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

THURSDAY, MARCH 12, 2020
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 December 12, 2019 Regular Meeting of the CalOptima Board of Directors’ Provider Advisory Committee

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. MANAGEMENT REPORTS
   A. Chief Executive Officer Update
   B. Chief Operating Officer Update
   C. Chief Medical Officer Update
   D. Chief Financial Officer Update

VI. INFORMATION ITEMS
   A. Coronavirus (COVID-19) Update
   B. Optometry Scope of Practice Expansion
   C. Intergovernmental Transfer (IGT) 9 Update
   D. Whole-Child Model Update
   E. Member Advisory Committee Update
   F. Provider Advisory Committee Member Updates

VII. COMMITTEE MEMBER COMMENTS

VIII. ADJOURNMENT
A Regular Meeting of the CalOptima Board of Directors’ Provider Advisory Committee (PAC) was held on Thursday, February 13, 2020, at the CalOptima offices located at 505 City Parkway West, Orange, California.

**CALL TO ORDER**
John Nishimoto, O.D., PAC Chair, called the meeting to order at 8:04 a.m. Member Pat Patton led the Pledge of Allegiance.

**ESTABLISH QUORUM**

Members Present: John Nishimoto, O.D., Chair; Teri Miranti, Vice Chair; Anjan Batra, M.D.; Tina Bloomer, MHNP; Donald Bruhns; Jena Jensen (8:08 AM); John Kelly, M.D.; Junie Lazo-Pearson, Ph.D.; Craig Myers; Pat Patton, MSN; Jacob Sweidan, M.D.; Loc Tran, PharmD.

Members Absent: All Members present

Others Present: Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Emily Fonda, M.D., Deputy Chief Medical Officer; Gary Crockett, Chief Counsel; Candice Gomez, Executive Director, Program Implementation; Betsy Ha, Executive Director, Quality and Population Health Population Management; Tracy Hitzeman, Executive Director, Clinical Operations; Michelle Laughlin, Executive Director, Network Operations; Edwin Poon, Ph.D., Director, Behavioral Health Services; Cheryl Simmons, Staff to the Advisory Committees; Samantha Fontenot, Program Assistant.

**MINUTES**

Approve the Minutes of the December 12, 2019 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 December 12, 2019 regular meeting.*

*(Motion carried 12-0-0)*
PUBLIC COMMENTS
Michael Weiss, M.D., CHOC Health Alliance regarding agenda item VI.A, Trauma Informed Care and Proposition 56 (Tobacco Tax) Adverse Childhood Experience (ACE) Screening.

REPORTS

Consider Recommendation of Agency-Appointed Representative from Orange County Health Care Agency (OCHCA)
Member Mary Hale notified CalOptima of her resignation from the PAC due to her retirement from the OCHCA in 2018. The OCHCA has named Andrew Inglis, M.D., Director, Behavioral Health as the representative for the OCHCA’s standing seat on PAC. The recommendation will be presented to the Board of Directors for consideration at the March 5, 2020 meeting.

Action: On motion of Member Miranti, seconded and carried, the Committee approved the recommendation to appoint Andrew Inglis, M.D. as the Orange County Health Care Agency Representative (Motion carried 12-0-0)

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Update
Michael Schrader, Chief Executive Officer (CEO), updated the PAC on how CalOptima’s Program of All-Inclusive Care to the Elderly (PACE) has been recognized for successfully increasing access to services by the National PACE Association. CalOptima’s PACE also achieved a “Supernova” distinction and a “Shooting Stars” distinction for growing more than 90% in the fourth quarter of 2019.

Chief Operating Officer Update
Ladan Khamseh, Chief Operating Officer, provided an update on Qualified Medicare Beneficiary (QMB) Program outreach to qualified CalOptima Members.

