



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

**THURSDAY, OCTOBER 14, 2021
8:00 A.M.**

**CALOPTIMA
505 CITY PARKWAY WEST, SUITE 107-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.

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

- 1) Listen to the live audio at +1 (562) 247-8321 - Access Code: 524-279-092 or**
- 2) Participate via Webinar at: <https://attendee.gotowebinar.com/register/2177807497234561805> rather than attending in person. Webinar instructions are provided below.**

I. CALL TO ORDER

Pledge of Allegiance

II. ESTABLISH QUORUM

III. APPROVE MINUTES

- A. [Approve Minutes of the September 9, 2021 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee](#)

IV. PUBLIC COMMENT

At this time, members of the public may address the Provider Advisory Committee on matters not appearing on the agenda, but within the subject matter jurisdiction of the Committee. Speakers will be limited to three (3) minutes.

V. MANAGEMENT REPORTS

- A. [Chief Executive Officer Report](#)
- B. Chief Operating Officer Report
- C. [Chief Medical Officer Report](#)
- D. [Chief Financial Officer Quarterly Report](#)

VI. INFORMATION ITEMS

- A. Homeless Health Update
- B. [Back to School Learning Related Vision Disorders](#)
- C. Medi-Cal Rx Update
- D. [Federal and State Legislative Update](#)
- E. Provider Advisory Committee Member Updates

VII. COMMITTEE MEMBER COMMENTS

VIII. ADJOURNMENT

Webinar Instructions

1. **Please register for the Provider Advisory Committee Meeting on October 14, 2021 at 8:00 a.m. (PDT) at: <https://attendee.gotowebinar.com/register/2177807497234561805>. After registering, you will receive a confirmation email containing a link to join the webinar at the specified time and date.**

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

Before joining, be sure to [check system requirements](#) to avoid any connection issues.

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

TO USE YOUR COMPUTER'S AUDIO:

When the webinar begins, you will be connected to audio using your computer's microphone and speakers (VoIP). A headset is recommended.

--OR--

TO USE YOUR TELEPHONE:

If you prefer to use your phone, you must select "Use Telephone" after joining the webinar and call in using the numbers below.

United States: **+1 (562) 247-8321**

Access Code: **524-279-092**

Audio PIN: Shown after joining the webinar.

MINUTES

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

September 9, 2021

A Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC) was held on September 9, 2021, CalOptima, 505 City Parkway West, Orange, California and via teleconference (Go-to-Webinar) in light of the COVID-19 public health emergency and consistent with Governor Newsom's executive orders EO-N-25-20 and EO-N-29-20, which temporarily relax the teleconferencing requirements of the Brown Act.

CALL TO ORDER

PAC Chair Dr. Lazo-Pearson, called the meeting to order at 8:01 a.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Junie Lazo-Pearson, Ph.D., Chair; John Nishimoto, O.D., Vice Chair; Amin Alpesh, M.D.; Anjan Batra, M.D.; Jennifer Birdsall, Ph.D.; Tina Bloomer, MHNP; Donald Bruhns; Gio Corzo; Jena Jensen; Alexander Rossel; Jacob Sweidan, M.D.; Loc Tran, PharmD.; Christy Ward

Members Absent: Andrew Inglis, M.D.

Others Present: Richard Sanchez, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Gary Crockett, Chief Counsel; Emily Fonda, M.D., Chief Medical Officer; Michelle Laughlin, Executive Director, Network Operations; Mike Herman, Interim Executive Director, Program Implementation; Cheryl Simmons, Staff to the Advisory Committees; Jorge Dominguez, Lead Customer Service Representative, Customer Service; Brenda Nieves Alvarez, Program Assistant, Customer Services

MINUTES

Approve the Minutes of the August 12, 2021 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee

Action: On motion of Member Dr. Amin, seconded and carried, the Committee approved the minutes of the August 12, 2021 regular meeting. (Motion carried 13-0-0; Member Dr. Inglis absent)

PUBLIC COMMENTS

There were no public comments.

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Report

Richard Sanchez, Chief Executive Officer, updated the committee on the CalAIM and vaccine initiatives and thanked the CalOptima staff for their hard work in these endeavors. He referred the members to his CEO Report that was included in their meeting materials for more information.

Chief Operating Officer Report

Ladan Khamseh, Chief Operating Officer, provided an update on Qualified Medical Beneficiary outreach and noted that over 1,500 members had been identified who could possibly qualify to receive Medicare Part A and B. She also noted that a notification mailing would be sent to approximately 1,000 members in November with follow up phone outreaches afterwards. Ms. Khamseh also discussed how CalOptima is finalizing the submission of further documentation in response to the Centers for Medicare and Medicaid Services (CMS) requests as part of the audit. It is expected that CMS will provide a draft final report in October and CalOptima will have 10 days to respond to any concerns raised. Subsequent to that CMS will issue their final report.

Chief Medical Officer Report

Emily Fonda, M.D., Chief Medical Officer, provided a comprehensive COVID-19 update and updated the PAC on the vaccine status in Orange County and distribution of the vaccine gift cards for CalOptima members.

INFORMATION ITEMS

California Advancing and Innovating Medi-Cal (CalAIM) Update

Mike Herman, Interim Executive Director, Program Implementation, presented an update on the CalAIM program noting that the program was scheduled to start on January 1, 2022 with rollout to a certain population of Medi-Cal members. Mr. Herman reviewed the timeline for the program's full implementation and detailed what will happen each month leading up to January 1, 2022.

Did Telehealth After the COVID Pandemic Equate to Increased Efficiency and Patient Satisfaction?

Anjan Batra, MD, MBA, Director of Electrophysiology, CHOC, Professor of Pediatrics, UC Irvine, and Physician Representative on the PAC, presented on how telehealth during the COVID Pandemic has increased efficiency and patient satisfaction. Dr. Batra noted that the consensus was that telehealth equated to increased efficiency and improved patient satisfaction, that telehealth was here to stay and providers should continue to improve these platforms that make it more convenient for the patients to receive health care.

OneCare Connect Transition

Ravina Hui, Director, Program Implementation updated the PAC on the Centers for Medicare and Medicaid Services (CMS) transition of the Cal MediConnect program, currently known as CalOptima's OneCare Connect program. She noted that the program would conclude on

December 31, 2022. Ms. Hui also noted that existing OneCare Connect members would have the option of being moved to CalOptima's OneCare program for 2023.

Community Relations Update

Tiffany Kaaiakamanu, Manager, Community Relations presented on how Community Relations has transitioned their outreach and education efforts in the community during the COVID-19 pandemic. She noted that approximately 41 community events/resource fairs had to be cancelled or postponed between March and May 2020. She also noted that since March 2020, the Community Relations Department had been following local, state and federal guidelines to slow the spread of COVID. Ms. Kaaiakamanu noted that Community Relations continued to support the community by attending virtual meetings on a regular basis, provided CalOptima Medi-Cal presentations and hosted virtual events for community partners and their staff, such as the Community Alliances Forum, Cafecito's and the Virtual Resource Fair.

PAC Member Updates

Chair Dr. Lazo-Pearson reminded the members that there was still a Physician Representative opening to fulfill an existing term through June 30, 2022. Dr. Lazo-Pearson also reminded the members that they should have received their email on how to access the yearly compliance courses and noted that they would be due in early November. She asked the members to reach out to Cheryl Simmons should they have difficulty accessing their courses.

ADJOURNMENT

Chair Dr. Lazo-Pearson reminded the PAC that the next meeting would be on October 14, 2021 at 8 a.m. Hearing no further business, Dr. Lazo-Pearson adjourned the meeting at 9:37 a.m.

/s/ Cheryl Simmons

Cheryl Simmons
Staff to the Advisory Committees

Approved: October 14, 2021

MEMORANDUM

DATE: September 29, 2021

TO: CalOptima Board of Directors

FROM: Richard Sanchez, Chief Executive Officer

SUBJECT: CEO Report — October 7, 2021, Board of Directors Meeting

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

a. National Committee of Quality Assurance (NCQA) Rates CalOptima Among Top Plans

On September 15, the NCQA released its Medicaid health plan ratings for the first time since the beginning of the pandemic. CalOptima was named one of the top-rated Medi-Cal health plans in California — for the seventh year in a row — receiving a rating of 4 out of 5 for services delivered in 2020. Only 16 Medicaid plans of the 185 reviewed nationwide scored higher, and no other Medi-Cal plan in California earned higher than 4 out of 5. Thank you to your Board for the guidance that supports CalOptima’s consistently outstanding quality performance. The agency has shared the great news with employees, providers, stakeholders and the public.

b. Medical Audit of CalOptima Medi-Cal Planned for January

CalOptima received notice that the Department of Health Care Services (DHCS) will conduct a medical audit of the Medi-Cal plan virtually January 24–February 4, 2022. Staff expects the formal audit document request on October 8. It is estimated that the review period will be from February 1, 2020–December 31, 2021. Preparations are already underway, and a COBAR at the October Board meeting will recommend engaging a consulting firm for audit support.

c. California Advancing and Innovating Medi-Cal (CalAIM) Stakeholder Meeting Welcomes Input in Preparation for Launch in 2022

