



**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
CONSUMER ADVISORY COMMITTEE  
THURSDAY, SEPTEMBER 12, 2019 12:00pm – 1:30pm**

**Held at PHC’s Southeast Regional office at 4605 Business Center Drive, Fairfield, CA  
94534 (Conference Room C – 1<sup>st</sup> floor)**

**(Video Conference Locations)  
495 Tesconi Circle, Santa Rosa, CA 95401  
951 Low Gap Road, Ukiah, CA 95482**

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

		<b>Lead</b>	<b>Page</b>	<b>Time</b>
<b>1</b>	<b>Introductions</b> <i>Please state your name, which area you represent and in one word the healthiest thing you’ve eaten this summer.</i>	<b>Araceli Gutierrez</b> Mbr. Services Supervisor		12:00
<b>2</b>	<b>Public Comments</b> <i>At this time, please review the agenda. Community advocates or members of the public who are usually not part of this committee may address the committee on any non-agenda item of interest that is within the subject matter jurisdiction of the committee. For agenda items, please wait until the committee’s consideration of that item. Speakers will be limited to three (3) minutes. Please note: Any new agenda items that require action will be scheduled for a future meeting.</i>	<b>Araceli Gutierrez</b> Mbr. Services Supervisor		12:10
<b>3</b>	<b>Approval of June 2019 Minutes</b> <i>Need a CAC member to make a motion to accept the June minutes and another member to second the motion.</i>	All	3-7	12:15
<b>I. Old Business</b>				
<b>1</b>	<b>Follow up questions from June CAC meeting</b> <i>Brief update on visit to Paul’s Place in Davis by Lance LeClair.</i>	<b>Araceli Gutierrez</b> Mbr. Services Supervisor		12:20
<b>II. New Business</b>				
<b>1</b>	2018 Grievance & Appeals Annual Report <i>Presentation</i>	<b>La Rae Banks</b> Assoc. Director, Grievance & Appeals	9-16	12:25
<b>2</b>	<b>CCS Transition</b> <i>Update on CCS transition to PHC</i>	<b>Katherine Barresi</b> Assoc. Director of Care Coordination	17-21	12:45
<b>III. Standing Agenda Items</b>				
<b>1</b>	<b>Policy and Program Update</b> <i>Update on policies and programs</i>	<b>Dustin Lyda</b> Associate Director of Comm. & Public Affairs	23	1:00
<b>2</b>	<b>HealthPlan Update</b> <i>Brief recap of latest Board meeting &amp; HealthPlan Updates</i>	<b>Sonja Bjork</b> Chief Operating Officer		1:10
<b>3</b>	<b>Introduction of new Board member and Report on Board Meeting</b> <i>Brief highlights of the last Board Meeting</i>	<b>Bill Remak</b> Consumer Board Member		1:20
<b>IV. Additional Business/Other items</b>				
<b>1</b>	<b>SPDs/CCS Assessment Tool</b> <i>Review by CAC members</i>	<b>Rebecca Boyd Anderson</b> Director of Care Coordination	25-30	1:30
<b>2</b>	<b>Open discussion at all location sites individually</b> <i>Information sharing by committee members</i>	All		1:35
<b>V. Adjournment</b>				
<b>1</b>	Next Meeting: December 12, 2019			

Government Code §54957.5 requires that public records related to items on the open session agenda for a regular Consumer Advisory Committee 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 committee has designated the Member Services Department 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 Consumer Advisory 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](http://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 [agutierr@partnershiphp.org](mailto:agutierr@partnershiphp.org). Notification in advance of the meeting will enable the Member Services Department 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.

