



Board of Commissioners Meeting Agenda

August 27, 2025: 10:00 a.m. – 2:00 p.m.

In-person Locations:

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 Satellite Office located at 80 Main Street, Quincy CA

Central California Alliance for Health located at 1600 Green Hills Rd #101, Scotts Valley, CA

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 August 26, 2025. Comments received will be read during the meeting.

10:00AM – Opening			
1.1	Call to Order		Chair
1.2	Roll Call		Clerk
1.3	ACTION: Approval of Agenda and Board Meeting Minutes for June 25, 2025	1-19	Chair
1.4	ACTION: Resolution to Accept the Resignation of Viola Lujan from the Partnership Board as a Solano County Representative and Commend her for her Service	20-21	Sonja Bjork
1.5	ACTION: Resolution to Approve the Commissioner Appointment of Alicia Hardy to the Partnership Board as a Solano County Representative	22-23	Sonja Bjork
1.6	ACTION: Resolution to Approve the Commissioner Appointment of Mónica Morales to the Partnership Board as a Yolo County Representative	24-25	Sonja Bjork

	Cultural & Linguistic Program Description (Clean)		
	<ul style="list-style-type: none"> 3.5 Resolution to Approve HR Policies and Personnel Committee Recommendations from the for August 20, 2025 Meeting. 	43-55	
PAC Approved Policy Updates Finance Committee – July 2025 (Meeting Cancelled) Finance Committee – August 2025 Governance / Compliance Committee – July 2025 Personnel Committee – August 2025 Physician Advisory Committee for July 2025 (Meeting Cancelled) Physician Advisory Committee for August 2025 Quality and Utilization Advisory Committee (Q/UAC) – July 2025 (Meeting Cancelled) Quality and Utilization Advisory Committee (Q/UAC) – August 2025 Strategic Planning Committee – July 2025			
11:00AM – Regular Agenda Items			
4.1	ACTION: Resolution to Approve Board Semi-Annual Dashboard	56-69	Wendi Davis
4.2	ACTION: Resolution to Approve Q22025 Compliance Dashboard	70-72	Danielle Ogren
4.3	ACTION: Resolution to Approve Four Applicants to the Community Advisory Committee (CAC)	73-83	Wendi Davis
4.4	ACTION: Resolution to Accept the Resignation of Kathryn Powell from the Partnership Board as a Sonoma County Representative and Commend her for her Service	84-85	Sonja Bjork
11:30AM – Regular Reports			
5.1	INFORMATION: Metrics and Financial Update	86-99	Jennifer Lopez
5.2	INFORMATION: Operations Update	100-101	Wendi Davis
11:50-12:10PM – Lunch			
5.3	INFORMATION: Legislative & Media Update	102-109	Dustin Lyda
5.4	INFORMATION: CMO Report on Quality	110-234	Dr. Moore
5.5	INFORMATION: Health Services Update	235-237	Katherine Barresi
12:50PM – Education Session			
6.1	INFORMATION: Regional Update		Leigha Andrews
2:00PM – Adjournment			

Upcoming Meetings:

10/22/2025 – October Board Meeting

12/03/2025 – December Board Meeting

Government Code §54957.5 requires that public records related to items on the open session agenda for a regular commission meeting be made available for public inspection. Records distributed less than 72 hours prior to the meeting are available for public inspection at the same time they are distributed to all members, or a majority of the members of the Commission. The Commission has designated the Board Clerk as the contact for Partnership HealthPlan of California located at 4665 Business Center Drive, Fairfield, CA 94534, for the purpose of making those public records available for inspection. The Board Meeting Agenda and supporting documentation is available for review from 8:00 AM to 5:00 PM, Monday through Friday at all PHC regional offices (see locations above). It can also be found online at www.partnershiphp.org. PHC meeting rooms are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact the Board Clerk at least ten (10) days prior to the scheduled meeting at (707) 863-4516 or by email at Board_FinanceClerk@partnershiphp.org. Notification in advance of the meeting will enable the Board Clerk to make reasonable arrangements to ensure accessibility to this meeting and to materials related to it.



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

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

**On
June 25, 2025**

Members Present: Jonathon Andrus Darcie Antle, Jayme Bottke, Gena Bravo, Brion Burkett, Christopher Champlin, Christy Coleman, Cathryn Couch, Emery Cowan, Lisa Davies, Dean Germano, Ryan Gruver, Liz Hamilton, JoDee Johnson (10:04 arrival), Dave Jones, Dr. Seth Kaufman, Elizabeth Kelly, Scott Kennelly, Belle Knight, Ian Lloyd (10:04 arrival), Phuong Luu, M.D., Jennifer Malone (10:12 arrival) Nunie Matta, Andrew Miller, M.D., Robert Oldham, M.D. (10:04 arrival), Jonathan Porteus, PhD, Kathryn Powell, Tiffany Rowe, Stacy Sphar, Nancy Starck, Kim Tangermann (Chair), Pedro Toledo, Dr. Lisa Warhuus, Jennifer Yasumoto, Jim Yoder

Members Excused: Ranell Brown, Liz Lara-O'Rourke, Nolan Sullivan

Staff: Marc Agudelo, Leigha Andrews, Katherine Barresi, Jill Blake, Isaac Brown, Tina Buop, 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

AGENDA ITEM	DISCUSSION	MOTION / ACTION
1.0 Opening	<p>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.</p> <p>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.</p>	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 April 23, 2025	Chairwoman Tangermann asked if anyone had changes for the agenda or corrections to the April 23, 2025 minutes. Hearing no requests for modification, she asked for a motion to approve the agenda and minutes.	<p><i>Commissioner Burkett moved to approve the agenda and minutes as presented, seconded by Commissioner Couch.</i></p> <p><u>ACTION SUMMARY:</u> <i>Yes: 29</i> <i>No: 0</i> <i>Abstention: 0</i> <i>Excused: 6</i> (Brown, Johnson (10:04 arrival), Lara-O’Rourke, Lloyd (10:04 arrival), Oldham (10:04 arrival), Sullivan)</p> <p>MOTION CARRIED</p>
1.4 Resolution to Approve the Commissioner Appointment of Lisa Davies to the Partnership Board as a Placer County Representative	Sonja Bjork, Chief Executive Officer, introduced Lisa Davies, Chief Executive Officer of Chapa De Indian Health, who the Placer Board of Supervisors has appointed to the Partnership Board of Commissioners. Chairwoman Tangermann requested a motion to approve Ms. Davies’ appointment.	<p><i>Commissioner Porteus moved to approve agenda item 1.4 as presented, seconded by Commissioner Oldham.</i></p> <p><u>ACTION SUMMARY:</u> <i>Yes: 32</i> <i>No: 0</i> <i>Abstention: 0</i> <i>Excused: 3</i> (Brown, Lara-O’Rourke, Sullivan)</p>

		MOTION CARRIED
1.5 Resolution to Approve the Commissioner Appointment of Dr. Seth Kaufman to the Partnership Board as a Solano County Representative	Sonja Bjork, Chief Executive Officer, introduced Dr. Seth Kaufman, Chief Medical Officer / Chief Quality Officer / Vice President of NorthBay Health who was appointed by the Solano Board of Supervisors to the Partnership Board of Commissioners. Chairwoman Tangermann requested a motion to approve Dr. Kaufman’s appointment.	<p><i>Commissioner Antle moved to approve agenda item 1.5 as presented, seconded by Commissioner Couch.</i></p> <p><u>ACTION SUMMARY:</u> Yes: 33 No: 0 Abstention: 0 Excused: 3 (Brown, Lara-O’Rourke, Sullivan)</p> <p>MOTION CARRIED</p>
1.6 Resolution to Approve the New Appointment of Jennifer Malone to the Partnership Board as a Sierra County Representative	Jennifer Malone, Chief Executive Officer of Western Sierra Medical Clinic, has been appointed by the Sierra Board of Supervisors to the Partnership Board. Chairwoman Tangermann requested a motion to approve Ms. Malone’s appointment.	<p><i>Commissioner Germano moved to approve agenda item 1.6 as presented, seconded by Commissioner Jones.</i></p> <p><u>ACTION SUMMARY:</u> Yes: 34 No: 0 Abstention: 0 Excused: 3 (Brown, Lara-O’Rourke, Sullivan)</p> <p>MOTION CARRIED</p>
1.7 Resolution to Approve the New Appointment of Nolan Sullivan to the Partnership Board as a Sonoma County Representative	The Sonoma County Board of Supervisors has appointed Nolan Sullivan, Sonoma County Director of Health and Human Services, to the Partnership Board as a Sonoma County representative.	<p><i>Commissioner Couch moved to approve agenda item 1.7 as presented, seconded by Commissioner Yasumoto.</i></p> <p><u>ACTION SUMMARY:</u></p>

		<i>Yes: 35</i> <i>No: 0</i> <i>Abstention: 0</i> <i>Excused: 3</i> (Brown, Lara-O'Rourke, Sullivan) MOTION CARRIED
1.8 Commissioner Comment	Chairwoman Tangermann asked if there were any Commissioner comments. There were none.	None
1.9 Public Comment	Chairwoman Tangermann asked for any public comments and there were none.	None
1.10 Overview of Partnership Maternity Care Initiatives	<p>Regional Medical Director, Dr. Colleen Townsend, presented an overview of Partnership maternity care initiatives. Between 2010 and 2022, 537 hospital birthing units closed across the United States, with rural areas being disproportionately affected. As of 2022, 42% of U.S. hospitals no longer offer maternity or obstetric services, including 53% of rural hospitals. This trend is attributed to declining birth rates, workforce shortages across all disciplines, financial pressures, and changes in the legal and political climate, such as new abortion laws.</p> <p>Dr. Townsend emphasized Partnership's effort to help stop the loss of OB services and improve access and quality of perinatal care for our members. Partnership's Perinatal Portfolio, which focuses on enhancing benefits for members through services such as doula support, Enhanced Care Management (ECM), and outreach to populations at higher risk of poor birth outcomes, including African American, American Indian, and Pacific Islander communities. At the time of the report, Partnership has contracted with 87 doulas across 17 counties, with efforts to continue to expand in underserved counties.</p> <p>Partnership's member engagement programs, such as the Growing Together initiative, provide pregnancy education, incentives, and support during and after pregnancy. In addition, telephonic care coordination is available for members with high-risk pregnancies.</p> <p>Dr. Townsend also highlighted provider engagement efforts, including monthly educational webinars, an annual Perinatal Care Symposium, and hands-on clinical trainings such as Neonatal Airway Management, Basic Life Support in Obstetrics (BLSO), and Advanced Life Support in Obstetrics (ALSO).</p> <p>Partnership continues to focus on workforce development, including recruitment and retention bonuses for obstetricians and midwives, and incentives for hospitals to integrate family medicine and midwives into their OB teams. Advocacy efforts also support</p>	

	<p>legislation such as SB 669 (Stand-by Perinatal Services for rural hospitals) and AB 55 (Alternative Birth Centers licensing reform).</p> <p>Looking ahead to 2025, Partnership aims to ensure all pregnant members receive at least one perinatal care visit per trimester and will continue tracking service utilization to inform future interventions.</p> <p><i>Commissioner Matta asked the reasons why some regions are experiencing an increase in closures of obstetric (OB) services.</i></p> <p><i>Dr. Townsend explained that the decline in OB services is driven by multiple factors, including 10 to 15 years of declining birth rates, ongoing workforce shortages, and significant financial challenges faced by hospitals.</i></p> <p><i>Commissioner Burkett inquired about how Partnership is working to engage midwives and doulas, and how information about available financial incentives and bonuses is being shared with them.</i></p> <p><i>Dr. Townsend responded that Partnership is actively reaching out to contracted provider groups, as well as individuals who express interest, to share details about available reimbursement rates and incentives.</i></p> <p><i>Commissioner Gruver noted his understanding that these services are expensive to sustain and expressed concern about the financial burden on providers, especially in light of potential budget cuts.</i></p> <p><i>Ms. Bjork acknowledged those concerns and emphasized that Partnership is also worried about the financial pressures on provider payment pathways. She stressed that these services are critically needed in many communities and that Partnership continues to advocate for the preservation of provider funding streams. She added that if these funds are reduced, it is likely that even more OB departments may be forced to close.</i></p> <p><i>Commissioner Miller stated that though there has been some expansion in residencies, he is not aware of any OB fellowship opportunities north of Sacramento.</i></p>	
1.11 Association For Community Affiliated Plans (ACAP) 101 Presentation	<p>Enrique Martinez-Vidal, Vice President for Quality and Operations, at the Association for Community Affiliated Plans (ACAP) honored Dr. Colleen Townsend with the organization's Making a Difference Award.</p>	None

	<p>The Making a Difference Award recognizes an employee of a member plan who goes above and beyond their job’s responsibilities to improve and fulfill needs in their communities and support underserved community members. Dr. Townsend was recognized for dedication toward improving health care access for low-income communities. Her efforts were highlighted at the 2024 Shuttering of Maternity Care Centers in Northern California Conference, where she addressed the issue of maternity care center closures and brought experts together to discuss potential solutions.</p> <p>Her achievements also include spearheading efforts at Partnership HealthPlan of California to introduce doula services as a covered benefit for Medi-Cal members in 2023. Understanding the importance of education for both members and providers, she established a network of doulas and created training programs for provider offices.</p> <p>Outside of her role at Partnership HealthPlan of California, Dr. Townsend serves as the board vice chair for Operation Access, a Northern California organization connecting underserved patients with volunteer medical professionals. She is also actively involved in the Napa Opioid Safety Coalition, which unites health care, law enforcement, and community organizations to combat opioid misuse.</p> <p>ACAP is Partnership’s national association and represents 85 health plans, which collectively provide health coverage to more than 30 million people. Safety Net Health Plans serve their members through Medicaid, Medicare, the Children’s Health Insurance Program (CHIP), the Marketplace and other publicly-sponsored health programs.</p>	
1.12 CEO Report	<p>Sonja Bjork, Chief Executive Officer, gave a report on the following topics:</p> <p><i>State & Federal Developments</i> – Partnership continues to advocate for the preservation of Medicaid, in response to the steep cuts proposed in the federal budget resolution and the harmful impact they would have on the health care delivery system in the communities we serve. We have also continued our targeted media campaign about the importance of MediCal.</p> <p>Partnership’s member facing teams have talking points in case any members call in with concerns about utilizing the benefits they are eligible for. We have provided them with referrals for members who have immigration questions and have updated these resources on our external website under each counties’ Community Resources page. DHCS is expected to release a Frequently Asked Questions document and once it becomes available, we will share that with our staff and members as well.</p> <p><i>Memorandum of Understanding “MOUs”</i> – As part of Partnership’s 2024 contract with the Department of Health Care Services (DHCS), several MOUs are required with counties and other entities. Over the past 18 months, Partnership has worked diligently to meet this requirement. In</p>	None

	<p>addition to finalizing the agreements, we are also obligated to hold regular meetings with these entities, share information, follow prescribed agenda topics, and post related materials on our website. We sincerely appreciate the collaboration and efforts of our county partners in helping us complete and sign these MOUs. Updates on our progress are regularly submitted to DHCS, which is actively monitoring compliance.</p> <p>HRP / JIVA / D-SNP Update – As recently shared with board members via email, Partnership has made the difficult decision to delay the launch of our new core claims system, Health Payer Rules (HRP). This system is essential for processing claims, managing eligibility, and communicating with our members.</p> <p>Despite several years of preparation, recent testing with providers revealed significant discrepancies. Given the strong relationships we've built with our provider network, and the critical importance of issuing accurate payments, we chose to postpone implementation to avoid any potential disruption.</p> <p>As a result of this delay, we are also unable to proceed with the go-live for JIVA and D-SNP, as these systems are interconnected with HRP. We are currently reassessing the timeline and exploring the possibility of engaging a third-party vendor to process claims while we continue work on HRP.</p> <p><i>Commissioner Luu acknowledged that Partnership strives for excellence and recognized that the decision to delay the system go-live was likely a difficult one. However, given the current uncertainty, she noted that the delay may be a blessing in disguise, allowing the organization to focus more fully on its core mission.</i></p> <p><i>Ms. Bjork thanked Commissioner Luu for her thoughtful perspective and added that Partnership is committed to maintaining staff morale during this period. She emphasized that none of the work completed is being lost, as it will still be utilized when the system ultimately goes live.</i></p>	
2 & 3 Consent Calendar	<p>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.</p> <p>Hearing no requests, she asked for a motion to approve the Consent Calendar and resolutions 2.1, 3.2, and 3.3.</p> <ul style="list-style-type: none"> ▪ 2.1 Resolution to Ratify the Preliminary Health Care Expense Budget ▪ 3.1 Resolution to Accept all Advisory Committee Minutes, Partnership Policies and Program Descriptions Approved by PAC ▪ 3.2 Resolution to Accept Physician Advisory Committee Membership Changes ▪ 3.3 Resolution to Approve Utilization Management Program Description, MPUD3001 	<p><i>Commissioner Couch moved to approve Resolutions 2.1, 3.1, 3.2, and 3.3, as presented, seconded by Commissioner Toledo.</i></p> <p><u>ACTION SUMMARY:</u> Yes: 35 No: 0 Abstention: 0 Excused: 3 (Brown, Lara-O'Rourke, Sullivan)</p>

		MOTION CARRIED
<p>4.1 Resolution to Approve Final Budget for Fiscal Year 2025-2026</p>	<p>Jennifer Lopez, Chief Financial Officer, presented the Final Budget for Fiscal Year 2025–2026 to the full Board, as approved by the Finance Committee. Ms. Lopez emphasized that due to ongoing federal and state budget uncertainty, Partnership will likely need to bring a mid-year budget revision to the Finance Committee and Board for approval.</p> <p><i>FY 2025-2026 May Revision</i> As outlined in the Governor’s May Revision, the state is currently facing a \$12 billion budget deficit. Despite this, the proposed state budget for Fiscal Year 2025–2026 includes \$194.5 billion in total Medi-Cal funding, with \$44.6 billion coming from the General Fund. This represents an increase of \$6.4 billion in total funds, \$2.5 billion of which is from the General Fund. The revised budget assumes a Medi-Cal membership of 14.8 million for FY 2025–2026, reflecting a 2.4% increase in enrollment from earlier projections.</p> <p>The Governor’s updated budget proposal includes several significant changes to Medi-Cal funding, particularly related to Proposition 35 and the Managed Care Organization (MCO) Tax. For Calendar Year 2025, the updated spending plan maintains the targeted rate increases (TRI) implemented in 2024. However, it redirects nearly \$1.2 billion in previously planned investments for Medi-Cal provider rate increases to help address the state’s General Fund deficit. Additionally, \$455 million is being shifted to support directed payment programs by covering the non-federal share, and \$390 million is being repurposed to fund new initiatives, including investments in housing pool programs.</p> <p>The May Revision also proposes freezing Medi-Cal enrollment for individuals with Unsatisfactory Immigration Status (UIS) age 19 and older effect January 1, 2026. Starting January 1, 2027, the Governor is proposing these members will also be subject to a \$100 monthly premium for full-scope Medi-Cal. Additionally, full-scope dental and In-Home Supportive Services (IHSS) will be eliminated. For UIS members of all ages, the state also proposes to eliminate Long-Term Care services and discontinue Prospective Payment System (PPS) funding for state-only services provided by Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).</p> <p>Additionally, the May Revision proposes eliminating several programs, including \$504 million in Proposition 56 supplemental payments for dental, family planning, and women’s health providers, and \$168.2 million for the Skilled Nursing Facility Workforce and Quality Incentive Program. Other notable changes include increasing the managed care plan Medical Loss Ratio from 85% to 90% and reinstating the asset test for Medi-Cal eligibility for Seniors and Persons with Disabilities, capping assets at \$2,000 for individuals and \$3,000 for couples.</p> <p><i>FY 2025-2026 Legislative Preliminary Budget:</i> On June 13, the State Legislature modified the Governor’s proposed budget. Key changes include:</p>	<p><i>Commissioner Porteus moved to approve Resolution 4.1 as presented, seconded by Commissioner Burkett.</i></p> <p><u>ACTION SUMMARY:</u> <i>Yes: 35</i> <i>No: 0</i> <i>Abstention: 0</i> <i>Excused: 3 (Brown, Lara-O’Rourke, Sullivan)</i></p> <p>MOTION CARRIED</p>

- Rejected the proposed increase of Medi-Cal Managed Care Plan Medical Loss Ratios (MLRs) to 90%.
- Rejected the elimination of Long-Term Care (LTC) benefits for individuals with Unsatisfactory Immigration Status (UIS).
- Rejected the elimination of the acupuncture benefit.
- Rejected the elimination of Proposition 56 supplemental payments for family planning and women's health services
- Delayed the elimination of Prospective Payment System (PPS) rates for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) providing state-only services to UIS members until July 1, 2027.
- Reduced UIS monthly premiums from \$100 to \$30, applying only to members ages 19 to 59.
 - Modified the UIS enrollment freeze by allowing a 6-month grace period and removing the age-out provision.
- Approved the Governor's updated Proposition 35 spending plan.
- Approved the elimination of the Skilled Nursing Facility Workforce and Quality Incentive Program (SNF WQIP).

Ms. Lopez noted the Governor and the Legislature agreed upon a FY 2025-26 spending plan on June 24, 2025, which is slightly modified from the June 13, 2025 version passed by the Legislature. The Governor is expected to sign the final budget by the end of June.

Federal Budget Reconciliation Bill:

The current proposed budget legislation includes new work requirements for Medicaid members aged 19 to 64, mandating 80 hours of qualifying community engagement per month, with certain exemptions. While both the House and Senate support this requirement, the details and exemptions differ between the two chambers. The House proposal sets an effective date no later than December 31, 2026, or earlier at a state's discretion. The Senate allows exemptions granted by the Secretary of Health and Human Services through December 31, 2028. If implemented, up to 355,000 Partnership members could be affected.

The bill also proposes Medicaid eligibility redeterminations every six months for members in the Adult Expansion category, effective for renewals on or after December 31, 2026. This change would impact approximately 250,000 Partnership members.

Additionally, a proposed 10% reduction in the federal Medicaid match (FMAP) for covering members with Unsatisfactory Immigration Status (UIS) for state-based Medicaid coverage under the Adult Expansion would lower the federal contribution from 90% to 80%, effective October 1, 2027. This change could result in an estimated \$4 billion annual loss in federal funding for California.

The federal budget reconciliation bill includes significant changes to provider taxes. The House

version prohibits states from establishing new provider taxes or increasing existing tax rates. The Senate version places limits on taxes for all providers, except for nursing facilities and intermediate care facilities. The specific impacts of these changes are currently unknown.

Regarding Safe Harbor Limit changes, the Senate proposal includes a phase-down for Expansion States, reducing the allowable provider tax threshold from 6% to 3.5% by 2031. Non-Expansion States would be prohibited from increasing their existing provider tax percentage. These changes would require a redesign of California's Managed Care Organization (MCO) Tax and the Hospital Quality Assurance Fee (HQUAF) taxing tiers.

The federal budget bill proposes setting directed payment ceilings for inpatient hospital and nursing facility services. Under both the House and Senate versions, the ceiling would be capped at 100% of Medicare rates for Expansion States and 110% for Non-Expansion States.

The House would grandfather in existing payments that exceed these ceilings, though it's unclear if this exception is time-limited. The Senate also allows grandfathering of excess payments but applies a 10% annual phase-down beginning January 1, 2027.

The effective date for the directed payment changes is upon enactment in both versions. However, the Senate clarifies that grandfathering applies only to directed payments submitted before May 1, 2025. These changes may affect certain inpatient hospital directed payment pools that exceed the new limits. The financial impact is currently unknown.

Partnership FY25-26 Budget:

For Fiscal Year 2025–26, Partnership projects a total membership of 913,879. Total projected revenue is \$7.13 billion, the majority of which comes from state capitation payments, supplemented by interest income and other revenue sources. Health care costs are expected to total approximately \$6.78 billion. The largest spending categories include inpatient hospital services, ancillary services, physician services and DHCS facility-directed payment programs. Administrative costs are projected at \$387.9 million. Partnership anticipates ending the fiscal year with a net deficit of \$39.2 million.

Projected healthcare expenses reflect rising costs in physician services due to higher Tribal Health utilization, updated capitation contracts, and continued TRI-funded Medi-Cal payment boosts. Long-term care utilization is expected to increase, and transportation expenses are projected to rise due to continued growing demand.

The budget assumes increases to ancillary services costs tied to FFS utilization and unit cost increases specific to emergency department, outpatient hospital services, ECM, and Community Supports. We are projecting a significant increase in directed payment programs, driven by an overall 89% increase to DHCS Facility Directed Payment Programs, due to expansions in PHDP, DHDP, and EPP. Additional programs for 2025, including Children's Hospital and Community

Clinic payments, are still awaiting approval.

Administrative costs are expected to increase due to current staffing levels being inadequate for the plan's size and workload. Additional staff are also needed to meet new and expanding regulatory requirements. A mid-year budget revision is anticipated to address federal Medicaid changes and the state's response to those changes.

Commissioner Porteus asked whether all counties will be required to implement the Transitional Rent benefit.

Ms. Lopez confirmed that all 58 counties across California will be expected to implement the benefit. However, she noted that DHCS has limited eligibility to individuals with serious mental illness (SMI), specifically targeting those who are currently unhoused. This means the benefit can be used to house individuals experiencing homelessness.

Commissioner Porteus followed up by asking who is responsible for determining whether an individual meets the criteria for SMI. He expressed concern that the state tool used for assessing SMI status is unreliable.

Ms. Lopez responded that counties are responsible for making the SMI determination. She also noted that policy guidance around the Transitional Rent benefit is still evolving, and DHCS is continuing to work through the details, which will be shared as they become available.

Ms. Bjork added that the benefit is scheduled to go live on January 1, 2026. However, many operational components still need to be finalized before implementation. She also observed that counties appear to have limited interest in the benefit, given current budget constraints and competing priorities.

Commissioner Cowan noted that counties are also required to revise and submit their Behavioral Health Services Act (BHSA) plans by July 1, 2025, which does not align well with the timeline for implementing the Transitional Rent benefit.

Ms. Lopez agreed that the timelines are misaligned and stated she would raise this feedback during the DHCS small rate workgroup discussions.

Commissioner Luu inquired about who participates in the workgroup.

Ms. Lopez clarified that the workgroup Partnership participates in is limited to a subset of health plans, although there have been some meetings where both plans and counties were present. Commissioner Luu expressed concern about the fragmented nature of the conversations surrounding this issue. She noted that DHCS has not adequately acknowledged strong concerns from counties and advocated for more inclusive, cross-stakeholder discussions to ensure consistent

	<p><i>messaging and coordinated implementation.</i></p> <p><i>Commissioner Antle expressed concern about the potential impact of Medicaid funding cuts on both the individuals served and the provider network. She emphasized that the loss of any clinics would be especially harmful to rural populations and could significantly hinder economic development in those areas.</i></p> <p><i>Ms. Lopez agreed and noted that once the final federal reconciliation bill is released, the State will more than likely need to revisit its budget and determine how to respond. She emphasized the importance of identifying strategies to preserve provider networks in light of potential reductions.</i></p>	
4.2 Resolution to Approve the Compliance Dashboard for Q12025	<p>Ms. Ogren presented the Regulatory Affairs & Compliance Dashboard for Q12025 for Board approval.</p>	<p><i>Commissioner Starck moved to approve Resolution 4.2 as presented, seconded by Commissioner Antle.</i></p> <p><u>ACTION SUMMARY:</u> <i>Yes: 34</i> <i>No: 0</i> <i>Abstention: 0</i> <i>Excused: 3 (Brown, Lara-O'Rourke, Malone, Sullivan)</i></p> <p>MOTION CARRIED</p>
5.1 Metrics and Financial Update	Written Report	None
5.2 Operations Update	<p>Wendi Davis, Chief Operating Officer, shared a Partnership transportation mobile application update.</p> <p>Partnership is preparing to launch a new transportation mobile application designed to improve access to care and enhance the member experience. The initiative began with a pilot program aimed at streamlining the trip request process. Through the app, members will be able to track their drivers in real time and receive trip confirmations. During the pilot, 39 members successfully booked over 900 trips.</p> <p>Building on this success, implementation has now begun in Solano County, using insights gained from the pilot phase. Additional counties are scheduled to be added in late July. The goal is to provide members with a direct and convenient way to manage their transportation needs without</p>	None

	<p>needing to call.</p> <p><i>Commissioner Matta asked how members will be able to access the app.</i></p> <p><i>Ms. Davis explained that the app is currently being offered to members in Solano County. When members contact the Transportation Team, they are informed about the app and provided with instructions on how to download and use it. A presentation is planned for the next Community Advisory Committee (CAC) meeting. Once the app is launched in all counties information will be shared via flyers, through call center representatives, the Partnership website, emails, and dedicated information sessions.</i></p>	
5.3 Media & Legislative Update	Written Update.	None
5.4 Quality Update	<p>Dr. Moore, Chief Medical Officer, provided an update on the Primary Care Provider Quality Incentive Program (PCPQIP). He reported that overall scores improved in Partnership's legacy counties despite the implementation of more rigorous performance thresholds. However, the overall average declined due to the inclusion of newly expanded counties. Improving performance in these new counties is now a key focus for the Quality Improvement Team.</p> <p>Dr. Moore noted that the highest PCPQIP scores, which previously reached 100, are now in the 80s due to changes in measurement criteria. Top-performing providers will be recognized with plaques at the August Board Meeting.</p>	None
6.1 Employee Engagement Survey	<p>Naomi Gordon, Chief Human Resources Officer, shared the findings from Partnership's annual Employee Engagement Survey. This survey assesses employee engagement and their connection to Partnership, while also providing a platform for confidential staff feedback and allowing Partnership to address their concerns. Out of 1355 employees invited to participate, 86% responded, and 94% of those respondents indicated that Partnership is a great place to work. The top three performing areas identified in the survey were: pride in Partnership's mission and community impact, a culture of care, support and inclusion, and a meaningful and competitive employee benefit package. The survey also highlighted three key areas for improvement: employee growth and development, appropriate employee recognition, and workload capacity and staffing levels</p> <p>Ms. Gordon's full report was distributed to Board Members and is available upon request.</p>	None
6.2 Grievance & Appeals Update	<p>Kory Watkins, MBA, Director of Grievance & Appeals, presented the Grievance & Appeals Annual Summary Report for calendar year 2024 to the Board. The Grievance & Appeals Department is tasked with the comprehensive investigation of all grievances, appeals, state hearings, and exempt cases. This report is presented to the Commission for annual review. In 2024, Partnership resolved 7,556 cases. A detailed report of all grievance, appeal, and state hearing cases processed in 2024 was available for Commissioners to review at the Fairfield office or upon request. The report contains members' Protected Health Information (PHI) and Personally Identifiable Information (PII), as well as confidential details about their medical conditions,</p>	None

	<p>experiences, and allegations.</p> <p>Ms. Watkins' presentation also included annual statistics and outcomes for Grievance & Appeals cases. Member demographics of those filing cases help to identify underrepresented groups in the process. The primary source of dissatisfaction in 2024 was related to transportation services, followed by provider services. The five most common transportation related issue were in relation to missed rides (25%), late driver arrivals (10%), driver behavior issues (9%), poor transportation company customer service (9%), and scheduling difficulties (7%). Partnership provided 1,166,701 rides in 2024 and received 4,472 transportation related concerns – representing less than 0.4% of total rides</p> <p>The Grievance and Appeals Department's key goals and focus areas for 2025 include the implementation of Jiva, a new case management platform, which will support more efficient and transparent handling of member grievances and appeals. Another significant area of focus is the transition of behavioral health-related grievances in-house, as we conclude delegated services with Carelon later this year. The department also plans to expand staffing levels to support increased workload while also strengthening its focus on quality assurance and improved data reporting practices. Lastly, the department is actively developing new processes and policies to support the Dual Eligible Special Needs Plan (DSNP) line of business. This includes meeting new CMS reporting requirements and ensuring operational readiness ahead of implementation.</p> <p>Ms. Watkins' full presentation was distributed to Board members and is available upon request.</p>	
7 Closed Session	<p>Chairwoman Tangermann adjourned the Board of Commissioners to Closed Session. She announced that the following would be discussed in Closed Session:</p> <p>7.1 PUBLIC EMPLOYEE PERFORMANCE EVALUATION</p> <p>Action Pursuant to Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer</p>	<p><i>Commissioner Antle moved to approve Resolution 7.1 as presented, seconded by Commissioner Knight.</i></p> <p><u>ACTION SUMMARY:</u> <i>Yes: 33</i> <i>No: 0</i> <i>Abstention: 0</i> <i>Excused: 5 (Brown, Lara-O'Rourke, Malone, Sullivan, Yasumoto)</i></p> <p>MOTION CARRIED</p>
Re-Convene in Open Session and Adjournment	<p>Chairwoman Tangermann re-convened the meeting in open session announced the Board performed the annual evaluation of the Chief Executive Officer (CEO) and approved the recommendations as presented from the CEO Evaluation Committee. Open Session was adjourned</p>	None

	at 1:42PM	
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Respectfully submitted by:
Ashlyn Scott, Board Clerk

Board Approval Date: 08/27/2025

Signed: _____
Ashlyn Scott, Clerk

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 27, 2025

Agenda Item Number:
1.4

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

Recommendation by:
Partnership Staff

Topic Description:

Solano County Board Commissioner, Viola Lujan's board seat term has expired.

Commissioner Lujan has made numerous outstanding contributions to Partnership HealthPlan of California and the Commission (known as the Board) since March 2011. She has provided excellent leadership and has been a dedicated volunteer. Her knowledge has been of great value to Partnership, and she has kept the needs of our members, providers and the community as a guiding principle.

Reason for Resolution:

To provide Commissioner Lujan with the highest level of commendations and appreciation for her excellent service.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership staff, the Board is asked to approve the commendations and appreciation for the support Commissioner Viola Lujan has provided to Partnership and the Board.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 27, 2025

Agenda Item Number:
1.4

Resolution Number:
25-

**IN THE MATTER OF: COMMENDATIONS AND APPRECIATION FOR VIOLA
LUJAN’S SERVICE TO PARTNERSHIP AND THE BOARD**

Recital: Whereas,

- A. Viola Lujan has provided valuable advice and support for Partnership and the Board.
- B. Viola Lujan was a faithful and active member of the Board.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the highest level of commendations and appreciation for Commissioner Lujan’s outstanding service to Partnership and the Board.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 27th day of August 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 MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 27, 2025

Agenda Item Number:
1.5

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

Recommendation by:
Solano County Board of Supervisors

Topic Description:

On June 24, 2025, Alicia Hardy, Chief Executive Office of Communicare+OLE, was appointed by the Solano County Board of Supervisors to the Partnership HealthPlan of California Commission (known as the Board) as a Health Center Representative.

Alicia Hardy has been appointed for a four-year term, commencing on August 27, 2025, and concluding on June 23, 2029.

Reason for Resolution:

To obtain Board approval to appoint Alicia Hardy to the Partnership Board as a Solano County Representative.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Solano County Board of Supervisors, the Board is asked to approve the new appointment of Alicia Hardy to the Partnership Board.

BOARD MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 27, 2025

Agenda Item Number:
1.5

Resolution Number:
25-

**IN THE MATTER OF: APPROVING THE NEW SOLANO COUNTY
APPOINTMENT OF ALICIA HARDY TO THE PARTNERSHIP BOARD**

Recital: Whereas,

- A. Each county board of supervisors is responsible for appointing representatives to the Partnership Board of Commissioners.
- B. Solano 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 Solano County appointment of Alicia Hardy to the Partnership Board.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 27th day of August, 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 MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 27, 2025

Agenda Item Number:
1.6

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

Recommendation by:
Yolo County Board of Supervisors

Topic Description:

On July 22, 2025, Mónica Morales, Director of Yolo County Health and Human Services Agency, was appointed by the Yolo County Board of Supervisors to the Partnership HealthPlan of California Commission (known as the Board) as a County Representative.

Mónica Morales has been appointed for a four-year term, commencing on August 27, 2025, and concluding on July 21, 2029.

Reason for Resolution:

To obtain Board approval to appoint Mónica Morales to the Partnership Board as a Yolo County Representative.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Yolo County Board of Supervisors, the Board is asked to approve the new appointment of Mónica Morales to the Partnership Board.

BOARD MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 27, 2025

Agenda Item Number:
1.6

Resolution Number:
25-

**IN THE MATTER OF: APPROVING THE NEW YOLO COUNTY APPOINTMENT
OF MONICA MORALES TO THE PARTNERSHIP BOARD**

Recital: Whereas,

- A. Each county board of supervisors is responsible for appointing representatives to the Partnership Board of Commissioners.
- B. Yolo 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 Yolo County appointment of Mónica Morales to the Partnership Board.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 27th day of August, 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

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 27, 2025

Agenda Item Number:
1.7

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

Recommendation by:
Partnership Staff

Topic Description:

Partnership HealthPlan is pleased to recognize the highest performers in the 2024 Primary Care Provider Pay for Performance program (PCP QIP).

With the 10-county geographic expansion in 2024, the number of sites participating in the PCP QIP increased from 252 to 390 providers by the end of the year. The Adjusted average score dropped from 68% in 2023 to 59% in 2024, largely due to threshold targets that were increased to pre-pandemic levels for legacy counties. New PCP sites (mostly in the expansion counties) had lower thresholds for their first year, as they become accustomed to the QIP, but in 2025 all established PCPs will have the same thresholds.

Among sites with at least 50 members assigned, here are the ones scoring over 90%:

Private Practices:

West Marin Medical Center: 100%
Shasta Family Care: 91%

Medical Groups:

Sutter Medical Group, Yolo, Suite 200: 95%
Center for Primary Care (Northbay Hospital), Hillborn Rd.: 93%
Queen of the Valley Medical Associates, Trancas: 92%

Federally Qualified Health Center Sites:

Marin Community Clinics:

Larkspur: 98%
Greenbrae: 97%
San Rafael 3260 Kerner Blvd.: 94%
Novato: 92%
South Novato: 92%
San Rafael 3110 Kerner Blvd: 92%

Communicare+Ole:

St. Helena: 98%
Calistoga: 98%
South Napa Campus: 90%

Santa Rosa Community Health Centers:

Lombardi: 93%

Petaluma Health Center:

Petaluma: 93%

Pt. Reyes: 92%

Mendocino Coast Clinics:

Pediatric Group 92%

Open Door CHC:

Ferndale: 90%

Reason for Resolution:

Based on the recommendation of Partnership staff, the Board is asked to commend the top performing Primary Care Provider sites for their exceptional performance in the 2024 Primary Care Provider QIP.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership staff, the Board is asked to commend the top performing Primary Care Provider sites for their excellent scores in the HealthPlan's 2024 Quality Improvement Program.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 27, 2025

Agenda Item Number:
1.7

Resolution Number:
25-

**IN THE MATTER OF: COMMENDING THE HIGH PERFORMING PROVIDERS OF
THE 2024 PRIMARY CARE PROVIDER QIP**

Recital: Whereas,

A. There were nineteen top performers in the 2024 Primary Care Provider QIP.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To commend the top performing primary care providers for their exceptional performance in the 2024 Primary Care Provider QIP.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 27th day of August, 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

ATTEST:

Date

BY: _____
Ashlyn Scott, Clerk



Report from the Chief Executive Officer

August 27, 2025

State & Federal Developments: Since we last convened, the federal budget reconciliation bill and the California State Budget have both passed and been signed into law. Despite months of advocacy to protect Medicaid, many of the proposals that will have a negative impact on members, providers and our health plan have passed and are now law. These include:

HR1: (1) Limits on provider funding mechanisms such as the MCO Tax and provider directed payments; (2) Prohibition on all Medicaid payments for any services provided by organizations such as Planned Parenthood; (3) Beneficiary eligibility checks every six months instead of twelve; and (4) Work requirements for adult beneficiaries starting in 2027.

CA: (1) No additional Medi-Cal enrollment for those with Unsatisfactory Immigration Status (UIS) effective 1/1/26; (2) No adult dental coverage for those with UIS after July 1, 2026 (3) Premium payments for adults aged 19-59, excluding pregnant individuals with UIS beginning July 1, 2027; and (4) No PPS rate for health centers providing care to those with UIS effective July 1, 2026.

Partnership will continue to advocate for the preservation of the Medi-Cal program in several ways: (1) Utilize opportunities to comment during CMS and DHCS rulemaking as the new laws are implemented; (2) Join with other stakeholder advisory groups such as CPCA, CHA and many more for strategy and to influence policy and implementation; (3) Internal strategy workgroups on maintaining membership and supporting our provider network; and (4) Participate in local collaborations to coordinate efforts to help members maintain Medi-Cal and to understand how the uninsured will access needed care.

Behavioral Health Call Center: Earlier this month, fourteen new staff joined the Partnership Behavioral Health Team. They are now training and are preparing to open our new call center in mid-September. This team will answer calls, perform behavioral health screenings and assist members in scheduling needed appointments for mental health care or substance abuse treatment. We will have the same phone number that was formerly used by Carelon. We will adopt new workflows that will better support members as we connect them to care. Our staff will either schedule the appointment directly in a provider's appointment system or will stay on the line with the member as they find the right provider and set up the initial appointment.

MediCare DSNP Update: Partnership continues to work toward implementing our Partnership Advantage Medicare DSNP line of business on January 1, 2027. We recently submitted our Corrective Action Plan to DHCS. It outlines the steps we will take to ensure we meet the new launch date. Part of the new plan involves contracting with a third party to perform certain functions such as enrollment and claims payment. This will allow us to move forward with Partnership Advantage while we continue to work on implementing our new core system, which is called Health Rules Payor.

CalAIM IPP Grants & Access Grants: The deadline for submitting applications for funding to support CalAIM projects was May 16, 2025. Partnership received 131 proposals from across our region. Those that met basic requirements were reviewed by committee for achievability, sustainability and measurable outcomes. As required by DHCS, we also cross-referenced applications to the state's PATH CITED program to make sure there were no duplicate requests. We have awarded 58 IPP grants in this year's program for a total amount of \$14,492,814. We have also awarded 17 access grants for a total of \$3,231,262. These funds are for projects that address specific access challenges in our communities by funding expansion of facilities or services for our members.

NCQA Health Equity Accreditation: In early August, Partnership learned that our NCQA survey was successful and we were awarded Health Equity Accreditation. This was wonderful news as it was the culmination of an enormous amount of work by staff across the plan. This was also one of our annual organizational goals. Having Health Equity Accreditation shows that we are a plan that uses our data and resources appropriately and strategically to meet the needs of our members. We identify sectors of our population that are not accessing or receiving care at expected levels. We use this data and the input of cross-departmental experts to design and implement approaches to address these gaps. Partnership is very proud of this achievement.

**AGENDA REQUEST FOR RATIFICATION
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board / Finance Committee (when applicable)

Meeting Date: August 20, 2025

Board Meeting Date: August 27, 2025

Agenda Item Number:

2.1

Resolution Sponsor:

Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:

The Finance Committee and Partnership Staff

Topic Description:

Partnership Board Commissioner Kathie Powell, Sonoma County Health Center Representative, has resigned from the Finance Committee.

Reason for Resolution:

To obtain Board approval to accept the resignation of Sonoma County Health Center Representative, Kathie Powell, from the Finance Committee.

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 Sonoma County Representative, Kathie Powell from the Finance Committee.

**AGENDA REQUEST FOR RATIFICATION
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board / Finance Committee (when applicable)

Meeting Date: August 20, 2025

Board Meeting Date: August 27, 2025

Agenda Item Number:

2.1

Resolution Number:

25-

**IN THE MATTER OF: ACCEPTING THE RESIGNATION OF KATHIE POWELL FROM
THE FINANCE COMMITTEE**

Recital: Whereas,

A. The Board has authority to accept committee membership changes.

B. Commissioner Powell has resigned from the Finance Committee.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To accept Kathie Powell's resignation from the Finance Committee.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 27th day of August 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 / Finance Committee (when applicable)

Meeting Date: August 20, 2025

Board Meeting Date: August 27, 2025

Agenda Item Number:

2.2

Resolution Sponsor:

Sonja Bjork, Partnership HealthPlan of CA

Approved by:

The Finance Committee and Partnership Staff

Topic Description:

Sonoma County Commissioner, Nolan Sullivan, Director of Sonoma County Health and Human Services, has expressed interest in joining the Finance Committee.

Reason for Resolution:

Commissioner Nolan Sullivan has expressed interest in serving on the Finance Committee.

Financial Impact:

The financial impact to the HealthPlan is not material.

Requested Action of the Board:

Based on the recommendation of Partnership Staff, the full Board is asked to approve the appointment of Nolan Sullivan to the Finance Committee as a new member.

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board / Finance Committee (when applicable)

Meeting Date: August 20, 2025

Board Meeting Date: August 27, 2025

Agenda Item Number:

2.2

Resolution Number:

25-

**IN THE MATTER OF: APPROVING THE APPOINTMENT OF NOLAN SULLIVAN
TO THE FINANCE COMMITTEE AS A NEW MEMBER**

Recital: Whereas,

- A. Board members are encouraged to serve on one or more committees.
- B. Commissioner Sullivan has expressed interest in serving on the Finance Committee.
- C. The Board has authority to appoint committee members.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To approve the appointment of Nolan Sullivan to the Finance Committee as a new member

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 27th day of August 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:
August 27, 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 June through August 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:
August 27, 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 27th day of August 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:
August 27, 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. Brian Montenegro, Neonatologist, NorthBay Neonatology & Associates, has been appointed to PAC as a voting member.

Dr. Brent Pottenger has resigned from PAC as a voting member.

Reason for Resolution:

To accept the appointment of Dr. Brian Montenegro and the resignation of Dr. Brent Pottenger from 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. Brian Montenegro and the resignation of Dr. Brent Pottenger from the Physician Advisory Committee.

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 27, 2025

Agenda Item Number:
3.2

Resolution Number:
25-

**IN THE MATTER OF: APPROVING PHYSICIAN ADVISORY COMMITTEE
MEMBERSHIP CHANGES**

Recital: Whereas,

- A. Dr. Brian Montenegro has been appointed to PAC as a voting member
- B. Dr. Brent Pottenger has resigned from PAC as a voting member.
- C. 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. Brian Montenegro to the Physician Advisory Committee.
- 2. To accept the resignation of Dr. Brent Pottenger from the Physician Advisory Committee.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 27th day of August 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:

August 27, 2025

Agenda Item Number:

3.3

Resolution Sponsor:

Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:

Quality / Utilization Advisory Committee & Physician Advisory Committee

Topic Description:

Partnership's Population Health Management Strategy and Program Description, MCND9001 identifies the strategies utilized to meet the needs of our member population within the context of the various communities.

Reason for Resolution:

To allow the full Board the opportunity to review and approve Partnership's Population Health Management Strategy and 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 Population Health Management Strategy and Program Description, MCND9001.

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 27, 2025

Agenda Item Number:
3.3

Resolution Number:
25-

IN THE MATTER OF: APPROVING THE POPULATION HEALTH MANAGEMENT STRATEGY AND PROGRAM DESCRIPTION, MCND9001.

Recital: Whereas,

- A. The Board has the authority and responsibility for ensuring Partnership has a cohesive plan for population health management.
- B. The Board has ultimate responsibility for approving Partnership program descriptions.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve Partnership's Population Health Management Strategy and Program Description, MCND9001.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 27th day of August 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:

August 27, 2025

Agenda Item Number:

3.4

Resolution Sponsor:

Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:

Quality / Utilization Advisory Committee & Physician Advisory Committee

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.

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 27, 2025

Agenda Item Number:
3.4

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 27th day of August 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:
August 27, 2025

Agenda Item Number:
3.5

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

Recommendation by:
The Personnel Committee

Topic Description:

On August 20, 2025, the Personnel Committee convened to conduct its annual review of Partnership's Human Resources (HR) policies for staff. All proposed policy revisions were reviewed and approved as presented.

The committee also considered proposed changes to the organization's holiday schedule, which initially recommended the addition of three holidays—Cesar Chavez Day, Juneteenth, and Veterans Day—and the removal of the Cultural Diversity Holiday. Following discussion, the committee approved an amended version of the holiday schedule, retaining the Cultural Diversity Holiday while also adding the three new holidays.

