Board of Commissioners Meeting Agenda

April 23, 2025: 8:00 a.m. – 8:30 a.m.

In-person Location:

Hotel Winters, Orchard Ballroom, 12 Abbey Street, Winters, CA 95694

Remote Participation (Webex):

https://partnershiphp.webex.com/partnershiphp/j.php?MTID=mb1c5dea5e6ba84d5ba3d79ea82e921cd

Public Participation

Public comment is welcome during designated "Public Comments" time frames or by emailing comments to the Board Clerk at Board_FinanceClerk@partnershiphp.org by 5:00p.m on April 22, 2025. Comments received will be read during the meeting.

8:00A.M – Opening			
1.1 **Call to Order**			*Kim Tangermann, Chair*
1.2 **Roll Call**			*Assistant Clerk*
1.3	***ACTION:*** Approval of Agenda and Board Meeting Minutes for February 26, 2025	1-18	*Chair*
1.4	***ACTION***: Resolution to Approve the New Appointment of Ian Lloyd, to the Partnership Board as the Lassen County Representative	19-20	*Sonja Bjork*
1.5 **Public Comment & Correspondence**			*Chair and Assistant Clerk*
8:10A.M. – Consent Calendar			
3	***ACTION:*** Consent Calendar ▪ **2.1** Resolution to Approve Commendations and Appreciation for Commissioner Nolan Sullivan's Service to Partnership. ▪ **3.1** Resolution to Accept all Committee Minutes and Policy & Program Updates Approved by PAC. ▪ **3.2** Resolution to Approve Physician Advisory Committee Membership Changes. ▪ **3.3** Resolution to Approve the Cultural & Linguistic Program Description, as Approved by PAC	21-22 23-24 25-26 27-28	*Chair*

	Cultural & Linguistic Program Description (clean) Cultural & Linguistic Program Description (redline) Cultural & Linguistic Work Plan 2025 Cultural & Linguistic Program Evaluation 2024		
	▪ **3.4** Resolution to Approve the Care Coordination Program Description, MPCD2013, as Approved by PAC Care Coordination Program Description	29-30	
	▪ **3.5** Resolution to Approve the Proposed Measure Changes to the Hospital Quality Improvement Program (HQIP) as Approved by PAC	31-36	
	▪ **3.6** Resolution to Approve the Proposed Measure Changes to the Perinatal Quality Improvement Program (PQIP) as Approved by PAC.	37-41	

PAC Approved Policy Updates
Finance Committee – March 2025
Finance Committee – April 2025
Physician Advisory Committee for March 2025
Physician Advisory Committee for April 2025
Quality and Utilization Advisory Committee (Q/UAC) – March 2025
Quality and Utilization Advisory Committee (Q/UAC) – April 2025
Community Advisory Committee – December 2024
Community Advisory Committee – March 2025
Strategic Planning Committee (Ad hoc) – March 2025
Strategic Planning Committee – April 2025

8:15A.M. – Regular Agenda Items			
4.1	***ACTION:*** Approve Budget Assumptions for Fiscal Year 2025-26	42-49	*Jennifer Lopez*
Regular Reports			
5.1	***INFORMATION:*** Metrics and Financial Update	50-63	*Written Report*
8:30 A.M. – Adjournment			

Upcoming Meetings:

06/25/2025 – June Board Meeting
08/27/2025 – August Board Meeting
10/22/2025 – October Board Meeting

MINUTES OF THE MEETING OF
PARTNERSHIP HEALTHPLAN OF CALIFORNIA BOARD OF COMMISSIONERS
Held at Partnership Offices:

4605 Business Center Drive, Fairfield, CA (Conference Center)

2525 Airpark Dr., Redding, CA

1036 Fifth Street, Eureka, CA

495 Tesconi Circle, Santa Rosa, CA

249-299 Nevada Street, Auburn, CA

External Sites

Plumas Bank Chico located at 900 Mangrove Ave, Chico, CA

Plumas District Hospital located at 1065 Bucks Lake Rd., Quincy, CA

The Westin DC Downtown located at 999 9th Street Northwest Washington, DC
On
February 26, 2025

Members Present:, Darcie Antle, Jayme Bottke, Gena Bravo, Ranell Brown, Brion Burkett, Christopher Champlin, Cathryn Couch, Emery Cowan, Ryan Gruver, Liz Hamilton, JoDee Johnson (11:08 arrival), Dave Jones, Scott Kennelly, Liz Lara-O'Rourke (10:11 arrival), Phuong Luu, M.D., Nunie Matta, Andrew Miller, M.D., Robert Oldham, M.D., Jonathan Porteus, PhD, Kathryn Powell, Tiffany Rowe, Stacy Sphar, Nancy Starck, Nolan Sullivan, Kim Tangermann (Chair), Pedro Toledo, Dr. Lisa Warhuus, Jennifer Yasumoto, Jim Yoder

Members Excused: Jonathon Andrus, Christy Coleman, Dean Germano, Elizabeth Kelly, Belle Knight
Staff: Marc Agudelo, Leigha Andrews, Katherine Barresi, Jill Blake, Isaac Brown, Tina Buop, Jessica Cifolelli, Alexandra Chappell, Dell Coats, Wendi Davis, Marisa Dominguez, Naomi Gordon, Amber Gross, Curtis Hardwick, Mohamed Jalloh, PharmD, Mary Kerlin, Vicky Klakken, Marshall Kubota, M.D., James Legere, Tammi Lidie, Jennifer Lopez, Dustin Lyda, Richard Matthews, M.D., Matthew Morris, M.D., Robert Moore, M.D., Danielle Ogren, Kathryn Power, Jose Puga, Jeff Ribordy, M.D., Tim Sharp, Derick Stacy, Rebecca Stark, Nancy Steffen, Amy Turnipseed, Colleen Valenti, Edna Villasenor, Lisa Ward, M.D., Kory Watkins, Brent Weinberg, Sonja Bjork, CEO, and Ashlyn Scott, Board Clerk

Guests: Harry Boggs, Kristy Bowen, Heather Brown-Douglas, Amy Buckingham, Melanie Elliott-Eller, Christina Graves, Lisa Hazelton, Krissy Matta, Erin McNabb, Melody Preader, Lynn Seaver-Forsey, Adrienne Tindal-Schulz

AGENDA ITEM	DISCUSSION	MOTION / ACTION
1.0 Opening	Commissioner Kim Tangermann, Board Chair, called the bi-monthly meeting to order and welcomed everyone to the meeting, in person and at all remote Partnership HealthPlan offices. Board members were reminded to abstain from voting on any agenda item where they might have a conflict of interest, and to state their name before asking questions or making motions. As a reminder, Commissioner Tangermann read the Partnership Mission Statement: "to help our members, and the communities we serve, be healthy." She also stated that members of the public would have an opportunity to speak at designated times throughout the agenda.	None
1.2 Roll Call	Ashlyn Scott, Clerk of the Commission, called the roll indicating there was a quorum.	None
1.3 Approval of Agenda and the Board Meeting Minutes for December 4, 2024	Chairwoman Tangermann asked if anyone had changes for the agenda or corrections to the December 4, 2024 minutes. Hearing no requests for modification, she asked for a motion to approve the agenda and minutes.	*Commissioner Burkett moved to approve the agenda and minutes as presented, seconded by Commissioner Couch.* ***ACTION SUMMARY:*** *Yes: 23* *No: 0* *Abstention: 0* *Excused: 7 (*Andrus, Coleman, Germano, Johnson (11:08 arrival), Kelly, Knight, Lara-O'Rourke (10:11 arrival) **MOTION CARRIED**
1.4 Resolution to Approve the New Appointment of Emery Cowan to the Partnership Board as a Solano County Representative	Sonja Bjork, Chief Executive Officer, introduced Emery Cowan, Solano County Director of Health and Human Services, who the Solano Board of Supervisors has appointed to the Partnership Board of Commissioners. Chairwoman Tangermann requested a motion to approve Ms. Cowan's appointment.	*Commissioner Champlin moved to approve agenda item 1.4 as presented, seconded by Commissioner Yasumoto.* ***ACTION SUMMARY:*** *Yes: 23* *No: 0* *Abstention: 0*

		*Excused: 7 (*Andrus, Coleman, Germano, Johnson (11:08 arrival), Kelly, Knight, Lara-O'Rourke (10:11 arrival) **MOTION CARRIED**
1.5 Resolution to Accept the Resignation of Dr. Lisa Santora from the Partnership Board as a Marin County Representative and Commend her for her Service	Dr. Lisa Santora, Marin County Public Health Officer, has resigned from the Partnership Board as a Marin County representative, to allow the Marin Board of Supervisors to appoint Dr. Lisa Warhuus, Marin County Director of Health and Human Services, to the Partnership Board.	*Commissioner Antle moved to approve agenda item 1.5 as presented, seconded by Commissioner Couch.* ***ACTION SUMMARY:*** *Yes: 24* *No: 0* *Abstention: 0* *Excused: 7 (*Andrus, Coleman, Germano, Johnson (11:08 arrival), Kelly, Knight, Lara-O'Rourke (10:11 arrival) **MOTION CARRIED**
1.6 Resolution to Approve the New Appointment of Dr. Lisa Warhuus to the Partnership Board as a Marin County Representative	Dr. Lisa Warhuus, Marin County Director of Health and Human Services, has been appointed by the Marin Board of Supervisors to the Partnership Board.	*Commissioner Powell moved to approve agenda item 1.6 as presented, seconded by Commissioner Couch.* ***ACTION SUMMARY:*** *Yes: 25* *No: 0* *Abstention: 0* *Excused: 6 (*Andrus, Coleman, Germano, Johnson (11:08 arrival), Kelly, Knight) **MOTION CARRIED**
1.7 Resolution to Approve the New	The Marin County Board of Supervisors has appointed Pedro Toledo, Chief Executive Officer of Petaluma Health Center, to the Partnership Board as a Marin County representative.	*Commissioner Couch moved to approve agenda item 1.7 as*

Appointment of Pedro Toledo to the Partnership Board as a Marin County Representative		*presented, seconded by Commissioner Warhuus.* ***ACTION SUMMARY:*** *Yes: 26* *No: 0* *Abstention: 0* *Excused: 6 (*Andrus, Coleman, Germano, Johnson (11:08 arrival), Kelly, Knight) **MOTION CARRIED**
1.8 Resolution to Accept the Resignation of Shelby Boston from the Partnership Board as a Butte County Representative and Commend her for her Service	Board Commissioner, Shelby Boston, resigned from her position at Butte County and the Partnership Board.	*Commissioner Miller moved to approve agenda item 1.8 as presented, seconded by Commissioner Kennelly.* ***ACTION SUMMARY:*** *Yes: 27* *No: 0* *Abstention: 0* *Excused: 6 (*Andrus, Coleman, Germano, Johnson (11:08 arrival), Kelly, Knight) **MOTION CARRIED**
1.9 Resolution to Approve the New Appointment of Tiffany Rowe to the Partnership Board as a Butte County Representative	The Butte County Board of Supervisors has appointed Tiffany Rowe, Butte County Director/Public Guardian/Administrator, to the Partnership Board, replacing Shelby Boston.	*Commissioner Matta moved to approve agenda item 1.9 as presented, seconded by Commissioner Champlin.* ***ACTION SUMMARY:*** *Yes: 27* *No: 0* *Abstention: 0* *Excused: 6 (*Andrus, Coleman,

		Germano, Johnson (11:08 arrival), Kelly, Knight) **MOTION CARRIED**
1.10 Resolution to Approve Recognition for the Hospital QIP Top Performers for 2023-2024	Dr. Robert Moore, Chief Medical Officer, recognized the fifteen top performers in Partnership's Hospital Quality Incentive Program (HQIP) for measurement year 2023-2024. *Providence-St. Joseph System:* a. Petaluma Valley Hospital 100% b. Redwood Memorial Hospital 100% c. Healdsburg District Hospital 100% d. St. Joseph Hospital Eureka 100% e. Queen of the Valley Hospital 90% f. Santa Rosa Memorial Hospital 90% *Adventist System:* a. Adventist Health Howard Memorial 100% b. Adventist Health Mendocino Coast 100% c. Adventist Health Ukiah Valley 97% d. Adventist Health Clearlake 95% *Other Hospitals:* a. Sonoma Valley Hospital 100% b. Tahoe Forest Hospital 100% c. Banner Lassen Medical Center 98% d. Marin General Hospital (MarinHealth) 93% e. Trinty Hospital (Very small hospital) 92% Plaques were presented to hospital representatives who attended the meeting in person.	*Commissioner Couch moved to approve agenda item 1.10 as presented, seconded by Commissioner Porteus.* ***ACTION SUMMARY:*** *Yes: 28* *No: 0* *Abstention: 0* *Excused: 6 (*Andrus, Coleman, Germano, Johnson (11:08 arrival), Kelly, Knight) **MOTION CARRIED**
1.11 Commissioner Comment	Chairwoman Tangermann asked if there were any Commissioner comments. There were none.	None
1.12 Public Comment	Chairwoman Tangermann asked if there were any public comments. *Harry Boggs, a Partnership member, expressed concerns with the workforce shortage in geriatric health care. He urged Partnership to continue efforts to recruit for geriatric medicine providers, particularly in rural areas.*	None
1.13 CEO Report	Sonja Bjork, Chief Executive Officer, gave a report on the following topics: ***Federal Updates*** On February 25, the House of Representatives passed a budget resolution proposing cost cuts of at least $880 billion. Although there is considerable uncertainty, these cuts are widely expected to	None

affect the Medicaid program. Recently, Partnership staff met with the offices of Congressmen LaMalfa and Kiley, who represent our most rural regions. Congressional staff in Washington, D.C. are actively urging constituents to reach out to their representatives regarding the potential Medicaid cuts and the negative effects they could have on local communities. We will continue to monitor developments and assess the potential impact of these cuts.

Robert F. Kennedy Jr. has been confirmed as the Secretary of the Department of Health and Human Services, and Dr. Mehmet Oz is expected to be confirmed to oversee the Centers for Medicare and Medicaid Services (CMS).

Commissioner Starck expressed appreciation to Ms. Bjork for her advocacy efforts in Washington DC.

Commissioner O'Rourke suggested that the Partnership distribute talking points to providers and engage with the National Congress of American Indians (NCAI) to help align and amplify messaging.

Ms. Bjork thanked Commissioner O'Rourke for the suggestion and mentioned that Dustin Lyda, Director of Communications & Governmental Affairs, would provide further details on Partnership's talking points and media opportunities

Commissioner Gruver expressed that, without clear information or specifics about potential Medicaid cuts, it's difficult to effectively encourage members to contact their representatives.

Ms. Bjork stated that Partnership can help identify the programs and benefits that may be at risk of cuts and provide talking points for members who wish to contact their representatives.

Commissioner Burkett urged Partnership to begin proactively identifying and prioritizing discretionary benefits in anticipation of potential cuts.

Ms. Bjork agreed and highlighted that DHCS will need to face difficult decisions in response to Medicaid cuts. She noted that, in the past, Medi-Cal services such as podiatry and vision had been eliminated. Recently, DHCS has started covering services like doula care and transportation services within the Medi-Cal program, which could also be affected by federal cuts

Commissioner Jones highlighted that many rural providers serve predominantly Medi-Cal members. If these providers lose their Medi-Cal base, it could also negatively affect their ability to serve commercial payer members.

