



**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
CONSUMER ADVISORY COMMITTEE**

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

Thursday, December 1, 2022 12:00pm – 2:00pm

Meeting Locations

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

Attending Remotely via Webex

Meeting Link:

<https://partnershiphp.webex.com/join/cbreshears>

Meeting Number: 809 147 945

Join by Phone: 1 (415) 655-0001 US Toll

Access Code: 809 147 945

***** As signed by the Governor on September 16, 2021, AB361, allows for Brown Act teleconferencing flexibilities during a state of emergency *****

AB361 authorizes public meetings with Brown Act requirements to be held via teleconference or telephone. It waives the Brown Act requirement for physical presence at the meeting for members, the clerk, and/ or other personnel of the body as a condition of participation for a quorum, due to the state of emergency caused by the spread of COVID-19 and the risk to the health or safety of attendees meeting in person would present.

Members of the public, who choose to attend the meeting in person, should do so at the location listed on the meeting notice. In-person attendees must maintain a space of at least six feet apart from others and follow local public health directives. Masks are optional.

Government Code §54957.5 requires that public records related to items on the open session agenda for a regular finance meeting be made available for public inspection. Records distributed less than 72 hours prior to the meeting are available for public inspection at the same time they are distributed to all members, or a majority of the members of the committee. The Finance Committee has designated the Administrative Assistant to the CFO as the contact for Partnership HealthPlan of California located at 4665 Business Center Drive, Fairfield, CA 94534, for the purpose of making those public records available for inspection. The Finance Committee Meeting Agenda and supporting documentation is available for review from 8:00 AM to 5:00 PM, Monday through Friday at all PHC regional offices (see locations above). It can also be found online at www.partnershiphp.org. PHC meeting rooms are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact the Member Services Department at least two (2) working days before the meeting at (800) 863-4155 or by email at cbreshears@partnershiphp.org. Notification in advance of the meeting will enable the Administrative Assistant to make reasonable arrangements to ensure accessibility to this meeting and to materials related to it. This agenda contains a brief description of each item to be considered. Except as provided by law, no action shall be taken on any item not appearing on the agenda.



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		Lead	Page	Time
1.	IT Support Available <i>Remote participants are encouraged to dial/video in right at 11:45 AM to ensure connectivity is established before the meeting begins at 12:00 PM.</i>	Jessee Benton PHC IT Support		11:45
2.	Purpose of Meeting <i>Brief description of what CAC is and its purpose including NR County Map of regional offices and member representation.</i>	Jessica Stimson Supervisor of Member Services	4	12:00
3.	Introductions Roll Call Ice Breaker Question: <i>In a few words, share something kind that someone said or did for you recently.</i>	Jessica Stimson Supervisor of Member Services		12:05
4.	Public Comments <i>At this time, members of the public may address the committee on any non-agenda item of interest to the public that is within the subject matter jurisdiction of the committee. There will also be an opportunity to address the committee on a scheduled agenda item during the committee's consideration of that item. Speakers will be limited to three (3) minutes.</i>	Jessica Stimson Supervisor of Member Services		12:15
5.	Approval of September 2022 Minutes <i>Need a CAC member to make a motion to accept the September minutes and another member to second the motion.</i>	Jessica Stimson Supervisor of Member Services	5-15	12:20
I. Old Business				
1.	Follow up questions or issue from September CAC meeting: <i>June Meeting Minutes-Correction and Re-motion ACAP Scholarship</i>	Jessica Stimson Supervisor of Member Services	16-24	12:25
II. Standing Agenda Items				
1.	Report on Board Meeting from CAC Board Member <i>Highlights of the last Board Meeting</i>	Wendy Longwell Consumer Board Member		12:30
2.	HealthPlan Update <i>Recap of HealthPlan Updates</i>	Liz Gibboney Chief Executive Officer	25	12:35
III. New Business				
1.	2022 Grievance & Appeals Annual Report <i>Presentation on 2021's G&A Annual Report</i>	Kory Watkins Grievance & Appeals Compliance Manager	26-40	12:50
2.	Annual PHC Member Satisfaction Results <i>Presentation on 2022 CAHPS Survey Results and CAC Member Suggestions Survey</i>	Kevin Spencer Sr. Director of Member Services	41-59	1:15
3.	Community Health Worker (CHW) Scholarship <i>Brief Mention of the Program Scholarship Opportunity</i>	Jessica Stimson Supervisor of Member Services	60	1:35
4.	CAC Achievements for the Year <i>Review of CAC Achievements from 2022</i>	Ryan Ciulla Supervisor of Member Services		1:40
5.	Population Health <i>Member Material Review: Managing Diabetes</i>	Hannah O'Leary Population Health	61-63	1:45