Reason for Resolution:

To present the Board with the Personnel Committee's recommendations from the August 20, 2025 meeting for review and approval, and to ensure Board members are informed of the current HR policies for staff.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Personnel Committee, the Board is asked to approve all current HR policies for staff and the revised holiday schedule, as reviewed by the Personnel Committee on August 20, 2025 and the meeting minutes from the meeting.

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
August 27, 2025

Agenda Item Number:
3.5

Resolution Number:
25-

**IN THE MATTER OF: APPROVING ALL CURRENT HR POLICIES FOR
STAFF AND REVISED HOLIDAY SCHEDULE AS REVIEWED AND
RECOMMENDED BY THE PERSONNEL COMMITTEE ON AUGUST 20, 2025
AND THE COMMITTEE MEETING MINUTES**

Recital: Whereas,

- A. The Personnel Committee has the responsibility to review all current HR policies for staff on an annual basis and recommend for approval to the full Board.
- B. The Personnel Committee reviewed all current HR policies for staff on August 20, 2025.
- C. The Personnel Committee reviewed the revised holiday schedule, made an amendment and made a final recommendation to the full Board.
- D. The Board has responsibility to review and approve all current HR policies for staff.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To obtain approval for the current HR policies for staff reviewed by the Personnel Committee on August 20, 2025 and the committee meeting minutes.
- 2. To obtain approval for the revised holiday schedule, which retains the Cultural Diversity Holiday while also adding three new holidays: Cesar Chavez Day, Juneteenth and Veterans Day.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 27th day of August 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

HR POLICIES

Reviewed by the Personnel Committee on August 20, 2025

Group 1: New Policies

- HR817 – Employee Social Media

Group 2: Policies Containing Changes

- HR212 – Temporary Agency Workers
- HR215 – Employee Separation and Eligibility for Rehire
- HR404 – Performance Reviews
- HR503 – Meals and Rest Periods
- HR504 – Overtime and Shift Differentials
- HR509 – Bilingual Standards & Compensation
- HR514 – Employee Growth & Career Development
- HR606 – Employee Award Program
- HR608 – Employee Recognition
- HR701 – Paid Time Off (PTO)
- HR703 – Family and Medical Leave; Pregnancy Disability Leave, Reasonable Accommodation, and Transfer; Personal Medical Leave; and Service Member Leave
- HR712 – Other Leaves
- HR803 – Workers' Compensation
- HR807 – Cyber Security & Internet Usage

Group 3: Policies Containing No Changes

- HR207 – Referral Awards
- HR210 – Working Out of Job Class
- HR506 – Employee Reimbursement for Employee Growth & Career Development
- HR507 – Remote Work Program
- HR508 – Compensation
- HR511 – Attendance & Punctuality
- HR512 – Mileage Reimbursement
- HR515 – Relocation & Moving Expenses
- HR517 – Disaster/Emergency Compensation
- HR604 – Spot Bonus
- HR605 – Management Incentive Program
- HR610 – Holiday Pay
- HR611 – Staff Events
- HR612 – Community Service
- HR613 – Catering Guidelines
- HR702 – Paid Time Off Cash-Out Program
- HR706a – 9/80 Workweek (Exempt)
- HR706b – 9/80 Workweek (Non-Exempt)
- HR710 – Paid Sick Leave

Revised Holiday Schedule

Proposed to the Personnel Committee: addition of three holidays—Cesar Chavez Day, Juneteenth, and Veterans Day—and the removal of the Cultural Diversity Holiday.

- *The Personnel Committee approved an amended version of the holiday schedule, retaining the Cultural Diversity Holiday while also adding the three new holidays.*



MEETING MINUTES

Meeting Name: Personnel Committee Meeting

Date: August 20, 2025

Time: 9:30am – 11:00am

Members Present: JoDee Johnson, Liz Lara-O'Rourke, Ranell Brown, Ryan Gruver

Members Excused: Christy Coleman

Staff Present: Sonja Bjork, *CEO*, Wendi Davis, *COO*, Jennifer Lopez, *CFO*, Naomi Gordon, *CHRO*, Angela Casillas, *Executive Assistant to CHRO*, Ashlyn Scott, *Board Clerk*, and Kalei Spangler, *Program Manager*

Staff Not Present: N/A

Agenda Topic	Minutes
1.1 Call to Order	Call to order at 9:34 a.m.
1.2 Roll Call	Ms. Spangler called the roll, indicating there was a quorum.
1.3 Public Comments	There were no members of the public in attendance. No public comments.
1.4 CHRO Update	<p>Ms. Gordon provided the Board Members with an overview of the Personnel Committee and its responsibilities. Sharing that, the Personnel Committee meets annually to review Partnership's benefit offerings and any notable benefit changes. The committee also reviews HR Policies. There are three types of policies reviewed: new policies, policy changes that may have a financial impact, and policies that were unchanged but still may have a financial impact. She inquired whether anyone had questions.</p> <p><i>There were no comments.</i></p>
1.5 Partnership's 2025 Employee Benefits Handbook (pg.5)	<p>Ms. Gordon stated that there were no new benefit changes and that all benefits were carried over from last year. She inquired whether anyone had questions.</p> <p><i>There were no comments.</i></p>

<p>1.6 Partnership's 2025 Human Resources Benefits Portfolio (pg.25)</p>	<p>Ms. Gordon stated that the portfolio is an example of the total value of compensation employees receive from Partnership (e.g. paid leave benefits, future financial well-being, health and wellness benefits, other benefits, employer-provided benefits, and annual salary). She inquired whether anyone had questions.</p> <p><i>There were no comments.</i></p>
<p>1.7 Partnership's Human Resources Policies</p> <p>Group 1: New Policies (pg.27)</p> <p>Group 2: Policies Containing Changes (pg.30)</p>	<p><u>Group 1: New Policies</u></p> <p>HR817 – Employee Social Media (pg.27) Ms. Gordon stated that we understand that Partnership employees regularly use personal social media platforms and want to ensure employees understand how and when personal social media use can affect their job.</p> <p><i>Ms. Bjork noted that legal had been consulted on the social media policy, and their guidance led to the decision of the policy change.</i></p> <p><i>Commissioner Johnson joined the meeting at 9:39 a.m.</i></p> <p><u>Group 2: Policies Containing Changes</u></p> <p>HR212 – Temporary Agency Workers (pg.30) Ms. Gordon explained the added verbiage to the policy of applicable laws pertaining to temporary employee meal and rest periods. Verbiage was also added that Partnership will assume responsibility for providing a safe working environment and same protection against discrimination, harassment, and retaliation in the workplace as Partnership employees.</p> <p><i>There were no comments.</i></p>

HR215 – Employee Separation and Eligibility for Rehire (pg.36)

Ms. Gordon explained that verbiage was added to the Final Pay section to state that although most state law rules regarding final pay do not apply to Partnership as a local public entity, Partnership generally observes these rules where practical to be consistent with expectations of employees from mixed public and private sector backgrounds. Additional minor edits were also made to the Final Pay and Eligibility for Rehire sections.

There were no comments.

HR404 – Performance Reviews (pg.42)

Ms. Gordon stated that the policy was updated to define the focal review and focal review period from August 1st to July 31st of each year. Additional verbiage was added to allow introductory periods to be extended if appropriate in the circumstances. Ms. Gordon also shared the added verbiage explaining that employees who have been in their current role for ninety (90) days or longer and are on an approved leave of absence are not actively employed and will participate in the review process upon return from leave. Employees who transfer or are promoted but have not been working in their current role for ninety (90) days or longer from the focal review period start date will still participate in the annual review cycle.

There were no comments.

HR503 – Meals and Rest Periods (pg.50)

Ms. Gordon explained the policy was updated to provide more definition regarding meals and rest periods and to ensure it aligns with federal (not state) laws.

There were no comments.

HR504 – Overtime and Shift Differentials (pg.54)

Ms. Gordon explained the policy was updated to provide more definition regarding overtime and shift differentials and to ensure it aligns with federal (not state) laws. In addition, due to the different schedules, we updated the policy to reflect hours in a “work week” rather than specifically stating that a work week is Sunday through Saturday.

There were no comments.

HR509 – Bilingual Standards & Compensation (pg.58)

Ms. Gordon explained that the requirement of having to retest existing employees annually, via DHCS contract, has been removed. This was confirmed with RAC. The process for management to request bilingual testing for existing employees was added to the policy.

There were no comments.

HR514 – Employee Growth & Career Development (pg.62)

Ms. Gordon stated there was added language regarding rideshares and how staff should select the most economical option unless otherwise approved. Also added to the Tuition and Certification section was added criteria that courses taken for the purpose of a degree must be taken at a US educational institution that offers degree programs and must be accredited by either the U.S. Department of Education (USDE) or the Council for Higher Education Accreditation (CHEA).

Ms. Bjork shared that verbiage on selecting the standard most economical Uber/Lyft option needed to be added for clarification and more awareness surrounding rideshare services.

HR606 – Employee Award Program (pg.74)

Ms. Gordon explained the policy was updated to reflect a new requirement that an employee must complete 1 year of service to be eligible for the \$100 bonus versus 90-days of completed service.

There were no comments.

HR608 – Employee Recognition (pg.78)

Ms. Gordon stated that language was added to address if any of the eight (8) employees automatically on the running for Employee of the Year (EoY) receive a title change to supervisor or above, they will be removed from consideration and deemed ineligible for EoY.

There were no comments.

HR701 – Paid Time Off (pg.83)

Ms. Gordon stated that language was added to clarify Partnership’s status as a public entity.

There were no comments.

HR703 – Family and Medical Leave; Pregnancy Disability Leave, Reasonable Accommodation, and Transfer; Personal Medical Leave; and Service Member Leave (pg.89)

Ms. Gordon stated that under the Compensation and Benefits During Family and Medical Leave section language it was added that the employee must contact the payroll department to discuss the application of paid leave while out.

There were no comments.

HR712 – Other Leaves (pg.106)

Ms. Gordon explained the added verbiage to the policy that employees will be required to apply any unused accrued PTO hours up to 5 days for bone marrow and 2 weeks for organ donation. Additional verbiage was added to define the criteria regarding time off and reasonable accommodations for victims of violence.

Ms. Bjork asked the committee members if their organizations have a similar policy and if they have had to also make the same updates according to updated employment laws.

Commissioner Brown responded that Del Norte County has a policy in place and is currently updating.

Commissioner Gruver also responded that he was unaware of any implementation but noted that there may be additional steps for counties with unions.

HR803 – Workers’ Compensation (pg.120)

Ms. Gordon stated that there was language added under Human Resources to outline the process and procedure for when an employee reports a work-related injury or illness.

There were no comments.

<p>Group 3: Policies Containing No-Changes (pg.135)</p>	<p>HR807 – Cyber security & Internet Usage (pg.130)</p> <p>Ms. Gordon states that updates were made to the consequences of failing the frequently conducted cyber security social engineering tests, such as phishing tests. Failure to pass these tests, or real attacks, will result in additional education and training from their leader and security team.</p> <p>Also added to the policy was additional consequences may be considered at the discretion of the CEO and CHRO depending on the severity of actual breaches and/or repeated violations, which may result in further disciplinary action up to and including termination of employment.</p> <p><i>Ms. Bjork explained that Partnership has had a progressive increase in Cyber Security Phishing test failures and our employees have been concerned with the previous number of attempts given before termination. With updating our policy with more attempts and IT sending more phishing tests, this will provide more time for IT and HR to determine a failing employee's need or lack of knowledge before termination.</i></p> <p><i>Commissioner Johnson shared that their organization has similar actions in place and feels confident in their security efforts.</i></p> <p><i>Ms. Bjork also shared that Partnership's new Sr. Director of Information Security has come from a military background and is very knowledgeable in this matter. Added that our Sr. Director of Information Security has held multiple employee events to spread awareness and provide tools and tips to share with their families. We too feel well protected and will keep learning and changing within our organization.</i></p> <p><u>Group 3: Policies Containing No-Changes</u> (pg.135)</p> <p>List of Policies Containing No Changes:</p> <ul style="list-style-type: none"> • HR207 – Referral Awards • HR210 – Working Out of Job Class • HR506 – Employee Reimbursement for Employee Growth & Career Development • HR507 – Remote Work Program • HR508 – Compensation • HR511 – Attendance & Punctuality • HR512 – Mileage Reimbursement • HR515 – Relocation & Moving Expenses • HR517 – Disaster/Emergency Compensation • HR604 – Spot Bonus
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	<ul style="list-style-type: none"> • HR605 – Management Incentive Program • HR610 – Holiday Pay • HR611 – Staff Events • HR612 – Community Service • HR613 – Catering Guidelines • HR702 – Paid Time Off Cash-Out Program • HR706a – 9/80 Workweek (Exempt) • HR706b – 9/80 Workweek (Non-Exempt) • HR710 – Paid Sick Leave <p>Ms. Gordon inquired whether anyone had questions.</p> <p><i>Ms. Bjork asked the committee if there were any policies that would require individual voting.</i></p> <p><i>Unanimous vote was called and motion carried.</i></p>
1.8 2025 Organization Operational Calendar (pg.197)	<p>Ms. Gordon explained that this item is included to let the Committee know what events Partnership provides or holds monthly. She inquired whether anyone had questions.</p> <p><i>There were no comments.</i></p>
1.9 Proposal: Holiday Revisions	<p>Ms. Gordon provided a background that in 2021 Juneteenth was made an official federal holiday. Partnership then elected to add a Cultural Diversity Holiday (CDH), which allowed employees to select a day of their choosing. Since then, Partnership has received comments in our Employee Engagement Survey about not recognizing several state and federal holidays, such as Cesar Chavez, Juneteenth, and Veteran’s Day, especially considering our focus on equity and inclusion. We conducted an environmental scan of our service area counties and sister plans and propose to revise our observed holidays to remove the CDH and add Cesar Chavez, Juneteenth, and Veteran’s Day. This will change our total observed Holiday count from 11 to 13, which aligns to most of the Counties in our service area. She inquired whether anyone had questions.</p> <p><i>Ms. Bjork added that we don’t observe as many holidays as Humboldt or Del Norte counties.</i></p>

	<p><i>Commissioner O'Rourke expressed concern about observing specific holidays, such as Juneteenth, Cesar Chavez, and Veteran's Day, citing cultural sensitivities. Her recommendation was to keep the CDH to allow the employees to observe any holiday based on their preference or beliefs in addition to the proposed 3 new holidays. Commissioner O'Rourke stated the benefits of staying aligned with the counties and school districts we serve that currently observe these holidays.</i></p> <p><i>Commissioner Ranell Brown added that Del Norte County provides 3 floating holidays to use within the calendar year.</i></p> <p><i>Commissioner Johnson shared her physician's reluctance to recognize Juneteenth as a standing holiday however it offers employees the option to celebrate in other ways.</i></p> <p><i>Ms. Bjork expressed support for observing the 3 new holidays with the continuation of the CDH, noting that coverage will be maintained, and emphasized the importance of meeting employee needs and honoring the diversity of cultures within the organization.</i></p> <p><i>With no other continued comments on this motion, Commissioner O'Rourke moved the motion for approval.</i></p> <p><i>Motion carries with 3 in favor and 1 opposed.</i></p> <p><i>Ms. Bjork expressed her appreciation to the committee for their time reviewing the regulatory items that Partnership requires to move forward.</i></p>
All in Favor of Policy Changes and Proposal	<p><i>JoDee Johnson, Board Commissioner, led the motion; motion carried as unanimous.</i></p> <p><i>Those in favor of the policies with changes:</i> <i>JoDee Johnson, Board Commissioner</i> <i>Liz Lara-O'Rourke, Board Commissioner</i> <i>Ranell Brown, Board Commissioner</i> <i>Ryan Gruver, Board Commissioner</i></p>

<p>All in Favor of Proposed Holiday Revisions</p>	<p><i>Liz Lara-O'Rourke, Board Commissioner, made a motion for approval. Ryan Gruver, Board Commissioner, was second approval for motion to move. Motion was carried with 3 in favor and 1 opposed</i></p> <p><i>Those in favor of the Holiday Revisions Proposal:</i> <i>JoDee Johnson, Board Commissioner Liz Lara-O'Rourke, Board Commissioner Ranell Brown, Board Commissioner Ryan Gruver, Board Commissioner</i></p> <p><i>Those opposed to the Holiday Revisions Proposal:</i> <i>JoDee Johnson, Board Commissioner</i></p>
<p>2.1 Adjournment</p>	<p>The meeting adjourned at 10:04 a.m.</p>

Respectfully submitted by: Kalei Spangler, Program Manager and Angela Casillas, Executive Assistant to CHRO

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 27, 2025

Agenda Item Number:
4.1

Resolution Sponsor:
Wendi Davis, COO, Partnership HealthPlan of CA

Recommendation by:
Partnership Staff

Topic Description:

The Semi-Annual Board Dashboard is a tool developed by the Partnership management team. The dashboard reflects the organization's major focus areas and priorities and allows the Board to track key metrics across the organization.

Reason for Resolution:

To provide the attached Semi-Annual Board Dashboard for review and approval.

Financial Impact:

There is no measurable financial impact to HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership staff, the Board is asked to approve the Semi- Annual Board Dashboard.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 27, 2025

Agenda Item Number:
4.1

Resolution Number:
25-

IN THE MATTER OF: APPROVING THE SEMI-ANNUAL BOARD DASHBOARD

Recital: Whereas,

- A. The Semi-Annual Board Dashboard includes key metrics to monitor Partnership's operations.
- B. The Board has ultimate responsibility for ensuring operational excellence.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the Semi-Annual Board Dashboard.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 27th day of August 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



Executive Dashboard

Date: August, 2025

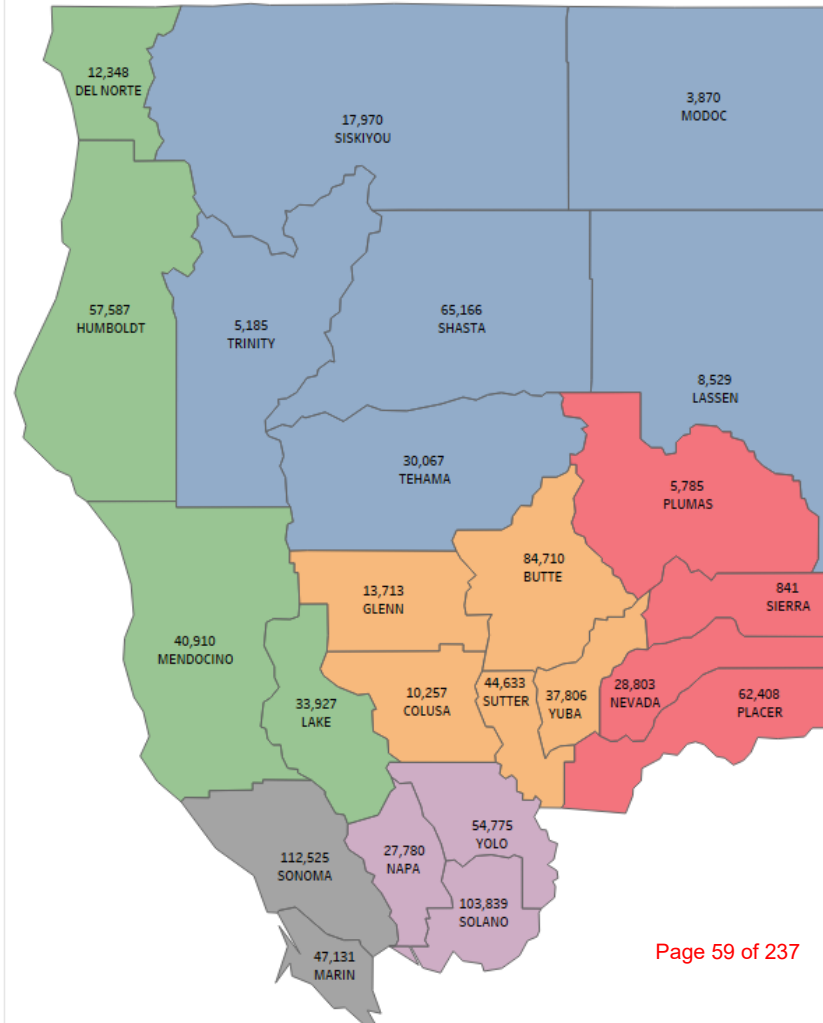
Disclaimer: Data presented in the following slides are a snapshot moment in time. There may be some differences between what is presented below and what you've seen in other presentations.

Membership Dashboard

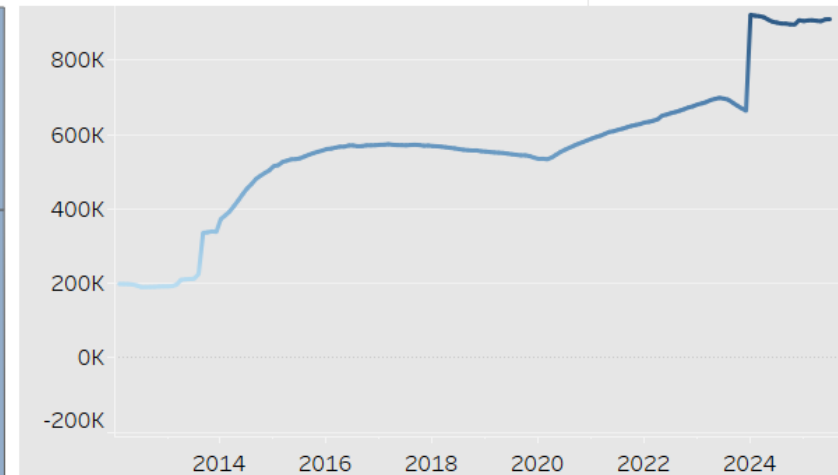
Counties

Mbr County	
BUTTE	84,710
COLUSA	10,257
DEL NORTE	12,348
GLENN	13,713
HUMBOLDT	57,587
LAKE	33,927
LASSEN	8,529
MARIN	47,131
MENDOCINO	40,910
MODOC	3,870
NAPA	27,780
NEVADA	28,803
PLACER	62,408
PLUMAS	5,785
SHASTA	65,166
SIERRA	841
SISKIYOU	17,970
SOLANO	103,839
SONOMA	112,525
SUTTER	44,633
TEHAMA	30,067
TRINITY	5,185
YOLO	54,775
YUBA	37,806

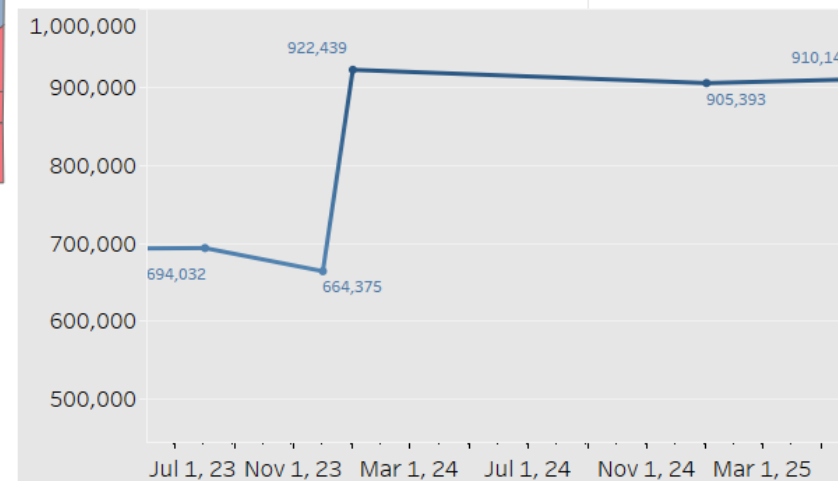
910,565					
Auburn	Chico	Eureka	Fairfield	Redding	Santa Rosa
97,837	191,119	144,772	186,394	130,787	159,656



Annual Membership Trend

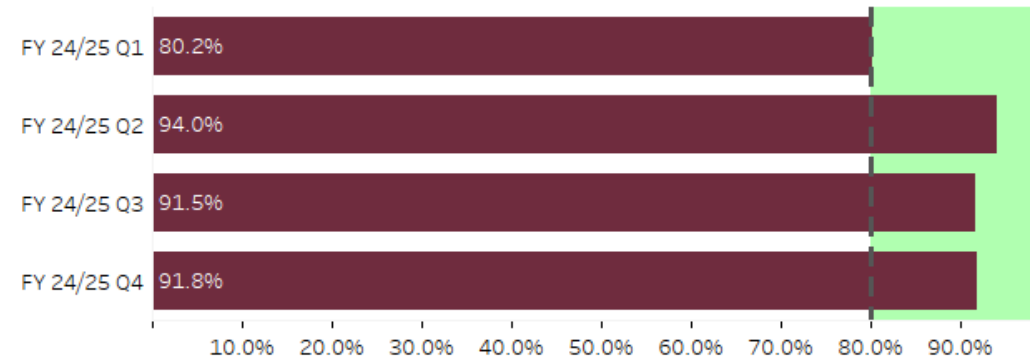


7/1/23 - Current

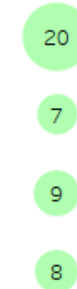


Call Center Dashboard

Partnership HealthPlan MS Calls Answered within 30 Seconds

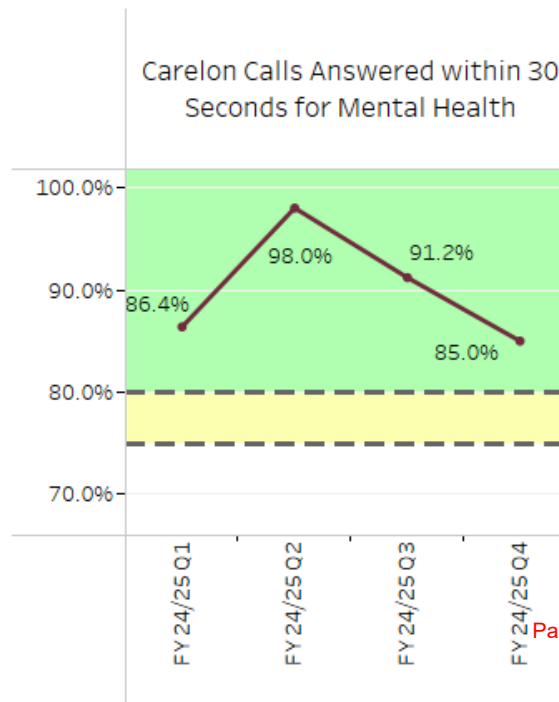


MS Average Call
Wait Time (in
Seconds)

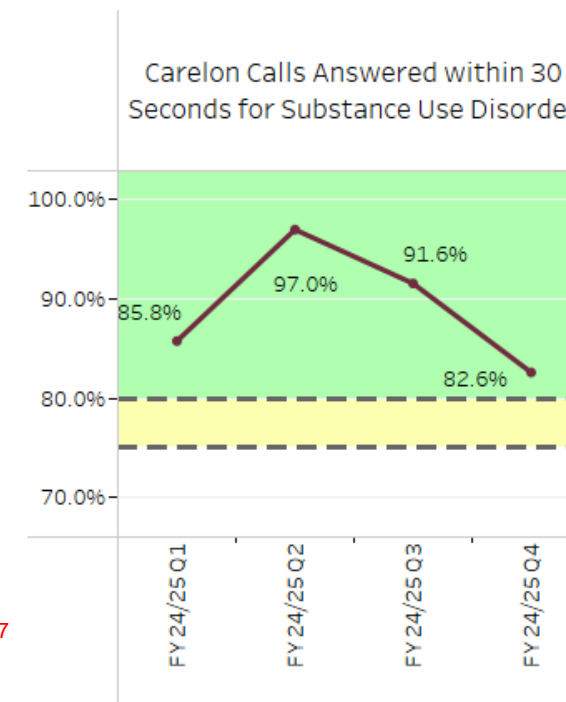


Green Threshold
< 31 seconds

Carelon Calls Answered within 30 Seconds for Mental Health

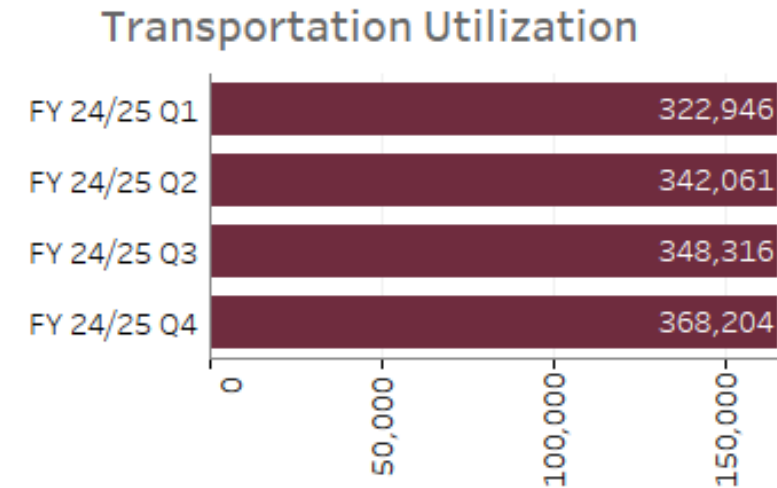
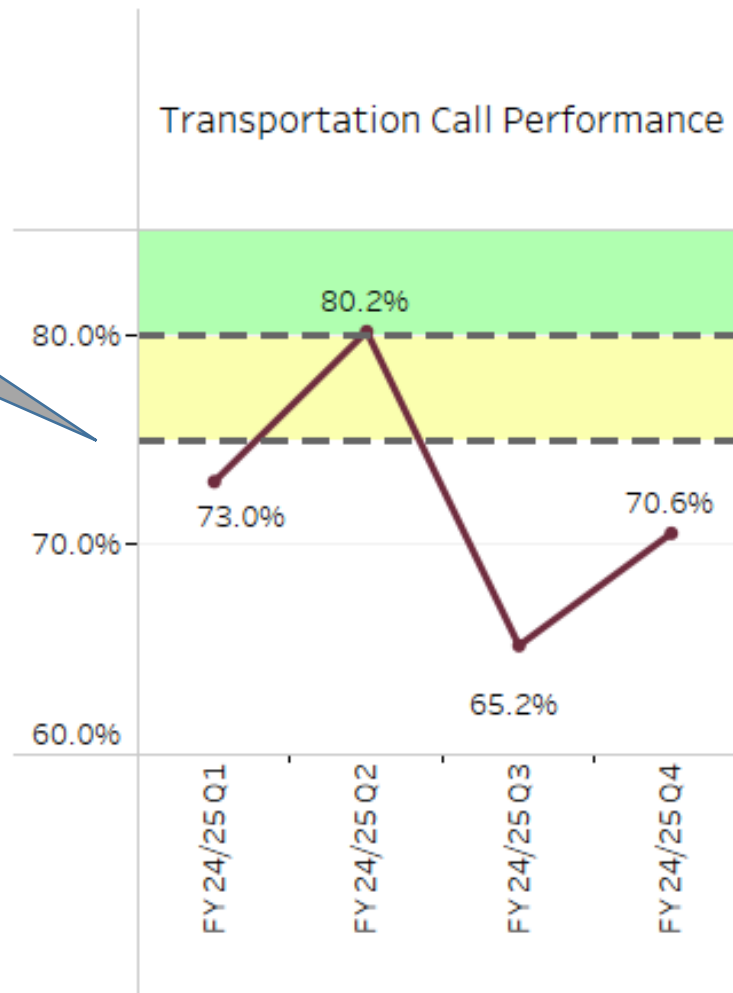


Carelon Calls Answered within 30 Seconds for Substance Use Disorder



Transportation Dashboard

Utilization continues to rise, we saw a nearly 6% increase in Q4 compared to the nearly 2% increase we saw from Q2 to Q3. From Q3 to Q4, inbound call volume rose by approximately 1%.

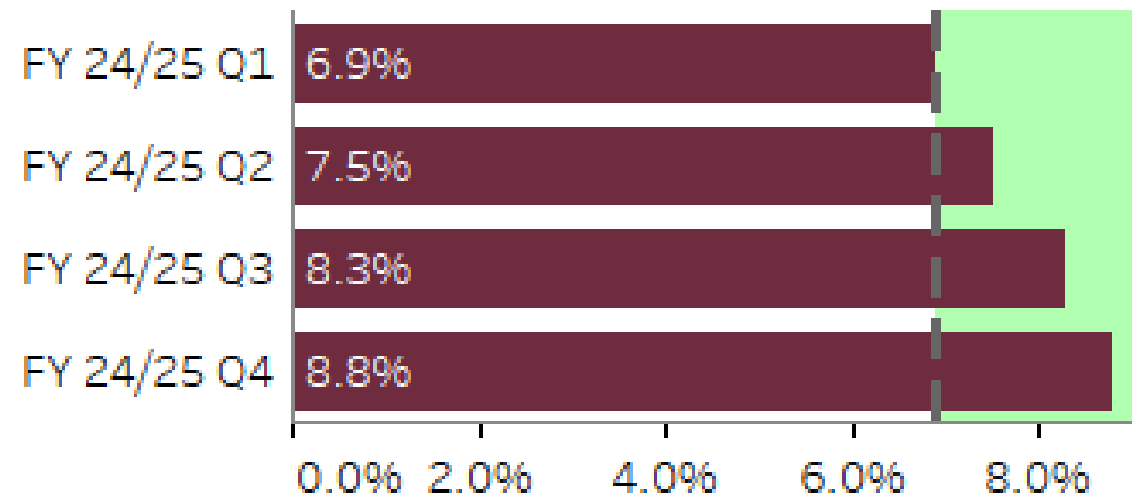


Medical Utilization Dashboard



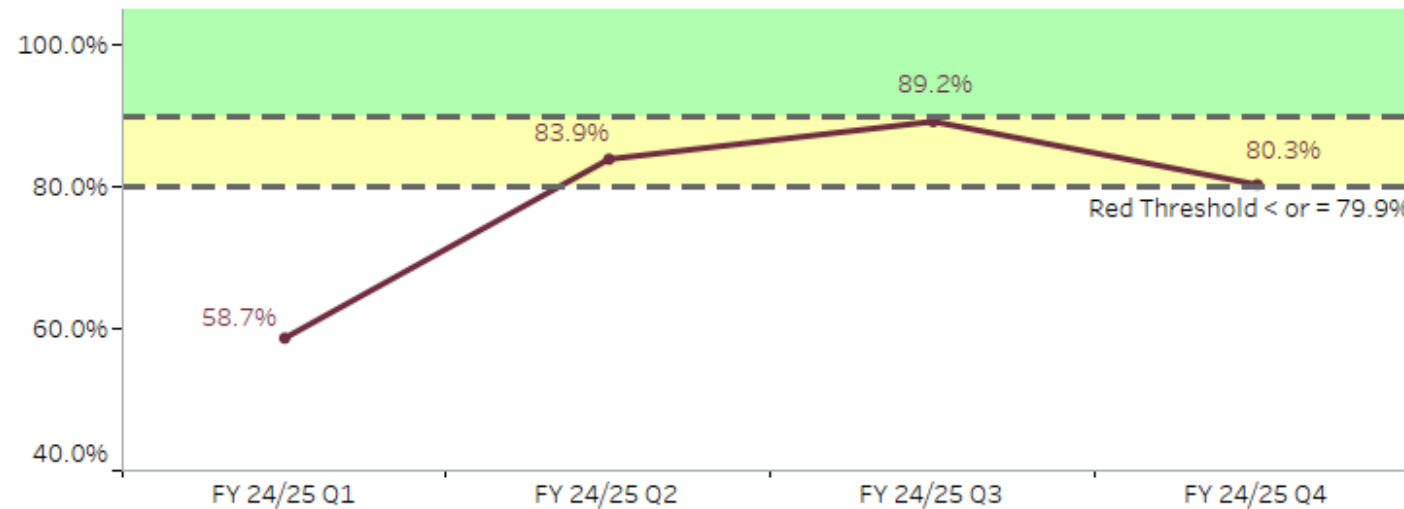
Behavioral Health Utilization

Mental Health Access Plan-Wide Utilization Rate

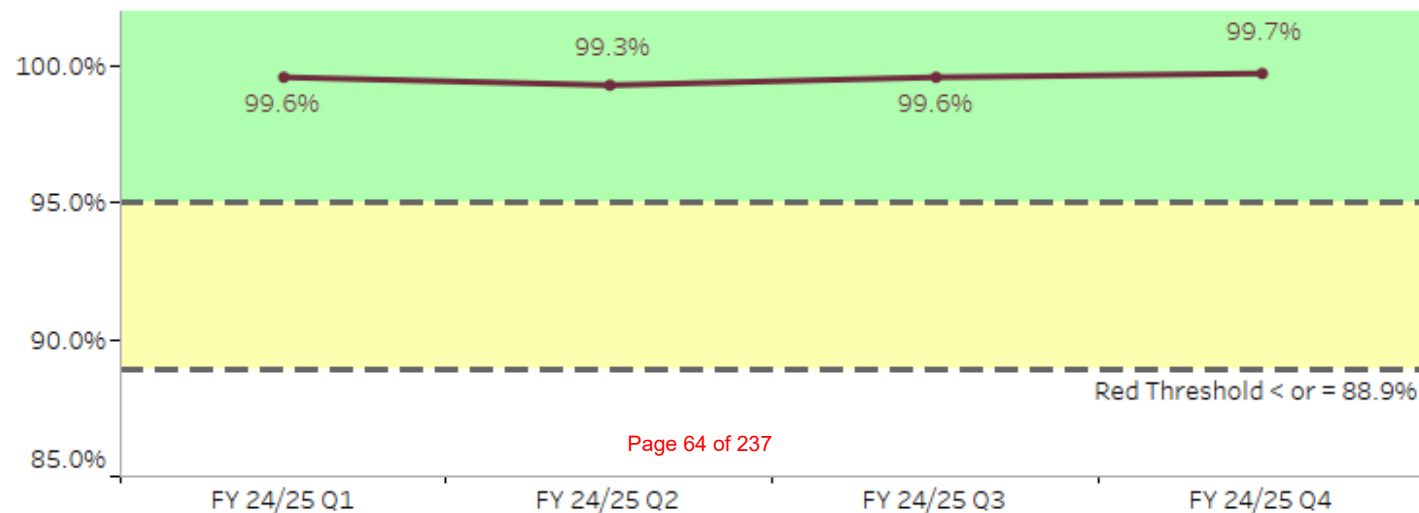


Treatment Authorization Request (TAR) Dashboard

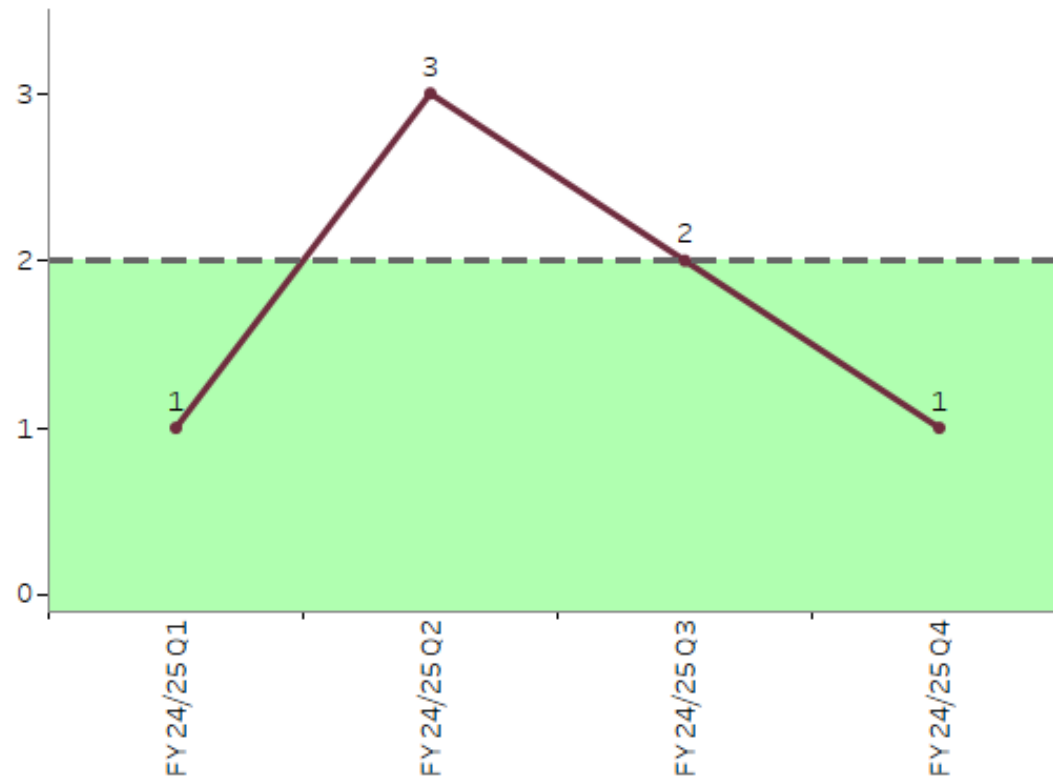
Medi-Cal Outpatient TAR Timeliness



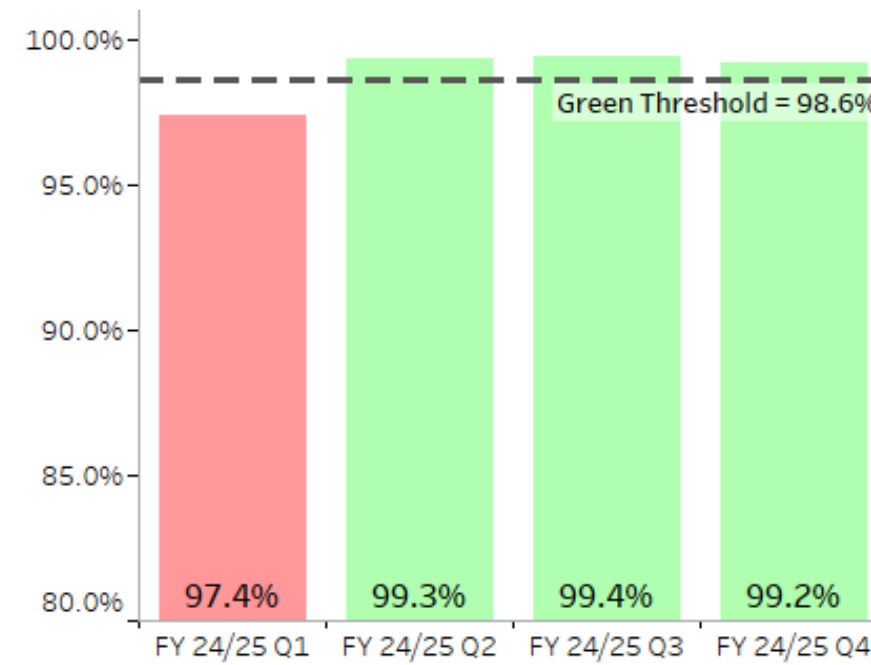
Pharmacy TAR Timeliness



Medi-Cal State Hearings Overturned by DHCS



Medi-Cal Cases Closed within DHCS-Mandated Timeframes



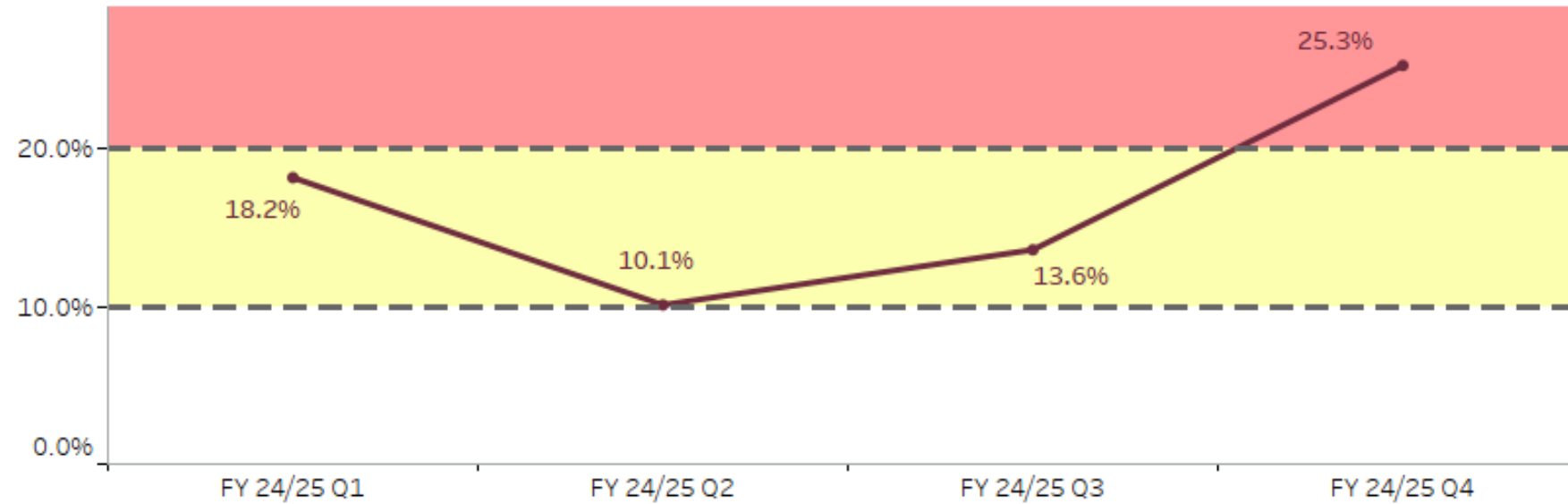
Medical Claims

Mental Health Claims

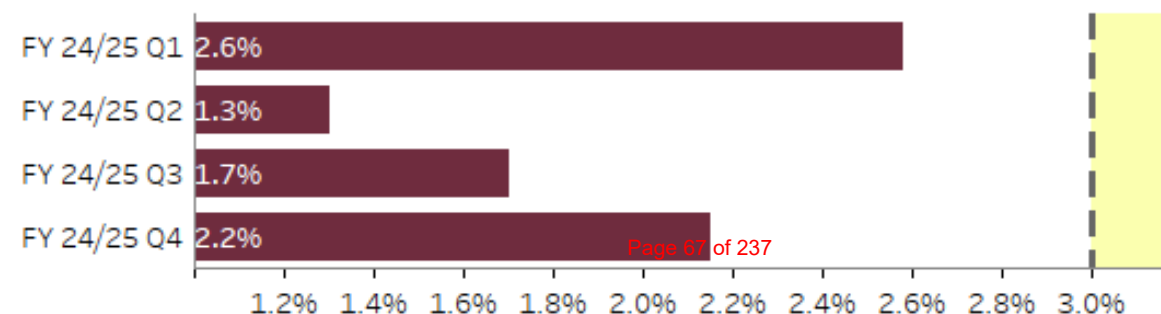
	Percent of Medi-Cal Claims Auto-Adjudicated	Medi-Cal Claims Accuracy	* Percent of Claims Paid / Denied Within 45 BusinessDays	Percent of Mental Health Claims Paid within 45 Days
FY 24/25 Q1	56.0%	97.1%	99.6%	99.8%
FY 24/25 Q2	57.3%	97.6%	97.2%	99.0%
FY 24/25 Q3	59.0%	97.6%	99.7%	99.0%
FY 24/25 Q4	60.0%	Reported one quarter behind	99.9%	99.0%
	Green Threshold ≥ 55%	Green Threshold ≥ 97%	Green Threshold ≥ 97%	Green Threshold ≥ 95%

