PHC’s Mission Statement is “To help our members, and the communities we serve, be healthy.”

Thursday, December 3, 2020  12:00pm – 2:00pm

Due to COVID-19 and Social Distancing, Committee members, members of the public, and, Partnership staff are encouraged to connect to the meeting remotely. Telephonic access is being published under PHC’s website and on the meeting agenda. Members of the public who choose to attend the meeting in person, should do so at one of the locations listed on the meeting notice. In-person attendees must maintain a space of at least six feet apart from others, wear masks and follow local public health directives.

Meeting Locations
3688 Avtech Parkway Redding, CA 96002 (Sundial Conference Room)
1036 5th Street, Suite E, Eureka, CA 95501 (Patrick’s Point Conference Room)

Attending Remotely via Webex
Meeting Link: https://partnershiphp.webex.com/join/cbreshears
Meeting Number: 809 147 945

Join by Phone: 1 (415) 655-0001 US Toll
Access Code: 809 147 945

Note: Per Governor Newsom Executive Order, N-25-20 that relates to social distancing measures being taken for COVID-19. The Executive Order authorizes public meetings with Brown Act requirements to be held via teleconference or telephone. It waives the Brown Act requirement for physical presence at the meeting for members, the clerk, and/or other personnel of the body as a condition of participation for a quorum. However, the Executive Order requires at least one public location consistent with ADA requirements to be made available for members of the public to attend the meeting, so all PHC offices will be available for members of the public to attend the meeting in-person.

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 cbreshears@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.
<table>
<thead>
<tr>
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<th>Lead</th>
<th>Page</th>
<th>Time</th>
</tr>
</thead>
</table>
| 1. **Introductions**  
Roll Call  
Ice Breaker Question: In light of everything going on, what is one thing you’re grateful for this year? |   | 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 |   | 12:10 |
| 3. **Approval of September 2020 Minutes**  
Need a CAC member to make a motion to accept the minutes and another member to second the motion. |   | All | 4-13 | 12:15 |

**I. Old Business**

1. **Follow up questions from September CAC meeting:**  
No updates | Michelle Mootz  
NR Manager  
Member Services |   |   |

**II. Standing Agenda Items**

1. **HealthPlan Update**  
Brief recap HealthPlan Updates | Sonja Bjork  
Chief Operation Officer | 14 | 12:20 |
2. **Report of Board Meeting from CAC Board Member**  
Brief highlights of the last Board Meeting | Amby Burum  
Consumer Board Member |   | 12:30 |
3. **Policy and Program Update**  
Update on policies and programs | Amy Turnipseed  
Sr. Director of Ext. and Regulatory Affairs | 15 | 12:40 |

**III. New Business**

1. **CAC Achievements for the Year**  
Brief summary of achievements | Ryan Ciulla  
Supervisor of NR Member Services |   | 12:50 |
2. **Annual PHC Member Satisfaction Results**  
PowerPoint Presentation on 2020 Member Survey Review and Project Updates | Tahereh Daliri Sherafat  
NR Director of Member Services & Provider Relations | 16-21 | 12:55 |
3. **Pilot Interpreting Program & New PHC IVR**  
PowerPoint Presentation on Language Services and the Interpreting Pilot | Tahereh Daliri Sherafat  
NR Director of Member Services & Provider Relations | 22-26 | 1:00 |
4. **Population Health**  
Member Material Review (HPV) | Catherine Thomas  
Sr. Health Educator | 27-36 | 1:05 |
5. **Workforce Development-Provider Recruitment**  
Presentation on how PHC plans to increase member access to primary care providers in the Northern Region. | Chloe Schafer  
Regional Manager  
Cody Thompson  
Project Coordinator II - Administration | 37-45 | 1:15 |
6. **PHC Community Resource Pages on PHC Website**  
Brief demo on how to access | Jessica Hackwell  
Manager of Population Health | 46-49 | 1:30 |
### IV. Additional Business/Other items

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Open Forum for CAC Guests</strong>&lt;br&gt;Thank you to the CAC members and Information sharing by committee members.</td>
<td>All</td>
</tr>
<tr>
<td>2.</td>
<td><strong>Open Discussion at all Location Sites Individually</strong></td>
<td>All</td>
</tr>
</tbody>
</table>

### V. Adjournment

1. Next Meeting: *March 4, 2021*
Shasta PHC Attendees: Amanda Bernal, Amy Turnipseed, Catherine Thomas, Chelsea Breshears, David Glossbrenner, Elena Carter, Jessee Benton, Jessica Hackwell, Kory Watkins, La Rae Banks, Margaret Kisliuk, Michelle Mootz, Ryan Ciulla, Susanna Sibilsky, Tahereh Daliri Sherafat, Taryn Baumgardner, Wendi West.

