PARTNERSHIP HEALTHPLAN OF CALIFORNIA
CONSUMER ADVISORY COMMITTEE

Thursday September 5, 2019
12:00pm – 2:00pm
Held at: 3688 Avtech Parkway, Redding, CA 96002 Sundial Conference Room
1036 5th Street, Suite E, Eureka, CA 95501 (Video Conference Location)
444 Bruce St. Yreka, CA 96097 (Video Conference Location)

PHC's Mission Statement is "to help our members, and the communities we serve, be healthy."

		Lead		Time
1.	**Introductions** *Please state your name and the healthiest thing you've eaten this summer.*	**Michelle Mootz** NR Manager Member Services		12:00
2.	**Public Comments** *At this time, members of the public may address the committee on any non-agenda item of interest to the public that is within the subject matter jurisdiction of the committee. There will also be an opportunity to address the committee on a scheduled agenda item during the committee's consideration of that item. Speakers will be limited to three (3) minutes.*	**Michelle Mootz** NR Manager Member Services		12:05
3.	**Approval of June 2019 Minutes** *Need a CAC member to make a motion to accept the minutes and another member to second the motion.*	All		12:10
I.	**Old Business**			
1.	**Follow up of issue from June CAC meeting:** *None*	**Michelle Mootz** NR Manager Member Services		12:15
II.	**Standing Agenda Items**			
1.	**Report on Board Meeting from CAC Board Member** *Brief highlights of the last Board Meeting*	**Amby Burnam** Consumer Board Member		12:20
2.	**HealthPlan Update** *Brief Recap of plan updates*	**Amy Turnipseed** Director of Policy & Program Development		12:25
3.	**Policy and Program Update** *Brief update*	**Amy Turnipseed** Director of Policy & Program Development		12:35
4.	**Member Services Update** *New Phone system, Eureka MSR*	**Michelle Mootz** NR Manager Member Services		12:45
III.	**New Business**			
1.	**CCS Transition** *Update on CCS transition to PHC*	**Rebecca Boyd Anderson** Director of Care Coordination & Health Services		12:50
2.	**Cultural & Linguistics / Health Education Policy and Update**	**Susanna Sibilsky** Senior Health Educator		1:05
3.	**Grievance Report** *2018 Grievance and Appeals Annual Report*	**La Rae Banks** Asso Director, Grievance & Appeals		1:20
IV.	**Additional Business/Other items**			
1.	**Open Forum for CAC Guest** *Brief 5 minute questions or announcements*	All		1:40
2.	**Open discussion at all location sites individually**	All		1:45
V. Adjournment				
1.	Next Meeting: December 5, 2019			

Government Code §54957.5 requires that public records related to items on the open session agenda for a regular finance meeting be made available for public inspection. Records distributed less than 72 hours prior to the meeting are available for public inspection at the same time they are distributed to all members, or a majority of the members of the committee. The Finance Committee has designated the Administrative Assistant to the CFO as the contact for Partnership HealthPlan of California located at 4665 Business Center Drive, Fairfield, CA 94534, for the purpose of making those public records available for inspection. The Finance Committee Meeting Agenda and supporting documentation is available for review from 8:00 AM to 5:00 PM, Monday through Friday at all PHC regional offices (see locations above). It can also be found online at www.partnershiphp.org.

PHC meeting rooms are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact the Member Services Department at least two (2) working days before the meeting at (800) 863-4155 or by email at klarocca@partnershiphp.org. Notification in advance of the meeting will enable the Administrative Assistant to make reasonable arrangements to ensure accessibility to this meeting and to materials related to it.
This agenda contains a brief description of each item to be considered. Except as provided by law, no action shall be taken on any item not appearing on the agenda.
MS\9/2001\I:\2019NRAgendaSept.doc

PARTNERSHIP HEALTHPLAN – CONSUMER ADVISORY COMMITTEE MEETING MINUTES

June 6, 2019

Meetings held at:
3688 Avtech Parkway, Redding, CA 96002 Sundial Conference Room
1036 5th Street, Suite E, Eureka, CA 95501 (Video Conference Location)