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## MEETING MINUTES

**Meeting Name:** Consumer Advisory Committee

**Date:** June 13, 2019

**Time:** 12:00pm – 1:30pm

**Location:** 4665 Business Center Drive, Fairfield, CA 94534 (Held at PHC’s Southeast Regional office)  
 495 Tesconi Circle, Santa Rosa, CA 95401 (Video Conference Location)  
 951 Low Gap Road, Ukiah, CA 95482 (Video Conference Location)

**Attendees:** Joyce Floyd, Beverly Franklin, Eugene Korte, Judith Louro (guest), Nunie Matta, Krissie Matta (guest), Frances Porter, LaSonja Porter, Bill Remak, Darnice Richmond, Bob Sessler

**PHC Attendees:** La Rae Banks, Sonja Bjork, Jennifer Bush, Liz Gibboney, Araceli Gutierrez, Shauncey Jenkins, Dr. Marshall Kubota, Sandra McMasters, Dr. Moore, Melissa Perez, Jose Puga, Melissa Schumann, Lynn Scuri, Kevin Spencer, Colleen Valenti

**Absent:** Adrianna Dryden, David French, Stan Gow, Kathleen Ogin, Wendy Ostergaard, Michael Strain, Amy Turnipseed

Agenda Topic	Minutes	Action Items
<p><b>Introduction &amp; Approval of Minutes</b></p>	<p><b>Introductions</b> from all sites were conducted.            Minutes from the March 14, 2019 meeting were reviewed and received approval.</p>	<p>Darnice Richmond motioned and Lance Leclair seconded to approve the March 14, 2019 minutes.</p>
<p><b>Public Comments</b></p>		<p>No comments</p>
<p><b>Old Business</b></p>	<p>Follow up from the request at the previous CAC meeting to see how Bill Remak is doing with his glucose monitor. He gave a brief update on how the monitor is working for him. He informed the group that he has better control of his body and he can see how his levels react with certain foods. He has been using it for 4 months and he has already lowered his A1C. He also informed the group about AB848 regarding Medi-Cal covering continuous benefits of glucose monitors and suggests PHC looks into it.</p>	



<p><b>Consumer PHC Board Position</b></p> <p><b>Cultural and Linguistics Policy and Health Education Policy Update</b></p>	<p>Nightingale is located within Napa and Sonoma and they provide homeless support services and respite care. They have respite and step down beds for individuals discharged from the hospital or skilled nursing facilities and they will work with the participants to transition them into housing. They have showers, food and mail service along with providing clothing vouchers to shop for professional outfits for interviews, jobs and court.</p> <p>Kevin asked the group which shelter that they would like to have a representative come to the next CAC meeting. They group voted and they selected Shelter Solano.</p> <p>How can PHC get this information out to our members who are displaced within the community? Beverly suggested at any community event, we set tables up with this information. Kevin informed the group that we do have a team that is working on community events. Lance suggested collaborating with organizations who do outreach to homeless. Nunie Matta wanted some clarification on SDOH and Kevin let him know what that was. LaSonja Porter mentioned forming an internal outreach for the homeless to try to get the information out there.</p> <p>Araceli Gutierrez reminded the group of the seat opening up for the Consumer PHC Board position, in the Southwest region. CAC members have until July 19<sup>th</sup> to apply. The applications will be reviewed and then the new member will be notified and will attend the August Board meeting.</p> <p>Sandra McMasters informed the group that the C&amp;L policy updated based off the new APL that came out. Some of the actions plans were changed and the languages to reflect the new APL. The member materials also updated to reflect the updated reading level. The Health Education Program policy has updated as well to add more information about the focus groups that we have. Nunie asked what</p>	<p>Kevin will work with Shelter Solano to see if they can have a representative come to the next CAC meeting.</p>
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	<p>bilingual staff PHC have internally. Sandra informed him that PHC has 43 staff members bilingual in Spanish, we do not have other languages in house that are certified but we do have interpreter services. Araceli informed the group on the interpreter services we offer to our members and there are many different languages.</p> <p>Sandra asked the group if there were any suggestions on the flyers. Bill suggested that the phone number be on the picture and be a little larger. La Rae Banks brought up that they can mail them out in their response letter for grievances to the members.</p>	
<p><b>Standing Agenda Item</b></p> <p><b>Member Material Review</b></p> <p><b>Report on Board Meeting from CAC Board Member</b></p> <p><b>HealthPlan Update</b></p>	<p>Sandra went over this in her C&amp;L policy and Health Education policy update that she discussed earlier.</p> <p>Sonja Bjork and LaSonja gave a brief update on the recent Board meeting. There are currently 33 Board members to cover our 14 counties. At the last Board meeting, there were some changes made such as, PAC got a new physician. In addition, a brand new Commissioner is going to represent Napa on the Board that oversees the county. There was also a presentation about specialty care and how hard it is to get into seeing one. There was discussion about all the ways PHC is trying to help people get access to specialty care. One way is trying to get more contracts with providers. Another option is Telehealth and many physicians are agreeing that would be a good option along with eHealth, which is where the PCP sends the specialist a description of what is going on with the member along with medical records. Then the specialist will advise the PCP on what the next steps should be. In addition, an option would be having the specialist come to the clinic instead of the member going to them. PHC also is trying to help our members with transportation to getting to a specialist.</p> <p>Liz gave a brief update on a few items such as the May revision. Governor Newsom proposes to add funds to the health care workforce</p>	