Voluntary Rate Range Intergovernmental Transfer Program
The application period for the Voluntary Rate Range Intergovernmental Transfer Program (VRRP/IGT) is open for calendar year 2024 and will close at the end of March. This marks the first

	year that eligible providers from the expansion region will collaborate with Partnership to apply for IGT funding. The program allows providers with tax authority to report unmet needs related to delivering Medi-Cal services to the state. Partnership's Finance Team is hosting webinars and is available for assistance via email at PHC_IGT@partnershiphp.org. ***CalAIM – Justice Involved and Transitional Rent*** Despite federal uncertainty, the state is proceeding with launching new CalAIM programs such as the Justice Involved Initiative and the Transitional Rent benefit. At this time, three Partnership counties have begun implementing the Justice Involved Initiative. As more counties begin their implementation, additional full-time employees will be necessary to manage the increased demand. By 2026, health plans will be required to offer the Transitional Rent benefit. The state is communicating that each county will need to establish a "hub" to better understand and navigate the complex funding landscape and coordinate the various housing programs. This is a significant challenge for counties that are already struggling with limited time and staffing resources. ***Funding Opportunities*** Another round of DHCS Path-CITED funding is available, with the application period open until May 2. Partnership encourages eligible providers to apply, as this could potentially be the final round of funding. Partnership has another round of IPP funds available for CalAIM providers as well as grant funding to promote access to care in certain challenged areas. These funds can help support providers in establishing the infrastructure needed to deliver CalAIM services. The application deadline is on May 16. ***Staffing*** Partnership currently has 1,382 employees and has 129 open full-time positions, primarily in IT and Care Coordination. Recruitment efforts will continue to meet regulatory and customer service needs. In February, Partnership welcomed two new medical directors: Dr. Lisa Ward and Dr. Matthew Morris, overseeing the Santa Rosa and Auburn offices, respectively.	
1.14 Partnership Member Update on Attending the Insuring the Uninsured Project (ITUP) Conference	Partnership member, Jaime Faurot, presented an update on attending the annual Insuring the Uninsured Project (ITUP) Conference in February. This year's conference objective was "Advancing Equity – Sustaining the Movement from Coverage to Access," focusing on key healthcare issues such as health equity for all Californians, the intersection of broadband and technology in healthcare, and addressing behavioral health gaps for older adults. Ms. Faurot's findings from the conference include uncertainty about the future due to disruptions at both the federal and state levels. Many safety net providers are struggling to find sustainable solutions for health equity. Despite progress, there is widespread confusion about whether to continue with existing approaches or shift in a new direction, with concerns about the availability of continued funding.	None

	Ms. Faurot was able to have conversations with several state leaders regarding the future of Medi-Cal and she thanked Partnership for the opportunity to attend ITUP. *Regional Director, Leigha Andrews, thanked Ms. Faurot for representing Partnership members at the ITUP conference and for creating a comprehensive presentation to share with the Board.*	
2 & 3 Consent Calendar	Chairwoman Tangermann stated that all items on the consent calendar would be approved with one motion unless someone requests to pull an item for further discussion. Hearing no requests, she asked for a motion to approve the Consent Calendar and resolutions 2.1, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9 and 3.10. ▪ 2.1 Resolution to Ratify Finance Committee's Approval to Accept Commissioner Dr. Matthew Morris' Resignation from the Partnership Board as a Sierra County Representative ▪ 3.1 Resolution to Accept all Partnership Committee Minutes, Partnership Policies and Program Descriptions Approved by the Physician Advisory Committee ▪ 3.2 Resolution to Approve Membership Changes to the Physician Advisory Committee ▪ 3.3 Resolution to Approve the Appointment of Board Commissioner Nancy Starck to the Governance & Compliance Committee ▪ 3.4 Resolution to Approve the Appointment of Board Commissioner Dr. Phuong Luu to the Governance & Compliance Committee ▪ 3.5 Resolution to Approve the Appointment of Tracy Mendez, Acting Chief Executive Officer for Aliados Health, to the Strategic Planning Committee ▪ 3.6 Resolution to Approve the Appointment of Robin Schurig, Executive Director of the Health Alliance of Northern California (HANC), to the Strategic Planning Committee ▪ 3.7 Resolution to Approve the Appointment of Wendy Longwell, former Board Commissioner, Consumer Representative and currently employed at the Disability Action Center, to the Strategic Planning Committee ▪ 3.8 Resolution to Approve the Reappointment of Cathryn Couch as a Sonoma County Representative ▪ 3.9 Resolution to Approve Changes to Partnership's Brown Act Compliance Policy, CMP-20 ▪ 3.10 Resolution to Accept Commissioner Ryan Nowling's Resignation from the Partnership Board as a Lassen County Representative Commissioner Starck was asked to abstain from voting on agenda item 3.3, Commissioner Luu was asked to abstain from voting on agenda item 3.4 and Commissioner Couch was asked to abstain from voting on agenda item 3.8.	*Commissioner Jones moved to approve Resolutions 2.1, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9 and 3.10 as presented, seconded by Commissioner Sullivan.* ***ACTION SUMMARY:*** *Yes: 28* *No: 0* *Abstention: 3 (Starck abstained from agenda item 3.3, Luu abstained from agenda item 3.4, Couch abstained from agenda item 3.8)* *Excused: 6 (*Andrus, Coleman, Germano, Johnson (11:08 arrival), Kelly, Knight) **MOTION CARRIED**
4.1 Resolution to Approve Renaming Consumer Advisory Committee to	Ms. Bjork and Wendi Davis, Chief Operating Officer, presented a resolution to the Board to approve renaming Partnership's Consumer Advisory Committee to Community Advisory Committee, to align with the changes to the DHCS 2024 Contract amendment & All Plan Letter 25-004. New rules also require a more formal process for selecting CAC members, ensuring the	*Commissioner Porteus moved to approve Resolution 4.1 as presented, seconded by Commissioner Warhuus.*

Community Advisory Committee and Approve Designating the Board of Commissioners to serve as the Selection Committee for the Community Advisory Committee	selection committee is representative of all counties served, as well as diverse consumer types (e.g., LTSS, foster care, and hard-to-reach populations). It is proposed that the Board of Commissioners serve as the selection committee for the CAC, to meet the new requirements. *Commissioner Cowan inquired whether the proposed modifications would alter the committee's current composition formula.* *Ms. Bjork explained that the CAC composition formula is based on Medi-Cal enrollment in each county. DHCS rules require CAC representatives from across our service area and promote diversity in the types of consumer representatives, such as parents of foster children and individuals using In-Home Supportive Services (IHSS), among others.* *Commissioner Antle inquired about the process of recommending someone to serve on the CAC.* *Ms. Davis responded that Commissioner Antle can reach out directly to herself, and the Member Services team will follow up with the individual. She also mentioned that Partnership distributes a flyer with relevant details on how to join CAC to provider offices.*	***ACTION SUMMARY:*** *Yes: 29* *No: 0* *Abstention: 0* *Excused: 5 (*Andrus, Coleman, Germano, Kelly, Knight) **MOTION CARRIED**
4.2 Resolution to Approve Appointments to Partnership's Community Advisory Committee	Ms. Bjork and Ms. Davis presented a resolution to the Board to approve the nominees below to serve as members of the Community Advisory Committee. These individuals are members of the health plan and have served on the plan's committee formerly known as the "Consumer Advisory Committee." The nominees are diverse, representing various backgrounds and offering a broad range of perspectives in their roles. Beyond their work on the former Consumer Advisory Committee, these individuals are highly engaged in their communities, whether through their jobs, volunteer work, or involvement in local and state boards, community organizations, and churches. Consumer Board Representatives Burkett, Knight and Matta were asked to abstain from voting to appoint themselves. Butte – Eli Seigel Butte – Lori Carrillo - Mother of Member Timothy Carrillo Colusa – Craig Granum Del Norte - Vacant Glenn – Vacant Humboldt – Christina Thompson Humboldt – Jennifer "Jenny" Bentrim Humboldt – Margaret Sager Humboldt – Miyiosha "Mimi" Aubrey Lake – Bethany Redmill Lake – Sidnee First Lassen – Ellen Payton	*Commissioner Cowan moved to approve Resolution 4.2 as presented, seconded by Commissioner Starck.* ***ACTION SUMMARY:*** *Yes: 26* *No: 0* *Abstention: 3 (Burkett, Knight, Matta)* *Excused: 6 (*Andrus, Coleman, Germano, Kelly, Knight) **MOTION CARRIED**

	Marin – Jason Faurot Marin – Yan "Jaime" Faurot Mendocino - Vacant Modoc – Lee Walton Napa – Beverly Franklin Nevada – Harry "Scott" Boggs Placer – Brion Burkett Plumas – Vacant Shasta – Becky Sherman Shasta – Belle Knight Shasta – Joy Newcom-Wade Shasta – Wendy Longwell Sierra – Vacant Siskiyou - Vacant Solano – Catherine Collins Solano – Claire Gover Solano – Eugene Korte Solano – Jeanette Perez Solano – Sol McNally - Mother of Member Elikia McNally Sonoma – Guadalupe Alvarado Sonoma – Michael Strain Sonoma – Sandra Mandujano Sonoma – William "Bill" Remak Sutter – Vacant Tehama – Fanechka LaFitte Trinity – Vacant Yolo – Lulu Zhang Yolo – Marcelo "Nunie" Matta Yuba – Jackie Berg	
4.3 Resolution to Approve the Semi-Annual Board Dashboard	Wendi Davis, Chief Operating Officer, presented the Semi-Annual Board Dashboard, which reflects the organization's major focus areas and priorities and allows the Board to track key metrics across the organization. • Membership Dashboard – Partnership's membership currently stands at just over 900,000. Sonoma is now the largest Partnership county, in terms of membership. • Call Center Dashboard – While the 10-county expansion in 2024 temporarily resulted in increased call wait times, we are again consistently meeting the 30-second wait time requirement. • Medical Utilization Dashboard – All medical utilization indicators are trending in the right direction, which is important given the continued challenges in access, especially in our rural regions. • Transportation Dashboard – Despite a significant increase in transportation utilization, we have been able to decrease call wait times. The Transportation call center is averaging over 3,000 calls a day. Partnership provided 1.8 million rides in 2024.	*Commissioner Porteus moved to approve Resolution 4.3 as presented, seconded by Commissioner Matta.* ***ACTION SUMMARY:*** *Yes: 29* *No: 0* *Abstention: 0* *Excused: 5 (*Andrus, Coleman, Germano, Kelly, Knight)

	• Delegate Utilization Dashboard – Partnership is required to closely monitor the utilization rates of our delegates to ensure that members are adequately accessing services, including our behavioral health services delegate, Carelon. Despite the behavioral health utilization rate declining to 6.4% after the 10-county expansion, it has since rebounded to over 8%, exceeding the 7% statewide average. • TAR Dashboard – TAR timeliness uncharacteristically declined in 2024, in relation to Dignity contract negotiations, however timeliness levels have since increased to normal levels. Nearly 100% of Pharmacy TARs are processed on time. • Grievance Dashboard – The Grievance Department experienced an increase in demand following expansion, resulting in a minor decrease in the timeliness in closing cases, however timeliness has since improved to 99.3% last quarter. Additionally, out of 88 state hearings, only 3 were overturned. • Claims Dashboard – 99% of claims are adjudicated and processed within 30 days, exceeding the state's 45-day requirement. • HR Dashboard – Partnership currently has 1,381 employees and 142 open positions. Only 10% of job openings have been open for more than 90 days old • Specialty Access & Provider Satisfaction Dashboard – Specialty provider access reached 54.3% last quarter, surpassing the 50% benchmark. Expanding access to specialty care continues to be a key priority for the organization. For the first time, providers in the expansion counties will be included in Partnership's provider satisfaction survey this spring, with results to be shared with the Board later this year. • IT Dashboard – All IT metrics were met, with no security breaches or major service disruptions reported. Ms. Davis presentation was included in the Board packet and is available upon request.	**MOTION CARRIED**
4.4 Resolution to Approve the Compliance Dashboard for Q42024	Ms. Ogren presented the Regulatory Affairs & Compliance Dashboard for Q42024 for Board approval.	*Commissioner Antle moved to approve Resolution 4.4 as presented, seconded by Commissioner Couch.* ***ACTION SUMMARY:*** *Yes: 29* *No: 0* *Abstention: 0* *Excused: 5 (*Andrus, Coleman, Germano, Kelly, Knight) **MOTION CARRIED**
5.1 Metrics and	Jennifer Lopez, Chief Financial Officer, presented Partnership's financial metrics for the month	None

Financial Update	ending December 31, 2024. Partnership reported a surplus of $12.5 million, bringing the year-to-date surplus to just under $16 million. December marked the final month that Partnership will record funding back to the State for the unsatisfactory immigration status (UIS) risk corridor. For fiscal year 2024-25, Partnership anticipates returning $26 million to the state as part of this risk corridor. The expected payback is related to this population utilizing less services than the state's actuaries initially anticipated and included in the 2024 rates. Interest income showed a favorable variance of $20 million, which we will continue to monitor under the new administration. An unusual uptick in inpatient utilization for July and August has been observed in the expansion counties. Partnership is closely monitoring the flu season and its impact on inpatient costs. It will take several years of data to establish reliable trends in the new expansion region, as we currently have less than one year of complete data for this region, and providers have up to one year to submit their claims. DHCS has not yet released all Skilled Nursing Facility (SNF) rates for calendar year 2024. Once the remainder of the 2024 rates are published, Partnership will adjust SNF provider rates accordingly. Transportation utilization continues to rise, which is positive, as we anticipate these increased transportation costs will be reflected in our future rates. Administrative costs remain favorable, primarily due to the timing of hiring qualified staff. In January, Partnership welcomed 87 new employees—an important step toward meeting new regulatory requirements by filling key positions. The positive variances will help us navigate future challenges and potential budget cuts. *Commissioner Powell asked whether Partnership will continue to expand the provider recruitment program.* *Ms. Lopez responded that the program is currently being evaluated as the budgeting process for the next fiscal year begins.* *Commissioner Powell noted that the program has been especially valuable in supporting providers in rural areas.* *Ms. Davis added that Partnership remains committed to recruiting and placing providers in rural communities, while also proceeding with caution due to budget uncertainty.*	
5.2 Operations Update	Written report	None
5.3 Media & Legislative Update	Dustin Lyda, Director of Communications and Public Affairs, provided the Board with a legislative update. Included in the packet is a list of bills that Partnership is currently monitoring. February 21 was the bill introduction deadline in the California State Legislature. This year, legislators were subject to a maximum of 35 bills each for the two-year 2025-26 legislative session. In total, 2,350 bills were introduced before the deadline. Partnership will meet with our state representatives in April. The Board will receive ongoing updates as developments occur.	None

	Commissioner Starck asked whether there are supporters of SB 669 (McGuire, Rural hospitals: standby perinatal medical services) who can help advance the bill. *Mr. Lyda responded that hospitals are collaborating with Senator McGuire's office, and a stakeholder meeting is scheduled for next week to gather feedback, questions, and concerns regarding the bill.*	
5.5 Quality Update	Dr. Moore, Chief Medical Officer presented his report on quality to the Board, beginning with the 2023 maternity quality measure results for hospitals. Marin Health and Enloe Medical Center were the top performers for 2023, exceeding the average across all measured categories. **DHCS Quality Sanction Update** Partnership was sanctioned $475,000 by DHCS due to underperformance in four HEDIS reporting regions on 16 measures from the Managed Care Accountability Set, which fell below the national NCQA median. A significant portion of the sanction was related to low performance on the topical fluoride varnish measure for children. However, Partnership demonstrated that the data used was incomplete, as DHCS had not provided fluoride data from FQHCs, RHCs, or Tribal health centers. Partnership conducted its own analysis and found that services provided exceeded the national median, indicating above-average dental access for children. In November, Partnership leadership met with DHCS and requested that three measures with major data issues, be excluded from the sanction calculation. If accepted, this would reduce the sanction to $87,753.88. Despite this, DHCS publicly released the full sanction amount in December. Partnership has formally appealed the decision, with a hearing scheduled for October 28–30, 2025. For Measurement Year 2024, DHCS reversed its plan to assign sanctions at the county level and deferred that decision until after the year's data is collected. Partnership raised concerns about the fairness and validity of this approach, particularly due to small county variation and the influence of social determinants of health. Partnership's actuaries have conducted an independent analysis and the organization will continue to challenge the implementation of county-level sanctions.	None
5.5 Medicare / D-SNP Update	Amy Turnipseed, Chief Strategy & Government Affairs Officer, presented an update on Partnership's efforts to establish a Medicare/D-SNP line of business, as required by DHCS. We submitted our application to CMS, along with the network adequacy and model of care documents, ahead of the February 12 deadline. Our Medicare product is set to launch on January 1, 2026, in 8 counties, with plans for expansion into additional counties later. In the meantime, we will continue contracting with providers and refining our internal policies. Once we receive approval from CMS, we will begin extensive provider outreach and organize training sessions for providers.	None
6.1 I.T. Department	Tina Buop, Chief Information Officer, provided an overview of Partnership's IT department, which	None