Shasta CAC Participants: Becky Sherman, Joy Newcom-Wade, Monica Thoma, Steve Riley, Wendy Longwell

Humboldt PHC Attendees: Jeff Ribordy, Cody Thompson
Humboldt CAC Participants via Video Conference: Amby Burum, Margaret Sager
Absent: GeorgeAnn Wence

Lassen CAC Participants via Video Conference: Ellen Payton
## Agenda Topic

<table>
<thead>
<tr>
<th>Agenda Topic</th>
<th>Discussion/Conclusions</th>
<th>Action Items</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Introduction</strong></td>
<td>Introductions from all sites were conducted and each attendee was asked to answer the following question: <strong>What’s one new and interesting thing you’ve been doing lately?</strong></td>
<td>None</td>
</tr>
<tr>
<td><em>Michelle Mootz</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Public Comments</strong></td>
<td>The committee was provided with an opportunity to present any comments regarding the agenda. Advocates and members of the public were also given an opportunity to address any comments pertaining to any non-agenda items.</td>
<td>None</td>
</tr>
<tr>
<td><em>Michelle Mootz</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Action Item from June 2020 Meeting</strong></td>
<td>A question was asked in the June 2020 CAC Meeting if the timely access standards includes psychiatry visits. Below is the chart for mild to moderate mental health services.</td>
<td>None</td>
</tr>
<tr>
<td><em>Amy Turnipseed</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Service: Urgent Care Appointment
- Services not requiring a Prior Authorization
- Services requiring a Prior Authorization

### Service: Non-urgent Appointment:
For the diagnosis or treatment of injury, illness, or other health condition.
- Non-Physician Mental Health Providers
- Specialist and Ancillary Services
### Agenda Topic

<table>
<thead>
<tr>
<th>Topic</th>
<th>Discussion/Conclusions</th>
<th>Action Items</th>
</tr>
</thead>
</table>
| 4. Approval of June 2020 Minutes  
Michelle Mootz | The June 2020 meeting Minutes were reviewed and approved. | **MOTION:** Becky Sherman motioned to approve the minutes. Amby Burum seconded and the June 2020 minutes were approved. |

### I. Old Business

1. Follow up of issues from March CAC meeting.  
Michelle Mootz

   **No Comments**

<table>
<thead>
<tr>
<th>ACTION ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

### II. Standing Agenda Items

1. Policy and Program Update  
Amy Turnipseed

   1. **State Budget is Signed June 29, 2020**  
      - There was a 1.5% rate reduction retroactive from July 2019 and an unfunded Long Term Care (LTC) payment increase.

   2. **Public Safety Power Shutoffs (PSPS) & Fire Season**  
      - If you do have home medical equipment that needs electricity there are resources available if your power goes out. PHC does its best to post resources on its website as we become aware of them.

   3. **Governor’s Proposal to Carve out Pharmacy**  
      - Pharmacy benefit being carve out of managed care on January 1, 2021.  
      - PHC continues to work with the state to ensure continuity of care for our members and to prevent any gaps in care.

   **ACTION ITEMS:** None
### Agenda Topic

**Policy and Program Update**  
*Continued*

#### 1. Wellness and Recovery (formerly Drug Medi-Cal)
- The Drug Medi-Cal Waiver allows counties to increase access to substance use disorder (SUD) services for adolescents and adults who are eligible for Medi-Cal.
- Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano counties worked with PHC to prepare a Regional Implementation Plan better integrate SUD services provided to our members. We are calling our program *Wellness and Recovery*.

#### 2. HealthPlan Update  
*Continued  
*Wendi West*

<table>
<thead>
<tr>
<th>Topic</th>
<th>Discussion/Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PHC’s COVID-19 Response</td>
<td></td>
</tr>
</tbody>
</table>
- PHC Employees: 85% - 90% are teleworking  
- Members: 70,000 calls made to members who were considered high-risk to check in on them and provide resources.  
- Providers: Staying in contact (office hours, closures, etc.) |
| 2. State Programs |  
- Long Term Care at Home Program  
- Medi-Cal Rx |
| 3. Major Projects Updates |  
- National Committee on Quality Assurance (“NCQA” Accreditation)  
- Healthcare Effectiveness Data Information Set (“HEDIS” Scores)  
- Drug Treatment Services (the “Wellness & Recovery Program”)
- California Advancing and Innovating Medi-Cal (the “CalAIM” Waiver) |
| 4. Racism and Health Equity Work |  |
| 5. PHC’s Strategic Plan for 2020-2023 |  |
# MEETING MINUTES