<p><b>Policy and Program Update</b></p>	<p>and delay expanding MediCal to undocumented young adults from this July to January 2020. The Governor is proposing to move the oversight of pharmacy benefits from health plans back to the State’s “fee for service” MediCal program. Bill Remak asked Liz if she had a sense of where the Governor is heading regarding the pharmacy benefit and trying to dictate the formularies. Liz stated that at the State level, they want to have one formulary for the entire state.</p> <p>PHC is working hard on how to improve our HEDIS scores.</p> <p>Paul’s Place had a community event that some of our Board members and a few CAC members attended. PHC contributed \$750,000 towards their \$5M budget to build and we were the first organization to donate to them.</p> <p>Sonja gave an update on policy and programs. She started by talking about the Palliative Care program and how PHC is trying to make sure the providers and members know about this benefit. Postcards will be going out in regards to this benefit soon. Next, she discussed CCS moving from the county to PHC, which was effective in January 2019. We have established a Family Advisory Committee (FAC) and welcome people who have children with disabilities or CCS to join.</p> <p>In regards to the Diabetes Prevention Program, the State asked all the health plans to start January 2019, which focuses on how to help prevent people from getting diabetes within a group session.</p>	<p>More updates on this program will come back to a future CAC meeting.</p>
<p><b>Additional Business</b></p> <p><b>Thank you &amp; Open Discussion</b></p>	<p>Araceli Gutierrez, Member Services Supervisor, thanked the CAC members for their time and participation. She reminded CAC members to sign in and have their mileage forms completed and to expect their stipends in 2-3 weeks.</p>	
<p><b>Adjournment Next Meeting</b></p>	<p><b>The meeting adjourned at 1:30pm. The next meeting will be September 12, 2019.</b></p>	

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# 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

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- VI. ~~CASE REVIEW: Grievance~~
- VII. ~~CASE REVIEW: State Hearing~~
- VIII. ~~CASE REVIEW: Exempt~~



# Grievance & Appeals Summary Report 2018 Case Investigations

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## 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