Update	supports operations across 24 counties, 11 locations, and 3 data centers. Partnership has key external data exchanges currently established with Sac Valley Med Share, NCHIN, and Point Click Care, with a new Data Exchange Framework currently in development. The Information Technology Department is divided into four main areas. First, the Business System Management team handles the evaluation of new solutions, project proposals, licenses, and system requests. Second, the IT Program Office leads strategic initiatives and manages IT project methodologies, optimization, and tools. The third group, Enterprise Applications, is responsible for core applications, artificial intelligence strategies, internal and external websites, and overall application innovation. Lastly, the Enterprise Information Management (EIM) team focuses on data input and output, translations, data exchanges, the data warehouse, and the organization's data intelligence strategy. Within Enterprise Applications, Partnership manages a wide range of operational tools including systems for claims, authorizations, eligibility checks, and reporting. The team also oversees internal and external websites as well as the organization's AI Committee. Partnership's digital platforms are heavily utilized and the external website receives approximately 731,000 hits per month. The Member Portal provides self-service options such as ID card access, primary care provider changes, medical history, claims, and lab information, and supports multiple threshold languages (English, Tagalog, Spanish, and Russian). The Provider Portal has 128,000 active users, handling 1.2 million electronic eligibility checks per month, 33,000 electronic referrals, and 48,700 Treatment Authorization Requests (TARs), 85% of which are submitted electronically. Partnership is also planning several key IT upgrades for 2025, including the launch of HealthEdge Health Rules Payer, Health Services for Utilization Management, Care Management, and Grievance & Appeals, as well as Partnership's D-SNP product, Partnership Advantage. The Enterprise Information Management (EIM) team manages large volumes of data transactions. In January alone, Partnership processed over 46 million inbound records, including more than 6.7 million from data exchanges and over 835,000 claims. There were also over 12,000 inbound provider connections. Outbound data activity was even higher, with nearly 46 million benefit enrollment records sent to external entities and over 53 million records shared under the FHIR CMS rule. The department also utilizes daily dashboards to monitor key operational areas such as security, EDI, infrastructure, data warehouse activity, claims, and applications. *Commissioner Starck inquired about how the IT team is engaging members of the Community Advisory Committee (CAC) to gather feedback during the development of the Partnership member portal, to ensure it is user-friendly.* *Ms. Buop explained that a project is currently in progress to evaluate whether the portal software should be purchased or developed internally. Once that decision has been made, the CAC will be*	

	actively involved in providing input to help shape the user experience. *Commissioner Matta asked whether the member portal would be accessible and user-friendly for individuals who are blind.* *Ms. Buop confirmed that accessibility for the blind is a priority and assured that the portal will be designed with this in mind. She also expressed her appreciation for Commissioner Matta's continued feedback and support.* Ms. Buop's full presentation was distributed to Board members and is available upon request.	
6.2 Population Health Management Update	Dr. DeLorean Ruffin, Director of Population Health Management, presented an update on Partnership's Population Health Management (PHM) Department and their recent activities. The PHM department aims to improve the well-being of communities across 24 counties by fostering strong local connections, promoting health education, and addressing health disparities through targeted, data-informed interventions. The department's mission is rooted in building trust, enhancing access to care, and tailoring support to the needs of diverse populations. The department's vision is to reduce health disparities and drive sustainable improvements through community collaboration, evidence-based practices, and strong partnerships. PHM's core objectives include supporting the health of the population, improving clinical quality outcomes, and meeting compliance requirements from the Department of Health Care Services (DHCS) and National Committee for Quality Assurance (NCQA). Their key activities include health education campaigns, targeted outreach efforts, wellness interventions, and population-specific engagement strategies. Outreach campaigns often include call and text initiatives, reminding members about important vaccinations, well-child visits, and support during emergencies like wildfires. Community engagement is a major focus for the department. PHM has implemented mobile mammography events in partnership with Alinea Imaging and participated in events such as a health and wellness fair for the unhoused and a fentanyl awareness event in Sonoma County. Staff also made site visits to new resource centers, such as one for families in Paradise Unified School District. The department's Growing Together Program (GTP) connects members during prenatal and postpartum periods, as well as families with children up to age six. This includes specific outreach for prenatal care, postpartum checkups, and early childhood health needs. Members are contacted at various milestones, provided with resources, and offered incentives for timely visits and vaccinations. Members can self-enroll or be referred by providers or community-based organizations. PHM also manages several Basic Population Health Management (BPHM) programs that address	None

	chronic conditions such as diabetes, hypertension, asthma, and depression. They also lead HPV vaccination campaigns and ensure materials are culturally and linguistically appropriate. Health education efforts include tobacco prevention, vaccine information, and broader wellness education. Partnership is required to participate in Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs). These efforts, now mandated by DHCS, require Medicaid Managed Care Plans like Partnership to collaborate with counties on local health priorities. PHM supports these initiatives by offering in-kind staffing, data sharing, meeting facilitation, and occasional funding support. Staff work closely with counties to develop smart goals, review them internally, and align efforts with local health department accreditation standards. PHM collaborates across departments, especially with Health Equity and Quality Improvement (QI) teams. Together, they focus on culturally tailored interventions, tracking health disparities, and implementing evidence-based practices. Recent projects include health equity analysis in prenatal and postpartum care in the Southeast region and a GTP engagement event pilot series titled "A Celebration of Motherhood", with seasonal cycles focusing on school readiness, vaccines, and community celebration. Partnership's PHM team remains committed to health equity, strong community partnerships, and cross-department collaboration. Dr. Ruffin's full presentation was distributed to Board members and is available upon request.	
Adjournment	Chairwoman Tangermann adjourned the meeting at 1:37P.M.	None

Respectfully submitted by:
Ashlyn Scott, Board Clerk

Board Approval Date: 04/23/2025

Signed: _____
Ashlyn Scott, Clerk

BOARD MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
April 23, 2025

Agenda Item Number:
1.4

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Lassen County Board of Supervisors

Topic Description:
Ian Lloyd, Women, Infants and Children (WIC) Director at Northeastern Rural Health Clinics was appointed by the Lassen County Board of Supervisors to the Partnership HealthPlan of California Commission (known as the Board) as a Health Center Representative.

Mr. Lloyd's term commences on April 23, 2025, and concludes on December 3, 2028.

Reason for Resolution:
To obtain Board approval to appoint Ian Lloyd to the Partnership Board as the Lassen County Representative.

Financial Impact:
There is no financial impact to the HealthPlan.

Requested Action of the Board:
Based on the recommendation of the Lassen County Board of Supervisors, the Board is asked to approve the new appointment of Ian Lloyd to the Partnership Board.

BOARD MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
April 23, 2025

Agenda Item Number:
1.4

Resolution Number:
25-

IN THE MATTER OF: APPROVING THE NEW LASSEN COUNTY APPOINTMENT OF IAN LLOYD TO THE PARTNERSHIP BOARD

Recital: Whereas,

A. Each county board of supervisors is responsible for appointing representatives to the Partnership Board of Commissioners.

B. Lassen County has a vacancy on the Partnership Board.

C. The Board has authority to approve appointed Board members.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To approve the new Lassen County appointment of Ian Lloyd to the Partnership Board.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 23rd day of April, 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

_____
Kim Tangermann, Chair

_____
Date

ATTEST:

BY: _____
Ashlyn Scott, Board Clerk

Board / Finance Committee (when applicable) **Agenda Item Number:**
Meeting Date: March 19, 2025 2.1
Board Meeting Date: April 23, 2025

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
The Finance Committee and Partnership Staff

Topic Description:
Partnership Board Commissioner Nolan Sullivan, Yolo County Director of Health and Human Services, has resigned from the Partnership Board and Finance Committee, effective March 28, 2025.

Commissioner Sullivan has made numerous outstanding contributions to Partnership HealthPlan of California and the Commission (known as the Board) since October 2022. He has provided excellent leadership and has been a dedicated volunteer. His knowledge has been of great value to Partnership, and he has kept the needs of our members, providers and the community as a guiding principle.

Reason for Resolution:
To obtain Board approval to accept the resignation of Yolo County Representative, Nolan Sullivan, from the Partnership Board.

Financial Impact:
There is no financial impact to the HealthPlan.

Requested Action of the Board:
Based on the recommendation of the Finance Committee and Partnership staff, the Board is asked to accept the resignation of Yolo County Representative, Nolan Sullivan from the Partnership Board.

Board / Finance Committee (when applicable)
Meeting Date: March 19, 2025
Board Meeting Date: April 23, 2025

Agenda Item Number:
2.1

Resolution Number:
25-

IN THE MATTER OF: ACCEPTING THE RESIGNATION OF BOARD COMMISSIONER NOLAN SULLIVAN

Recital: Whereas,

A. The Board has authority to accept Commissioner Resignations.

B. Commissioner Sullivan has resigned from the Partnership Board and Finance Committee.

C. Nolan Sullivan was a faithful and active member of the Board.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To accept Nolan Sullivan's resignation from the Partnership Board and Finance Committee.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 23rd day of April 2025 by motion of Commissioner seconded by Commissioner and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

_____
Kim Tangermann, Chair

_____
Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
April 23, 2025

Agenda Item Number:
3.1

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Partnership Advisory Groups and Committees

Topic Description:
Partnership HealthPlan of California has a number of advisory groups and committees established by the Commission (known as the Board) with direct reporting responsibilities. These are the Compliance / Governance Committee, Consumer Advisory Committee, Finance Committee, Personnel Committee, Physician Advisory Committee and Strategic Planning Committee.

The Physician Advisory Committee (PAC) has responsibility for oversight and monitoring of quality and cost-effectiveness of medical care provided to Partnership's members. A number of other advisory groups and committees have direct reporting responsibilities to PAC. These include the Credentials Committee, Internal Quality Improvement Committee, Member Grievance Review Committee, Over/Under Utilization Workgroup, Pediatric Quality Committee, Peer Review Committee, Pharmacy & Therapeutics Committee, Population Health Management & Health Equity Committee, Member Grievance Review Committee, Quality/Utilization Advisory Committee, Substance Use Services Internal Quality Improvement Subcommittee and Provider Engagement Group.

The Board is responsible for reviewing and accepting all minutes and packets approved by the various advisory groups and committees, and approving the policies, program descriptions, and QIP changes that were approved by the PAC, in March through April 2025.

Reason for Resolution:
To provide the Board the opportunity to review and accept Partnership advisory committee minutes and packets. In addition, to provide the Board with all Partnership policy and program description changes approved and recommended by PAC.

Financial Impact:
Any financial impact to the HealthPlan is included in the budget.

Requested Action of the Board:
Based on the recommendation of Partnership's advisory groups & committees, the Board is asked to accept receipt of all Partnership's committee minutes and committee packets and to approve all policy and program description changes approved by PAC, linked in the agenda.

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
April 23, 2025

Agenda Item Number:
3.1

Resolution Number:
25-

IN THE MATTER OF: ACCEPTING ALL PARTNERSHIP HEALTHPLAN OF CALIFORNIA ADVISORY COMMITTEE MINUTES AND COMMITTEE PACKETS AND TO APPROVE POLICY AND PROGRAM DESCRIPTION CHANGES APPROVED BY THE PHYSICIAN ADVISORY COMMITTEE (PAC)

Recital: Whereas,

A. The Board has fiduciary responsibility for the operation of the organization.

B. The Board has responsibility to review and accept all Partnership committee minutes and packets and to review and approve all policy and program description changes approved by PAC.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To accept receipt of all Partnership committee minutes and committee packets.
2. To obtain approval for policy and program description changes approved and recommended by PAC.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 23rd day of April 2025 by motion of Commissioner seconded by Commissioner and by the following votes:

AYES: Commissioners:

NOES: Commissioners

ABSTAINED: Commissioners

ABSENT: Commissioners

EXCUSED: Commissioners

_____
Kim Tangermann, Chair

_____
Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
April 23, 2025

Agenda Item Number:
3.2

Resolution Sponsor:
Dr. Moore, CMO, Partnership HealthPlan of CA

Recommendation by:
The Physician Advisory Committee (PAC)

Topic Description:
Dr. Brett Pottenger, Medical Director, Solano County Health and Social Services, has been appointed to PAC as a voting member.

Reason for Resolution:
To accept the appointment of Dr. Brett Pottenger to the Physician Advisory Committee.

Financial Impact:
There is no financial impact to the HealthPlan.

Requested Action of the Board:
Based on the recommendation from the Physician Advisory Committee, the Board is asked to accept the appointment of Dr. Brett Pottenger.

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
April 23, 2025

Agenda Item Number:
3.2

Resolution Number:
25-

IN THE MATTER OF: APPROVING PHYSICIAN ADVISORY COMMITTEE MEMBERSHIP CHANGES

Recital: Whereas,

A. Dr. Brett Pottenger, Medical Director, Solano County Health and Social Services, has been appointed to PAC as a voting member.

B. The Board has authority to approve advisory committee membership changes.

Now, Therefore, It Is Hereby Resolved as Follows:

1. To accept the appointment of Dr. Brett Pottenger, to the Physician Advisory Committee.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 23rd day of April 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

_____
Kim Tangermann, Chair

_____
Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

Board Meeting Date:
April 23, 2025

Agenda Item Number:
3.3

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Quality / Utilization Advisory Committee & Physician Advisory Committee

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Topic Description:
Partnership's Cultural & Linguistic Program Description demonstrates the commitment of Partnership HealthPlan of California (Partnership) to deliver culturally and linguistically appropriate health care services to a culturally and linguistically diverse population of members and potential members in a way that promotes Health Equity for all members.

Reason for Resolution:
To allow the full Board the opportunity to review and approve Partnership's Cultural & Linguistic Program Description when there are edits and on an annual basis.

Financial Impact:
There is no measurable financial impact to the HealthPlan.

Requested Action of the Board:
Based on the recommendation of the Quality / Utilization Advisory Committee and the Physician Advisory Committee, the full Board is asked to approve Partnership's Cultural & Linguistic Program Description.

Board Meeting Date:
April 23, 2025

Agenda Item Number:
3.3

Resolution Number:
25-

IN THE MATTER OF: APPROVING THE CULTURAL & LINGUISTIC PROGRAM DESCRIPTION

Recital: Whereas,

A. The Board has the authority and responsibility for ensuring Partnership has a cohesive plan for providing high quality of care, positive health outcomes, and timely access to care for all members.

B. The Board has ultimate responsibility for approving Partnership programs.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To approve Partnership's Cultural & Linguistic Program Description.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 23rd day of April 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

_____
Kim Tangermann, Chair

_____
Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
April 23, 2025

Agenda Item Number:
3.4

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Quality / Utilization Advisory Committee & Physician Advisory Committee

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Topic Description:
Partnership's Care Coordination Program offers basic to complex services to all eligible members. Partnership staff work collaboratively with the member's primary care and other providers to coordinate clinical and supportive services to decrease the potential for fragmentation of care. The services help us fulfill our mission to help the members and the communities we serve be healthy.

Reason for Resolution:
To allow the full Board the opportunity to review and approve the Care Coordination Program Description annually.

Financial Impact:
There is no measurable financial impact to the HealthPlan.

Requested Action of the Board:
Based on the recommendation of the Quality / Utilization Advisory Committee and the Physician Advisory Committee, the full Board is asked to approve the Care Coordination Program Description, MPCD2013.

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
April 23, 2025

Agenda Item Number:
3.4

Resolution Number:
25-

IN THE MATTER OF: APPROVING THE CARE COORDINATION PROGRAM DESCRIPTION, MPCD2013

Recital: Whereas,

A. The Board has the authority and responsibility for ensuring Partnership has a comprehensive Care Coordination Program.

