks on an annual basis.

CalOptima Readies for Another Transition of Behavioral Health Treatment (BHT)
In another vote of confidence about managed care plans' ability to handle behavioral health, the Department of Health Care Services (DHCS) released a timeline for the transition of BHT for children with non-Autism Spectrum Disorders. Responsibility for those services is moving from Regional Centers to Medi-Cal managed care plans, including CalOptima, starting in July 2018. (CalOptima completed a similar transition for the population with Autism Spectrum Disorders about two years ago.) Orange County will follow a phased approach based on birth month. The first group of birthdays (January–April) will transition July 1, and two other birthday groups will move August 1 and September 1. CalOptima is responsible for mailing 60- and 30-day notices to ensure those affected are aware in advance.

CalOptima Providers to Enroll in Medi-Cal Based on New Mega Reg Rule
Based on rules in the federal Mega Reg, DHCS issued an All-Plan Letter late last year stating that all Medi-Cal contracted providers are required to be enrolled with Medi-Cal. Effective January 1, 2018, all non-contracted providers who want to participate with CalOptima must first be enrolled with Medi-Cal, and any contracted providers who are not currently enrolled have until December 31, 2018, to become enrolled or face possible contract termination. CalOptima's policy has always required provider enrollment in Medi-Cal, yet we have made careful exceptions when there was a need for a certain type of provider or specialist. In March, CalOptima notified those who need to enroll, sending approximately 1,200 letters to various providers affiliated with CalOptima Community Network, health networks, behavioral health vendors or ancillary services companies.

Board Ad Hoc Committee Considers Appropriate Timing for Community Grants
CalOptima's Intergovernmental Transfer (IGT) Ad Hoc committee of the Board was reconfigured in April to guide the community grant process for projects in three approved

categories: opioid and other substance overuse, children's mental health, and homeless health. The group is also considering these grants in light of Orange County's highly visible, multifaceted effort to address the homeless crisis in our community. At a recent meeting, the Ad Hoc committee determined that CalOptima needs more time to engage with those working on the homeless issue to better understand the needs of the population and to plan next steps before releasing limited grant dollars. Community organizations that submitted Letters of Interest seeking grants to fund programs and services in the three categories will be informed about changes to the timeline.

CalOptima Maintains Full Calendar of Community Activities
Reflecting dedication to external outreach and engagement, CalOptima participates in a variety of activities, ranging from events, meetings and media appearances, to ensure that stakeholders remain aware of our commitment to Orange County. Here are selected items from April:

- **South County Senior Summit**
  I spoke at the South County Senior Summit when CalOptima was recognized as the event's diamond sponsor. Hosted by Supervisor Lisa Bartlett, the event shares important health information and community resources with seniors. CalOptima had a booth to highlight our PACE program.
- **Whole-Child Model Outreach**
  In our industry-leading effort to raise awareness about the move of California Children's Services to the Whole-Child Model, CalOptima executives overseeing the transition spoke to physicians at three separate events, including a dinner meeting with the Orange County Medical Association's Pediatric Committee and two pediatrician meetings for HealthCare Partners. More outreach to physicians, member advocates and affected families is planned in the coming months.
- **Vietnamese Radio**
  CalOptima's OneCare/OneCare Connect Customer Service Supervisor, Tammy Nguyen, spoke in Vietnamese during an evening interview on VietLink Radio 1480 AM. The 30-minute show covered CalOptima services, local resources at the County Community Service Center and a PACE update.