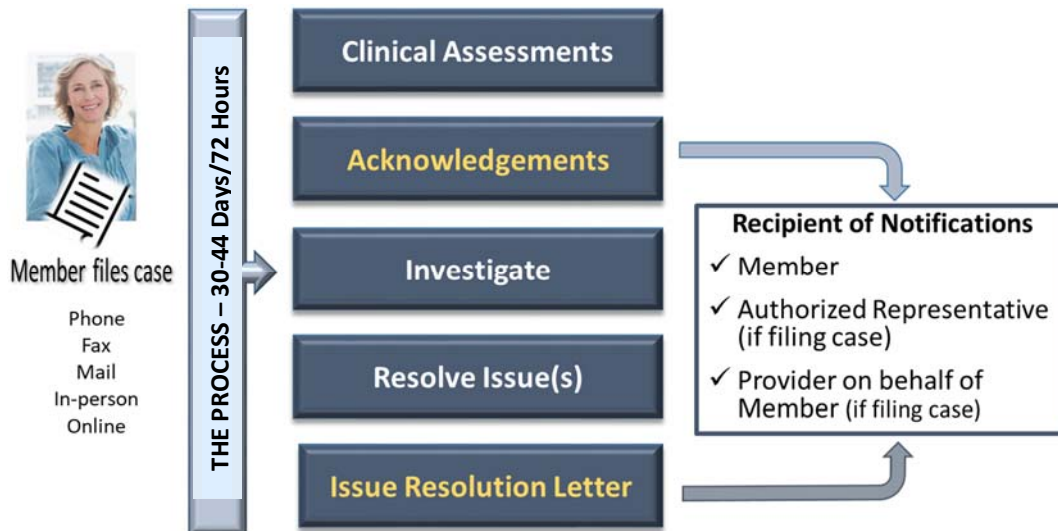
Partnership HealthPlan of California (PHC) recently completed the 2019 annual Department of Health Care Services (DHCS) audit. Successfully, there were no findings for the Grievance & Appeals (G&A) Department. Systematic aggregation and content analysis of G&A activity are reported quarterly to several 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

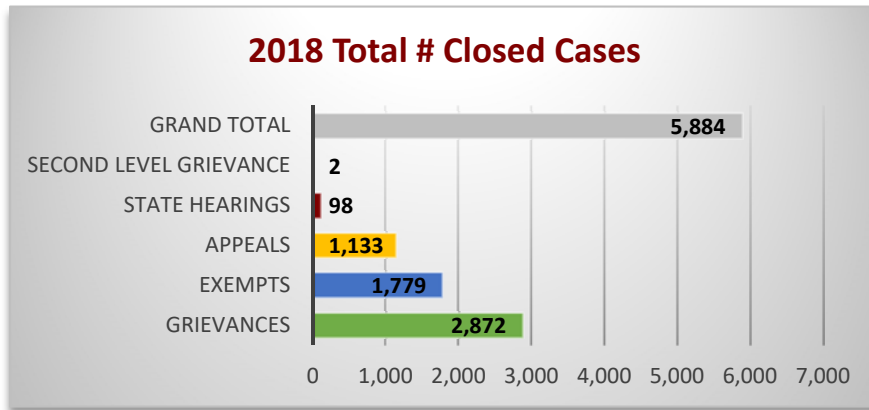
**Grievance - Request to consider anything other than an Adverse Benefit Determination**

- Dissatisfaction with their experience, allegations of discrimination, confidentiality 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

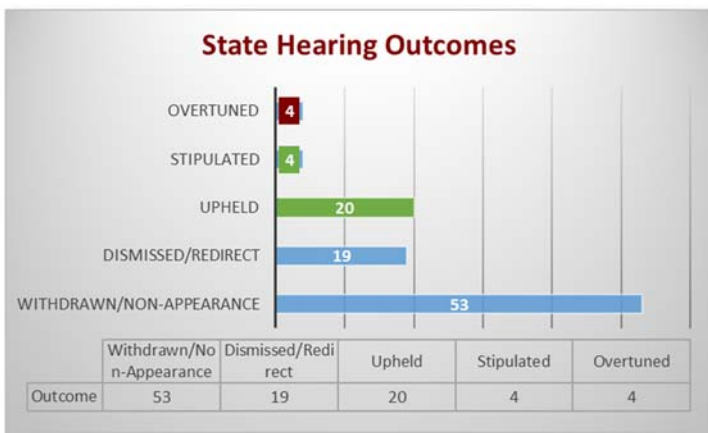
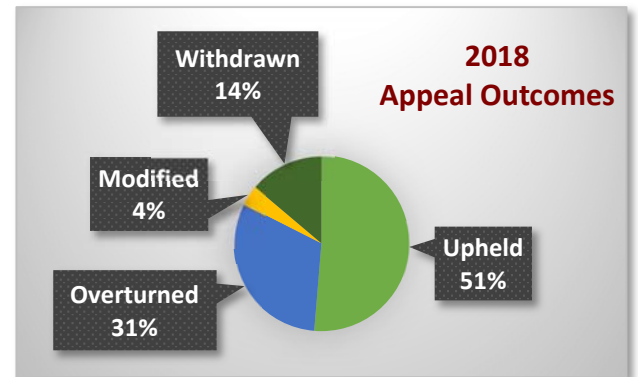


Throughout 2018, PHC investigated and closed approximately 5,884 total cases. Grievances were the most commonly filed case, followed by Exempts, Appeals, and State Hearings, respectively.