B. The Board has ultimate responsibility for approving the Care Coordination Program.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To approve the Care Coordination Program Description, MPCD2013.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 23rd day of April 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

_____
Kim Tangermann, Chair

_____
Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
April 23, 2025

Agenda Item Number:
3.5

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Approved by:
Physician Advisory Committee and Partnership Staff

Topic Description:
In order to provide high quality preventive health services, the Physician Advisory Committee and Partnership staff are proposing changes to the measurement year 2025-26 Hospital Quality Improvement Program (HQIP) measurement set (see attached summary).

Reason for Resolution:
To optimize the Hospital QIP to improve quality of care.

Financial Impact:
The impact to the HealthPlan is included in the budget assumptions.

Requested Action of the Board:
Based on the recommendation of the Physician Advisory Committee and Partnership staff, the Board is asked to approve proposed changes to the measurement year 2025-26 Hospital Quality Improvement Program (HQIP) measurement set.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
April 23, 2025

Agenda Item Number:
3.5

Resolution Number:
25-

IN THE MATTER OF: APPROVING PROPOSED CHANGES TO THE MEASUREMENT YEAR 2025-26 HOSPITAL QUALITY IMPROVEMENT PROGRAM (HQIP) MEASUREMENT SET

Recital: Whereas,

A. The Board has responsibility to review and approve policies, programs, and benefits.

B. The Board has fiduciary responsibility for the operation of the organization.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To approve proposed changes to the measurement year 2025-26 Hospital Quality Improvement Program (HQIP) measurement set.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 23rd day of April 2025 by motion of Commissioner Starr seconded by Commissioner Germano and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

_____
Kim Tangermann, Chair

_____
Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

Hospital Quality Incentive Program (HQIP) Measurement Set

Providers have the potential to earn a total of 100 points in six domains 1) Readmissions; 2) Advanced Care Planning; 3) Clinical Quality; 4) Patient Safety; 5) Operations/Efficiency; 6) Patient Experience. Individual measure values will be assigned for the final and approved measurement set.

Key: New Measure || Change to Measure Design

2024-25 Measures	2025-26 Recommendations
Risk Adjusted Domain	**Risk Adjusted Domain**
1. Risk Adjusted Readmissions (RAR)	1. Risk Adjusted Readmissions (RAR)
2. 7-Day Follow-up Clinical Visit (RAR)	2. 7-Day Follow-up Clinical Visit (RAR)
Palliative Care Domain	**Palliative Care Domain**
3. Palliative Care Capacity	**3. Palliative Care Capacity**
Clinical Domain	**Clinical Domain**
4. Elective Delivery Before 39 Weeks	4. Elective Delivery Before 39 Weeks
5. Exclusive Breast Milk Feeding Rate	5. Exclusive Breast Milk Feeding Rate
6. Nulliparous, Term, Singleton Vertex (NTSV) Cesarean Rate	6. Nulliparous, Term, Singleton Vertex (NTSV) Cesarean Rate
7. Vaginal Birth After Cesarean (VBAC)	7. Vaginal Birth After Cesarean (VBAC)
8. Expanding Delivery Privileges	**8. Expanding Delivery Privileges**
9. Increasing Mammography Capacity	**9. Doula Support**
Patient Safety Domain	**10. Increasing Mammography Capacity**
10. CHPSO Patient Safety Organization Participation	**11. Vaccines For Children Enrollment**
11. Substance Use Disorder Referral, Medication Assisted Treatment (MAT)	**Patient Safety Domain**
Operations / Efficiency Domain	12. CHPSO Patient Safety Organization Participation
12. QI Capacity	13. Substance Use Disorder Referral, Medication Assisted Treatment (MAT)
13. Hospital Quality Improvement Platform	**Operations / Efficiency Domain**
Patient Experience Domain	14. QI Capacity
14. Cal Hospital Compare-Patient Experience	15. Hospital Quality Improvement Platform
15. Health Equity	**Patient Experience Domain**
	16. Cal Hospital Compare-Patient Experience
	15. **Health Equity**

Programmatic Changes:

I. Descriptions of Potential 2025-26 Measure Changes for Core Measurement Set

A. Change(s) to Existing Measures for 2025-26

1. **Palliative Care Measure 3:** Remove references to the Palliative Care Quality Collaborative (PCQC)

   Rationale: PCQC dissolved in March 2025. A note was added mid-year to the 2024-25 specifications to reflect change, but change is needed for this year. Hospitals will use data from their inpatient EMRs to report to Partnership.

   Measure Requirements for X-Large hospitals with ≥ 100 beds

   Required to provide the following to Partnership:

   Part 1. Hospitals must submit a report summarizing the number of palliative care consults per month for the measurement year July 1, 2025 – June 30, 2026

   Part 2. Rate of consults who have completed an Advance Care Directive or have a signed POLST to be included in the report described in Part 1:
   - **Numerator**: Anyone with an Advance Directive or POLST status in the hospital's inpatient EMR and on the palliative care service at either the time of consult ***or*** the time of discharge.
   - **Denominator:** Patients with a palliative care consult recorded in the hospital's inpatient EMR and on the palliative care service, discharged alive from July 1, 2025 – June 30, 2026.

   Part 3. Submit Attestation form Appendix II showing inpatient palliative care capacity: at least two trained* Licensed Clinician (RN, NP, or PA), and an arrangement for availability of either video or in-person consultation with a Palliative Care Physician

2. **Measure 8: Expanding Delivery Privileges:** Since we have moved into the second year of this measure and it is a multi-phase measure, it is suggested to replace "phase one" language with "phase two' language:

   Measure Specification:

   In this second phase of measure implementation, hospitals are now required to work toward actively recruiting, granting privileges, and demonstrating evidence of family physicians' and nurse midwives' clinical activity.

Measure Requirements

This multi-phase measure began with ***Phase One*** in the 2024-25 measurement year, which asked hospitals to develop by-laws and/or policy and procedure to expand delivery privileges to midwives and family physicians. With ***Phase One*** completed in 2024-25, this measure moved into ***Phase Two*** for the 2025-26 HQIP Measurement Year starting July 1, 2025.

Phase Two Requirement: Hospital's that have developed by-laws and/or policy and procedure allowing midwives and family physicians to hold delivery privileges, must now show evidence that they are actively recruiting and/or share their provider privileges list of midwives and family physicians who have been granted delivery privileges.

3. **Revise Health Equity Measure:** Switch from an annual report on Health Equity to submission of CMS Health Equity Attestation as written below:

Measure Specifications

Partnership recognizes that health equity work can be very diverse and take many forms and Hospitals are being asked by multiple agencies to be committed to health equity. Since all hospitals need to report to CMS on health equity, rather than ask organizations to produce additional proof of their health equity work, Partnership has decided to reduce the administrative burden on hospitals by aligning our measure with CMS requirements. Hospitals may now report their health equity work to Partnership by submitting the same documentation submitted to the Centers for Medicare & Medicaid Services (CMS) for the Hospital Commitment to Health Equity Measures.

Measure Requirements

Hospitals shall submit a copy of their most recent CMS program attestation for the Hospital Commitment to Health Equity Measure to earn points for this measure. The attestation should cover part of the HQIP measurement year.

Target

Full Points: 5 Points earned for submitting current CMS Health Equity Attestation that meets all five domains.

Exclusions

Very Small sized hospitals with less than 25 Licensed General Acute beds are excluded from participation in this measure.

B. Potential New Measures for 2025-26 Measurement Year

Measure 9: Doula Support

It is suggested to add a Doula Support measure like the Expanding Delivery Privileges measure to encourage hospitals to allow Doula's to support birthing parents during delivery.

Measure Specifications

This measure will be implemented over multiple years, with **Phase One** starting with the 2025-26 measurement year. In future years, hospitals will be required to work toward actively recruiting and allowing doulas to provide support during labor and delivery.

Measure Requirements

Hospitals will develop medical staff bylaws and/or policies and procedures that allow doulas to support birthing parents in the hospital during labor and delivery.

In future years, we anticipate a second phase of this measure to include evidence that doulas are being utilized in labor and delivery

Hospitals with existing bylaws and/or written policies that allow doulas to provide support during labor and delivery will get full points for the measure.

2. Measure 11: Vaccines For Children (VFC) Enrollment

It is suggested to add a measure incentivizing hospitals for enrolling in the cost saving Vaccines For Children program offered by the California Department of Public Health (CDPH).

Measure Specification:

HQIP birthing hospitals can save cost and positive impact their newborn population by enrolling in the 'no cost" Vaccination For Children program through CDPH. Partnership's HQIP birthing hospitals will be eligible to receive points by successfully enrolling in the CDPH's VFC program by the end of the measurement year.

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Target: Enrollment in VFC program by June 30, 2026

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
April 23, 2025

Agenda Item Number:
3.6

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Approved by:
Physician Advisory Committee and Partnership Staff

Topic Description:
In order to provide high quality and timely prenatal and postpartum care to Partnership members, the Physician Advisory Committee and Partnership staff are proposing changes to the FY 2025-2026 Perinatal Quality Improvement Program (PQIP) measurement set (see attached summary).

Reason for Resolution:
To optimize the Perinatal QIP to improve quality of care.

Financial Impact:
The impact to the HealthPlan is included in the budget assumptions.

Requested Action of the Board:
Based on the recommendation of the Physician Advisory Committee and Partnership staff, the Board is asked to approve proposed changes to the FY2025-2026 Perinatal Quality Improvement Program measurement set.

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
April 23, 2025

Agenda Item Number:
3.6

Resolution Number:
25-

IN THE MATTER OF: APPROVING PROPOSED CHANGES TO THE FY 2025-2026 PERINATAL QUALITY IMPROVEMENT PROGRAM (PQIP) MEASUREMENT SET

Recital: Whereas,

A. The Board has responsibility to review and approve policies, programs, and benefits.

B. The Board has fiduciary responsibility for the operation of the organization.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To approve proposed changes to the Perinatal Quality Improvement Program (PCPQIP) measurement set.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 23rd day of April 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

_____
Kim Tangermann, Chair

_____
Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

I. Summary of Current and Proposed Measures and/or Measure Changes

(A) Core Measurement Set Measures

Participating Comprehensive Perinatal Services Program (CPSP) and select non-CPSP providers who provide quality and timely prenatal and postpartum care to PARTNERSHIP members have the option to earn additional financial incentives. The PQIP framework offers a simple and meaningful measurement set developed with PCPs and OB/GYNs in mind and includes the following measures: 1) Timely Immunization Status - Tdap and Influenza Vaccine; 2) Timely Prenatal Care; and 3) Timely Postpartum Care.

(B) Electronic Data Measure

DataLink allows for data exchange from Provider Electronic Health Records to PARTNERSHIP in order to capture depression screening and follow-up care. DataLink implementation is a vital component of furthering PQIP technical advancement through the capture of claims and electronic data directly exported from participating providers Electronic Health Records (EHR) systems.

Key:

New Proposed Measures || Change to Measure Design

Current FY2024-25 Measures	Proposed FY2025-26 Measures
ECDS & Clinical Domains	
Perinatal Medicine: 1. Electronic Clinical Data Systems (ECDS) 2. Prenatal Immunization 3. Timely Prenatal Care 4. Depression Screening 5. Timely Postpartum Care	**Perinatal Medicine:** 1. Electronic Clinical Data Systems (ECDS) 2. Prenatal Immunization 3. Timely Prenatal Care 4. Depression Screening 5. Timely Postpartum Care 6. Timely Comprehensive Assessments Monitoring

PQIP FY 2024-25 DESCRIPTIONS OF MEASURES AND 2025-26 PROPOSED CHANGES

A. CLINICAL MEASURES NO CHANGES BEING MADE IN 2025-26

Prenatal Immunization Status
The number of women who had one dose of the tetanus, diphtheria, acellular pertussis vaccine (Tdap) within 30 weeks before delivery date and an influenza vaccine during their pregnancy.

Timely Prenatal Care
Timely prenatal care services rendered to pregnant PARTNERSHIP members in the first trimester, as defined as less than 14 weeks of gestation, or within 42 days of enrollment in the organization.

Alternatively, timely prenatal care services rendered to pregnant PARTNERSHIP members at 14 or more weeks of gestation.

Timely Postpartum Care
Timely postpartum care is a measure of quality care and can contribute to healthier outcomes for women after delivery. The postpartum visit is an important opportunity to educate new mothers on expectations about motherhood, address concerns, and reinforces the importance of routine preventive health care.

B. ELECTRONIC DATA MEASURE

PROPOSED CHANGE: **ECDS DataLink Gateway Measure 1**
DataLink contracting was incentivized in the 2024-25 measurement year. This year, the ECDS measure would become a ***Gateway Measure*** requirement for perinatal providers to receive incentive dollars. Some providers may have completed this during the 2024-25 measurement year. However, if a perinatal provider did complete a contract and implementation with DataLink during the 2024-25 measurement period, they must complete all ***Implementation Phases*** and ***Participation Requirement Steps*** below by June 30, 2026 in order to be eligible for incentive payment in the 2025-26 measurement year.

C. *PROPOSED* MONITORING MEASURE 6: Timely Comprehensive Assessments

During the 2025-26 Measurement Year, Partnership will be monitoring claims data looking for members receiving full psychosocial, nutrition, and behavioral health assessments each trimester of pregnancy and once postpartum (up to 1 year after delivery). This measure is a monitoring only measure, without any incentive dollars attached to the measure. This measure may be developed into an incentive measure in future years.

D. MEASURE INCENTIVE BREAKDOWN

Measure	Incentive Per Submission	Measure Requirement
Gateway Measure: ECDS: DataLink Implementation	**None.** Requirements must be met to be eligible to receive PQIP incentive dollars.	DataLink contracting and implementation completed by June 30, 2026.
Prenatal Immunization Status	$37.50 (Tdap) $12.50 (Influenza)	The number of women who had one dose of the tetanus, diphtheria, acellular pertussis vaccine (Tdap) within 30 weeks before delivery date and an influenza vaccine during their pregnancy (i.e. within 40 weeks of delivery date).
Timely Prenatal Care	$100 (<14 weeks gestation) $25 (≥14 weeks gestation)	Timely prenatal care services rendered to pregnant Partnership members in the first trimester, as defined as less than 14 weeks of gestation, or within 42 days of enrollment in the organization. Alternatively, timely prenatal care services rendered to pregnant Partnership members at 14 or more weeks of gestation.
Timely Postpartum Care	$25 (1st visit) $50 (2nd visit)	Two Timely postpartum care services rendered to Partnership members with one occurring within 21 days after delivery and the other occurring between 22 and 84 days after delivery.
Monitoring Measure: Timely Comprehensive Assessments	**None.** This measure is a monitoring only measure with no incentive amounts attached.	Partnership will monitor the use of timely comprehensive assessments through claims data and potentially site audits.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board / Finance Committee (when applicable)
Finance Committee Meeting Date: April 16, 2025
Board Meeting Date: April 23, 2025

Agenda Item Number:
4.1

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Partnership Staff

Topic Description:
The Partnership budget approval process is a three-step process, in which, budget assumptions are presented to the Finance Committee and full Board in April, a preliminary health care budget is presented to the Finance Committee in May and the final budget (health care, administrative, and operations) is presented to the Finance Committee and full Board for approval in June.

Reason for Resolution:
To provide the Board with the attached budget assumptions for fiscal year 2025-2026, and to direct staff to prepare a full operational budget.

Financial Impact:
The financial impact is significant.

Requested Action of the Board:
Based on the recommendation of Partnership staff, the Board is asked to approve budget assumptions for fiscal year 2025-2026.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board / Finance Committee (when applicable)
Finance Committee Meeting Date: April 16, 2025
Board Meeting Date: April 23, 2025

Agenda Item Number:
4.1

Resolution Number:
25-

IN THE MATTER OF: APPROVING BUDGET ASSUMPTIONS FOR FY 2025-2026

Recital: Whereas,

A. The Board is responsible for approving budget assumptions to direct staff to prepare the full operational budget.

B. The Board is responsible for approving the annual budget.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To approve budget assumptions for FY 2025-2026.