Deputy Chief Medical Officer Update
Emily Fonda, M.D., Deputy Chief Medical Officer, provided an update on the Coronavirus outbreak and noted that the risk to the public in the Orange County area was considered low even though there was a confirmed case in the County. Dr. Fonda also discussed the need for screening of childhood lead levels and discussed testing for children. Dr. Fonda noted that approximately 10,000 children were diagnosed with elevated lead levels in 2019 and noted that this figure was higher than in previous years. Dr. Fonda also discussed the proposed pharmacy carve out and the CalAIM program and name change.
INFORMATION ITEMS

Trauma Informed Care and Proposition 56 (Tobacco Tax) Adverse Childhood Experience (ACE) Screening
Betsy Ha, Executive Director, Quality and Population Health Management, presented information on a Trauma-Informed Care and Adverse Childhood Experiences (ACE) Screening. Ms. Ha covered topics such as the impact of trauma on health, evidence-based studies of ACEs and the impact to population health and trauma informed care.

Health Homes Update
Tracy Hitzeman, Executive Director, Clinical Operations, provided an update on the Health Homes Program (HHP), which went live on January 1, 2020. Ms. Hitzeman noted that 3,000 CalOptima members are eligible for the first phase of this program, including those meeting criteria who are homeless. Ms. Hitzeman noted that outreach via robo-call began in January and approximately 1247 individuals were reached, with 34 members opting into the program to date.

Behavioral Health Update
Edwin Poon, Ph.D., Director, Behavioral Health Services, presented on CalOptima’s Behavioral Health program and noted that at its May 9, 2019 meeting, the Board of Directors approved transitioning administration of the OneCare and OneCare Connect behavioral health services from Magellan to CalOptima. This transition became effective on January 1, 2020 for members with mild to moderate mental health conditions. Dr. Poon also reviewed the behavioral health benefits that are managed by CalOptima and discussed an internal department restructuring that now manages behavioral health for all CalOptima lines of business effectively.

Intergovernmental Transfer (IGT) 9 Update
Candice Gomez, Executive Director, Program Implementation, provided a verbal update on the Intergovernmental Transfer (IGT) 9 funds that CalOptima is expecting. Ms. Gomez estimated that CalOptima will receive approximately $45 million which will be available to be used for Medi-Cal services. Beginning with IGT 8, the state views IGT funding as part of the capitation CalOptima receives in exchange for providing medically necessary, covered services for Medi-Cal beneficiaries. She noted that four focus areas had been identified for use of these funds, including member access and engagement, quality performance programs, data exchange and support, and other identified priority areas.

Medi-Cal Healthier California for All Update
Ms. Gomez also presented on the CalAIM program that has been renamed Medi-Cal Healthier California for All. Ms. Gomez provided an overview of the goals for this program as well as the Department of Health Care Services’ (DHCS) timeline for this new program, which will be implemented statewide in stages concluding with full integration by January 1, 2026. Ms. Gomez also noted that CalOptima is required to submit a transition plan by July 2020 that addresses how the Whole-Person Care and HHP will move to enhance care management and in lieu of services, effective January 2021.

Back to Agenda
**PAC Member Updates**

Chair Nishimoto requested that CalOptima staff continue to provide Federal and State Legislative reports at PAC meetings. He noted that the materials are included in committee members’ folders and available to members of the public.

Chair Nishimoto also discussed the upcoming PAC recruitment and noted that the four available PAC seats will be: Community Health Centers, Hospital, Physician and Traditional/Safety Net Representatives. Recruitment begins on March 1, 2020 and concludes on March 31, 2020 for these seats. Applications will be available on the CalOptima website beginning on March 1, 2020. He also noted that the PAC continues to recruit for the vacant Allied Health Services Representative seat.

Chair Nishimoto also stated that he would be forming an ad hoc to review the CalOptima 2020-22 Strategic Plan and draft goals and objectives for the PAC. In addition to himself, Chair Nishimoto appointed Vice-Chair Miranti and Member Jensen to serve on the ad hoc. Chair Nishimoto reminded PAC members that a copy of CalOptima’s 2020-22 Strategic Plan is included in the PAC materials for today’s meeting.

**ADJOURNMENT**

Hearing no further business, Chair Nishimoto adjourned the meeting at 10:00 a.m.