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)

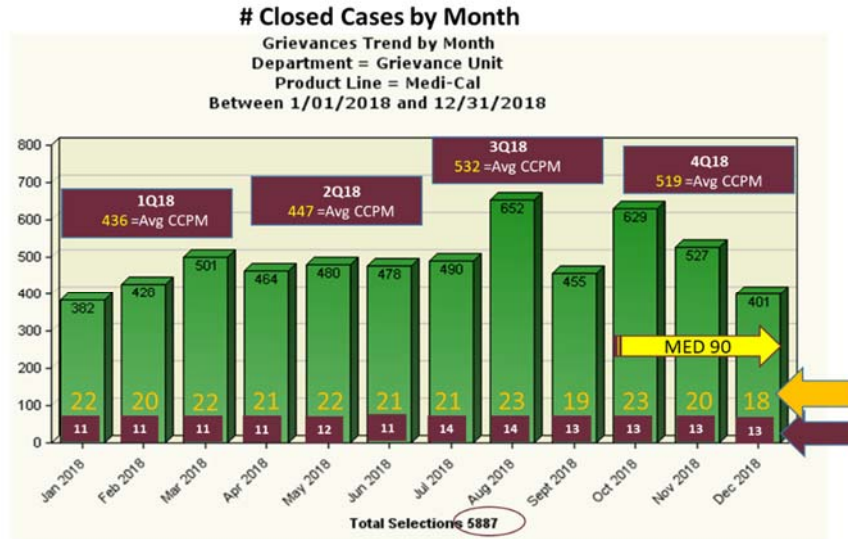
Lastly, all 1,779 Exempt cases were successfully resolved with two business days.

## 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

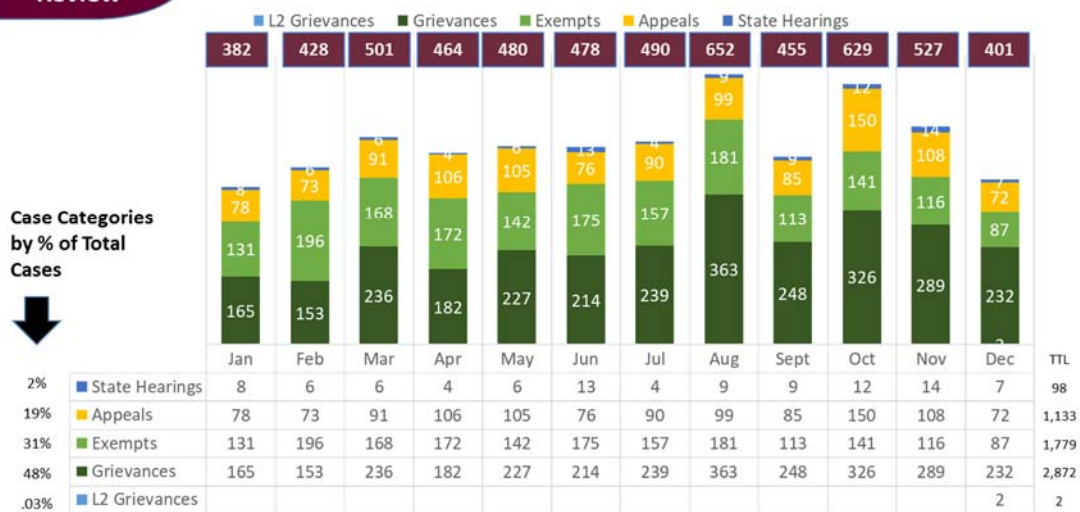


Notes: CCPM refers to Closed Cases per Month. TAT refers to Turnaround Time.