CalOptima Board of Directors'
Provider Advisory Committee

GOALS AND OBJECTIVES FY 2017-2018

CalOptima Strategic Priority	CalOptima Goals	CalOptima Objectives	PAC Activities	1st Quarter (Jun - Sep 17/18)	2nd Quarter (Oct - Dec 17/18)	Results of PAC Activities for Period
I. Innovation	**Pursue innovative programs and services to optimize member access to care**	**1. Delivery System Innovation -** Utilize pay-for performance, creative partnerships, sponsored initiatives and technology to empower networks and providers to drive innovation and improve member access.	Increase overall outcome of HEDIS metrics for cancer screenings, diabetes care and preventive care by: 1) Obtaining and reviewing quarterly reports from CalOptima Management for HEDIS and CAHPS indicators blinded by Networks and Community Health Centers. 2) PAC membership addressing their contituencies to set establish a goal to improve HEDIS performance metrics. PAC Members to discuss ideas collected from their constituencies to develop a plan to reach the goal. 3) Coordinating data from community and CalOptima using CalOptima's data warehouse. 4) PAC will receive a presentation at the joint MAC/PAC/OCC MAC meeting on March 8, 2018.	PAC received a comparison study of the Community Network and the delegated Health Networks at the **June** meeting. The study included Performance Metrics for Adult & Child Med-Cal Clinical Measures; CAHPS outcomes. PAC received Medi-Cal and OneCare HEDIS 2017 results for 2016 data at the **August** meeting. OneCare Connect baseline results were also presented. Next steps were discussed to implement strategies of low performing results.	PAC received an update at the October 2017 meeting on the Data Collection workgroup that was created to help solve data issues related to the Pay for Value and HEDIS programs.	**The Health Networks and CalOptima created a work group to review data and identify gaps in data.**
		2. Program Integration - Implement programs and services that create an integrated service experience for members, including an integrated physical and behavioral health service model.	1) Monitor access and coordination of behavioral health and medical services through regular updates from CalOptima and Magellan. 2) Continue Whole Person Care Model updates. 3) PAC continued to receive updates at every PAC meeting from CalOptima Executives regarding the transition of the behavioral health services.	1) Regular updates have been presented at all PAC meetings. At the **Sept** joint MAC/PAC meeting Michael Schrader provided us an update on the status to move the administrative services from Magellan to CalOptima effective 1/1/18. 2) WPC update was presented to the PAC at the August meeting. The start date was July 1st.	PAC received an update on the Whole Child Care Model at the October 2017 meeting and a Palliative Care update at the at the November 2017 meeting.	**PAC members will provide feedback to CalOptima staff regarding the transition of behavioral health services for the Medi-Cal members (mild to moderate).**
		3. Program Incubation - Incubate new programs and pursue service approaches to address unmet member needs by sponsoring program pilots addressing areas such as substance abuse, behavioral health services, childhood obesity and complex conditions.	PAC will provide input into IGT funding recommendations prior to board approval.	At the **August** PAC meeting staff presented the status of the IGT the approved IGT funding categories for IGT 6&7. The PAC was also provided a status on IGT funding for 1-5.		**PAC members will solicit feedback from their consituents for potential future IGT projects. Discuss in Q3.**

CalOptima Board of Directors'
Provider Advisory Committee

GOALS AND OBJECTIVES FY 2017-2018

CalOptima Strategic Priority	CalOptima Goals	CalOptima Objectives	PAC Activities	1st Quarter (Jun - Sep 17/18)	2nd Quarter (Oct - Dec 17/18)	Results of PAC Activities for Period
II. Value	Maximize the value of care for members by ensuring quality in a cost effective way	**1. Data Analytics Infrastructure -** Establish robust IT infrastructure and integrated data warehouse to enable predictive modeling, effective performance accountability and data-based decision making.	PAC Members to identify three (3) burdensome administrative pain points to improve efficiencies and work with CalOptima Staff to address these.	1) CalOptima implemented EFT funds transfer for capitation payment for the health networks (Medi-Cal and the Medi-Cal payment for OneCare Connect). Future cap payments for OneCare and OneCare Connect will be implemented. 2) Data exchange processes were simplified from excel file format to XLM. This will allow CalOptima to pull data directly instead of asking the delegated health networks for the same data. 3) Predictive modeling - presentation		**Request Predictive modeling presentation in Q3.**
		2. Pay for Value - Launch pay-for-performance and quality incentive initiatives that encourage provider participation, facilitate accurate encouter data submissions, improved clinical quality and member experience outcomes, and the spread of best practices.	Increase overall outcome of HEDIS metrics for cancer screenings, diabetes care and preventive care by: 1) Obtaining and reviewing quarterly reports from CalOptima Management for HEDIS and CAHPS indicators blinded by Networks and Community Health Centers 2) PAC membership addressing their contituencies to set establish a goal to improve HEDIS performance metrics. PAC Members to discuss ideas collected from their constituencies to develop a plan to reach 3) Coordinating data from community and CalOptima using CalOptima's data warehouse.			**CalOptima will continue to provide reports for discussion by PAC.**
		3. Cost Effectiveness - Implement efficient systems and processes to facilitate better understanding of internal cost drivers, eliminate administrative redundancies, and promote effective and standardized internal practices.	1)Explore ideas to broaden access for hard to find providers. 2) PAC members slated this as an agenda item at the upcoming MAC/PAC/OCC PAC meeting on March 8, 2018.			**Request agenda item in Q4.**