IV. Additional Business/Other items			
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1.	Open Forum <i>Information sharing by committee members</i>	Jessica Stimson Supervisor of NR Member Services	1:50
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V. Adjournment		
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1.	Next Meeting: Thursday, March 2, 2023
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○ Regional Offices

- Humboldt:** Julia, Margaret
- Shasta:** Becky, Crystal, Joy, Monica, Wendy
- Lassen:** Ellen
- Del Norte:**
- Siskiyou:**
- Modoc:**
- Trinity:**



MEETING MINUTES

Partnership HealthPlan

Consumer Advisory Committee (Northern Region)

September 1, 2022, 12:00pm – 2:00pm

3688 Avtech Parkway Redding CA 96002 (Sundial Conference Room)
1036 5th Street Suite E, Eureka, CA 95501 (Sue Meg Conference Room)



Partnership Attendees: Araceli Gutierrez, Brittany Spears, Chelsea Breshears, Cody Thompson, Dane Gubser, Danielle Biasotti, Eva Lopez, Gala Tubera, Hannah O’Leary, Jessee Benton, Jessica Hackwell, Jessica Stimson, Kevin Spencer, Malania De Paul, Mark Bontrager, Melissa Schumann, Michelle Mootz, Nicole Curreri, Paola De La Cruz, Ryan Ciulla, Sonja Bjork, Vicky Klakken

Shasta CAC Participants: Becky Sherman, Crystal Chavez, Joy Newcom-Wade, Wendy Longwell

Absent: Monica Thoma

Humboldt CAC Participants: Amby Burum, Margaret Sager,

Absent: Allysa Ivey, Julia Hostler

Lassen CAC Participants: Ellen Payton

Absent:



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Agenda Topic	Topics	Comments/Discussions/Action Items
<p>2. Purpose of CAC <i>Jessica Stimson</i></p>	<p>Jessica Stimson, Supervisor of Member Services, reminded everyone what the purpose of the Consumer Advisory Committee was. <i>“The purpose of CAC is to act as a liaison between the HealthPlan and the HealthPlan members, to provide a forum to discuss common issues of interest and importance, to create a supportive and informative networking environment and to advocate for members by ensuring that Partnership is responsive to the diversity of health care needs of all members.”</i></p>	<p><i>None</i></p>
<p>3. Introduction <i>Jessica Stimson</i></p>	<p>Introductions from all sites were conducted and each Member was asked to answer the following question: <i>“In one or two words, what is the name of your favorite Fall food?”</i></p>	<p><i>None</i></p>
<p>4. Public Comments <i>Jessica Stimson</i></p>	<p>The committee was provided with an opportunity to present any comments regarding the agenda. Advocates and members of the public were also given an opportunity to address any comments pertaining to any non-agenda items.</p>	<p><i>None</i></p>