On September 22, 44 participants attended CalOptima’s CalAIM event for stakeholders, including health networks, Whole Person Care providers, Orange County Health Care Agency, OC Housing, hospital representatives and community-based organizations. The event included an overview presentation by CalOptima staff and breakout sessions to review the proposed workflows for the two new benefits: Enhanced Care Management and Community Supports (formerly known as In Lieu of Services). The general themes from each session were:

- Having a common system to coordinate members care and share data
- Making enhancements to the referral forms and authorization timing and process
- Training providers on the new workflows
- Collaborating to avoid duplication of services
- Exploring future community support services

Attendees expressed that the event was productive and agreed to meet on a regular basis to continue collaborating on transition readiness and beyond. CalOptima’s Program Implementation team will schedule a series of meetings and lead those future discussions.

d. CalOptima Making Progress on Vaccination Efforts, Joins State Incentive Program

CalOptima enters the fall season with increasing rates of vaccinated members and will be working to grow the number even more through the state incentive program. Below are updates in several areas of pandemic response:

- *Vaccination Rates:* As of September 28, CalOptima has 409,008 vaccinated members, which is 62% of members age 16 and older and 61% of members age 12 and older.
- *DHCS Vaccine Incentive Program (VIP):* On September 9, DHCS approved CalOptima's proposed VIP plan, and staff has begun working on implementation. To that end, your October Board meeting will include a COBAR requesting budget support for the upfront costs to implement the VIP, with state incentive dollars to be awarded at a later date after CalOptima meets milestones.
- *Member Texting Program:* CalOptima's successful member texting program has received recognition by fellow health plans and was discussed as a best practice during a "Reimagining Health Engagement" conference presented by mPulse, the texting vendor. CalOptima Director of Population Health Management Pshyra Jones spoke on September 30 about the contribution of the texting program to CalOptima's high member vaccination rates.
- *Booster Vaccine:* On September 22, the U.S. Food and Drug Administration authorized a Pfizer-BioNTech COVID-19 single booster dose for those over the age of 65 and high-risk individuals. CalOptima is working on a plan to reach eligible members with information about obtaining a booster shot.

e. CalFresh Collaboration Moves Forward With Data Sharing Approval

As part of efforts to address Social Determinants of Health, CalOptima has been meeting regularly with the Orange County Social Services Agency (SSA) to discuss CalOptima member enrollment in CalFresh. During a September 20 meeting, SSA staff were pleased to announce that DHCS recently approved SSA's request to share data with CalOptima regarding members likely eligible for but not yet enrolled in CalFresh. SSA is finalizing household and member-specific data that CalOptima staff will use to develop a targeted engagement strategy. In addition, SSA will be providing two in-service presentations about CalFresh in the next few months that will be open to CalOptima staff and community stakeholders.

f. Federally Qualified Health Centers (FQHCs) Legislation Blocked

On June 3, your Board approved CalOptima's formal support of Senate Bill (SB) 316, which would have allowed FQHCs to be reimbursed for two separate visits providing physical health and behavioral health services to the same person on the same day. DHCS announced its opposition to the bill on August 12, citing significant cost increases, current reimbursement options, and its ongoing efforts to establish an alternative payment methodology for FQHCs. This resulted in the bill's inability to pass the State Assembly before the end of the 2021 legislation session. Staff will continue to monitor SB 316 in the event it is amended and reconsidered in 2022.

g. CalOptima Promotes National Program of All-Inclusive Care for the Elderly (PACE) Month in September

CalOptima PACE celebrated National PACE Awareness Month throughout September, offering tours to elected officials and posting special website and social media content. California Assemblywoman Cottie Petrie-Norris and Alexander Kim, her district director, toured

CalOptima PACE and met with me, PACE Director Monica Macias and Government Affairs Manager Jackie Mark. Ms. Macias provided an update about PACE operations during the pandemic, including the extensive telehealth services that have been deployed for participants. Assemblywoman Sharon Quirk-Silva joined CalOptima's Go Purple for PACE campaign on her social media sites, posting a picture of herself wearing purple and sharing a supportive statement about CalOptima PACE. Additionally, CalOptima PACE will be celebrating its eighth anniversary on October 1 with a drive-thru celebration and resource fair for participants.

h. CalOptima Community Alliances Forum (CAF) Focuses on Health Equity

More than 120 guests attended the virtual CAF on September 14, which focused on countywide efforts to address health equity. Speakers included Marie Jeannis, CalOptima Executive Director, Quality & Population Health Management; Hieu Nguyen, Director of Population Health & Equity, Orange County Health Care Agency; José Pérez, Community Services Superintendent, City of Anaheim; and Larry Wanger, Executive Director, The Dayle McIntosh Center. Ms. Jeannis highlighted CalOptima's latest health equity-related activities, including:

- Improving COVID-19 vaccine access for homebound members
- Coordinating WIC and diaper bank services for Bright Steps participants
- Collaborating with SSA to improve CalFresh benefits awareness
- Improving access to mammography for Korean and Chinese members
- Developing a produce delivery service for members with poorly controlled diabetes

i. CalOptima Joins Social Determinants of Health (SDOH) Learning Collaborative

Starting this fall, CalOptima is part of a 20-week SDOH learning collaborative hosted by the Association for Community Affiliated Plans. CalOptima staff from Customer Service, Population Health Management and Strategic Development are participating. The collaborative will provide opportunities to engage with experts and member plans about best practices and lessons learned.

j. Student Behavioral Health (BH) Incentive Program Workgroup Formed

CalOptima's BH Integration department is participating in a Student BH Incentive Program Workgroup facilitated by DHCS. With input from managed care plans, schools and county BH representatives, this new workgroup will meet throughout the fall to support development of the BH Incentive Program design. To boost local collaboration, CalOptima BH staff met last month with the Orange County Department of Education (OCDE) to discuss the incentive program. Further, staff are analyzing data to identify CalOptima membership among school districts and plans to share that information with OCDE.

k. Media Coverage Highlights CalOptima Efforts in CalAIM, Homeless Health

CalOptima was mentioned and quoted in two recent articles covering CalAIM and homeless health. On September 7, a Kaiser Health News reporter published an article that addressed CalAIM policy and implementation. The piece featured interviews and information from Medi-Cal managed care plans from across the state. Read the piece in [California Healthline](#) or the [Los Angeles Times](#). On September 17, the [Orange County Register](#) ran an article about a new provider and new legislation in the homeless services area. Positive data from CalOptima's Homeless Response Team and Clinical Field Teams was shared, showing improvements in ER visits, hospitalization, specialty visits and primary care for members experiencing homelessness.



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COVID-19 Update

Member Advisory Committee and Provider Advisory Committee
October 14, 2021

Emily Fonda MD MMM CHCQM
Chief Medical Officer

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Latest Data as of 10/8/21

Membership and COVID-19 Case



- CalOptima has **861,549** members (678,458 age 12 and older)
- **5.2%** members tested positive for COVID-19 (0.2% expired)

COVID-19 Vaccination



- **412,769** members are vaccinated
- **381,215** members are eligible for incentives
- **62%** members 16 years and older received at least one dose of vaccine
- **61%** members 12 years and older received at least one dose of vaccine

Vaccine Incentives



- More than **203,233** gift cards processed for general members
- **1,649** gift cards distributed to members experiencing homelessness

Covid Case Source: CalOptima Claims & Encounters

Vaccine Source: CalOptima Claims & Encounters, CAIR2, CAIRs, CMS, DHCS, HN Submissions

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Latest Data as of 10/8/21 (cont.)

Whole-Child Model



- Vaccination rate: **~58%**

Age 65 and Older



- Overall vaccination rate: **~77%**
- LTC members vaccination rate: **~97%**
- PACE participants vaccination rate: **~99%**