Redding CAC Participants: Joy Newcom-Wade

Eureka CAC Participants via Video conference: Margaret Sager, Amby Burum, & GeorgeAnn Wence

Redding PHC Staff: Wendi West, Michelle Mootz (in Eureka), Siobhan Shackelford, Ryan Ciulla, Jane Lyon, Leslee Kitzman, Kyli Sinner, Tahereh Sherafat, Atim p'Oyat, Sandra McMasters (in Eureka), Susanna Sibilsky, & Jessica Delaney

Agenda Item	Discussion/Conclusions	Recommendations/Actions
Introduction & Approval of Minutes **Public Comments**	**Introductions** from both sites were conducted, with each attendee answering the question what are you looking forward to this Summer? Opened with Michelle introducing Tahereh as new director of Northern Region Member Services and Provider Relations. All-around introduction thereafter **Minutes** of the March 2019 reviewed and approved. NONE	**Margaret Sager** motioned to approve the minutes. **Joy Newcom-Wade** and GeorgeAnn seconded, and the March 2019 minutes were approved.
Old Business	• None	
Standing Agenda Items **1. Commission Updates** **2. HealthPlan and Policy & Program Update**	**Joy Newcom-Wade, Consumer Board Member,** gave a brief summary of important points from the February 7th Strategic Planning Board Meeting. • Governor's executive order in effect • Fiscal year changing to calendar year • Significant amount of complaints about transportation services; improving through tele-health, home visits, and telephone/email outreach • Showed a video of a boy with cerebral palsy that was helped in Napa by PHC • Patti discussed Medi-Cal coverage over the past 15 yrs • 80% opioid usage decrease **Wendi West, NR Director**, gave the HealthPlan, and Policy & Procedure updates as Sonja Bjork is absent. She touched on	No comments. No comments.

Agenda Item	Discussion/Conclusions	Recommendations/Actions
	the following information: • CCS Whole Child Model • Wellness and Recovery • NCQA Certification • Claims System • Eureka office vacancy/job opportunity	
3. Member Services Update	**Michelle Mootz,** Member Services Manager provided the following: • New Lead Representative in Redding • Member Services new hires (Tahereh D Sherafat and one new MSR in the Eureka office and one new MSR in the Redding office) • Currently have one opening for an MSR in Eureka • New phone system	No comments.
New Business **1. 25th Anniversary Video**	**Leslee Kitzman,** Ops & Systems Tech III (on behalf of Sonja Bjork)	No comments.
2. PHC in the Community	**Jessica Delaney,** Project Manager I discussed a PowerPoint presentation on PHCs Housing Initiative, with following updates: • $25 million contribution to house the homeless • Challenges gathering data • Location of new/renovated rehab sites	Per Wendi's request, Jessica will send PowerPoint presentation to CAC members, specifically list of new/rehabilitated building sites and the specific grant initiatives per county.
3. Board of Commissioners CAC application	• **Susanna Sibilsky**, Health Educator II, discussed a PowerPoint presentation, on Communication and Motivation. She introduced new informational brochure drafts and provided updates on the following: Cultural Linguistic Committee • Utilization of PHC SR/NR bilingual staff • Review of grievances discrimination	GeorgeAnn provided some suggestions that were approved by all (below) • "Children" flyer(s): Arrange scheduled immunization shots by age, removing gaps. • Clearly distinguish immunization shot visits from scheduled well-care services • "Men" flyer: change picture of man in wheelchair to promote preventative care visits by those enabled • "Women" flyer: Arrange scheduled immunization shots by age, removing gaps.

Agenda Item	Discussion/Conclusions	Recommendations/Actions
		• "Shots for School" flyer: Change the term 'medical home' to either primary care doctor, family doctor/specialist, or regular doctor.
4. Consumer Board Positon	**Michelle Mootz,** Member Services Manager provided the following: • Phasing out Joy Newcom-Wade from the Board • New member to come from North West region	No Comments
Additional Business Open Forum	**Open forum for CAC Guest**	No comments
Adjournment	Next meeting: June 6, 2019 Meeting adjourned at 1:14 PM Minutes recorded by: Atim p'Oyat	Arrivals and Departures: • Wendi West left at 12:47 PM and returned at 12:49 PM • Leslee Kitzman left at 1:12 PM and did not return.