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Agenda Topic	Topics	Comments/Discussions/Action Items
<p>5. Approval of June 2022 Minutes <i>Jessica Stimson</i></p>	<p>The June 2022 meeting Minutes were reviewed and approved.</p>	<p><i>MOTION:</i> <i>Amby Burum</i> motioned to approve the minutes. <i>Becky Sherman</i> seconded and the June 2022 minutes were approved.</p>
<p>I. Old Business</p> <p>1. Follow-up from June’s CAC meeting. <i>Jessica Stimson</i></p>	<p>Follow up questions or issues from June’s CAC meeting.</p> <ul style="list-style-type: none"> ACAP Flyer provided in CAC packet. Winner of the scholarship is still in the process of being selected. Once we know who was selected, we will announce. 	<p><i>None</i></p>
<p>II. Standing Agenda Items</p> <p>1. Report on Board Meeting from Consumer Board Member <i>Wendy Longwell</i></p>	<p>Mark Bontrager, Behavioral Health Administrator, gave a brief update on how many Schools or Districts are seeking grant funding.</p> <p>Student Behavioral Health Incentive Program: California has given managed care plans like Partnership to specifically partner with county offices of education. Those offices are then engaging with specific school districts to implement certain intervention. Within Partnership’s 14 counties, the county offices have reached agreements with 86 school districts. These districts will complete a countywide Gap Assessment. Based on what gaps there are, they will choose what interventions to use over the next two years.</p>	<p><i>None</i></p>



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Agenda Topic	Topics	Comments/Discussions/Action Items
<p>1. Report on Board Meeting from Consumer Board Member Continued <i>Wendy Longwell</i></p>	<p>Due Dates:</p> <ul style="list-style-type: none"> • October 2022: Assessment Due • November 2022: List of interventions to use in each district. • January 2023: Go-live with interventions 	
<p>2. HealthPlan Update <i>Sonja Bjork</i></p>	<p>Sonja Bjork, Chief Operations Officer, gave a brief recap of the HealthPlan Updates.</p> <p>1. Public Health Emergency</p> <ul style="list-style-type: none"> • Everyone in the United States is still under a public health emergency from the federal government related to the Covid pandemic. • This ‘emergency’ put a hold/freeze on Medi-Cal eligibility determination. From 2020-2022, Medi-Cal counties have not been terminating anyone with Medi-Cal. Once the emergency is lifted, which should occur in a couple months, the counties will begin their work again. 	



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<p>2. HealthPlan Update Continued <i>Sonja Bjork</i></p>	<p>2. Resumption of Medi-Cal Eligibility Redeterminations</p> <ul style="list-style-type: none"> Some people are concerned they may not have gotten the notice that eligibility will start up again; therefore, it is important to keep your contact info updated with the county so you can receive this information. Once the county starts doing the redeterminations, they want it to go smoothly and doesn't want anyone that to lose eligibility that should still be on Medi-Cal. Also, since Partnership is a HealthPlan for people on Medi-Cal, we also don't want to lose them. <p>3. CAC Members – DHCS Coverage Ambassador</p> <ul style="list-style-type: none"> People can sign up for an unpaid position to be on an email/ mailing list to receive information on what's going on with the redetermination. <p>4. Universal Healthcare California is expanding the people who can receive Medi-Cal by trying to get universal coverage. This means, no one would be left out of receiving health care. Over the years, California expanded coverage to older adults and children who have undetermined immigration status. Now, they've expanded it to ages 26-49 years old. This is the remaining undocumented population who could only go to the ER; but now, it's expanded so this population can get preventative care or see a doctor. This will affect approximately 33,000 people within Partnership.</p>	<p><i>Amby Burum: Really likes her doctor because they discuss what's going on with her insurance. Being an Ambassador would allow her to bring even more information to him and the office. Sonja Bjork: Will send Amby Burum the information to sign up to be an ambassador. Redetermination update will be provided at December's meeting.</i></p>