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

### 2018 Closed Cases by Month



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.



## Grievance & Appeals Summary Report 2018 Case Investigations

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

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
<b>Grand Total</b>	<b>1,432</b>	<b>145</b>	<b>4,726</b>	<b>2,257</b>	<b>8,560</b>

DHCS 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
<b>Key Drivers by Case Type</b>	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.





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# 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@partnershipphp.org](mailto:FAC@partnershipphp.org)**

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## **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.

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# FORM REVIEW SURVEY

Partnership HealthPlan is required by the State to provide a Health Risk Assessment (HRA) for our members on an annual basis. This tool is used to provide members with an evaluation of their health risks and quality of life.

**Partnership HealthPan is requesting your feedback on our Health Risk Assessment form (HRA).** Using the Sample form attached, please answer each question below and provide us with your feedback. Thank you for your participation.

*Note: Questions 19-29: Due to State requirements we are unable to make any changes.*

- 1. Are the HRA questions easy to read?     Yes     No
  
- 2. Are there any questions that you don't understand?     Yes     No    If so which one(s)  
How can we make it easier to understand? \_\_\_\_\_  
\_\_\_\_\_
  
- 3. Are there any words that you don't understand, we need to improve or make clearer?  
 Yes     No  
How can we make it clear/better? \_\_\_\_\_  
\_\_\_\_\_
  
- 4. Are there any questions that made you uncomfortable?     Yes     No
  
- 5. Do you suggest any changes to the HRA that we should consider?     Yes     No  
Please Add: \_\_\_\_\_  
\_\_\_\_\_

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# Partnership HealthPlan of California

## Health Risk Assessment Form

### Seniors and Persons with Disabilities (SPD)

This form will help Partnership HealthPlan of CA (PHC) learn about your health and wellness needs and find ways we can help you. Please take a few minutes to fill out this form and send it back as soon as possible.

If you think you need to see a doctor before PHC calls you, you should go to the doctor or hospital at that time.

If you have questions, please PHC at: **(800) 809-1350**  
Monday through Friday, between 8 a.m. – 5 p.m.  
TDD/TTY users should dial: (800) 735-2929

**Please return your completed form in the (yellow) envelope.**

**To:** Partnership HealthPlan of California  
4665 Business Center Drive  
Fairfield, CA 94534

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*Filling out this form is voluntary. We will not deny your care because of how you respond.*

**Name of PHC Member:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Medi-Cal ID Number:** \_\_\_\_\_

1. What is your preferred language?  
 English    Spanish    Russian    Mandarin    Tagalog    Other
2. What was your gender at birth?  
 Male    Female    Other
3. What pronouns do you prefer?  
 he/him/his    she/her/hers    they/them/their    other
4. Do you ever have trouble communicating due to hearing, vision, or speech problems?  
 Yes  
 No      Do you need special materials/equipment       Yes       No
5. In general, would you say that your health is  
 Excellent       Very Good       Good       Fair       Poor
6. Do you have a Primary Care Provider (PCP) - (a doctor)?       Yes       No
7. Do you have a Specialist (a doctor who specializes in health problems, like heart, kidney, cancer or other health problems)?       Yes       No
8. Do you feel your doctor(s) understand your medical needs?       Yes       No
9. Do you need to see a doctor in the next 60 days?       Yes       No  
    *If yes, do you have the appointment scheduled?*       Yes       No