PARTNERSHIP HEALTHPLAN of CALIFORNIA

4665 Business Center Drive
Fairfield, California 94534

Consumer Advisory Committee:
Policy and Program Update

September 2019

1. Governor's Proposal to Carve out Pharmacy

- In January 2019, Governor Newsom released an Executive Order requiring the Department of Health Care Services (DHCS) to transition Medi-Cal pharmacy services for Medi-Cal managed care to fee-for-service (FFS).
- This change is expected occur on January 1, 2021.
- PHC continues to work with the state to ensure continuity of care for our member and to prevent any gaps in care.

2. Medi-Cal Expansion to Undocumented Young Adults

- Individuals under the age of 26, regardless of immigration status, will be eligible for full scope Medi-Cal no sooner than January 1, 2020.
- PHC anticipates adding approximately 2,300 new members.

3. Wellness and Recovery (formerly Drug Medi-Cal)

- The Drug Medi-Cal Waiver would allow counties to increase access to substance use disorder (SUD) services for adolescents and adults who are eligible for Medi-Cal.
- A group of PHC counties are working together with PHC to prepare a Regional Implementation Plan better integrate SUD services provided to our members. We are calling our program *Wellness and Recovery.*
- We continue to work with the state on getting our financial proposal approved.
- We hope to have the Wellness and Recovery benefit starting in early 2020.

4. National Committee for Quality Assurance (NCQA) Accreditation

- NCQA is the "gold standard" for health plans. NCQA establishes quality standards and performance measures that are some of the highest in the industry.
- On August 15, 2019, PHC received official NCQA Interim Accreditation Status.
- The plan continues to work on First Survey requirements in anticipation for a November 2020 accreditation review.

PHC's Family Advisory Committee (FAC) - Update

What? Who? When? Why? Where?

- **What?**

  FAC – Family Advisory Committee

- **Who?**

  Comprised of PHC's Whole Child Model members, parents, caregivers, foster parents, CCS representatives from PHC's 14 counties make up the committee.

  Anyone can listen in; more info on PHC's website:

http://www.partnershiphp.org/Members/Medi-Cal/Pages/California-Children's-Services.aspx

What? Who? When? Why? Where?

- **When?**

  Committee meets every other Month

- **Why?**

  It is written into California Law as part of the Whole Child Model for California Children's Services. The Whole Child Model started at PHC in January 2019.

  A key process to allow for CCS beneficiaries to have a voice and give feedback on their care and to make a difference in the Whole Child Model program.

- **Where?**

  Meetings occur at all 4 PHC offices simultaneously! In person, phone and web-ex options are available.

FAC Committee

- Chair
- Vice Chair
- Goal: 2 representatives from each PHC county (28 total)
- We have 14 and we need 14 more! Half Way There!

How You Can Help

We Need 14 More Members!	
1 – Marin	1 – Del Norte
2 – Mendocino	1 – Humboldt
1 – Yolo	2 – Lassen
1 – Shasta	2 – Modoc
1 – Siskiyou	2 - Trinity

FAC@partnershiphp.org

PARTNERSHIP HEALTHPLAN of CALIFORNIA

GRIEVANCE & APPEALS ANNUAL REPORT

January 1, 2018 – December 31, 2018

Presented June 26, 2019

By La Rae Banks, MBA-HM

Associate Director of Grievance & Appeals

TABLE OF CONTENTS

REPORTING PERIOD

January 1, 2018 - December 31, 2018

ATTACHMENTS

PHC Board Members: 2018 G&A Case Detail Report, *Available Upon Request*
Consumer Advisory Committee: 2018 G&A Case Detail Report, *Available Upon Request*