2. To direct staff to prepare a full operational budget for FY 2025-2026

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 23rd day of April 2025, by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

_____
Kim Tangermann, Chair

_____
Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

Partnership HealthPlan of California

2025-26 Budget Assumptions

April 2025

Introduction

Each year, starting in January, Partnership HealthPlan of California (Partnership) begins building the annual budget for Board of Commissioner review and approval in June. Currently Partnership is developing its fiscal year (FY) 2025-26 budget for the period of July 1, 2025 through June 30, 2026. As part of this process, Partnership presents to the Finance Committee and the Board key components of the budget development for review and approval. Specifically, in April the draft budget assumptions are presented, followed by the draft health care expense budget in May. In June, the final budget including previously reviewed component parts and a fully developed administrative budget are presented to the Board for final review and approval. This document outlines the Plan's draft budget assumptions that inform Partnership's revenue and cost projections as impacted by estimated changes in enrollment, health care costs, administrative costs, as well as disposition of reserves.

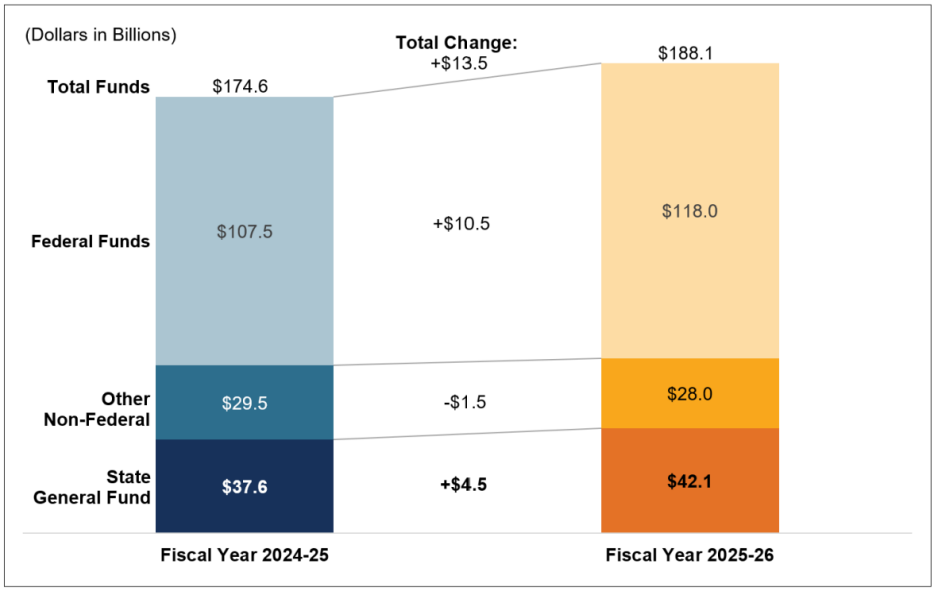
Outlook for 2025-26

As of the Governor's FY 2025-26 proposed January Budget the State anticipated a net surplus of $16.5 billion compared to the FY 2024-25 budget and presented a total budget of $322.3 billion total fund ($228.9 billion State General Fund) for FY 2025-26. The budget proposed reserve deposits of $17 billion that would be allocated into the following accounts:

- $10.9 billion in Budget Stabilization Account
- $4.5 billion in the Special Fund for Economic Uncertainties
- $1.5 billion in the Public School System Stabilization Account

While reserve deposits were dedicated in the budget, so was a withdraw of $7.1 billion from the Budget Stabilization Account. The below Department of Health Care Services (DHCS) budget chart[1], outlines the year-over-year Medi-Cal program spend that was assumed in the January budget. As displayed below, of the State's total budget, $188.1 billion ($42.1 billion General) in funding was requested to operate the Medi-Cal program. The budget further assumed 14.5 million individuals would receive health care coverage through the Medi-Cal program, which is a 3.09% decrease from the prior year.

Year-over-Year Change from 2024-25 to 2025-26



DHCS cited the following key factors for driving the $13.5 billion year-over-year cost increase:

- $3.6 billion increase in costs due to changes in the use of available MCO tax revenues.
- $215.2 million increase due to the projected growth in Medi-Cal pharmacy expenditures.
- $268.5 million increase in costs, tied to the growth in managed care and corresponding revenue, changes in projected enrollment, growth in Medicare premium and Part D costs, and projected fee-for-service program increases.

Although the Governor presented a balanced budget in January, he noted there were several risk factors that could negatively affect states revenues, including the stated policy changes by the incoming federal administration. The Governor also cautioned that although the budget anticipates reserves, the budget anticipates shortfalls in subsequent fiscal years that are being driven by expenditures that are outpacing revenues.

Subsequent to the release of the proposed Governors budget:

- A new federal administration took office. The federal government is looking to curb overall spending and $880 billion in federal Medicaid program cuts over a 10-year period are under consideration.
- The Medi-Cal program is in need of an additional $6.2 billion dollars to pay for their current obligations for FY 2024-25.
- Devasting wildfires ripped through southern California.
- Many economists are predicting a recession sometime in 2025 given the recent tariff assessments and performance of our stock market.

In previous times of budgetary hardship, the State has implemented a variety of cost cutting measures in the Medi-Cal program and specifically in Medi-Cal managed care. Based on this history, we expect:

- The DHCS will continue to focus on cost-effective spending in managed care and expect pressures to be amplified.
- As noted in our prior budget, Partnership has faced increased scrutiny from DHCS on contracted heath care cost levels, some of which resulted in prior year downward rate adjustments.

While all of the above noted factors are expected to affect California's economic picture, it is unclear whether Medi-Cal program cuts will be included in the upcoming Governor's May Revision for FY 2025-26 and how the State will react to any federal Medicaid changes. Given the assumed timing of any federal Medicaid cuts it is expected that proposed budget solutions will more than likely be proposed by the Governor sometime after July 2025.

While there is looming uncertainty, Partnership is dedicated to continue providing care to our members based on the current set of Medi-Cal benefits and services. The Partnership FY 2025-26 budget will assume costs and membership for these members and services. Partnership staff expect to complete an off-cycle budget to account for any Medi-Cal program changes that may occur subsequent to the finalization and approval of Partnership's budget in June of 2025.

DHCS remains focused on California Advancing and Innovating Medi-Cal (CalAIM) and transforming Medi-Cal, key initiatives are noted below.

- Transitional Rent – DHCS received federal waiver authority approval to implement up to 6-months of transitional rent as a permanent Medi-Cal benefit for a defined population. The new benefit is expected to be implemented on January 1, 2026. DHCS anticipates releasing a final policy guide by the end of April. This new benefit will require Partnership to expand our network to housing providers and to strengthen our relationship with County Behavioral Health Departments. Administering and standing up this new benefit will require additional staffing resources.
- Proposition 35 – California voters approved Proposition 35 on November 5, 2024, making permanent the Managed Care Organization (MCO) Tax and dedicating MCO tax revenues to further increase provider payment levels for contracted Medi-Cal providers for CY 2025 and beyond. Currently, MCO tax revenue proceeds fund the State's CY 2024 Targeted Rate Increase (TRI)

program which provided rate increases to providers for 761 CPT codes. With the passage of Proposition 35 MCO tax revenues will continue to fund these increases. Proposition 35 requires DHCS to consult with a stakeholder advisory committee, to be appointed by the Governor and Legislative leaders, prior to proposing or implementing any new provider payments or changes to existing provider payments supported by the MCO Tax. The first stakeholder meeting will be held on April 14, 2025. Given the robust stakeholder process, details surrounding CY 2025 and CY 2026 provider investments are not expected to be finalized until the end of 2025.

- Community Health Workers, Community Supports, and Enhanced Care Management – There continues to be emphasis on expanding Community Health Workers, Community Supports, and Enhanced Care Management use across the Medi-Cal program. Partnership continues to embark on strategies to expand utilization in our service area.
- Dual Special Needs Plan (D-SNP) Implementation – DHCS is requiring all Medi-Cal managed care plans to operationalize a D-SNP by January 2026. D-SNPs are Medicare Advantage plans that provide specialized care to beneficiaries dually eligible for Medicare and Medi-Cal. To comply with this requirement, the plan has undertaken significant efforts to operationalize a D-SNP by January 2026. Partnership anticipates increased staffing costs, consulting costs, and capital costs associated with D-SNP systems and infrastructure needs in the upcoming FY 2025-26 period.
- Quality Monitoring – DHCS continues to emphasize quality monitoring. As discussed in our prior budget in January 2024, DHCS implemented a 0.5% quality withhold on Partnership's revenue rates. In January 2025, DHCS increased the withhold percentage to 1% and has indicated they intend to increase the quality withhold percentage and the associated quality benchmarks in subsequent years. Partnership has the ability to earn back withheld funds so long as we meet State defined quality benchmarks and metrics. However, given much of our footprint is rural with poor prior quality performance, the quality withhold poses financial risk to Partnership's overall revenue levels. In addition, DHCS continues to sanction Medi-Cal managed care plans who do not meet defined quality targets. Over the last two fiscal years Partnership has received monetary sanctions for not meeting state quality requirements tied to CY 2022 and CY 2023.
- Community Reinvestments – DHCS finalize their Community Reinvestment policy that was included in the CY 2024 DHCS contract. This new policy requires plans with a net profit to (1) invest 5% to 7.5% of calendar year net profit in base community reinvestments targeted toward a defined set of categories tailored to specific needs of the community and (2) invest an additional 7.5% of calendar year net profit as a mechanism of quality enforcement in counties with quality performance levels that fall below DHCS designated benchmarks. By December 31, 2025, Partnership will know whether we have achieved a net profit or a net loss for CY 2024. Pursuant to State policy Partnership will engage with stakeholders to inform investment decisions and to develop and submit an investment plan to DHCS in July 2026. We expect investments to flow in late 2026. Partnership will not receive funding or additional revenue from DHCS for this new requirement which requires plans to invest their own resources.

Enrollment

Partnership's membership increased by 318,914 in January 2024 due to our planned expansion into our 10-new counties. Partnership experienced further membership growth tied to the State's expansion of Medi-Cal coverage to adults ages 26 through 49 regardless of immigration status. As of April 1, 2025, Partnership is currently serving 904,513 members. The charts below illustrate, by county, the enrollment trends along with the various point in time comparisons. The trailing 10-month average (T10M) of 0.0%, trailing 6-month average (T6M) of 0.2%, and the trailing 4-month average (T4M) of -0.1% reflect relatively flat membership trends. This is further supported in the April 2025 to April 2024 membership comparison that reflects an average membership net decrease of -1.2% across all counties.

In alignment with the proposed Governor's January budget, Partnership is currently assuming membership will slightly decline in the current fiscal year resulting in 899,094 members as of June of 2025. For the budget period, we anticipate a 3.16% further enrollment decline through June of 2026, resulting in 870,686 members. However, with the recent predictions of an upcoming recession Partnership will revisit our membership assumptions prior to budget finalization as typically during a recession Medi-Cal plans total membership increases.

Partnership Membership as of 04/01/2025

County	T4M	T6M	T10M	Apr '25 vs Apr '24	# of MM
Solano	-0.3%	0.1%	0.0%	-1.5%	(1,505)
Sonoma	0.0%	0.4%	0.2%	1.6%	1,725
Napa	0.4%	0.7%	0.2%	0.2%	49
Yolo	0.1%	0.4%	-0.1%	-3.0%	(1,658)
Marin	0.1%	0.2%	0.0%	-1.3%	(593)
Humboldt	-0.2%	-0.1%	-0.1%	-2.0%	(1,195)
Shasta	-0.7%	-0.5%	-0.5%	-7.0%	(4,885)
Mendocino	-0.2%	-0.2%	-0.2%	-2.4%	(977)
Lake	-0.1%	0.1%	-0.1%	-1.9%	(667)
Siskiyou	-0.5%	-0.3%	-0.3%	-3.6%	(656)
Lassen	0.1%	0.0%	0.1%	1.5%	133
Del Norte	-0.3%	-0.2%	0.0%	-1.3%	(164)
Trinity	-0.4%	-0.4%	-0.4%	-5.9%	(335)
Modoc	0.4%	0.4%	0.2%	0.7%	29
Butte	0.0%	0.1%	0.2%	0.1%	103
Colusa	0.2%	0.2%	0.1%	-1.7%	(182)
Glenn	0.1%	0.2%	0.1%	-1.1%	(153)
Nevada	0.0%	0.1%	0.1%	-0.2%	(53)
Placer	0.2%	0.7%	0.3%	1.8%	1,063
Plumas	0.1%	0.1%	0.0%	-0.9%	(51)
Sierra	-0.6%	-0.2%	0.3%	-0.7%	(6)
Sutter	0.2%	0.5%	0.0%	-0.8%	(332)
Tehama	-0.3%	-0.2%	0.0%	-3.3%	(1,020)
Yuba	0.3%	0.8%	0.4%	1.5%	558
Total	-0.1%	0.2%	0.0%	-1.2%	(10,772)
	Trailing # Month average month-to-month increase			Point-in-time comparison, % △ and # of members	

Revenue

Major anticipated revenue impacts are noted below:

- **Medi-Cal Rates:** Partnership CY 2024 and draft CY 2025 revenue levels will be reviewed to determine the most appropriate basis for budgeting. Partnership staff will make revenue assumptions specific to enrollment, member acuity, and other emerging factors for the upcoming fiscal year. Further revenue assumptions will be applied to the second 6 months of the fiscal to account for prior year trends as they will not be released until later this calendar year. Staff will also account for known and estimable program updates and efficiency factors that have been applied to prior cycles.

  In January of 2025, the California Children's Services (CCS) program transitioned from the state's fee-for-service program in our 10-county expansion to Medi-Cal managed care. With this implementation Partnership is now responsible for the provision of care to CCS eligible children in all of our counties. The anticipated revenue and health care costs associated with this transition will be reflected in our revenue and expense assumptions.

  With Partnership's recent expansion into our 10 new counties in January 2024, there continues to be unknowns surrounding anticipated expense levels and future revenue rate levels for this new region. The trends seen in this region do not fully align with trends seen in our other rural counties, Partnership is continuing to evaluate emerging data and will incorporate our assumptions in the final budget.

  The budget will account for the CY 2024 Medi-Cal TRI program revenue and expense levels, as noted above full details surrounding the CY 2025 and CY 2026 TRI (allocated through Proposition 35) are unknown at this time and will not be included in the June budget. Additionally, transitional rent final program details have not been released by DHCS. Partnership will continue to assess whether we

have enough details to estimate the associated revenue and costs of the new transitional rent benefit for inclusion in our final June budget. If not, Partnership will include transitional rent revenue and expenses along with CY 2025 and CY 2026 TRI in our off-cycle budget review.

- **Supplemental Revenue:** The MCO Tax paid by Partnership to DHCS, is designed to be an "at-risk" program, meaning there is a fixed liability and the revenue is subject to membership experience. This becomes a challenge in times of volatile membership trends, causing plans to move between gain and loss positions over time, though, the program tends to be zero-sum. Noting the new MCO tax liability Partnership is required to pay has significantly increased in comparison to prior year's liabilities. As noted above Proposition 35 earmarked a portion of these MCO tax proceeds to be used to fund provider rate increases through the TRI program. While Proposition 56 Physician supplemental payments sunset and were incorporated into the TRI program, Partnership will continue to receive Proposition 56 supplemental payments for Development Screening, Family Planning, and Adverse Childhood Experience Screening programs. Additional supplemental revenue sources specific to hospital or facility directed payments include the following: Private Hospital Directed Payment Program (PHDP); Designated Public Hospital Enhanced Payment Program (DPH-EPP); Designated Public Hospital Quality Improvement Program (DPH-QIP); District Hospital Directed Payment (DHDP); and the skilled nursing facility Workforce and Quality Incentive Program (W-QIP). Supplemental revenue for directed payments are also anticipated for Children's Hospital services and for the Federally Qualified Health Center 340b replacement program, full details on these new programs are unknown at this time.