By Cities



- Vaccination rates highest in Irvine, Garden Grove and Westminster: **~66-72%**

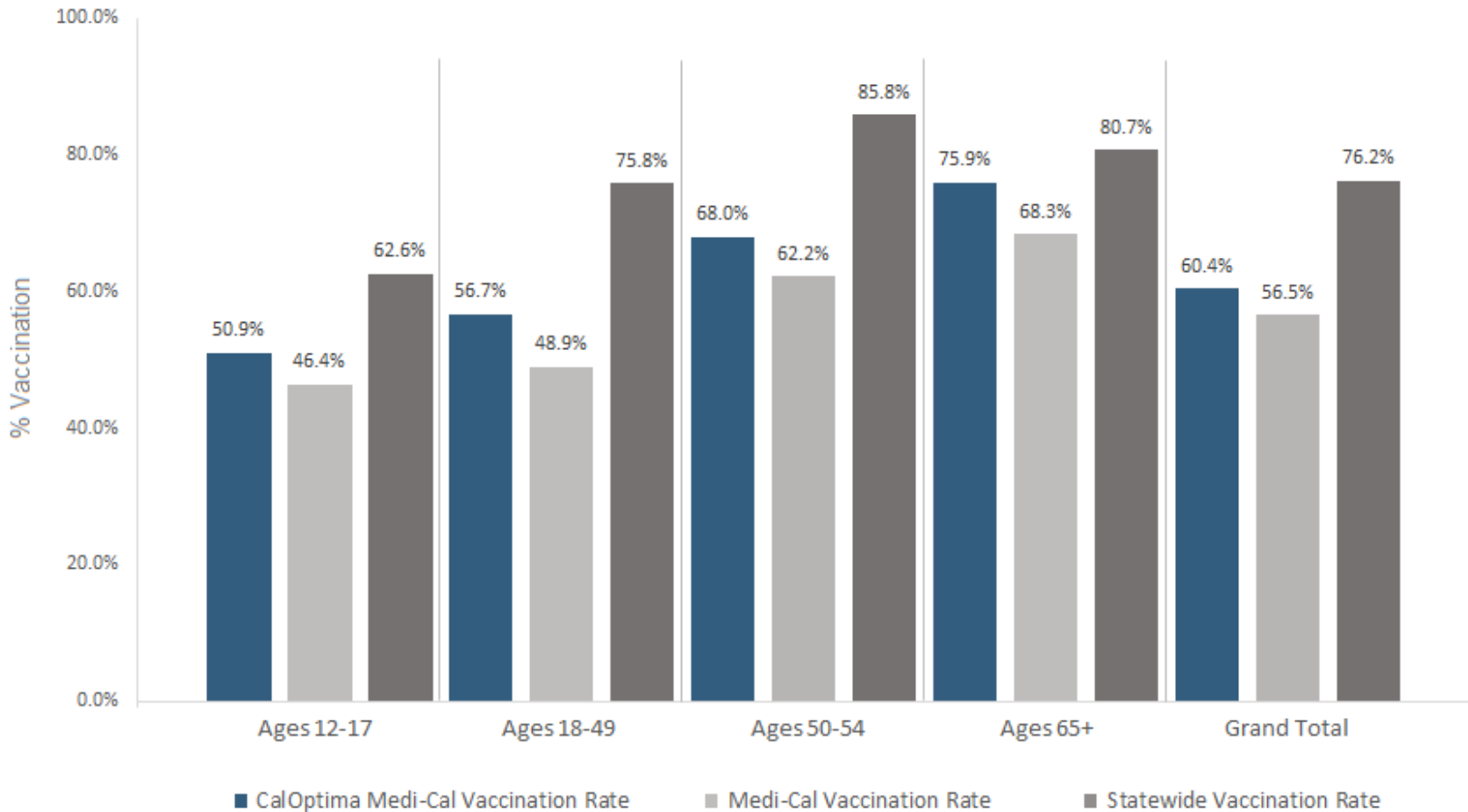
By Ethnicity



- Highest: Asian population **79%** vaccinated
- Lowest: Black population **44%** vaccinated

Vaccination Rates Comparison*

Vaccination Rate Comparison



*DHCS data as of 9/19/21; CalOptima data as of 10/18/21

DHCS Vaccine Incentive Plan

- On August 13, 2021, DHCS released All Plan Letter 21-010: Medi-Cal COVID-19 Vaccination Incentive Program
 - Allocation of up to \$350 million to incentivize COVID-19 vaccination efforts for service period of September 1, 2021, through February 28, 2022
- Members are eligible if not fully vaccinated against COVID-19
 - Members ages 12 years and older
 - Focus Populations:
 - Homebound and unable to travel to vaccination sites
 - 50-64 years of age with multiple chronic diseases
 - Self-identify as persons of color
 - Youths ages 12-25 years

DHCS Vaccine Incentive Plan (cont.)

- CalOptima developed a Vaccine Response Plan and submitted to DHCS on September 1, 2021
- Received DHCS approval on September 9, 2021
- Implemented Vaccination Response Plan:
 - Data analysis to identify members in populations of focus
 - Leveraging current vaccination strategies to support member outreach, address vaccine hesitancy and increase access (texting, social media, member education, trusted messenger and vaccine events)
 - Collaboration with county, health networks, providers, community partners and CBOs
 - Establishing DHCS monthly reporting

Most Recent Vaccine Events



August 28 On-site Vaccine Event

- 245 individuals vaccinated
- 146 gift cards distributed
- Total: **5,318** individuals vaccinated, and **2,486** gift cards distributed through these events



9/11/21 Back-to-School Immunization Event

- Collaborated with Boys & Girls Clubs of Garden Grove, CHOC, Health Smiles and Families Together of Orange County
- Provided routine vaccines, COVID-19 vaccine, health screenings, groceries, giveaways and haircuts

Our Mission

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



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Finance Update

Provider Advisory Committee Meeting
October 14, 2021

Nancy Huang, Chief Financial Officer

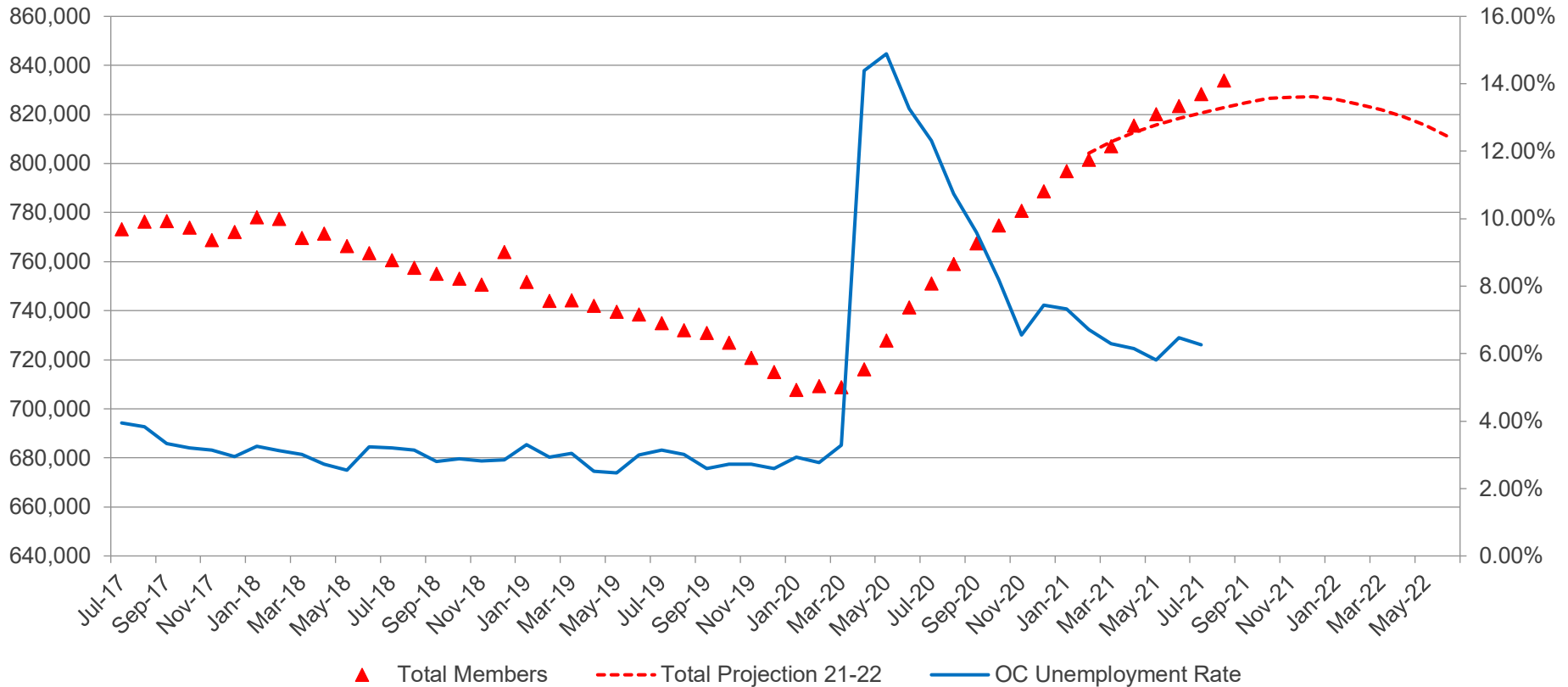
Overview

- Fiscal Year (FY) 2021-22 Enrollment Trend Analysis
 - Actual vs. budget by lines of business
- CalOptima's Financial Support Addresses Ongoing COVID-19 Pandemic
 - Member and nursing homes
 - Networks and providers
- Upcoming DHCS Incentive Programs
 - CalAIM Performance Incentive
 - Student Behavioral Health Incentive