**Consumer Advisory Committee (Northern Region)**

**September 3, 2020, 12:00pm – 2:00pm**

3688 Avtech Parkway Redding CA 96002 (Sundial Conference Room)

Partnership HealthPlan 1036 5th Street Suite E, Eureka, CA 95501 (Patrick’s Point Conference Room)

## Agenda

<table>
<thead>
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</thead>
</table>
| 3. Report on Board Meeting from CAC | - Meetings are being held remotely.  
- Approved a new board member: Darcie Antle  
- $70 million deficit to PHC for the upcoming year.  
- Dr. Moore provided a report on Quality: PHC is improving HEDIS scores, but there are still some areas in the North that need to be met.  
- Wendi West provided a presentation on Northern Region & Workforce development Initiatives:  
  - Approximately 200 employee in the Northern Region  
  - Community metrics  
  - Workforce Development: Chloe Schafer, PHC Regional Manager of Humboldt will oversee the following initiatives:  
    1) (CHW) Community Health Worker-next CAC meeting will have more information on this initiative.  
    2) School Scholarship Program  
    3) Recruitment Academy to assist providers on how to recruit providers which include sign-on bonuses.  

Kits will include a thermometer, blood pressure cuff, and oximeter. Members can get these kits by requesting one through their provider. | *Wendy Longwell asked if telehealth would be cut back due to the budget. Wendi responded saying this was not one of the areas that PHC wants to cut as it has been beneficial to the many members who use the service.*  
*Wendy Longwell asked if there were blood pressure kits available to members. Michelle Mootz responded saying the kits would be provided to the member through their primary provider. Kits include a thermometer, blood pressure cuff and oximeter.*  
*Chloe Schafer will provide an update at the December 2020 CAC meeting regarding Workforce Development.* |
## Agenda Topic
### III. New Business
#### 1. 2019 Grievance and Appeals Annual Report

**La Rae Banks**

- Effective July 1, 2017, Department of Health Care Services (DHCS) mandated through APL 17-006 that Medi-Cal members have a right to report problems to their health plan and the health plan has a responsibility to investigate. At PHC, the Grievance & Appeals department oversees this responsibility.

Timeframe from when a case is filed could be from 72 hours to 44 days depending on the situation/case.

**Appeal** = Benefit denied  
**Grievance** = Experience while using HealthPlan  
**Exempt** = Concerned but member doesn’t want to file a case  
**State Hearing** = Member has a right to go to court after being denied twice.

**PHC STATS:**
- 5,449 cases were filed  
- 3,871 unique members filed the 5,449 cases  
- Represented 16 ethnicities & spoke 13 different languages  
- 50% filed by Solano, Sonoma and Shasta Counties.  
- For every 1,000 members, less than 1 case filed.  
- 99.99% Closed timely  
- No lost State Hearings

**Top 3 reasons members were unhappy:**
1) Did not receive the service they expected from their provider  
2) Problems with the Non-Medical Transportation (NMT) Benefit (poor service, no-show, late)  
3) Wanted medications denied through the TAR process.
### Agenda Topic

#### 2019 Grievance and Appeals Annual Report Continued

<table>
<thead>
<tr>
<th>Discussion/Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solutions</td>
</tr>
<tr>
<td>• Provided member with resources &amp; tools regarding their condition.</td>
</tr>
<tr>
<td>• Referral to Care Coordination</td>
</tr>
<tr>
<td>• Referral to Carenet Health</td>
</tr>
<tr>
<td>• Added new taxi providers.</td>
</tr>
<tr>
<td>• Change to MTM Customer Service scripts.</td>
</tr>
<tr>
<td>• New Gas Mileage Reimbursement (GMR) form and member letters.</td>
</tr>
<tr>
<td>• MTM hired 240 new Customer Service Reps.</td>
</tr>
<tr>
<td>• New Denial Letters</td>
</tr>
<tr>
<td>• Clearly identifies approval and unmet criteria</td>
</tr>
<tr>
<td>• Applies to all services approved or denied thru TARs</td>
</tr>
</tbody>
</table>

### Action Items

**Ellen Payton** asked if there were listings of recovery sites or residential recovery homes on the website or where people in need could find that information. **Margaret** replied saying they are listed on the website but the best way someone could get that information is to call the Beacon number. (855) 765-9703.

### 2. Wellness & Recovery

*Margaret Kisliuk*

Starting July 1, 2020, PHC began administering substance use services to Medi-Cal beneficiaries in Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano counties.