I. BACKGROUND

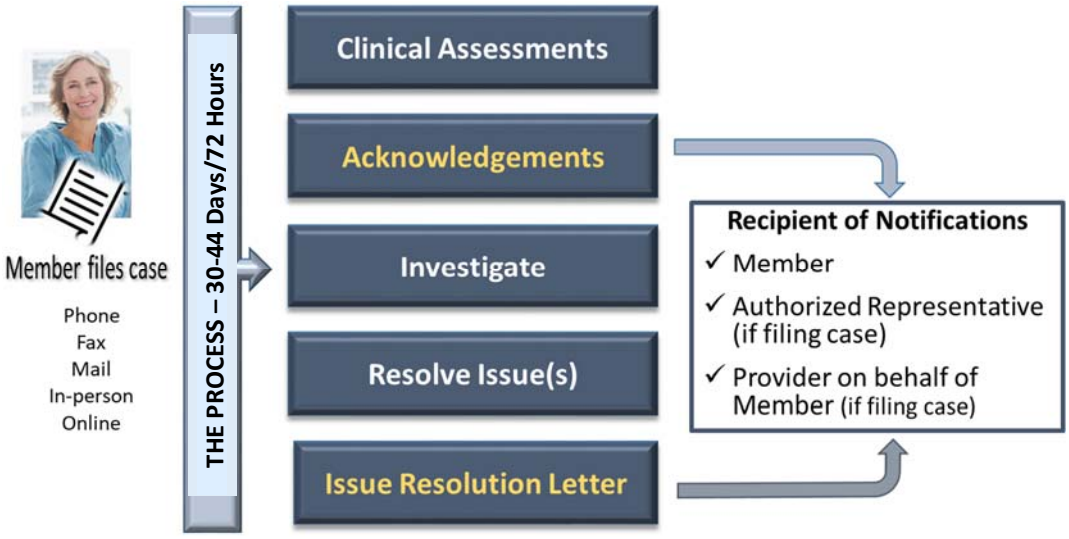
Partnership HealthPlan of California (PHC) recently completed the 2019 annual Department of Health Care Services (DHCS) audit. Successfully, there were no findings for the Grievance & Appeals (G&A) Department. Systematic aggregation and content analysis of G&A activity are reported quarterly to several internal and external quality committees: Member Grievance Review Committee (MGRC), Internal Quality Improvement (IQI) Committee, Quality Utilization Advisory Committee (QUAC). This wide exposure across multiple committees provides comprehensive oversight and collaborative solutions to ensure member experience is optimal. During this year's audit, DHCS requested that the PHC Board have an opportunity to review a detailed report of all closed cases on an annual basis. The 2018 G&A Case Detail Report includes an accounting of all 5,884 closed cases, formatted in compliance with DHCS All Plan Letter (APL) 17-006 requirements. The detailed report includes members' Protected Health Information (PHI) and Personally Identifiable Information (PII), along with confidential information regarding members' medical condition(s), experience(s), and/or allegation(s). Given the volume and nature of cases, this summary report has been completed to support your review of 2018 G&A activity. All case statistics are reported with a 95% confidence level.

This report excludes cases for members assigned to Kaiser Permanente as their PMG/PCP. It also excludes cases by members regarding Beacon Health Options (Beacon). PHC is contacted with Beacon to provide outpatient mental health services to our members. Kaiser and Beacon are delegates for managing exempts, grievances, appeals, and State Hearing for these services on behalf of PHC.

II. INTRODUCTION TO GRIEVANCE & APPEALS

The healthcare system is a complex infrastructure and can be difficult for many members to navigate and obtain services. Beginning July 1, 2017, APL 17-006 provided all members with the right to report *any* dissatisfaction to their Managed Care Plan (MCP). PHC welcomes the member Grievance & Appeals process, as it allows our members to inform us of problems with their health care experience and give us the opportunity to resolve them. Outcomes can strengthen our members' understanding of their benefits, improve service delivery, refine benefit administration, resolve disputes between parties, and reveal training opportunities. The process promotes constructive communication and peaceful accountability across all stakeholders.