Fiscal Year (FY) 2021-22 Enrollment Trend Analysis

FY 2021-22 Enrollment Trend: Medi-Cal

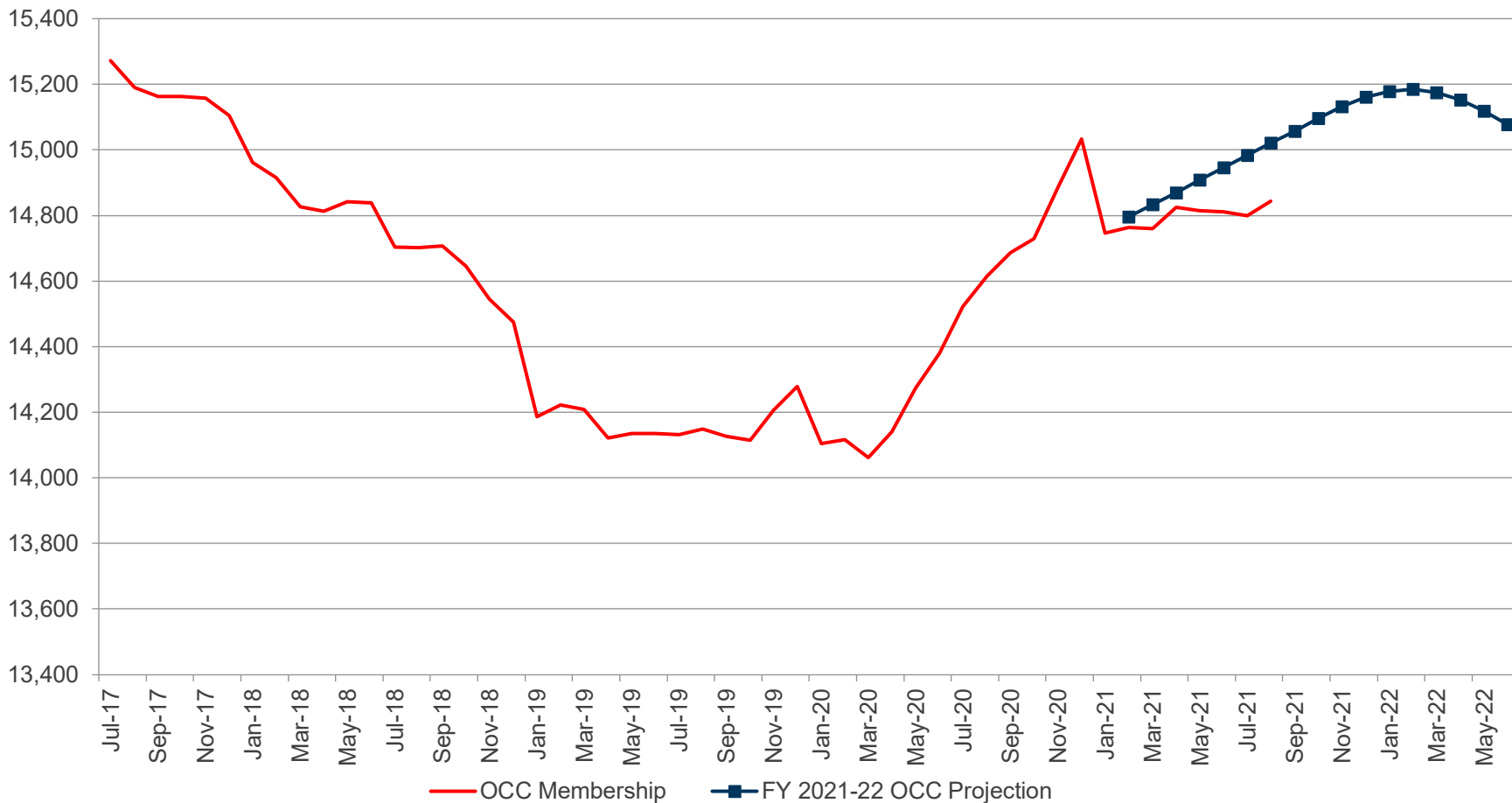
Medi-Cal Enrollment Trend vs. Orange County Unemployment Rate



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FY 2021-22 Enrollment Trend: OneCare Connect (OCC)

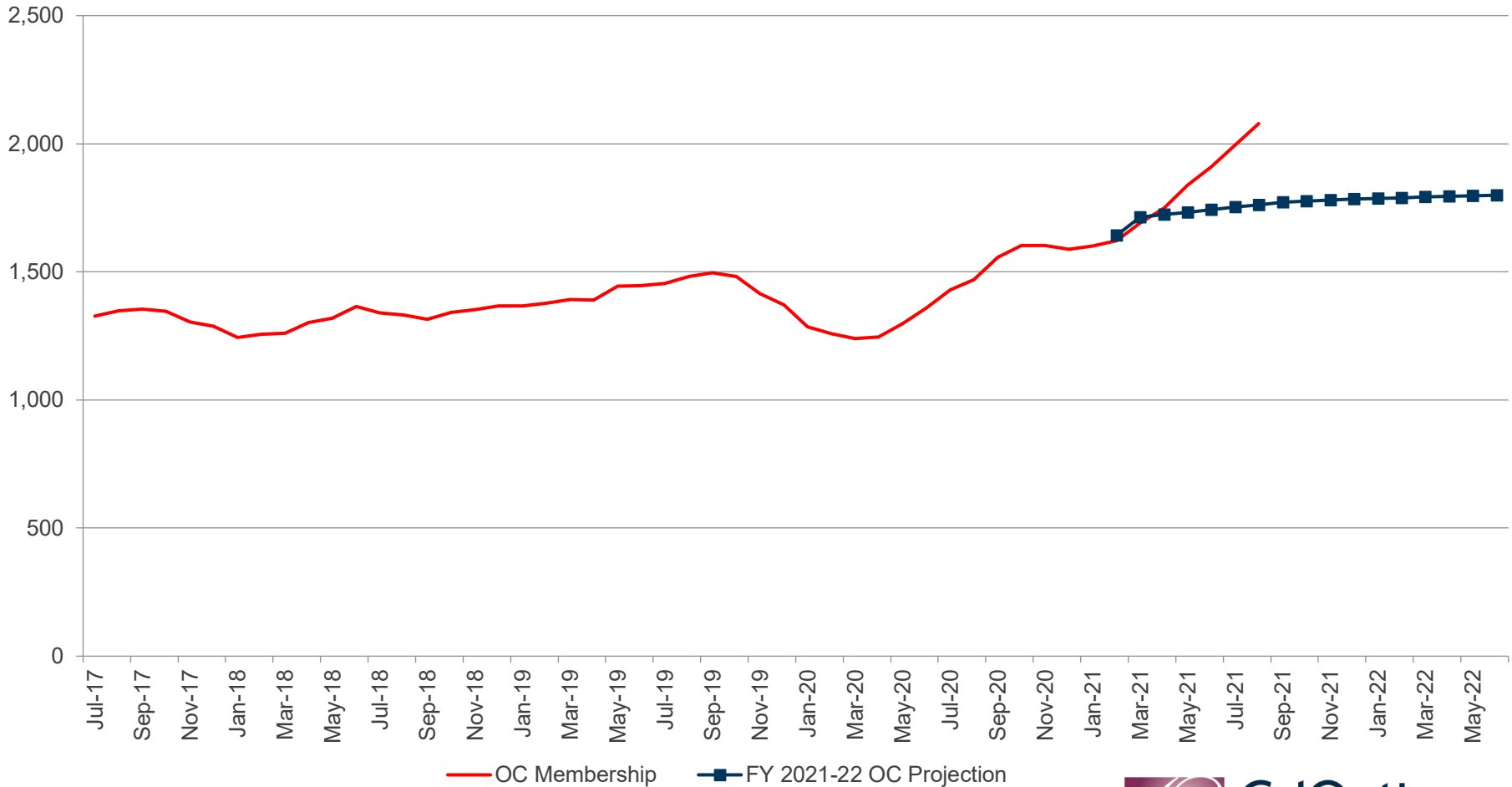
Actual vs. Budget



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FY 2021-22 Enrollment Trend: OneCare (OC)

Actual vs. Budget

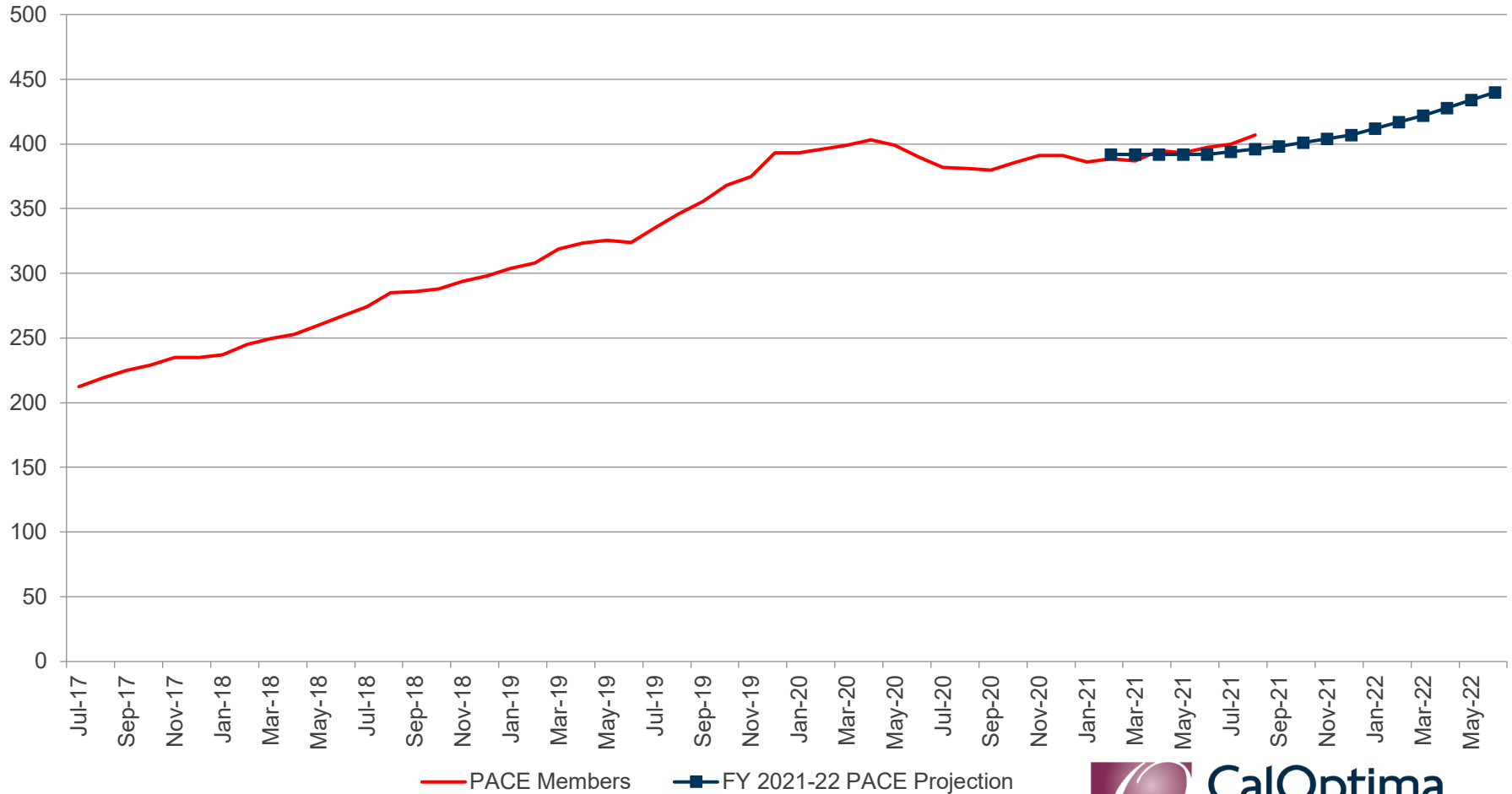


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FY 2021-22 Enrollment Trend: PACE