**Key Components of the New Benefit**

- Full continuum of services
- Central Access Line
- Standardized Medical Necessity Criteria - ASAM
- Care coordination across systems
  - Primary Care
  - Mental Health
  - Substance Use
## Agenda Topic

**Wellness & Recovery**  
*Continued*

<table>
<thead>
<tr>
<th>Discussion/Conclusions</th>
<th>Action Items</th>
</tr>
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</table>
| • Outpatient and intensive outpatient counseling  
• Withdrawal management (detoxification)  
• Medication assisted treatment including opioid treatment programs  
• Residential treatment  
• Recovery/after care services  
• Case management                                                                                                                                                                                                     |              |

PHC members will have access to substance use benefits in the following counties:  

- Humboldt  
- Lassen  
- Mendocino  
- Modoc  
- Shasta  
- Siskiyou  
- Solano

Additionally, members who reside in the above counties and have Medi-Cal but have not yet been assigned to PHC will be covered for substance use services by this program. Limited coverage for non-Medi-Cal members.

- On average, thirty people a day call the Beacon Call Center to inquire about the benefit and be connected to care (855) 765-9703.  
- About 15 people a day are linked to services.  
- We are working with our counties to increase awareness and use of the benefit.
### Agenda Topic: Population Health

#### Catherine Thomas

Catherine presented four different flyers and requested the CAC members to review and complete a survey on each.

1. Control Your Asthma
2. Managing Diabetes - ABCs of Diabetes
3. Managing Diabetes - Diet and Exercise
4. Managing Diabetes - My Medication Record

In the provided pre-addressed and stamped envelope in their packets.

### IV. Additional Business/Other Items

#### 1. Open Forum for CAC Guests

Wendy Longwell wanted to remind everyone the Disability Action Center (DAC) can provide assistance for those who deal with power outages.

California Foundation for Independent Living Centers (CFILC) are working in collaboration on a readiness program to support people with disabilities and older adults before, during and after a Public Safety Power Shutoff or other emergency.

Wendy provided flyers on the following:

- **Voice Options**: Offers assistance with speech impediments; no age requirements. An iPad is provided with programs on it to increase communication.
- **Vision Loss**: Older individuals with vision loss, their family & friends, as well as healthcare and social service providers is available at DAC.

**Ellen Payton** said the nearest cardio rehab center is nearly two hours away from her. She was curious why there aren’t any rehab centers in Susanville.

**Michelle** responded saying she would talk with Provider Relations to see if there is anything they are working on or if they know of anything that is up-and-coming in her area.
## Agenda Topic

### Open Forum for CAC

**Guests Continued**

- Self-Care Classes for Independent Living Skills (ILS): Designed to improve or maintain the participant’s ability to live as independently as possible in the community.
  - Anxiety control in public
  - Destressing at home
  - Meditation styles
  - Stretching/Light exercise
  - Medical Record Binder
  - Budgeting
  - Meal Planning
  - Emergency Planning
  - Organizing Paperwork
  - Resume Building

**DAC can be reached at:**

2453 Athens Ave. Redding, CA 96001  
(530) 242-8550

**Wendy can be reached at:**

wendyl@actionctr.org

## V. Adjournment

Meeting adjourned at 2:00 pm

December 3, 2020

Minuets recorded by: Chelsea Breshears

- **Chelsea Breshears arrived @ 12:20**
- **Wendi West left @ 1:09pm**
- **Wendy Longwell left at 1:15 and returned at 1:17pm.**
Consumer Advisory Committee
Report from the Chief Executive Officer, Liz Gibboney
December 2020

1. National Election

2. PHC’s COVID-19 Response
   • Telehealth Promotion
   • Vaccine Distribution

2. State Programs
   • MediCal Rx
   • Behavioral Health Grants

3. Major Projects Updates
   • National Committee on Quality Assurance (“NCQA” Accreditation)
   • Healthcare Effectiveness Data Information Set (“HEDIS” Scores)
   • Drug Treatment Services (the “Wellness & Recovery Program”)
   • California Advancing and Innovating MediCal (the “CalAIM” Waiver)

4. Racism and Health Equity Work

5. PHC’s Strategic Plan for 2020-2023

6. Questions & Answers
1. **Governor’s Proposal to Carve out Pharmacy**
   - In mid-November, DHCS announced the Medi-Cal Rx Transition has been postponed until **April 1, 2021**.
   - PHC is assessing the impact of the timeline change on our members and operations.
   - Members did receive a 90 and 60 day notice from DHCS, PHC is encouraging the State to send an additional notice to inform members of the date changed.
   - PHC continues to work with the state to ensure continuity of care for our member and to prevent any gaps in care.