The G&A Department is responsible for end-to-end investigation of all Grievance, Appeal, State Hearing and Exempt cases. It resides under the External and Regulatory Affairs Department, outside of all medical and operational departments to minimize conflicts of interest and ensure members have objective investigations. The Investigation Team consist of 26 employees, including 13 G&A Coordinators, 4 G&A Clinical Nurses, 1 State Hearing Representative, 2 Supervisors, 1 Manager, and other administrative and clerical staff. The Compliance Team consist of four (4) employees, one (1) Internal Auditor audits cases to ensure they meet standards defined by DHCS, NCQA, and G&A best practices.



The G&A process starts when a member is dissatisfied and reports this to PHC or their Provider by phone, fax, mail, in-person, or online. A G&A Receptionist receives and assigns the case to a G&A Coordinator in G&A's dedicated operating system, Everest. The G&A Coordinator contacts the member to confirm the issue and gain any other facts pertinent to the case. A Medical Director and/or a Grievance & Appeals Registered Nurse completes a clinical assessment. It assesses for any quality of care concerns, immediate clinical needs, and then provides clinical guidance to the G&A Coordinator. The G&A Coordinator thoroughly analyzes the case, obtains needed medical records, seeks evidence from interested parties, and creates a work plan to address all of the member's concerns. Once the resolution is complete, the G&A Coordinator calls the member to discuss the outcome and documents the resolution a formal letter, which is mailed to all parties of interest. There are four (4) different types of cases: Appeal, State Hearing, Grievance, Exempt. Key characteristics are below:

Appeal *- Request to reconsider an Adverse Benefit Determination*

- Contesting rights to a Medi-Cal benefit or service
- A Notice of Action (NOA) must have been issued and Appeal request filed within 60 days of issuance
- Must be investigated and closed within 30 calendar days, 44 calendar days with an extension, or 72 hours if expedited

State Hearing *– A formal court hearing by the CA Department of Social Services (CDSS) to reconsider PHC's decision*

- Members can request if still dissatisfied after PHC's appeal process exhausted
- Members rights defined and regulated by DHCS, includes filing a State Hearing within 120 calendars from Resolution Letter
- Cases are heard by an Administrative Law Judge (ALJ) who considers evidence, testimony, laws, PHC policy, etc. and issues a court order reflecting the new ruling

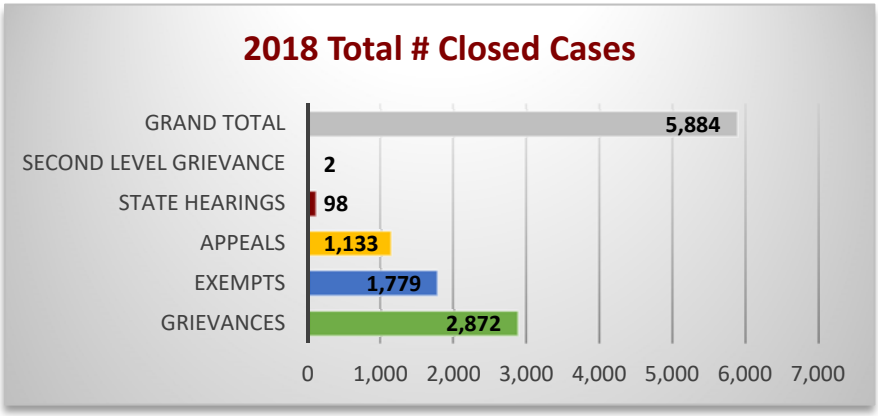
Grievance *- Request to consider anything other than an Adverse Benefit Determination*

- Dissatisfaction with their experience, allegations of discrimination, confidentially violations
- Can be filed at any time regardless of the date of incident
- Must be investigated and closed within 30 calendar days, 44 calendar days with an extension, or 72 hours if expedited

Exempt *– A Grievance resolved by Member Services by next business day, but member does not want to file Grievance*

- Issues documented for quality and tracking purposes
- All cases reviewed by Medical Director and/or Grievance Clinical Nurses for potential Quality of Care concerns
- No formal response to member