Actual vs. Budget



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CalOptima's Financial Support Addresses Ongoing COVID-19 Pandemic

CalOptima's Financial Support During Ongoing Pandemic: Purpose

- Preserve the viability of CalOptima's healthcare delivery system
- Strengthen access to care while addressing higher utilization levels in certain service categories, including COVID-19 related testing and treatment
- Promote COVID-19 vaccine uptake

CalOptima's Financial Support During Ongoing Pandemic: Member and Nursing Homes

- Member vaccine incentive program
 - \$35M: COVID-19 Vaccination Member Incentive Program to promote vaccine uptake
 - \$400K: Vaccination Intervention and Incentive Strategy for members experiencing homelessness
- Nursing homes
 - \$1.2M: Infection Prevention Program expansion
 - SNF rate increases
 - Implemented State 10% LTC rate increase

CalOptima's Financial Support During Ongoing Pandemic: Networks and Providers

- FY 2019-20
 - Dates of service: 4/1/20 – 6/30/20
 - Increased funding to Health networks
- FY 2020-21
 - Dates of service: 1/1/21 – 6/30/21
 - Increased funding to Health networks and fee-for-service contracted providers
- FY 2021-22
 - Dates of service: 9/1/21 – 12/31/21
 - Increased funding to Health networks and fee-for-service contracted providers

Upcoming DHCS Incentive Programs

CalAIM Performance Incentive Program: Background

- Enhanced Care Management (ECM) and Community Supports (ILOS) to launch 1/1/22
- New services requires significant new investments in care management capabilities, Community Supports infrastructure, information technology and data exchange, workforce capacity
- Performance Incentive Program
 - Designed to promote provider participation and build capacity
 - State Budget allocated:
 - 1/1/22 – 6/30/22: \$300M
 - FY 2022-23: \$600M
 - FY 2023-24: \$600M
 - Funding phased out in FY 2024-25
 - DHCS will incorporate behavioral and physical health integration and health disparities reduction measures within specified priority areas

CalAIM Performance Incentive Program: Program Year 1

- 9/28/21: DHCS informed CalOptima the maximum potential incentive dollars CalOptima can earn for PY 1 (Calendar Year 2022) is approximately \$45M
- DHCS will provide CalOptima the “Gap Assessment and Gap-Filling Plan” template
 - Submission of completed template due Fall 2021
 - 50% of available dollars will be linked to Gap-Filling Plan (January 2022)
 - 50% of available dollars will be linked to achievement of Gap-Filling Plan targets (December 2022)

Student Behavioral Health Incentive Program

- DHCS goal:
 - Increase number of K-12 students receiving preventive and early intervention behavioral health services
- State budget allocate:
 - \$400M Total Fund (\$200M General Fund) over 3-year period
 - Proposed effective date: 1/1/22
 - Program details: TBD

Our Mission

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

Back-to-School: Learning-Related Vision Conditions

PRESENTED BY: JILLIAN YOUNGERMAN, OD

ASSISTANT PROFESSOR

PEDIATRIC VISION SERVICES & STUDDT CENTER FOR
VISION THERAPY



**Marshall B.
KETCHUM UNIVERSITY**

Southern California College of Optometry

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Facts About Vision & Learning



80% OF LEARNING IS VISUAL.



20% OF STUDENTS HAVE A VISION PROBLEM THAT CAN BE IDENTIFIED BY A SCREENING.



NEARLY 1 IN 4 TEENS IN NEED OF GLASSES HAS INADEQUATE CORRECTION.

What Visual Skills do Children Need to Learn Effectively?

- Visual Clarity (“20/20 Vision”)

E	1	20/200	0.1
F P	2	20/100	0.2
T O Z	3	20/70	0.3
L P E D	4	20/50	0.4
P E C F D	5	20/40	0.5
E D F C Z P	6	20/30	0.7
F E L O P Z D	7	20/25	0.8
D E F P O T E C	8	20/20	1.0
L E F O D P C T	9	20/15	1.3
F D P L T C E O	10	20/12	1.7
P E Z O L C F T D	11	20/10	2.0

"File:Sample Snellen chart.jpg" by Khex14 is licensed under CC BY-SA 3.0

What Visual Skills do Children Need to Learn Effectively?

- Visual Clarity (“20/20 Vision”)
- Eye Movement Control
- Eye Teaming
- Saccades
- Pursuits
- Convergence
- Accommodative Flexibility
- Accommodative Stamina
- Visual Memory
- Visual Discrimination
- Peripheral Vision
- Depth Perception
- Color Perception
- Gross Visual Motor
- Fine Visual Motor
- Visual Awareness
- Visual Integration

What Visual Skills do Children Need to Learn Effectively?

- Visual Clarity (“20/20 Vision”)
- Eye Movement Control
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- Visual Memory
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- Peripheral Vision
- Depth Perception
- Color Perception
- Gross Visual Motor
- Fine Visual Motor
- Visual Awareness
- Visual Integration

Checked during a vision screening.

Checked during a comprehensive eye examination.

Checked during a Binocular Vision/Visual

Perceptual Evaluation.

Conditions that affect Vision and Learning

- Refractive Error
 - Nearsightedness
 - Farsightedness
 - Astigmatism
- Amblyopia
- Strabismus
- Binocular Vision Conditions
- Eye Tracking Conditions
- Visual Perceptual Dysfunctions
- Ocular Health Conditions
 - Dry Eye Syndrome
 - Congenital Cataracts
 - Retinal Conditions
 - Eye Injuries



Refractive Error: Myopia

- Nearsightedness. A child sees well up close but does not see well at far.
- Often detected in a vision screening or eye exam.
- Fully correctable with glasses or contacts.



"myopia" by haglundc is licensed under CC BY-NC 2.0

Refractive Error: Hyperopia

- Farsightedness. A child may see well at distance but may struggle more with near work.
- Can be missed during a vision screening.
- Fully correctable with glasses or contacts.



"Farsighted" by kevinspencer is licensed under CC BY-NC 2.0

Refractive Error: Astigmatism

- Can affect a child's near and distance vision.
- Child may complain of blur, "seeing two," or distortion.
- A child may have hyperopia/myopia AND astigmatism.
- Fully correctable with glasses or contacts.



"Astigmatism" by [lokieduc8](#) is licensed under [CC BY 2.0](#)

Amblyopia

- Vision reduction in children even with glasses correction.
- Caused by constant blur during critical period of visual development, the brain does not learn how to see 20/20.
- Preventable if condition that causes blur is corrected early in life.
- Can be in one eye or both eyes – child may not realize they have a problem at all.
- Highly treatable, if caught early.



"Eye patch 003: MTG Skull" by schrierc is licensed under CC BY 2.0

Strabismus

- Sometimes referred to as “Lazy Eye”
- Can cause double vision, headaches, or blur.
- Can lead to amblyopia.
- May have no symptoms at all.
- Cosmesis can impact a child's self-confidence.
- Treatable with glasses, surgery, prism lenses, or therapies.



"Screening Children for Strabismus" by Orbis UK is licensed under [CC BY-NC-ND 2.0](#)

Binocular Vision Conditions

- Convergence Insufficiency: Difficulty getting both eyes aligned when looking up close and/or doing near work.
- Can lead to symptoms such as double vision, blur, eye fatigue, and headaches while reading or doing near work.
- Not a highly “visible” condition, parents or teachers may not notice that child has difficulties with near work.
- Not usually treatable with glasses.

Children that see like
this might pass a vision
screening and could
potentially see 20/200.

Eye Tracking Conditions

- Difficulty following a moving object, such as a ball.
- Difficulty with accurately moving eyes side-to-side while reading – Saccadic Dysfunction.
- Child may skip or re-read lines on a page, may have difficulty remembering what they've read.
- Not usually treatable with glasses.

**Children that read like
Children that read like
screening and could
potentially see 20/20.**

Visual Perceptual Dysfunctions

- Deficits in how the brain processes visual information.
- Can be deficits in Visual Discrimination, Visual Memory, Visual Figure Ground, Visualization, or Visual Attention.
- These conditions cannot be detected by a vision screening and sometimes cannot be detected by a comprehensive eye examination.
- Not usually treatable with glasses.