2. **California Advancing and Innovating Medi-Cal (CalAIM)**
   - CalAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes for the Medi-Cal populations.
   - This initiative was postponed in early 2020 due to Covid, but we expect it to restart in early 2021.
   - CalAIM is a series of proposals that would have significant changes to the Medi-Cal program.
   - Proposed changes include:
     i. Move Medi-Cal to a more consistent and seamless system by reducing complexity (including standardizing enrollment into managed care)
     ii. Add Population Health Management and Enhances Case Management to keep members health and identify and asses member risks and needs
     iii. Significant changes for County Behavioral Health programs including payment reform, revisions to BH medical necessity and integration.
2020 Member Survey Review & Project Updates

Tahereh Daliri Sherafat
Agenda

• 2020 CAHPS Survey Scores
  o Survey parameters and response rate
  o Current results and year to year comparison
• Interpreting Services Enhancement
  o Benefits of transitioning
  o Status
  o Next steps
• Interactive Voice Response (IVR) Snapshot
SPH administered the 2020 Medicaid Adult 5.0 CAHPS survey using an NCQA approved methodology. Surveys were collected via a mail and phone methodology. Members eligible for the survey were those 18 years and older (as of December 31 of the measurement year) who had been continuously enrolled in the plan for at least five of the last six months of the measurement year. A synopsis of the data collection methodology is outlined below:

 VALID SURVEYS

<table>
<thead>
<tr>
<th>Survey Method</th>
<th>Total Count</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail</td>
<td>223</td>
<td>29 in Spanish</td>
</tr>
<tr>
<td>Phone</td>
<td>75</td>
<td>4 in Spanish</td>
</tr>
<tr>
<td>Internet</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

**2020 RESPONSE RATE**

\[
\text{Response Rate} = \frac{\text{Completed}}{\text{Sample size} - \text{Ineligible members}}
\]

\[
\frac{223 \text{ (Mail)} + 75 \text{ (Phone)}}{2025 \text{ (Sample)} - 32 \text{ (Ineligible)}} = 15.0\%
\]

**RESPONSE RATE COMPARISON**

The 2020 SPH Analytics Book of Business average response rate is 15.5%.
## 2020 CAHPS: Results/Comparisons (Adult)

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>SUMMARY RATE</th>
<th>CHANGE</th>
<th>2020 SPH BENCHMARK</th>
<th>2019 QC BENCHMARK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2019</td>
<td>2020</td>
<td>SUMMARY RATE</td>
<td>PERCENTILE RANK</td>
</tr>
<tr>
<td>Rating of Health Plan (% 8, 9 or 10)</td>
<td>72.5%</td>
<td>70.9%</td>
<td>-1.6%</td>
<td>80.3% &lt;5th</td>
</tr>
<tr>
<td>Rating of Health Care (% 8, 9 or 10)</td>
<td>73.2%</td>
<td>71.5%</td>
<td>-1.7%</td>
<td>76.9% 11th</td>
</tr>
<tr>
<td>Rating of Personal Doctor (% 8, 9 or 10)</td>
<td>79.8%</td>
<td>81.3%</td>
<td>1.5%</td>
<td>84.2% 17th</td>
</tr>
<tr>
<td>Rating of Specialist (% 8, 9 or 10)</td>
<td>82.6%</td>
<td>77.9%</td>
<td>-4.7%</td>
<td>84.7% 9th</td>
</tr>
<tr>
<td>Getting Needed Care (% Always or Usually)</td>
<td>78.2%</td>
<td>77.2%</td>
<td>-1.0%</td>
<td>83.5% 11th</td>
</tr>
<tr>
<td>Getting Care Quickly (% Always or Usually)</td>
<td>79.6%</td>
<td>78.4%</td>
<td>-1.2%</td>
<td>82.7% 14th</td>
</tr>
<tr>
<td>Coordination of Care (% Always or Usually)</td>
<td>84.0%</td>
<td>81.9%</td>
<td>-2.1%</td>
<td>85.9% 23rd</td>
</tr>
<tr>
<td>Customer Service (% Always or Usually)</td>
<td>90.8%</td>
<td>88.3%</td>
<td>-2.5%</td>
<td>89.4% 32nd</td>
</tr>
</tbody>
</table>

**Significance Testing**

- **Green** – Current year score is significantly higher than the 2019 score (†) or benchmark (▲) score.
- **Red** – Current year score is significantly lower than the 2019 score (¶) or benchmark (▼) score.
SPH administered the 2020 Medicaid Child 5.0 CAHPS survey using an NCQA approved methodology. Surveys were collected via a mail and phone methodology. Members eligible for the survey were parents of those 17 years and younger (as of December 31 of the measurement year) who had been continuously enrolled in the plan for at least five of the last six months of the measurement year. A synopsis of the data collection methodology is outlined below:

### VALID SURVEYS

<table>
<thead>
<tr>
<th>Total Number of Mail Completes</th>
<th>289 (122 in Spanish)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Phone Completes</td>
<td>251 (155 in Spanish)</td>
</tr>
<tr>
<td>Total Number of Internet Completes</td>
<td>NA</td>
</tr>
</tbody>
</table>

### 2020 RESPONSE RATE

\[
\text{Response Rate} = \frac{\text{Completed}}{\text{Sample size} - \text{Ineligible members}}
\]

\[
\frac{289 \text{ (Mail) + 251 \text{ (Phone)}} = 540}{3300 \text{ (Sample) - 23 (Ineligible)} = 3277} = 16.5\%
\]

### RESPONSE RATE COMPARISON

The 2020 SPH Analytics Book of Business average response rate is 12.6%.
<table>
<thead>
<tr>
<th>MEASURE</th>
<th>SUMMARY RATE</th>
<th>CHANGE</th>
<th>2020 SPH BENCHMARK</th>
<th>2019 QC BENCHMARK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2019</td>
<td>2020</td>
<td></td>
<td></td>
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<td></td>
<td>36(^{th})</td>
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<td>50th</td>
</tr>
<tr>
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<td>67.8%</td>
<td>4.0%</td>
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<td>15(^{th})</td>
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<td>70.4%</td>
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<td>Rating of Personal Doctor (% 9 or 10)</td>
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<td>28(^{th})</td>
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<td>77.3%</td>
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<td>Rating of Specialist (% 9 or 10)</td>
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<td>75.0%</td>
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<td>51(^{st})</td>
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<td>Getting Needed Care (% Always or Usually)</td>
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<td>84.5%</td>
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<td>35th</td>
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<tr>
<td>Getting Care Quickly (% Always or Usually)</td>
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<td>90.5%</td>
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<td>89.4%</td>
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<td></td>
<td>37th</td>
</tr>
<tr>
<td>Coordination of Care (% Always or Usually)</td>
<td>86.4%</td>
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<td>-0.5%</td>
<td>85.0%</td>
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<td>83.8%</td>
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<td>68th</td>
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<td>Customer Service (% Always or Usually)</td>
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<td></td>
<td>89th</td>
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</tbody>
</table>

**Significance Testing**
- **Green** – Current year score is significantly higher than the 2019 score (↑) or benchmark (△) score.
- **Red** – Current year score is significantly lower than the 2019 score (↓) or benchmark (▼) score.
Language Services: Interpreting Pilot
Interpreting Pilot

Benefits

• Creates better access to interpreting services
• Ensures consistent quality level of interpreters
• Provides service on-demand & intuitive interface for providers
• Can be used in tele-health visits
• Significant cost reduction for the plan
Interpreting Pilot

Status

• Pilot underway with 5 providers
  o Associated Kidney Specialists of the North Bay: Dr. Nagarathna Manjappa (Napa)
  o Microtone Audiology (Napa)
  o Northeastern Rural Health Center (Lassen)
  o Shasta Community Health Center (Shasta)
  o Redding Rancheria Trinity Health Center (Trinity)
Interpreting Pilot

Next Steps

• Complete short term pilot & present results to the executive team

• Contract execution

• Implementation/Communication plan from executive approval (4-6 weeks)
Member satisfaction survey via the interactive voice response (IVR) went live 10/22

• Questions & Current Year to Date (43 surveys)
  - First call resolution – 81.4%
  - Satisfaction with the agent – 82.9%
  - Satisfaction with the plan – 87.2%
Other questions or concerns?
Call us at (800) 863-4155, 
TTY users call (800) 735-2929 or 711.
We are available Monday through Friday 
from 8 a.m. to 5 p.m.

PHC complies with applicable federal civil 
rights laws and does not discriminate on the 
basis of race, color, national origin, age, 
disability, or sex.

Se habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. 
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Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika 
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(800) 863-4155. 
TTY: (800) 735-2929 or 711.

If you need help, call Member Services at (800) 863-4155 Monday – Friday, 
8 a.m. to 5 p.m.
TTY users can call the California Relay Service at (800) 735-2929 or call 711.
The HPV vaccine is a covered Medi-Cal service for PHC members.

Partnership HealthPlan of California 
provides HPV vaccines. 
Preparing your child now can prevent cancer later.
About HPV

- Human papillomavirus (HPV) is easily spread by sexual contact including skin-to-skin contact, and can be passed even when an infected person has no signs or symptoms.
- Certain types of HPV cause cancers of the cervix, mouth, throat, anus, and genitals.
- Getting two doses of HPV vaccine before someone is exposed to the virus can prevent cancers and genital warts.
- HPV vaccine is recommended for all children between the ages of 9 and 13 years old. The HPV vaccine works best to prevent cancer when given at this age rather than waiting until a child is older.