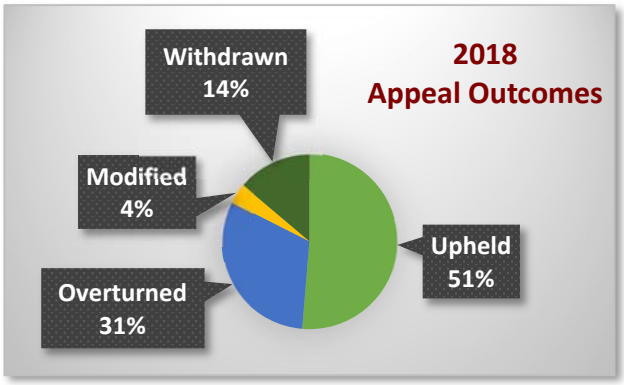
III. GRIEVANCE & APPEAL TRENDS



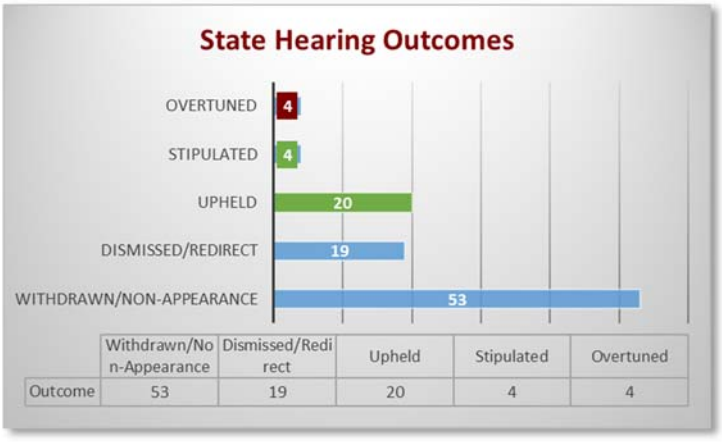
Throughout 2018, PHC investigated and closed approximately 5,884 total cases. Grievances were the most commonly filed case, followed by Exempts, Appeals, and State Hearings, respectfully.

Referencing Grievances and Second Level Grievances, 91% (2,615) were completed within 30 calendar days, 99.6% (247) within 44 calendar days. There was a missed opportunity to meet timeliness on 0.4% (10) cases. Of 2,872 Grievances, there were five (5) expedited Grievances and all were successfully investigated within 72 hours.

Referencing Appeals, 94.4% (1,070) were completed within 30 calendar days, 99.6% (58) within 44 calendar days. There was a missed opportunity to meet timeliness on 0.4% (5) cases. Of 1,133 Appeals, there were 35 expedited Appeals and they were successfully investigated within 72 hours. One (1) expedited case was resolved within three (3) business days, missing its opportunity to be timely.



Of the 1,133 Appeals, G&A overturned 35% of the original decisions in whole or in part. This is typically because additional medical information was submitted that allowed the member to meet medical necessary criteria. There was no change in 51% of Investigations from the original decision. Members were able to file a State Hearing to contest our decision.



Regarding State Hearings, there were (6) expedited State Hearings, all which were handled timely.

Of the 98 State Hearings, 72% were not heard by an ALJ in their entirety, if at all. These cases were dismissed, filed with PHC erroneously, the member did not appear for court or they withdrew their State Hearing. Of the 28% cases that proceeded, only four (4) cases were overturned by a Judge.