Human Resources Dashboard

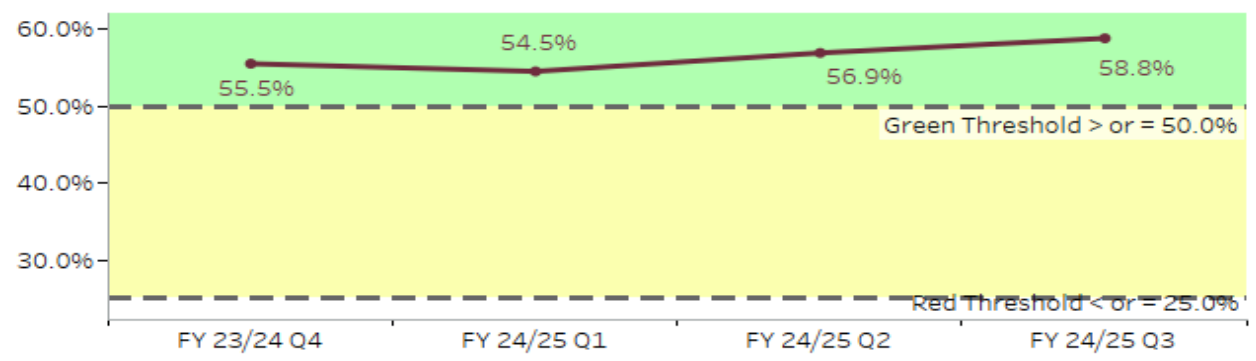
Percentage of Positions Open after 90 days
(Actively Recruiting)



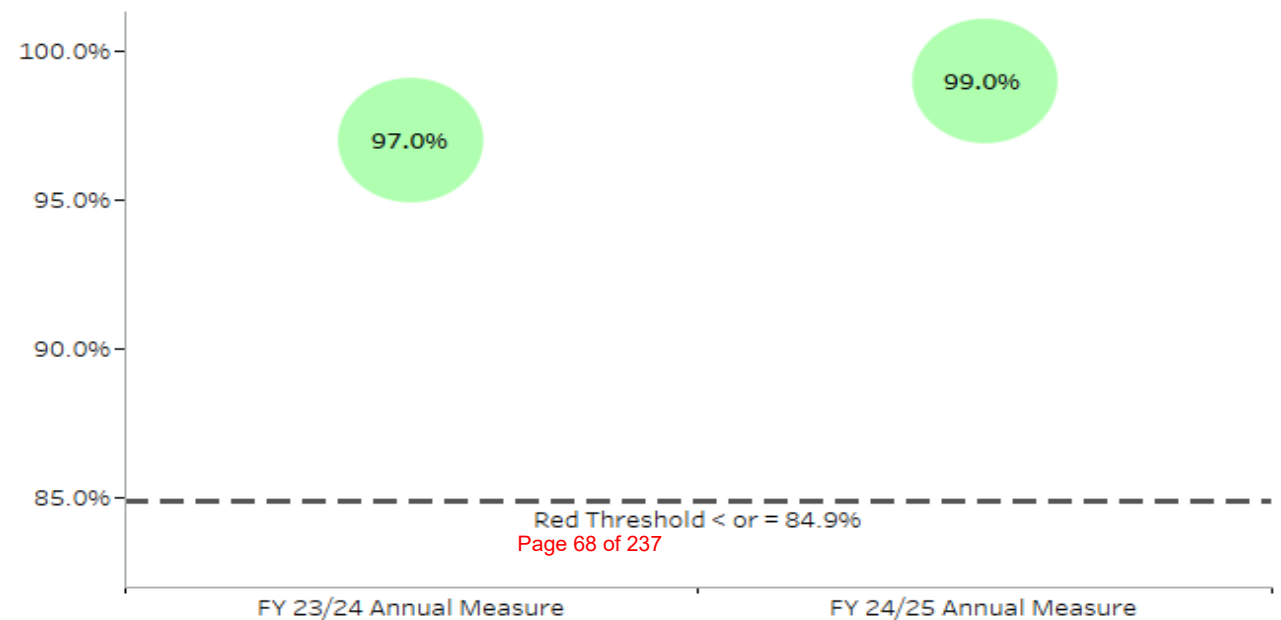
Employee Turnover Rate
(All Cause)

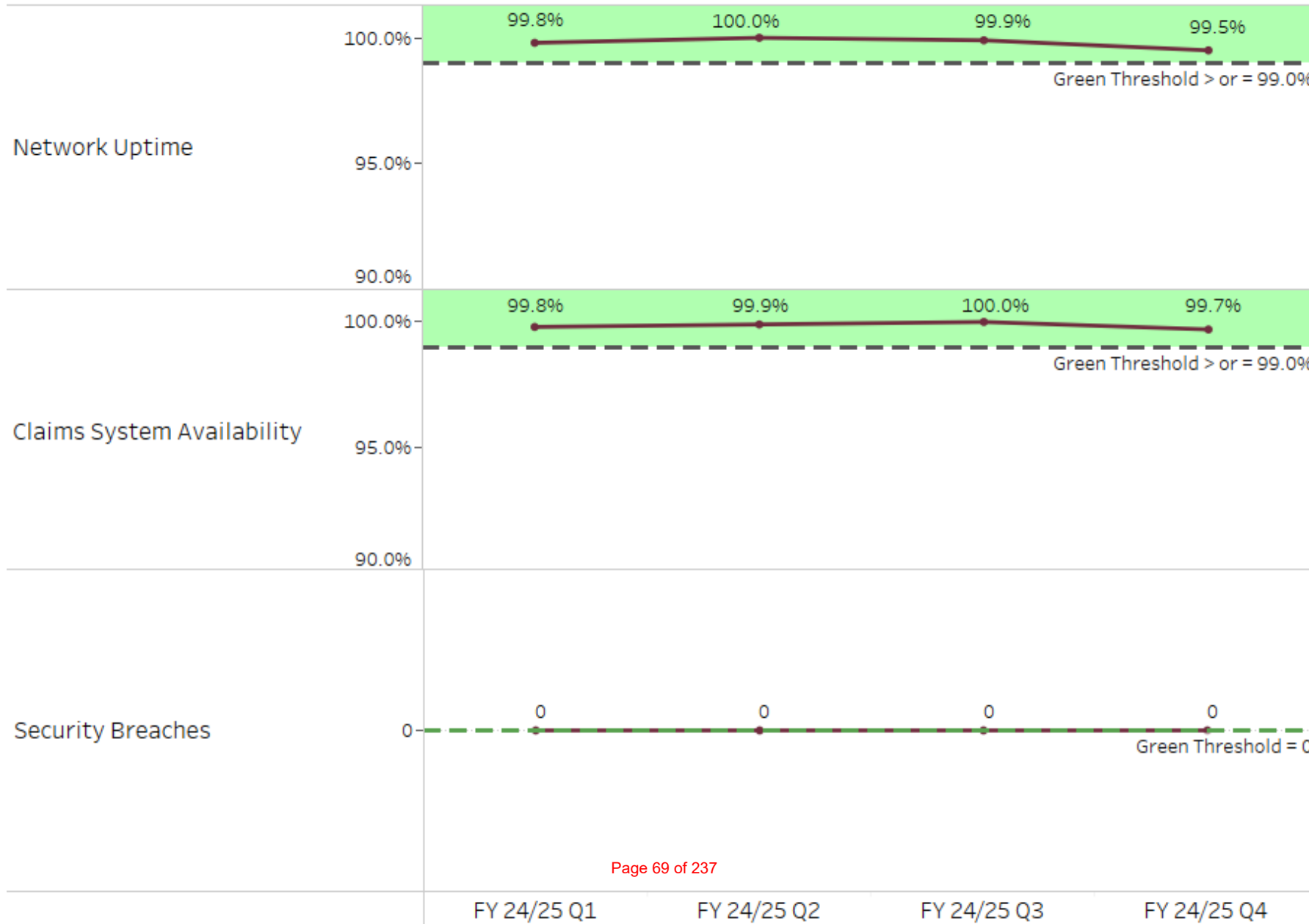


% of Total Specialist Utilization Compared with a Well-Managed Benchmark



Provider Satisfaction
(Overall Satisfaction with Plan)





REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 27, 2025

Agenda Item Number:
4.2

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

Recommendation by:
Compliance Committee and Partnership Staff

Topic Description:

The Compliance Dashboard outlines activities to track Partnership HealthPlan's Compliance Program and regulatory and contractual requirements.

Reason for Resolution:

To ensure Board members have the opportunity to review the Compliance dashboard biannually.

Financial Impact:

There is no measurable impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Compliance Committee, the Board is being asked to approve Partnership's Q22025 Compliance Dashboard.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date
August 27, 2025

Agenda Item Number:
4.2

Resolution Number:
25-

**IN THE MATTER OF: APPROVING PARTNERSHIP HEALTHPLAN COMPLIANCE
DASHBOARD FOR Q22025**

Recital: Whereas,

- A. Partnership is committed to conducting business in compliance with all required standards.
- B. The Board has responsibility for reviewing and approving the organizational Compliance Dashboard.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve Partnership's Q22025 Compliance Dashboard.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 27th day of August 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

ATTEST:

BY: _____
Ashlyn Scott, Clerk

2025 Regulatory Affairs and Compliance Dashboard

Category	Description	Q1	Q2	YTD	Comments
DELEGATION OVERSIGHT	Annual Delegate / Subcontractor Audits	3 / 3	5 / 5	8 / 8	
When PHC delegates administrative functions that it is required by contract or regulation to perform, PHC retains the ultimate responsibility for the performance of these functions and must monitor and evaluate the performance of these functions when performed by a delegate.	Quarterly percentage to demonstrate the total number of annual delegate/subcontractor audits completed within 30 days following the planned months, as defined by the audit calendar.	100%	100%	100%	
	Oversight of Delegate Reporting	12 / 12	9 / 10	21 / 22	
	Percentage of timely submissions of regulatory reports.	100.0%	90.0%	95.5%	Delegate submitted Prop 56 report one day late.
REGULATORY REPORTING	DHCS Reports Submitted Timely	73 / 73	57 / 57	130 / 130	
Regulatory Affairs works collaboratively with all PHC departments to implement and track the timely submission of regulatory reporting requirements to PHC's governing agencies.	Percentage of regulatory reports submitted timely by RAC to DHCS with no missed due date per RAC Master Tracker and Regulatory Reporting Calendar.	100.0%	100%	100%	
	Report Acceptance Rate	72 / 73	55 / 57	127 / 130	
	Percentage of standard regulatory reports submitted by RAC and not rejected by DHCS for being incomplete, on the wrong template, or for other findings.	98.6%	96.5%	97.7%	Q2- 57 total reports submitted to DHCS. 55 were accepted. Two quarterly reports were rejected for input edits. Reports were resubmitted and accepted. Rejected reports do not show trends from prior quarters.
HIPAA REFERRALS	Timely DHCS Privacy Notification Filings	10 / 10	11 / 11	21 / 21	
Appropriate safeguards, including administrative policies & procedures, to protect the confidentiality of PHI and ensure compliance with HIPAA regulatory requirements.	Percentage of reportable notifications that PHC filed timely within applicable DHCS required timeframe. <i>*Initial notice within 24 hours, initial PIR within 72 hours, and final PIR within 10 business days. If any deadline is missed, it will be counted as untimely.</i>	100.0%	100.0%	100.0%	Q2- 11 total reportable incidents submitted to DHCS; however, none of those incidents were deemed breaches
FWA REFERRALS	Timely DHCS FWA Notifications	9 / 9	23 / 23	32 / 32	
Regulatory Affairs oversees the Fraud, Waste and Abuse Prevention program intended to prevent, detect, investigate, report and resolve suspected and/or actual FWA in the PHC daily operations and interactions, whether internal or external.	Percentage of reportable notifications that PHC filed timely with DHCS within 10 business of discovery per contractual obligations.	100.0%	100%	100%	

*Threshold percentages for the above measures are as follows:

≥ 95% = GREEN 90 - 94.9% = YELLOW < 90% = RED

CAP Tracker

*Please note that the above threshold percentages do not apply here

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 27, 2025

Agenda Item Number:
4.3

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

Recommendation by:
Partnership Staff

Topic Description:

In accordance with the 2024 DHCS contract and as approved by the Board on February 26, 2025, the Board serves as the selection committee for the Community Advisory Committee (CAC). As such, the Board is responsible for selecting new CAC members and/or replacing former CAC members whose position has been vacated. If a CAC member resigns or is asked to resign, the CAC selection committee must make their best effort to promptly replace a vacant CAC seat within 60 calendar days of the CAC vacancy, ensuring that CAC membership continues to be reflective of, and responsive to, the MCP's Service Area demographics. The CAC selection committee must make good faith efforts to:

- Ensure CAC membership is composed primarily of the MCP's Members;
- Ensure CAC membership is reasonably reflective of the general MCP Member population in the MCP's Service Area;
- Ensure adolescents and/or parents and/or caregivers of children, as appropriate, are represented on the CAC;
- Ensure current/former foster youth and/or parents/caregivers of current/former foster youth, as appropriate, are represented on the CAC;
- Ensure members who receive Long Term Supports and Services (LTSS), and/or individuals representing those members, as appropriate, are represented on the CAC
- Ensure representatives from IHCPs (Indian Health Care Providers) are represented on the CAC; and
- Ensure diverse and hard-to-reach populations are reasonably represented on the CAC, with a specific emphasis on persons who are representative of or serving populations that experience Health Disparities such as individuals with diverse racial and ethnic backgrounds, genders, gender identity, and sexual orientation and physical disabilities.

Reason for Resolution:

To obtain Board approval to approve the appointment of the four nominees below as members of the Community Advisory Committee.

Financial Impact:

There is no financial impact to the HealthPlan.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Requested Action of the Board:

Based on the recommendation of Partnership staff, the Board is asked to approve the nominees below to serve as members of the CAC. These individuals are members of the health plan and have expressed interest in joining the CAC. The CAC is a diverse group who come from all walks of life and bring a wide variety of perspectives to their role. In addition to serving on the CAC, these individuals are very active in their communities- working, volunteering or participating on local and state boards, community based organizations and churches.

Butte – Adrene Ryan

Butte – William Ward

Colusa – Susan Wagenaar

Nevada – Raichael Stewart

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 27, 2025

Agenda Item Number:
4.3

Resolution Number:
25-

**IN THE MATTER OF: APPROVING FOUR COMMUNITY ADVISORY COMMITTEE
NOMINEES**

Recital: Whereas,

- A. The Board now serves as the Selection Committee for the Community Advisory Committee and has ultimate responsibility for approving appointments.
- B. Partnership is committed to conducting business in compliance with all required standards and regulations.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the four nominations to the Community Advisory Committee.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 27th day of August 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

ATTEST:

BY:

Ashlyn Scott, Clerk



Community Advisory Committee

Member Selection Evaluation Packet

August 2025



Community Advisory Committee

Butte County
Applicants

August 2025



Community Advisory Committee (CAC)

Member Summary Form

Applicant Name:	Adrene Ryan
County of Residence:	Butte
Available Seats:	There are two (2) available seats in Butte County
Applicant Summary:	Adrene is a dedicated advocate for her community. As a member of the NorCal Collaborative and previous Public Health Worker in Butte County, she actively seeks out information about local resources to better support and inform others. She refers to herself as a “walking resource book,” always ready to connect people with the help they need. Adrene looks forward to using her voice to represent her community through the Community Advisory Committee at Partnership and sharing the information learned to those she serves.
CAC Team Recommendation:	The CAC Team, in consultation with Partnership’s Health Equity Officer, recommends the appointment of this member to the Community Advisory Committee.

Each county within Partnership’s service area is allocated a set amount of CAC seats available to members. To ensure appropriate representation, our internal teams established a membership baseline and corresponding committee capacity. Our CAC membership baseline shall align with the Board of Commissioner seats per county. The ratio selected for each county is defined as one (1) times the number of Partnership Board of Commissioner seats per county, whereas the membership capacity will be two (2) times the baseline.



Community Advisory Committee (CAC)

Member Summary Form

Applicant Name:	William Ward
County of Residence:	Butte County
Available Seats:	There are two (2) available seats in Butte County
Applicant Summary:	William offers positive, uplifting energy and will contribute insightful and constructive feedback. During our conversation, he demonstrated a genuine passion for community issues, paired with a strong desire to be actively involved in driving change. His thoughtful perspectives and clear sense of purpose reflect a genuine commitment to making a meaningful and lasting impact. William's ability to listen, reflect, and engage with empathy makes him a valuable voice in any community-focused effort.
CAC Team Recommendation:	The CAC Team, in consultation with Partnership's Health Equity Officer, recommends the appointment of this member to the Community Advisory Committee.

Each county within Partnership's service area is allocated a set amount of CAC seats available to members. To ensure appropriate representation, our internal teams established a membership baseline and corresponding committee capacity. Our CAC membership baseline shall align with the Board of Commissioner seats per county. The ratio selected for each county is defined as one (1) times the number of Partnership Board of Commissioner seats per county, whereas the membership capacity will be two (2) times the baseline.



Community Advisory Committee

Colusa County
Applicant

August 2025



Community Advisory Committee (CAC)

Member Summary Form

Applicant Name:	Susan Wagenaar
County of Residence:	Colusa County
Seat Allocation:	There is one (1) available seat in Colusa County.
Applicant Summary:	Susan is the founder of Colusa County Recovery, one of the largest recovery advocacy centers in Northern California. The organization serves as a vital resource for Partnership members, offering support and connection for those affected by addiction and mental health challenges. Susan brings a deep personal commitment to healing, empowerment, and breaking down barriers for recovery. She has expressed her gratitude for Partnership HealthPlan and her genuine excitement about the work of the Community Advisory Committee
CAC Team Recommendation:	The CAC Team, in consultation with Partnership's Health Equity Officer, recommends the appointment of this member to the Community Advisory Committee.

Each county within Partnership's service area is allocated a set amount of CAC seats available to members. To ensure appropriate representation, our internal teams established a membership baseline and corresponding committee capacity. Our CAC membership baseline shall align with the Board of Commissioner seats per county. The ratio selected for each county is defined as one (1) times the number of Partnership Board of Commissioner seats per county, whereas the membership capacity will be two (2) times the baseline.



Community Advisory Committee

**Nevada County
Applicant**

August 2025



Community Advisory Committee (CAC)

Member Summary Form

Applicant Name:	Raichael Stewart
County of Residence:	Nevada County
Seat Allocation:	There is one (1) available seat in Nevada County
Applicant Summary:	Raicheal is a strong advocate for the rural population. She has attended two CAC Meetings as a member of the public, where she actively participated by asking relevant questions and offering thoughtful feedback. Her engagement demonstrates a genuine commitment to community involvement and a strong interest in contributing to meaningful discussions that support underserved areas.
CAC Team Recommendation:	The CAC Team, in consultation with Partnership's Health Equity Officer, recommends the appointment of this member to the Community Advisory Committee.

Each county within Partnership's service area is allocated a set amount of CAC seats available to members. To ensure appropriate representation, our internal teams established a membership baseline and corresponding committee capacity. Our CAC membership baseline shall align with the Board of Commissioner seats per county. The ratio selected for each county is defined as one (1) times the number of Partnership Board of Commissioner seats per county, whereas the membership capacity will be two (2) times the baseline.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 27, 2025

Agenda Item Number:
4.4

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

Recommendation by:
Partnership Staff

Topic Description:

Partnership Board Commissioner Kathie Powell, Sonoma County Health Center Representative, has resigned from the Partnership Board.

Commissioner Powell has made numerous outstanding contributions to Partnership HealthPlan of California and the Commission (known as the Board) since June 2012. She has provided excellent leadership and has been a dedicated volunteer. Her knowledge has been of great value to Partnership, and she has kept the needs of our members, providers and the community as a guiding principle.

Reason for Resolution:

To provide Commissioner Powell with the highest level of commendations and appreciation for her excellent service.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership staff, the Board is asked to approve the commendations and appreciation for the support Commissioner Kathie Powell has provided to Partnership and the Board.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 27, 2025

Agenda Item Number:
4.4

Resolution Number:
25-

**IN THE MATTER OF: COMMENDATIONS AND APPRECIATION FOR
KATHIE POWELL’S SERVICE TO PARTNERSHIP AND THE BOARD**

Recital: Whereas,

- A. Kathie Powell provided valuable advice and support for Partnership and the Board.
- B. Kathie Powell was a faithful and active member of the Board.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the highest level of commendations and appreciation for Commissioner Powell’s outstanding service to Partnership and the Board.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 27th day of August 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

FINANCIAL HIGHLIGHTS

Of The Partnership HealthPlan of California

For the Period Ending June 30, 2025

Financial Analysis for the Current Period

Total Surplus

For the month ending June 30, 2025, Partnership reported a deficit of \$7.8 million, decreasing the year-to-date surplus to \$94.8 million. Key variances are outlined below.

Revenue

Total Revenue exceeded the budget for the month by \$68.9 million and \$577.5 million for the year-to-date. Medi-Cal revenue is \$594.7 million favorable to budget, primarily due to the recognition of \$251.6 million in additional MCO tax revenue for calendar year 2024, as authorized by Assembly Bill (AB) 160. A corresponding offset was recorded in MCO tax expense. Additionally, revenue was adjusted to reflect the draft CY 2025 rates, retro to January, resulting in favorable variances of \$279.0 million in base rates and \$154.4 million in MCO tax and Voluntary Rate Range revenue; these adjustments also have matching offsets recorded in expenses. These positive variances were partially offset by an unbudgeted \$90.3 million related to the UIS risk corridor for calendar years 2024 and 2025. Directed Payments were \$127.4 million below budget due to prior year rates with a corresponding offset recorded in Healthcare Investment Funds (HCIF). Supplemental revenues exceeded the budget by \$73.9 million, largely driven by the timing of DHCS submissions—particularly in the expansion counties for American Indian Health Services (AIHS). Interest income is \$31.3 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 are unfavorable to budget for the month by \$16.0 million but favorable by \$87.2 million for the year-to-date. Non-Capitated Physician and Ancillary expenses were \$195.3 million unfavorable to budget due to the accrual of Targeted Rate Increases (TRI) and updates to Incurred But Not Reported (IBNR) reserves based on current utilization and prior period adjustments. Capitation expenses were \$17.8 million favorable due to changes in the funding methodology for certain healthcare providers. Long-term care costs exceeded the budget by \$42.0 million, primarily due to anticipated rate increases retroactive to January 2024. Inpatient Hospital Fee-For-Service (FFS) expenses were \$216.8 million favorable, driven by lower-than-expected utilization in the new expansion region and seasonal trends. HCIF expenses were \$85.0 million favorable due to lower than anticipated directed payment rates, partially offset by the timing of IPP CalAIM incentive payments. Transportation costs were \$19.3 million unfavorable, attributed to increased utilization. Quality Assurance expenses were \$29.1 million favorable due to the timing of medical administrative costs. Quality Improvement Program expenses were \$5.2 million unfavorable due to the timing of incentive grant disbursements, which will have a corresponding offset in other revenues.

Administrative Costs

Administrative costs have an overall positive variance of \$0.6 million for the month and \$44.5 million year-to-date. The primary variance is in Employee costs due to the timing of the filling of open positions geared towards the expansion counties and the fulfilling of the 2024 DHCS Contract requirements. An additional

FINANCIAL HIGHLIGHTS

Of The Partnership HealthPlan of California

For the Period Ending June 30, 2025

variance is in Occupancy due to the deferral of the depreciation of several capital projects – most notably the new claims system – which were not implemented during the current fiscal year. This is offset by the variance in Computer and Data primarily due to increased software licensing purchases.

Balance Sheet / Cash Flow

Total Cash & Cash Equivalents decreased by \$79.3 million for the month. Inflows include \$460.8 million in State Capitation payments, \$1.4 million in Drug Medi-Cal payments, \$7.3 million in interest earnings, and the recording of \$25.0 million in board designated reserve transfers. These inflows were offset by outflows of \$541.2 million in healthcare cost payments, \$7.1 million in Drug Medi-Cal payments, and \$25.6 million in administrative and capital cost payments. The remaining difference can be attributed to other revenues.

General Statistics

Membership

Membership had a total net increase of 6,447 members for the month.

Utilization Metrics and High Dollar Case

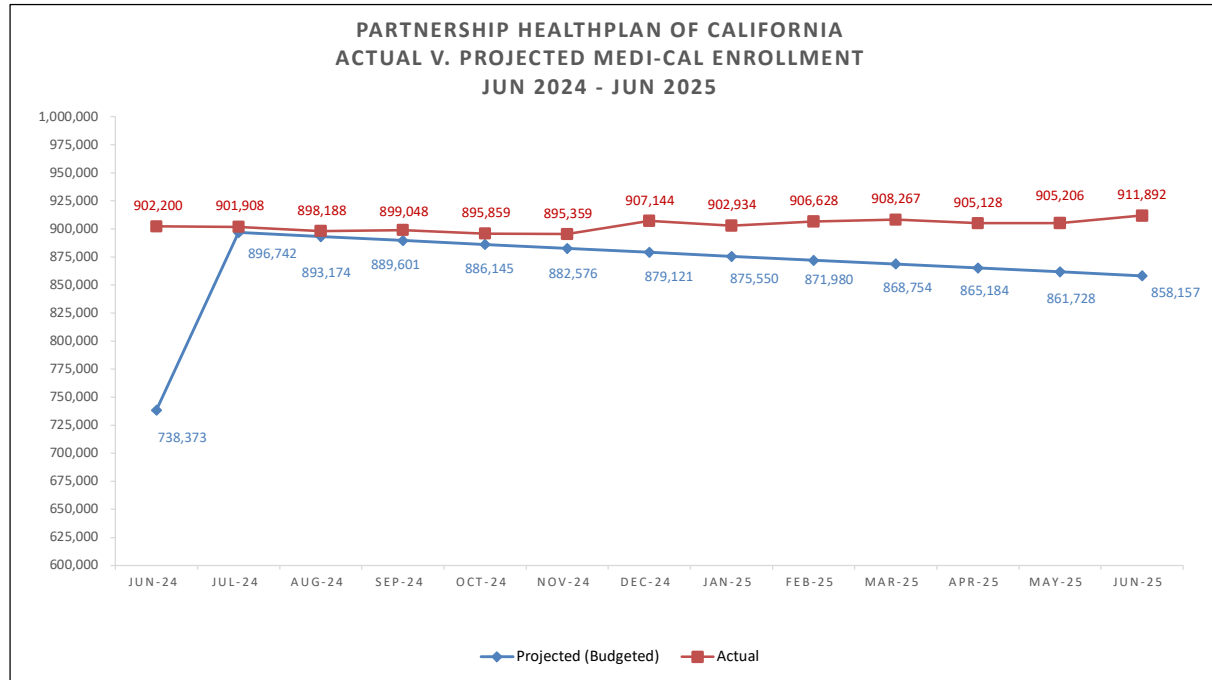
For the fiscal year 2024/25 through June 2025, 988 members reached the \$250,000 threshold with an average cost of \$500,749. For fiscal year 2023/24, 896 members reached the \$250,000 threshold with an average cost per case of \$512,327. For fiscal year 2022/23, 693 members reached the \$250,000 threshold with an average claims cost of \$519,997.

Current Ratio/Reserved Funds

Current Ratio Including Required Reserves:	1.42
Current Ratio Excluding Required Reserves:	0.99
Required Reserves:	\$1,345,963,890
Total Fund Balance:	\$1,342,409,620

Days of Cash on Hand

Including Required Reserves:	110.20
Excluding Required Reserves:	48.09



Member Months by County:

County	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Solano	102,062	101,490	101,565	102,138	101,685	101,430	103,225	102,170	102,511	102,443	102,189	102,658	103,987
Napa	27,071	26,878	26,697	26,466	26,242	26,374	26,961	26,991	27,197	27,289	27,339	27,450	27,826
Yolo	53,489	53,332	52,195	52,185	51,806	51,458	53,062	52,646	52,963	53,239	53,213	53,722	55,109
Sonoma	110,327	110,662	110,074	110,141	109,880	110,115	112,185	110,844	112,863	112,617	112,643	111,321	112,499
Marin	46,520	46,274	46,147	46,484	46,059	46,033	46,460	46,616	46,859	47,015	46,629	46,873	47,047
Mendocino	41,239	41,408	41,314	41,195	40,901	41,046	40,947	40,708	40,899	41,086	40,682	40,941	40,852
Lake	34,390	34,422	34,207	34,227	34,122	34,257	34,495	34,338	34,229	34,164	34,124	34,105	33,983
Del Norte	12,214	12,252	12,327	12,382	12,404	12,387	12,420	12,466	12,513	12,468	12,246	12,336	12,400
Humboldt	58,876	58,607	58,434	58,422	58,495	58,614	58,593	58,332	58,577	58,588	58,149	57,830	57,528
Lassen	8,714	8,765	8,802	8,753	8,814	8,754	8,756	8,761	8,825	8,821	8,767	8,764	8,656
Modoc	3,933	3,958	3,941	3,983	3,933	3,925	3,939	3,943	3,990	4,011	4,013	3,930	3,893
Shasta	67,907	67,685	67,173	67,073	66,723	66,780	66,863	66,195	65,800	66,052	65,219	65,101	65,377
Siskiyou	18,131	18,088	17,918	17,839	17,972	18,041	17,945	17,902	17,706	17,777	17,605	17,791	18,056
Trinity	5,540	5,540	5,464	5,437	5,422	5,380	5,419	5,286	5,348	5,345	5,321	5,325	5,250
Butte	84,347	84,598	84,856	85,378	85,666	85,502	85,772	85,639	85,539	86,256	85,897	85,920	85,649
Colusa	10,239	10,208	10,148	10,152	10,097	10,038	10,215	10,219	10,232	10,288	10,340	10,306	10,362
Glenn	13,583	13,501	13,491	13,595	13,543	13,596	13,664	13,594	13,623	13,786	13,690	13,682	13,647
Nevada	28,313	28,407	28,226	28,261	28,434	28,721	28,515	28,748	28,736	28,570	28,579	28,602	28,731
Placer	59,226	59,648	59,419	59,331	58,737	58,334	60,679	60,497	60,860	61,013	61,260	61,300	62,271
Plumas	5,903	5,938	5,924	5,857	5,820	5,870	5,866	5,792	5,858	5,925	5,886	5,807	5,755
Sierra	850	839	852	871	866	892	887	874	888	868	862	832	862
Sutter	43,619	43,542	43,122	43,076	42,418	42,244	43,425	43,430	43,691	43,601	43,739	43,829	44,348
Tehama	29,996	30,297	30,365	30,492	30,542	30,456	30,426	30,321	30,240	30,059	30,011	29,932	30,038
Yuba	35,711	35,569	35,527	35,310	35,278	35,112	36,425	36,622	36,681	36,986	36,725	36,849	37,766
All Counties Total	902,200	901,908	898,188	899,048	895,859	895,359	907,144	902,934	906,628	908,267	905,128	905,206	911,892

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	Avg / Month As of													
	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	YTD	Jun-25
Total Enrollment	898,490	898,153	897,450	895,408	895,235	905,698	901,907	904,947	906,317	904,513	903,817	910,264	10,822,199	901,850
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	692,900,747	592,855,121	595,592,203	595,698,456	6,840,783,127	570,065,261
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	480,694,520	490,255,409	527,157,036	510,429,684	5,550,845,721	462,570,477
Total Administrative Costs	17,164,116	20,965,109	20,303,694	22,663,983	19,787,655	21,565,508	23,537,967	22,873,201	21,628,246	26,832,114	23,265,462	26,391,322	266,978,378	22,248,198
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	105,449,368	66,370,265	66,176,548	66,663,236	928,152,119	77,346,010
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	7,881,292	85,128,613	9,397,333	(21,006,843)	(7,785,786)	94,806,909	7,900,576
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	639,166,969	601,722,478	648,998,299	611,666,405	611,666,405	764,724,923
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	1,276,676,303	1,361,804,917	1,371,202,250	1,350,195,407	1,342,409,620	1,342,409,620	1,284,929,229
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	1,119,293,000	1,130,765,000	1,143,805,000	1,121,915,000	1,121,915,000	1,099,152,583
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	70,124,244	66,296,695	66,344,624	63,186,278	63,186,278	72,670,331
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	155,340,379	157,165,923	157,852,579	160,862,612	160,862,612	152,605,497
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	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)	(112,041,757)	(53,955,374)	(54,028,036)	(88,809,464)	(74,556,938)	(74,556,938)	(110,501,850)
Fund Balance as % of Reserved Funds	90.31%	88.13%	88.07%	88.01%	89.25%	94.04%	94.16%	91.93%	96.19%	96.21%	93.83%	94.74%	94.74%	92.08%
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	1.44:1	1.45:1	1.43:1	1.42:1	1.42:1	1.41:1
Medical Loss Ratio w/o Tax	96.95%	99.19%	95.38%	94.54%	91.58%	92.82%	93.91%	93.33%	81.83%	93.12%	99.57%	96.48%	93.88%	93.88%
Admin Ratio w/o Tax	3.65%	4.56%	4.31%	4.81%	4.29%	4.55%	4.99%	4.96%	3.68%	5.10%	4.39%	4.99%	4.52%	4.52%
Profit Margin Ratio	-0.60%	-3.76%	0.31%	0.65%	4.13%	2.63%	1.10%	1.71%	14.49%	1.78%	-3.97%	-1.47%	1.60%	1.60%

FINANCIAL INDICATORS	Avg / Month As of													
	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	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 June 30, 2025

CURRENT MONTH	PRIOR MONTH	INC / DEC	MEMBERSHIP SUMMARY	CURRENT YTD AVG	PRIOR YTD AVG	VARIANCE
910,264	903,817	6,447	Total Membership	901,850	796,883	104,967
ACTUAL MONTH	BUDGET MONTH	\$ VARIANCE MONTH	FINANCIAL SUMMARY	ACTUAL YTD	BUDGET YTD	\$ VARIANCE YTD
595,698,456	526,799,686	68,898,770	Total Revenue	6,840,783,127	6,263,315,285	577,467,842
510,429,684	494,395,543	(16,034,141)	Total Healthcare Costs	5,550,845,721	5,638,039,364	87,193,643
26,391,322	26,984,983	593,661	Total Administrative Costs	266,978,378	311,483,848	44,505,470
66,663,236	44,095,495	(22,567,741)	Medi-Cal Managed Care Tax	928,152,119	542,599,484	(385,552,635)
(7,785,786)	(38,676,335)	30,890,549	Total Current Year Surplus (Deficit)	94,806,909	(228,807,411)	323,614,320

96.48%	102.42%	Medical Loss Ratio (HC Costs as a % of Rev, excluding Managed Care Tax)	93.88%	98.55%
4.99%	5.59%	Admin Ratio (Admin Costs as a % of Rev, excluding Managed Care Tax)	4.52%	5.44%

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Balance Sheet As Of June 30, 2025

	<u>June 2025</u>	<u>May 2025</u>
A S S E T S		
Current Assets		
Cash & Cash Equivalents	917,608,936	996,948,403
Receivables		
Accrued Interest	963,500	856,000
State DHS - Cap Rec	1,759,909,555	1,632,503,626
Other Healthcare Receivable	58,563,169	57,475,223
Miscellaneous Receivable	7,707,231	7,666,420
Total Receivables	1,827,143,455	1,698,501,269
Other Current Assets		
Payroll Clearing	6,647	(1,929)
Prepaid Expenses	9,628,310	14,235,969
Total Other Current Assets	9,634,957	14,234,040
Total Current Assets	2,754,387,348	2,709,683,712
Non-Current Assets		
Fixed Assets		
Motor Vehicles	931,068	515,462
Furniture & Fixtures	7,124,960	7,028,251
Computer Equipment	20,328,283	19,824,135
Computer Software	9,048,571	9,048,571
Leasehold Improvements	124,288	124,288
Land	7,619,204	7,619,204
Building	83,185,784	83,185,784
Building Improvements	39,870,296	39,682,877
Accum Depr - Motor Vehicles	(352,175)	(329,868)
Accum Depr - Furniture	(6,648,586)	(6,638,884)
Accum Depr - Comp Equipment	(17,496,427)	(17,298,072)
Accum Depr - Comp Software	(8,853,425)	(8,824,696)
Accum Depr - Leasehold Improvements	(124,288)	(124,288)
Accum Depr - Building	(14,297,378)	(14,119,630)
Accum Depr - Bldg Improvements	(16,243,498)	(16,041,262)
Construction Work-In-Progress	56,645,935	54,200,706
Total Fixed Assets	160,862,612	157,852,578
Other Non-Current Assets		
Deposits	134,604	134,604
Board-Designated Reserves	1,184,801,278	1,209,849,624
Knox-Keene Reserves	300,000	300,000
Prepaid - Other Non-Current	11,263,509	11,217,234
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	1,205,829,165	1,230,831,236
Total Non-Current Assets	1,366,691,777	1,388,683,814
Total Assets	4,121,079,125	4,098,367,526

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Balance Sheet As Of June 30, 2025

	June 2025	May 2025
LIABILITIES & FUND BALANCE		
Liabilities		
Current Liabilities		
Accounts Payable	346,880,942	275,630,331
Unearned Income	109,673,911	109,630,495
Suspense Account	12,700,890	10,488,634
Capitation Payable	40,296,539	58,270,618
State DHS - Cap Payable	32,633,113	32,633,113
Accrued Healthcare Costs	1,510,643,150	1,452,877,868
Claims Payable	207,888,940	303,574,412
Incurred But Not Reported-IBNR	403,777,465	345,423,887
Quality Improvement Programs	104,208,567	149,676,773
Total Current Liabilities	2,768,703,517	2,738,206,131
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	2,778,669,505	2,748,172,119
Fund Balance		
Unrestricted Fund Balance	(74,556,938)	(88,809,464)
Reserved Funds		
State Financial Performance Guarantee	1,121,915,000	1,143,805,000
Board Approved Capital and Infrastructure Purchases	63,186,278	66,344,624
Capital Assets	160,862,612	157,852,579
Strategic Use of Reserve-Board Approved	71,002,668	71,002,668
Total Reserved Funds	1,416,966,558	1,439,004,871
Total Fund Balance	1,342,409,620	1,350,195,407
Total Liabilities And Fund Balance	4,121,079,125	4,098,367,526

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Statement of Cash Flow

For The Period Ending June 30, 2025

	Current Month Activity	Year-To-Date Activity
CASH FLOWS FROM OPERATING ACTIVITIES:		
Cash Received From:		
Capitation from California Department of Health Care Services	460,754,932	6,484,893,942
Other Revenues	167,265	36,526,744
Cash Payments to Providers for Medi-Cal Members		
Capitation Payments	(43,892,668)	(294,022,700)
Medical Claims Payments	(497,314,972)	(5,300,549,643)
Drug Medi-Cal		
DMC Receipts from Counties	1,389,526	41,554,804
DMC Payments to Providers	(7,133,026)	(66,303,916)
Cash Payments to Vendors	(6,011,407)	(955,648,467)
Cash Payments to Employees	(16,243,580)	(209,506,197)
Net Cash (Used) by Operating Activities	(108,283,930)	(263,055,433)
CASH FLOWS FROM CAPITAL FINANCING & RELATED ACTIVITIES:		
Purchases of Capital Assets	(3,387,303)	(31,611,412)
Net Cash (Used) by Capital Financial & Related Activities	(3,387,303)	(31,611,412)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Board-Designated Reserve Transfers	25,048,346	(23,551,422)
Interest and Dividends on Investments	7,283,420	101,936,112
Net Cash Provided by Investing Activities	32,331,766	78,384,690
NET (DECREASE) IN CASH & CASH EQUIVALENTS	(79,339,467)	(216,282,155)
CASH & CASH EQUIVALENTS, BEGINNING	996,948,403	1,133,891,091
CASH & CASH EQUIVALENTS, ENDING	917,608,936	917,608,936
RECONCILIATION OF TOTAL OPERATING LOSS TO NET CASH (USED) BY OPERATING ACTIVITIES		
TOTAL OPERATING LOSS	(15,176,706)	(7,230,008)
DEPRECIATION	639,077	7,565,076
CHANGES IN ASSETS AND LIABILITIES:		
Other Receivables	(1,128,757)	(26,219,003)
California Department of Health Services Receivable	(127,405,929)	(567,755,457)
Other Assets	4,290,999	673,514
Accounts Payable and Accrued Expenses	113,297,486	589,302,978
Accrued Claims Payable	(37,331,894)	(274,351,021)
Quality Improvement Programs	(45,468,206)	14,958,488
Net Cash (Used) by Operating Activities	(108,283,930)	(263,055,433)

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Statement of Revenues and Expenses For The Period Ending June 30, 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
910,264	910,264	-			TOTAL MEMBERSHIP	10,822,199	10,822,199	-		
					REVENUE					
588,142,730	520,781,386	67,361,344	646.12	572.12	State Capitation Revenue	6,731,489,726	6,190,237,185	541,252,541	622.01	571.99
7,390,920	5,826,000	1,564,920	8.12	6.40	Interest Income	102,036,918	70,743,000	31,293,918	9.43	6.54
164,806	192,300	(27,494)	0.18	0.21	Other Revenue	7,256,483	2,335,100	4,921,383	0.67	0.22
595,698,456	526,799,686	68,898,770	654.42	578.73	TOTAL REVENUE	6,840,783,127	6,263,315,285	577,467,842	632.11	578.74
					HEALTHCARE COSTS					
					Physician Services					
8,998,371	9,328,704	330,333	9.89	10.25	Pcp Capitation	110,286,090	108,798,555	(1,487,535)	10.19	10.05
215,596	234,555	18,959	0.24	0.26	Specialty Capitation	2,568,434	2,705,497	137,063	0.24	0.25
107,472,591	79,957,424	(27,515,167)	118.07	87.84	Non-Capitated Physician Services	1,006,961,331	886,973,116	(119,988,215)	93.05	81.96
116,686,558	89,520,683	(27,165,875)	128.20	98.35	Total Physician Services	1,119,815,855	998,477,168	(121,338,687)	103.48	92.26
					Inpatient Hospital					
17,087,306	18,426,542	1,339,236	18.77	20.24	Hospital Capitation	198,424,816	216,615,448	18,190,632	18.33	20.02
113,213,399	130,686,784	17,473,385	124.37	143.57	Inpatient Hospital - Ffs	1,260,984,522	1,477,741,058	216,756,536	116.52	136.55
1,600,203	1,600,203	-	1.76	1.76	Hospital Stoploss	19,066,560	19,066,559	(1)	1.76	1.76
131,900,908	150,713,529	18,812,621	144.90	165.57	Total Inpatient Hospital	1,478,475,898	1,713,423,065	234,947,167	136.61	158.33
61,720,356	55,197,708	(6,522,648)	67.80	60.64	Long Term Care	690,437,321	648,387,425	(42,049,896)	63.80	59.91
					Ancillary Services					
1,196,788	1,300,091	103,303	1.31	1.43	Ancillary Services - Capitated	14,122,471	15,053,306	930,835	1.30	1.39
93,891,132	87,887,543	(6,003,589)	103.15	96.55	Ancillary Services - Non-Capitated	1,033,463,861	958,175,925	(75,287,936)	95.49	88.54
95,087,920	89,187,634	(5,900,286)	104.46	97.98	Total Ancillary Services	1,047,586,332	973,229,231	(74,357,101)	96.79	89.93
					Other Medical					
5,684,613	7,281,022	1,596,409	6.25	8.00	Quality Assurance	58,494,852	87,600,012	29,105,160	5.41	8.09
76,319,052	81,768,213	5,449,161	83.84	89.83	Healthcare Investment Funds	889,763,035	974,811,909	85,048,874	82.22	90.08
128,900	142,400	13,500	0.14	0.16	Advice Nurse	1,506,000	1,729,200	223,200	0.14	0.16
111	7,200	7,089	-	0.01	Hipp Payments	7,684	90,000	82,316	-	0.01
15,124,551	12,800,439	(2,324,112)	16.62	14.06	Transportation	157,059,936	137,771,709	(19,288,227)	14.51	12.73
97,257,227	101,999,274	4,742,047	106.85	112.06	Total Other Medical	1,106,831,507	1,202,002,830	95,171,323	102.28	111.07
7,776,715	7,776,715	-	8.54	8.54	Quality Improvement Programs	107,698,808	102,519,645	(5,179,163)	9.95	9.47
510,429,684	494,395,543	(16,034,141)	560.75	543.14	TOTAL HEALTHCARE COSTS	5,550,845,721	5,638,039,364	87,193,643	512.91	520.97
					ADMINISTRATIVE COSTS					
15,242,072	16,282,166	1,040,094	16.74	17.89	Employee	166,760,611	193,582,066	26,821,455	15.41	17.89
93,001	163,847	70,846	0.10	0.18	Travel And Meals	1,033,457	1,992,350	958,893	0.10	0.18
1,384,345	4,076,610	2,692,265	1.52	4.48	Occupancy	15,726,923	37,733,409	22,006,486	1.45	3.49
565,655	1,041,354	475,699	0.62	1.14	Operational	6,654,999	10,865,941	4,210,942	0.61	1.00
4,157,664	3,066,588	(1,091,076)	4.57	3.37	Professional Services	35,563,293	36,009,640	446,347	3.29	3.33
4,948,585	2,354,418	(2,594,167)	5.44	2.59	Computer And Data	41,239,095	31,300,442	(9,938,653)	3.81	2.89
26,391,322	26,984,983	593,661	28.99	29.65	TOTAL ADMINISTRATIVE COSTS	266,978,378	311,483,848	44,505,470	24.67	28.78
66,663,236	44,095,495	(22,567,741)	73.24	48.44	Medi-Cal Managed Care Tax	928,152,119	542,599,484	(385,552,635)	85.76	50.14
(7,785,786)	(38,676,335)	30,890,549	(8.56)	(42.50)	TOTAL CURRENT YEAR SURPLUS (DEFICIT)	94,806,909	(228,807,411)	323,614,320	8.77	(21.15)

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

NOTES TO FINANCIAL STATEMENTS

June 30, 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

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

NOTES TO FINANCIAL STATEMENTS

June 30, 2025

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

RESERVED FUNDS:

As of June 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.

RECLASSIFICATIONS:

Certain reclassifications of prior period balances have been made to conform with the current period presentations. Such reclassifications do not affect the total increase in net position or total current or noncurrent assets or liabilities.

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 becomes 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 improvement contracts with acute care hospitals and primary care physicians. As of June 2025, the HealthPlan has accrued a Quality Improvement Program payout of \$104.2 million.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

NOTES TO FINANCIAL STATEMENTS

June 30, 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 Reported
- 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's Management is of the opinion that any liability which 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

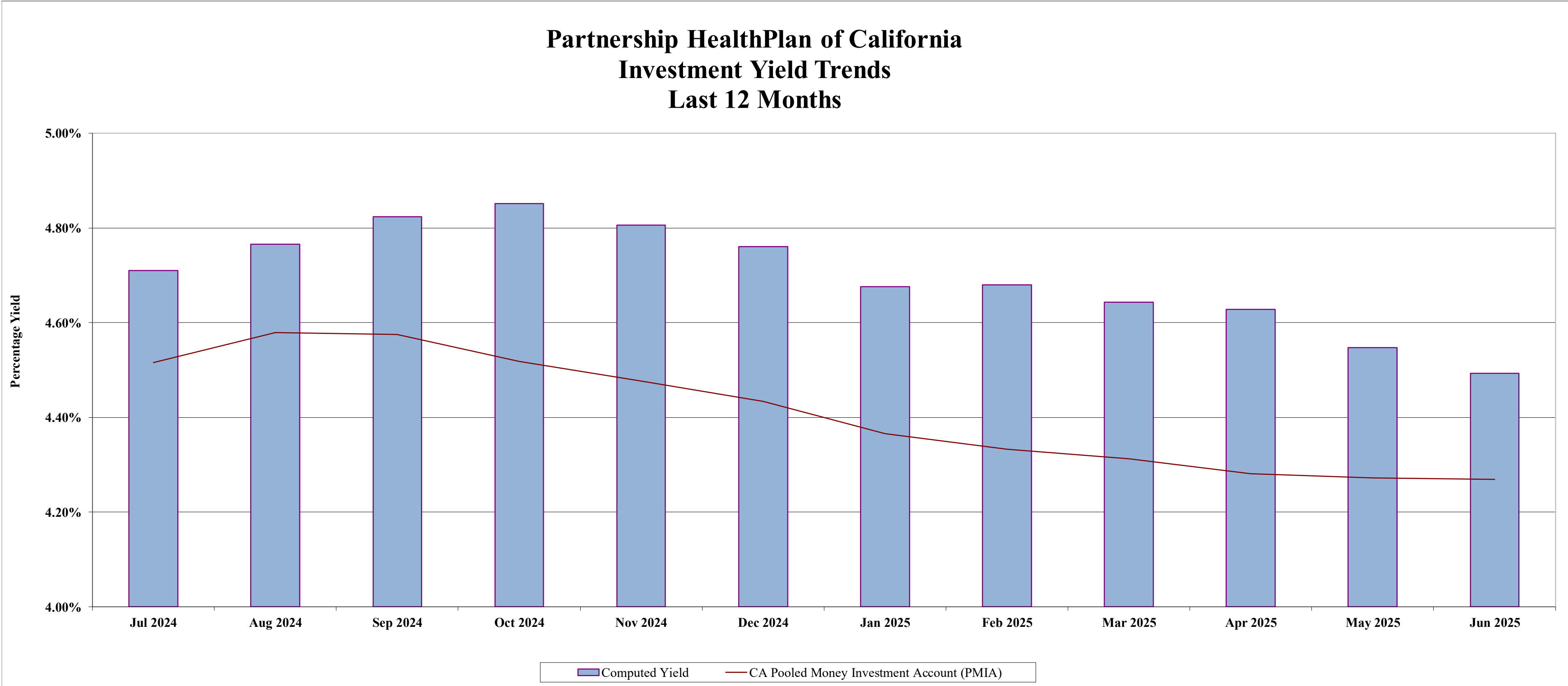
None noted.