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<p>2. HealthPlan Update Continued <i>Sonja Bjork</i></p>	<p>5. Partnership HealthPlan Expansion</p> <ul style="list-style-type: none"> • Ten counties would like Partnership to be their Medi-Cal managed health plan. California has given these counties permission to move forward with transitioning out of their current plan and into Partnership. If this happens, it would occur, January 2024. <ul style="list-style-type: none"> ○ Tehama, Plumas, Glenn, Butte, Sierra, Nevada, Yuba, Colusa, Sutter, and Placer. 	<p><i>Anna Davison: Works with children in childcare and it will be interesting to see how this will affect them.</i></p>
<p>III. New Business</p> <p>1. CAC Membership <i>Jessica Stimson</i></p>	<p>Jessica Stimson, Supervisor of Member Services, recognized Amby Burum for her time and dedication she has given to the CAC meetings. Jessica highlighted some of Amby’s accomplishments throughout her time:</p> <ul style="list-style-type: none"> ○ Became a CAC member in November 2013 ○ Reviewed an abundance of member materials ○ Provided great feedback in the 2020-2023 Strategic Plan Discussions. ○ Provided great feedback on the Post CAC Meeting Surveys. ○ She has a passion for advocating for herself and members. ○ Served as a Consumer Board Member from August 2019 through June 2021. 	<p><i>Amby Burum: Now has two plaques, one for being a board member and the other for being a CAC member. They are a reminder to her of why she does what she does. Although she can no longer work in the field she’s passionate about, being a member of these committees brings great joy. Sonja Bjork: Amby did a lot of hard work during her time. She read a lot of materials, prepared questions, reported back, etc. She was a model commissioner, so thank you for your service. Kevin Spencer, Amby represented CAC and the board very well. She was highly active and consistently advocated for the members.</i></p>



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<p>1. CAC Membership Continued <i>Kevin Spencer</i></p>	<p>Kevin Spencer, Sr. Director of Member Services provided a little more background as to why there is a CAC four-year term.</p> <p>The Department of Health Care Services (DHCS) started a large project for all managed care plans in California, which directly affects our CAC. Partnership will now be required to have a candidacy selection committee and have representation across all counties. Partnership also needs to have a formal CAC coordinator, which thus far, Jessica Stimson has been filling the role very well.</p> <p>Four-year term:</p> <ul style="list-style-type: none"> The CAC member may serve for a term of up to four (4) years. At the end of the four (4) year term, CAC members may continue their role as long as there is not a replacement CAC member available. 	<p><i>Margaret Sager: When do the term limits start? Kevin Spencer: The term limits are in effect from the time the member has joined, but the focus is filling the empty seats first.</i></p>



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<p>2. CalAIM Enhanced Care Management (ECM) Update <i>Danielle Biasotti</i></p>	<p>Danielle Biasotti, Ehance Care Management (ECM) Operations Manager, provided an update of ECM since its launch in January 2022.</p> <p>CalAIM: It is a multi-year initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcome of individuals on Medi-Cal by: 1) Implementing a broad delivery system, and 2) Program and payment reform across the Medi-Cal program.</p> <p>Enhanced Care Management (ECM): Is a Medi-Cal benefit that has replaced the current Whole Person Care (WPC) Pilot activities with a standardized set of case management services and interventions, building on positive outcomes from those programs. It is designed for populations who have the highest levels of complex health care needs, as well as experience social factors influencing their health.</p> <p>Phase II started, July 1, 2022. This includes Yolo, Solano, Lake, Humboldt, Modoc, Lassen and Siskiyou counties. It focuses on 1) high utilizers, 2) homeless adults and children, and 3) SMI/SUD</p>	<p><i>None</i></p>