10. Do you get services or care from a Regional Center that cares for people with developmental disabilities?  Yes  No
11. Are you pregnant?  Yes  No
12. Have you been to the emergency room 2 or more times in the last 12 months?  Yes  No
13. Have you been admitted to the hospital in the last 12 months?  Yes  No
14. Are you using medical equipment or supplies such as a hospital bed, wheelchair, walker, or ostomy bags?  
*If yes, do you need help getting more supplies?*  Yes  No
15. Do you smoke or use tobacco products?  
*If yes, would you like help quitting?*  Yes  No
16. Do you use home oxygen?  Yes  No
17. How many prescription medicines do you take each day?  
 1  2  3  4  5  6  7  8 or more
18. Have you ever been told you have any of these health problems?  
(check yes or no for each of the problems below)
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| California Children's Services (CCS) condition      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asthma/Lung problems                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart problems                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| HIV or AIDS   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kidney Disease                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Seizures  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cancer  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medical Therapy Program or Unit (MTP/MTU) condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If yes to any, do you see a doctor or specialist for any of these problems?*  Yes  No
- If yes to any, have you ever had any surgeries for these problems?*  Yes  No
- Do you need help finding a doctor to help you with these problems?  Yes  No
19. Have you ever been told you have a mental or behavioral health problem such as depression, bipolar disorder, or schizophrenia?  Yes  No  
If yes, do you need help finding a doctor to help you with a mental or behavioral health problem?  Yes  No
20. Would like more information about how to improve your health or stay healthy?  Yes  No
21. Do you need help with any of these actions? (**Yes** or **no** to each individual action, choose N/A if this is something you have never done)
- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| Taking a bath or shower                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Going up stairs                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Eating                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Getting dressed                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Brushing teeth, brushing hair, shaving | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Making meals or cooking                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Getting out of a bed or a chair        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Shopping and getting food              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- |  |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| Using the toilet   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Making it to the toilet on time/without an “accident”                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Walking  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Washing dishes or clothes  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Writing checks or keeping track of money                                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Getting a ride to the doctor or to see your friends                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Doing house or yard work   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Going out to visit family or friends                                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Using the phone  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Keeping track of appointments  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| <b>If yes, are you getting all the help you need with these actions?</b> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

22. Can you live safely and move easily around your home?  Yes  No  N/A
- If no, does the place where you live have: (Yes or no to each individual item)*
- |   |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| Good lighting   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Good heating  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Good cooling  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Rails for any stairs or ramps                           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Hot water   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Indoor toilet   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| A door to the outside that locks                        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Stairs to get into your home or stairs inside your home | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Elevator  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Space to use a wheelchair                               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Clear ways to exit your home                            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

23. I would like to ask you about how you think you are managing your health conditions
- |   |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| Do you need help taking your medications?                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Do you need help filling out health forms?                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Do you need help answering questions during a doctor’s visit? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

24. Which of the following answers best describes how you feel with your medical needs? (check all that apply)
- I sometimes forget what I am supposed to do for my health
  - I can’t afford all of things I need to take care of myself
  - It’s hard to read or understand directions at times
  - I’m confused about what I really need to do for my health
  - I don’t think it is necessary to do what my doctor says all of the time
  - I don’t understand my medical needs
  - I feel confident that I know how to take care of what I need

25. Do you have family members or others willing and able to help you when you need it?  Yes  No  N/A

26. Do you ever think your caregiver has a hard time giving you all the help you need?  Yes  No  N/A

27. Are you afraid of anyone or is anyone hurting you?  Yes  No  N/A

28. Is anyone using your money without your ok?  Yes  No  N/A

29. Have you had any changes in thinking, remembering, or making decisions?  Yes  No  N/A
30. Have you fallen in the last month?  Yes  No  N/A  
Are you afraid of falling?  Yes  No  N/A
31. Do you sometimes run out of money to pay for food, rent, bills, and medicine?  Yes  No  N/A
32. Over the past month (30 days), how many days have you felt lonely?  N/A
- None – I never feel lonely
  - Less than 5 days
  - More than half the days (more than 15)
  - Most days – I always feel lonely

Signature of Person Filling Out the Form: \_\_\_\_\_ Date Signed: \_\_\_\_\_

*If not signed by member, what is your relationship to the member:* Parent/ Guardian  
Other Representative

***Thank you for your time filling out this form.***

**CONFIDENTIAL**

REVIEW SAMPLE ONLY

CAC Members Do Not Fill Out