Cheryl Simmons  
Staff to the Advisory Committees
MEMORANDUM

DATE: February 25, 2020
TO: CalOptima Board of Directors
FROM: Michael Schrader, CEO
SUBJECT: CEO Report — March 5, 2020, Board of Directors Meeting
COPY: Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee; and Whole-Child Model Family Advisory Committee

Orange County Board of Supervisors Reappoints Steel and Do to CalOptima Board
In January, Supervisor Michelle Steel was elected chairwoman of the Orange County Board of Supervisors, and Supervisor Andrew Do was elected vice chair. On February 11, Chairwoman Steel made her selections for the CalOptima Board of Directors, reappointing herself and Supervisor Do, for a term from January 1, 2020, to December 31, 2020. Supervisor Chafee was also reappointed as the alternate member for the same term. CalOptima looks forward to continuing to work with the supervisors to fulfill our mission to serve CalOptima members.

CalOptima Considering Impact of Coronavirus in Orange County
On February 25, Centers for Disease Control and Prevention leaders announced that the spread of coronavirus in the United States appears inevitable. Given this news, CalOptima will begin collaborating with the Orange County Health Care Agency and other local agencies to ensure the implementation of all necessary protections to safeguard the health of our members and employees. In a related event, state and federal officials were seeking to use the Fairview Developmental Center in Costa Mesa to quarantine individuals who have tested positive, but Costa Mesa filed suit and won a temporary restraining order until March 2, pending a meeting between local officials and state and federal agencies.

Outreach Campaign Aimed at Boosting Children’s Use of Preventive Care
To address state audit findings showing gaps in preventive care for children, the Department of Health Care Services (DHCS) is launching a statewide effort to raise awareness and utilization of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Locally, DHCS will mail a notice to approximately 180,000 CalOptima households with Medi-Cal members under age 21 who have underutilized or not used preventive services to encourage them to access care. The state is also requiring managed care plans to follow up with an outreach call campaign to members within 10 days of the mailing. CalOptima will use an interactive voice response telephone system to reach the identified families. We also informed the health networks regarding this effort, as the intent is to increase requests for primary care services.

Health Networks Meet Medical Loss Ratio (MLR) Requirement for 2018
CalOptima completed the annual MLR audit of our contracted health networks for Calendar Year 2018. Under contract, health networks are required to spend 85 percent or more of their capitation revenue on member health-related expenses. CalOptima aggregates results for OneCare Connect and Medi-Cal Classic and Expansion members to assess compliance. The
results show that all health networks are meeting the MLR requirements for this review period. CalOptima thanks the health networks for their cooperation during the audit and for their commitment to providing quality care to members.

Behavioral Health Integration (BHI) Incentive Program Applications Forwarded to DHCS
DHCS created a Proposition 56-funded BHI Incentive Program and is requiring Medi-Cal managed care plans, including CalOptima, to complete administrative, review and oversight tasks on its behalf. In January, CalOptima received 30 applications for the program and convened a committee of seven internal and four external reviewers to score the applicants based on DHCS selection criteria. The committee completed its work, resulting in 17 applications scoring above DHCS’ 70% requirement and 13 applications receiving insufficient scores or being found ineligible. CalOptima notified all respondents and submitted the 17 successful applications to the state on February 18. The state asked CalOptima to aggregate applicant information in a template document, which is due February 26. The state will make funding decisions by March 18. The 17 applications have requested a total of approximately $18.9 million, although DHCS has not indicated whether it will provide full funding or make adjustments.

U.S. Senators Voice Concerns About Medicaid Fiscal Accountability Rule (MFAR)
In January, CalOptima sent a comment letter to the Centers for Medicare & Medicaid Services (CMS) about MFAR, joining many other California stakeholders in taking issue with the proposal’s financial impact. This month, two U.S. senators added their voices, when Sens. John Cornyn (R-TX) and Mark Warner (D-VA) expressed concerns about MFAR during a hearing on the Department of Health and Human Services (HHS) budget. They urged HHS Secretary Alex Azar to work with states to limit the negative impacts of the proposed rule. Lawmakers and other stakeholders are pressing HHS to modify the rule by delaying or withdrawing the state financing provisions while allowing the transparency requirements to take effect. One significant financial area that the current MFAR proposal would affect is the Managed Care Organization (MCO) tax. Sources say that some lawmakers are exploring a legislative response if the Administration is unwilling to compromise.

State Revises MCO Tax Structure and Resubmits Request for Federal Approval
In late January, CMS denied DHCS’ request to implement the MCO tax for the period of July 1, 2019, to December 31, 2022, which spans multiple state fiscal years. Earlier this month, DHCS submitted an updated request to CMS that included modifications to the MCO tax structure. The MCO tax is considered an important source of revenue for the Medi-Cal program.