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<p>3. Housing and Homelessness <i>Paola Sanchez De La Cruz</i></p>	<p>Paola Sanchez De La Cruz, Project Coordinator of Utilization Management, provided information on Partnership’s role in Housing.</p> <p>Community Supports – In Lieu of Services (ILOS): Partnership may choose to offer non-Medi-Cal benefit services in a particular county “in lieu” of a traditional Medi-Cal covered service.</p> <ul style="list-style-type: none"> • Currently, Partnership offers 6 Community Support Services: <ul style="list-style-type: none"> ○ Housing Transition Navigation Services ○ Housing Deposits ○ Housing Tenancy ○ Short-Term Post Hospitalization Housing ○ Recuperative Care (Medical Respite) ○ Medically Tailored Meals or Medically Supportive Food • Housing Transitions services assist beneficiaries with obtaining housing. • Housing Deposits assist with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household that do not constitute room and board. • Provides tenancy and sustaining services, with a goal of maintaining safe and stable tenancy once housing is secured. 	<p><i>Amby Burum: It says that services are ‘in lieu’ of Medi-Cal services. Does that mean, if I receive those services, Partnership will no longer pay for my doctor’s visits? Paola Sanchez De La Cruz: Community Supports Services helps the member with getting aid and having better health. For example, if a member goes to the ER often because of lack of nutritional meals, we can provide them with medically tailored meals. This could improve the member’s health, which in turn help them from going to the ER as often.</i></p> <p><i>Amby Burum: Lives in an upstairs apartment and has previously slipped on the stairs. Would that be an eligible reason to get new housing that’s easier to access? Paola Sanchez De La Cruz: Potentially. Partnership would request a referral or a Treatment Authorization (TAR) submitted by a provider to be reviewed because it would be in lieu of the Medi-Cal services.</i></p>



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<p>3. Housing and Homelessness Continued <i>Paola Sanchez De La Cruz</i></p>	<ul style="list-style-type: none"> • Provides beneficiaries who do not have a residence and who have high medical or behavioral health needs but can continue their recovery after exiting an inpatient hospital. • Recuperative care is short-term residential care for individuals who no longer require hospitalization, but still need to heal from an injury or illness (including behavioral health conditions) and whose condition would be exacerbated by an unstable living environment. • Medically Tailored Meals or Medically Supportive Food help individuals achieve their nutrition goals at critical times to help them regain and maintain their health. Results include improved member health outcomes, lower hospital readmission rates, a well-maintained nutritional health status and increased member satisfaction. 	



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<p>Additional Business/Other Items</p> <p>1. Open Forum for All</p>	<p>Amby Burum</p> <p>MTM: Some of the issues have been fixed, but another issue has come up. When you call MTM to schedule a ride, they hold onto the date until a couple days prior to the appointment when they then post it “on the board” for vendors to take. This doesn’t work for Amby because she has had to cancel or reschedule due to no-shows. Just last week, she was notified at 12am that Lift was scheduled to transport her that morning; when it came time to pick her up, they didn’t show. She has filed so many grievances against MTM, she has kind of given up. Ellen Payton agreed with Amby’s issues saying the old system MTM had worked fine, but now there are just too many problems.</p> <p>Medi-Cal Rx: When pharmacy was under Partnership, there was a delivery service for medications, but Medi-Cal Rx does not do that. Her daughter had to walk five miles to pick up her medication. Why doesn’t Medi-Cal have a delivery service like Partnership did?</p>	<p><i>Kevin Spencer: We appreciate the feedback Amby has provided regarding her dissatisfaction with MTM. A staff member from Member Services will reach out to her after the meeting to file a grievance and address her immediate needs while that grievance goes through the process.</i></p> <p><i>Sonja Bjork: Unfortunately, members can’t use Partnership Member Services or Grievances to file a complaint against Medi-Cal Rx., but members can call the Medi-Cal Ombudsman based in Sacramento to do so.</i></p>
<p>IV. Adjournment Next Meeting</p>	<p>Meeting adjourned at 1:15 pm December 1, 2022 Minutes Recorded by: Chelsea Breshears</p>	



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PHC Attendees: Amanda Bernal, Araceli Gutierrez, Athena Beltran-Nampreseut, Brittany Spears, Brittney Grace, Chloe Schafer, Courtney Davison, Danielle Biasotti, Gala Tubera, Janelle Ramirez, Jesse Benton, Jessica Hackwell, Jessica Stimson, Katrina Tagle, Kevin Spencer, Liz Gibboney, Malania De Paul, Melissa Schumann, Nicole Curreri, Ryan Ciulla, Wendi West