- Two cases (17272, 17041) ordered PHC to reassess members' needs for wheelchairs inside and outside of home
- Two cases approve member's prescription for Jardiance (19098) and Hydromorphone (16632)

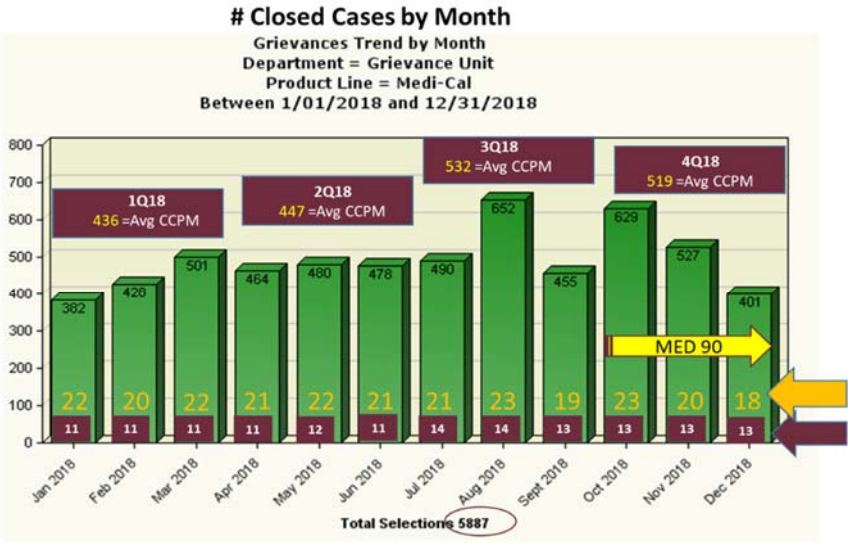
Lastly, all 1,779 Exempt cases were successfully resolved with two business days.

2018 in Review

Closed **5,884** Investigations!
*(vs. **2,990** in 2017)*

320 Case Extensions Filed & **15** cases missed DHCS 30/44 Day TAT

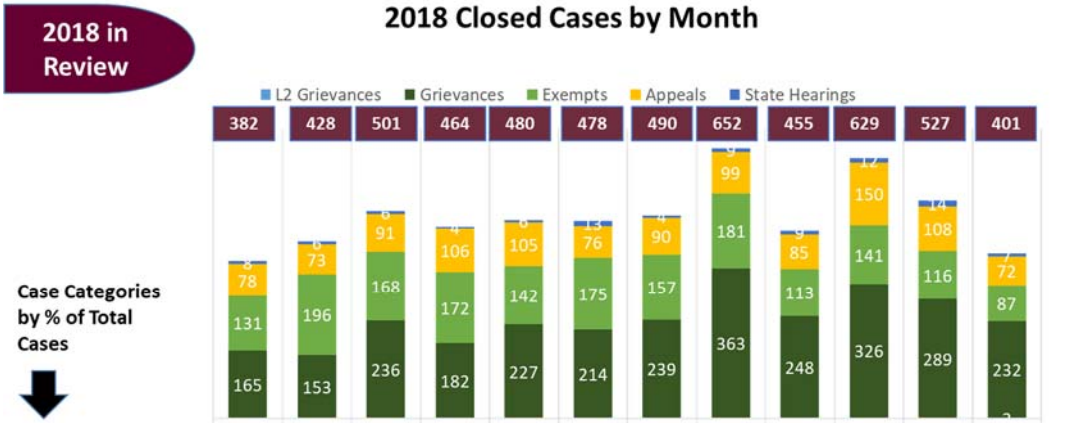
652 cases in a single month – August historical high



Notes: CCPM refers to Closed Cases per Month. TAT refers to Turnaround Time.

As members learned about their rights to report any dissatisfaction to PHC as provided in APL 17-006, case volumes fluctuated monthly throughout 2018. On October 1, 2018, PHC implemented Phase II of the Managing Pain Safely program, an initiative to improve the health of PHC members by ensuring prescriptions for opioids were aligned with appropriate indications, offered at safe dosages, and consideration was given to other treatment options. This initiative increased volumes of all case types as members adapted to reduced quantity supply of opioid medications.

2018 in Review



		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TTL
2%	State Hearings	8	6	6	4	6	13	4	9	9	12	14	7	98
19%	Appeals	78	73	91	106	105	76	90	99	85	150	108	72	1,133
31%	Exempts	131	196	168	172	142	175	157	181	113	141	116	87	1,779
48%	Grievances	165	153	236	182	227	214	239	363	248	326	289	232	2,872
.03%	L2 Grievances												2	2

Reflecting the onset of the Managing Pain Safely program, October experienced the highest volume of Appeal investigations in a single month and marked a historical high. Correlating to increased Appeals, the number of State Hearings also increased. Overall, the volume of Exempt cases declined as members preferred to receive formal notification of investigative results.