Partnership HealthPlan of California
Investment Schedule
June 30, 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	\$ 1,758,557	\$ 1,758,557	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	\$ 75,712,745		
Merrill Lynch MMA - Checking	Cash for Operations	NA	NA	NA	NA	NA	NA	\$ 2,905,961		
US Bank - General, MMA, and Sweeps	Cash for Operations	NA	NA	NA	NA	NA	NA	\$ 1,901,665,143		
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	\$ 45,216,017		
West America Payroll	Cash for Operations	NA	NA	NA	NA	NA	NA	\$ 148,491		
Petty Cash	Cash for Operations	NA	NA	NA	NA	NA	NA	\$ 3,300		
GRAND TOTAL:								<u>\$ 2,102,710,214</u>		

Partnership HealthPlan of California
Investment Yield Trends

PERIOD		Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025
Interest Income		9,655,722	9,298,928	9,343,307	10,427,933	7,842,623	8,546,229	7,610,667	7,079,412	8,765,710	8,403,962	7,671,506	7,390,920
Cash & Investments at Historical Cost	(1)	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	2,431,749,222	2,298,648,325	2,207,098,027	2,102,710,214
Computed Yield	(2)	4.71%	4.77%	4.82%	4.85%	4.81%	4.76%	4.68%	4.68%	4.64%	4.63%	4.55%	4.49%
CA Pooled Money Investment Account (PMIA)	(3)	4.52%	4.58%	4.58%	4.52%	4.48%	4.43%	4.37%	4.33%	4.31%	4.28%	4.27%	4.27%



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.

COO Board Report

August 2025

Wendi Davis

Partnership's unwavering commitment to collaboration, outreach, and community presence has been the driving force behind the successes outlined in this report. Each department has demonstrated remarkable achievements in enhancing member services, strengthening provider relations, and delivering high-quality care. Through targeted outreach and partnerships we have continued to make a difference for our members, providers and communities.

The Member Services team has participated in or co-hosted over 30 community events since June, while also providing 13 member training and benefit information sessions. Additionally, they have conducted outreach to members assigned to providers who have struggled to reach them, completing projects in Shasta, Nevada, Sierra, Solano, Placer, Modoc, and Yolo counties.

The Provider Relations Department has intensified its focus on strengthening provider partnerships and enhancing accessibility for our members. In Q2 the PR Reps conducted 531 in person visits with provider leadership teams, providers 17 New provider training and orientation, and facilitated 18 educational sessions. The team has conducted focused education and coaching for providers on access standards and requirements. They have also performed outreach to assess and monitor gaps in specialist access, initiating expansion efforts where needed. Recognition Luncheons have been hosted for our post-acute and skilled care providers, acknowledging their dedication to caring for our members and providing valuable training and information.

The Claims Resolution and Collaboration team has successfully hosted 17 on-site meetings with key provider partners since June. These meetings offer a comprehensive overview of provider performance, areas of opportunity, and ways in which Partnership can provide support. Representatives from multiple departments are present and provide data and education on their areas, including Claims, Utilization Management, Quality, Provider Relations, Transportation, and Population Health. A provider specific scorecard is presented showcasing the providers most recent claims submissions and denial trends, including detailed instructions on remediation.

Our six Regional Directors located throughout our 24 counties have been busy coordinating and participating in various projects focused on the needs of their unique communities. In Sutter County Collaborative meetings have been held with local Federally Qualified Health Centers (FQHCs), housing providers, and ECM and CS providers to review and address the needs of high-risk members residing in the Second Street Campsite. Partnership is focusing on bringing together these important stakeholders to increase the effectiveness of multiple programs.

August 3-9 was National Health Center Week, and our Directors attended celebrations and events throughout their counties and even planned recognition for clinics that were not able to do so on their own. In Shasta County the regional team coordinated and hosted



COO Board Report

August 2025

Wendi Davis

Nourish and Flourish. This half day event was held in conjunction with the Redding Farmers Market, providing a unique opportunity for direct member engagement and the integration of local healthcare partners offering free screenings, back-to-school vaccines, and mobile mammography. In Humboldt County, the regional team hosted a celebration event to recognize our extensive Doula network, the largest per capita in the State.

The Transportation Department has continued to provide exceptional service, with the launch of a member-facing application enabling easy ride scheduling. This innovative technology has facilitated nearly 2,000 trip requests to date, complementing the department's provision of an average of 120,000 rides per month.

Lastly, with fire season in full swing, Partnership is consistently monitoring and responding to incidents throughout our expansive coverage area. Regional Directors often participate in OES meetings, collaborate with county leaders to supply support and assistance as needed, and Transportation is utilized in the event of evacuations and other member support. When evacuation centers are opened our member services team provides member informational flyers on how to obtain assistance from the plan, and will visit the centers in person to assess any other needs we can support.

Partnership prides itself on commitment to remaining embedded in our communities and present in the work and lives of our providers and members. This hands-on approach has been key in building trust and collaboration in our communities, resulting in continued improvements.

Partnership Board: Legislative Update

August 2025

Bills of Interest

PARTNERSHIP SPONSORED BILLS

[SB 669 \(McGuire\)](#) Rural hospitals: standby perinatal medical services.

08/20 In Asm Appropriations: Suspense File: Partnership is negotiating with CDPH and other stakeholders to make a few substantive and minor changes to the bill. It will likely be heard on the Asm. Floor the last two weeks of session.

This bill would increase access to community based, culturally centered care for pregnant people within their communities – improving the likelihood that they continue to access care throughout their pregnancy and postpartum. This bill seeks to establish a narrowly tailored pilot program for rural and critical access hospitals, that do not currently have labor and delivery units, or that are affiliated with an alternative birthing center to offer care through a standby perinatal unit – improving access to full scope labor and delivery services for low-risk pregnancies.

PRIOR AUTHORIZATION AND REPORTING BILLS

[AB 512 \(Harabedian\)](#) Health care coverage: prior authorization (PA).

08/18 In Asm Appropriations: Referred to Suspense File.

Changes the timeline for **prior or concurrent authorization requests** to no more than 3 business days from receipt via electronic submission, or 5 business days from receipt via submission that is not electronic.

Requires **utilization review** decisions to be made within 24 hours of receipt of prior or concurrent authorization request via electronic submission, and 48 hours of receipt if submission is not electronic.

[SB 306 \(Becker\)](#) Health care coverage: prior authorizations.

07/17 In Asm Appropriations.

Requires DMHC and the CDI to collect and analyze data on all covered health care services that are subject to prior authorization (PA) and develop a list of the most frequently approved health services. The bill prohibits health plans and insurers from requiring PA for services on the list of most frequently approved services. Medi-Cal Managed Care Plans are exempt from this bill.

[AB 682 \(Ortega\)](#) Health care coverage reporting.

08/18 In Asm Appropriations: Referred to Suspense File.

Requires plans that impose PA to report specified PA data from the previous calendar year on its internet website on/before 2/1/2026, and annually thereafter. Also requires plans to annually report specified claims and PA to DHCS by February 1 of each year, beginning in 2027.

TIME AND DISTANCE

SB 530 (Richardson) Medi-Cal: time and distance standards.

07/16 in Assembly: Referred to Appropriations

Enhances oversight and extends the sunset date on time and distance standards for MCPs. Requires MCPs to include additional information, including subcontractor data, when requesting/renewing AASs. Codifies federal regulations that require DHCS to use Direct Testing methods like “secret shoppers” to determine compliance. MCPs must report additional data for 3 preceding CYs regarding percentage of members in AAS regions and percentage of AAS requests that have been approved. Partnership is opposed to this bill based on increased administrative burdens, provider shortages, and difficulties getting providers to live and work in rural areas.

SB 32 (Weber) Public health: maternity ward closures.

07/16 In Asm Health: Referred to Suspense File.

Requires DMHC, CDI, and DHCS to consult together and with stakeholders to develop and adopt standards for the geographic accessibility of perinatal units to ensure timely access to care. The bill sunsets in 2033.

CLAIMS & COVERAGE BILLS

SB 324 (Menjivar) Medi-Cal: enhanced care management and community supports

07/03 In Asm Appropriations.

Requires MCPs to contract with community providers for the delivery of ECM and Community Supports and to set goals every other year to increase contracting and utilization of community providers. Requires MCPs to assign the member to the contracted, referring ECM provider if the plan determines that the ECM provider can meet the member's needs.

AB 55 (Bonta) Alternative birth centers: licensing and Medi-Cal reimbursement.

06/30 In Sen Appropriations: Referred to Suspense File.

Under existing law, as a criterion under both the licensing provisions and the Medi-Cal reimbursement, the facility is required to be a provider of comprehensive perinatal services as defined in the Medi-Cal provisions. Removes, under both sets of criteria, the certification condition of being a provider of comprehensive perinatal services as defined in the Medi-Cal provisions.

AB 543 (Gonzalez) Medi-Cal: street medicine.

07/07 In Sen Appropriations: Referred to Suspense File.

Requires MCPs who elect to contract with street medicine providers to allow Medi-Cal recipients experiencing homelessness to receive services from a street medicine provider regardless of network assignment, and to allow street medicine providers to make direct referrals for Medi-Cal covered services such as diagnostic services, medications, or durable medical equipment within the managed care network.

AB 220 (Jackson) Medi-Cal: subacute care services.

07/17 In Sen Appropriations: Referred to Suspense File.

Requires a health facility that provides pediatric subacute or adult subacute care services to submit with a treatment authorization request, including an electronic treatment authorization request, a specified form when requesting authorization for subacute care services. Prohibits MCPs from using their own criteria to

substantiate medical necessity for pediatric subacute or adult subacute care services with a condition or standard not enumerated in those forms.

AB 350 (Bonta) Health care coverage: fluoride treatments.

08/18 In Sen Appropriations: Referred to Suspense File.

Makes the application of fluoride, including fluoride varnish, a covered benefit under the Medi-Cal program for children under 21 years of age. Requires DHCS to establish a policy governing billing and reimbursement for the application of fluoride varnish.

AB 1328 (Michelle Rodriguez) Medi-Cal reimbursements: nonemergency ambulance and transportation.

08/18 In Sen Appropriations: Referred to Suspense File.

Requires the Medi-Cal reimbursement for nonemergency ambulance transportation (NEMT) services to be 80% of the Medicare ambulance fee schedule for the corresponding level of service. Makes additional adjustments to how Medi-Cal certifies medical necessity for nonemergency ambulance transportation services or how mileage for these services can be documented.

AB 1041 (Bennett) Health Care Coverage: Provider Credentialing

08/18 In Sen Appropriations: Referred to Suspense File.

Requires health plans and insurers to adopt the NCQA health plan accreditation standards and guidelines by January 1, 2028. Requires plans and insurers to make determinations regarding health care provider credentials according to specified timelines within one year of the regulations being adopted regarding the CAQH form. Exempts DHCS contracts under Medi-Cal from the requirements to use the CAQH form. Requires the health plan, upon receipt of the application by the credentialing department, to notify the applicant within 10 business days to verify receipt and inform the applicant whether the application is complete. Requires the health plan to activate the provider upon successful approval and notify the applicant of the activation within 10 days of approval if the approval occurs prior to the end of the 90-day timeline.

PROVIDER DIRECTORY BILLS

AB 280 (Aguilar-Curry) Health care coverage: provider directories.

08/18 In Sen Appropriations: Referred to Suspense File.

Requires a plan or insurer's directories to be 60% accurate by July 2026 and 95% percent accurate by July 2029. Requires provider directories to include if the provider is accepting new patients. Plans are required to establish/maintain a process for enrollees to identify and report possible inaccuracies. Authorizes a health plan to include a statement in the provider listing before removing the provider from the directory if the provider does not respond within 5 calendar days of the plan or insurer's annual notification. Administrative penalties for failure to meet benchmarks would not apply to MCPs. MCPs are still required to annually submit accuracy verification reports.

SB 250 (Ochoa Bogh) Medi-Cal: provider directory: skilled nursing facilities.

07/03 In Assembly: Referred to Appropriations.

Requires DHCS, for purposes of the Medi-Cal program, to provide a public provider directory that lists which skilled nursing facilities (SNFs) are contracted with each MCP as part of a specific "Health Care Options" website administered by DHCS.

INDEPENDENT MEDICAL REVIEW BILLS

SB 363 (Wiener) Health care coverage: independent medical review.

07/17 In Assembly: Referred to Appropriations.

Requires health plans to annually report to their regulator the total number of claims processed and treatment denials or modifications. Imposes steep penalties on plans for each IMR that is resolved in favor of the consumer in excess of 50% or for each failure to report a treatment denial or modification. Medi-Cal Managed Care Plans are exempt from the bill, unless they offer services that are regulated by the Knox-Keene Health Care Service Plan Act of 1975.

REPRODUCTIVE HEALTH BILLS

AB 50 (Bonta) Pharmacists: furnishing contraceptives.

06/24 On Senate Floor: 3rd Reading

Authorizes a pharmacist to furnish OTC contraceptives with the standardized procedures or protocols required for prescription-only self-administered hormonal contraceptives. The bill would additionally authorize a pharmacist to furnish up to a 12-month supply at one time of over-the-counter contraceptives at the patient's request. This bill has an Urgency Clause.

AB 54 (Krell) Access to Safe Abortion Care Act.

08/18 On Senate Floor: 2nd Reading

Prohibits a manufacturer, distributor, authorized health care provider, pharmacist, or individual from being subject to civil or criminal liability, or professional disciplinary action, for accessing, mailing, shipping, receiving, transporting, distributing, dispensing, or administering mifepristone or misoprostol after January 1, 2020.

News Updates August 2025

Partnership Press Releases:

[Nourish & Flourish Brings Free Health Services to the Redding Farmers Market](#)

Partnership HealthPlan of California

August 4, 2025

Partnership HealthPlan of California is bringing Nourish & Flourish to the Redding Farmers Market on Saturday, August 9, 2025, from 7:30 a.m. to noon at 777 Cypress Ave, Redding.

[Partnership HealthPlan of California Responds to Passage of Congressional Bill with Huge Medicaid Cuts](#)

Partnership HealthPlan of California

July 3, 2025

Medicaid has been the cornerstone of America's health care promise — delivering critical services that transform lives and ensure essential health care remains within reach, from rural communities to suburban neighborhoods.

[Your Partner in Health: A Very Adult Choice - Immunizations](#)

Partnership HealthPlan of California – Teresa Frankovich, M.D.

June 27, 2025

As adults, many of us put vaccines in the back of our minds after finishing our childhood immunizations.

[Dr. Colleen Townsend of Partnership HealthPlan of California Wins 2025 Making a Difference Award](#)

Partnership HealthPlan of California and The Association for Community Affiliated Plans

June 25, 2025

The Association for Community Affiliated Plans (ACAP) today honored Dr. Colleen Townsend of Partnership HealthPlan of California with the organization's *Making a Difference Award*.

[Partnership HealthPlan of California Awards \\$182,500 to Winners of Inaugural 2025 CalAIM Make a Difference Awards](#)

Partnership HealthPlan of California

June 18, 2025

Partnership HealthPlan of California, one of the state's largest Medi-Cal managed care plans, announced the winners of the inaugural 2025 CalAIM Make a Difference Award, recognizing leadership and commitment to advancing California's transformative CalAIM program, which is creating a more coordinated, person-centered, and supportive health system.

News Updates August 2025

Partnership Mentioned:

[Free doula training improves access for bilingual parents in Napa](#)

Napa Valley Register

August 12, 2025

In California, doula services became a covered benefit under Medi-Cal (locally administered by Partnership HealthPlan) in 2023 “to ensure individuals who cannot pay for a doula out of pocket have access to the benefits of their services, which also included reduced need for pain medication during labor and increased infant bonding,” said the release.

[Want to get nourished and flourish? Check out free health services happening in Redding](#)

Redding Record Searchlight

August 6, 2025

Partnership HealthPlan of California is bringing its "Nourish & Flourish" program to the Redding Farmers Market at 777 Cypress Ave. on Aug. 9 from 7:30 a.m. to noon, the same hours that the farmers market is open.

[Back -to-School Night in North San Juan, August 14 at the North San Juan Community Center](#)

TheUnion.com

August 5, 2025

This years providers include: Bright Futures for Youth, Community Beyond Violence, Head Start, Little Acorns Preschool, Living Wisdom School, Nevada County Public Health, Nevada County Social Services, Oak Tree FRC, Partnership HealthPlan of California, San Juan Ridge Community Coalition, San Juan Ridge Community Library, Sierra Nevada Memorial Hospital, Sierra Nevada Regional Child Support Services, Twin Ridges Elementary School District, UC Davis Nurse Practitioner Students, and Victory Village.

[A new office for CalAIM](#)

The Plumas Sun

August 2, 2025

EPHC's CalAIM team currently has 115 members and serves adults and children covered by Partnership HealthPlan of California throughout Plumas and Sierra counties.

[EPHC CalAIM Moves Office](#)

Sierra Daily News.Com

July 24, 2025

EPHC's CalAIM team currently has 115 members and serves adults and children covered by Partnership HealthPlan of California.

[Supervisors shine light on community health centers](#)

Fairfield Daily Republic

July 23, 2025

They are also served through Medi-Cal managed care plans, Partnership HealthPlan of California and Kaiser Foundation Health Plan.

News Updates August 2025

[Partnership responds to huge Medicaid cuts](#)

The Plumas Sun

July 17, 2025

Partnership HealthPlan of California reports that earlier this month Congress and the president made \$1 trillion in Medicaid cuts that will impact Partnership members, along with the entire Medi-Cal program.

[For Your Health: Vaccines save lives at every age](#)

Daily Republic

July 16, 2025

Make the healthiest choice: Get vaccinated. Dr. Teresa Frankovich is an associate medical director at Partnership HealthPlan of California.

[Providence Queen of the Valley Medical Center earns award from Partnership HealthPlan of California](#)

Napa Valley Register

July 15, 2025

Partnership HealthPlan of California presented the CalAIM Make a Difference Award to Providence Queen of the Valley Medical Center CARE Network program representatives on June 4 in Fairfield, according to a news release.

[Partnership highlights importance of adult vaccinations](#)

The Plumas Sun

July 14, 2025

Responding to a surge in pertussis infections, Partnership HealthPlan of California encourages adults to receive vaccinations as directed by their health care provider.

[Partnership Director receives industry award](#)

The Plumas Sun

July 7, 2025

The Association for Community Affiliated Plans announced it recently honored Dr. Colleen Townsend of Partnership HealthPlan of California with the organization's Making a Difference Award.

['A significant threat': Humboldt County health care centers brace for sweeping Medicaid cuts](#)

Times Standard

July 5, 2025

Partnership also vowed to find ways to keep people insured, in a statement.

[Partnership says it is committed to members despite federal cuts](#)

Fairfield Daily Republic

July 4, 2025

Partnership HealthPlan of California said the \$1 trillion in Medicaid cuts at the federal level will impact its members and others in the 24 counties in which it works.

News Updates August 2025

[What Partnership HealthPlan has to say to members about upcoming Medicaid and tax cuts](#)

Redding Record Searchlight

July 3, 2025

Dustin Lyda, spokesperson for Partnership HealthPlan of California, said in a statement that "We don't expect immediate changes to the program for the majority of Medi-Cal enrollees. Partnership will continue to fully administer the Medi-Cal program until the state provides guidance on any changes."

[Impact of Medicaid changes on Shasta County subject of town hall meeting](#)

Record Searchlight

June 28, 2025

In Shasta County, Partnership HealthPlan of California enrolls 66,000 individuals, or approximately 37% of the population.

[New Survey Highlights Worsening Shortage of Physicians in Rural Northern California](#)

California Health Care Foundation

June 26, 2025

To increase specialist access, Partnership HealthPlan of California, the local Medi-Cal health plan for more than 900,000 members in 24 northern counties, recently surveyed physicians from 17 specialties in Butte, Humboldt, Lake, Mendocino, and Shasta Counties.

[Partnership celebrates winners of CalAIM awards](#)

Plumas Sun

June 26, 2025

Partnership HealthPlan of California, one of the state's largest Medi-Cal managed care plans, recently announced the winners of the inaugural 2025 CalAIM Make a Difference Award, recognizing leadership and commitment to advancing the California Advancing and Innovating Medi-Cal program.

[Partnership HealthPlan medical director makes a difference](#)

Daily Republic

June 26, 2025

FAIRFIELD — Dr. Colleen Townsend, regional medical director for Partnership HealthPlan of California, has been honored with a Making a Difference Award.

[Shasta Community Health Center wins 2025 CALAIM Make a Difference Award, gets \\$10,000 award for program](#)

Action News Now

June 17, 2025

REDDING, Calif. - The Shasta Community Health Center's HOPE Program has been awarded the 2025 CalAIM Make a Difference Award from Partnership HealthPlan of California.

Healthcare Effectiveness Data and Information Set (HEDIS®)

MY2024 / RY2025 Summary of Performance

Presented by:

Robert Moore, Chief Medical Officer

Kristine Gual, Director of Quality Measurement

Why is HEDIS Important?

- People: Real people behind the data, which has impact on their personal healthcare outcomes.
- Finances: Starting in MY2024 approximately \$17M will be at risk based on HEDIS/CAHPS Performance (“Withhold Measures”)
- Reputation: NCQA Star Rating and DHCS Quality Factor Scores and sanctions are publicly disclosed.

Today's Topics

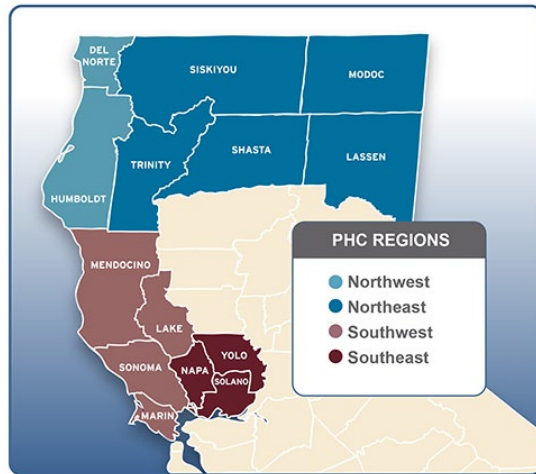
- MY2024 Changes to Reporting Populations for HEDIS Programs
- DHCS Managed Care Accountability Set (MCAS) Results
[MY2024 MCAS Annual Summary of Performance](#)
- NCQA Health Plan Accreditation (HPA) - Projected Star Rating
[MY2024 NCQA HPA Annual Summary of Performance](#)



MY2024 HEDIS Project – Changes to Reporting Populations

MY2023 vs. MY2024 Reporting Populations

MY2023



MY2024 36.7% increase in membership



Managed Care Accountability Set (MCAS) Reporting

Northwest	Humboldt, Del Norte
Northeast	Lassen, Modoc, Siskiyou, Trinity, Shasta
Southwest	Sonoma, Marin, Mendocino, Lake
Southeast	Solano, Yolo, Napa
NCQA Health Plan Accreditation (HPA) Reporting	
Plan-Wide	All 14 Legacy Partnership Counties

Population	Description	Purpose
NCQA HEDIS Reporting - DHCS Populations		
Plan Wide	All 24 counties - Plan wide reported rates	DHCS-published HEDIS rates for MCP
County	County level measure rates for each of Partnership's 24 counties	Geographic sanctions and withholds will be applied at DHCS's discretion (applied only to 14 legacy counties in MY2024)
NCQA HEDIS Reporting - HPA Population		
Plan Wide	All 24 counties - Plan wide reported rates	NCQA Star Rating



MY2024 DHCS Managed Care Accountability Set (MCAS) Results

MCAS: Accountable Measures MY2024

Domain	Measure	
Pediatric	W30+6	Well Child Visits: 0-15 Months**
	W30+2	Well Child Visits: 15-30 Months**
	WCV	Child & Adolescent Well Care Visits**
	CIS	Childhood Immunizations**
	IMA	Immunizations for Adolescents**
	LSC	Lead Screening in Children
	TFL-CH	Topical Fluoride for Children
	DEV	Developmental Screening in 0-3yrs

Domain	Measure	
Cancer Prevention	BCS-E	Breast Cancer Screening
	CCS	Cervical Cancer Screening
Reproductive	CHL	Chlamydia Screening
	PPC-Pre	Timeliness of Prenatal Care**
	PPC-Post	Postpartum Care**
Chronic Disease	GSD	Hemoglobin A1c Poor Control (>9%)**
	CBP	Controlling High BP**
	AMR	Asthma Medication Ratio
Behavioral Health	FUA-30	F-Up after ED Visit for Substance Use
	FUM-30	F-Up after ED Visit for Mental Illness

**** Designates a Quality Withhold measure**

- 18 measures in MY2024
- All 18 measures from MY2023 continue in MY2024
- Accountable measures must meet or exceed the Minimum Performance Level (MPL) (i.e. 50th percentile national Medicaid percentile) or Partnership is subject to enforcement actions

MY2024 Plan-Wide MCAS Performance

HEDIS Plan Wide Performance Report Year 2025; Measurement Year 2024 Performance Relative to Quality Compass® Medicaid Benchmarks

Plan Wide Performance		National Medicaid Benchmarks			
Measures	Plan Wide	25TH	50TH	75TH	90TH
Asthma Medication Ratio - Total, 5 to 64 Ratios > 0.50	64.71%	59.47%	66.24%	72.22%	76.65%
***Breast Cancer Screening ECDS - Non-Medicare Total	56.29%	47.93%	52.68%	59.51%	63.48%
Cervical Cancer Screening*	59.12%	49.64%	57.18%	61.56%	67.46%
Childhood Immunization Status - Combination 10*	28.22%	22.87%	27.49%	34.79%	42.34%
Chlamydia Screening in Women - Total	55.58%	49.65%	55.95%	64.37%	69.07%
Controlling High Blood Pressure - Non-Medicare Total*	69.59%	59.73%	64.48%	69.37%	72.75%
#Developmental Screening in the First Three Years of Life (DEV) - Total All Ages	29.65%		35.70%		
Follow-Up After ED Visit for Mental Illness - 30 Days Total	29.01%	46.05%	53.82%	63.06%	73.12%
Follow-Up After ED Visit for Substance Use - 30 Days Total	33.27%	26.79%	36.18%	41.86%	49.40%
**Hemoglobin A1c Control for Pts w/ Diabetes - HbA1c Poor Control (>9%)*	32.60%	40.15%	33.33%	29.93%	27.01%
Immunizations for Adolescents - Combination 2*	40.39%	29.72%	34.30%	41.61%	48.66%
Lead Screening in Children (LSC)*	71.78%	53.12%	63.84%	71.11%	79.51%
Prenatal and Postpartum Care - Postpartum care*	89.54%	75.67%	80.23%	83.33%	86.62%
Prenatal and Postpartum Care - Timeliness of Prenatal Care*	85.40%	79.81%	84.55%	88.58%	91.85%
#Topical Fluoride for Children (TFL - CH) - Numerator 1 Total	12.40%		19.30%		
Well Care Visits (WCV) - Total	48.83%	46.57%	51.81%	58.07%	64.74%
^Well Child 30 (W30) - Well child visits for age15-30 months	72.22%	65.53%	69.43%	73.09%	79.94%
^Well Child 30 (W30) - Well child visits in the first 15 months	67.05%	54.46%	60.38%	64.99%	69.67%

● **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)

● **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

Plan-Wide Strengths

		MY2023 Plan-Wide (Weighted rate)	MY2024 Plan-Wide
Most Improved - Performance	Lead Screening in Children (LSC)	25 th	75 th + 12.66%
Most Improved – Data Completeness	Well-Child Visits in the First 30 Months of Life – 6+ visits in 0-15 months (W30-6) **	<10 th	75 th +24.96%
	Well-Child Visits in the First 30 Months of Life – 2+ visits 15-30 months (W30-2) **	37.5 th	62.5 th +7.67%
Newly Above MPL – Performance + Data Completeness	Breast Cancer Screening (BCS-E)	37.5 th	50 th +0.77%
	Cervical Cancer Screening (CCS)	37.5 th	50 th +2.77%
	Childhood Immunization Status—Combination 10 only (CIS-10) **	25 th	50 th +0.97%
Consistent High Performance	Controlling High Blood Pressure (CBP) **	50 th	75 th +6.23%
	Glycemic Status Assessment for Patients With Diabetes (>9%) (GSD) **^	62.5 th	50 th -1.48%
	Immunizations for Adolescents—Combination 2 (IMA-2) **	50 th	62.5 th +2.43%
	Prenatal and Postpartum Care: Postpartum Care (PPC-Post) **	90 th	90 th +4.14%
	Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre) **	50 th	50 th -0.78%

Benchmark
90 th
82.5 th
75 th
62.5 th
50 th – MPL or >50 th (CMS)
37.5 th
25 th
17.5 th
10 th
<10 th or <50 th (CMS)

Measure Performance: Plan-Wide Opportunities

		MY2023 Plan-Wide (Weighted rate)	MY2024 Plan-Wide
Opportunities - Performance	Asthma Medication Ratio (AMR)	37.5 th	37.5 th +0.70%
	Chlamydia Screening in Women (CHL)	50 th	37.5 th -0.42%
	Child and Adolescent Well-Care Visits (WCV) **	37.5 th	37.5 th +1.42%
Opportunities – Data Completeness	Developmental Screening in the First Three Years of Life (DEV)	>50 th	<50 th -0.38%
	Follow-Up After Emergency Department Visit for Substance Use— 30-Day Follow-Up (FUA-30)	25 th	37.5 th +1.25%
	Follow-Up After Emergency Department Visit for Mental Illness— 30-Day Follow-Up (FUM-30)	<10 th	<10 th -2.47%
	Topical Fluoride for Children (TFL-CH)	<50 th	<50 th +12.15%

** DHCS Withhold measure

Benchmark	Pt Value
90 th	10
82.5 th	9
75 th	8
62.5 th	7
50 th – MPL or >50 th (CMS)	6
37.5 th	5
25 th	4
17.5 th	3
10 th	2
<10 th or <50 th (CMS)	1



MY2024 NCQA Health Plan Accreditation Projected Star Rating

NCQA Projected HPR for MY2024

The *projected* HPR rating for MY2024 is **3.0 Stars**, using the **Child CAHPS Survey**.

	MY2022 – Final Used Child CAHPS	MY2023 – Final Used Adult CAHPS	MY2024 – Final Used Child CAHPS	MY2024 – Projected If we used Adult CAHPS
Patient Experience (CAHPS)	2.0	1.5	2.5	2.0
Prevention and Population (HEDIS domain)	3.5	3.5	3.0	3.0
Treatment (HEDIS domain)	3.5	3.5	2.5	2.5
Bonus for maintaining Accreditation	0.5	0.5	0.5	0.5
Overall HPR	3.5	3.5	3.0	3.0

3.5 Star cut-point missed by 0.008 points!

Rounding Rules	
0.000–0.249 → 0.0	2.750–3.249 → 3.0
0.250–0.749 → 0.5	3.250–3.749 → 3.5
0.750–1.249 → 1.0	3.750–4.249 → 4.0
1.250–1.749 → 1.5	4.250–4.749 → 4.5
1.750–2.249 → 2.0	≥4.750 → 5.0
2.250–2.749 → 2.5	

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Overall Rating Source	
Measure points	164.5
Overall Rating Not Rounded	2.741666667
Final Overall Rating +.5 Bonus	3.242
Final Score Rounded	3.0

Questions?

HEDIS Team: hedisteam@partnershiphp.org

[MY2024 MCAS Annual Summary of Performance](#)

[MY2024 NCQA HPA Annual Summary of Performance](#)



Healthcare Effectiveness Data and Information Set (HEDIS®)

Measurement Year 2024 / Reporting Year 2025

**NCQA HealthPlan Accreditation (HPA) Summary of
Performance**

Partnership – HPA Star Rating

August 2025

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1.0 Introduction

As a Medi-Cal Managed Care Plan, Partnership provides health care coverage for 24 counties in Northern California – the largest geographic footprint of any Medi-Cal Managed Care Plan in California. The health plan covers over 900,000 members who qualify for coverage based on low household income, and who make up a substantial portion of Northern California's total population. The annual measure performance analysis contained in this Annual Summary of Performance, centered on Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures selected by the National Committee for Quality Assurance (NCQA), supports Partnership's Health Plan Accreditation and is intended to give the best possible understanding of the status of quality outcomes for the low-income population served in these counties.

Partnership generates a detailed Annual Summary of Performance and distributes it widely so that stakeholders in Northern California – local governments, county public health, medical and behavioral health providers, hospitals, and community foundations - can use current, local, accurate, and audited data to prioritize activities to meet the health care needs of their communities. The Summary of Performance contains regional and county-level data that show local strengths and opportunities for preventative health care, based on national benchmarks. Behind each measure are many community members who were able to access the preventative services they needed to stay healthy, or who faced challenges or struggles to receive care.

In the end, it takes the entire health care delivery system working together to improve the health outcomes contained in this report. Partnership encourages everyone reading this report to review their local data closely, and look for a handful of ways their organization, alone or with others, can drive improvement on one or more measure that is important to them.

Partnership is always happy to connect organizations and community members within our network to resources and activities to help our members, and the communities we serve, be healthy. Please reach out to our Performance Improvement team at ImprovementAcademy@partnershiphp.org if you would like to learn more about activities in your area.

Thank you for your dedication to improving the health of our communities.

2.0 Notable Changes to the MY2024 Annual Summary of Performance Report

MY2024 continued to host two required separate audits:

- DHCS / MCAS required reporting: Health Service Advisory Group (HSAG) Auditor
- NCQA HEDIS Health Plan Accreditation / HPA: Advent Advisory Auditor (this report's focus)

Partnership HEDIS Reporting Populations – MY2024

In MY2024, Partnership observed an increase in overall membership by approximately 36.7%, to 906,964 assigned members in December 2024. The changes in membership reflect the addition of 10 new counties to the Partnership network, as well as the departure of members assigned to Kaiser sites, who moved to Kaiser as their Medi-Cal Managed Care Plan.

- Incoming counties added approximately 316,000 members to Partnership.
- Approximately 82,000 members assigned to Kaiser departed from Partnership. The decrease in membership primarily impacted Solano, Sonoma, Napa and Yolo Counties.

	Dec 2023	Dec 2024
Total Membership	663,919	906,964
10 Incoming Counties	0	316,096
New membership	0	316,096
14 Legacy Counties	663,919	590,868
Kaiser assigned Partnership members	82,033	0
Non-Kaiser membership	581,886	590,868

The addition of 10 incoming counties to Partnership's network changes Partnership's HEDIS Reporting Populations for NCQA's Health Plan Accreditation (HPA). Starting in MY2024, Partnership reported one Plan-Wide rate for all 24 counties in its network for the HPA measure set to its NCQA auditor, Advent Advisory.

Changes to NCQA HEDIS Measures – MY2024

NCQA released changes to several existing clinical measures used in NCQA HPA for MY2024:

Clinical Measure Changes for MY2024 HPA Required Reporting:

- New Measures:
 - Colorectal Cancer Screening (COL-E) is a new HPA measure
 - Language Diversity of Membership (LDM) is a new HPA measure
- Changed Measures:
 - The former Hemoglobin A1c (HbA1c) Control for Patients with Diabetes (HBD) measure was revised to Glycemic Status Assessment for Patients with Diabetes (GSD).

- Metabolic Monitoring for Children and Adolescents on Antipsychotics – Blood Glucose and Cholesterol Testing (APM-E) is now an Electronic Clinical Data Systems (ECDS) measure.
- Follow-Up Care for Children Prescribed ADHD Medication – Continuation & Maintenance Phase (ADD-E) is now an Electronic Clinical Data Systems (ECDS) measure.
- Removed Clinical Measures:
 - Follow-up After Hospitalization for Mental Illness, 7 Days (FUH) was approved by the Advent Advisory auditor for removal from the HPA measure set as Not a Benefit, since psychiatric hospitalizations are not a Partnership benefit.

Partnership successfully launched our HEDIS® MY2024/RY2025 data collection and reporting audits incorporating all changes as noted above.




In July 2021, NCQA released the HealthPlan Rating Methodology: (Plan-wide):

As an NCQA Accredited plan, Partnership was required to report HEDIS and CAHPS annually, starting June 2022, for measurement year 2021 (MY2021). The overall Health Plan Rating (HPR) is the weighted average of a plan's HEDIS and CAHPS measure ratings, plus bonus points for plans with current Accreditation status. In MY2024 Partnership chose to be formally scored utilizing the Child CAHPS results.

3.0 HPA Summary of Performance Plan-wide Relative to National All Lines of Business Benchmarks

3.1 HPA Plan-wide Performance Child CAHPS Results – Patient Experience:

This table shows the results of the MY2023 - MY2024 performance on the Patient Experience NCQA Accreditation measures relative to the MY2022 and MY2023 National All Lines of Business 10th, 33.33rd, 66.67th and 90th benchmarks and percentiles that are used for ratings, calculated as whole numbers on a 1–5 scale.

 4-5 points
  3 points
  1-2 points

NCQA Accreditation Measures: Child CAHPS Survey Results MY2023-MY2024

NCQA Accreditation Measures - Planwide Performance w/Child CAHPS Survey Results						
Year	Measure	Plan-level Performance	National Medicaid Benchmarks			
			10th	33.33rd	66.67th	90th
Patient Experience						
Getting Care						
MY 2023	***Getting Needed Care (Usually + Always)	77.06%	74.98%	79.83%	83.11%	86.50%
MY 2024		77.87%	76.79%	81.10%	85.70%	89.41%
MY 2023	Getting Care Quickly (Usually + Always)	78.92%	73.36%	77.73%	83.78%	86.94%
MY 2024		80.04%	78.92%	84.62%	89.35%	92.10%
Satisfaction with Plan Physicians						
MY 2023	Rating of Personal Doctor (9+10)	75.51%	61.79%	65.38%	70.59%	74.03%
MY 2024		78.64%	70.66%	74.42%	78.53%	82.63%
Satisfaction with Health Plan Services						
MY 2023	Rating of All Health Care (9+10)	68.13%	48.00%	53.48%	58.27%	62.50%
MY 2024		66.40%	62.29%	67.49%	71.90%	76.27%
MY 2023	***Rating of Health Plan (9+10)	58.89%	52.72%	59.30%	64.02%	68.70%
MY 2024		72.87%	64.03%	69.01%	73.76%	78.19%

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

Partnership HealthPlan of California
Measurement Year 2024 - Reporting Year 2025



3.2 HPA Plan-wide Performance Adult CAHPS Results – Patient Experience:

This table shows the results of the MY2023 - MY2024 baseline performance on the Patient Experience NCQA Accreditation measures relative to the MY2022 and MY2023 National All Lines of Business 10th, 33.33rd, 66.67th and 90th benchmarks and percentiles that are used for ratings, calculated as whole numbers on a 1–5 scale.

● 4-5 points
 ○ 3 points
 ● 1-2 points

NCQA Accreditation Measures: Adult CAHPS Survey Results MY2023-MY2024

NCQA Accreditation Measures - Planwide Performance w/Adults CAHPS Survey Results						
Year	Measure	Plan-level Performance	National Medicaid Benchmarks			
			10th	33.33rd	66.67th	90th
Patient Experience						
Getting Care						
MY 2023	***Getting Needed Care (Usually + Always)	73.98%	74.98%	79.83%	83.11%	86.50%
MY 2024		74.54%	75.52%	79.75%	83.73%	86.12%
MY 2023	Getting Care Quickly (Usually + Always)	68.09%	73.36%	77.73%	83.78%	86.94%
MY 2024		74.02%	73.26%	78.80%	82.98%	86.40%
Satisfaction with Plan Physicians						
MY 2023	Rating of Personal Doctor (9+10)	70.00%	61.79%	65.38%	70.59%	74.03%
MY 2024		65.75%	63.01%	67.32%	71.05%	74.42%
Satisfaction with Health Plan Services						
MY 2023	Rating of All Health Care (9+10)	54.49%	48.00%	53.48%	58.27%	62.50%
MY 2024		54.43%	50.00%	55.07%	59.47%	63.36%
MY 2023	***Rating of Health Plan (9+10)	46.62%	52.72%	59.30%	64.02%	68.70%
MY 2024		55.76%	53.41%	59.44%	64.05%	68.54%

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

Partnership HealthPlan of California
Measurement Year 2024 - Reporting Year 2025



3.3 HPA HEDIS Plan-wide Performance – Prevention and Population

This table shows the MY2023 – MY2024 baseline performance on the **Prevention and Population** NCQA Accreditation measures relative to the MY2022 and MY2023 National All Lines of Business 10th, 33.33rd, 66.67th and 90th measure benchmarks and percentiles that are used for ratings, calculated as whole numbers on a 1–5 scale.

● 4-5 points
 ○ 3 points
 ● 1-2 points
 ○ Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures)

NCQA Accreditation Measures - Planwide Performance w/Child CAHPS Survey Results						
Year	Measure	Plan-level Performance	National Medicaid Benchmarks			
			10th	33.33rd	66.67th	90th
Prevention and Population						
Children and Adolescent Well-Care						
MY 2023	***CIS - Childhood Immunization Status (Combination 10)	29.68%	20.68%	26.76%	35.04%	45.26%
MY 2024		28.22%	18.25%	24.39%	31.32%	42.34%
MY 2023	***IMA - Immunizations for Adolescents (Combination 2)	43.07%	24.82%	30.66%	38.93%	48.80%
MY 2024		39.66%	25.41%	31.39%	38.69%	48.66%
MY 2023	WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total	85.99%	62.77%	74.70%	83.21%	89.72%
MY 2024		76.16%	66.91%	76.89%	86.20%	91.24%
Women's Reproductive Health						
MY 2023	***PPC - Prenatal and Postpartum Care—Timeliness of Prenatal Care	90.34%	73.48%	81.75%	86.86%	91.07%
MY 2024		84.43%	73.48%	81.94%	86.89%	91.85%
MY 2023	***PPC - Prenatal and Postpartum Care—Postpartum Care	86.96%	67.31%	75.18%	80.78%	84.59%
MY 2024		88.81%	68.63%	77.37%	82.48%	86.62%
MY 2023	PRS-E - Prenatal Immunization Status - Combination Rate	35.40%	7.94%	15.17%	25.81%	37.75%
MY 2024		29.36%	8.42%	15.96%	24.92%	35.60%
Cancer Screening						
MY 2023	BCS-E - Breast Cancer Screening	55.52%	42.98%	48.33%	54.94%	62.67%
MY 2024		56.29%	42.86%	49.24%	56.66%	63.48%
MY 2023	CCS - Cervical Cancer Screening	58.04%	43.50%	53.37%	59.85%	66.48%
MY 2024		58.64%	43.31%	52.07%	60.10%	67.46%
MY 2023	COL-E - Colorectal Cancer Screening	NR	NR	NR	NR	NR
MY 2024		32.99%	27.27%	34.30%	41.59%	49.35%
Description of Membership						
MY 2023	RDM - Race/Ethnicity Diversity of Membership (Reporting Only)	100.00%	63.20%	95.91%	100.00%	100.00%
MY 2024		100.00%	100.00%	100.00%	100.00%	100.00%
MY 2023	LDM - Language Diversity of Membership	NR	NR	NR	NR	NR
MY 2024		100.00%	0.00%	0.00%	13.07%	100.00%

Partnership HealthPlan of California
Measurement Year 2024 - Reporting Year 2025



NCQA Accreditation Measures - Planwide Performance w/Child CAHPS Survey Results						
Year	Measure	Plan-level Performance	National Medicaid Benchmarks			
			10th	33.33rd	66.67th	90th
Prevention and Population						
Other Preventive Services						
MY 2023	CHL - Chlamydia Screening in Women—Total	56.00%	42.61%	51.39%	61.07%	67.39%
MY 2024		55.58%	43.53%	52.40%	61.46%	69.07%
MY 2023	AIS-E - Adult Immunization Status -- Influenza	17.61%	6.50%	10.82%	16.32%	21.05%
MY 2024	Immunizations for Adults	14.33%	7.39%	12.55%	17.91%	26.40%
MY 2023	AIS-E - Adult Immunization	49.15%	N/A	N/A	N/A	N/A
MY 2024	Status—Pneumococcal	44.03%	21.04%	38.73%	55.03%	68.07%
MY 2023	AIS-E - Adult Immunization Status—Td/Tdap	36.43%	18.67%	29.84%	41.54%	56.53%
MY 2024	Immunizations for Adults	32.96%	21.26%	33.40%	47.30%	57.67%
MY 2023	AIS-E - Adult Immunization Status—Zoster	14.63%	1.72%	4.42%	10.27%	14.54%
MY 2024	Immunizations for Adults	14.47%	2.23%	7.15%	13.49%	20.56%

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

NB Not a Benefit - Auditor Approval required
NR Not Rated - Not included in the MY's measurement set
N/A No NCQA benchmark to apply in Measurement Year
• RDM and LDM are reporting only measures, full credit received for reporting.
** Inverted measures, a lower rate results in better performance
*** DHCS Withhold Measures
BOLD Indicates MCAS measures held to the MPL

Partnership HealthPlan of California
Measurement Year 2024 - Reporting Year 2025



3.4 HPA HEDIS Plan-wide Performance – Treatment: Respiratory, Diabetes, Heart Disease

This table shows the MY2024 baseline performance on the **Treatment** NCQA Accreditation measures relative to the MY2022 and MY2023 National All Lines of Business 10th, 33.33rd, 66.67th and 90th measure benchmarks and percentiles that are used for whole numbers on a 1–5 scale.