"20060824 - Carolyn's CT Scan - CT orbit ear sella WW - image 85 of 143" by Claire CJS is licensed under CC BY-NC-SA 2.0

Visual Perceptual Dysfunctions

- Deficits in how the brain processes visual information.
- Can be deficits in Visual Discrimination, Visual Memory, Visual Figure Ground, Visualization, or Visual Attention



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"Saturday Market - Pasar Sabtu - Find the Pictures" by avlxzyz is licensed under CC BY-NC 2.0

Vision Forecast

- 50% of the world's population is projected to have myopia (nearsightedness) by the year 2050 (according to the World Health Organization).
- Research shows that 2 hours a day of outdoor time can help prevent myopia.



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"Logo of the World Health Organization" by US Mission Geneva is licensed under CC BY-ND 2.0

But What about Vision Screenings?

- Vision Screenings evaluate 4% of what a comprehensive eye examination evaluates.
- 61% of children that are found to have a vision condition during a vision screening do not end up following up with an eye doctor.
- School screenings miss up to 75% of children with vision problems.
- Children with Learning Related Vision Problems may be misdiagnosed as having ADD/ADHD, Dyslexia, or other conditions.



Eye Exam – Recommended Timeline

Infants: 6 months – 12 months

Age 3

Upon starting school

Every 1-2 years after

Why is this so important right now?

- The pandemic increased screentime in children by 2x in ages 4-15 from 05/2019 to 5/2020.
- Internet usage is up 70% in all demographics.
- Less time outdoors is associated with higher rates of nearsightedness.
- More time spend doing near work is associated with more visual symptoms and ocular complications such as dry eye syndrome.
- Healthcare facilities and schools that shut down during the pandemic may have been the only access point for vision care for some children.

Where does CalOptima Come In?

- Patients from low-income families are less likely to have access to vision care, less likely to be diagnosed with sight-threatening conditions, and less likely to be told they need an eye examination.
- Sight-threatening conditions leave patients more likely to end up in poverty.
- Children with Medi-Cal through CalOptima have access to comprehensive eye examinations every 2 years.
- Children with medical eye conditions such as amblyopia or strabismus need medical eye examinations, which may be covered by CalOptima medical coverage.
- Medical eye coverage and timely access to care is a crucial component in effectively preventing or treating conditions that affect learning.

Questions?



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Thank you!

Questions: jyoungergerman@ketchum.edu

2021–22 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4735 Axne S. 2493 Bennet	<p>Provider Relief Fund Deadline Extension Act: Would delay the deadline by which providers must spend any funds received from the Provider Relief Fund — created in response to the COVID-19 pandemic — until the end of 2021 or the end of the COVID-19 public health emergency, whichever occurs later. Funds that are unspent by any deadline must be repaid to the U.S. Department of Health and Human Services (HHS).</p> <p>Potential CalOptima Impact: Increased financial stability for CalOptima’s contracted providers.</p>	07/28/2021 Introduced; referred to committees	CalOptima: Watch
SB 510 Pan	<p>Disease Testing and Vaccination Coverage: Would require a health plan to cover COVID-19 diagnostic and screening testing as well as vaccinations provided by an in-network or out-of-network provider, without cost sharing or prior authorization requirements, during a public health emergency. This bill would also apply these requirements retroactively from the beginning of the COVID-19 public health emergency as well as to any future diseases causing a public health emergency.</p> <p>Potential CalOptima Impact: Reimbursement for all in-network and out-of-network provider claims for testing and vaccinations related to a disease causing a public health emergency.</p>	09/10/2021 Enrolled to the Governor	CalOptima: Watch CAHP: Oppose Unless Amended LHPC: Oppose

BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1914 DeFazio S. 764 Wyden	<p>Crisis Assistance Helping Out On The Streets (CAHOOTS) Act: Would allow State Medicaid programs to provide 24/7 community-based mobile crisis intervention services — under a State Plan Amendment or waiver — for those experiencing a mental health or substance use disorder crisis. Would provide states a 95% Federal Medical Assistance Percentage (FMAP) to cover such services for three years as well as a total of \$25 million in planning grants.</p> <p>Potential CalOptima Impact: Subject to further action by the California Department of Health Care Services (DHCS), increased behavioral health and substance use disorder services to CalOptima’s Medi-Cal members.</p>	03/16/2021 Introduced; referred to committees	08/05/2021 CalOptima: Support



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2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 221 Wiener	<p>Timely Access to Behavioral Health Follow-Up Care: Would codify current timely access standards requiring health plans to ensure that contracted providers and health networks schedule initial appointments within specified time frames of a beneficiary's request. Beginning July 1, 2022, would expand current standards to also require follow-up appointments with a non-physician mental health or substance use disorder provider to be scheduled within 10 business days of a previous appointment related to an ongoing course of treatment — in alignment with the current time frame for the initial appointment.</p> <p><i>Potential CalOptima Impact: Increased monitoring of behavioral health appointments; arrangement and payment of out-of-network coverage when timely access is not ensured; additional contracting with behavioral health providers.</i></p>	09/09/2021 Enrolled to the Governor	CalOptima: Watch

BUDGET^{1,2}

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 128 Ting	<p>Budget Act of 2021: Makes appropriations for the government of the State of California for Fiscal Year (FY) 2021–22. Total spending is \$262.6 billion, of which \$196.4 billion is from the General Fund. Key initiatives related to health care include:</p> <ul style="list-style-type: none"> ■ Behavioral health services for youth ■ California Advancing and Innovating Medi-Cal (CalAIM) ■ COVID-19 response ■ Homelessness ■ Medi-Cal eligibility expansion to adults ages 50 years and older, regardless of immigration status ■ Medi-Cal Rx ■ New and reinstated Medi-Cal covered benefits ■ Telehealth 	07/16/2021 Signed into law	CalOptima: Watch
AB 161 Ting			
AB 164 Ting			
SB 129 Skinner			
AB 133 Committee on Budget	<p>Health Trailer Bill I: Consolidates and enacts certain trailer bill language to implement health-related policies funded by the FY 2021–22 state budget. Key initiatives include:</p> <ul style="list-style-type: none"> ■ Behavioral health services for youth ■ CalAIM ■ Elimination of asset consideration for Medi-Cal eligibility ■ Health information exchange framework ■ Medi-Cal eligibility expansion to adults ages 50 years and older, regardless of immigration status ■ Medi-Cal eligibility extension for postpartum individuals ■ New and reinstated Medi-Cal covered benefits ■ Proposition 56 supplemental payments ■ Telehealth 	07/27/2021 Signed into law	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 171 Committee on Budget and Fiscal Review	<p>Health Trailer Bill II: Would extend current network adequacy requirements for Medi-Cal managed care plans, including time and distance standards, from January 1, 2022, to January 1, 2023. Would also require DHCS to complete an analysis by January 1, 2024, to determine whether there is sufficient network adequacy to add housing support services as a covered Medi-Cal benefit. Finally, would require DHCS to expand Medi-Cal home- and community-based services (HCBS), authorized by CMS under the American Rescue Plan Act of 2021, to include the following new initiatives:</p> <ul style="list-style-type: none"> ■ Housing and Homelessness Incentive Program ■ Community Based Residential Continuum Pilots ■ CalAIM funds for HCBS and homeless providers 	09/09/2021 Enrolled to the Governor	CalOptima: Watch

¹ The potential CalOptima impacts of budget legislation are included in the Analysis of the Enacted Budget that follows the Legislative Tracking Matrix.

² Because the CalAIM initiative was included in budget legislation, separate CalAIM policy bills are no longer required.

COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 56 Biggs	<p>Patient Access to Medical Foods Act: Would expand the federal definition of medical foods to include food prescribed as a therapeutic option when traditional therapies have been exhausted or may cause adverse outcomes. Effective January 1, 2022, medical foods, as defined, would be covered by private health insurance providers and federal public health programs, including Medicare, TRICARE, Children’s Health Insurance Program (CHIP) and Medicaid, as a mandatory benefit.</p> <p><i>Potential CalOptima Impact: New covered benefit for CalOptima’s lines of business.</i></p>	01/04/2021 Introduced; referred to committees	CalOptima: Watch
H.R. 1118 Dingell	<p>Medicare Hearing Aid Coverage Act of 2021: Effective January 1, 2022, would require Medicare Part B coverage of hearing aids and related examinations.</p> <p><i>Potential CalOptima Impact: New covered benefit for CalOptima OneCare, OneCare Connect and Program of All-Inclusive Care for the Elderly (PACE).</i></p>	02/18/2021 Introduced; referred to committees	CalOptima: Watch
AB 342 Gipson	<p>Colorectal Cancer Screenings and Colonoscopies: Effective January 1, 2022, would require health plans to provide no-cost coverage for a colorectal cancer screening recommended by the U.S. Preventive Services Task Force and Medicare. Additionally, when such a test produces a positive result, health plans would be required to provide no-cost coverage for a colonoscopy. Health plans would not be required to comply with these provisions when the service was delivered by an out-of-network provider.</p> <p><i>Potential CalOptima Impact: New Medi-Cal covered benefit.</i></p>	09/10/2021 Enrolled to the Governor	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 48 Limón	<p>Annual Cognitive Health Assessment: Would add annual cognitive health assessments as a covered Medi-Cal benefit for beneficiaries ages 65 or older in order to identify signs of Alzheimer’s disease and dementia. Assessments would not be covered for beneficiaries who already receive similar assessments as part of an annual wellness visit covered by Medicare.</p> <p><i>Potential CalOptima Impact: New Medi-Cal covered benefit.</i></p>	09/09/2021 Enrolled to the Governor	CalOptima: Watch
SB 65 Skinner	<p>California Momnibus Act: No later than April 1, 2022, would require DHCS to convene a workgroup to support implementation of the Medi-Cal doula benefit enacted by the FY 2021–22 state budget. The workgroup, consisting of doulas, providers, health plans, counties and advocates, would focus on ensuring beneficiary access and awareness, adequate doula workforce size and training, and timely payment for services.</p> <p><i>Potential CalOptima Impact: Increased guidance and preparation for covering the doula benefit; increased utilization of doula services by CalOptima Medi-Cal members.</i></p>	09/10/2021 Enrolled to the Governor	CalOptima: Watch
SB 306 Pan	<p>Sexually Transmitted Disease (STD) Home Test Kits: Would require health plans to provide coverage and reimbursement for at-home STD test kits and any associated laboratory fees.</p> <p><i>Potential CalOptima Impact: New Medi-Cal covered benefit.</i></p>	09/10/2021 Enrolled to the Governor	CalOptima: Watch CAHP: Oppose