Draft Federal Budget Calls for Cuts to Medicare, Medicaid
On February 10, the White House released President Donald Trump’s FY 2021 federal budget request. The proposed budget is $4.8 trillion, with $94.5 billion in funding for HHS, which is a 10% decrease from the current year. Specific to health policy, the Administration is proposing various policies that aim to save approximately $465 billion over 10 years in Medicare and $52 billion in Medicaid. Note that the budget requests are proposals; the initiatives must be considered and approved by Congress. Below are five proposals impacting Medicaid:

- Curtail improper Medicaid payments, including overpayments for ineligible beneficiaries.
- Expand authority through financial penalties to address noncompliance with provider screening, enrollment and revalidation requirements.
Streamline review of Medicaid Section 1115 and 1915(b) waivers and provide states flexibility in designing new programs.

Tighten eligibility requirements to require that Medicaid beneficiaries who are “able-bodied, working-age individuals” find employment, train for work or perform community services as a condition of receiving Medicaid benefits.

Make the nonemergency transportation benefit optional for states.

Key Meetings Ensure CalOptima Remains Engaged, Collaborative in the Community
Below are summaries of selected meetings that reflect CalOptima’s commitment to engage with a wide variety of stakeholders and collaborate on timely health care and policy issues.

**Legislators—Assemblywomen Quirk-Silva and Petrie-Norris:** Assemblywomen Sharon Quirk-Silva, chair of the Assembly Select Committee on Orange County Chronic Homelessness, and Cottie Petrie-Norris, who is also a member of the Select Committee, are convening a small group on February 28 to discuss options to house severely mentally ill, and I was invited to attend. The invitation letter stated that they would like to create a plan to address the needs of this population as soon as possible.

**Hospital Leaders—Hospital Association of Southern California (HASC):** At the request of HASC, I spoke on February 18 to a group of about 20 hospital leaders regarding Medi-Cal Healthier California for All (formerly known as CalAIM). I shared the background regarding the state proposal and several of the likely impacts on CalOptima’s Medi-Cal and OneCare Connect/OneCare programs in Orange County.

**Health Network Partners—CEO Meeting:** On February 11, CalOptima held our quarterly meeting with health network CEOs. Most of the topics were financial. In the quality area, Chief Medical Officer David Ramirez, M.D., addressed the opportunity to earn incentives for Adverse Childhood Experience screenings as well as our Pay for Value program. Chief Financial Officer Nancy Huang covered Medi-Cal updates, including the overpayment adjustment due to statewide errors in eligibility related to deceased members and CalOptima’s FY 2020–21 budget, which may have changes in Whole-Child Model capitation and Medi-Cal Expansion risk adjustment. Medicare topics were the Risk Adjustment Payment System over-submission and the upcoming budget.

**State Officials—Enhanced Care Management (ECM) and In Lieu of Services (ILOS):** Five CalOptima leaders and I attended the February 10 DHCS meeting addressing ECM and ILOS, which are part of the Medi-Cal Healthier California for All proposal. DHCS officials presented an overview of the feedback on ECM and ILOS from the state workgroup and shared templates for the ECM model of care and the transition plan from Whole-Person Care (WPC) and Health Homes Program to ECM and ILOS. There was also a forum specific to Orange County’s situation, whereby the county and plan must navigate a transition from county-run WPC to plan-run ECM. Further, a panel presentation covered lessons learned relevant to ILOS options, such as recuperative care and supportive housing. Overall, the meeting was instructive, but attendees raised concerns about the anticipated rates and the difficulty of creating a transition plan without adequate financial information.

**Association Leaders—California Association of Health Plans (CAHP) State Programs Committee (SPC):** CalOptima hosted the quarterly meeting of CAHP SPC at our offices on February 13. As chair of the committee, I welcomed Charles Bacchi, CEO of CAHP, and the group of about 60 plan representatives from across the state. The agenda included discussions about the draft state budget, legislative activity and Medi-Cal Healthier
California for All. CAHP also shared updates about the Medi-Cal Rx transition, delegated network adequacy certification and the BHI Incentive Program.