● 4-5 points ○ 3 points ● 1-2 points

NCQA Accreditation Measures - Planwide Performance w/Child CAHPS Survey Results						
Year	Measure	Plan-level Performance	National Medicaid Benchmarks			
			10th	33.33rd	66.67th	90th
Treatment						
Respiratory						
MY 2023	AMR - Asthma Medication Ratio- Total	64.01%	55.09%	61.81%	69.41%	75.92%
MY 2024		64.71%	54.56%	62.35%	70.56%	76.65%
MY 2023	CWP - Appropriate Testing for	71.45%	57.41%	68.76%	77.56%	82.40%
MY 2024	Pharyngitis—Total	70.27%	61.35%	76.71%	85.11%	89.17%
MY 2023	**AAB - Avoidance of Antibiotic Treatment for	74.30%	50.05%	57.16%	66.19%	77.11%
MY 2024	Acute Bronchitis/Bronchiolitis—Total	56.00%	49.48%	56.76%	67.03%	77.66%
MY 2023	PCE - Pharmacotherapy Management of COPD	73.71%	56.05%	68.39%	75.79%	82.43%
MY 2024	Exacerbation - Systemic Corticosteroid	70.93%	55.28%	66.86%	74.78%	82.88%
MY 2023	PCE - Pharmacotherapy Management of COPD	88.15%	72.88%	82.35%	86.96%	90.53%
MY 2024	Exacerbation - Bronchodilator	86.18%	67.25%	80.19%	86.54%	89.96%
Diabetes						
MY 2023	EED - Eye Exams for Patients with Diabetes	52.59%	36.74%	46.96%	56.20%	63.33%
MY 2024		52.31%	40.39%	49.15%	57.09%	64.06%
MY 2023	BPD -Blood Pressure Control (<140/90) for	67.50%	52.07%	59.85%	68.61%	74.56%
MY 2024	Patients with Diabetes	70.56%	58.15%	65.32%	71.78%	77.37%
MY 2023	HBD -Hemoglobin A1c Control for Patients with Diabetes-- HbA1c Control (<8%)	54.81%	38.93%	49.39%	55.72%	60.34%
MY 2024	GSD -Glycemic Status Assessment for Patients with Diabetes-- HbA1c Control (<8%)	54.26%	44.25%	54.50%	59.64%	63.50%
MY 2023	SPD - Statin Therapy for Patients With	63.12%	54.15%	62.58%	67.07%	72.15%
MY 2024	Diabetes—Received Statin Therapy	64.93%	51.96%	62.66%	67.01%	71.41%
MY 2023	SPD - Statin Therapy for Patients With	94.76%	52.67%	62.50%	70.37%	77.97%
MY 2024	Diabetes—Statin Adherence 80%	67.90%	53.23%	64.18%	70.91%	79.73%
MY 2023	KED - Kidney Health Evaluation for Patients with	42.13%	22.73%	29.42%	38.80%	47.55%
MY 2024	Diabetes	40.88%	26.79%	33.00%	42.10%	49.72%

Partnership HealthPlan of California
Measurement Year 2024 - Reporting Year 2025



NCQA Accreditation Measures - Planwide Performance w/Child CAHPS Survey Results						
Year	Measure	Plan-level Performance	National Medicaid Benchmarks			
			10th	33.33rd	66.67th	90th
Treatment						
Heart Disease						
MY 2023	SPC - Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total	81.90%	70.02%	78.80%	81.64%	85.04%
MY 2024		81.06%	66.64%	79.82%	83.00%	85.89%
MY 2023	SPC - Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total	95.45%	56.67%	66.48%	73.63%	80.95%
MY 2024		70.33%	59.20%	66.84%	73.75%	81.25%
MY 2023	***CBP - Controlling High Blood Pressure	70.57%	50.36%	57.66%	65.45%	72.22%
MY 2024		61.80%	54.61%	61.43%	67.40%	72.75%

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

NB Not a Benefit - Auditor Approval required
NR Not Rated - Not included in the MY's measurement set
N/A No NCQA benchmark to apply in Measurement Year
* RDM and LDM are reporting only measures, full credit received for reporting.
** Inverted measures, a lower rate results in better performance
*** DHCS Withhold Measures
BOLD Indicates MCAS measures held to the MPL

3.5 HPA HEDIS Plan-wide Performance – Behavioral Health

This table shows the MY2024 baseline performance on the **Behavioral Health** NCQA Accreditation measures relative to the MY2022 and MY2023 National All Lines of Business 10th, 33.33rd, 66.67th and 90th measure benchmarks and percentiles that are used for ratings, calculated as whole numbers on a 1–5 scale.

● 4-5 points
 ○ 3 points
 ● 1-2 points
 ○ Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures).

NCQA Accreditation Measures - Planwide Performance w/Child CAHPS Survey Results						
Year	Measure	Plan-level Performance	National Medicaid Benchmarks			
			10th	33.33rd	66.67th	90th
Treatment						
Behavioral Health--Care Coordination						
MY 2023	FUH - Follow-Up After Hospitalization for Mental Illness-7 days	29.05%	21.77%	31.23%	41.03%	52.90%
MY 2024		NB	23.55%	32.71%	42.86%	57.69%
MY 2023	FUM - Follow-UP After Emergency Department Visit for Mental Illness 7 days total	18.92%	23.74%	33.61%	46.35%	61.68%
MY 2024		13.39%	21.19%	33.01%	44.33%	59.95%
MY 2023	FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7 days—Total	22.68%	13.83%	20.00%	27.73%	38.15%
MY 2024		22.88%	12.73%	18.76%	27.62%	37.47%
MY 2023	FUI - Follow-Up After High-Intensity Care for Substance Use Disorder—7 days—Total	32.29%	15.16%	23.12%	37.31%	49.55%
MY 2024		29.83%	15.91%	26.90%	37.64%	50.80%
Behavioral Health--Medication Adherence						
MY 2023	AMM - Antidepressant Medication Management—Effective Continuation Phase Treatment	81.49%	31.59%	40.01%	46.74%	58.06%
MY 2024		48.04%	31.52%	41.00%	48.16%	61.06%
MY 2023	POD - Pharmacotherapy for Opioid Use Disorder—Total	41.53%	14.94%	23.38%	31.93%	40.34%
MY 2024		15.84%	12.05%	21.36%	29.01%	36.71%
MY 2023	SAA - Adherence to Antipsychotic Medications for Individuals With Schizophrenia	73.46%	41.24%	57.79%	64.90%	72.61%
MY 2024		68.58%	44.65%	58.60%	66.15%	74.83%

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NCQA Accreditation Measures - Planwide Performance w/Child CAHPS Survey Results						
Year	Measure	Plan-level Performance	National Medicaid Benchmarks			
			10th	33.33rd	66.67th	90th
Treatment						
Behavioral Health-- Access, Monitoring and Safety						
MY 2023	APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	32.80%	26.36%	31.97%	40.50%	53.58%
MY 2024	APM-E - Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total (ECDS)	32.18%	25.86%	30.92%	41.41%	52.57%
MY 2023	ADD -Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase	31.45%	40.38%	50.98%	57.90%	63.92%
MY 2024	ADD-E -Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase (ECDS)	40.36%	37.19%	48.94%	56.83%	63.49%
MY 2023	SSD - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	81.90%	72.83%	77.40%	80.86%	85.52%
MY 2024		83.85%	75.46%	79.51%	83.51%	87.27%
MY 2023	APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	25.95%	36.65%	55.19%	63.89%	73.87%
MY 2024		41.38%	41.57%	54.55%	64.10%	74.14%
MY 2023	IET - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment—Engagement - Total	8.50%	7.05%	11.11%	16.94%	24.37%
MY 2024		7.63%	6.08%	10.51%	16.78%	26.72%

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

NB Not a Benefit - Auditor Approval required
NR Not Rated - Not included in the MY's measurement set
N/A No NCQA benchmark to apply in Measurement Year
* RDM and LDM are reporting only measures, full credit received for reporting.
** Inverted measures, a lower rate results in better performance
*** DHCS Withhold Measures
BOLD Indicates MCAS measures held to the MPL

3.6 HPA HEDIS Plan-wide Performance – Risk Adjusted / Other

This table shows the MY2024 baseline performance on the **Risk Adjusted** / Other NCQA Accreditation measures relative to the MY2022 and MY2023 National All Lines of Business 10th, 33.33rd, 66.67th and 90th measure benchmarks and percentiles that are used for ratings, calculated as whole numbers on a 1–5 scale.

● 4-5 points ○ 3 points ● 1-2 points ○ Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures).

NCQA Accreditation Measures - Planwide Performance w/Child CAHPS Survey Results						
Year	Measure	Plan-level Performance	National Medicaid Benchmarks			
			10th	33.33rd	66.67th	90th
Risk-Adjusted Utilization						
MY 2023	PCR - Plan All-Cause Readmission - Observed to	0.8951	No Bench Marks Use for Scoring			
MY 2024	- Expected Ratio (18-64 years)	0.9944				
Other Treatment Measure						
MY 2023	**LBP - Use of Imaging Studies for Low Back	76.71%	67.72%	71.32%	75.44%	79.96%
MY 2024	Pain	73.67%	64.77%	67.84%	72.74%	78.72%

Note: PCR calculations are based on the scoring algorithm for risk-adjusted utilization measures as defined by NCQA. NCQA calculates the Confidence Limits (CLs) for all health plans.

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

NB Not a Benefit - Auditor Approval required
NR Not Rated - Not included in the MY's measurement set
N/A No NCQA benchmark to apply in Measurement Year
* RDM and LDM are reporting only measures, full credit received for reporting.
** Inverted measures, a lower rate results in better performance
*** DHCS Withhold Measures
BOLD Indicates MCAS measures held to the MPL

4.0 MY 2024 HPA HEDIS Rate Performance by County

The following tables show MY2024 county-level performance on HPA HEDIS measures in Partnership's six (6) Regions. For the fourteen (14) legacy counties in Partnership's Eureka, Fairfield, Redding and Santa Rosa Regions, MY2023 county-level performance is also included, showing year-over-year performance trends by county.

HPA measures not included in the county-level performance tables are:

- CAHPS Measures, which only have plan-wide rates;
- Description of Membership measures, which only have plan-wide rates

All tables show the MY2024 baseline performance on NCQA Accreditation measures relative to the MY2022 and MY2023 National All Lines of Business 10th, 33.33rd, 66.67th and 90th measure benchmarks and percentiles that are used for ratings, calculated as whole numbers on a 1–5 scale.

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4.1 HPA HEDIS Rate Performance by County, Auburn Region: Nevada, Placer, Plumas, Sierra Counties

● 4-5 points
 ○ 3 points
 ● 1-2 points
 ○ Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures).

Year	Measure	County Performance				National Medicaid Benchmarks			
		Nevada	Placer	Plumas	Sierra	10th	33.33rd	66.67th	90th
Prevention and Population									
Children and Adolescent Well-Care									
MY 2024	***CIS - Childhood Immunization Status (Combination 10)	100.00%	0.00%	0.00%	0.00%	18.25%	24.39%	31.32%	42.34%
MY 2024	***IMA - Immunizations for Adolescents (Combination 2)	0.00%	12.50%	0.00%	0.00%	25.41%	31.39%	38.69%	48.66%
MY 2024	WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total	73.33%	90.48%	0.00%	0.00%	66.91%	76.89%	86.20%	91.24%
Women's Reproductive Health									
MY 2024	***PPC - Prenatal and Postpartum Care—Timeliness of Prenatal Care	100.00%	75.00%	100.00%	73.33%	73.48%	81.94%	86.89%	91.85%
MY 2024	***PPC - Prenatal and Postpartum Care—Postpartum Care	100.00%	83.33%	100.00%	86.67%	68.63%	77.37%	82.48%	86.62%
MY 2024	PRS-E - Prenatal Immunization Status - Combination Rate	11.28%	21.29%	31.11%	25.00%	8.42%	15.96%	24.92%	35.60%
Cancer Screening									
MY 2024	BCS-E- Breast Cancer Screening	66.67%	0.00%	0.00%	0.00%	42.86%	49.24%	56.66%	63.48%
MY 2024	CCS - Cervical Cancer Screening	62.50%	50.00%	33.33%	50.00%	43.31%	52.07%	60.10%	67.46%
MY 2024	COL-E - Colorectal Cancer Screening	18.18%	0.00%	33.33%	0.00%	27.27%	34.30%	41.59%	49.35%
Other Preventive Services									
MY 2024	CHL - Chlamydia Screening in Women—Total	48.06%	60.67%	23.26%	27.27%	43.53%	52.40%	61.46%	69.07%
MY 2024	AIS-E-Adult Immunization Status—Influenza - Total	8.48%	11.84%	10.38%	12.12%	7.39%	12.55%	17.91%	26.40%
MY 2024	AIS-E-Adult Immunization Status—Pneumococcal - 66+	35.21%	30.02%	31.25%	0.00%	21.04%	38.73%	55.03%	68.07%
MY 2024	AIS-E-Adult Immunization Status—Td/Tdap - Total	26.37%	24.48%	30.03%	37.12%	21.26%	33.40%	47.30%	57.67%
MY 2024	AIS-E-Adult Immunization Status—Zoster - Total	13.02%	14.60%	6.87%	8.60%	2.23%	7.15%	13.49%	20.56%

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Year	Measure	County Performance				National Medicaid Benchmarks			
		Nevada	Placer	Plumas	Sierra	10th	33.33rd	66.67th	90th
		Treatment							
		Respiratory							
MY 2024	AMR - Asthma Medication Ratio- Total	0.00%	0.00%	100.00%	0.00%	54.56%	62.35%	70.56%	76.65%
MY 2024	CWP - Appropriate Testing for Pharyngitis—Total	77.18%	72.08%	80.74%	100.00%	61.35%	76.71%	85.11%	89.17%
MY 2024	**AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total	76.67%	65.22%	57.69%	0.00%	49.48%	50.98%	67.03%	77.66%
MY 2024	PCE - Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	81.25%	62.00%	87.50%	100.00%	55.28%	66.86%	74.78%	82.88%
MY 2024	PCE - Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	75.00%	82.00%	87.50%	0.00%	67.25%	80.19%	86.54%	89.96%
		Diabetes							
MY 2024	EED - Eye Exams for Patients with Diabetes	20.00%	44.44%	0.00%	0.00%	40.39%	49.15%	57.09%	64.06%
MY 2024	BPD -Blood Pressure Control (<140/90) for Patients with Diabetes	70.00%	72.22%	0.00%	0.00%	58.15%	65.32%	71.78%	77.37%
MY 2024	GSD -Glycemic Status Assessment for Patients with Diabetes-- HbA1c Control (<8%)	50.00%	44.44%	0.00%	0.00%	44.25%	54.50%	59.64%	63.50%
MY 2024	SPD - Statin Therapy for Patients With Diabetes—Received Statin Therapy	100.00%	0.00%	50.00%	0.00%	51.96%	62.66%	67.01%	71.41%
MY 2024	SPD - Statin Therapy for Patients With Diabetes—Statin Adherence 80%	0.00%	0.00%	100.00%	0.00%	53.23%	64.18%	70.91%	79.73%
MY 2024	KED - Kidney Health Evaluation for Patients with Diabetes	45.34%	49.73%	14.62%	0.00%	26.79%	33.00%	42.10%	49.72%
		Heart Disease							
MY 2024	SPC - Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total	100.00%	0.00%	0.00%	0.00%	66.64%	79.82%	83.00%	85.89%
MY 2024	SPC - Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total	100.00%	0.00%	0.00%	0.00%	59.95%	67.42%	74.07%	81.79%
MY 2024	***CBP - Controlling High Blood Pressure	71.43%	50.00%	0.00%	0.00%	54.61%	61.43%	67.40%	72.75%

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Year	Measure	County Performance				National Medicaid Benchmarks			
		Nevada	Placer	Plumas	Sierra	10th	33.33rd	66.67th	90th
		Treatment							
		Behavioral Health - Care Coordination							
MY 2024	FUH - Follow-Up After Hospitalization for Mental Illness-7 days	NB	NB	NB	NB	23.74%	33.61%	46.35%	61.68%
MY 2024	FUM - Follow-UP After Emergency Department Visit for Mental Illness 7 days total	17.58%	9.04%	10.71%	0.00%	21.19%	33.01%	44.33%	59.95%
MY 2024	FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7 days—Total	22.25%	22.72%	17.31%	87.50%	12.73%	18.76%	27.62%	37.47%
MY 2024	FUI - Follow-Up After High-Intensity Care for Substance Use Disorder—7 days—Total	13.46%	12.05%	33.33%	50.00%	15.91%	26.90%	37.64%	50.80%
		Behavioral Health - Medication Adherence							
MY 2024	AMM - Antidepressant Medication Management—Effective Continuation Phase Treatment	38.71%	46.34%	0.00%	100.00%	31.52%	41.00%	48.16%	61.06%
MY 2024	POD - Pharmacotherapy for Opioid Use Disorder—Total	9.76%	12.50%	0.00%	0.00%	12.05%	21.36%	29.01%	36.71%
MY 2024	SAA - Adherence to Antipsychotic Medications for Individuals With Schizophrenia	65.45%	79.66%	72.73%	100.00%	44.65%	58.60%	66.15%	74.83%

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Behavioral Health - Access, Monitoring and Safety									
MY 2024	APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	39.29%	35.92%	38.46%	0.00%	25.86%	30.92%	41.41%	52.57%
MY 2024	ADD -Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase	0.00%	0.00%	0.00%	0.00%	37.19%	48.94%	56.83%	63.49%
MY 2024	SSD - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	85.08%	85.07%	89.29%	80.00%	75.46%	79.51%	83.51%	87.27%
MY 2024	APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	80.00%	6.25%	0.00%	0.00%	41.57%	54.55%	64.10%	74.14%
MY 2024	IET - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment—Engagement - Total	3.82%	5.83%	3.08%	14.29%	6.08%	10.51%	16.78%	26.72%
Risk-Adjusted Utilization									
MY 2024	PCR - Plan All-Cause Readmission - Observed to - Expected Ratio (18-64 years)	2.0801	1.7290	0.0000	12.8852	No Bench Marks Use For Scoring			
Other Treatment Measures									
MY 2024	**LBP - Use of Imaging Studies for Low Back Pain	70.18%	71.43%	79.17%	40.00%	64.77%	67.84%	72.74%	78.72%

Note: PCR calculations are based on the scoring algorithm for risk-adjusted utilization measures as defined by NCQA.
NCQA calculates the Confidence Limits (CLs) for all health plans.

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

NB Not a Benefit - Auditor Approval required
NR Not Rated - Not included in the MY's measurement set
N/A No NCQA benchmark to apply in Measurement Year
* RDM and LDM are reporting only measures, full credit received for reporting.
** Inverted measures, a lower rate results in better performance
*** DHCS Withhold Measures
BOLD Indicates MCAS measures held to the MPL

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4.2 HPA HEDIS Rate Performance by County, Chico Region: Butte, Colusa, Glenn, Sutter, Yuba Counties

● 4-5 points
 ○ 3 points
 ● 1-2 points
 ○ Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures).

Year	Measure	County Performance					National Medicaid Benchmarks			
		Butte	Colusa	Glenn	Sutter	Yuba	10th	33.33rd	66.67th	90th
		Prevention and Population								
		Children and Adolescent Well-Care								
MY 2024	***CIS - Childhood Immunization Status (Combination 10)	0.00%	0.00%	0.00%	0.00%	0.00%	18.25%	24.39%	31.32%	42.34%
MY 2024	***IMA - Immunizations for Adolescents (Combination 2)	0.00%	0.00%	100.00%	40.00%	37.50%	25.41%	31.39%	38.69%	48.66%
MY 2024	WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total	64.52%	100.00%	77.78%	63.33%	58.82%	66.91%	76.89%	86.20%	91.24%
		Women's Reproductive Health								
MY 2024	***PPC - Prenatal and Postpartum Care—Timeliness of Prenatal Care	93.33%	33.33%	83.33%	92.00%	90.00%	73.48%	81.94%	86.89%	91.85%
MY 2024	***PPC - Prenatal and Postpartum Care—Postpartum Care	96.67%	100.00%	100.00%	88.00%	80.00%	68.63%	77.37%	82.48%	86.62%
MY 2024	PRS-E - Prenatal Immunization Status - Combination Rate	19.02%	24.19%	25.82%	18.15%	17.99%	8.42%	15.96%	24.92%	35.60%
		Cancer Screening								
MY 2024	BCS-E- Breast Cancer Screening	26.32%	20.00%	0.00%	0.00%	100.00%	42.86%	49.24%	56.66%	63.48%
MY 2024	CCS - Cervical Cancer Screening	53.19%	75.00%	30.00%	55.56%	60.00%	43.31%	52.07%	60.10%	67.46%
MY 2024	COL-E - Colorectal Cancer Screening	26.67%	20.00%	25.00%	50.00%	50.00%	27.27%	34.30%	41.59%	49.35%
		Other Preventive Services								
MY 2024	CHL - Chlamydia Screening in Women—Total	55.64%	53.02%	51.47%	57.24%	57.89%	43.53%	52.40%	61.46%	69.07%
MY 2024	AIS-E-Adult Immunization Status—Influenza - Total	11.00%	17.54%	13.04%	12.57%	9.16%	7.39%	12.55%	17.91%	26.40%
MY 2024	AIS-E-Adult Immunization Status—Pneumococcal - 66+	39.50%	43.21%	32.31%	51.35%	36.51%	21.04%	38.73%	55.03%	68.07%
MY 2024	AIS-E-Adult Immunization Status—Td/Tdap - Total	28.86%	30.82%	32.27%	30.26%	27.31%	21.26%	33.40%	47.30%	57.67%
MY 2024	AIS-E-Adult Immunization Status—Zoster - Total	13.42%	15.10%	17.50%	14.44%	9.08%	2.23%	7.15%	13.49%	20.56%

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Year	Measure	County Performance					National Medicaid Benchmarks			
		Butte	Colusa	Glenn	Sutter	Yuba	10th	33.33rd	66.67th	90th
		Treatment								
		Respiratory								
MY 2024	AMR - Asthma Medication Ratio- Total	66.67%	0.00%	100.00%	0.00%	0.00%	54.56%	62.35%	70.56%	76.65%
MY 2024	CWP - Appropriate Testing for Pharyngitis—Total	61.62%	46.31%	37.55%	38.27%	44.70%	61.35%	76.71%	85.11%	89.17%
MY 2024	**AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total	20.23%	46.67%	24.29%	42.38%	31.59%	49.48%	50.98%	67.03%	77.66%
MY 2024	PCE - Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	71.58%	62.50%	75.00%	79.69%	55.00%	55.28%	66.86%	74.78%	82.88%
MY 2024	PCE - Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	83.68%	62.50%	93.75%	95.31%	84.00%	67.25%	80.19%	86.54%	89.96%
		Diabetes								
MY 2024	EED - Eye Exams for Patients with Diabetes	59.09%	100.00%	60.00%	39.13%	52.94%	40.39%	49.15%	57.09%	64.06%
MY 2024	BPD -Blood Pressure Control (<140/90) for Patients with Diabetes	79.55%	100.00%	60.00%	65.22%	70.59%	58.15%	65.32%	71.78%	77.37%
MY 2024	GSD -Glycemic Status Assessment for Patients with Diabetes-- HbA1c Control (<8%)	68.18%	50.00%	60.00%	56.52%	52.94%	44.25%	54.50%	59.64%	63.50%
MY 2024	SPD - Statin Therapy for Patients With Diabetes—Received Statin Therapy	63.64%	75.00%	50.00%	0.00%	0.00%	51.96%	62.66%	67.01%	71.41%
MY 2024	SPD - Statin Therapy for Patients With Diabetes—Statin Adherence 80%	57.14%	0.00%	100.00%	0.00%	0.00%	53.23%	64.18%	70.91%	79.73%
MY 2024	KED - Kidney Health Evaluation for Patients with Diabetes	33.96%	37.39%	28.71%	32.35%	29.28%	26.79%	33.00%	42.10%	49.72%
		Heart Disease								
MY 2024	SPC - Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total	100.00%	100.00%	100.00%	0.00%	0.00%	66.64%	79.82%	83.00%	85.89%
MY 2024	SPC - Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total	100.00%	100.00%	100.00%	0.00%	0.00%	59.95%	67.42%	74.07%	81.79%
MY 2024	***CBP - Controlling High Blood Pressure	72.00%	75.00%	66.67%	61.11%	37.50%	54.61%	61.43%	67.40%	72.75%

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Year	Measure	County Performance					National Medicaid Benchmarks			
		Butte	Colusa	Glenn	Sutter	Yuba	10th	33.33rd	66.67th	90th
		Treatment								
Behavioral Health - Care Coordination										
MY 2024	FUH - Follow-Up After Hospitalization for Mental Illness-7 days	NB	NB	NB	NB	NB	23.74%	33.61%	46.35%	61.68%
MY 2024	FUM - Follow-UP After Emergency Department Visit for Mental Illness 7 days total	10.45%	22.22%	10.71%	12.32%	10.11%	21.19%	33.01%	44.33%	59.95%
MY 2024	FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7 days—Total	26.69%	15.38%	28.26%	23.38%	22.71%	12.73%	18.76%	27.62%	37.47%
MY 2024	FUI - Follow-Up After High-Intensity Care for Substance Use Disorder—7 days—Total	15.91%	30.00%	33.33%	17.65%	16.67%	15.91%	26.90%	37.64%	50.80%
Behavioral Health - Medication Adherence										
MY 2024	AMM - Antidepressant Medication Management—Effective Continuation Phase Treatment	43.28%	28.57%	66.67%	36.84%	35.00%	31.52%	41.00%	48.16%	61.06%
MY 2024	POD - Pharmacotherapy for Opioid Use Disorder—Total	14.88%	0.00%	28.57%	25.00%	11.63%	12.05%	21.36%	29.01%	36.71%
MY 2024	SAA - Adherence to Antipsychotic Medications for Individuals With Schizophrenia	67.83%	83.33%	87.50%	86.96%	69.81%	44.65%	58.60%	66.15%	74.83%
Behavioral Health - Access, Monitoring and Safety										
MY 2024	APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	35.56%	50.00%	25.81%	28.26%	34.44%	25.86%	30.92%	41.41%	52.57%
MY 2024	ADD -Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase	0.00%	0.00%	0.00%	0.00%	0.00%	37.19%	48.94%	56.83%	63.49%
MY 2024	SSD - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	86.90%	90.91%	86.36%	89.57%	85.26%	75.46%	79.51%	83.51%	87.27%
MY 2024	APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	45.16%	100.00%	44.44%	33.33%	29.63%	41.57%	54.55%	64.10%	74.14%
MY 2024	IET - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment—Engagement - Total	4.59%	5.77%	3.28%	6.01%	5.12%	6.08%	10.51%	16.78%	26.72%

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Year	Measure	County Performance					National Medicaid Benchmarks			
		Butte	Colusa	Glenn	Sutter	Yuba	10th	33.33rd	66.67th	90th
		Treatment								
		Risk-Adjusted Utilization								
MY 2024	PCR - Plan All-Cause Readmission - Observed to - Expected Ratio (18-64 years)	2.6863	1.3132	0.0000	1.5553	2.337	No Bench Marks Use For Scoring			
		Other Treatment Measures								
MY 2024	**LBP - Use of Imaging Studies for Low Back Pain	72.62%	67.92%	75.58%	75.72%	77.56%	64.77%	67.84%	72.74%	78.72%

Note: PCR calculations are based on the scoring algorithm for risk-adjusted utilization measures as defined by NCQA.
NCQA calculates the Confidence Limits (CLs) for all health plans.

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

NB Not a Benefit - Auditor Approval required
NR Not Rated - Not included in the MY's measurement set
N/A No NCQA benchmark to apply in Measurement Year
* RDM and LDM are reporting only measures, full credit received for reporting.
** Inverted measures, a lower rate results in better performance
*** DHCS Withhold Measures
BOLD Indicates MCAS measures held to the MPL

Partnership HealthPlan of California
Measurement Year 2024 - Reporting Year 2025



4.3 HPA HEDIS Rate Performance by County, Eureka Region: Del Norte, Humboldt, Lake, Mendocino Counties

● 4-5 points
 ○ 3 points
 ● 1-2 points
 ○ Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). Denominators less than 20 at the county level are suppressed.

Year	Measure	County Performance				National Medicaid Benchmarks			
		Del Norte	Humboldt	Lake	Mendocino	10th	33.33rd	66.67th	90th
		Prevention and Population							
		Children and Adolescent Well-Care							
MY 2023	***CIS - Childhood Immunization Status (Combination 10)	10.00%	19.44%	18.75%	21.88%	20.68%	26.76%	35.04%	45.26%
MY 2024		0.00%	26.47%	26.09%	31.43%	18.25%	24.39%	31.32%	42.34%
MY 2023	***IMA - Immunizations for Adolescents (Combination 2)	50.00%	40.48%	28.57%	33.33%	24.82%	30.66%	38.93%	48.80%
MY 2024		16.67%	36.36%	50.00%	35.71%	25.41%	31.39%	38.69%	48.66%
MY 2023	WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total	100.00%	88.89%	92.86%	91.67%	62.77%	74.70%	83.21%	89.72%
MY 2024		85.71%	88.00%	100.00%	80.00%	66.91%	76.89%	86.20%	91.24%
		Women's Reproductive Health							
MY 2023	***PPC - Prenatal and Postpartum Care—Timeliness of Prenatal Care	100.00%	80.00%	100.00%	92.31%	25.86%	30.92%	41.41%	52.57%
MY 2024		55.56%	76.00%	86.67%	90.91%	73.48%	81.94%	86.89%	91.85%
MY 2023	***PPC - Prenatal and Postpartum Care—Postpartum Care	100.00%	80.00%	85.71%	92.31%	67.31%	75.18%	80.78%	84.59%
MY 2024		44.44%	88.00%	93.33%	90.91%	68.63%	77.37%	82.48%	86.62%
MY 2023	PRS-E - Prenatal Immunization Status - Combination Rate	19.67%	19.46%	32.27%	38.89%	7.94%	15.17%	25.81%	37.75%
MY 2024		14.05%	20.24%	28.69%	37.32%	8.42%	15.96%	24.92%	35.60%
		Cancer Screening							
MY 2023	BCS-E- Breast Cancer Screening	38.88%	47.35%	47.56%	50.43%	42.98%	48.33%	54.94%	62.67%
MY 2024		46.83%	51.35%	48.55%	56.75%	42.86%	49.24%	56.66%	63.48%
MY 2023	CCS - Cervical Cancer Screening	30.00%	48.78%	65.52%	66.67%	43.50%	53.37%	59.85%	66.48%
MY 2024		50.00%	75.00%	30.00%	50.00%	43.31%	52.07%	60.10%	67.46%
MY 2023	COL- Colorectal Cancer Screening	NR	NR	NR	NR	NR	NR	NR	NR
MY 2024	COL-E - Colorectal Cancer Screening	25.14%	28.05%	33.41%	31.50%	27.27%	34.30%	41.59%	49.35%

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Year	Measure	County Performance				National Medicaid Benchmarks			
		Del Norte	Humboldt	Lake	Mendocino	10th	33.33rd	66.67th	90th
		Treatment							
		Respiratory							
MY 2023	AMR - Asthma Medication Ratio- Total	46.79%	60.64%	51.71%	60.71%	55.09%	61.81%	69.41%	75.92%
MY 2024		60.83%	63.41%	57.84%	62.50%	54.56%	62.35%	70.56%	76.65%
MY 2023	CWP - Appropriate Testing for Pharyngitis—Total	68.86%	72.81%	60.75%	69.21%	57.41%	68.76%	77.56%	82.40%
MY 2024		63.05%	78.86%	58.17%	80.02%	61.35%	76.71%	85.11%	89.17%
MY 2023	**AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total	73.28%	71.76%	58.58%	68.16%	50.05%	57.16%	66.19%	77.11%
MY 2024		56.25%	56.86%	55.52%	62.08%	49.48%	50.98%	67.03%	77.66%
MY 2023	PCE - Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	75.76%	79.26%	75.20%	74.47%	56.05%	68.39%	75.79%	82.43%
MY 2024		62.75%	68.84%	74.82%	74.00%	55.28%	66.86%	74.78%	82.88%
MY 2023	PCE - Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	87.88%	88.89%	83.20%	87.94%	72.88%	82.35%	86.96%	90.53%
MY 2024		82.35%	84.06%	92.09%	88.00%	67.25%	80.19%	86.54%	89.96%

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**Partnership HealthPlan of California
Measurement Year 2024 - Reporting Year 2025**



Year	Measure	County Performance				National Medicaid Benchmarks			
		Del Norte	Humboldt	Lake	Mendocino	10th	33.33rd	66.67th	90th
		Treatment							
		Diabetes							
MY 2023	EED - Eye Exams for Patients with Diabetes	22.22%	44.12%	56.52%	44.00%	36.74%	46.96%	56.20%	63.33%
MY 2024		0.00%	33.33%	50.00%	70.00%	40.39%	49.15%	57.09%	64.06%
MY 2023	BPD -Blood Pressure Control (<140/90) for Patients with Diabetes	75.00%	59.09%	68.00%	75.00%	52.07%	59.85%	68.61%	74.56%
MY 2024		66.67%	66.67%	92.86%	60.00%	58.15%	65.32%	71.78%	77.37%
MY 2023	HBD -Hemoglobin A1c Control for Patients with Diabetes-- HbA1c Control (<8%)	77.78%	55.88%	52.17%	44.00%	38.93%	49.39%	55.72%	60.34%
MY 2024	GSD -Glycemic Status Assessment for Patients with Diabetes-- HbA1c Control (<8%)	33.33%	59.26%	78.57%	60.00%	44.25%	54.50%	59.64%	63.50%
MY 2023	SPD - Statin Therapy for Patients With Diabetes—Received Statin Therapy	54.32%	54.86%	58.43%	53.94%	54.15%	62.58%	67.07%	72.15%
MY 2024		59.47%	59.20%	61.94%	55.91%	51.96%	62.66%	67.01%	71.41%
MY 2023	SPD - Statin Therapy for Patients With Diabetes—Statin Adherence 80%	95.45%	96.36%	92.39%	92.45%	52.67%	62.50%	70.37%	77.97%
MY 2024		73.25%	70.16%	61.03%	65.32%	53.23%	64.18%	70.91%	79.73%
MY 2023	KED - Kidney Health Evaluation for Patients with Diabetes	25.32%	31.69%	19.91%	19.26%	22.73%	29.42%	38.80%	47.55%
MY 2024		29.02%	37.62%	35.38%	31.95%	26.79%	33.00%	42.10%	49.72%
		Heart Disease							
MY 2023	SPC - Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total	77.78%	83.72%	80.12%	83.33%	70.02%	78.80%	81.64%	85.04%
MY 2024		69.44%	75.83%	85.71%	77.78%	66.64%	79.82%	83.00%	85.89%
MY 2023	SPC - Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total	91.43%	95.37%	92.70%	96.25%	56.67%	66.48%	73.63%	80.95%
MY 2024		64.00%	74.73%	71.67%	61.04%	59.95%	67.42%	74.07%	81.79%
MY 2023	***CBP - Controlling High Blood Pressure	37.50%	78.13%	72.22%	74.07%	50.36%	57.66%	65.45%	72.22%
MY 2024		83.33%	48.00%	68.18%	78.95%	54.61%	61.43%	67.40%	72.75%

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Year	Measure	County Performance				National Medicaid Benchmarks			
		Del Norte	Humboldt	Lake	Mendocino	10th	33.33rd	66.67th	90th
		Treatment							
Behavioral Health - Care Coordination									
MY 2023	FUH ¹ - Follow-Up After Hospitalization for Mental Illness-7 days	0.00%	0.00%	0.00%	0.00%	23.74%	33.61%	46.35%	61.68%
MY 2024		NB	NB	NB	NB	23.74%	33.61%	46.35%	61.68%
MY 2023	FUM - Follow-UP After Emergency Department Visit for Mental Illness 7 days total	10.89%	22.04%	10.78%	5.69%	23.74%	33.61%	46.35%	61.68%
MY 2024		11.61%	17.14%	10.36%	12.77%	21.19%	33.01%	44.33%	59.95%
MY 2023	FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7 days—Total	14.97%	26.22%	19.35%	22.27%	13.83%	20.00%	27.73%	38.15%
MY 2024		18.24%	31.70%	13.33%	21.08%	12.73%	18.76%	27.62%	37.47%
MY 2023	FUI - Follow-Up After High-Intensity Care for Substance Use Disorder—7 days—Total	20.00%	35.39%	8.00%	53.69%	15.16%	23.12%	37.31%	49.55%
MY 2024		15.79%	37.24%	6.67%	52.52%	15.91%	26.90%	37.64%	50.80%
Behavioral Health - Medication Adherence									
MY 2023	AMM - Antidepressant Medication Management—Effective Continuation Phase Treatment	86.96%	82.99%	73.58%	79.39%	31.59%	40.01%	46.74%	58.06%
MY 2024		53.62%	52.91%	40.89%	44.49%	31.52%	41.00%	48.16%	61.06%
MY 2023	POD - Pharmacotherapy for Opioid Use Disorder—Total	61.90%	40.96%	48.40%	47.30%	14.94%	23.38%	31.93%	40.34%
MY 2024		16.95%	20.75%	13.82%	17.47%	12.05%	21.36%	29.01%	36.71%
MY 2023	SAA - Adherence to Antipsychotic Medications for Individuals With Schizophrenia	76.92%	73.83%	67.38%	71.65%	41.24%	57.79%	64.90%	72.61%
MY 2024		67.57%	68.39%	68.12%	62.81%	44.65%	58.60%	66.15%	74.83%

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Year	Measure	County Performance				National Medicaid Benchmarks			
		Del Norte	Humboldt	Lake	Mendocino	10th	33.33rd	66.67th	90th
		Treatment							
Behavioral Health - Access, Monitoring and Safety									
MY 2023	APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	54.05%	21.32%	29.52%	37.04%	26.36%	31.97%	40.50%	53.58%
MY 2024		45.95%	21.14%	26.47%	29.09%	25.86%	30.92%	41.41%	52.57%
MY 2023	ADD -Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase	55.00%	36.00%	25.00%	43.33%	40.38%	50.98%	57.90%	63.92%
MY 2024		18.18%	43.24%	50.00%	33.33%	37.19%	48.94%	56.83%	63.49%
MY 2023	SSD - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	88.76%	81.56%	78.73%	86.96%	72.83%	77.40%	80.86%	85.52%
MY 2024		81.11%	79.15%	80.07%	88.03%	75.46%	79.51%	83.51%	87.27%
MY 2023	APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	40.00%	30.36%	16.67%	11.11%	36.65%	55.19%	63.89%	73.87%
MY 2024		0.00%	48.98%	33.33%	75.00%	41.57%	54.55%	64.10%	74.14%
MY 2023	IET - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment—Engagement - Total	6.85%	10.11%	8.55%	10.44%	7.05%	11.11%	16.94%	24.37%
MY 2024		5.94%	8.06%	3.82%	8.25%	6.08%	10.51%	16.78%	26.72%
		Risk-Adjusted Utilization							
MY 2023	PCR - Plan All-Cause Readmission - Observed to - Expected Ratio (18-64 years)	0.7160	0.8959	0.9614	0.7823	No Bench Marks Use For Scoring			
MY 2024		0.6596	0.9967	0.9747	0.9901				
		Other Treatment Measures							
MY 2023	**LBP - Use of Imaging Studies for Low Back Pain	66.82%	82.27%	72.25%	79.77%	67.72%	71.32%	75.44%	79.96%
MY 2024		69.04%	78.28%	70.45%	74.30%	64.77%	67.84%	72.74%	78.72%

Note: PCR calculations are based on the scoring algorithm for risk-adjusted utilization measures as defined by NCQA.
NCQA calculates the Confidence Limits (CLs) for all health plans.

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

NB Not a Benefit - Auditor Approval required
NR Not Rated - Not included in the MY's measurement set
N/A No NCQA benchmark to apply in Measurement Year
* RDM and LDM are reporting only measures, full credit received for reporting.
** Inverted measures, a lower rate results in better performance
*** DHCS Withhold Measures
BOLD Indicates MCAS measures held to the MPL

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4.4 HPA HEDIS Rate Performance by County, Fairfield Region: Solano, Yolo, and Napa Counties

● 4-5 points
 ○ 3 points
 ● 1-2 points
 ○ Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). Denominators less than 20 at the county level are suppressed.

Year	Measure	County Performance			National Medicaid Benchmarks			
		Napa	Solano	Yolo	10th	33.33rd	66.67th	90th
Prevention and Population								
Children and Adolescent Well-Care								
MY 2023	***CIS - Childhood Immunization Status (Combination 10)	45.00%	33.33%	41.38%	20.68%	26.76%	35.04%	45.26%
MY 2024		47.06%	34.85%	21.62%	18.25%	24.39%	31.32%	42.34%
MY 2023	***IMA - Immunizations for Adolescents (Combination 2)	70.37%	39.13%	37.93%	24.82%	30.66%	38.93%	48.80%
MY 2024		50.00%	38.03%	55.56%	25.41%	31.39%	38.69%	48.66%
MY 2023	WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total	100.00%	97.22%	69.23%	62.77%	74.70%	83.21%	89.72%
MY 2024		100.00%	80.65%	45.00%	66.91%	76.89%	86.20%	91.24%
Women's Reproductive Health								
MY 2023	***PPC - Prenatal and Postpartum Care—Timeliness of Prenatal Care	90.91%	90.70%	89.47%	25.86%	30.92%	41.41%	52.57%
MY 2024		88.24%	87.76%	76.00%	73.48%	81.94%	86.89%	91.85%
MY 2023	***PPC - Prenatal and Postpartum Care—Postpartum Care	81.82%	93.02%	94.74%	67.31%	75.18%	80.78%	84.59%
MY 2024		100.00%	85.71%	68.00%	68.63%	77.37%	82.48%	86.62%
MY 2023	PRS-E - Prenatal Immunization Status - Combination Rate	35.87%	41.85%	38.39%	7.94%	15.17%	25.81%	37.75%
MY 2024		38.62%	37.70%	40.00%	8.42%	15.96%	24.92%	35.60%
Cancer Screening								
MY 2023	BCS-E- Breast Cancer Screening	67.20%	58.12%	59.99%	42.98%	48.33%	54.94%	62.67%
MY 2024		66.84%	54.14%	60.29%	42.86%	49.24%	56.66%	63.48%
MY 2023	CCS - Cervical Cancer Screening	77.27%	66.07%	48.78%	43.50%	53.37%	59.85%	66.48%
MY 2024		75.00%	64.71%	47.62%	43.31%	52.07%	60.10%	67.46%
MY 2023	COL- Colorectal Cancer Screening	NR	NR	NR	NR	NR	NR	NR
MY 2024	COL-E - Colorectal Cancer Screening	38.24%	31.74%	32.50%	27.27%	34.30%	41.59%	49.35%

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Year	Measure	County Performance			National Medicaid Benchmarks			
		Napa	Solano	Yolo	10th	33.33rd	66.67th	90th
Prevention and Population								
Other Preventive Services								
MY 2023	CHL - Chlamydia Screening in Women—Total	55.05%	62.67%	53.32%	42.61%	51.39%	61.07%	67.39%
MY 2024		49.58%	62.14%	51.37%	43.53%	52.40%	61.46%	69.07%
MY 2023	AIS-E-Adult Immunization Status—Influenza - Total	24.34%	19.23%	22.72%	6.50%	10.82%	16.32%	21.05%
MY 2024		21.99%	16.50%	21.83%	7.39%	12.55%	17.91%	26.40%
MY 2023	AIS-E-Adult Immunization Status—Pneumococcal - 66+	51.43%	56.30%	50.46%	N/A	N/A	N/A	N/A
MY 2024		51.67%	51.11%	47.74%	21.04%	38.73%	55.03%	68.07%
MY 2023	AIS-E-Adult Immunization Status—Td/Tdap - Total	39.23%	38.95%	41.62%	18.67%	29.84%	41.54%	56.53%
MY 2024		35.69%	34.58%	39.96%	21.26%	33.40%	47.30%	57.67%
MY 2023	AIS-E-Adult Immunization Status—Zoster - Total	21.55%	17.94%	18.53%	1.72%	4.42%	10.27%	14.54%
MY 2024		24.27%	17.30%	19.20%	2.23%	7.15%	13.49%	20.56%
Treatment								
Respiratory								
MY 2023	AMR - Asthma Medication Ratio- Total	78.34%	68.85%	65.93%	55.09%	61.81%	69.41%	75.92%
MY 2024		79.82%	65.79%	67.84%	54.56%	62.35%	70.56%	76.65%
MY 2023	CWP - Appropriate Testing for Pharyngitis—Total	65.48%	62.85%	89.19%	57.41%	68.76%	77.56%	82.40%
MY 2024		74.40%	71.69%	88.25%	61.35%	76.71%	85.11%	89.17%
MY 2023	**AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total	76.10%	81.13%	78.71%	50.05%	57.16%	66.19%	77.11%
MY 2024		68.79%	80.34%	80.77%	49.48%	50.98%	67.03%	77.66%
MY 2023	PCE - Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	69.70%	74.00%	75.00%	56.05%	68.39%	75.79%	82.43%
MY 2024		78.26%	76.19%	68.35%	55.28%	66.86%	74.78%	82.88%
MY 2023	PCE - Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	100.00%	89.50%	84.52%	72.88%	82.35%	86.96%	90.53%
MY 2024		91.30%	87.07%	84.81%	67.25%	80.19%	86.54%	89.96%

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Measurement Year 2024 - Reporting Year 2025**



Year	Measure	County Performance			National Medicaid Benchmarks			
		Napa	Solano	Yolo	10th	33.33rd	66.67th	90th
Treatment								
Diabetes								
MY 2023	EED - Eye Exams for Patients with Diabetes	69.57%	58.76%	43.24%	36.74%	46.96%	56.20%	63.33%
MY 2024		46.67%	59.65%	44.83%	40.39%	49.15%	57.09%	64.06%
MY 2023	BPD -Blood Pressure Control (<140/90) for Patients with Diabetes	66.67%	71.23%	67.86%	52.07%	59.85%	68.61%	74.56%
MY 2024		86.67%	84.21%	68.97%	58.15%	65.32%	71.78%	77.37%
MY 2023	HBD -Hemoglobin A1c Control for Patients with Diabetes-- HbA1c Control (<8%)	52.17%	56.70%	48.65%	38.93%	49.39%	55.72%	60.34%
MY 2024	GSD -Glycemic Status Assessment for Patients with Diabetes-- HbA1c Control (<8%)	66.67%	52.63%	55.17%	44.25%	54.50%	59.64%	63.50%
MY 2023	SPD - Statin Therapy for Patients With Diabetes—Received Statin Therapy	69.71%	69.35%	68.62%	54.15%	62.58%	67.07%	72.15%
MY 2024		67.58%	68.90%	69.47%	51.96%	62.66%	67.01%	71.41%
MY 2023	SPD - Statin Therapy for Patients With Diabetes—Statin Adherence 80%	94.88%	96.63%	94.49%	52.67%	62.50%	70.37%	77.97%
MY 2024		65.16%	70.86%	71.09%	53.23%	64.18%	70.91%	79.73%
MY 2023	KED - Kidney Health Evaluation for Patients with Diabetes	59.81%	55.47%	47.04%	22.73%	29.42%	38.80%	47.55%
MY 2024		48.46%	50.53%	39.00%	26.79%	33.00%	42.10%	49.72%
Heart Disease								
MY 2023	SPC - Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total	85.26%	82.35%	84.31%	70.02%	78.80%	81.64%	85.04%
MY 2024		87.84%	77.89%	82.48%	66.64%	79.82%	83.00%	85.89%
MY 2023	SPC - Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total	97.53%	96.94%	93.80%	56.67%	66.48%	73.63%	80.95%
MY 2024		64.62%	69.87%	81.42%	59.95%	67.42%	74.07%	81.79%
MY 2023	***CBP - Controlling High Blood Pressure	86.67%	65.71%	63.64%	50.36%	57.66%	65.45%	72.22%
MY 2024		52.38%	62.75%	78.13%	54.61%	61.43%	67.40%	72.75%

Partnership HealthPlan of California
Measurement Year 2024 - Reporting Year 2025



Year	Measure	County Performance			National Medicaid Benchmarks			
		Napa	Solano	Yolo	10th	33.33rd	66.67th	90th
Treatment								
Behavioral Health - Care Coordination								
MY 2023	FUH ¹ - Follow-Up After Hospitalization for Mental Illness-7 days	16.67%	58.10%	0.00%	23.74%	33.61%	46.35%	61.68%
MY 2024		NB	NB	NB	23.74%	33.61%	46.35%	61.68%
MY 2023	FUM - Follow-UP After Emergency Department Visit for Mental Illness 7 days total	20.59%	19.43%	15.58%	23.74%	33.61%	46.35%	61.68%
MY 2024		13.04%	9.98%	10.69%	21.19%	33.01%	44.33%	59.95%
MY 2023	FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7 days—Total	17.37%	24.81%	17.45%	13.83%	20.00%	27.73%	38.15%
MY 2024		10.83%	20.83%	17.30%	12.73%	18.76%	27.62%	37.47%
MY 2023	FUI - Follow-Up After High-Intensity Care for Substance Use Disorder—7 days—Total	17.39%	36.08%	11.76%	15.16%	23.12%	37.31%	49.55%
MY 2024		12.90%	32.17%	15.07%	15.91%	26.90%	37.64%	50.80%
Behavioral Health - Medication Adherence								
MY 2023	AMM - Antidepressant Medication Management—Effective Continuation Phase Treatment	86.92%	84.74%	79.92%	31.59%	40.01%	46.74%	58.06%
MY 2024		49.62%	51.75%	50.22%	31.52%	41.00%	48.16%	61.06%
MY 2023	POD - Pharmacotherapy for Opioid Use Disorder—Total	38.46%	42.53%	39.68%	14.94%	23.38%	31.93%	40.34%
MY 2024		3.57%	13.07%	3.85%	12.05%	21.36%	29.01%	36.71%
MY 2023	SAA - Adherence to Antipsychotic Medications for Individuals With Schizophrenia	78.02%	73.23%	67.11%	41.24%	57.79%	64.90%	72.61%
MY 2024		65.67%	65.96%	64.89%	44.65%	58.60%	66.15%	74.83%

**Partnership HealthPlan of California
Measurement Year 2024 - Reporting Year 2025**



Year	Measure	County Performance			National Medicaid Benchmarks			
		Napa	Solano	Yolo	10th	33.33rd	66.67th	90th
Treatment								
Behavioral Health - Access, Monitoring and Safety								
MY 2023	APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	47.73%	33.57%	21.18%	26.36%	31.97%	40.50%	53.58%
MY 2024		40.00%	41.57%	23.88%	25.86%	30.92%	41.41%	52.57%
MY 2023	ADD -Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase	37.50%	16.22%	38.78%	40.38%	50.98%	57.90%	63.92%
MY 2024		28.57%	25.00%	48.84%	37.19%	48.94%	56.83%	63.49%
MY 2023	SSD - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	82.55%	85.45%	83.85%	72.83%	77.40%	80.86%	85.52%
MY 2024		83.85%	87.32%	80.00%	75.46%	79.51%	83.51%	87.27%
MY 2023	APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	28.00%	20.37%	17.39%	36.65%	55.19%	63.89%	73.87%
MY 2024		9.09%	58.33%	28.00%	41.57%	54.55%	64.10%	74.14%
MY 2023	IET - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment—Engagement - Total	6.32%	9.24%	4.34%	7.05%	11.11%	16.94%	24.37%
MY 2024		4.79%	8.85%	3.50%	6.08%	10.51%	16.78%	26.72%
Risk-Adjusted Utilization								
MY 2023	PCR - Plan All-Cause Readmission - Observed to - Expected Ratio (18-64 years)	1.0566	0.8160	0.9892	No Bench Marks Use For Scoring			
MY 2024		0.8874	1.1087	1.0775				
Other Treatment Measures								
MY 2023	**LBP - Use of Imaging Studies for Low Back Pain	75.78%	77.01%	76.37%	67.72%	71.32%	75.44%	79.96%
MY 2024		65.19%	71.39%	74.62%	64.77%	67.84%	72.74%	78.72%

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

NB Not a Benefit - Auditor Approval required
NR Not Rated - Not included in the MY's measurement set
N/A No NCQA benchmark to apply in Measurement Year
* RDM and LDM are reporting only measures, full credit received for reporting.
** Inverted measures, a lower rate results in better performance
*** DHCS Withhold Measures
BOLD Indicates MCAS measures held to the MPL

Note: PCR calculations are based on the scoring algorithm for risk-adjusted utilization measures as defined by NCQA.
NCQA calculates the Confidence Limits (CLs) for all health plans.