Data Highlights

- 4 out of 5 people will get the HPV infection in their lifetime.
- 9 out of 10 cases of cervical cancer are from an HPV infection. Most cervical cancer can be prevented by the HPV vaccine. – Centers for Disease Control and Prevention (CDC)
- With over 120 million doses given in the United States, HPV vaccine is safe. It is backed by more than 12 years of study and research.

Dose Recommendation

- The CDC recommends that all children between 9 and 13 years old get two doses of HPV vaccine 6 to 12 months apart.
- If your child is over the age of 13 and has not received the HPV vaccine, it is not too late. You should still talk to their doctor about getting the vaccine. The CDC recommends people up to the age of 26 can still get the vaccine if they did not when they were younger.
Educational Material Title: HPV Brochure

Thank you for participating in our field testing survey. Your feedback will be used to better connect with our members. This survey should take no longer than 5 minutes to complete.

1. Does this brochure grab your attention?
   - ☐ Yes
   - ☐ Somewhat
   - ☐ No

2. Is the brochure easy to understand?
   - ☐ Yes
   - ☐ Somewhat
   - ☐ No

3. Does the message of the brochure make you want to take action?
   - ☐ Yes
   - ☐ No

4. Would you share this brochure?
   - ☐ Yes
   - ☐ No

5. Do you connect to the images on the brochure?
   - ☐ Yes
   - ☐ Somewhat
   - ☐ Not at all

6. If you could make changes to this brochure, what would they be?
   - ☐ No changes
   - ☐ List changes: ____________________________
Preparing your child now can prevent cancer later. Make sure they get the HPV vaccine.

4 out of 5 people will get an HPV infection in their lifetime!

Between the ages of 9 and 13, all children should get two doses of HPV vaccine 6 to 12 months apart.

Schedule an appointment with your child’s doctor today. The HPV vaccine is a covered Medi-Cal service for PHC members.

About 14 million people in the United States get Human Papillomavirus (HPV) each year, including young people.

While most HPV infections go away on their own, infections that don’t go away can lead to certain types of cancer.

3 questions to ask your child’s doctor

- When should my child get the HPV vaccine?
- Is it safe?
- Does it work?

Call Member Services at (800) 863-4155
Monday - Friday, 8 a.m. to 5 p.m.
TTY: (800) 735-2929 or call 711.

Partnership
Healthplan of California
A Public Agency
Thank you for participating in our field testing survey. Your feedback will be used to better connect with our members. This survey should take no longer than 5 minutes to complete.

1. Does this material grab your attention?
   - ☐ Yes
   - ☐ Somewhat
   - ☐ No

2. Is the material easy to understand?
   - ☐ Yes
   - ☐ Somewhat
   - ☐ No

3. Does the message of the material make you want to take action?
   - ☐ Yes
   - ☐ No

4. Would you share this material?
   - ☐ Yes
   - ☐ No

5. Do you connect to the images on the materials?
   - ☐ Yes
   - ☐ Somewhat
   - ☐ Not at all

6. If you could make changes to this material, what would they be?
   - ☐ No changes
   - ☐ List changes: ____________________________________________
Preparing your child now can prevent cancer later. Make sure they get the HPV vaccine.

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Thank you for participating in our field testing survey. Your feedback will be used to better connect with our members. This survey should take no longer than 5 minutes to complete.

1. Does this postcard grab your attention?
   ☐ Yes
   ☐ Somewhat
   ☐ No

2. Is the postcard easy to understand?
   ☐ Yes
   ☐ Somewhat
   ☐ No

3. Does the message of the postcard make you want to take action?
   ☐ Yes
   ☐ No

4. Would you share this postcard?
   ☐ Yes
   ☐ No

5. Do you connect to the images on the postcard?
   ☐ Yes
   ☐ Somewhat
   ☐ Not at all

6. If you could make changes to this postcard, what would they be?
   ☐ No changes
   ☐ List changes: __________________________________________
Preventing your child now can prevent cancer later. Make sure they get the HPV vaccine.

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Between the ages of 9 and 13, all children should get two doses of HPV vaccine 6 to 12 months apart.

Schedule an appointment with your child’s doctor today.
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TTY: (800) 735-2929 or call 711.
Thank you for participating in our field testing survey. Your feedback will be used to better connect with our members. This survey should take no longer than 5 minutes to complete.