- **Interest Income:** During the March 2025 Federal Open Market Committee (FOMC) meeting, the committee maintained its targeted federal funds rate range of 4.25% to 4.5%. According to the Federal Reserve, the FOMC is prepared to adjust the stance of monetary policy as appropriate if risks emerge which would impede the attainment of its goals of achieving maximum employment while returning inflation to its 2 percent objective. During the March meeting, the Federal Reserve acknowledged the growing uncertainty around the economic outlook and stated rate reductions would be considered if supported by the data. While there is not a direct correlation between the federal funds rate and the interest rate earned on deposits or investments, Partnership's overall yield tends to follow a similar direction. The Plan expects to assume an annual rate of return of 3.75% for FY 2025-26. Partnership will revise the rate accordingly based on any future actions taken by the Federal Reserve and/or best available information prior to finalizing our budget.

- **Rental Income:** Currently, Partnership leases space to 11 tenants in Fairfield, four in Auburn, two in Eureka, and one in each in Redding, Napa and Chico. 10 additional spaces are available for tenant leases, with two of those spaces currently pending. Total Rental income will be estimated based on existing and anticipated lease agreements. For anticipated leases, rental income will be projected using lease rates that are approximately 90% of current market rates. Building maintenance costs associated with the leased space will be included in administrative costs.

Health Care Costs

Health care cost projections for FY 2025-26 will be based on the Plan's historical claims experience for currently covered Medi-Cal members and benefits. At this time, Partnership anticipates utilizing cost experience from January 2023 through December 2024 for our respective counties which serve as the base data for budget development. Health care cost projections for the expansion counties will be further augmented based on actuarial analysis, draft rate projections, and actual claims experience received prior to budget finalization. Completion factors will be incorporated where appropriate to account for incurred but not yet reported claims. Partnership continues to closely monitor health care costs and membership changes and will adjust our budget methodology based on emerging information.

The base period costs will be adjusted for:

- Reasonable assumptions regarding underlying utilization trends based on internal analysis and a review of DHCS trends used in developing Plan capitation rates.
- Anticipated impacts of case management, utilization management, and specific disease management programs from year-to-year, or newly developed programs.

- Changes in provider contracting such as new payment amendments.

As noted in the budget revenue section, Partnership will continue to assess whether we have enough details to estimate the associated revenue and costs of the new transitional rent benefit for inclusion in our final June budget. If not, Partnership will include transitional rent revenue and expenses along with CY 2025 and CY 2026 TRI in our off-cycle budget review.

Administrative Costs

- **Staff:** As Partnership continues our infrastructure building related to expansion activities and prepares for the upcoming Medicare D-SNP launch, Partnership will propose staffing augmentations commensurate with meeting these responsibilities. Further, the DHCS contractual requirements and Medi-Cal programmatic changes will require further increased staffing levels. Staffing changes are currently being reviewed, and final proposed staffing levels will be presented in June.

- **Benefits:** Partnership is currently researching employer benefit trends and will present the estimated percentage change for employee medical, dental and vision benefits during the final budget presentation in June. All other benefits impacted by IRS limits will be projected accordingly. Any proposed benefit changes, to be approved by the Board, will also be incorporated.

- **Salaries:** According to the January 2025 Economic News Release from the U.S. Bureau of Labor Statistics, the Western Region of the U.S. employment cost index (ECI) for the 12 months ending December 2024 ranged from 2.8 percent to 6.6 percent. Partnership will wait for the March release to obtain a better gauge on annual merit increase.

- **Capital:** New capital purchase recommendations, primarily related to IT and Facilities will be included on the final detailed capital expenditures budget list. Depreciation will be calculated based on anticipated purchase dates, completion dates for those items that are considered construction in progress, and existing capital assets.

Reserves

Board designated reserves are calculated to satisfy the Performance Guarantee requirements in the current State Contract: up to two months of State Capitation Revenue averaged over the past twelve months. Additional amounts are set aside for Capital and Infrastructure purchases as well as for Strategic Use of Reserves (SUR); these are amounts for projects that have already received Board approval but have yet to be incurred. Given the current economic conditions and uncertainty surrounding federal changes to Medicaid, changes to the board designated reserve policy may be proposed in the coming months. The total fund balance, including the projected Board designated amount for the year ending June 30, 2026, will be presented with the final budget.

Off-Cycle Budget

Due to the uncertainty regarding potential federal Medicaid program changes, the corresponding State's Budgetary reaction, the unknowns on the CY 2025 and CY 2026 TRI final rate augmentation, and the timing of our Medicare D-SNP bid submission and federal approval – Partnership staff expect to complete an off-cycle budget to account for material programmatic changes and cost changes that occur subsequent to the finalization of Partnership's budget in June.

Financial Analysis for the Current Period

Total Surplus

For the month ended February 28, 2025, Partnership reported a net surplus of $7.9 million, increasing the year-to-date surplus to $29.1 million. Key variances are outlined below.

Revenue

Total Revenue is favorable to budget for the month by $241.2 million, and favorable $198.6 million for the year-to-date. Medi-Cal revenue is $230.8 million favorable to budget due to the recording of an additional $251.6 million in MCO tax revenue pertaining to calendar year 2024, which was authorized by Assembly Bill (AB) 160; a corresponding offset is also recorded in MCO tax expense. The positive variances are partially offset by the $26.2 million unbudgeted UIS risk corridor and $3.0 million unfavorability in base revenue. Directed Payments are $93.2 million unfavorable due to lower than budgeted rates; a corresponding offset is recorded in Healthcare Investment Funds (HCIF). Supplemental revenues are $36.5 million favorable due to the timing of DHCS submissions primarily in the expansion counties for American Indian Health Services (AIHS) and higher than expected volumes for Maternity Kick payments. Interest income is $22.9 million favorable due to higher than anticipated interest rates accompanied with higher than budgeted cash balances. The remaining favorable variance is attributed to other revenues.

Healthcare Costs

Total healthcare costs exceeded budget by $1.5 million for the month but is under budget $134.3 million for the year-to-date. Non-Capitated Physician and Ancillary expenses were $108.3 million over budget, largely due to the accrual of Targeted Rate Increases (TRI) and updates to IBNR reserves based on current utilization trends. Capitation expenses were $26.6 million under budget, reflecting changes in the funding methodology for certain healthcare providers. Long-Term Care costs exceeded budget by $10.6 million, primarily due to anticipated rate increases retroactive to January 2024. Inpatient Hospital Fee-For-Service (FFS) expenses were $140.3 million favorable, largely driven by downward adjustments to prior fiscal year IBNR reserves, reflecting lower-than-expected utilization in the new expansion region and seasonal trends. HCIF expenses were $76.9 million below budget due to lower-than-anticipated directed payment rates, partially offset by the timing of IPP CalAIM incentive payments. Transportation costs were $10.2 million over budget, attributed to increased utilization. Quality Assurance expenses were $22.6 million under budget due to the timing of medical administrative costs. Conversely, Quality Improvement Program expenses were $3.3 million over budget, due to the timing of incentive grant disbursements.

Administrative Costs

Administrative costs have an overall positive variance, which is $2.8 million for the month and $33.5 million for the year-to-date. The primary variance is in Employee costs due to the timing of the filling of open positions, which are primarily geared towards the expansion counties and the fulfilling of the 2024 DHCS Contract requirements. An additional variance is in Occupancy due to the timing of building related costs including repairs, maintenance, and utilities, as well as the depreciation of capitalizable items including the new claims system. The increased negative variance in Computer and Data is primarily due

to the timing of licensing cost payments and the timing of computer stock equipment purchases. Most non-Employee and non-Occupancy costs are prorated relatively evenly throughout the year; as the year progresses, the variances between actual and budget in these categories are expected to narrow.

Balance Sheet / Cash Flow

Total Cash & Cash Equivalents decreased by $5.8 million for the month. Inflows include $448.0 million in State Capitation payments, $3.4 million in Drug Medi-Cal payments, and $6.6 million in interest earnings. These inflows were offset by outflows of $373.2 million in healthcare cost payments, $4.9 million in Drug Medi-Cal payments, $45.2 million in administrative and capital cost payments, and the recording of $40.7 million in board designated reserve transfers. The remaining difference can be attributed to other revenues.

General Statistics

Membership

Membership had a total net increase of 3,040 members for the month.

Utilization Metrics and High Dollar Case

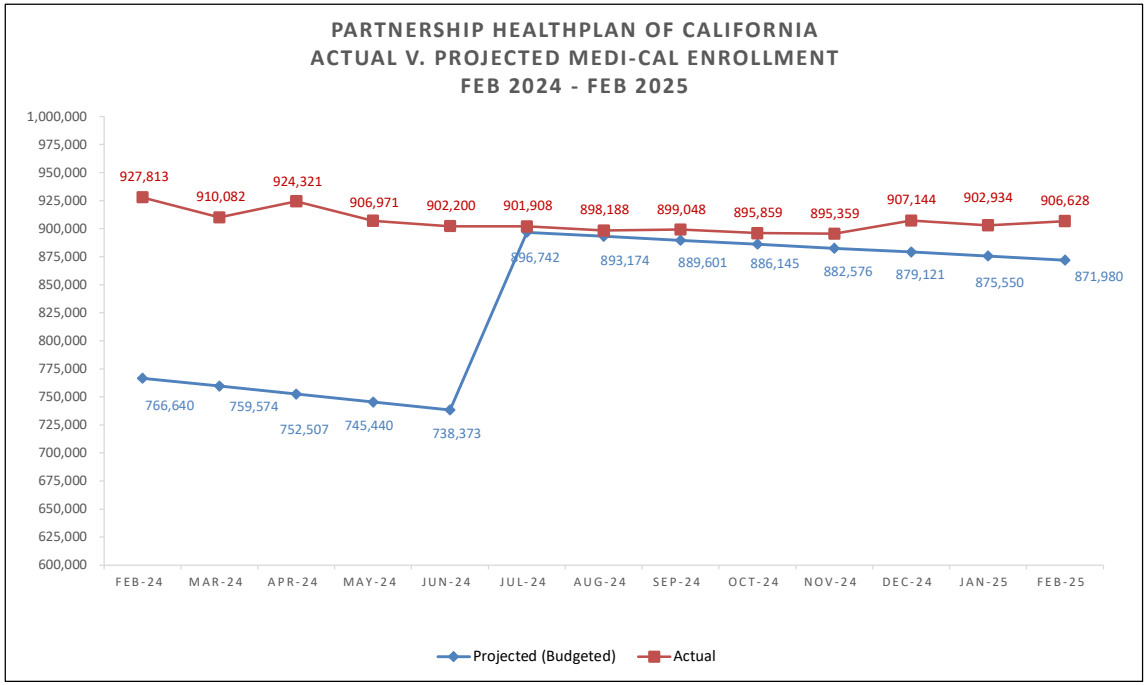
For the fiscal year 2024/25 through February 2025, 422 members reached the $250,000 threshold with an average cost of $467,418. For fiscal year 2023/24, 883 members reached the $250,000 threshold with an average cost per case of $507,681. For fiscal year 2022/23, 694 members reached the $250,000 threshold with an average claims cost of $518,880.

Current Ratio/Reserved Funds

Current Ratio Including Required Reserves	**1.37**
Current Ratio Excluding Required Reserves:	**0.98**
Required Reserves:	**$1,317,715,392**
Total Fund Balance:	**$1,276,681,095**

Days of Cash on Hand

Including Required Reserves:	**133.90**
Excluding Required Reserves:	**64.66**



Member Months by County:

County	Feb-24	Mar-24 ☆	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Solano	105,208	102,065	105,274	102,979	102,062	101,490	101,565	102,138	101,685	101,430	103,225	102,170	102,511
Napa	28,140	27,005	27,891	27,017	27,071	26,878	26,697	26,466	26,242	26,374	26,961	26,991	27,197
Yolo	56,087	54,327	55,592	54,076	53,489	53,332	52,195	52,185	51,806	51,458	53,062	52,646	52,963
Sonoma	112,447	108,106	112,999	110,510	110,327	110,662	110,074	110,141	109,880	110,115	112,185	110,844	112,863
Marin	48,331	46,215	48,257	46,564	46,520	46,274	46,147	46,484	46,059	46,033	46,460	46,616	46,859
Mendocino	41,963	41,055	42,150	41,381	41,239	41,408	41,314	41,195	40,901	41,046	40,947	40,708	40,899
Lake	35,405	34,559	35,494	34,624	34,390	34,422	34,207	34,227	34,122	34,257	34,495	34,338	34,229
Del Norte	12,610	12,316	12,675	12,401	12,214	12,252	12,327	12,382	12,404	12,387	12,420	12,466	12,513
Humboldt	60,415	59,075	60,273	58,758	58,876	58,607	58,434	58,422	58,495	58,614	58,593	58,332	58,577
Lassen	8,952	8,576	8,793	8,668	8,714	8,765	8,802	8,753	8,814	8,754	8,756	8,761	8,825
Modoc	4,035	4,020	4,051	3,944	3,933	3,958	3,941	3,983	3,933	3,925	3,939	3,943	3,990
Shasta	70,880	69,820	70,514	68,436	67,907	67,685	67,173	67,073	66,723	66,780	66,863	66,195	65,800
Siskiyou	19,115	17,966	18,653	18,137	18,131	18,088	17,918	17,839	17,972	18,041	17,945	17,902	17,706
Trinity	5,739	5,567	5,704	5,607	5,540	5,540	5,464	5,437	5,422	5,380	5,419	5,286	5,348
Butte	85,856	86,303	85,581	84,795	84,347	84,598	84,856	85,378	85,666	85,502	85,772	85,639	85,539
Colusa	10,663	10,674	10,392	10,270	10,239	10,208	10,148	10,152	10,097	10,038	10,215	10,219	10,232
Glenn	13,774	13,883	13,772	13,618	13,583	13,501	13,491	13,595	13,543	13,596	13,664	13,594	13,623
Nevada	28,798	28,708	28,519	28,420	28,313	28,407	28,226	28,261	28,434	28,721	28,515	28,748	28,736
Placer	59,846	60,289	59,915	60,009	59,226	59,648	59,419	59,331	58,737	58,334	60,679	60,497	60,860
Plumas	5,978	5,975	5,942	5,925	5,903	5,938	5,924	5,857	5,820	5,870	5,866	5,792	5,858
Sierra	870	869	869	865	850	839	852	871	866	892	887	874	888
Sutter	44,438	44,558	43,816	43,711	43,619	43,542	43,122	43,076	42,418	42,244	43,425	43,430	43,691
Tehama	31,484	31,299	30,932	30,323	29,996	30,297	30,365	30,492	30,542	30,456	30,426	30,321	30,240
Yuba	36,779	36,851	36,263	35,933	35,711	35,569	35,527	35,310	35,278	35,112	36,425	36,622	36,681
All Counties Total	**927,813**	**910,082**	**924,321**	**906,971**	**902,200**	**901,908**	**898,188**	**899,048**	**895,859**	**895,359**	**907,144**	**902,934**	**906,628**

☆ March 2024 actual membership includes Jan & Feb retro correction. The Jan, Feb, and Mar 2024 true memberships are 921,261, 918,516, and 916,708, respectively.