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4.5 HPA HEDIS Rate Performance by County, Redding Region: Lassen, Modoc, Shasta, Siskiyou, Tehama, Trinity Counties

● 4-5 points
 ○ 3 points
 ● 1-2 points
 ○ Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). Denominators less than 20 at the county level are suppressed.

Year	Measure	County Performance						National Medicaid Benchmarks			
		Lassen	Modoc	Shasta	Siskiyou	Tehama	Trinity	10th	33.33rd	66.67th	90th
		Prevention and Population									
		Children and Adolescent Well-Care									
MY 2023	***CIS - Childhood Immunization Status	10.00%	0.00%	13.95%	20.00%	N/A	0.00%	20.68%	26.76%	35.04%	45.26%
MY 2024	(Combination 10)	50.00%	0.00%	16.00%	18.18%	0.00%	25.00%	18.25%	24.39%	31.32%	42.34%
MY 2023	***IMA - Immunizations for Adolescents	0.00%	50.00%	21.82%	18.18%	N/A	33.33%	24.82%	30.66%	38.93%	48.80%
MY 2024	(Combination 2)	12.50%	0.00%	21.57%	10.00%	0.00%	33.33%	25.41%	31.39%	38.69%	48.66%
MY 2023	WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total	66.67%	100.00%	86.67%	66.67%	N/A	66.67%	62.77%	74.70%	83.21%	89.72%
MY 2024		100.00%	100.00%	95.12%	66.67%	56.25%	0.00%	66.91%	76.89%	86.20%	91.24%
		Women's Reproductive Health									
MY 2023	***PPC - Prenatal and Postpartum Care—Timeliness of Prenatal Care	100.00%	75.00%	93.75%	66.67%	N/A	0.00%	25.86%	30.92%	41.41%	52.57%
MY 2024		100.00%	100.00%	84.38%	100.00%	61.54%	50.00%	73.48%	81.94%	86.89%	91.85%
MY 2023	***PPC - Prenatal and Postpartum Care—Postpartum Care	100.00%	25.00%	83.38%	33.33%	N/A	0.00%	67.31%	75.18%	80.78%	84.59%
MY 2024		100.00%	50.00%	0.00%	100.00%	92.31%	75.00%	68.63%	77.37%	82.48%	86.62%
MY 2023	PRS-E - Prenatal Immunization Status - Combination Rate	11.70%	15.63%	14.29%	20.00%	N/A	8.51%	7.94%	15.17%	25.81%	37.75%
MY 2024		26.67%	17.14%	24.12%	27.33%	22.51%	15.38%	8.42%	15.96%	24.92%	35.60%
		Cancer Screening									
MY 2023	BCS-E- Breast Cancer Screening	45.98%	45.65%	50.90%	51.66%	N/A	43.46%	42.98%	48.33%	54.94%	62.67%
MY 2024		43.08%	48.52%	54.90%	52.64%	38.46%	49.39%	42.86%	49.24%	56.66%	63.48%
MY 2023	CCS - Cervical Cancer Screening	33.33%	0.00%	39.47%	66.67%	N/A	66.67%	43.50%	53.37%	59.85%	66.48%
MY 2024		50.00%	100.00%	53.85%	72.73%	36.84%	100.00%	43.31%	52.07%	60.10%	67.46%
MY 2023	COL- Colorectal Cancer Screening	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
MY 2024	COL-E - Colorectal Cancer Screening	23.17%	31.51%	32.16%	27.63%	25.00%	27.13%	27.27%	34.30%	41.59%	49.35%

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Year	Measure	County Performance						National Medicaid Benchmarks			
		Lassen	Modoc	Shasta	Siskiyou	Tehama	Trinity	10th	33.33rd	66.67th	90th
		Prevention and Population									
		Other Preventive Services									
MY 2023	CHL - Chlamydia Screening in Women—Total	37.37%	30.39%	53.06%	46.15%	N/A	35.96%	42.61%	51.39%	61.07%	67.39%
MY 2024		41.55%	32.89%	52.12%	45.38%	54.34%	34.72%	43.53%	52.40%	61.46%	69.07%
MY 2023	AIS-E-Adult Immunization Status—Influenza - Total	7.70%	9.76%	9.31%	9.63%	N/A	7.89%	6.50%	10.82%	16.32%	21.05%
MY 2024		12.02%	10.14%	8.49%	10.20%	9.42%	8.18%	7.39%	12.55%	17.91%	26.40%
MY 2023	AIS-E-Adult Immunization Status—Pneumococcal - 66+	30.00%	25.00%	32.17%	33.33%	N/A	0.00%	N/A	N/A	N/A	N/A
MY 2024		30.00%	46.15%	36.81%	32.43%	27.00%	9.09%	21.04%	38.73%	55.03%	68.07%
MY 2023	AIS-E-Adult Immunization Status—Td/Tdap - Total	28.52%	29.97%	31.04%	29.73%	N/A	27.09%	18.67%	29.84%	41.54%	56.53%
MY 2024		28.42%	31.51%	33.87%	31.68%	29.20%	31.10%	21.26%	33.40%	47.30%	57.67%
MY 2023	AIS-E-Adult Immunization Status—Zoster - Total	3.76%	8.95%	9.25%	4.65%	N/A	5.99%	1.72%	4.42%	10.27%	14.54%
MY 2024		4.50%	10.87%	10.49%	5.84%	9.87%	6.96%	2.23%	7.15%	13.49%	20.56%

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Year	Measure	County Performance						National Medicaid Benchmarks			
		Lassen	Modoc	Shasta	Siskiyou	Tehama	Trinity	10th	33.33rd	66.67th	90th
		Treatment									
		Respiratory									
MY 2023	AMR - Asthma Medication Ratio- Total	54.64%	46.88%	49.94%	49.05%	N/A	48.00%	55.09%	61.81%	69.41%	75.92%
MY 2024		58.70%	63.16%	57.28%	59.62%	0.00%	50.00%	54.56%	62.35%	70.56%	76.65%
MY 2023	CWP - Appropriate Testing for Pharyngitis—Total	83.33%	74.39%	60.26%	52.12%	N/A	47.44%	57.41%	68.76%	77.56%	82.40%
MY 2024		77.47%	75.18%	63.34%	64.94%	50.37%	43.96%	61.35%	76.71%	85.11%	89.17%
MY 2023	**AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total	71.01%	46.67%	69.48%	67.18%	N/A	72.41%	50.05%	57.16%	66.19%	77.11%
MY 2024		59.62%	60.00%	61.78%	65.66%	53.05%	64.71%	49.48%	50.98%	67.03%	77.66%
MY 2023	PCE - Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	90.48%	75.00%	66.06%	61.11%	N/A	77.78%	56.05%	68.39%	75.79%	82.43%
MY 2024		58.62%	30.77%	74.31%	70.83%	77.00%	81.82%	55.28%	66.86%	74.78%	82.88%
MY 2023	PCE - Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	95.24%	75.00%	87.27%	86.11%	N/A	88.89%	72.88%	82.35%	86.96%	90.53%
MY 2024		86.21%	84.62%	85.42%	83.33%	90.00%	81.82%	67.25%	80.19%	86.54%	89.96%
		Diabetes									
MY 2023	EED - Eye Exams for Patients with Diabetes	100.00%	100.00%	68.42%	85.71%	N/A	50.00%	36.74%	46.96%	56.20%	63.33%
MY 2024		20.00%	100.00%	58.33%	71.43%	30.77%	0.00%	40.39%	49.15%	57.09%	64.06%
MY 2023	BPD -Blood Pressure Control (<140/90) for Patients with Diabetes	66.67%	80.00%	73.81%	70.00%	N/A	66.67%	52.07%	59.85%	68.61%	74.56%
MY 2024		20.00%	0.00%	62.50%	57.14%	30.77%		58.15%	65.32%	71.78%	77.37%
MY 2023	HBD -Hemoglobin A1c Control for Patients with Diabetes-- HbA1c Control (<8%)	0.00%	100.00%	65.79%	42.86%	N/A	25.00%	38.93%	49.39%	55.72%	60.34%
MY 2024	GSD -Glycemic Status Assessment for Patients with Diabetes-- HbA1c Control (<8%)	60.00%	50.00%	54.17%	42.86%	38.46%	0.00%	44.25%	54.50%	59.64%	63.50%
MY 2023	SPD - Statin Therapy for Patients With Diabetes—Received Statin Therapy	55.29%	64.13%	54.82%	56.68%	N/A	47.73%	54.15%	62.58%	67.07%	72.15%
MY 2024		53.90%	60.61%	57.12%	61.60%	46.15%	51.09%	51.96%	62.66%	67.01%	71.41%
MY 2023	SPD - Statin Therapy for Patients With Diabetes—Statin Adherence 80%	93.62%	98.31%	93.45%	93.50%	N/A	97.62%	52.67%	62.50%	70.37%	77.97%
MY 2024		67.47%	73.33%	71.68%	67.71%	66.67%	82.98%	53.23%	64.18%	70.91%	79.73%
MY 2023	KED - Kidney Health Evaluation for Patients with Diabetes	18.15%	25.00%	38.24%	26.56%	N/A	24.83%	22.73%	29.42%	38.80%	47.55%
MY 2024		17.08%	24.22%	42.26%	38.86%	37.70%	31.72%	26.79%	33.00%	42.10%	49.72%

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Year	Measure	County Performance						National Medicaid Benchmarks			
		Lassen	Modoc	Shasta	Siskiyou	Tehama	Trinity	10th	33.33rd	66.67th	90th
		Treatment									
		Heart Disease									
MY 2023	SPC - Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total	72.73%	50.00%	75.22%	87.50%	N/A	78.57%	70.02%	78.80%	81.64%	85.04%
MY 2024		78.95%	100.00%	80.65%	76.67%	66.67%	78.95%	66.64%	79.82%	83.00%	85.89%
MY 2023	SPC - Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total	100.00%	100.00%	96.46%	91.43%	N/A	100.00%	56.67%	66.48%	73.63%	80.95%
MY 2024		60.00%	57.14%	68.00%	60.87%	50.00%	73.33%	59.95%	67.42%	74.07%	81.79%
MY 2023	***CBP - Controlling High Blood Pressure	100.00%	75.00%	80.65%	80.00%	N/A	100.00%	50.36%	57.66%	65.45%	72.22%
MY 2024		54.55%	0.00%	51.52%	50.00%	33.33%		54.61%	61.43%	67.40%	72.75%
		Behavioral Health - Care Coordination									
MY 2023	FUH ¹ - Follow-Up After Hospitalization for Mental Illness-7 days	0.00%	0.00%	0.00%	0.00%	N/A	0.00%	23.74%	33.61%	46.35%	61.68%
MY 2024		NB	NB	NB	NB	NB	NB	23.74%	33.61%	46.35%	61.68%
MY 2023	FUM - Follow-UP After Emergency Department Visit for Mental Illness 7 days total	10.00%	0.00%	17.44%	13.58%	N/A	21.05%	23.74%	33.61%	46.35%	61.68%
MY 2024		9.38%	5.88%	18.90%	23.61%	6.67%	6.25%	21.19%	33.01%	44.33%	59.95%
MY 2023	FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7 days—Total	6.67%	35.29%	34.58%	18.37%	N/A	21.05%	13.83%	20.00%	27.73%	38.15%
MY 2024		14.52%	27.27%	34.01%	22.29%	22.94%	20.93%	12.73%	18.76%	27.62%	37.47%
MY 2023	FUI - Follow-Up After High-Intensity Care for Substance Use Disorder—7 days—Total	26.09%	40.00%	31.27%	40.00%	N/A	0.00%	15.16%	23.12%	37.31%	49.55%
MY 2024		37.04%	31.25%	36.40%	39.29%	25.00%	0.00%	15.91%	26.90%	37.64%	50.80%

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Year	Measure	County Performance						National Medicaid Benchmarks			
		Lassen	Modoc	Shasta	Siskiyou	Tehama	Trinity	10th	33.33rd	66.67th	90th
		Treatment									
Behavioral Health - Medication Adherence											
MY 2023	AMM - Antidepressant Medication Management—Effective Continuation Phase Treatment	81.05%	72.41%	81.78%	86.41%	N/A	86.36%	31.59%	40.01%	46.74%	58.06%
MY 2024		54.29%	22.22%	46.21%	44.66%	44.00%	55.56%	31.52%	41.00%	48.16%	61.06%
MY 2023	POD - Pharmacotherapy for Opioid Use Disorder—Total	52.94%	66.67%	33.63%	37.63%	N/A	46.15%	14.94%	23.38%	31.93%	40.34%
MY 2024		5.56%	55.56%	16.40%	27.83%	4.00%	10.00%	12.05%	21.36%	29.01%	36.71%
MY 2023	SAA - Adherence to Antipsychotic Medications for Individuals With Schizophrenia	75.00%	73.68%	72.43%	84.38%	N/A	50.00%	41.24%	57.79%	64.90%	72.61%
MY 2024		73.91%	46.15%	66.19%	57.58%	60.53%	70.00%	44.65%	58.60%	66.15%	74.83%
Behavioral Health - Access, Monitoring and Safety											
MY 2023	APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	30.43%	11.11%	29.11%	34.78%	N/A	37.50%	26.36%	31.97%	40.50%	53.58%
MY 2024		31.03%	0.00%	29.56%	29.73%	29.52%	50.00%	25.86%	30.92%	41.41%	52.57%
MY 2023	ADD -Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase	15.38%	25.00%	32.43%	37.50%	N/A	37.50%	40.38%	50.98%	57.90%	63.92%
MY 2024		20.00%	50.00%	48.53%	53.85%	0.00%	40.00%	37.19%	48.94%	56.83%	63.49%
MY 2023	SSD - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	67.92%	96.15%	78.12%	87.62%	N/A	76.47%	72.83%	77.40%	80.86%	85.52%
MY 2024		80.43%	90.48%	81.42%	82.76%	84.08%	88.89%	75.46%	79.51%	83.51%	87.27%
MY 2023	APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	20.83%	14.29%	31.97%	18.18%	N/A	20.00%	36.65%	55.19%	63.89%	73.87%
MY 2024		6.25%	33.33%	54.55%	50.00%	20.69%	50.00%	41.57%	54.55%	64.10%	74.14%
MY 2023	IET - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment—Engagement - Total	6.51%	2.59%	9.95%	11.13%	N/A	5.00%	7.05%	11.11%	16.94%	24.37%
MY 2024		9.57%	8.94%	12.24%	11.41%	4.96%	2.87%	6.08%	10.51%	16.78%	26.72%

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		Risk-Adjusted Utilization									
MY 2023	PCR - Plan All-Cause Readmission - Observed to - Expected Ratio (18-64 years)	0.7435	1.2776	0.8396	0.9745	N/A	0.8752	No Bench Marks Use For Scoring			
MY 2024		0.9224	0.9456	0.8900	0.4606	2.7723	0.6961				
		Other Treatment Measures									
MY 2023	**LBP - Use of Imaging Studies for Low Back Pain	68.93%	73.91%	76.68%	61.90%	N/A	75.76%	67.72%	71.32%	75.44%	79.96%
MY 2024		71.59%	57.78%	75.10%	63.19%	76.58%	64.44%	64.77%	67.84%	72.74%	78.72%

Note: PCR calculations are based on the scoring algorithm for risk-adjusted utilization measures as defined by NCQA.
NCQA calculates the Confidence Limits (CLs) for all health plans.

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

NB Not a Benefit - Auditor Approval required
NR Not Rated - Not included in the MY's measurement set
N/A No NCQA benchmark to apply in Measurement Year
* RDM and LDM are reporting only measures, full credit received for reporting.
** Inverted measures, a lower rate results in better performance
*** DHCS Withhold Measures
BOLD Indicates MCAS measures held to the MPL

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4.6 HPA HEDIS Rate Performance by County, Santa Rosa Region: Marin, Sonoma Counties

Note: CAHPS is not captured by County

● 4-5 points
 ○ 3 points
 ● 1-2 points
 ○ Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). Denominators less than 20 at the county level are suppressed.

Year	Measure	County Performance		National Medicaid Benchmarks			
		Marin	Sonoma	10th	33.33rd	66.67th	90th
Prevention and Population							
Children and Adolescent Well-Care							
MY 2023	***CIS - Childhood Immunization Status	28.13%	44.74%	20.68%	26.76%	35.04%	45.26%
MY 2024	(Combination 10)	35.14%	34.25%	18.25%	24.39%	31.32%	42.34%
MY 2023	***IMA - Immunizations for Adolescents	64.29%	65.43%	24.82%	30.66%	38.93%	48.80%
MY 2024	(Combination 2)	57.14%	53.85%	25.41%	31.39%	38.69%	48.66%
MY 2023	WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total	89.47%	77.50%	62.77%	74.70%	83.21%	89.72%
MY 2024		90.91%	69.49%	66.91%	76.89%	86.20%	91.24%
Women's Reproductive Health							
MY 2023	***PPC - Prenatal and Postpartum Care—Timeliness of Prenatal Care	88.89%	91.67%	25.86%	30.92%	41.41%	52.57%
MY 2024		100.00%	90.00%	73.48%	81.94%	86.89%	91.85%
MY 2023	***PPC - Prenatal and Postpartum Care—Postpartum Care	100.00%	88.89%	67.31%	75.18%	80.78%	84.59%
MY 2024		100.00%	96.67%	68.63%	77.37%	82.48%	86.62%
MY 2023	PRS-E - Prenatal Immunization Status - Combination Rate	57.21%	45.31%	7.94%	15.17%	25.81%	37.75%
MY 2024		46.87%	39.15%	8.42%	15.96%	24.92%	35.60%
		Cancer Screening					
MY 2023	BCS-E- Breast Cancer Screening	58.02%	61.94%	42.98%	48.33%	54.94%	62.67%
MY 2024		63.44%	59.17%	42.86%	49.24%	56.66%	63.48%
MY 2023	CCS - Cervical Cancer Screening	75.00%	58.62%	43.50%	53.37%	59.85%	66.48%
MY 2024		71.43%	68.00%	43.31%	52.07%	60.10%	67.46%
MY 2023	COL- Colorectal Cancer Screening	NR	NR	NR	NR	NR	NR
MY 2024	COL-E - Colorectal Cancer Screening	34.44%	38.68%	27.27%	34.30%	41.59%	49.35%

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Measurement Year 2024 - Reporting Year 2025**



Year	Measure	County Performance		National Medicaid Benchmarks			
		Marin	Sonoma	10th	33.33rd	66.67th	90th
Prevention and Population							
Other Preventive Services							
MY 2023	CHL - Chlamydia Screening in Women—Total	72.34%	54.05%	42.61%	51.39%	61.07%	67.39%
MY 2024		77.63%	51.89%	43.53%	52.40%	61.46%	69.07%
MY 2023	AIS-E-Adult Immunization Status—Influenza - Total	24.30%	23.75%	6.50%	10.82%	16.32%	21.05%
MY 2024		21.41%	18.25%	7.39%	12.55%	17.91%	26.40%
MY 2023	AIS-E-Adult Immunization Status—Pneumococcal - 66+	48.51%	44.70%	N/A	N/A	N/A	N/A
MY 2024		49.58%	40.21%	21.04%	38.73%	55.03%	68.07%
MY 2023	AIS-E-Adult Immunization Status—Td/Tdap - Total	41.23%	35.03%	18.67%	29.84%	41.54%	56.53%
MY 2024		40.27%	31.66%	21.26%	33.40%	47.30%	57.67%
MY 2023	AIS-E-Adult Immunization Status—Zoster - Total	22.92%	15.55%	1.72%	4.42%	10.27%	14.54%
MY 2024		27.44%	13.98%	2.23%	7.15%	13.49%	20.56%

Year	Measure	County Performance		National Medicaid Benchmarks			
		Marin	Sonoma	10th	33.33rd	66.67th	90th
		Treatment					
		Respiratory					
MY 2023	AMR - Asthma Medication Ratio- Total	65.65%	71.78%	55.09%	61.81%	69.41%	75.92%
MY 2024		61.27%	70.42%	54.56%	62.35%	70.56%	76.65%
MY 2023	CWP - Appropriate Testing for Pharyngitis—Total	77.41%	75.36%	57.41%	68.76%	77.56%	82.40%
MY 2024		80.68%	82.89%	61.35%	76.71%	85.11%	89.17%
MY 2023	**AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total	87.50%	79.66%	50.05%	57.16%	66.19%	77.11%
MY 2024		88.02%	77.33%	49.48%	50.98%	67.03%	77.66%
MY 2023	PCE - Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	72.22%	75.00%	56.05%	68.39%	75.79%	82.43%
MY 2024		55.26%	71.52%	55.28%	66.86%	74.78%	82.88%
MY 2023	PCE - Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	86.11%	91.88%	72.88%	82.35%	86.96%	90.53%
MY 2024		86.84%	87.42%	67.25%	80.19%	86.54%	89.96%

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Measurement Year 2024 - Reporting Year 2025



		Diabetes					
MY 2023	EED - Eye Exams for Patients with Diabetes	50.00%	41.77%	36.74%	46.96%	56.20%	63.33%
MY 2024		63.16%	65.52%	40.39%	49.15%	57.09%	64.06%
MY 2023	BPD -Blood Pressure Control (<140/90) for Patients with Diabetes	66.67%	59.76%	52.07%	59.85%	68.61%	74.56%
MY 2024		89.47%	67.24%	58.15%	65.32%	71.78%	77.37%
MY 2023	HBD -Hemoglobin A1c Control for Patients with Diabetes-- HbA1c Control (<8%)	73.08%	49.37%	38.93%	49.39%	55.72%	60.34%
MY 2024	GSD -Glycemic Status Assessment for Patients with Diabetes-- HbA1c Control (<8%)	52.63%	44.83%	44.25%	54.50%	59.64%	63.50%
MY 2023	SPD - Statin Therapy for Patients With Diabetes—Received Statin Therapy	65.65%	65.80%	54.15%	62.58%	67.07%	72.15%
MY 2024		67.69%	68.61%	51.96%	62.66%	67.01%	71.41%
MY 2023	SPD - Statin Therapy for Patients With Diabetes—Statin Adherence 80%	95.35%	93.54%	52.67%	62.50%	70.37%	77.97%
MY 2024		69.25%	62.65%	53.23%	64.18%	70.91%	79.73%
MY 2023	KED - Kidney Health Evaluation for Patients with Diabetes	43.55%	44.30%	22.73%	29.42%	38.80%	47.55%
MY 2024		50.23%	47.24%	26.79%	33.00%	42.10%	49.72%

Partnership HealthPlan of California
Measurement Year 2024 - Reporting Year 2025



Year	Measure	County Performance		National Medicaid Benchmarks			
		Marin	Sonoma	10th	33.33rd	66.67th	90th
		Treatment					
		Heart Disease					
MY 2023	SPC - Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total	87.74%	83.18%	70.02%	78.80%	81.64%	85.04%
MY 2024		89.01%	82.29%	66.64%	79.82%	83.00%	85.89%
MY 2023	SPC - Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total	100.00%	93.38%	56.67%	66.48%	73.63%	80.95%
MY 2024		72.84%	70.46%	59.95%	67.42%	74.07%	81.79%
MY 2023	***CBP - Controlling High Blood Pressure	62.07%	71.64%	50.36%	57.66%	65.45%	72.22%
MY 2024		62.07%	62.67%	54.61%	61.43%	67.40%	72.75%
Behavioral Health - Care Coordination							
MY 2023	FUH ¹ - Follow-Up After Hospitalization for Mental Illness-7 days	11.11%	15.79%	23.74%	33.61%	46.35%	61.68%
MY 2024		NB	NB	23.74%	33.61%	46.35%	61.68%
MY 2023	FUM - Follow-UP After Emergency Department Visit for Mental Illness 7 days total	28.49%	26.91%	23.74%	33.61%	46.35%	61.68%
MY 2024		20.50%	16.83%	21.19%	33.01%	44.33%	59.95%
MY 2023	FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7 days—Total	22.95%	17.08%	13.83%	20.00%	27.73%	38.15%
MY 2024		21.33%	18.89%	12.73%	18.76%	27.62%	37.47%
MY 2023	FUI - Follow-Up After High-Intensity Care for Substance Use Disorder—7 days—Total	17.81%	13.57%	15.16%	23.12%	37.31%	49.55%
MY 2024		10.53%	22.86%	15.91%	26.90%	37.64%	50.80%

Partnership HealthPlan of California
Measurement Year 2024 - Reporting Year 2025



Year	Measure	County Performance		National Medicaid Benchmarks			
		Marin	Sonoma	10th	33.33rd	66.67th	90th
		Treatment					
Behavioral Health - Medication Adherence							
MY 2023	AMM - Antidepressant Medication Management—Effective Continuation Phase Treatment	82.33%	80.13%	31.59%	40.01%	46.74%	58.06%
MY 2024		49.81%	45.43%	31.52%	41.00%	48.16%	61.06%
MY 2023	POD - Pharmacotherapy for Opioid Use Disorder—Total	47.22%	46.89%	14.94%	23.38%	31.93%	40.34%
MY 2024		5.19%	12.62%	12.05%	21.36%	29.01%	36.71%
MY 2023	SAA - Adherence to Antipsychotic Medications for Individuals With Schizophrenia	85.71%	73.57%	41.24%	57.79%	64.90%	72.61%
MY 2024		77.88%	68.80%	44.65%	58.60%	66.15%	74.83%
Behavioral Health - Access, Monitoring and Safety							
MY 2023	APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	40.00%	41.84%	26.36%	31.97%	40.50%	53.58%
MY 2024		51.72%	35.29%	25.86%	30.92%	41.41%	52.57%
MY 2023	ADD -Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase	27.03%	33.74%	40.38%	50.98%	57.90%	63.92%
MY 2024		50.00%	31.82%	37.19%	48.94%	56.83%	63.49%
MY 2023	SSD - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	79.34%	81.45%	72.83%	77.40%	80.86%	85.52%
MY 2024		78.61%	85.90%	75.46%	79.51%	83.51%	87.27%
MY 2023	APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	22.73%	32.47%	36.65%	55.19%	63.89%	73.87%
MY 2024		77.78%	31.48%	41.57%	54.55%	64.10%	74.14%
MY 2023	IET - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment—Engagement - Total	6.69%	7.17%	7.05%	11.11%	16.94%	24.37%
MY 2024		5.39%	8.69%	6.08%	10.51%	16.78%	26.72%

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Risk-Adjusted Utilization							
MY 2023	PCR - Plan All-Cause Readmission - Observed to - Expected Ratio (18-64 years)	0.9021	0.9640	No Bench Marks Use For Scoring			
MY 2024		0.9704	0.8308				
Other Treatment Measures							
MY 2023	**LBP - Use of Imaging Studies for Low Back Pain	75.28%	78.80%	67.72%	71.32%	75.44%	79.96%
MY 2024		72.67%	77.55%	64.77%	67.84%	72.74%	78.72%

Note: PCR calculations are based on the scoring algorithm for risk-adjusted utilization measures as defined by NCQA.
NCQA calculates the Confidence Limits (CLs) for all health plans.

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

NB Not a Benefit - Auditor Approval required
NR Not Rated - Not included in the MY's measurement set
N/A No NCQA benchmark to apply in Measurement Year
• RDM and LDM are reporting only measures, full credit received for reporting.
** Inverted measures, a lower rate results in better performance
*** DHCS Withhold Measures
BOLD Indicates MCAS measures held to the MPL

5.0 HEDIS HealthPlan Accreditation (HPA) – Healthplan Rating Methodology

Health plans are rated in three categories: private/commercial plans in which people enroll through employers or on their own; plans that serve Medicare beneficiaries in the Medicare Advantage program (not supplemental plans); and plans that serve Medicaid beneficiaries.

NCQA ratings are based on three types of quality measures: 1) measures of clinical quality from NCQA's Healthcare Effectiveness Data and Information Set (HEDIS®) and Health Outcomes Survey (HOS); 2) measures of patient experience using the Consumer Assessment of Healthcare Providers and Systems (CAHPS®); and 3) results from NCQA's review of a health plan's health quality processes (NCQA Accreditation). NCQA rates health plans that choose to report measures publicly.

The overall rating is the weighted average of a plan's HEDIS, HOS and CAHPS measure ratings, plus Accreditation bonus points (if the plan is Accredited by NCQA), rounded to the nearest half point displayed as stars.

The overall rating is based on performance on dozens of measures of care and is calculated on a 0–5 scale in half points (5 is highest). Performance includes three subcategories:

1. **Patient Experience:** Patient-reported experience of care, including experience with doctors, services and customer service (measures in the Patient Experience category).
2. **Rates for Clinical Measures:** The proportion of eligible members who received preventive services (prevention measures) and the proportion of eligible members who received recommended care for certain conditions (treatment measures).
3. **NCQA Health Plan Accreditation:** For a plan with an Accredited or Provisional status, 0.5 bonus points are added to the overall rating before rounding to the nearest half point and displayed as stars.

6.0 HEDIS/CAHPS Measures Required for HP Accreditation—Medicaid

Measure Name		Display Name	Weight
PATIENT EXPERIENCE			
Getting Care			
Getting Needed Care (Usually + Always)		Getting care easily	1.5
Getting Care Quickly (Usually + Always)		Getting care quickly	1.5
Satisfaction With Plan Physicians			
Rating of Personal Doctor (9 + 10)		Rating of primary care doctor	1.5
Satisfaction With Plan and Plan Services			
Rating of Health Plan (9 + 10)		Rating of health plan	1.5
Rating of All Health Care (9 + 10)		Rating of care	1.5
PREVENTION AND POPULATION			
Children and Adolescent Well-Care			
CIS	Childhood Immunization Status—Combination 10	Childhood immunizations	3
IMA	Immunizations for Adolescents—Combination 2	Adolescent immunizations	3
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total	BMI percentile assessment	1
Women's Reproductive Health			
PPC	Prenatal and Postpartum Care—Timeliness of Prenatal Care	Prenatal checkups	1
	Prenatal and Postpartum Care—Postpartum Care	Postpartum care	1
PRS-E	Prenatal Immunization Status—Combination Rate	Prenatal immunizations	1
Cancer Screening			
BCS-E	Breast Cancer Screening	Breast cancer screening	1
COL-E	Colorectal Cancer Screening—Total (NEW MEASURE)	Colorectal cancer screening	1
CCS	Cervical Cancer Screening	Cervical cancer screening	1
Description of Membership			
RDM	Race/Ethnicity Diversity of Membership	Race and ethnicity of members	1
LDM	Language Diversity of Membership (NEW MEASURE)	Language preferences of members	0.5
Other Preventive Services			
CHL	Chlamydia Screening in Women—Total	Chlamydia screening	1
AIS-E	Adult Immunization Status—Influenza—Total	Influenza immunizations for adults	1
	Adult Immunization Status—Td/Tdap—Total	Td/Tdap immunizations for adults	1
	Adult Immunization Status—Zoster—Total	Zoster immunizations for adults	1
	Adult Immunization Status—Pneumococcal—66+	Pneumococcal immunizations for adults	1

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TREATMENT			
Respiratory			
AMR	Asthma Medication Ratio—Total	Asthma control	1
CWP	Appropriate Testing for Pharyngitis—Total	Appropriate testing and care for a sore throat	1
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total	Appropriate antibiotic use for acute bronchitis/bronchiolitis	1
PCE	Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid	Steroid after hospitalization for acute COPD	1
	Pharmacotherapy Management of COPD Exacerbation—Bronchodilator	Bronchodilator after hospitalization for acute COPD	1
Diabetes			
BPD	Blood Pressure Control for Patients With Diabetes	Patients with diabetes—blood pressure control (140/90)	3
EED	Eye Exam for Patients With Diabetes	Patients with diabetes—eye exams	1
GSD	Glycemic Status Assessment for Patients With Diabetes—Glycemic Status (<8%) (NEW MEASURE)	Patients with diabetes—glycemic status	3
SPD	Statin Therapy for Patients With Diabetes—Received Statin Therapy	Patients with diabetes—received statin therapy	1
	Statin Therapy for Patients With Diabetes—Statin Adherence 80%	Patients with diabetes—statin adherence 80%	1
KED	Kidney Health Evaluation for Patients With Diabetes—Total	Patients with diabetes—kidney health evaluation	1
Heart Disease			
SPC	Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total	Patients with cardiovascular disease—received statin therapy	1
	Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total	Patients with cardiovascular disease—statin adherence 80%	1
CBP	Controlling High Blood Pressure	Controlling high blood pressure	3

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Measure Name		Display Name	Weight
Behavioral Health—Care Coordination			
FUM	Follow-Up After Emergency Department Visit for Mental Illness—7 days—Total	Follow-up after ED for mental illness	1
FUA	Follow-Up After Emergency Department Visit for Substance Use—7 days—Total	Follow-up after ED for substance use disorder	1
FUI	Follow-Up After High-Intensity Care for Substance Use Disorder—7 days—Total	Follow-up after high-intensity care for substance use disorder	1
Behavioral Health—Medication Adherence			
SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Adherence to antipsychotic medications for individuals with schizophrenia	1
AMM	Antidepressant Medication Management—Effective Continuation Phase Treatment	Patients with a new episode of depression—medication adherence for 6 months	1
POD	Pharmacotherapy for Opioid Use Disorder—Total	Patients with opioid use disorder—medication adherence for 6 months	1
Behavioral Health—Access, Monitoring and Safety			
APM-E	Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total (NEW REPORTING METHOD)	Cholesterol and blood sugar testing for youth on antipsychotic medications	1
ADD-E	Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase (NEW REPORTING METHOD)	Continued follow-up after ADHD diagnosis	1
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Diabetes screening for individuals with schizophrenia or bipolar disorder	1
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	First-line psychosocial care for youth on antipsychotic medications	1
IET	Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment—Total	Substance use disorder treatment engagement	1
Risk-Adjusted Utilization			
PCR	Plan All-Cause Readmissions—Observed-to-Expected Ratio—18-64	Plan all-cause readmissions	1
Other Treatment Measures			
LBP	Use of Imaging Studies for Low Back Pain—Total	Appropriate use of imaging studies for low back pain	1

7.0 HEDIS/CAHPS MY2024 / RY2025 HPA Overall Star Rating Results: with Child CAHPS Survey Results (Projected)

On August 15, 2025, Partnership received NCQA's projected MY2024 HPA Star Rating of 3.0 Stars. This rating is calculated based on the MY2024 Child CAHPS® (regulated) survey results and plan-wide HEDIS rates per the NCQA Health Plan scoring methodology. Final scores will be published by NCQA in Fall of 2025. Because NCQA's scoring methodology uses rates that are proprietary to NCQA and will not be published until Fall 2025, Partnership's scoring calculations are not published in the MY2024 Annual Summary of Performance at this time.



As the MY2024 scoring summary below shows, Partnership's score was very close to a 3.5 Star Rating and missed the 3.5 Star Rating cut-point by 8/1000 of a point.

Rounding Rules	
0.000–0.249 → 0.0	2.750–3.249 → 3.0
0.250–0.749 → 0.5	3.250–3.749 → 3.5
0.750–1.249 → 1.0	3.750–4.249 → 4.0
1.250–1.749 → 1.5	4.250–4.749 → 4.5
1.750–2.249 → 2.0	≥4.750 → 5.0
2.250–2.749 → 2.5	

Overall Rating Source	
Measure points	164.5
Overall Rating Not Rounded	2.741666667
Final Overall Rating +.5 Bonus	3.242
Final Score Rounded	3.0

7.1 Factors in MY2024 HPA Star Rating

Partnership's Star Rating declined from 3.5 Stars in MY2023 to 3.0 Stars in MY2024. The following factors were important drivers of Partnership's performance on the MY2024 HPA measures:

Improved Performance on CAHPS Surveys: Both the Child and Adult CAHPS survey scores

improved plan-wide between MY2023 and MY2024. Partnership saw significant improvements in year-over-year scores on the questions “Rating of Health Plan” and “Rating of Personal Doctor” on both surveys. This reflects Partnership’s sustained focus on improving the Partnership member experience in several key areas, including staff trainings to improve member benefits literacy; improvements in the transportation benefit; and digital platform enhancements such as the launch of a member texting platform. Partnership has also invested significant resources into a Healthcare Access Strategy and Tactical Plan, which includes provider recruitment and retention initiatives, network gap analyses, and telehealth integration strategies. All of these efforts combined led to survey results that show an improvement in reported member experience within the provider network.

Population Shifts within the Network: As described in Section 2, Partnership grew its membership by 36.7 percent in January, 2024, by adding ten (10) additional counties to its network. Neither of the legacy Managed Care Plans departing these counties were NCQA Accredited Health Plans before 2024, so HPA HEDIS measures were less familiar and less prioritized for these incoming primary care providers. Additionally, incoming PCP’s were challenged by data completeness issues, which gave them limited historical data for multi-year measures. Incoming PCP’s also experienced significant member assignment mismatches at the beginning of 2024, which limited their ability to impact the members on their panels and impacted their HEDIS measure rates.

Approximately 82,000 Partnership members assigned to Kaiser also departed Partnership in January, 2024. These members have had high rates on the HPA HEDIS measures, and their departure impacted measure rates in Solano, Sonoma, Napa and Yolo Counties.

Finally, the disruption in Partnership’s contract with Dignity Health in early 2024 impacted members in Nevada, Shasta, Siskiyou, Tehama, and Yolo Counties. Though these 64,000 members were assigned to other PCP’s in their regions, the disruption in their primary care impacted many of the chronic condition and behavioral health management measures that make up the HPA measure set.

Resolution of Medi-Cal Rx Data Issues: In late 2024, Partnership identified and resolved several prescription duplication issues within the Medi-Cal Rx dataset, provided to Partnership by DHCS pharmacy benefit administrator Magellen. These issues had the effect of inflating the reported rates for several HPA measures centered on medication management during MY2022 and MY2023, including Antidepressant Medication Management—Effective Continuation Phase Treatment (AMM), Pharmacotherapy for Opioid Use Disorder (POD), Statin Therapy for Patients with Cardiovascular Disease – Adherence (SPC), and Statin Therapy for Patients with Diabetes – Adherence (SPD). The MY2024 measure rates reflects a more accurate Medi-Cal Rx prescription dataset, but also reflects a drop in reported rates between MY2023 – MY2024.

Annual Changes to NCQA HEDIS Benchmarks: Partnership uses the most recent NCQA published benchmarks available to project measure scores and calculate a Projected Star Rating. For

MY2024, the most recently published benchmarks available are the Quality Compass MY2023 Medicaid National Benchmarks. NCQA, however, uses the MY2024 rates they receive from Medicaid plans nationwide in June 2025 to produce a more recent set of benchmarks based on MY2024 rates, that they then use to calculate the MY2024 Star Ratings for Medicaid plans. For MY2024, Partnership saw several measure benchmarks increase significantly, which resulted in a lower Star Rating projection than Partnership calculated internally using the MY2023 benchmarks. The HPA measures with benchmarks that increased most significantly in MY2024 include:

- Immunizations for Adolescents - Combination 2 (IMA-2)
- Prenatal and Postpartum Care - Timeliness of Prenatal Care (PPC-Pre)
- Adult Immunization Status - Zoster (Total) (AIS-E)
- Eye Exam for Patients With Diabetes (EED)
- Controlling High Blood Pressure (CBP)
- Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SSA)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing (Total) (APM-E)
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

7.2 MY2024 HEDIS HealthPlan Accreditation (HPA) – HealthPlan Rating Score Child CAHPS - Change from Prior Year

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

Rounding Rules	
0.000–0.249 → 0.0	2.750–3.249 → 3.0
0.250–0.749 → 0.5	3.250–3.749 → 3.5
0.750–1.249 → 1.0	3.750–4.249 → 4.0
1.250–1.749 → 1.5	4.250–4.749 → 4.5
1.750–2.249 → 2.0	≥4.750 → 5.0
2.250–2.749 → 2.5	

MY2024 Projected Star Rating w/Child CAHPS survey results (submitted for HPA):

Final Overall Rating +.5 Bonus	3.24166667
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HEDIS HealthPlan Accreditation Star Rating Scoring MY2024 With Child CAHPS Survey Results	TOTAL Weight	TOTAL ACCRD Score MY2024	TOTAL Measure Score (Weight*Score)	Calculated Score (Not-Rounded)	Star Rating (Rounded) + 0.5 Bonus points overall
Overall Rating (CAHPS + Accreditation Measures)	60	135	164.5	2.741666667	3.0 ★★☆☆☆
Patient Experience	7.5	12	18	2.400	2.5 ★★☆☆☆
Prevention and Population	19.5	52	61.5	3.154	3.0 ★★☆☆☆
Treatment	33	71	85	2.576	2.5 ★★☆☆☆

MY2023 Star Rating w/Child CAHPS survey results (not submitted for HPA):

Final Overall Rating +.5 Bonus	3.752101
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HEDIS HealthPlan Accreditation Star Rating Scoring MY2023 With Child CAHPS Survey Results	TOTAL Weight	TOTAL ACCRD Score MY2022	TOTAL ACCRD Score MY2023	TOTAL Measure Score (Weight*Score)	Calculated Score (Not-Rounded)	Star Rating (Rounded) + 0.5 Bonus points
Overall Rating (CAHPS + Accreditation Measures)	59.5	153	155	193.5	3.252101	4.0 ★★★★★
Child CAHPS Rating	7.5	12	9	13.5		
Patient Experience	7.5	12	9	13.5	1.800	2 ★★☆☆☆
Prevention and Equity	18	39	52	66	3.667	3.5 ★★☆☆☆
Treatment	34	102	94	114	3.353	3.5 ★★☆☆☆

7.3 MY2024 HEDIS HealthPlan Accreditation (HPA) – HealthPlan Rating Score Adults CAHPS - Change from Prior Year

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

Rounding Rules	
0.000–0.249 → 0.0	2.750–3.249 → 3.0
0.250–0.749 → 0.5	3.250–3.749 → 3.5
0.750–1.249 → 1.0	3.750–4.249 → 4.0
1.250–1.749 → 1.5	4.250–4.749 → 4.5
1.750–2.249 → 2.0	≥4.750 → 5.0
2.250–2.749 → 2.5	

MY2024 Projected Star Rating w/Adult CAHPS survey results (not submitted for HPA):

Final Overall Rating +.5 Bonus	3.19166667
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HEDIS HealthPlan Accreditation Star Rating Scoring MY2024 With Adult CAHPS Survey Results	MY 2024 Final Rate	TOTAL Weight	TOTAL ACCRD Score MY2024	TOTAL Measure Score (Weight* Score)	Calculated Score (Not-Rounded)	Star Rating (Rounded) + 0.5 Bonus points	
Overall Rating (CAHPS + Accreditation Measures)		60	133	161.5	2.691666667	3.0	★ ★ ★ ★ ☆
Patient Experience		7.5	10	15	2.000	2.0	★ ★ ★ ☆ ☆
Prevention and Population		19.5	52	61.5	3.154	3.0	★ ★ ★ ★ ☆
Treatment		33	71	85	2.576	2.5	★ ★ ★ ☆ ☆

MY2023 Final Health Plan Rating w/Adult CAHPS survey results (submitted for HPA):

Final Overall Rating +.5 Bonus	3.62605042
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HEDIS HealthPlan Accreditation Star Rating Scoring MY2023 With Adult CAHPS Survey Results	TOTAL Weight	TOTAL ACCRD Score MY2023	TOTAL Measure Score (Weight* Score)	Calculated Score (Not-Rounded)	Star Rating (Rounded) + 0.5 Bonus points	
Overall Rating (CAHPS + Accreditation Measures)	59.5	148	186	3.12605042	3.5	★ ★ ★ ★ ☆
Patient Experience	7.5	8	12	1.600	1.5	★ ★ ★ ☆ ☆
Prevention and Equity	18	50	64	3.556	3.5	★ ★ ★ ★ ☆
Treatment	34	90	110	3.235	3.5	★ ★ ★ ★ ☆

8.0 MY2024 HEDIS HealthPlan Accreditation (HPA) – Measurement Set Descriptions

HEDIS Measure	Measure Indicator	Measure Definition
Antidepressant Medication Management (AMM)	<ul style="list-style-type: none"> Continuation Phase Treatment Acute Phase Treatment 	<ul style="list-style-type: none"> The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. <ul style="list-style-type: none"> Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	<ul style="list-style-type: none"> Total 	<ul style="list-style-type: none"> The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event. <p>Note: This measure is reported as an inverted rate $[1 - (\text{numerator} / \text{eligible population})]$. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (i.e., the proportion for episodes that did not result in an antibiotic dispensing event).</p>
Adult Immunization Status (AIS-E)	<ul style="list-style-type: none"> Influenza immunizations for adults Td/Tdap immunizations for adults Zoster immunizations for adults Pneumococcal immunizations for adults 	<ul style="list-style-type: none"> The percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

HEDIS Measure	Measure Indicator	Measure Definition
Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase (ADD-E)	<ul style="list-style-type: none"> Initiation Phase Continuation and Maintenance (C&M) Phase 	<ul style="list-style-type: none"> The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported. <ul style="list-style-type: none"> Initiation Phase. The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.
Asthma Medication Ratio (AMR)	<ul style="list-style-type: none"> 5–64 years Total 	<ul style="list-style-type: none"> The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total (APP)	<ul style="list-style-type: none"> Total 	<ul style="list-style-type: none"> The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.
Breast Cancer Screening (BCS-E)	<ul style="list-style-type: none"> Total 	<ul style="list-style-type: none"> The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

HEDIS Measure	Measure Indicator	Measure Definition
Cervical Cancer Screening (CCS)	<ul style="list-style-type: none"> Total 	<ul style="list-style-type: none"> The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> Women 21–64 years of age who had cervical cytology performed within the last 3 years Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years
Childhood Immunization Status (CIS)	<ul style="list-style-type: none"> Combination 10 	<ul style="list-style-type: none"> The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates. <ul style="list-style-type: none"> Combination 10. Children who have had all ten indicators (DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV and Influenza).
Chlamydia Screening in Women (CHL)	<ul style="list-style-type: none"> Total 	<ul style="list-style-type: none"> The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
Colorectal Cancer Screening (COL-E)	<ul style="list-style-type: none"> Total 	<ul style="list-style-type: none"> The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.
Controlling High Blood Pressure (CBP)	<ul style="list-style-type: none"> Total 	<ul style="list-style-type: none"> The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

HEDIS Measure	Measure Indicator	Measure Definition
Appropriate Testing for Pharyngitis(CWP)	<ul style="list-style-type: none"> Total 	<ul style="list-style-type: none"> The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	<ul style="list-style-type: none"> Diabetes Screening 	<ul style="list-style-type: none"> The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	<ul style="list-style-type: none"> 7 days Total 	<ul style="list-style-type: none"> The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. <ul style="list-style-type: none"> The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependence (FUA)	<ul style="list-style-type: none"> 7 days Total 	<ul style="list-style-type: none"> The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. <ul style="list-style-type: none"> The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	<ul style="list-style-type: none"> 7 days Total 	<ul style="list-style-type: none"> The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. <ul style="list-style-type: none"> The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.