Shasta CAC Participants: Becky Sherman, Joy Newcom-Wade, Monica Thoma, Wendy Longwell
Absent: Crystal Chavez

Humboldt CAC Participants: Amby Burum, Margaret Sager, Julia Hostler
Absent: Allysa Ivey

Lassen CAC Participants: Ellen Payton
Absent:



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Agenda Topic	Topics	Comments/Discussions/Action Items
<p>2. Purpose of CAC <i>Jessica Stimson</i></p>	<p>Jessica Stimson, Supervisor of Member Services, reminded everyone what the purpose of the Consumer Advisory Committee was. <i>“The purpose of CAC is to act as a liaison between the HealthPlan and the HealthPlan members, to provide a forum to discuss common issues of interest and importance, to create a supportive and informative networking environment and to advocate for members by ensuring that PHC is responsive to the diversity of health care needs of all members.”</i></p>	<p><i>None</i></p>
<p>3. Introduction <i>Jessica Stimson</i></p>	<p>Introductions from all sites were conducted and each Member was asked to answer the following question: <i>“In one word, share what your favorite dish is to bring to a barbecue/picnic.”</i></p>	<p><i>None</i></p>
<p>4. Public Comments <i>Jessica Stimson</i></p>	<p>The committee was provided with an opportunity to present any comments regarding the agenda. Advocates and members of the public were also given an opportunity to address any comments pertaining to any non-agenda items.</p>	<p>Ellen: <i>Is there more information about Silver Sneakers?</i></p> <p>Wendi: <i>Silver Sneakers is a commercial/private program and is not a benefit of Medi-Cal. The companies, such as gyms, have the option to enroll in Silver Sneakers. Not all companies participate.</i></p> <p>Ellen: <i>Why did it take so long for notices about the system disruption to be sent out?</i></p> <p>Liz: <i>Explained that we investigated the extent of the disruption and upon discovery of the system having been accessed by an outside</i></p>



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Agenda Topic	Topics	Comments/Discussions/Action Items
<p>5. Approval of March 2022 Minutes <i>Jessica Stimson</i></p>	<p>The March 2022 meeting Minutes were reviewed and approved.</p>	<p><i>source, which was enough for the company to notify our members.</i></p> <p><u>MOTION:</u> Margaret Sager motioned to approve the minutes. Julia Hostler seconded and the March 2022 minutes were approved.</p>
<p>I. Standing Agenda Items</p> <p>1. Report on Board Meeting from Consumer Board Member <i>Wendy Longwell</i></p>	<p>Wendy Longwell, Consumer Board Member, gave a brief recap from the Board Meeting.</p> <ul style="list-style-type: none"> Legislative Tracking: (1) Healthcare centers may bill for more than one appointment per day.(2) The repealing of Medi-Cal’s Asset Test begins this year, for Californian Medi-Cal enrollees. Financial eligibility will be based solely on income and not based off of something a person owns. 	<p>Wendy Longwell: <i>In her experience, it is very inconvenient to have to travel multiple times per week from out of town to her appointments and agrees that it will be more convenient to be able to make one trip into town and have all of her appointments taken care of during a single trip.</i></p>
Agenda Topic	Topics	Comments/Discussions/Action Items