CalOptima Board of Directors'
Provider Advisory Committee

GOALS AND OBJECTIVES FY 2017-2018

CalOptima Strategic Priority	CalOptima Goals	CalOptima Objectives	PAC Activities	1st Quarter (Jun - Sep 17/18)	2nd Quarter (Oct - Dec 17/18)	Results of PAC Activities for Period
III. Partnership and Engagement	**Engage providers and community partners in improving the health status and experience of our members**	**1. Provider Collaboration - Enhance partnerships with networks, physicians and the Provider Advisory Committee to improve service to providers and members, expand access, and advance shared health priorities.**	1) Provide timely input on key issues prior to Board decision. 2) PAC members slated this as an agenda item at the upcoming MAC/PAC/OCC PAC meeting on March 8, 2018.	This issue was identified to be discussed at the joint MAC/PAC September meeting, however we ran out of time. This will be discussed at a future joint meeting or a regular meeting of the PAC.		**CalOptima will continue to provide reports for discussion by PAC.**
		2. Member Engagement - Seek input from the Member Advisory Committee and plan's diverse membership to better understand member needs, and ensure the implementation of services and programs that strengthen member choice and experience and improve health outcomes.	Hold a joint MAC/PAC Meeting once a year to share information if MAC is agreeable.			
		3. Community Partnerships - Establish new organizational partnerships and collaborations to understand, measure and address social determinants of health that lead to health disparities among the plan's vulnerable populations.	Review quarterly reports from CalOptima Management for HEDIS and CAHPS indicators blinded by Networks and Community Health Centers	PAC received Medi-Cal and OneCare HEDIS 2017 results for 2016 data at the August meeting. OneCare Connect baseline results were also presented. Next steps were discussed to implement strategies of low performing results.		**CalOptima will continue to provide reports for discussion by PAC.**

Back to Agenda

CalOptima Board of Directors'
Provider Advisory Committee

GOALS AND OBJECTIVES FY 2017-2018

CalOptima Strategic Priority	CalOptima Goals	CalOptima Objectives	PAC Activities	1st Quarter (Jun - Sep 17/18)	2nd Quarter (Oct - Dec 17/18)	Results of PAC Activities for Period
III. Partnership and Engagement (Cont.)	Engage providers and community partners in improving the health status and experience of our members (Cont.)	4. Shared Advocacy - Utilize provider and community relationships to educate stakeholders about health policy issues impacting the safety-net delivery system and community members, and promote the value of CalOptima to members, providers, and the broader population health of the Orange County Community.	Support Board and CalOptima to proactively respond to ACA, OCC and Cal MediConnect changes. 1) PAC Chair shared information with CAPG/APG in the past.	CalOptima informed members to utilize our associatations (CAPG, HASC etc.) to help develop awareness for the continuation of the SNP, Cal MediConnect and Medi-Cal programs with the State. Discussions should include the Medi-Cal Expansion and Classic rates.		Request agenda item in Q4.
Charge of the Advisory Committees pursuant to Resolution No. 2-14-95:						
1. Provide advice and recommendations to the Board on issues concerning CalOptima as directed by the Board.						
2. Engage in study, research and analysis on issues assigned by the Board or generated by the committees.						
3. Serve as liaisons between interested parties and the Board.						
4. Assist the Board in obtaining public opinion on issues related to CalOptima.						
5. Initiate recommendations on issues of study to the Board for their approval and consideration.						
6. Facilitate community outreach for CalOptima and the CalOptima Board.						