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HEDIS Measure	Measure Indicator	Measure Definition
Blood Pressure Control (<140/90) for Patients With Diabetes (BPD)	<ul style="list-style-type: none"> Total 	<ul style="list-style-type: none"> The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.
Glycemic Status Assessment for Patients With Diabetes (GSD)	<ul style="list-style-type: none"> HbA1c Control (<8%) 	<ul style="list-style-type: none"> The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year: <ul style="list-style-type: none"> HbA1c Control (<8%) HbA1c poor control (>9.0%). <p>Note: Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators.</p>
Eye Exam for Patients With Diabetes (EED)	<ul style="list-style-type: none"> Eye Exam for Patients With Diabetes 	<ul style="list-style-type: none"> The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.
Kidney Health Evaluation for Patients with Diabetes (KED)	<ul style="list-style-type: none"> Kidney Health Evaluation for Patients With Diabetes—Total 	<ul style="list-style-type: none"> The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

HEDIS Measure	Measure Indicator	Measure Definition
Initiation and Engagement of Substance Use Disorder Treatment— (IET)	<ul style="list-style-type: none"> Engagement of SUD Treatment Total 	<ul style="list-style-type: none"> The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported: <ul style="list-style-type: none"> Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visits or medication treatment within 14 days. Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.
Use of Imaging Studies for Low Back Pain (LBP)	<ul style="list-style-type: none"> Imaging for Low Back Pain 	<ul style="list-style-type: none"> The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. <ul style="list-style-type: none"> The measure is reported as an inverted rate [1–(numerator/eligible population)]. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).
Immunizations for Adolescents (IMA)	<ul style="list-style-type: none"> Combination 2 	<ul style="list-style-type: none"> The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates. <ul style="list-style-type: none"> Combination 2. Adolescents who have had all three indicators (meningococcal, Tdap and HPV).
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)	<ul style="list-style-type: none"> Total 	<ul style="list-style-type: none"> The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported, the percentage of children and adolescents on antipsychotics who received blood glucose testing, cholesterol testing, and both blood glucose and cholesterol testing. <ul style="list-style-type: none"> Total. The sum of the age stratifications (1-17) as of December 31 of the measurement year.

HEDIS Measure	Measure Indicator	Measure Definition
Prenatal and Postpartum Care (PPC)	<ul style="list-style-type: none"> Timeliness of Prenatal Care Postpartum Care 	<ul style="list-style-type: none"> The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care. <ul style="list-style-type: none"> Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.
Prenatal Immunization Status (PRS-E)	<ul style="list-style-type: none"> Combination Rate 	<ul style="list-style-type: none"> The percentage of deliveries in the Measurement Period in which women had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.
Pharmacotherapy Management of COPD Exacerbation (PCE)	<ul style="list-style-type: none"> Systemic Corticosteroid Bronchodilator 	<ul style="list-style-type: none"> The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported: <ol style="list-style-type: none"> Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event. <ul style="list-style-type: none"> Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.
Pharmacotherapy for Opioid Use Disorder (POD)	<ul style="list-style-type: none"> Total 	<ul style="list-style-type: none"> The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD. <ul style="list-style-type: none"> A 12-month period that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year.

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HEDIS Measure	Measure Indicator	Measure Definition
Plan All-Cause Readmissions— (PCR)	<ul style="list-style-type: none"> Observed-to-Expected Ratio 18-64 years Total 	<ul style="list-style-type: none"> For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. <p>Note: For commercial and Medicaid, report only members 18–64 years of age.</p>
Race/Ethnicity Diversity of Membership- (RDM)	<ul style="list-style-type: none"> Race/Ethnicity Direct 	<ul style="list-style-type: none"> An unduplicated count and percentage of members enrolled any time during the measurement year, by race and ethnicity.
Language Diversity of Membership (LDM)	<ul style="list-style-type: none"> Spoken Language Preferred Preferred Language for Written Materials 	<ul style="list-style-type: none"> An unduplicated count and percentage of members enrolled at any time during the measurement year by spoken language preferred for health care and preferred language for written materials.
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	<ul style="list-style-type: none"> Non-Medicare 80% Coverage 	<ul style="list-style-type: none"> The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.
Statin Therapy for Patients With Cardiovascular Disease (SPC)	<ul style="list-style-type: none"> Total. Statin Therapy Statin Adherence 80% 	<ul style="list-style-type: none"> The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported: <ul style="list-style-type: none"> Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year. Statin Adherence 80%. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

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HEDIS Measure	Measure Indicator	Measure Definition
Statin Therapy Statin Therapy for Patients With Diabetes (SPD)	<ul style="list-style-type: none"> Received Statin Therapy Statin Adherence 80% 	<ul style="list-style-type: none"> The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported: <ul style="list-style-type: none"> Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year. Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	<ul style="list-style-type: none"> BMI Percentile Documentation 	<ul style="list-style-type: none"> The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year. <ul style="list-style-type: none"> BMI Percentile Documentation. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

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Healthcare Effectiveness Data and Information Set (HEDIS®)

Measurement Year 2024 / Reporting Year 2025

Managed Care Accountability Set (MCAS) Summary of Performance August 2025

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1.0 Introduction

As a Medi-Cal Managed Care Plan, Partnership provides health care coverage for 24 counties in Northern California – the largest geographic footprint of any Medi-Cal Managed Care Plan in California. The health plan covers over 900,000 members who qualify for coverage based on low household income, and who make up a substantial portion of Northern California’s total population. The annual clinical measure performance analysis contained in this Annual Summary of Performance, centered on 18 HEDIS measures selected by DHCS, is intended to give the best possible understanding of the status of quality outcomes for the low-income population served in these counties.

Partnership generates a detailed Annual Summary of Performance and distributes it widely so that stakeholders in Northern California – local governments, county public health, medical and behavioral health providers, hospitals, and community foundations – can use current, local, accurate, and audited data to prioritize activities to meet the health care needs of their communities. The Summary of Performance contains regional and county-level data that show local strengths and opportunities for preventative health care based on national benchmarks. Behind each measure are many community members who were able to access the preventative services they needed to stay healthy, or who faced challenges and struggles to receive care.

In the end, it takes the entire health care delivery system working together to improve the health outcomes contained in this report. Partnership encourages everyone reading this report to review their local data closely, and look for a handful of ways their organization, alone or with others, can drive improvement on one or more measure that is important to them.

Partnership is always happy to connect organizations and community members within our network to resources and activities to help our members, and the communities we serve, be healthy. Please reach out to our Performance Improvement team at ImprovementAcademy@partnershiphp.org if you would like to learn more about activities in your area.

Thank you for your dedication to improving the health of our communities.

2.0 Notable Changes to the Measurement Year (MY) 2024 Annual Summary of Performance Report

MY2024 continued to host two required separate audits:

- DHCS / MCAS required reporting: Health Service Advisory Group (HSAG) Auditor (this report's focus)
- NCQA HEDIS Health Plan Accreditation / HPA: Advent Advisory Auditor

Partnership HEDIS Reporting Populations – MY2024

In MY2024, Partnership observed an increase in overall membership by approximately 36.7%, to 906,964 assigned members in December 2024. The changes in membership reflect the addition of 10 new counties to the Partnership network, as well as the departure of members assigned to Kaiser sites, who moved to Kaiser as their Medi-Cal Managed Care Plan.

- Incoming counties added approximately 316,000 members to Partnership.
- Approximately 82,000 members assigned to Kaiser departed from Partnership. The decrease in membership primarily impacted Solano, Sonoma, Napa and Yolo Counties.

	Dec 2023	Dec 2024
Total Membership	663,919	906,964
10 Incoming Counties	0	316,096
New membership	0	316,096
14 Legacy Counties	663,919	590,868
Kaiser assigned Partnership members	82,033	0
Non-Kaiser membership	581,886	590,868

The addition of 10 incoming counties to Partnership's network coincides with changes to Partnership's HEDIS Reporting Populations for both DHCS's MCAS measure set and NCQA's Health Plan Accreditation (HPA). Starting in MY2024, Partnership reported one Plan-Wide rate for all 24 counties in its network for the MCAS measure set to its DHCS auditor, HSAG. The Reporting Unit configuration of Partnership regions used until MY2023 (i.e., Southeast, Southwest, Northeast, and Northwest) has been retired.

The impact of population shifts in Partnership's network impacts HEDIS measure eligible populations differently, depending on each measure's continuous enrollment requirements as defined in the NCQA HEDIS MY2024 Technical Specifications. A subset of measures require continuous enrollment greater than one year for a member to be included in the measure's eligible population, which meant that very few members from incoming counties met the criteria to be included in the measures' plan-wide rates in MY2024. For the MCAS measure set, these measures with very small eligible populations for incoming counties in MY2024 are:

- Asthma Medication Ratio (AMR)
- Breast Cancer Screening, ECDS (BCS-E)
- Well-Child Visits in the First 30 Months of Life (W30)

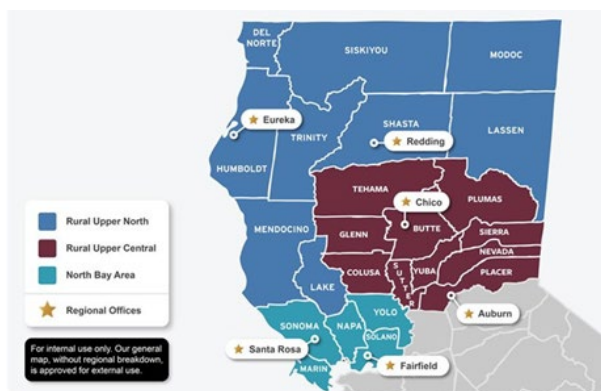
Changes to DHCS Sanctioning Methodology – MY2024

Starting in MY2024, Partnership also reported county-wide rates for all MCAS measures and their respective sub-measures to DHCS directly. DHCS intends to hold all California Managed Care Plans accountable for sanctions for all MCAS Accountable measures that did not reach the 50th percentile benchmark at either the county level or at the level of groups of counties. Details have not been finalized at the time of this report.

Of note, sanctions do not apply to counties newly covered by a Managed Care Plan. For Partnership, this includes the Plan's 14 legacy counties; the 10 incoming counties are not held to performance sanctions in MY2024.

Population	Description	Purpose
NCQA HEDIS Reporting - DHCS Populations		
Plan Wide	All 24 counties - Plan wide reported rates	DHCS-published HEDIS rates for MCP
County	County level measure rates for each of Partnership's 24 counties	Geographic sanctions and withholds will be applied at DHCS's discretion (applied only to 14 legacy counties in MY2024)
NCQA HEDIS Reporting - HPA Population		
Plan Wide	All 24 counties - Plan wide reported rates	NCQA Star Rating

Starting in MY2024, DHCS also intends to use its Withhold/Incentives accountability program for Partnership to earn back a percentage of its withheld income from DHCS based on performance of a subset of MCAS measures and two CAHPS measures. The Withhold accountability program measures MCAS measure rates aggregated by DHCS Quality Rating Regions. The Rural Upper Central Rating Region, which is made up of the 10 incoming counties to Partnership in 2024, is excluded from the Withhold/Incentives accountability program for MY2024. An illustration of Partnership's network organized by DHCS Quality Rating Regions is shown below.



DHCS Quality Rating Region	Counties
North Bay	Marin, Napa, Sonoma, Solano, Yolo
Rural Upper North	Del Norte, Humboldt, Lassen, Lake, Mendocino, Modoc, Shasta, Siskiyou, Trinity
Rural Upper Central	Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Yuba

Changes to NCQA HEDIS Measures – MY2024

NCQA released changes to two existing clinical measures used in DHCS MCAS for MY2024:

- The former Hemoglobin A1c (HbA1c) Control for Patients with Diabetes (HBD) measure was revised to Glycemic Status Assessment for Patients with Diabetes (GSD).
- Colorectal Cancer Screening (COL-E) using ECDS methodology replaced Colorectal Cancer Screening (COL), which was an administrative measure.

Partnership's Efforts to Improve Data Quality – MY2024

Partnership was able to use a number of new supplemental data sources in the MY2024 HEDIS Annual project.

Electronic Clinical Data Systems (ECDS) Vendor Pilot: Partnership piloted the use of Datalink, an NCQA Certified Data Aggregator software, in MY2024, and received auditor approval to include records from two EMR vendors (eClinical Works and Nextgen) in the MY2024 HEDIS Project. Records from six practices within Partnership's provider network were included in the MY2024 HEDIS Annual Project. The analysis shows promising results from the Datalink pilot:

- The MCAS (Report Only) measure set includes seven Depression Screening measures. Datalink was the sole source of data for six of the seven Depression Screening measures.
- Five of the seven Depression Screening measures exceeded the 50th percentile as a result of the inclusion of Datalink data.
- Datalink also made a positive impact on administrative rates for MCAS Accountable measures, including Controlling Blood Pressure (CBP) and Glycemic Status Assessment for Patients with Diabetes (GSD).

Medical Record Review for Well-Child Visits in the First 30 Months of Life (W30) Pilot:

Partnership has historically scored below the 50th percentile on both W30 measures, though the rates for the W15 measure (Well Child Visits Birth – 15 Months) within the Primary Care Provided Quality Incentive Program (PCP QIP) have been above the 50th percentile since MY2022. The QI department devoted time and resources to researching root causes for the discrepancy between HEDIS and QIP rates in 2024 and identified numerous points of failure for newborn visits to be counted towards the HEDIS rate using administrative data. The major issue identified was a temporary member ID number that could not automatically be matched to the child's final permanent membership ID.

As a result of this analysis, the HEDIS team piloted a supplemental Medical Record Review of the entire W30 measure eligible population in early 2025, which was accepted as a supplemental data source by HSAG's auditor. The supplemental Medical Record Review made a dramatic impact on the rates for both W30 submeasures, and both W30 submeasure rates scored above the 50th percentile for MY2024.

Sacramento Valley MedShare (SVMS): SVMS is a Health Information Exchange used by practices and health systems throughout Northern California. In MY2024, Partnership received auditor approval to use Immunization, Lab, and Measurement (i.e., blood pressure readings) records towards the HEDIS Annual Project, which had a significant impact on several MCAS measures in MY2024. In previous years not all three record categories were approved for use in the HEDIS Annual Project.

Root cause analysis of fluoride varnish coding: Partnership worked with DHCS in 2024 - 2025 to better understand how it receives fluoride varnish claims and encounters that can be counted towards the Topical Fluoride for Children (TFL-CH) MCAS measure, most of which are billed to Denti-Cal from Federally Qualified Health Center (FQHC), Rural Health Center (RHC), and Tribal Health Dental Centers and then sent to Partnership. As a result, Partnership was able to identify dental visits completed by FQHC, RHC, and Tribal Health Dental Centers and receive approval from HSAG's auditor to include in the MY2024 HEDIS Annual Project. Unfortunately, the dental visit data for the FQHC, RHC, and Tribal Health Dental Centers that Partnership receives from DHCS does not include procedure codes for dental fluoride varnish applications; only diagnosis codes for fluoride varnish are included. In 2025 Partnership is actively working with Dental Centers throughout its network to expand the use of dental fluoride varnish diagnosis coding to help with next year's MY2025 HEDIS audit.

HEDIS Annual Project Outcomes

Partnership successfully launched our HEDIS® MY2024 / RY2025 data collection and reporting audits incorporating all changes as noted above.

DHCS MCAS Accountable Measures

In MY2024 / RY2025 HEDIS® Annual Final Reporting, DHCS announced that it is planning to hold managed care plans (MCPs) accountable and imposing financial sanctions on 18 selected Hybrid and Administrative measures performing below the minimum performance level (MPL - 50th national Medicaid percentile). In prior years, the final list of sanctionable measures was changed just before sanctions were announced, so the final number of sanctionable measures may change late in 2025.

Results of an additional 20 MCAS measures were reported but were not part of the accountability measure set in MY2024 (“reporting only measures”). The full list of MY2024 MCAS measures can be found on the DHCS website: <https://www.dhcs.ca.gov/dataandstats/reports/Documents/Managed-Care-Accountability-Set-Reporting-Year-2025.pdf>

The same 18 MCAS accountable measures from MY2023 continued into MY2024, although two of the MY2023 measures (FUA and FUM) were removed from being accountable for MY2023 sanctions after the annual analysis was complete, due to data incompleteness transmitted from DHCS to Managed Care Plans.

Much of the measure performance analysis that follows is based on the performance of the 18 accountable MCAS measures per NCQA Quality Compass 2024 Benchmarks, developed on MY2023 performance.

3.0 Plan-Wide MCAS Performance Relative to Quality Compass® Medicaid Benchmarks

- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

Plan Wide Performance		National Medicaid Benchmarks			
Measures	Plan Wide	25TH	50TH	75TH	90TH
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50	64.71%	59.47%	66.24%	72.22%	76.65%
Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	56.29%	47.93%	52.68%	59.51%	63.48%
Cervical Cancer Screening (CCS) - *	59.12%	49.64%	57.18%	61.56%	67.46%
Childhood Immunization Status (CIS) - Combination 10*	28.22%	22.87%	27.49%	34.79%	42.34%
Chlamydia Screening in Women (CHL) - Total	55.58%	49.65%	55.95%	64.37%	69.07%
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	69.59%	59.73%	64.48%	69.37%	72.75%
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	29.65%		35.70%		
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	29.01%	46.05%	53.82%	63.06%	73.12%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	33.27%	26.79%	36.18%	41.86%	49.40%
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	32.60%	40.15%	33.33%	29.93%	27.01%
Immunizations for Adolescents (IMA) - Combination 2*	40.39%	29.72%	34.30%	41.61%	48.66%
Lead Screening in Children (LSC) - *	71.78%	53.12%	63.84%	71.11%	79.51%
Prenatal and Postpartum Care (PPC) - Postpartum care*	89.54%	75.67%	80.23%	83.33%	86.62%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	85.40%	79.81%	84.55%	88.58%	91.85%
#Topical Fluoride for Children (TFL - CH) - Numerator 1 Total	12.40%		19.30%		
Well Care Visits (WCV) - Total	48.83%	46.57%	51.81%	58.07%	64.74%
^Well Child 30 (W30) - Well child visits for age 15-30 months	72.22%	65.53%	69.43%	73.09%	79.94%
^Well Child 30 (W30) - Well child visits in the first 15 months	67.05%	54.46%	60.38%	64.99%	69.67%

* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. ** GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) *** BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

4.0 MCAS Summary of Performance by Region

Regional Distribution of Measures by Percentile Ranking



Distribution of Measures by Percentile Ranking

	North Bay	Rural Upper Central	Rural Upper North
90th (HPL)	1		
75th	3	1	3
50th (MPL)	7	3	2
25th	3	7	7
<50th	2		2
<25th	2	7	4

● Above HPL (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)

● Below MPL (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

4.1 MCAS Measures at or Above the High Performance Level (HPL) – 90th Percentile

Measures	North Bay
Prenatal and Postpartum Care (PPC) - Postpartum care*	●

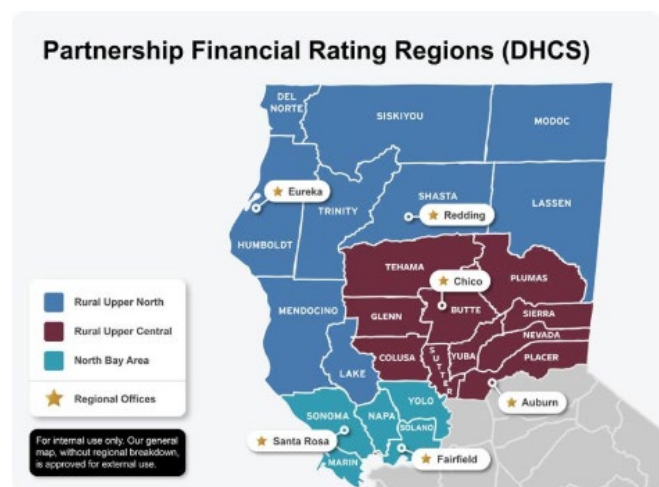
4.2 MCAS Measures below the Minimum Performance Level (MPL) - 50th Percentile

Measures	North Bay	Rural Upper Central	Rural Upper North
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50		●	●
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total		●	●
Cervical Cancer Screening (CCS)*		●	●
Childhood Immunization Status (CIS) - Combination 10*		●	●
Chlamydia Screening in Women (CHL) - Total		●	●
Controlling High Blood Pressure (CBP) - Non-Medicare Total*		●	●
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	●		●
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	●	●	●
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	●	●	●
**Hemoglobin A1c Poor Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)*	●	●	
Immunizations for Adolescents (IMA) - Combination 2*		●	●
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	●	●	●
#Topical Fluoride for Children (TFL-CH) - Numerator 1 Total	●		●
Well Care Visits (WCV) - Total	●	●	●
^Well Child 30 (W30) - Well child visits for age 15-30 months		●	
^Well Child 30 (W30) - Well child visits in the first 15 months		●	

* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. ** GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) *** BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

5.0 MCAS Summary of Performance by County

5.1 MCAS Distribution of Percentile Rankings by County



DHCS Financial Rating Region	County	<25th	<50th(DEV and TFL-CH only)	25th	50th (MPL)	75th	90th (HPL)
North Bay	MARIN	1	1	3	5	2	6
	NAPA	4	2	2	2	1	7
	SOLANO	4	2	4	3	3	2
	SONOMA	1	2	4	5	3	3
	YOLO	4		4	7	3	
Rural Upper Central	BUTTE	10	2	3	2		1
	COLUSA	5		3	5		4
	GLENN	2	1	4	5	3	1
	NEVADA	7	1	2	2	2	2
	PLACER	6		3	5	1	
	PLUMAS	9	2	2		2	1
	SIERRA	8	2				1
	SUTTER	2		3	7	1	2
	TEHAMA	9	2	4		2	1
	YUBA	3		5	6		1
Rural Upper North	DEL NORTE	8	2	5	2	1	
	HUMBOLDT	3	1	4	2	5	3
	LAKE	6	2	4	2	2	2
	LASSEN	8	2	2	5	1	
	MENDOCINO	2	2	6	3	3	2
	MODOC	8	2	5		2	1
	SHASTA	9	2	2	3	2	
	SISKIYOU	6	2	7	1	1	1
	TRINITY	9	2	5		2	

● **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)

● **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

NOTE: The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. Performance below the 50th percentile is indicated by the <50th column in the graph.

5.2 MCAS Percentile Ranking Change from Prior Year

Where measures remained in the MCAS in MY2024, the next set of tables show that Partnership observed a number of measures within the 14 legacy counties that declined or improved in percentile ranking relative to prior year. The NCQA Quality Compass 2024 Benchmarks, which were developed based on MY2023 performance, result in the percentile rankings below.

At the County level, a comparison of county-level performance between MY2023 and MY2024 in Partnership's 14 legacy counties shows:

- 67 county-level measures, or 26.59% of 252 county-level measures, improved in performance and moved to a higher benchmark in MY2024.
- 126 county-level measures, or 50.39% of 252 county-level measures, stayed at their same benchmark as MY2023 in MY2024.
- 58 county-level measures, or 23.02% of 252 county-level measures, declined in performance and moved to a lower benchmark in MY2024.

5.2.1 MCAS Percentile Ranking Change MY2023-2024 – Eureka Region: Del Norte, Humboldt, Lake, Mendocino Counties

- Measure percentile ranking improved from Prior Year
- Measure percentile ranking decreased from Prior Year

Measure	DEL NORTE		HUMBOLDT		LAKE		MENDOCINO	
	MY2023	MY2024	MY2023	MY2024	MY2023	MY2024	MY2023	MY2024
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50	<25th	25th	25th	25th	<25th	<25th	25th	25th
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	<25th	<25th	25th	25th	25th	25th	25th	50th
Cervical Cancer Screening (CCS)*	<25th	<25th	50th	75th	<25th	25th	<25th	75th
Childhood Immunization Status (CIS) - Combination 10*	<25th	<25th	<25th	<25th	25th	<25th	<25th	25th
Chlamydia Screening in Women (CHL) - Total	<25th	<25th	25th	25th	25th	25th	25th	25th
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	<25th	<25th	50th	75th	50th	<25th	75th	25th
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	<50th	<50th	<50th	50th	<50th	<50th	<50th	<50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	<25th	25th	25th	75th	25th	<25th	25th	25th
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	75th	25th	75th	90th	50th	<25th	50th	50th
Immunizations for Adolescents (IMA) - Combination 2*	<25th	50th	50th	50th	50th	75th	25th	<25th
Lead Screening in Children (LSC)*	25th	<25th	50th	90th	<25th	50th	75th	75th
Prenatal and Postpartum Care (PPC) - Postpartum care*	<25th	25th	90th	90th	25th	90th	90th	90th
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	25th	<25th	<25th	<25th	90th	50th	90th	50th
#Topical Fluoride for Children (TFL - CH) - Numerator 1 Total	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th
Child and Adolescent Well Care Visits (WCV) - Total	25th	25th	50th	25th	25th	25th	25th	25th
^Well Child 30 (W30) - Well child visits for age 15-30 months	<25th	50th	25th	75th	<25th	75th	50th	75th
^Well Child 30 (W30) - Well child visits in the first 15 months	<25th	75th	<25th	75th	<25th	90th	25th	90th

* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. ** GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) *** BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

5.2.2 MCAS Percentile Ranking Change MY2023-2024 – Fairfield Region: Napa, Solano, Yolo Counties

- Measure percentile ranking improved from Prior Year
- Measure percentile ranking decreased from Prior Year

Measure	NAPA		SOLANO		YOLO	
	MY2023	MY2024	MY2023	MY2024	MY2023	MY2024
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50	90th	90th	50th	25th	50th	50th
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	90th	90th	75th	50th	75th	75th
Cervical Cancer Screening (CCS)*	90th	90th	25th	75th	50th	25th
Childhood Immunization Status (CIS) - Combination 10*	90th	90th	75th	75th	75th	50th
Chlamydia Screening in Women (CHL) - Total	25th	<25th	50th	50th	25th	25th
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	50th	25th	75th	50th	25th	25th
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	<50th	<50th	50th	<50th	50th	50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	<25th	<25th	<25th	<25th	<25th	<25th
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	25th	<25th	25th	25th	<25th	<25th
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	90th	50th	50th	<25th	90th	25th
Immunizations for Adolescents (IMA) - Combination 2*	90th	90th	90th	90th	75th	75th
Lead Screening in Children (LSC)*	50th	90th	25th	75th	50th	50th
Prenatal and Postpartum Care (PPC) - Postpartum care*	90th	90th	90th	90th	90th	50th
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	90th	<25th	50th	25th	90th	<25th
#Topical Fluoride for Children (TFL - CH) - Numerator 1 Total	<50th	<50th	<50th	<50th	<50th	50th
Well Care Visits (WCV) - Total	75th	50th	<25th	<25th	50th	50th
^Well Child 30 (W30) - Well child visits for age 15-30 months	75th	75th	<25th	<25th	75th	75th
^Well Child 30 (W30) - Well child visits in the first 15 months	<25th	25th	<25th	25th	<25th	<25th

* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. ** GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) *** BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

5.2.3 MCAS Percentile Ranking Change MY2023-2024 – Redding Region: Lassen, Modoc, Shasta, Siskiyou, Trinity Counties

Tehama County is excluded from the Redding Region table, since the County joined Partnership in 2024.

- Measure percentile ranking improved from Prior Year
- Measure percentile ranking decreased from Prior Year

Measure	LASSEN		MODOC		SHASTA		SISKIYOU		TRINITY	
	MY2023	MY2024	MY2023	MY2024	MY2023	MY2024	MY2023	MY2024	MY2023	MY2024
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50	<25th	<25th	<25th	25th	<25th	<25th	<25th	25th	<25th	<25th
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	<25th	<25th	<25th	25th	25th	50th	25th	25th	<25th	25th
Cervical Cancer Screening (CCS)*	<25th	25th	<25th	<25th	<25th	25th	25th	<25th	<25th	25th
Childhood Immunization Status (CIS) - Combination 10*	<25th	<25th	<25th	<25th	<25th	<25th	<25th	25th	<25th	<25th
Chlamydia Screening in Women (CHL) - Total	<25th	<25th	<25th	<25th	25th	25th	<25th	<25th	<25th	<25th
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	25th	50th	<25th	<25th	25th	<25th	90th	50th	50th	<25th
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	<25th	<25th	25th	75th	75th	75th	25th	25th	50th	25th
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	75th	50th	90th	75th	25th	50th	25th	90th	75th	75th
Immunizations for Adolescents (IMA) - Combination 2*	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th
Lead Screening in Children (LSC)*	<25th	75th	50th	90th	25th	50th	<25th	25th	50th	75th
Prenatal and Postpartum Care (PPC) - Postpartum care*	75th	25th	90th	25th	50th	<25th	50th	75th	50th	<25th
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	25th	50th	90th	25th	25th	<25th	90th	<25th	50th	<25th
#Topical Fluoride for Children (TFL - CH) - Numerator 1 Total	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th
Well Care Visits (WCV) - Total	<25th	<25th	<25th	25th	<25th	<25th	<25th	25th	25th	25th
^Well Child 30 (W30) - Well child visits for age 15-30 months	<25th	50th	25th	<25th	<25th	<25th	<25th	25th	<25th	<25th
^Well Child 30 (W30) - Well child visits in the first 15 months	<25th	50th	<25th	<25th	<25th	75th	<25th	<25th	<25th	25th

* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. ** GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) *** BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

5.2.4 MCAS Percentile Ranking Change MY2023-2024 – Santa Rosa Region: Marin, Sonoma Counties

- Measure percentile ranking improved from Prior Year
- Measure percentile ranking decreased from Prior Year

Measure	MARIN		SONOMA	
	MY2023	MY2024	MY2023	MY2024
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50	50th	25th	75th	50th
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	75th	75th	75th	50th
Cervical Cancer Screening (CCS)*	90th	75th	90th	75th
Childhood Immunization Status (CIS) - Combination 10*	75th	50th	75th	50th
Chlamydia Screening in Women (CHL) - Total	90th	90th	25th	25th
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	75th	50th	50th	75th
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	50th	50th	50th	<50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	<25th	<25th	<25th	<25th
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	25th	25th	25th	25th
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	75th	25th	75th	90th
Immunizations for Adolescents (IMA) - Combination 2*	75th	90th	90th	75th
Lead Screening in Children (LSC)*	90th	90th	<25th	25th
Prenatal and Postpartum Care (PPC) - Postpartum care*	90th	90th	90th	90th
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	50th	50th	90th	25th
#Topical Fluoride for Children (TFL - CH) - Numerator 1 Total	<50th	<50th	<50th	<50th
Well Care Visits (WCV) - Total	75th	50th	50th	50th
^Well Child 30 (W30) - Well child visits for age 15-30 months	75th	90th	25th	50th
^Well Child 30 (W30) - Well child visits in the first 15 months	<25th	90th	<25th	90th

* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. ** GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) *** BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

5.3 MY2024 MCAS Annual Performance by County

5.3.1 MCAS Auburn Region: Nevada, Placer, Plumas, Sierra Counties

- Above HPL (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- Below MPL (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

Measures	Partnership Region - Auburn				National Medicaid Benchmarks			
	NEVADA	PLACER	PLUMAS	SIERRA	25TH	50TH	75th	90th
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50			100.00%		59.47%	66.24%	Measures: Asthma Me	
***Breast Cancer Screening ECDs (BCS-E) - Non-Medicare Total	66.67%	0.00%		0.00%	47.93%	52.68%	59.51%	63.48%
Cervical Cancer Screening (CCS)*	40.21%	39.39%	32.63%	43.43%	49.64%	57.18%	61.56%	67.46%
Childhood Immunization Status (CIS) - Combination 10*	15.22%	21.67%	12.50%		22.87%	27.49%	34.79%	42.34%
Chlamydia Screening in Women (CHL) - Total	48.06%	60.67%	23.26%	27.27%	49.65%	55.95%	64.37%	69.07%
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	56.00%	53.00%	34.00%		59.73%	64.48%	69.37%	72.75%
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	39.51%	44.12%	0.00%	0.00%		35.70%		
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	36.81%	23.45%	25.00%	0.00%	46.05%	53.82%	63.06%	73.12%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	38.31%	34.08%	32.69%	100.00%	26.79%	36.18%	41.86%	49.40%
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	34.00%	36.00%	73.00%		40.15%	33.33%	29.93%	27.01%
Immunizations for Adolescents (IMA) - Combination 2*	17.54%	36.00%	0.00%	0.00%	29.72%	34.30%	41.61%	48.66%
Lead Screening in Children (LSC)*	76.09%	65.00%	75.00%		53.12%	63.84%	71.11%	79.51%
Prenatal and Postpartum Care (PPC) - Postpartum care*	83.84%	84.00%	77.78%	25.00%	75.67%	80.23%	83.33%	86.62%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	82.83%	68.00%	88.89%	75.00%	79.81%	84.55%	88.58%	91.85%
#Topical Fluoride for Children (TFL-CH) - Numerator 1 Total	7.38%	20.20%	5.44%	5.45%		19.30%		
Well Care Visits (WCV) - Total	42.02%	47.93%	28.19%	30.90%	46.57%	51.81%	58.07%	64.74%
*Well Child 30 (W30) - Well child visits for age 15-30 months	100.00%		33.33%		65.53%	69.43%	73.09%	79.94%
*Well Child 30 (W30) - Well child visits in the first 15 months					54.46%	60.38%	64.99%	69.67%

* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. ** GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) *** BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets. Blank cells indicate an Eligible Population of 0 members within a County for the measure.

5.3.2 MCAS Chico Region: Butte, Colusa, Glenn, Sutter, Yuba Counties

- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

Measures	Partnership Region - Chico					National Medicaid Benchmarks			
	BUTTE	COLUSA	GLENN	SUTTER	YUBA	25TH	50TH	75th	90th
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50	66.67%		100.00%			59.47%	66.24%	72.22%	76.65%
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	26.32%	20.00%	0.00%	0.00%	100.00%	47.93%	52.68%	59.51%	63.48%
Cervical Cancer Screening (CCS)*	46.94%	60.61%	50.51%	54.08%	42.00%	49.64%	57.18%	61.56%	67.46%
Childhood Immunization Status (CIS) - Combination 10*	15.00%	21.88%	27.78%	37.84%	23.19%	22.87%	27.49%	34.79%	42.34%
Chlamydia Screening in Women (CHL) - Total	55.64%	53.02%	51.47%	57.24%	57.89%	49.65%	55.95%	64.37%	69.07%
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	66.00%	64.00%	71.00%	67.68%	61.00%	59.73%	64.48%	69.37%	72.75%
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	10.10%	40.68%	36.17%	57.22%	56.33%		35.70%		
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	20.40%	33.33%	28.57%	26.09%	24.72%	46.05%	53.82%	63.06%	73.12%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	34.49%	26.92%	34.78%	29.85%	30.13%	26.79%	36.18%	41.86%	49.40%
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	43.00%	32.00%	33.00%	36.00%	43.00%	40.15%	33.33%	29.93%	27.01%
Immunizations for Adolescents (IMA) - Combination 2*	22.00%	60.00%	37.93%	39.51%	37.14%	29.72%	34.30%	41.61%	48.66%
Lead Screening in Children (LSC)*	53.00%	87.50%	77.78%	83.78%	63.77%	53.12%	63.84%	71.11%	79.51%
Prenatal and Postpartum Care (PPC) - Postpartum care*	90.00%	92.94%	85.00%	90.00%	81.82%	75.67%	80.23%	83.33%	86.62%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	82.00%	74.12%	83.00%	87.00%	87.88%	79.81%	84.55%	88.58%	91.85%
#Topical Fluoride for Children (TFL-CH) - Numerator 1 Total	18.62%	28.95%	9.77%	39.49%	28.17%		19.30%		
Well Care Visits (WCV) - Total	41.84%	55.53%	53.91%	55.93%	47.65%	46.57%	51.81%	58.07%	64.74%
*Well Child 30 (W30) - Well child visits for age 15-30 months	50.00%	100.00%				65.53%	69.43%	73.09%	79.94%
*Well Child 30 (W30) - Well child visits in the first 15 months	0.00%	0.00%				54.46%	60.38%	64.99%	69.67%

* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. ** GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) *** BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets. Blank cells indicate an Eligible Population of 0 members within a County for the measure.

5.3.3 MCAS Eureka Region: Del Norte, Humboldt, Lake, Mendocino Counties

- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

Measures	Partnership Region - Eureka				National Medicaid Benchmarks			
	DEL NORTE	HUMBOLDT	LAKE	MENDOCINO	25TH	50TH	75th	90th
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50	60.83%	63.41%	57.84%	62.50%	59.47%	66.24%	72.22%	76.65%
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	46.83%	51.35%	48.55%	56.75%	47.93%	52.68%	59.51%	63.48%
Cervical Cancer Screening (CCS)*	49.00%	63.00%	56.25%	62.63%	49.64%	57.18%	61.56%	67.46%
Childhood Immunization Status (CIS) - Combination 10*	6.00%	19.00%	21.00%	25.00%	22.87%	27.49%	34.79%	42.34%
Chlamydia Screening in Women (CHL) - Total	47.33%	54.61%	53.93%	52.00%	49.65%	55.95%	64.37%	69.07%
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	58.59%	70.00%	52.00%	63.00%	59.73%	64.48%	69.37%	72.75%
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	27.71%	38.89%	6.03%	8.12%		35.70%		
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	27.68%	35.36%	35.75%	30.66%	46.05%	53.82%	63.06%	73.12%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	27.06%	42.26%	23.51%	30.15%	26.79%	36.18%	41.86%	49.40%
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	35.00%	23.00%	49.00%	31.00%	40.15%	33.33%	29.93%	27.01%
Immunizations for Adolescents (IMA) - Combination 2*	36.00%	38.00%	42.00%	28.00%	29.72%	34.30%	41.61%	48.66%
Lead Screening in Children (LSC)*	53.00%	89.00%	71.00%	79.00%	53.12%	63.84%	71.11%	79.51%
Prenatal and Postpartum Care (PPC) - Postpartum care*	79.00%	93.00%	91.00%	92.00%	75.67%	80.23%	83.33%	86.62%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	78.00%	79.00%	86.00%	86.00%	79.81%	84.55%	88.58%	91.85%
#Topical Fluoride for Children (TFL-CH) - Numerator 1 Total	0.68%	1.11%	1.69%	3.86%		19.30%		
Well Care Visits (WCV) - Total	49.25%	50.11%	48.82%	47.59%	46.57%	51.81%	58.07%	64.74%
*Well Child 30 (W30) - Well child visits for age 15-30 months	71.79%	74.89%	78.92%	75.15%	65.53%	69.43%	73.09%	79.94%
*Well Child 30 (W30) - Well child visits in the first 15 months	68.47%	68.89%	79.34%	74.19%	54.46%	60.38%	64.99%	69.67%

* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. ** GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) *** BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

5.3.4 MCAS Fairfield Region: Solano, Yolo, and Napa Counties

● **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)

● **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

Measures	Partnership Region - Fairfield			National Medicaid Benchmarks			
	NAPA	SOLANO	YOLO	25TH	50TH	75th	90th
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50	79.82%	65.79%	67.84%	59.47%	66.24%	72.22%	76.65%
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	66.84%	54.14%	60.29%	47.93%	52.68%	59.51%	63.48%
Cervical Cancer Screening (CCS)*	70.00%	64.95%	52.53%	49.64%	57.18%	61.56%	67.46%
Childhood Immunization Status (CIS) - Combination 10*	47.00%	38.00%	33.00%	22.87%	27.49%	34.79%	42.34%
Chlamydia Screening in Women (CHL) - Total	49.58%	62.14%	51.37%	49.65%	55.95%	64.37%	69.07%
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	63.00%	67.00%	63.00%	59.73%	64.48%	69.37%	72.75%
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	3.77%	33.92%	61.20%		35.70%		
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	26.09%	24.53%	26.73%	46.05%	53.82%	63.06%	73.12%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	26.11%	29.24%	26.46%	26.79%	36.18%	41.86%	49.40%
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	32.00%	41.00%	35.00%	40.15%	33.33%	29.93%	27.01%
Immunizations for Adolescents (IMA) - Combination 2*	53.00%	49.00%	46.00%	29.72%	34.30%	41.61%	48.66%
Lead Screening in Children (LSC)*	84.00%	72.00%	71.00%	53.12%	63.84%	71.11%	79.51%
Prenatal and Postpartum Care (PPC) - Postpartum care*	93.00%	89.00%	82.00%	75.67%	80.23%	83.33%	86.62%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	74.00%	82.00%	65.00%	79.81%	84.55%	88.58%	91.85%
#Topical Fluoride for Children (TFL-CH) - Numerator 1 Total	13.87%	16.40%	19.73%		19.30%		
Well Care Visits (WCV) - Total	55.43%	43.99%	52.25%	46.57%	51.81%	58.07%	64.74%
*Well Child 30 (W30) - Well child visits for age 15-30 months	75.50%	63.84%	73.35%	65.53%	69.43%	73.09%	79.94%
*Well Child 30 (W30) - Well child visits in the first 15 months	54.79%	55.26%	49.82%	54.46%	60.38%	64.99%	69.67%

* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. ** GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) *** BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

5.3.5 MCAS Redding Region: Lassen, Modoc, Shasta, Siskiyou, Tehama,

Trinity ● Above HPL (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
● Below MPL (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

Measures	Partnership Region - Redding						National Medicaid Benchmarks			
	LASSEN	MODOC	SHASTA	SISKIYOU	TEHAMA	TRINITY	25TH	50TH	75th	90th
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50	58.70%	63.16%	57.28%	59.62%	0.00%	50.00%	59.47%	66.24%	72.22%	76.65%
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	43.08%	48.52%	54.90%	52.64%	38.46%	49.39%	47.93%	52.68%	59.51%	63.48%
Cervical Cancer Screening (CCS)*	50.52%	46.46%	52.53%	49.49%	44.00%	55.79%	49.64%	57.18%	61.56%	67.46%
Childhood Immunization Status (CIS) - Combination 10*	13.00%	9.76%	14.00%	26.00%	16.00%	7.25%	22.87%	27.49%	34.79%	42.34%
Chlamydia Screening in Women (CHL) - Total	41.55%	32.89%	52.12%	45.38%	54.34%	34.72%	49.65%	55.95%	64.37%	69.07%
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	66.00%	56.00%	58.00%	67.00%	64.00%	47.00%	59.73%	64.48%	69.37%	72.75%
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	11.91%	27.27%	26.09%	28.95%	32.26%	8.67%		35.70%		
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	18.75%	11.76%	35.70%	37.50%	14.81%	12.50%	46.05%	53.82%	63.06%	73.12%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	25.81%	45.45%	43.80%	32.53%	31.60%	32.56%	26.79%	36.18%	41.86%	49.40%
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	32.00%	29.00%	30.00%	27.00%	41.00%	28.00%	40.15%	33.33%	29.93%	27.01%
Immunizations for Adolescents (IMA) - Combination 2*	9.00%	24.00%	23.00%	17.00%	17.54%	20.37%	29.72%	34.30%	41.61%	48.66%
Lead Screening in Children (LSC)*	76.00%	80.49%	71.00%	55.00%	76.00%	72.46%	53.12%	63.84%	71.11%	79.51%
Prenatal and Postpartum Care (PPC) - Postpartum care*	79.76%	77.42%	69.00%	84.00%	80.00%	75.47%	75.67%	80.23%	83.33%	86.62%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	86.90%	83.87%	71.00%	78.00%	72.00%	67.92%	79.81%	84.55%	88.58%	91.85%
#Topical Fluoride for Children (TFL-CH) - Numerator 1 Total	3.23%	3.06%	5.05%	1.25%	9.96%	2.39%		19.30%		
Well Care Visits (WCV) - Total	36.95%	48.59%	44.19%	47.51%	46.42%	48.35%	46.57%	51.81%	58.07%	64.74%
*Well Child 30 (W30) - Well child visits for age 15-30 months	70.16%	56.10%	65.41%	69.10%	75.00%	61.40%	65.53%	69.43%	73.09%	79.94%
*Well Child 30 (W30) - Well child visits in the first 15 months	63.64%	45.83%	65.20%	37.63%	75.00%	59.38%	54.46%	60.38%	64.99%	69.67%

* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. ** GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) *** BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

5.3.6 MCAS Santa Rosa Region: Marin, Sonoma Counties

- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

Measures	Partnership Region - Santa Rosa		National Medicaid Benchmarks			
	MARIN	SONOMA	25TH	50TH	75th	90th
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50	61.27%	70.42%	59.47%	66.24%	72.22%	76.65%
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	63.44%	59.17%	47.93%	52.68%	59.51%	63.48%
Cervical Cancer Screening (CCS)*	64.00%	66.67%	49.64%	57.18%	61.56%	67.46%
Childhood Immunization Status (CIS) - Combination 10*	34.00%	30.00%	22.87%	27.49%	34.79%	42.34%
Chlamydia Screening in Women (CHL) - Total	77.63%	51.89%	49.65%	55.95%	64.37%	69.07%
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	69.00%	70.00%	59.73%	64.48%	69.37%	72.75%
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	48.23%	26.47%		35.70%		
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	37.27%	33.66%	46.05%	53.82%	63.06%	73.12%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	34.63%	31.17%	26.79%	36.18%	41.86%	49.40%
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	37.00%	27.00%	40.15%	33.33%	29.93%	27.01%
Immunizations for Adolescents (IMA) - Combination 2*	49.00%	48.00%	29.72%	34.30%	41.61%	48.66%
Lead Screening in Children (LSC)*	89.00%	54.00%	53.12%	63.84%	71.11%	79.51%
Prenatal and Postpartum Care (PPC) - Postpartum care*	98.00%	98.00%	75.67%	80.23%	83.33%	86.62%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	88.00%	81.00%	79.81%	84.55%	88.58%	91.85%
#Topical Fluoride for Children (TFL - CH) - Numerator 1 Total	0.55%	6.17%		19.30%		
Well Care Visits (WCV) - Total	56.18%	55.42%	46.57%	51.81%	58.07%	64.74%
^Well Child 30 (W30) - Well child visits for age 15-30 months	90.11%	71.03%	65.53%	69.43%	73.09%	79.94%
^Well Child 30 (W30) - Well child visits in the first 15 months	86.53%	70.70%	54.46%	60.38%	64.99%	69.67%

* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. ** GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) *** BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

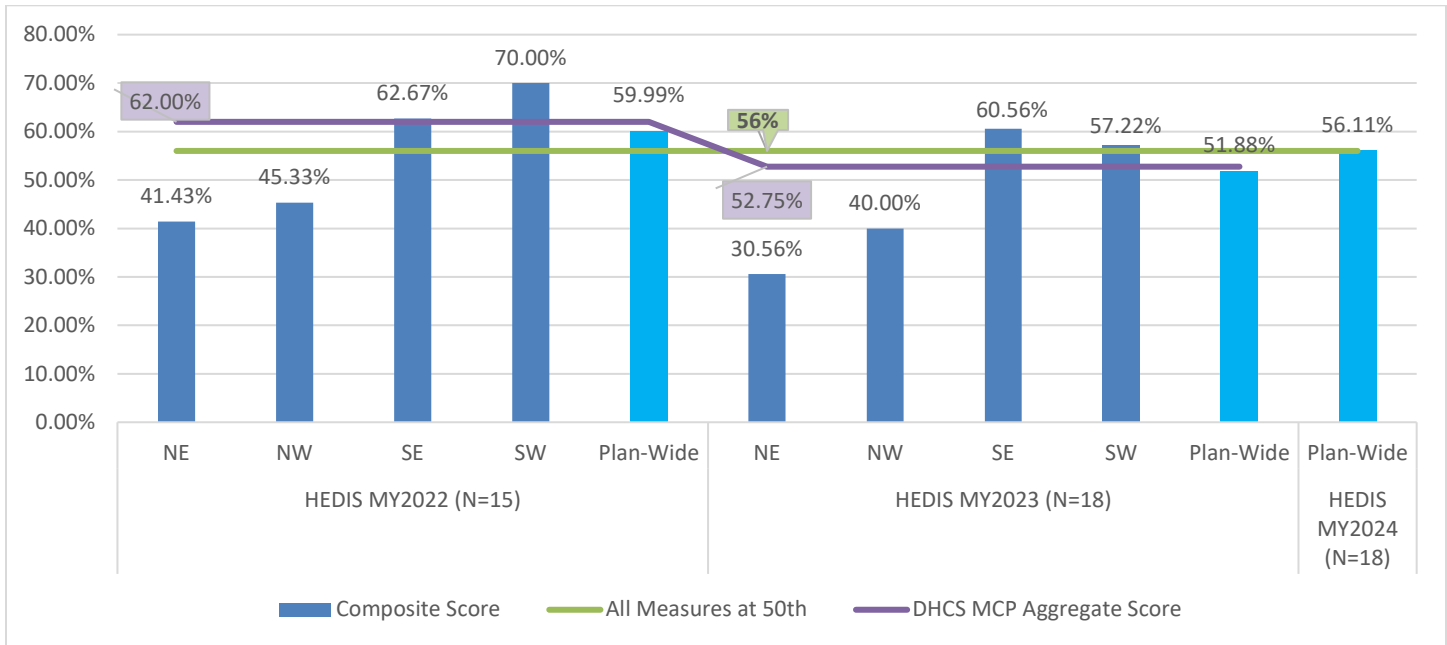
6.0 Overall Health Plan Ranking: DHCS Managed Care Accountability Set (MCAS)

DHCS uses a scoring methodology to determine an aggregated Quality Factor Score (QFS), which ranks health plan performance relative to California Medicaid reporting health plans. Partnership adopts DHCS' scoring methodology to determine Partnership's composite scores year over year. In prior years, Partnership's composite score was calculated for each of the four legacy Reporting Units (Southeast, Southwest, Northeast, and Northwest). In MY2024, since Partnership transitioned to one Plan-Wide Reporting Unit, a single Plan-Wide composite score is calculated.