Medi-Cal Region 1: Sonoma, Solano, Napa, Yolo & Marin; Medi-Cal Region 2: Mendocino & Rural 8 Counties; Medi-Cal Region 3: Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama & Yuba

Partnership HealthPlan of California
Comparative Financial Indicators Monthly Report
Fiscal Year 2024 - 2025 & Fiscal Year 2023 - 2024

FINANCIAL INDICATORS	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25					YTD	Avg / Month As of Feb-25
Total Enrollment	898,490	898,153	897,450	895,408	895,235	905,698	901,907	904,947					7,197,288	899,661
Total Revenue	516,467,263	505,732,274	517,421,674	517,491,108	507,895,691	520,768,067	518,706,967	759,253,557					4,363,736,601	545,467,075
Total Healthcare Costs	455,570,291	455,587,935	449,203,390	445,671,531	422,571,150	440,227,707	443,280,032	430,197,038					3,542,309,070	442,788,634
Total Administrative Costs	17,164,116	20,965,109	20,303,694	22,663,983	19,787,655	21,565,508	23,537,967	22,868,410					168,856,445	21,107,055
Medi-Cal Hospital & Managed Care Taxes	46,566,563	46,437,851	46,436,856	46,083,262	46,460,193	46,509,845	46,696,106	298,302,026					623,492,702	77,936,588
Total Current Year Surplus (Deficit)	(2,833,707)	(17,258,621)	1,477,734	3,072,332	19,076,693	12,465,007	5,192,862	7,886,083					29,078,384	3,634,798
Total Claims Payable	884,509,979	911,448,691	890,651,592	852,864,933	830,533,762	775,002,932	770,859,204	759,273,827					759,273,827	834,393,115
Total Fund Balance	1,244,769,003	1,227,510,382	1,228,988,116	1,232,060,447	1,251,137,140	1,263,602,149	1,268,795,012	1,276,681,095					1,276,681,095	1,249,192,918
Reserved Funds														
State Financial Performance Guarantee	1,092,899,000	1,093,798,000	1,096,923,000	1,100,211,000	1,102,840,000	1,046,032,000	1,049,745,000	1,091,605,000					1,091,605,000	1,084,256,625
Board Approved Capital and Infrastructure Purchases	79,941,518	79,360,193	77,250,794	76,202,434	75,447,816	73,742,888	72,667,651	71,478,836					71,478,836	75,761,516
Capital Assets	134,500,819	148,731,129	150,227,245	152,420,562	152,556,243	152,888,655	154,088,260	154,631,556					154,631,556	150,005,559
Strategic Use of Reserve-Board Approved	71,002,668	71,002,668	71,002,668	71,002,668	71,002,668	71,002,668	71,002,668	71,002,668					71,002,668	71,002,668
Unrestricted Fund Balance	(133,575,002)	(165,381,608)	(166,415,591)	(167,776,217)	(150,709,587)	(80,064,063)	(78,708,568)	(112,036,965)					(112,036,965)	(131,833,450)
Fund Balance as % of Reserved Funds	90.31%	88.13%	88.07%	88.01%	89.25%	94.04%	94.16%	91.93%					91.93%	90.45%
Current Ratio (including Required Reserves)	1.45:1	1.41:1	1.40:1	1.40:1	1.40:1	1.39:1	1.41:1	1.37:1					1.37:1	1.40:1
Medical Loss Ratio w/o Tax	96.95%	99.19%	95.38%	94.54%	91.58%	92.82%	93.91%	93.33%					94.71%	94.71%
Admin Ratio w/o Tax	3.65%	4.56%	4.31%	4.81%	4.29%	4.55%	4.99%	4.96%					4.51%	4.51%
Profit Margin Ratio	-0.60%	-3.76%	0.31%	0.65%	4.13%	2.63%	1.10%	1.71%					0.78%	0.78%

FINANCIAL INDICATORS	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	YTD	Avg / Month As of Jun-24
Total Enrollment	697,169	694,364	689,096	674,680	670,710	660,101	918,590	916,349	921,546	912,331	906,971	900,691	9,562,598	796,883
Total Revenue	346,807,441	341,606,254	341,452,348	336,820,011	333,606,699	704,499,918	494,922,661	507,388,749	527,490,882	524,377,176	544,442,127	729,388,400	5,732,802,666	477,733,555
Total Healthcare Costs	327,163,476	330,010,604	317,050,232	309,178,329	314,689,553	312,699,931	427,212,628	429,268,912	475,024,262	449,448,163	476,657,036	383,635,425	4,552,038,550	379,336,546
Total Administrative Costs	11,697,451	12,604,507	11,948,835	13,398,097	13,672,021	13,241,394	16,243,013	17,074,221	15,790,362	16,678,381	18,392,413	19,471,144	180,211,837	15,017,653
Medi-Cal Hospital & Managed Care Taxes	-	-	-	-	-	376,406,250	46,790,714	48,056,922	47,537,225	47,123,221	46,858,980	46,582,645	659,355,957	54,946,330
Total Current Year Surplus (Deficit)	7,946,514	(1,008,857)	12,453,281	14,243,584	5,245,126	2,152,343	4,676,307	12,988,694	(10,860,967)	11,127,412	2,533,699	279,699,187	341,196,322	28,433,027
Total Claims Payable	422,844,079	452,077,175	486,822,447	455,222,013	481,847,695	499,411,492	589,212,971	701,582,898	808,535,908	829,697,152	838,350,235	886,017,427	886,017,427	620,968,458
Total Fund Balance	914,352,902	913,344,045	925,797,326	940,040,910	945,286,036	947,438,379	952,114,686	965,103,380	954,242,413	965,369,824	967,903,523	1,247,602,710	1,247,602,710	969,883,011
Reserved Funds														
State Financial Performance Guarantee	946,269,906	964,438,886	980,910,354	994,265,111	1,009,422,758	1,026,741,282	1,074,004,763	1,076,192,481	1,092,267,035	1,098,614,311	1,102,328,343	1,135,207,631	1,135,207,631	1,041,721,905
Board Approved Capital and Infrastructure Purchases	47,177,080	46,374,091	45,797,964	41,394,205	40,388,299	39,549,920	37,862,493	36,225,975	35,770,696	28,270,742	27,812,009	26,342,225	26,342,225	37,747,142
Capital Assets	118,991,470	119,235,734	119,254,457	123,078,590	126,154,438	126,341,441	127,443,936	128,495,663	128,366,608	135,257,004	135,105,115	133,498,833	133,498,833	126,768,607
Strategic Use of Reserve-Board Approved	70,659,883	70,318,568	70,455,056	71,514,836	72,116,668	72,116,668	72,116,668	72,116,668	72,116,668	72,116,668	71,786,668	71,002,668	71,002,668	71,536,474
Unrestricted Fund Balance	(268,745,437)	(287,023,235)	(290,620,505)	(290,211,832)	(302,796,127)	(317,310,932)	(359,313,174)	(347,927,407)	(374,278,595)	(368,888,901)	(369,128,612)	(118,448,647)	(118,448,647)	(307,891,117)
Fund Balance as % of Reserved Funds	77.28%	76.09%	76.11%	76.41%	75.74%	74.91%	72.60%	73.50%	71.83%	72.35%	72.39%	91.33%	91.33%	75.90%
Current Ratio (including Required Reserves)	1.69:1	1.63:1	1.49:1	1.59:1	1.56:1	1.43:1	1.38:1	1.34:1	1.33:1	1.33:1	1.35:1	1.45:1	1.45:1	1.43:1
Medical Loss Ratio w/o Tax	94.34%	96.61%	92.85%	91.79%	94.33%	95.31%	95.33%	93.46%	98.97%	94.17%	95.79%	56.19%	89.72%	89.72%
Admin Ratio w/o Tax	3.37%	3.69%	3.50%	3.98%	4.10%	4.04%	3.62%	3.72%	3.29%	3.49%	3.70%	2.85%	3.55%	3.55%
Profit Margin Ratio	2.29%	-0.30%	3.65%	4.23%	1.57%	0.66%	1.04%	2.83%	-2.26%	2.33%	0.51%	40.96%	6.73%	6.73%

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Membership and Financial Summary
For The Period Ending February 28, 2025

CURRENT MONTH	PRIOR MONTH	INC / DEC	MEMBERSHIP SUMMARY	CURRENT YTD AVG	PRIOR YTD AVG	VARIANCE
904,947	901,907	3,040	**Total Membership**	899,661	740,132	159,529

ACTUAL MONTH	BUDGET MONTH	$ VARIANCE MONTH	FINANCIAL SUMMARY	ACTUAL YTD	BUDGET YTD	$ VARIANCE YTD
759,253,557	518,078,915	241,174,642	**Total Revenue**	4,363,736,601	4,165,151,051	198,585,550
430,197,038	428,688,172	(1,508,866)	**Total Healthcare Costs**	3,542,309,070	3,676,618,014	134,308,944
22,868,410	25,703,258	2,834,848	**Total Administrative Costs**	168,856,445	202,325,643	33,469,198
298,302,026	44,809,868	(253,492,158)	**Medi-Cal Managed Care Tax**	623,492,702	365,122,147	(258,370,555)
7,886,083	**18,877,617**	**(10,991,534)**	**Total Current Year Surplus (Deficit)**	**29,078,384**	**(78,914,753)**	**107,993,137**
93.33%	90.58%		**Medical Loss Ratio (HC Costs as a % of Rev, excluding Managed Care Tax)**	94.71%	96.75%	
4.96%	5.43%		**Admin Ratio (Admin Costs as a % of Rev, excluding Managed Care Tax)**	4.51%	5.32%	

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Balance Sheet
As Of February 28, 2025

	February 2025	January 2025
A S S E T S		
Current Assets		
Cash & Cash Equivalents	**1,085,962,788**	**1,091,749,200**
Receivables		
Accrued Interest	862,900	432,200
State DHS - Cap Rec	1,817,012,660	1,497,527,171
Other Healthcare Receivable	52,471,490	51,244,376
Miscellaneous Receivable	7,690,236	7,702,232
Total Receivables	**1,878,037,286**	**1,556,905,979**
Other Current Assets		
Payroll Clearing	8,330	13,962
Prepaid Expenses	10,916,592	12,608,929
Total Other Current Assets	**10,924,922**	**12,622,891**
Total Current Assets	**2,974,924,996**	**2,661,278,070**
Non-Current Assets		
Fixed Assets		
Motor Vehicles	515,462	515,462
Furniture & Fixtures	7,028,251	7,028,251
Computer Equipment	19,746,994	19,168,910
Computer Software	8,997,689	8,997,689
Leasehold Improvements	124,288	124,288
Land	7,619,204	7,619,204
Building	83,185,784	83,185,784
Building Improvements	39,688,760	39,688,760
Accum Depr - Motor Vehicles	(297,578)	(286,815)
Accum Depr - Furniture	(6,614,613)	(6,606,523)
Accum Depr - Comp Equipment	(16,701,543)	(16,504,134)
Accum Depr - Comp Software	(8,701,768)	(8,655,144)
Accum Depr - Leasehold Improvements	(124,288)	(124,288)
Accum Depr - Building	(13,586,392)	(13,408,644)
Accum Depr - Bldg Improvements	(15,437,327)	(15,232,442)
Construction Work-In-Progress	49,188,634	48,577,902
Total Fixed Assets	**154,631,557**	**154,088,260**
Other Non-Current Assets		
Deposits	87,968	84,075
Board-Designated Reserves	1,162,783,836	1,122,112,651
Knox-Keene Reserves	300,000	300,000
Prepaid - Other Non-Current	14,267,684	14,212,839
Net Pension Asset	4,919,453	4,919,453
Deferred Outflows Of Resources	1,620,052	1,620,052
Net Subscription Asset	2,790,269	2,790,269
Total Other Non-Current Assets	**1,186,769,262**	**1,146,039,339**

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Balance Sheet
As Of February 28, 2025

	February 2025	January 2025
Total Non-Current Assets	**1,341,400,819**	**1,300,127,599**
Total Assets	**4,316,325,815**	**3,961,405,669**
L I A B I L I T I E S & F U N D B A L A N C E		
Liabilities		
Current Liabilities		
Accounts Payable	473,461,028	190,242,979
Unearned Income	109,464,493	109,464,493
Suspense Account	14,587,394	13,762,222
Capitation Payable	40,296,544	40,296,544
State DHS - Cap Payable	32,633,113	32,633,113
Accrued Healthcare Costs	1,462,731,304	1,395,905,633
Claims Payable	245,166,222	297,723,085
Incurred But Not Reported-IBNR	514,107,605	473,136,119
Quality Improvement Programs	137,231,029	129,480,481
Total Current Liabilities	**3,029,678,732**	**2,682,644,669**
Non-Current Liabilities		
Deferred Inflows Of Resources	7,617,910	7,617,910
Net Subscription Liability	2,348,078	2,348,078
Total Non-Current Liabilities	**9,965,988**	**9,965,988**
Total Liabilities	**3,039,644,720**	**2,692,610,657**
Fund Balance		
Unrestricted Fund Balance	**(112,036,965)**	**(78,708,568)**
Reserved Funds		
State Financial Performance Guarantee	1,091,605,000	1,049,745,000
Board Approved Capital and Infrastructure Purchases	71,478,836	72,667,651
Capital Assets	154,631,556	154,088,260
Strategic Use of Reserve-Board Approved	71,002,668	71,002,668
Total Reserved Funds	**1,388,718,060**	**1,347,503,579**
Total Fund Balance	**1,276,681,095**	**1,268,795,012**
Total Liabilities And Fund Balance	**4,316,325,815**	**3,961,405,669**

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Statement of Cash Flow
For The Period Ending February 28, 2025

	Current Month Activity	Year-To-Date Activity
CASH FLOWS FROM OPERATING ACTIVITIES:		
Cash Received From:		
Capitation from California Department of Health Care Services	447,971,168	3,838,215,143
Other Revenues	182,648	35,592,033
Cash Payments to Providers for Medi-Cal Members		
Capitation Payments	(25,884,317)	(191,963,439)
Medical Claims Payments	(347,313,252)	(3,146,002,971)
Drug Medi-Cal		
DMC Receipts from Counties	3,413,587	31,378,317
DMC Payments to Providers	(4,911,009)	(40,378,115)
Cash Payments to Vendors	(24,151,203)	(487,497,345)
Cash Payments to Employees	(18,829,186)	(131,664,436)
Net Cash (Used) Provided by Operating Activities	**30,478,436**	**(92,320,813)**
CASH FLOWS FROM CAPITAL FINANCING & RELATED ACTIVITIES:		
Purchases of Capital Assets	(2,242,375)	(23,878,124)
Net Cash (Used) by Capital Financial & Related Activities	**(2,242,375)**	**(23,878,124)**
CASH FLOWS FROM INVESTING ACTIVITIES:		
Board-Designated Reserve Transfers	(40,671,185)	(1,533,980)
Interest and Dividends on Investments	6,648,712	69,804,614
Net Cash (Used) Provided by Investing Activities	**(34,022,473)**	**68,270,634**
NET (DECREASE) IN CASH & CASH EQUIVALENTS	**(5,786,412)**	**(47,928,303)**
CASH & CASH EQUIVALENTS, BEGINNING	**1,091,749,200**	**1,133,891,091**
CASH & CASH EQUIVALENTS, ENDING	**1,085,962,788**	**1,085,962,788**
RECONCILIATION OF TOTAL OPERATING (LOSS) INCOME TO NET CASH (USED) PROVIDED BY OPERATING ACTIVITIES		
TOTAL OPERATING (LOSS) INCOME	**806,671**	**(40,726,435)**
DEPRECIATION	**645,520**	**5,012,809**
CHANGES IN ASSETS AND LIABILITIES:		
Other Receivables	(1,215,118)	(20,110,330)
California Department of Health Services Receivable	(319,485,489)	(624,858,562)
Other Assets	2,692,790	(2,523,956)
Accounts Payable and Accrued Expenses	350,868,891	669,648,311
Accrued Claims Payable	(11,585,377)	(126,743,599)
Quality Improvement Programs	7,750,548	47,980,949
Net Cash (Used) Provided by Operating Activities	**30,478,436**	**(92,320,813)**

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Statement of Revenues and Expenses