MEDI-CAL OPERATIONS AND ADMINISTRATION

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1738 Dingell S. 646 Brown	<p>Stabilize Medicaid and CHIP Coverage Act of 2021: Would provide 12 months of continuous eligibility and coverage for any Medicaid or CHIP beneficiary.</p> <p><i>Potential CalOptima Impact: Increased number of CalOptima’s Medi-Cal members.</i></p>	03/10/2021 Introduced; referred to committees	CalOptima: Watch ACAP: Support
AB 361 Rivas	<p>Extension of Brown Act Flexibilities: Effective immediately upon the Governor’s signature, would extend current temporary Brown Act flexibilities — enacted by the Governor in response to the COVID-19 public health emergency — that allow remote participation in meetings of a local public agency. Currently set to expire on September 30, 2021, these flexibilities would instead be permitted during any state of emergency that threatens the health and safety of meeting attendees.</p> <p><i>Potential CalOptima Impact: Continued ability for members of CalOptima’s Board of Directors and advisory committees to participate in meetings by teleconference during the COVID-19 public health emergency.</i></p>	09/10/2021 Enrolled to the Governor	CalOptima: Watch LHPC: Support

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1082 Waldron	<p>California Health Benefits Review Program (CHBRP) Extension: Would extend current authorization for the University of California to administer CHBRP, which provides independent analyses of proposed states legislation regarding new health benefits, from July 1, 2022, until July 1, 2027. To fully fund CHBRP, the bill would also increase the total annual fee charged to health plans and insurers from \$2 million to \$2.2 million, beginning July 1, 2022.</p> <p>Potential CalOptima Impact: Increased annual fee assessed to CalOptima; continued availability of CHBRP analyses.</p>	09/10/2021 Enrolled to the Governor	CalOptima: Watch CAHP: Support In Concept

OLDER ADULT SERVICES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1868 Yarmuth	<p>Extension of Medicare Sequestration Moratorium: Extends the moratorium on automatic, across-the-board 2% spending cuts to Medicare payments. The moratorium, which was set to expire on March 31, 2021, now ends on December 31, 2021.</p> <p>CalOptima Impact: Continued federal capitation payments to CalOptima OneCare, OneCare Connect and PACE.</p>	04/14/2021 Signed into law	CalOptima: Watch
H.R. 4131 Dingell S. 2210 Casey	<p>Better Jobs Better Care Act: Would make permanent the enhanced 10% FMAP for Medicaid HCBS enacted by the American Rescue Plan Act of 2021. Would also provide states with \$100 million in planning grants to develop HCBS infrastructure and workforces. Additionally, would make permanent spousal impoverishment protections for those receiving HCBS.</p> <p>Potential CalOptima Impact: Continuation of current federal funding rate for HCBS; expansion of HCBS opportunities.</p>	06/24/2021 Introduced; referred to committees	CalOptima: Watch NPA: Support
H.R. 4941 Blumenauer	<p>PACE Part D Choice Act of 2021: Would allow a Medicare-only PACE participant to opt out of drug coverage provided by the PACE program and instead enroll in a standalone Medicare Part D prescription drug plan that results in equal or lesser out-of-pocket costs. PACE programs would be required to educate their participants about this option.</p> <p>Potential CalOptima Impact: Increased enrollment into CalOptima PACE by Medicare-only beneficiaries due to decreased out-of-pocket costs.</p>	08/06/2021 Introduced; referred to committees	CalOptima: Watch NPA: Support
S. 1162 Casey	<p>PACE Plus Act: Would increase the number of PACE programs nationally by making it easier for states to adopt PACE as a model of care and providing grants to organizations to start PACE centers or expand existing PACE centers.</p> <p>Would incentivize states to expand the number of seniors and people with disabilities eligible to receive PACE services beyond those deemed to require a nursing home level of care. Would provide states a 90% FMAP to cover the expanded eligibility.</p> <p>Potential CalOptima Impact: Subject to further DHCS authorization, expanded eligibility for CalOptima PACE; additional federal funding to expand the service area of a current PACE center or to establish a new PACE center(s).</p>	04/15/2021 Introduced; referred to committee	CalOptima: Watch CalPACE: Support NPA: Support

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 523 Nazarian	<p>Permanent PACE Flexibilities: Would permanently extend most flexibilities granted to PACE organizations during the COVID-19 public health emergency. This includes flexibilities relating to telehealth services, verbal agreements followed with in-person signatures, Adult Day Health Center home-based services and discharge planning.</p> <p><i>Potential CalOptima Impact: Continuation of most flexibilities adopted by CalOptima PACE during the COVID-19 pandemic.</i></p>	09/09/2021 Enrolled to the Governor	06/03/2021 CalOptima: Support CalPACE: Support/Sponsor

PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 365 Caballero	<p>Medi-Cal Provider Electronic Consultation (E-Consult) Service: Would allow provider-to-provider e-consult services to be reimbursable to all requesting and consulting Medi-Cal providers, including Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) providers. The e-consult may include assessing health records, providing feedback and/or recommending a further course of action.</p> <p><i>Potential CalOptima Impact: Expanded reimbursable service for all Medi-Cal providers and FQHC providers.</i></p>	09/09/2021 Enrolled to the Governor	CalOptima: Watch LHPC: Support

SOCIAL DETERMINANTS OF HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 379 Barragan S. 104 Smith	<p>Improving Social Determinants of Health Act of 2021: Would require the Centers for Disease Control and Prevention (CDC) to establish a social determinants of health (SDOH) program to coordinate activities to improve health outcomes and reduce health inequities. CDC would be required to consider SDOH in all relevant grant awards and other activities, as well as issue new grants of up to \$50 million to health agencies, nonprofit organizations and/or institutions of higher education to address or study SDOH.</p> <p><i>Potential CalOptima Impact: Increased availability of federal grants to address SDOH.</i></p>	01/21/2021 Introduced; referred to committees	CalOptima: Watch
H.R. 943 McBath S. 851 Blumenthal	<p>Social Determinants for Moms Act: Would require HHS to convene a task force to coordinate federal efforts on social determinants of maternal health as well as award grants to address SDOH, eliminate disparities in maternal health and expand access to free childcare during pregnancy-related appointments. Would also extend postpartum eligibility for the Special Supplemental Nutrition Program for Women, Infants, and Children from six months postpartum to two years postpartum.</p> <p><i>Potential CalOptima Impact: Additional federal guidance or requirements as well as increased availability of federal grants to address social factors affecting maternal health.</i></p>	02/08/2021 Introduced; referred to committees	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 2503 Bustos	<p>Social Determinants Accelerator Act of 2021: Would establish the Social Determinants Accelerator Interagency Council to award state and local health agencies up to 25 competitive grants totaling no more than \$25 million, as well as provide technical assistance to improve coordination of medical and non-medical services to a targeted population of high-need Medicaid beneficiaries.</p> <p><i>Potential CalOptima Impact: Increased availability of federal grants to address the SDOH of members with complex needs.</i></p>	<p>07/15/2021 Passed House Energy and Commerce Committee's Subcommittee on Health; referred to full Committee</p>	<p>CalOptima: Watch</p>
H.R. 3894 Blunt Rochester	<p>Collecting and Analyzing Resources Integral and Necessary for Guidance (CARING) for Social Determinants Act of 2021: Would require the Centers for Medicare & Medicaid Services (CMS) to update guidance at least once every three years to help states address SDOH in Medicaid and CHIP programs.</p> <p><i>Potential CalOptima Impact: Increased opportunities for CalOptima to address SDOH.</i></p>	<p>07/21/2021 Passed House Energy and Commerce Committee; referred to House floor</p>	<p>CalOptima: Watch</p>
H.R. 4026 Burgess	<p>Social Determinants of Health Data Analysis Act of 2021: Would require the Comptroller General of the United States to submit a report to Congress outlining the actions taken by HHS to address SDOH. The report would include an analysis of interagency efforts, barriers and potential duplication of efforts as well as recommendations on how to foster private-public partnerships to address SDOH.</p> <p><i>Potential CalOptima Impact: Increased opportunities for CalOptima to address SDOH.</i></p>	<p>07/21/2021 Passed House Energy and Commerce Committee; referred to House floor</p>	<p>CalOptima: Watch</p>
AB 369 Kamlager	<p>Presumptive Eligibility and Street Medicine for Homeless Individuals: Would apply presumptive Medi-Cal eligibility — with full-scope benefits and without share of cost — to individuals experiencing homelessness. Would allow any Medi-Cal provider to determine presumptive eligibility and issue a temporary Medi-Cal card. Would add a field on the Medi-Cal application to indicate homelessness.</p> <p>Would also allow Medi-Cal providers to deliver any covered Medi-Cal benefit to a homeless individual outside of a medical facility, including primary, specialist and laboratory services, without a referral or prior authorization.</p> <p>Finally, would require DHCS to deduct capitation payments if a plan does not provide services to a person indicating homelessness within the first 60 days of Medi-Cal enrollment</p> <p><i>Potential CalOptima Impact: Increased number of CalOptima's Medi-Cal members; increased access to services for homeless members but may negatively impact care coordination; increased payments to providers; implementation of modified utilization management procedures for homeless members.</i></p>	<p>09/10/2021 Enrolled to the Governor</p>	<p>CalOptima: Watch LHPC: Oppose Unless Amended</p>

TELEHEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 366 Thompson (CA)	<p>Protecting Access to Post-COVID-19 Telehealth Act of 2021: Would allow HHS to waive or modify any telehealth service requirements in the Medicare program during a national disaster or public health emergency and for 90 days after one is terminated. Would also permit Medicare reimbursement for telehealth services provided by an FQHC or RHC, as well as allow patients to receive telehealth services in the home without restrictions.</p> <p><i>Potential CalOptima Impact: Continuation and expansion of certain telehealth flexibilities allowed during the COVID-19 pandemic for CalOptima OneCare, OneCare Connect and PACE.</i></p>	01/19/2021 Introduced; referred to committees	CalOptima: Watch
H.R. 2166 Sewell	<p>Ensuring Parity in MA and PACE for Audio-Only Telehealth Act of 2021: Would require CMS to include audio-only telehealth diagnoses in the determination of risk adjustment payments for Medicare Advantage (MA) and PACE plans during the COVID-19 public health emergency.</p> <p><i>Potential CalOptima Impact: For CalOptima OneCare, OneCare Connect and PACE, members' risk scores and risk adjustment payments would accurately reflect diagnoses.</i></p>	03/23/2021 Introduced; referred to committees	08/05/2021 CalOptima: Support ACAP: Support NPA: Support
H.R. 2903 Thompson (CA) S. 1512 Schatz	<p>Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2021: Would expand telehealth services for those receiving Medicare benefits and remove restrictions in the Medicare program that prevent physicians from using telehealth technology. Specifically, would:</p> <ul style="list-style-type: none"> ■ Remove all geographic restrictions for telehealth services ■ Allow beneficiaries to receive telehealth in their own homes, in addition to other locations determined by HHS ■ Remove restrictions on the use of telehealth in emergency medical care ■ Allow FQHCs and RHCs to provide telehealth services <p><i>Potential CalOptima Impact: Continuation and expansion of telehealth flexibilities for CalOptima OneCare, OneCare Connect and PACE.</i></p>	04/28/2021 Introduced; referred to committees	CalOptima: Watch
H.R. 3447 Smith (MO)	<p>Permanency for Audio-Only Telehealth Act: Would permanently extend the following current flexibilities, which have been temporarily authorized by CMS during the COVID-19 public health emergency:</p> <ul style="list-style-type: none"> ■ Medicare providers may be reimbursed for providing certain services via audio-only telehealth, including evaluation and management, behavioral health and substance use disorder services, or any other service specified by HHS. ■ Medicare beneficiaries may receive telehealth services at any location, including their homes. <p><i>Potential CalOptima Impact: Permanent continuation of certain telehealth flexibilities for CalOptima OneCare, OneCare Connect and PACE.</i></p>	05/20/2021 Introduced; referred to committees	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4058 Matsui S. 2061 Cassidy	<p>Telemental Health Care Access Act of 2021: Would remove the requirement that Medicare beneficiaries be seen in-person within six months of being treated for behavioral health services via telehealth.</p> <p><i>Potential CalOptima Impact: For CalOptima OneCare and OneCare Connect, decreased in-person behavioral health encounters and increased telehealth behavioral health encounters.</i></p>	06/22/2021 Introduced; referred to committees	CalOptima: Watch
S. 150 Cortez Masto	<p>Ensuring Parity in MA for Audio-Only Telehealth Act of 2021: Would require CMS to include audio-only telehealth diagnoses in the determination of risk adjustment payments for MA plans during the COVID-19 public health emergency</p> <p><i>Potential CalOptima Impact: For CalOptima OneCare and OneCare Connect, members' risk scores and risk adjustment payments would accurately reflect diagnoses.</i></p>	02/02/2021 Introduced; referred to committee	CalOptima: Watch ACAP: Support NPA: Support

YOUTH SERVICES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 66 Buchanan	<p>Comprehensive Access to Robust Insurance Now Guaranteed (CARING) for Kids Act: Would permanently extend authorization and funding of CHIP and associated programs, including the Medicaid and CHIP express lane eligibility option, which enables states to expedite eligibility determinations by referencing enrollment in other public programs.</p> <p><i>Potential CalOptima Impact: Continuation of current federal funding and eligibility requirements for CalOptima's Medi-Cal members eligible under CHIP.</i></p>	01/04/2021 Introduced; referred to committee	CalOptima: Watch
H.R. 1390 Wild S. 453 Casey	<p>Children's Health Insurance Program Pandemic Enhancement and Relief (CHIPPER) Act: Would retroactively extend CHIP's temporary 11.5% FMAP increase, enacted by the HEALTHY KIDS Act (2018), from September 30, 2020, until September 30, 2022, to meet increased health care needs during the COVID-19 public health emergency.</p> <p><i>Potential CalOptima Impact: Increased federal funds for CalOptima's Medi-Cal members eligible under CHIP.</i></p>	02/25/2021 Introduced; referred to committees	CalOptima: Watch
SB 682 Rubio	<p>Childhood Chronic Health Conditions: Would require the California Health and Human Services Agency to convene an advisory workgroup to develop and implement a plan that reduces racial disparities in children with chronic health conditions by 50% by 2030. Chronic conditions may include asthma, diabetes, depression and vaping-related diseases.</p> <p><i>Potential CalOptima Impact: New interventions, quality measures and/or reporting requirements required by DHCS.</i></p>	09/09/2021 Enrolled to the Governor	CalOptima: Watch

Two-Year Bills

The following bills did not meet the deadline to be passed by both houses of the Legislature. These are now considered two-year bills and are eligible for reconsideration in 2022:

- | | | | |
|--------------------------|------------------------|----------------------------------|-----------------------|
| ■ AB 4 (Arambula) | ■ AB 586 (O'Donnell) | ■ AB 1107 (Boerner Horvath) | ■ SB 250 (Pan) |
| ■ AB 32 (Aguiar-Curry) | ■ AB 671 (Wood) | ■ AB 1117 (Wicks) | ■ SB 256 (Pan) |
| ■ AB 58 (Salas) | ■ AB 685 (Maienschein) | ■ AB 1131 (Wood) | ■ SB 279 (Pan) |
| ■ AB 71 (Rivas, Luz) | ■ AB 797 (Wicks) | ■ AB 1132 (Wood) | ■ SB 293 (Limon) |
| ■ AB 112 (Holden) | ■ AB 822 (Rodriguez) | ■ AB 1160 (Rubio) | ■ SB 316 (Eggman) |
| ■ AB 114 (Maienschein) | ■ AB 862 (Chen) | ■ AB 1162 (Villapadua) | ■ SB 371 (Caballero) |
| ■ AB 393 (Reyes) | ■ AB 875 (Wood) | ■ AB 1254 (Gipson) | ■ SB 508 (Stern) |
| ■ AB 454 (Rodriguez) | ■ AB 882 (Gray) | ■ AB 1372 (Muratsuchi) | ■ SB 523 (Leyva) |
| ■ AB 470 (Carrillo) | ■ AB 935 (Maienschein) | ■ AB 1400 (Kalra, Lee, Santiago) | ■ SB 562 (Portantino) |
| ■ AB 540 (Petrie-Norris) | ■ AB 942 (Wood) | ■ SB 17 (Pan) | ■ SB 773 (Roth) |
| ■ AB 552 (Quirk-Silva) | ■ AB 1050 (Gray) | ■ SB 56 (Pan) | |
| ■ AB 563 (Berman) | ■ AB 1083 (Nazarian) | ■ SB 245 (Gonzalez) | |

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

ACAP: Association for Community Affiliated Plans

CAHP: California Association of Health Plans

CalPACE: California PACE Association

LHPC: Local Health Plans of California

NPA: National PACE Association

Last Updated: September 13, 2021

2021 Federal Legislative Dates

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

2021 State Legislative Dates*

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

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

Sources: 2021 State Legislative Deadlines, California State Assembly: <http://assembly.ca.gov/legislatedeadlines>

About CalOptima

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