To calculate the composite score, each measure is given a score from one to ten based on performance relative to national benchmarks. A composite score is then calculated by dividing total earned points by total possible points.

The Quality Compass 2024 Benchmarks, which were developed based on national MY2023 performance, are the most currently available benchmarks. These benchmarks were used by Partnership to determine percentile rankings and the following composite scoring year over year analysis. Annually each fall, DHCS releases a dashboard displaying the plan's Quality Factor Scores and associated rankings to other health plans. The results of this ranking will be published upon the release of this information and will be utilized by DHCS to assess mandated improvement activities and any sanctions.

MY2024 HEDIS® Composite Performance Year over Year Comparison: DHCS Managed Care Accountability Set (MCAS)



Note: MY2024/R Y2025: Total Points Earned: 101 Points out of 180 Total Points (18 measures included)

- In MY2024, 18 measures were held accountable to the MPL.
- Three measures were added to the MCAS Accountable Measure Set in MY2023: Asthma Medication Ratio (AMR), Developmental Screening for Children (DEV), and Topical Fluoride for Children (TFL-CH).
- MY2022 - MY2023 represents DHCS's Quality Factor Scores, which are publicly available and issued in year following the Reporting Year.
- For MY2022 - MY2023, Partnership received four Quality Factor Scores from DHCS for each of its legacy Reporting Units. Partnership calculates its Plan-Wide score across all four DHCS MCAS reporting regions by factoring in eligible populations by region, given membership is significantly greater in the Southern region reporting populations than Northern.

7.0 Year-over-year Performance Trends and Initial Assessment of Results

7.1 Year-over-year Performance Trends

The MY2024 HEDIS® Composite Performance Year-Over-Year Comparison is based on NCQA Quality Compass 2024 (MY2023) Benchmarks. To date, DHCS has only established state-wide MPLs for the two newly accountable CMS Core set measures, Developmental Screening in the First Three Years of Life (DEV) and Topical Fluoride for Children (TFL-CH). Therefore, the maximum points for these two measures is 6 points. All other measures in the MCAS Accountable Measure Set can earn up to 10 points.

Overall, the MY2024 HEDIS® Composite Performance Year over Year Comparison indicates a 4.22% increase in aggregate plan-wide performance from MY2023 to MY2024.

Plan-Wide, Partnership saw the following Year over Year changes in Plan-Wide rates between MY2023 and MY2024:

- 9 of 18 measures improved in performance and moved to a higher benchmark in MY2024.
- 6 of 18 measures stayed at their same benchmark as MY2023 in MY2024.
- 3 of 18 measures declined in performance and moved to a lower benchmark in MY2024.

7.2 Plan-Wide Strengths: Measure Performing Above MPL

11 of the 18 measures in the MCAS Accountable set exceeded the Minimum Performance Level in MY2024.

Six measures are newly above the Minimum Performance Level in MY2024, as seen in the Table below.

Table: MCAS Measures Newly Above MPL in MY2024

Measure	MY2023 Plan-Wide Benchmark	MY2024 Plan-Wide Benchmark YOY points gained
Breast Cancer Screening (BCS-E)	37.5 th	50 th +0.77%
Cervical Cancer Screening (CCS)	37.5 th	50 th +2.77%
Childhood Immunization Status—Combination 10 only (CIS-10)	25 th	50 th +0.97%
Lead Screening in Children (LSC)	25 th	75 th +12.66%
Well-Child Visits in the First 30 Months of Life - 2+ visits 15-30 months (W30-2)	37.5 th	62.5 th +7.67%
Well-Child Visits in the First 30 Months of Life - 6+ visits in 0-15 months (W30-6)	<10 th	75 th +24.96%

- Breast Cancer Screening (BCS): Partnership achieved a Plan-Wide score above the MPL for the first time in MY2024. These gains are largely attributed to initiatives cited in Section 9, focused on creating greater access through mobile mammography events. This measure continues in the PCP QIP to bring continued PCP focus on utilizing available access to mammography services on an ongoing basis.

Of note, performance in this measure is expected to drop in MY2025 and in the following few years, as the BCS-E measure lowered the age range for beginning breast cancer screening from age 50 years to 40 years. As this is a national change to the HEDIS measure, an adjustment in the benchmarks for this measure may follow, but some negative impact on performance is anticipated. Because the measure has long continuous enrollment requirements for members to be included in the measure, MY2024's measure included very few members from the incoming 10 counties. Since the incoming counties showed significant data completeness issues in their measure performance, Partnership also anticipates a drop in performance in MY2025 when the full cohort of members are included in the BCS-E measure.

- Cervical Cancer Screening (CCS): In MY2024 Partnership received approval on all of its supplemental data sources, including Health Information Exchange lab data that captures screenings outside the primary care setting. Strong performance in legacy counties counterbalanced data completeness challenges in incoming counties for this measure with a five-year lookback period. As noted in Section 9, Partnership is promoting self-swab testing to members through PCPs, now that this method has received FDA approval and can be counted towards this HEDIS measure in MY2025 and onward.
- Childhood Immunizations (CIS): Partnership met the MPL benchmark Plan-Wide on this measure for the first time in MY2024. The improvement in performance is partially due to a 3% decline in the national percentiles between MY2023 and MY2024. Fairfield and Santa Rosa Region counties had significantly stronger measure performance than Auburn, Chico, Eureka, and Redding Region counties. In review of HEDIS sampled medical records, the second required influenza immunization was observed as the most common missing immunization. In cases where the immunizations were administered, the dates of service were often outside the measurement compliance timeframe. Additionally, high rates of parental refusal continue to be a major factor in measure performance, which even when documented in the record is not a permitted exclusion under the HEDIS measure.
- Lead Screening for Children (LSC): Partnership showed dramatic improvement on the LSC measure, gaining over 12% on its Plan-Wide rate between MY2023-2024. Improvement is related to the inclusion of the measure in the PCP QIP, which allows practices to measure their improvement throughout the measurement year. Partnership spearheaded extensive provider education efforts throughout the provider network as a component of Facility Site Reviews and with dedicated Lead Screening training webinars. The Lead Screening Point of Care (POC) Distribution Program, in which PCP sites could receive a POC device from Partnership for real-time lead screening, made a significant contribution to improved rates for this measure.

- Well Child Visits in the First 30 Months of Life (W30): As described in Section 1, Partnership addressed the known data completeness issues around the W30 measure by completing a Medical Record Review (MRR) of the entire eligible population for the W30 measure in MY2024. By requesting charts from PCP's and completing a Medical Record Review, Partnership treated the measure as a hybrid measure and received auditor approval to include the W30 MRR as a supplemental data source. As a result, both W30 submeasures improved dramatically in performance, and are now both above the 50th percentile for the first time in MY2024. Partnership intends to continue completing a MRR on the W30 measure in future HEDIS Projects.

Five additional measures have sustained Plan-Wide performance above the MPL since MY2023.

Table: MCAS Measures With Sustained Performance above the MPL MY2023-2024

Measure	MY2023 Plan-Wide Benchmark	MY2024 Plan-Wide Benchmark YOY points gained
Controlling High Blood Pressure (CBP)	50 th	75 th +6.23%
Glycemic Status Assessment for Patients With Diabetes (>9%) (GSD)	62.5 th	50 th +1.48%
Immunizations for Adolescents—Combination 2 (IMA-2)	50 th	62.5 th +2.43%
Prenatal and Postpartum Care: Postpartum Care (PPC-Post)	90 th	90 th +4.14%
Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)	50 th	50 th -0.78%

- Controlling High Blood Pressure (CBP) and Glycemic Status Assessment for Patients with Diabetes (>9%) (GSD): Both measures benefitted greatly from the approval of all supplemental data sources by Partnership's HEDIS auditor in MY2024. Partnership's Health Information Exchange, Sacramento Valley MedShare (SVMS) is a clearinghouse for lab and measurement data, which helps support the Medical Record Review for this measure. Additionally, Partnership piloted use of an NCQA Data Aggregator, Datalink, in MY2024 – as described in Section 1, Datalink is a promising new source of blood pressure readings and Hemoglobin A1c results. Finally, the increased use of OCHIN Epic within the PCP network means that more practices have the ability to automate the CPTII coding that is required to support these measures.

Though GSD's Plan-Wide rate improved by 1.48% in MY2024 (as an inverse measure, improvement is reflected as a lower rate), Partnership's drop in percentile for GSD reflects an over 4.5% benchmark movement between MY2023 and MY2024, making a high benchmark harder to obtain.

- Immunizations for Adolescents (IMA-2): Because some of the vaccinations included in this measure are required for public school enrollment, this is historically a higher performing childhood vaccination measure than Childhood Immunization Series (CIS-10). Encouragingly, MY2024 shows several counties in Rural Upper North and Rural Upper Central regions exceeding the MPL for this measure along with all North Bay Area counties. The predominant causes of low rates are missing or late secondary doses of the HPV immunization series and high rates of parental refusal.
- Timeliness of Prenatal Care (PPC-Pre): Partnership just met the MPL for the Plan-Wide rate for this measure in MY2024. Because of variations in Eligible Populations within regional rates (calculated from county rates, which use a larger random sample of charts from each county than plan-wide rates), none of Partnership's Financial Rating Regions met the 50th percentile for this measure. The HEDIS team observed several performance issues around prenatal visits, including that many members receive their first prenatal visit outside of the measure timeline, and that visits do not include all of the required components of a prenatal visit. Prenatal visits will be a measure of increased focus in MY2025 onwards to reverse declining rates on this measure throughout Partnership's network.
- Postpartum Care (PPC-Post): Postpartum Care visits continue to be a source of strength for Partnership, with sustained performance over the 90th percentile. Interventions to maintain high postpartum care rates are described in Section 9 and include refinements to the Growing Together Program and equity focused programs centered on communities with lower prenatal and postpartum visit rates.

7.3 Plan-Wide Opportunities for Improvement

After analyzing the MY2024 annual results and year over year performance comparisons, measures below the MPL can be categorized across three primary drivers.

- 1.) **Performance** – Members qualifying under a measure did not receive the required care per measure specifications and designated timeframes
- 2.) **Data Completeness** – Data used to generate reported rates has gaps, decreasing confidence that reported rates accurately reflect performance.
- 3.) **Measure Limitations** – Measure specifications determine how data is collected through the reporting of rate performance. Measure specifications can detract from a measure's intended purpose. In these cases, specifications can limit accurate representation of performance as well as detection of recent improvements that are in alignment with the measure's purpose and clinical practice.

7.3.1 MCAS Measures with Performance Opportunities

Three measures are performance improvement opportunities for Partnership's provider network. These measures have sustained performance below the MPL, and data completeness issues are not the primary driver of low measure rates.

Table: MCAS Measures with Performance Opportunities

Measure	MY2023 Plan-Wide Benchmark	MY2024 Plan-Wide Benchmark YOY points gained
Asthma Medication Ratio (AMR)	37.5 th	37.5 th +0.70%
Chlamydia Screening in Women (CHL)	50 th	37.5 th -0.42%
Child and Adolescent Well-Care Visits (WCV)	37.5 th	37.5 th +1.42%

- Asthma Medication Ratio (AMR): Partnership removed AMR from its PCP QIP at the conclusion of MY2023, given continued year-over-year performance gains in recent years. The HEDIS team reviewed updates to its AMR custom code mapping frequently during the MY2024 Annual Project and requested several custom code mappings from their auditor. In MY2025, Partnership added a Unit of Service (UOS) measure to its PCP QIP, to incentivize practices to host Academic Detailing sessions with Partnership's Pharmacy team. The Pharmacy team reviews pharmacy claims data to improve medication management for asthma and other chronic conditions. The AMR measure is being retired at the end of MY2025, with a new measure of follow up after ED visits for Asthma replacing it.
- Chlamydia Screening in Women (CHL): Chlamydia Screening rates declined Plan-Wide in MY2024, despite the use of all supplemental data sources for the MY2024 HEDIS Annual Project, including Health Information Exchange lab data that captures screenings outside the primary care setting. In MY2025, Partnership added the CHL measure to its PCP QIP, which will allow practices to monitor their performance on this measure.
- Child and Adolescent Well Care Visits (WCV): This measure requires an annual well care visit for children and adolescents between the ages of 3-21. While Plan-Wide performance improved in MY2024, it was not sufficient to meet the MPL benchmark, which increased in MY2024. Given this measure's demand, performance is largely impacted by access constraints. Rates drop significantly for children in older age bands for the WCV measure. When providers face capacity

challenges, they prioritize babies and toddlers for visits versus older adolescents. Young adults in the 18-21 years age band are more likely to be reliant on episodic care, live away from family (out of Partnership's coverage area or out of state), and access care in settings such as student health centers, episodic telehealth services, and urgent care centers that are not part of Partnership's PCP network. For these reasons, Partnership has opted to exclude young adults ages 18-21 years from its PCP QIP WCV measure.

7.3.2 MCAS Measures with Data Completeness and Measure Limitation Issues

Finally, four measures have sustained performance below the MPL primarily because of data completeness and measure limitation issues. Partnership has documented and escalated data completeness issues around all four measures directly to DHCS and is engaged in interventions and activities meant to improve the quality and completeness of data.

Table: MCAS Measures with Data Completeness and Measure Limitation Issues

Measure	MY2023 Plan-Wide Benchmark	MY2024 Plan-Wide Benchmark YOY points gained
Developmental Screening in the First Three Years of Life (DEV)	>50 th	<50 th -0.38%
Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up (FUA-30)	25 th	37.5 th +1.25%
Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up (FUM-30)	>10 th	<10 th -2.47%
Topical Fluoride for Children (TFL-CH)	<50 th	<50 th +12.15%

- Developmental Screening (DEV): Starting in 2019, Partnership's Site Review team incorporated chart audits for this measure into their workflow. The results from these and other chart audits suggest that more screenings are occurring than what this measure's performance reflects. Along with the chart audits, the Site Review team includes counseling of providers performing these screenings to update their coding practices. This resulted in very limited success, due to struggles to gain provider adoption of coding these screenings properly to capture compliance.

Accurate measurement of this developmental screening is significantly limited by prescriptive coding requirements, and the measure uses a CPT code that does not have standardized coding rules. Partnership was sanctioned for performance below the MPL in MY2023 and is in the process of appealing the sanctions.

In MY2025, DHCS transitioned the DEV measure from administrative to hybrid, which is recommended by CMS, the measure steward. As a hybrid measure, Partnership will have the opportunity to complete a Medical Record Review on this measure in MY2025, which will help overcome the measure limitations described above.

- Follow-up After Emergency Department (ED) Visit for Mental Illness (FUM-30) or Substance Use (FUA-30): Unlike other state Medicaid systems (which drive national benchmarks), Medi-Cal divides mental health benefits from medical benefits, and then further divides these benefits between managed care plans and “County Mental Health Plans (MHPs)”. Benefits for those requiring “Specialty Mental Health Services (SMHS): aka Serious and Persistent Mental Health Services” are the responsibility of the County MHPs, while the benefits for those requiring Non-Specialty Mental Health Services (NSMHS) are the responsibility of Partnership. This complicated dual delivery system limits Partnership’s ability to capture, through internal means, all follow-up visits, as it relies on reporting from the state, which currently provides this data on behalf of counties in SMHS cases (where the county is responsible for follow-up visits). MCP’s are dependent on DHCS to provide the MHP data, and Partnership has documented significant drops in monthly data provided by DHCS. In MY2023, DHCS declined to sanction any California Managed Care Plan for performance below the MPL on both measures because of data completeness issues.

To address data completeness issues, Partnership actively pursued data agreements with all of its counties to improve capturing follow-up visits from county mental health providers through SVMS; to date, 22 of 24 counties are contracted with SVMS. Interventions with large PCP organizations are also underway, focused on timely referral processing and/or timely follow-up to ED discharge reporting. Incomplete data is the largest driver, but Measure Limitations and Performance drivers are also contributing to the low reported rates. Partnership also acknowledges there is significant performance improvement potential under both measures, which can be more fully addressed once data is more complete.

- Topical Fluoride for Children (TFL-CH): The largest driver of low rates on this measure is incomplete dental claims data provided by DHCS. This measure can be fulfilled through services provided in either the primary care or dental setting – over 90 percent of dental services for Partnership members are completed in a FQHC, Rural Health Center, or Tribal Health Dental Center. These services, including fluoride varnish applications, are billed to Denti-Cal; Denti-Cal then sends data to DHCS, and DHCS sends data to MCP’s in a monthly data feed. DHCS has admitted that their system does not have the capacity to store or exchange the dental codes that indicate fluoride varnish was applied; they are only capable of sending codes indicating a dental service was completed. Partnership was sanctioned for performance below the MPL in MY2023 and is in the process of appealing the sanctions.

Partnership is closely engaged with DHCS’s Data Team around improving the completeness of data around this measure. DHCS’s Data Team provided a work-around for their inability to send dental codes, which is to use an ICD-10 code indicating fluoride varnish application with Dental Center claims. Partnership received auditor approval to map the ICD code towards the TFL-CH

measure in MY2024, which resulted in a significant year-over-year improvement in rates in MY2024.

7.4 Comparing MY2024 MCAS Results to MY2024 PCP QIP Results

The clinical measures included in the Primary Care Provider Quality Incentive Program (PCP QIP) are designed to reflect HEDIS measure priorities. Most PCP QIP clinical measures have very similar definitions to their HEDIS measure counterparts, and strong performance on PCP QIP measures should be reflected in strong HEDIS measure performance. Differences between PCP QIP and HEDIS measures are designed to improve providers' ability to impact the population in the measure. Some examples include:

- Partnership relaxes the strict continuous enrollment requirements in PCP QIP measures that are present in many HEDIS measures. Several measures (AMR, BCS-E, and W30) require members be continuously enrolled with a MCP for 11 months to be included in the HEDIS measure; Partnership relaxed this requirement so that incoming members could be included in their PCP QIP cohorts.
- Partnership allows PCPs to upload supplemental data for all PCP QIP measures. HEDIS administrative and ECDS measures only allow claims and encounter data, as well as auditor approved supplemental data, to be applied to a HEDIS measure.

Overall, plan-wide performance declined on seven of ten continuous measures on the PCP QIP between MY2023 and MY2024. The primary factor in the decline in PCP QIP performance was the addition of over 100 PCP sites to Partnership in the 10 incoming counties in 2024. Incoming PCPs were challenged by data completeness issues described in Section 1, which gave them limited historical data for multi-year measures. Incoming PCPs also experienced significant member assignment mismatches at the beginning of 2024, which limited their ability to impact the members on their panels – this impacted both their PCP QIP scores and their local HEDIS measure rates.

The MY2024 MCAS measure performance trends for North Bay and Rural Upper North Rating Regions (DHCS's Rating Regions for the 14 legacy counties) were consistent with corresponding MY2024 PCP QIP results for the 14 legacy counties.

In MY2024, Partnership's HEDIS rates for Well Child Visits Birth – 15 Months (W30-6) was closely aligned with PCP QIP performance on the Well Child First 15 Months (W15) measure, which permits submission of supplemental data – this is thanks to the W30 Medical Record Review described in Section 1.

For reasons noted in Section 6.3.1, the PCP QIP Child and Adolescent Well Care Visits (WCV) measure only includes members 3-17 years of age. This, combined with permitting supplemental medical records not allowed under HEDIS measure Child and Adolescent Well Care Visits (WCV), influenced the higher achievement of 55.48% in PCP QIP plan-wide performance.

With the exception of WCV, all other HEDIS measures that are aligned with PCP QIP measures showed slightly higher plan wide performance in the HEDIS measure than in the plan wide PCP QIP.

7.5 Next Steps in Finalizing Assessment of Results

- DHCS will finalize Quality Factor Scoring of all managed care plans, based on composite scoring per reporting region, in fall or winter 2025.
- DHCS has not yet announced its final methodology for sanctioning managed care plans for performance below the MPL. Once methodologies are finalized, DHCS will share mandated performance improvement activities and sanctions with plans including Partnership.
- Final assessment of results will be used to adapt quality measure score improvement strategies and tactics in 2025-2026.

8.0 Summary of Measures in the Primary Care Provider Quality Improvement Program (PCP QIP)

The table below provides a summary of Primary Care Provider Quality Improvement Program measures included in the Measures Managed Care Accountability Sets (MCAS) for Medi-Cal Managed Care Plans Measurement Year 2024 | Reporting Year 2025.

HEDIS® Measures	MCAS Accountable/Reporting	MY2023 PCP QIP Measures	MY2024 PCP QIP Measures	QIP Program
Asthma Medication Ration (AMR)*	Accountable	X		PCP QIP – removed from QIP in MY2024
Breast Cancer Screening (BCS-E)*	Accountable	X	X	PCP QIP
Controlling High Blood Pressure (CBP)	Accountable	X	X	PCP QIP
Cervical Cancer Screening (CCS)	Accountable	X	X	PCP QIP
Childhood Immunization Status (CIS) – Combo 10	Accountable	X	X	PCP QIP
Colorectal Cancer Screening (COL-E)	Reporting	X	X	PCP QIP
Eye Exam for Patients with Diabetes (EED)	Reporting	X	X	PCP QIP
Glycemic Status Assessment for Patients with Diabetes—Glycemic Status (>9%), Poor Control (GSD)	Accountable	X	X	PCP QIP QIP uses the inverse of this measure: Good Control, HbA1c Good Control <9%
Immunizations for Adolescents (IMA) – Combo 2	Accountable	X	X	PCP QIP
Lead Screening in Children (LSC)	Accountable	X	X	PCP QIP MY2023: UOS measure MY2024: Clinical
Postpartum Depression Screening (PDS-E)	Reporting	X	X	Perinatal QIP
Prenatal Depression Screening (PND-E)	Reporting	X	X	Perinatal QIP
Prenatal and Postpartum Care (PPC) – Postpartum Care	Reporting	X	X	Perinatal QIP

Partnership HealthPlan of California
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HEDIS® Measures	MCAS Accountable/Reporting	MY2023 PCP QIP Measures	MY2024 PCP QIP Measures	QIP Program
Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care	Reporting	X	X	Perinatal QIP
Prenatal Immunization Status – combo (PRS-E)	Reporting	X	X	Perinatal QIP
Well-Child Visits in the First 30 Months of Life—0 to 15 Months—Six or More Well- Child Visits (W30-6)	Accountable	X	X	PCP QIP
Child and Adolescent Well-Care Visits (WCV)	Accountable	X	X	PCP QIP

PCP QIP Measurement Set: <http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPLandingPage.aspx>

9.0 Measurement Year 2024 Managed Care Accountability Site (MCAS) Measurement Set Descriptions-Accountable Measures

HEDIS Measure	Measure Indicator	Measure Definition
*Asthma Medication Ratio (AMR)	<ul style="list-style-type: none"> Total 	<ul style="list-style-type: none"> The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
*Breast Cancer Screening (BCS-E)	<ul style="list-style-type: none"> Non-Medicare Total 	<ul style="list-style-type: none"> The percentage of women 52–74 years of age who had a mammogram to screen for breast cancer as of December 31 of the measurement year.
Cervical Cancer Screening (CCS)	<ul style="list-style-type: none"> Total 	<ul style="list-style-type: none"> The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> Women 21–64 years of age who had cervical cytology performed within the last 3 years Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years
*Child and Adolescent Well-Care Visits (WCV)	<ul style="list-style-type: none"> Total 	<ul style="list-style-type: none"> The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. Total. The sum of the age stratifications (ages 3–21) as of December 31 of the measurement year.

HEDIS Measure	Measure Indicator	Measure Definition
Childhood Immunization Status (CIS)	<ul style="list-style-type: none"> Combination 10 	<ul style="list-style-type: none"> The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and three combination rates.
*Chlamydia Screening in Women (CHL)	<ul style="list-style-type: none"> Total 	<ul style="list-style-type: none"> The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. <ul style="list-style-type: none"> Total: the sum of the age stratifications.
Controlling High Blood Pressure (CBP)	<ul style="list-style-type: none"> Total 	<ul style="list-style-type: none"> The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.
*Developmental Screening in the First Three Years of Life (DEV_CH)	<ul style="list-style-type: none"> Total All Ages 	<ul style="list-style-type: none"> Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday. This measure is a CMS FFY 2023 Child Core Set Measure, held to the DHCS designated MPL.
*Follow-Up After ED Visit for Mental Illness – 30 days (FUM)	<ul style="list-style-type: none"> Total 	<ul style="list-style-type: none"> The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).

HEDIS Measure	Measure Indicator	Measure Definition
*Follow-Up After ED Visit for Substance Abuse – 30 days (FUA)	<ul style="list-style-type: none"> Total 	<ul style="list-style-type: none"> The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
Immunizations for Adolescents (IMA)	<ul style="list-style-type: none"> Combination 2 	<ul style="list-style-type: none"> The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates. Combination 2. Adolescents who have had all three indicators (meningococcal, Tdap and HPV).
Hemoglobin A1c Control for Patients With Diabetes (HBD)	<ul style="list-style-type: none"> HbA1c poor control (>9.0%) 	<ul style="list-style-type: none"> The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the Measure Indicators performed. <ul style="list-style-type: none"> HbA1c poor control (>9.0%). The most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year.
Lead Screening in Children (LSC)	<ul style="list-style-type: none"> Total 	<ul style="list-style-type: none"> The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday. At least one lead capillary or venous blood test (Lead Tests Value Set) on or before the child's second birthday.



HEDIS Measure	Measure Indicator	Measure Definition
Prenatal and Postpartum Care (PPC)	<ul style="list-style-type: none"> Timeliness of Prenatal Care Postpartum Care 	<ul style="list-style-type: none"> The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care. <ul style="list-style-type: none"> Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.
*Topical Fluoride for Children (TFL-CH)	<ul style="list-style-type: none"> Total ages 1 through 20 	<ul style="list-style-type: none"> Percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year. This measure is a CMS FFY 2023 Child Core Set Measure, held to the DHCS designated MPL.
*Well-Child Visits in the First 30 Months of Life (W30)	<ul style="list-style-type: none"> Well-Child Visits in the First 15 Months Well-Child Visits for Age 15 Months–30 Months. 	<ul style="list-style-type: none"> The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.

**-Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures)*

10.0 Quality Improvement Initiatives - HEDIS Score Improvement

Partnership's Quality Improvement organization-wide goals for 2024-2025 focused on four measure domains similar to those defined under the DHCS Managed Care Accountability Set (MCAS) measures:

1. Chronic Diseases
2. Behavioral Health
3. Pediatrics
4. Women's Health and Perinatal

The Quality Measure Score Improvement (QMSI) effort continues to better coordinate service and performance across the organization and to raise Partnership's overall performance in quality measures, as defined under DHCS MCAS and NCQA Health Plan Accreditation (HPA). This effort involved team formation under QMSI to encompass all current and potentially future accountable measures by measure family within each workgroup team: Pediatric, Chronic Diseases, Behavioral Health, Women's Health and Perinatal Care. A fifth QMSI Workgroup, Medication Management, was disbanded in July 2024 and its measures were absorbed into the Chronic Disease and Behavioral Health Workgroups. Each workgroup monitored and reviewed all measure performance where data was available, assessed current improvement efforts, identified gaps and initiated new performance improvement activities.

QMSI workgroups consisted of cross-functional teams led by Quality and included representation from across the organization, such as: Care Coordination, Claims, Health Education, Office of the CMO, Pharmacy, Population Health, Provider Relations, Quality and/or regional leadership. The following summaries include what each measure-family QMSI Workgroup Team achieved in 2024-2025.

10.2 Chronic Disease Measure Activities

Colorectal Cancer Screening: Cologuard: In 2023 Partnership conducted a pilot project with Exact Sciences who produces the Cologuard Fit DNA colorectal cancer screening product. During the pilot Partnership observed notable improvements in colorectal cancer screening rates with participating providers. Partnership has turned this effort into an ongoing program and has worked closely with Exact Sciences to spread awareness and access to the bulk ordering program. Partnership has created a resources page on its public website to aggregate lessons learned and details on the bulk ordering process. Exact Sciences has a minimum number of patients required for bulk orders since it is resource intensive for them to do outreach and messaging for patients with an order. Partnership has offered to help facilitate bulk orders for smaller practices who do not have large enough denominators to do bulk orders on their own, with orders going out every few months.

Academic Detailing Sessions Through Partnership Pharmacy Team: For MY2025 Partnership added a Unit of Service (UOS) measure to the PCP QIP program. The purpose of this new unit of service measure is to incentivize provider organizations to host a two-part academic detailing meeting with Partnership's Pharmacy Team/Medical Director. Pharmacy academic detailing helps clinicians improve medication management, improve quality measure performance, and achieve better clinical outcomes for their patients. The UOS measure applies to practices with at least 1,000 assigned members and requires an initial training as well as a follow-up session to review any changes in prescribing practices following the initial training. Provider practices are offered up to \$2,500 to help cover costs to get prescribers out of clinic for education.

Pharmacy academic detailing meetings focused on improving medication management through pharmacy claims analysis within the following disease states:

- CBP: Controlling High Blood Pressure
- HbA1c Good Control
- AMR: Asthma Medication Ratio
- Statin therapy in:
 - Cardiovascular disease
 - Diabetes
- Opioid Disorder Measure (only if providers are interested in opioids and MAT)

10.3 Behavioral Health Measure Activities

Sac Valley MedShare Data Exchange: Partnership HealthPlan of California and SacValley MedShare (SVMS): To improve data sharing capabilities between Behavioral Health Plans (BHPs) and Partnership, the partnership with SacValley MedShare (SVMS) was expanded to include county participation. Over the course of a 12-month collaboration, 22 out of 24 counties signed participation agreements with SVMS, which allowed various levels of data use and sharing to be integrated into county operations.

Key Outcomes and Learnings:

- The collaboration facilitated the provision of medical data, including real-time admissions, discharges, and transfers, from participating hospitals.
- Some counties implemented opt-in procedures for data sharing, which have limited the number of beneficiaries included in the data.
- Substance use disorder data has not yet been included in the exchange due to varying levels of regulatory uncertainty across counties.

DHCS Mandated Non-Clinical PIP: Improving Provider Notifications and Follow-Up for Members with Serious Mental Health Diagnoses: The Department of Health Care Services (DHCS) has mandated a non-clinical Performance Improvement Project (PIP) focused on enhancing the timeliness and consistency of provider notifications for members with Serious Mental Health (SMH) diagnoses following emergency department (ED) visits. The primary goal of this initiative is to improve the percentage of notifications sent to providers within seven days of an ED visit, thereby increasing the likelihood of timely follow-up care for affected members.

In 2024, the QI team at Partnership identified a tool with the potential to significantly improve provider notification processes: PointClickCare. Partnership subscribes to this platform, which serves as a centralized hub for real-time Admission, Discharge, and Transfer (ADT) messages from EDs and hospitals across California. To operationalize this data, Partnership launched a targeted intervention in the Northwest region, routing daily PointClickCare reports to a large provider organization. These reports flag assigned members with recent ED visits for SMH diagnoses. In response, the provider organization is developing integrated clinical and operational workflows across its sites to proactively conduct outreach, schedule appointments, and ensure follow-up care is completed within 30 days of the ED event.

Key Outcomes and Learnings:

- Regular data exchange to promote shared learning, pattern recognition, and continuous quality improvement.
- Real-time data analysis to support agile adjustments and maintain program responsiveness.
- Focused efforts on increasing the rate of timely notifications and achieving compliance with follow-up targets.

DHCS/IHI Behavioral Health Collaborative: Partnership HealthPlan of California and Nevada County: Beginning June 3, 2024, the Behavioral Health and Quality Improvement departments at Partnership embarked on a 15-month collaborative initiative facilitated by the Department of Health Care Services (DHCS) and the Institute for Healthcare Improvement (IHI). This partnership, in coordination with the Nevada County Department of Behavioral Health, aims to improve Follow-Up After Emergency Department Visit for Mental Illness (FUM) and Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) measures.

Key Outcomes and Learnings:

- The collaboration has significantly strengthened the working relationship between Partnership and Nevada County, laying the foundation for ongoing partnership and communication.
- Despite ongoing data misalignment between the County and Partnership, the collaborative has initiated efforts to identify data gaps, establish a shared baseline, and apply data-driven strategies to guide targeted quality improvement interventions.
- Piloted standardized screening procedures for Emergency Department bedside.

Community Health Worker (CHW) & Emergency Department: Partnership HealthPlan of California:

To bridge the gap between existing Substance Use Navigation (SUN) grants and the implementation of community health workers (CHWs), Partnership offered a grant of up to \$100,000 to promote the use of CHWs in emergency departments. A total of 24 hospitals expressed interest, and 17 followed through during the grant year.

Key Outcomes and Learnings:

- Most emergency department EHRs (Electronic Health Records) were not capturing non-clinical interactions, which made it difficult to promote CHW work as a billable service.
- Staffing challenges arose at some hospitals, including engaging HR to create new job descriptions, adding positions late in budget cycles, and dealing with workforce shortages in certain areas.
- Many hospitals felt that longer grant periods would be necessary to fully capture the impact of the new CHW role

10.4 Pediatric Medicine Measure Activities

State-Mandated Performance Improvement Project (PIP) Focused on Early Well-Care in Black/African American Members in Solano County: This PIP's initial intervention addressed delays in Medi-Cal enrollment, which have a significant impact on all families, including African American families. The team launched a six-week phone outreach pilot project in collaboration with NorthBay Health. Upon discharge, NorthBay staff informed Partnership members that they would receive a call from Partnership. NorthBay then emailed Partnership a daily list of members that had been discharged from their Labor and Delivery unit. Partnership staff would then reach out to these members within 72 hours of discharge, educating new parents on Medi-Cal enrollment, newborn PCP selection, well baby visit scheduling, and connection to resources. The pilot had an 81% reach rate and a 51.6% engagement rate, which is significantly higher than similar outreach programs within Partnership.

Increase HPV Vaccine Completion Rates Through 2nd Dose Reminder Mailers: The HPV 2nd Dose Pilot Project identified children under age 13 who are due for their second dose of the HPV vaccine and mailed a reminder notice to their homes to encourage timely completion. This three-month initiative aims to assess whether mailed reminders can improve HPV vaccine series completion rates.

Develop a Plan-Wide Strategy for Well-Child Visits in the First 30 Months of Life – Birth to 15 Months (W30-6): While there have been many unique approaches for improving W30-6, Partnership recognized that the significant efforts were lacking a strategic vision for addressing the complexities that exist in W30-6 and decided to form a W30-6 Plan-Wide Strategy Committee. The purpose of this committee was to develop a concerted approach to understanding the current state and strategically planning for future improvement efforts.

The committee launched in October 2024 with a cross-functional stakeholder group. The purpose of the committee was to develop and implement a guiding strategy for improving performance of well-baby visits across Partnership's service area:

- Link all improvement efforts and provide a more strategic and streamlined approach
- Ensure thoughtful investment of time and resources
- Raise awareness and increase engagement across all stakeholders, both internal and external

Expand Promotion of Healthy Babies Growing Together Program to Provider Network to Increase W30-6 and CIS-10 Rates: Member incentives are widely known as a best practice for improving member appointment completion rates. Population Health's rebranding of the Growing Together Program (GTP) led to member incentives directly aligning with the CIS-10 and W30+6 MCAS Accountable measures. Improvement advisors, through their engagement with sites, recommended promotion of this program beyond the member population to the provider network.

Improve Data Capture of Topical Fluoride Application: Partnership launched a multi-pronged messaging campaign to providers to evangelize the use of the Z29.3 ICD code to indicate fluoride varnish application in FQHC, RHC, and Tribal Health Dental Centers. Following the messaging campaign, QI coaches and Partnership's new Dental Liaison followed up with practices during coaching calls to see if the codes had been implemented. As of May 2025, Partnership has started receiving claims with the Z29.3 code from providers who were quick to implement the code into their processes. Partnership will continue to monitor claims and work with practices who have not implemented the code.

10.5 Women's Health and Perinatal Care Measure Activities

Improve Breast Cancer Screening by Engaging Mobile Mammography: Partnership's Mobile Mammography program continued as a strategy to increase Breast Cancer Screening performance. Partnership collaborates with Alinea Medical Imaging and providers to host Mobile Mammography events, helping members complete preventive screenings at their primary care provider sites. In FY2024/2025 the program completed 77 mobile mammography event days resulting in 2,162 completed screenings. Mobile Mammography events were held at seven Tribal Health Centers, and Partnership led talking circles on screening importance at three Tribal Health Center's Mobile Mammography events.

Cervical Cancer Screening Self-Swab Pilot: A Cervical Cancer self-swab pilot launched in January 2024 with five strategically selected primary care clinics. The cervical cancer self-swabs were piloted in provider clinics and mobile settings to increase screening access for patients who previously declined clinician-administered exams. Early learning suggests broad provider and patient interest.

In May 2024, the U.S. Food and Drug Administration approved two HPV self-collect vaginal tests for cervical cancer screening. In March 2025 Quest and LabCorp launched the Roche Molecular Systems, Inc Cobas HPV test for self-collection with a new CPTII code 87626. Instructions on how to complete the self-swab were developed. In the March 2025 release of HEDIS MY 2025 Value Set Directory CPT code 87626 was included in the High-Risk HPV Lab Test Value Set. In May 2025, the CPT code was added to the CCS code set in eReports. Partnership worked closely with Quest and LabCorp to facilitate integration of the self-swab in its network. An HPV Self-Swab Webinar was held April 1, 2025, with 100+ attendees and the webinar is available on Partnership's website.

Perinatal Growing Together Program (Perinatal GTP): This program aims to improve early access to prenatal care and improve timely well-baby care. In FY24/25 the Perinatal GTP made 23,234 contacts across both the Prenatal and Postpartum Growing Together Program campaigns, outreaching to 12,117 unique members. Of the 4,144 unique members outreached for the Prenatal program, 60.4% agreed to participate. Of the 7,973 outreached for the Postpartum program, 58.5% agreed to participate. These members were transitioned into the GTP Postpartum program for targeted conversations post-birth.

Maternal Events: Population Health organized maternal photo shoots and baby showers to build trust and engagement with Black and Hispanic members. These events promoted health education and connected families to local and Partnership resources.

Tribal Perinatal Program (TPP) aims to improve perinatal health outcomes among California Indian communities through a comprehensive approach encompassing training, curriculum development, evaluation, and continuous improvement initiatives. TPP started in April 2024 and has 6 Tribal Health Centers enrolled across 3 cohorts. This program addresses disparities identified in prenatal care and postpartum care for American Indian/Alaskan Native members.

The Solano Perinatal Clinical Collaborative continues for FY24/25. The collaborative focuses on addressing health disparities in prenatal care for African Americans in Solano County. They have identified operational and communication barriers that were impeding access. They developed better systems of care across organizations and improved the standards and methods of patient related and professional communication.

Health Services Board Update

Name: Katherine Barresi, RN, BSN, PHN, NE-BC, CCM

Chief Health Services Officer

August 27, 2025

Departments: Utilization Management, Care Coordination, Behavioral Health, Enhanced Health Services, and Health Equity

The Health Services departments have continued to make progress in advancing our strategic and regulatory objectives, enhancing operational efficiency, and delivering measurable outcomes for our members. Key milestones, ongoing challenges, and outlined priorities are noted below. Through continued collaboration, innovation, and a focus on operational excellence, the Health Services departments remain committed to supporting the organization's strategic goals and delivering impactful results for our members and communities.

Dept. Updates for Board

Care Coordination	<p>Centers for Medicare and Medicaid Services (CMS) Early, Periodic Screening Diagnosis and Treatment (EPSDT) Audit</p> <p>At the end of July, Partnership was notified by CMS that we were one of the Medicaid Managed Care plans, nationwide, that was elected to participate in CMS' audit of the EPSDT Program. Pursuant to the <i>Bipartisan Safer Communities Act (BSCA)</i> signed into Law in 2022, CMS is required to conduct regular review of states' implementation of EPSDT services and to identify gaps, deficiencies, and provide technical assistance to states. This year the Department of Health Care Services in California (DHCS) was selected as part of that audit, with Partnership and our provider network being key interviewees.</p> <p>The Care Coordination and Health Services dept. leaders participated in two interview sessions directly with DHCS and CMS staff. The theme of the first session centered around Partnership's California Children's Services Whole Child Model (CCS WCM); with a keen focus on understanding case management, transportation and provider access locally. The second session was an opportunity to Partnership to provide a presentation to CMS and to highlight our activities and experience in the EPSDT program and ensuring access to care for children and youth. A large portion of the audit was focused on Well Child Visits and Partnership's efforts and the subsequent increases in performance observed. The audit was well received by both DHCS and CMS alike. Both agencies were particularly complementary of Partnership's consistent, thorough and creative efforts that met the local needs of communities such as; Growing Together Program, Kindergarten Round-Up, and</p>
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Health Services Board Update

	<p>Newborn pilot with NorthBay Medical Center. After CMS concludes their audit of DHCS, a formal report is to be published.</p> <p>Complex Case Management (CCM)</p> <p>The department continues to move forward in enrolling new members into Partnership's Complex Case Management program. This important case management and care coordination program not only meets Partnership's Medi-Cal contractual responsibilities with DHCS and accreditation standards through NCQA, the CCM program also provides Partnership with the opportunity to help our members with complex needs, chronic conditions and/or multiple co-morbidities obtain necessary support and assistance from Partnership Care Coordination staff. The program involves direct nursing case management, care coordination, social worker support, and coordination from Health Care Guides addressing goals and interventions identified in a member's individual care plan. In 2025, there have been 75 members who have moved through this program which places Partnership in a strong position for the NCQA renewal lookback period starting this September. For NCQA standards and auditing, Partnership must maintain at least 40 eligible CCM cases during the lookback period for file review with the NCQA Audit team and the department is positioned well given the current volume, workflows and practices.</p>
Utilization Management	<p>Inpatient Length of Stay (LOS)</p> <p>The Utilization Management team led Partnership in achieving its lowest average for length of stay (LOS) for the first 6 months of CY 2025 at 5.3 days. This average is the lowest average LOS for Partnership, for the same time period, since 2021:</p> <ul style="list-style-type: none"> • 5.30 days 1/2025 – 6/2025 • 5.59 days 1/2024 – 6/2024 • 6.16 days 1/2023 – 6/2023 • 6.11 days 1/2022 – 6/2022 • 5.90 days 1/2021 – 6/2021 <p>This decrease in LOS is due a culmination of activities, internal operational changes, and programs implemented to support members, hospitals, long term care facilities and providers alike. Some of these activities include, expanding UM's extended length of stay (ELOS) meetings to new hospital partners, efficiency gains in the authorization of skilled nursing services for members transitioning from acute care settings, and increased referrals and facility awareness of available community supports options such as Recuperative Care and Short Term Post-Hospitalization Housing. The department, staff, leadership and Medical Directors continue to adopt more pilots and interventions to ensure delivery of high-quality,</p>

	<p>cost effective care and support members through transitions in health care settings and discharge planning.</p> <p>Long-Term Care (LTC) Luncheons</p> <p>Partnerships is finishing its annual Long Term Care luncheons in the network with final providers being celebrated in our Auburn office on August 28, 2025. Held in each Partnership office, the Long-Term Care Luncheons provided a valuable opportunity for healthcare professionals, administrators, and health plan staff to engage in meaningful dialogue about best practices, emerging trends, and collaborative solutions in long-term care. Attendees participated in informative presentations, networking sessions, and roundtable discussions that fostered knowledge sharing and professional connections. The luncheon highlighted innovative approaches to patient care, regulatory updates, and strategies for enhancing resident quality of life. In addition, Partnership staff presented recognition awards to long-term care providers in the network to demonstrate the health plan's deep appreciation. By bringing together diverse perspectives, these events not only strengthened community partnerships but also reinforced our organization's commitment to advancing excellence in long-term care services.</p>
Enhanced Health Services	<p>Transitional Rent Planning and Implementation</p> <p>As DHCS moves forward with the launch of the new Transitional Rent Medi-Cal benefit on 1/1/2026, the Enhanced Health Services and Health Services leaders have been steadfast and focused on working with local, county Behavioral Health leaders and staff. DHCS requires Partnership to submit a Transitional Rent Model of Care by Sept. 2, 2025, which outlines Partnership's activities and progress to date in implementing the new benefit. A handful of Partnership Behavioral Health counties have already indicated they intend to contract directly with Partnership for services, and we remain in close contact with others. The first population that will be eligible for Transitional Rent will be those members who are eligible and/or connected with the county for Behavioral Health services and whom are at risk of and/or experiencing homelessness.</p>