1. Does this poster grab your attention?
   ☐ Yes
   ☐ Somewhat
   ☐ No

2. Is the poster easy to understand?
   ☐ Yes
   ☐ Somewhat
   ☐ No

3. Does the message of the poster make you want to take action?
   ☐ Yes
   ☐ No

4. Would you share this poster?
   ☐ Yes
   ☐ No

5. Do you connect to the images on the poster?
   ☐ Yes
   ☐ Somewhat
   ☐ Not at all

6. If you could make changes to this poster, what would they be?
   ☐ No changes
   ☐ List changes: ________________________________
PHC is a County Organized Health Systems (COHS) Plan

**Non-Profit Public Plan**
Low administrative Rate (less than 4 percent) allows for PHC to have a higher provider reimbursement rate and support community initiatives

**Local Control and Autonomy**
A local governance that is sensitive and responsive to the area’s healthcare needs

**Community Involvement**
Advisory boards that participate in collective decision making regarding the direction of the plan
What is driving this work?

- We are listening to our community partners
  - At our annual Strategic Planning Meeting in January, Workforce was identified as a primary driver for our providers to meeting quality and service goals

- Not a new problem
  - California Future Health Workforce Commission – Liz Gibboney
    - The final report found that California is expected to have a shortfall of 4,100 primary care clinicians, 600,000 home care workers, and will only have two-thirds of the necessary psychiatrists

- Healthcare Quality
  - A workforce shortage is a major challenge for our quality measures

- Healthcare Equity
## Gap Analysis By Region

<table>
<thead>
<tr>
<th>County</th>
<th>FM Physician Residency</th>
<th>AP Residency</th>
<th>University</th>
<th>2 year - Jr College</th>
<th>WFD Affiliation</th>
<th>Consortium?</th>
<th>Youth Career Pathways?</th>
<th>Medicine - Pre-Med Scholarship(s)</th>
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<td>Lassen</td>
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</tbody>
</table>
CHW- Community Health Worker Program

• A CHW is a frontline health worker who is a trusted member of and generally has a solid understanding of the community served.

Next Steps

• Assess and endorse existing program
• Develop scholarship program – establish process to incorporate members into program
• Partner with providers to establish internship program
What we are doing

Provider Recruitment Program

History
The program was created as a pilot program in September of 2014 with PHC board approved funding for our 14 county service area. To date more than $8.2 million has been approved for the PRP to support hiring of primary care providers.

Success
As of 11/1/2020 PHC has supported 413 accepted offers since program creation
Acceptances include:
- 193 physicians
- 220 advanced practice clinicians (nurse practitioners & physician assistants)

Enhancements
Expansion and increase of payout to spread over 3 year period versus 1
Inclusion of Behavioral Health Professionals
Inclusion of Obstetrics and Gynecology specialists

Other ways PHC is supporting Provider Recruitment
- PHC Recruitment Academy
  - In person training and website
- HPSA (Health Professional Shortage Areas) Score support
  - External consultant to assist providers with HPSA Scoring Increase
Introducing our Workforce Development Team

Chloe Schafer
Regional Manager

Kathryn Power
Manager of Community Relations & Policy

Cody Thompson
Project Coordinator

Yolanda Latham
Project Manager
What we need from you…

- Provide feedback on the CHW role and how this role may function in your community
- If you would like more information on the CHW role, please reach out to the Workforce Development Team

Questions?

Contact Information

Northern Region
Chloe Schafer, Regional Manager
Phone: (707) 430-4841
PHC Community Resources

PHC has identified community resources within all the counties that we serve. In order to locate a resource near you, please go to the PHC website at:  www.partnershiphp.org

Select “Community”, then select the county in which you live, or would like to view resource for.
Select what type of resources you are interested in finding. There are 22 categories of resources to select, as well as additional, state, and federal resources found at the bottom of the page. (When there is an emergency in your area, like a fire, the “Emergency Response” button will be added to your county for 90 days after the start of the emergency.)

A list of all the resources for that category will come up, and provide hyperlinks to the resources pages identified.
Looking for things your family need can take a lot of time. PHC has a social resource section on our website that can save you time. The resources are grouped by type to help you find what you need.

<table>
<thead>
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<th>• Children and Families</th>
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<th>• Crisis Services</th>
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<td>• Substance Abuse</td>
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<tr>
<td>• Member Education</td>
<td>• Additional Resources</td>
<td>• National and Statewide Resources</td>
<td></td>
</tr>
</tbody>
</table>

**Where to Find these Resources Online**

Go to [www.partnershiphp.org](http://www.partnershiphp.org) > Hover over the Community Tab > Pick the county you need resources in. Click on the type of resource you need and a PDF form will open that lists resources of that type in the county.

**Help Out PHC Members**

Do you know of a resource that is not listed? Do you have updates on a resource listed on our website? Do you have a general question? If so, please contact PHC. We’d love to hear from you!

Email us at: [PopHealthOutreach@partnershiphp.org](mailto:PopHealthOutreach@partnershiphp.org)
An example of a County Resource Page