RATE OF CASES PER 1,000 MEMBERS	
APPEALS	0.190
STATE HEARINGS	0.016
GRIEVANCES	0.482
EXEMPTS	0.298
TOTAL FOR ALL CASES	**0.986**

In 2018, PHC served an average of 562,303 members per month. Excluding members enrolled with Kaiser Permanente, PHC served an average of 497,744 members per month. Despite the volume of cases throughout the year, there was less than one (1) case filed per 1,000 members enrolled.

IV. KEY DRIVERS

DHCS Reporting Category	Appeals	State Hearings	Grievances	Exempts	Total
Accessibility	5	0	391	475	871
Benefits/Coverage	201	22	221	67	511
Referrals	33	6	152	66	257
Quality of Care/Service	286	28	1,994	1,001	3,309
Other	907	89	1,968	648	3,612
Grand Total	**1,432**	**145**	**4,726**	**2,257**	**8,560**

DCHS implemented a uniform reporting methodology that required all MCPs to classify homogeneous concern(s) into five (5) core categories, regardless of case type: Accessibility, Benefits/Coverage, Referrals, Quality of Care/Service, Other. Examples of cases that fall into these categories are below.

Accessibility *(e.g., barriers to preventing entry to a provider or service)*

- Lack of specialist in service area
- PCP not accepting new patients
- Long wait time for appointment

Benefits/Coverage *(e.g., contesting provisions or availability of Medi-Cal benefit or service)*

- Disputing a covered service

Referrals *(e.g., unable to obtain services outside of PCP/county)*

- Refusal of a referral to a specialist
- Denied request to see a non-contracting provider
- Delay in a referral request

Quality of Care/Service *(e.g., dissatisfaction around the execution of a Medi-Cal benefit or service)*

- Concerns with medical care rendered by a facility or doctor
- Poor service from provider or provider staff
- Reliability with Taxi provider

Other

- Reimbursement for Gas Mileage Reimbursement
- TAR denial of medication, wheelchair, etc.
- Allegations of discrimination, fraud, HIPAA violations, etc.

Consequently, a single case can be categorically reported multiple times. The benefit of DHCS' reporting methodology is increased awareness of driving concerns, especially when multiple issues are reported in a single case. While there were 5,884 actual cases investigated and closed, there were a total of 8,560 concerns represented via DHCS reporting categories.

	Appeals	State Hearings	Grievances	Exempts
Key Drivers by Case Type	Medication Denial	Medication	MTM No Show	Lack of Service
	Diagnostic Imaging	Diagnostic Imaging	Gas Mile Reimbursement	Poor Provider Attitude
	Durable Med Equip	MTM	MTM Scheduling	Miscommunication
	Denied MTM Rides	Reimbursements	RAF/TAR Process	Treatment Plan
	Reimbursements	Wheelchairs	Provider Service	Appointment Availability

The above table identifies the most common concerns by case type. As utilization of the Non-Medical Transportation (NMT) benefit increased, multiple concerns were reported across all case types in 2018. By 4Q18, MTM represented 23.4% of all cases. As a result, a deliberate effort is underway to improve members' experience. Key drivers below, along with solutions currently in pursuit.

- Missed/Failed/No Taxi Rides - *Increasing transportation network in Redding, Clearlake, Petaluma, Cloverdale, Santa Rosa*
- Trouble receiving gas mileage reimbursement – *Member-friendly improvements to GMR form*
- MTM Customer Service – *Improvements to Customer Service call scripts and operational efficiencies*
- Poor Case Investigations - *Improvements to service level agreements*

In the section that follows, we highlight actual cases of described in the Summary Report. Refer to the 2018 G&A Case Detail Report for an accounting of all 5,884 closed cases.