For The Period Ending February 28, 2025

****The Notes to the Financial Statement are an Integral Part of this Statement****

ACTUAL MONTH	BUDGET MONTH	$ VARIANCE MONTH	ACTUAL MONTH PMPM	BUDGET MONTH PMPM		ACTUAL YTD	BUDGET YTD	$ VARIANCE YTD	ACTUAL YTD PMPM	BUDGET YTD PMPM
904,947	**904,947**	**-**			**TOTAL MEMBERSHIP**	**7,197,288**	**7,197,288**	**-**		
					REVENUE					
752,003,493	512,347,315	239,656,178	830.99	566.16	State Capitation Revenue	4,290,744,048	4,116,719,051	174,024,997	596.16	571.98
7,079,412	5,548,500	1,530,912	7.82	6.13	Interest Income	69,804,821	46,884,500	22,920,321	9.70	6.51
170,652	183,100	(12,448)	0.19	0.20	Other Revenue	3,187,732	1,547,500	1,640,232	0.44	0.22
759,253,557	**518,078,915**	**241,174,642**	**839.00**	**572.49**	**TOTAL REVENUE**	**4,363,736,601**	**4,165,151,051**	**198,585,550**	**606.30**	**578.71**
					HEALTHCARE COSTS					
					Physician Services					
7,790,323	9,071,153	1,280,830	8.61	10.02	Pcp Capitation	59,712,146	71,921,466	12,209,320	8.30	9.99
214,981	228,115	13,134	0.24	0.25	Specialty Capitation	1,708,141	1,781,277	73,136	0.24	0.25
73,521,084	71,442,858	(2,078,226)	81.24	78.95	Non-Capitated Physician Services	625,164,287	571,320,363	(53,843,924)	86.86	##### ##
81,526,388	**80,742,126**	**(784,262)**	**90.09**	**89.22**	**Total Physician Services**	**686,584,574**	**645,023,106**	**(41,561,468)**	**95.40**	**89.62**
					Inpatient Hospital					
16,473,274	17,609,927	1,136,653	18.20	19.46	Hospital Capitation	130,012,723	143,824,423	13,811,700	18.06	19.98
110,135,406	104,001,506	(6,133,900)	121.70	114.93	Inpatient Hospital - Ffs	819,016,285	959,344,815	140,328,530	113.80	133.29
1,536,839	1,536,838	(1)	1.70	1.70	Hospital Stoploss	12,729,459	12,729,458	(1)	1.77	1.77
128,145,519	**123,148,271**	**(4,997,248)**	**141.60**	**136.09**	**Total Inpatient Hospital**	**961,758,467**	**1,115,898,696**	**154,140,229**	**133.63**	**155.04**
53,696,475	43,821,176	(9,875,299)	59.34	48.42	Long Term Care	436,374,940	425,743,478	(10,631,462)	60.63	59.15
					Ancillary Services					
1,176,926	1,269,334	92,408	1.30	1.40	Ancillary Services - Capitated	9,378,865	9,919,470	540,605	1.30	1.38
71,407,526	74,276,983	2,869,457	78.91	82.08	Ancillary Services - Non-Capitated	667,742,643	613,285,448	(54,457,195)	92.78	85.21
72,584,452	**75,546,317**	**2,961,865**	**80.21**	**83.48**	**Total Ancillary Services**	**677,121,508**	**623,204,918**	**(53,916,590)**	**94.08**	**86.59**
					Other Medical					
4,717,205	6,919,602	2,202,397	5.21	7.65	Quality Assurance	35,211,098	57,851,667	22,640,569	4.89	8.04
69,712,487	79,881,213	10,168,726	77.03	88.27	Healthcare Investment Funds	572,091,734	649,019,025	76,927,291	79.49	90.18
128,900	135,600	6,700	0.14	0.15	Advice Nurse	990,400	1,146,000	155,600	0.14	0.16
641	7,100	6,459	-	0.01	Hipp Payments	6,064	59,800	53,736	-	0.01
11,934,423	10,736,219	(1,198,204)	13.19	11.86	Transportation	97,282,196	87,120,141	(10,162,055)	13.52	12.10
86,493,656	**97,679,734**	**11,186,078**	**95.57**	**107.94**	**Total Other Medical**	**705,581,492**	**795,196,633**	**89,615,141**	**98.04**	**110.49**
7,750,548	7,750,548	-	8.56	8.56	Quality Improvement Programs	74,888,089	71,551,183	(3,336,906)	10.41	9.94
430,197,038	**428,688,172**	**(1,508,866)**	**475.37**	**473.71**	**TOTAL HEALTHCARE COSTS**	**3,542,309,070**	**3,676,618,014**	**134,308,944**	**492.19**	**510.83**
					ADMINISTRATIVE COSTS					
13,828,026	15,506,994	1,678,968	15.28	17.14	Employee	106,820,484	126,902,149	20,081,665	14.84	17.63
87,752	156,294	68,542	0.10	0.17	Travel And Meals	644,516	1,320,592	676,076	0.09	0.18
1,500,126	4,054,153	2,554,027	1.66	4.48	Occupancy	10,488,206	21,272,516	10,784,310	1.46	2.96
589,370	826,291	236,921	0.65	0.91	Operational	4,421,367	7,171,884	2,750,517	0.61	1.00
3,288,342	2,917,370	(370,972)	3.63	3.22	Professional Services	21,284,515	23,999,593	2,715,078	2.96	3.33
3,574,794	2,242,156	(1,332,638)	3.95	2.48	Computer And Data	25,197,357	21,658,909	(3,538,448)	3.50	3.01
22,868,410	**25,703,258**	**2,834,848**	**25.27**	**28.40**	**TOTAL ADMINISTRATIVE COSTS**	**168,856,445**	**202,325,643**	**33,469,198**	**23.46**	**28.11**
298,302,026	44,809,868	(253,492,158)	329.63	49.52	**Medi-Cal Managed Care Tax**	623,492,702	365,122,147	(258,370,555)	86.63	50.73
7,886,083	**18,877,617**	**(10,991,534)**	**8.73**	**20.86**	**TOTAL CURRENT YEAR SURPLUS (DEFICIT)**	**29,078,384**	**(78,914,753)**	**107,993,137**	**4.02**	**(10.96)**

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
NOTES TO FINANCIAL STATEMENTS
February 28, 2025

1. ORGANIZATION

The Partnership HealthPlan of California (the HealthPlan) was formed as a health insurance organization and is legally a subdivision of the State of California but is not part of any city, county or state government system. The HealthPlan has quasi-independent political jurisdiction to contract with the State for managing Medi-Cal beneficiaries who reside in various Northern California counties. The HealthPlan is a combined public and private effort engaged principally in providing a more cost-effective method of healthcare. The HealthPlan began serving Medi-Cal eligible persons in Solano County in May 1994. That was followed by additional Northern California counties in March 1998, March 2001, October 2009, two counties in July 2011, and eight counties in September 2013. Beginning July 2018 and in accordance with direction from the Department of Health Care Services (DHCS), The HealthPlan consolidated its reporting from these fourteen counties into two regions, which are in alignment with the two DHCS rating regions. Beginning January 2024, The HealthPlan expanded into ten additional counties, which comprise a third region.

As a public agency, the HealthPlan is exempt from state and federal income tax.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

ACCOUNTING POLICIES:
The accounting and reporting policies of the HealthPlan conform to generally-accepted accounting principles and general practices within the healthcare industry.

PROPERTY AND EQUIPMENT:
Effective July 2015, property and equipment totaling $10,000 or more are recorded at cost; this includes assets acquired through capital leases and improvements that significantly add to the productive capacity or extend the useful life of the asset. Costs of maintenance and repairs are expensed as incurred. Depreciation for financial reporting purposes is provided on a straight-line method over the estimated useful life of the asset. The costs of major remodeling and improvements are capitalized as building or leasehold improvements. Leasehold improvements are amortized using the straight-line method over the shorter of the remaining term of the applicable lease or their estimated useful life. Building improvements are depreciated over their estimated useful life.

INVESTMENTS:
The HealthPlan investments can consist of U.S. Treasury Securities, Certificates of Deposits, Money Market and Mutual Funds, Government Pooled Funds, Agency Notes, Repurchase

Agreements, Shares of Beneficial Interest and Commercial Paper and are carried at fair value.

RESERVED FUNDS:
As of February 2025, the HealthPlan has Total Reserved Funds of $1.4 billion. This includes $71.0 million of funds set aside for Board approved Strategic Use of Reserve (SUR) initiatives; this also includes funding for the Wellness & Recovery program. The total SUR amount represents the net amount remaining for all SUR projects that have been approved to date and is periodically adjusted as projects are completed. Reserved funds also includes $0.3 million of Knox-Keene Reserves.

3. STATE CAPITATION REVENUE

Medi-Cal capitation revenue is based on the monthly capitation rates, as provided for in the State contract, and the actual number of Medi-Cal eligible members. Capitation revenues are paid by the State on a monthly basis in arrears based on estimated membership. As such, capitation revenue includes an estimate for amounts receivable from or refundable to the State for projected changes in membership and trued up monthly through a State reconciliation process. These estimates are continually monitored and adjusted, as necessary, as experience develops or new information becomes known.

4. HEALTHCARE COST

The HealthPlan continues to develop completion factors to calculate estimated liability for claims incurred but not reported. These factors are reviewed and adjusted as more historical data become available. Budgeted capitation revenues and healthcare costs are adjusted each month to reflect changes in enrollee counts.

5. QUALITY IMPROVEMENT PROGRAM

The HealthPlan maintains quality incentive contracts with acute care hospitals and primary care physicians. As of February 2025, the HealthPlan has accrued a Quality Incentive Program payout of $137.2 million.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
NOTES TO FINANCIAL STATEMENTS
February 28, 2025

6. ESTIMATES

Due to the nature of the operations of the HealthPlan, it is necessary to estimate amounts for financial statement presentation. Substantial overstatement or understatement of these estimates would have a significant impact on the statements. The items estimated through various methodologies are:

- Value of Claims Incurred But Not Received
- Quality Incentive Payouts
- Earned Capitation Revenues
- Total Number of Members
- Retro Capitation Expense for Certain Providers

7. COMMITMENTS AND CONTINGENCIES

In the ordinary course of business, the HealthPlan is party to claims and legal actions by enrollees, providers, and others. After consulting with legal counsel, the HealthPlan management is of the opinion any liability that may ultimately be incurred as a result of claims or legal actions will not have a material effect on the financial position or results of the operations of the HealthPlan.

8. UNUSUAL OR INFREQUENT ITEMS REPORTED IN CURRENT MONTH'S FINANCIAL STATEMENTS

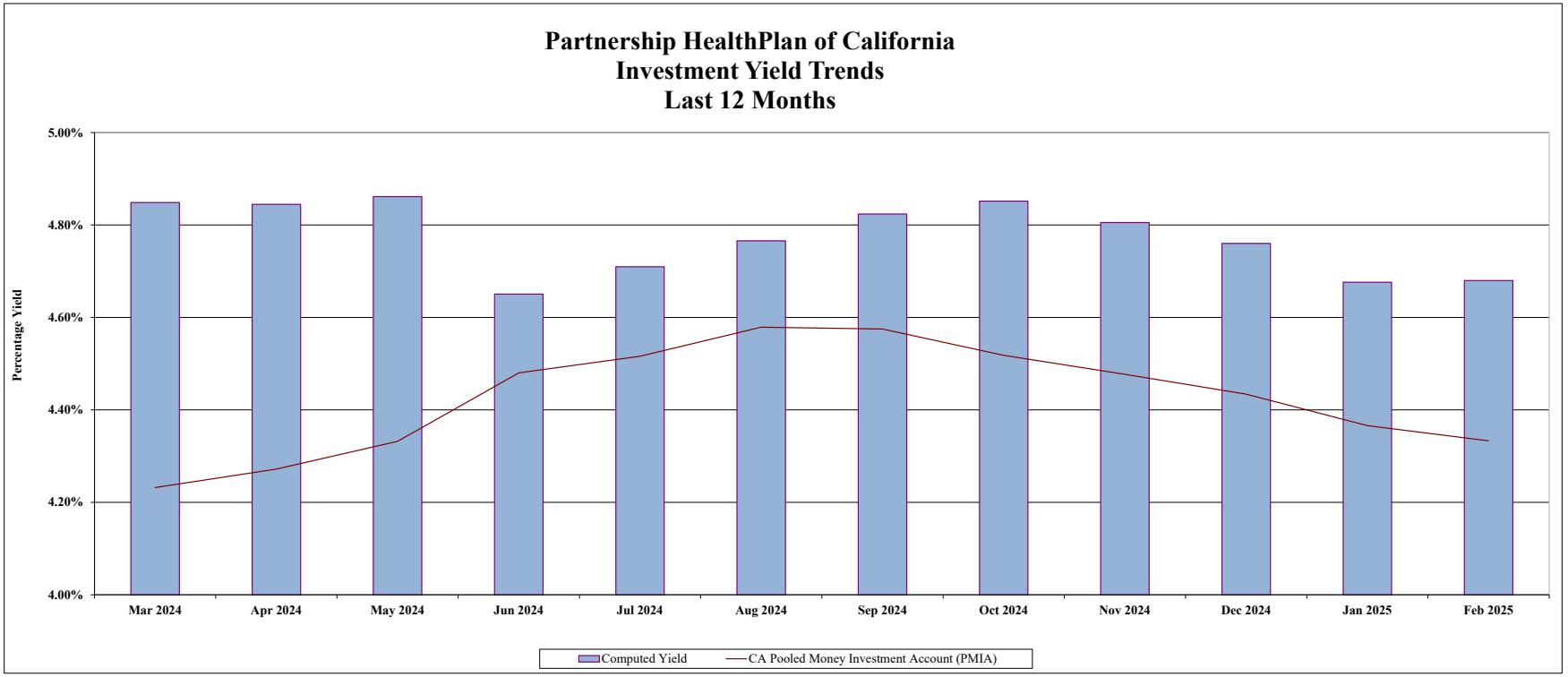
None noted.

Partnership HealthPlan of California
Investment Schedule
February 28, 2025

Name of Investment	Investment Type	Yield to Maturity	Trade Date	Maturity Date	Call Date	Face Value	Purchase Price	Market Value	Credit Rating Agency	Credit Rating
FUNDS HELD FOR INVESTMENT:										
Highmark Money Market	Cash & Cash Equiv	NA	Various	NA	NA	NA	$ 1,734,395	$ 1,734,395	NA	NR
Certificate of Deposit for Knox Keene	Cash & Cash Equiv	0.0405	1/31/2025	1/30/2030	NA	$ 300,000	$ 300,000	$ 300,000	NA	NR
FUNDS HELD FOR OPERATIONS:										
Merrill Lynch Institutional	Cash for Operations	NA	NA	NA	NA	NA	NA	$ 74,678,363		
Merrill Lynch MMA - Checking	Cash for Operations	NA	NA	NA	NA	NA	NA	$ 2,571,324		
US Bank - General, MMA, and Sweeps	Cash for Operations	NA	NA	NA	NA	NA	NA	$ 2,050,327,793		
Government Investment Pools (LAIF)	Cash for Operations	NA	NA	NA	NA	NA	NA	$ 75,000,000		
Government Investment Pools (County)	Cash for Operations	NA	NA	NA	NA	NA	NA	$ 44,282,879		
West America Payroll	Cash for Operations	NA	NA	NA	NA	NA	NA	$ 148,570		
Petty Cash	Cash for Operations	NA	NA	NA	NA	NA	NA	$ 3,300		
GRAND TOTAL:								$ 2,249,046,624		

Partnership HealthPlan of California
Investment Yield Trends

PERIOD		Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025
Interest Income		9,509,112	8,768,057	9,436,106	9,367,229	9,655,722	9,298,928	9,343,307	10,427,933	7,842,623	8,546,229	7,610,667	7,079,412
Cash & Investments at Historical Cost	(1)	2,404,353,123	2,306,818,656	2,186,519,113	2,295,440,947	2,234,052,950	2,273,253,498	2,415,112,928	2,185,207,714	2,223,891,960	2,419,126,236	2,214,161,851	2,249,046,624
Computed Yield	(2)	4.85%	4.84%	4.86%	4.65%	4.71%	4.77%	4.82%	4.85%	4.81%	4.76%	4.68%	4.68%
CA Pooled Money Investment Account (PMIA)	(3)	4.23%	4.27%	4.33%	4.48%	4.52%	4.58%	4.58%	4.52%	4.48%	4.43%	4.37%	4.33%



NOTES:

(1) Investment balances include Restricted Cash and Board Designated Reserves

(2) Computed yield is calculated by dividing the past 12 months of interest by the average cash balance for the past 12 months.

(3) LAIF limits the amount a single government entity can deposit into LAIF; currently that amount is set at $75 million.