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<p>1. Report on Board Meeting from Consumer Board Member <i>Continued</i> <i>Wendy Longwell</i></p>	<ul style="list-style-type: none"> • Cal Aim: With the implementation of the whole person care model, it is expected that there will be a transitional phase with opportunities to learn what works and what doesn't. • More funding coming for the California housing crisis. 	<p><i>Wendy Longwell: Is supportive of this being done in phases to make the transition more seamless.</i></p>
<p>2. HealthPlan Update <i>Liz Gibboney</i></p> <p>2. HealthPlan Update <i>Liz Gibboney</i></p>	<p>Liz Gibboney, Chief Executive Officer, gave a brief recap of the HealthPlan Updates. <u>PHC System Disruption</u></p> <ul style="list-style-type: none"> • System Disruption: There was a malware attack on March 19, 2022 that stopped our system. • PHC is working with federal and state forensics experts to identify why the disruption happened, and how to prevent/better safe guard our systems in the future. • This sort of attack is happening frequently throughout the healthcare system and in California. • PHC's data became encrypted (locked) during the disruption, but there were backups. • All members who may have been affected were notified by mail. • There is no evidence at this time that anything has been taken. The breach was enough for PHC to conduct outreach to notify those affected. • PHC is covering the cost of <i>Cyber Scout Free Credit Monitoring</i> for those who might have been affected and enroll 	<p><i>Ellen: Will there be a list of those truly affected?</i></p> <p><i>Liz: We might not ever know for sure – them having access alone is enough to take these precautions. We have not seen further activity since the close of the system disruption. If more information comes to light, we will send additional notice to those affected.</i></p> <p><i>Julia: Is two years of [credit] monitoring going to be sufficient?</i></p> <p><i>Liz: Yes, that was the recommendation given to us by the forensics experts that we are working with. The phone number on the notice is a resource for those with credit issues. The</i></p>



MEETING MINUTES

Partnership HealthPlan

Consumer Advisory Committee (Northern Region)

June 2, 2022, 12:00pm – 2:00pm

3688 Avtech Parkway Redding CA 96002 (Sundial Conference Room)
1036 5th Street Suite E, Eureka, CA 95501 (Sue Meg Conference Room)



Table with 2 columns and 1 row. Left column contains bullet points and section headers. Right column contains handwritten notes.

- PHC systems are up and running, but are not at 100%

Kaiser "Direct Contact"

- AB2724 is the bill giving Kaiser "direct contract" status.
• This means that members with PHC who use Kaiser will no longer be a PHC member, but will instead become a member with Kaiser directly.
• PHC opposes this bill as it believes that it's better to have coverage/care from both PHC and Kaiser, than to only have coverage/care from one.

CalAIM Waiver - Enhanced Care Management (ECM) and Community Supports (previously known as In lieu of services)

- ECM begins on July 1, 2022
• So far, there are 30 participating providers, and 700 members have opted in. We continue to see growth in these numbers.

credit monitoring service is for anyone who received the notice.

Wendy: Are you listing the changes on the website?

Liz: There will be obvious changes for those directly affected; members will receive a notice in the mail. A notice will also be added to the website with instructions on how to participate.

Wendi W: Shasta county is already live, with approximately 600 (and growing) enrolled members. Shasta county is already live with approximately 108 enrolled members. Overall, ECM has approximately 600 members across the 14 counties PHC manages.



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Agenda Topic	Topics	Comments/Discussions/Action Items
<p>2. HealthPlan Update <i>Liz Gibboney</i></p>	<p><u>Youth Behavioral Health Grants</u></p> <ul style="list-style-type: none"> • So far, 86 school districts across all counties that PHC services are participating for additional mental health services for children. <p><u>Geographic Expansion</u></p> <ul style="list-style-type: none"> • Expansion is scheduled for January of 2024 – 10 counties have conditional approval to join in 18 months. • PHC has been and continues scheduling and conducting meetings with these counties. 	<p><i>Monica: What timeline are we looking at for return of assessments and implementation of the additional mental health services in the schools?</i></p> <p><i>Liz: The deadline for the school districts to turn in the assessments is the end of Summer, closer to October. Implementation will begin after assessments are turned in, and the school districts will have two years to complete their implementation for K-12.</i></p>
<p>II. Old Business</p> <p>1. Student Behavioral Health Counties and Districts <i>Jessica Stimson</i></p>	<p>Jessica Stimson, Member Services Supervisor, shared a graphic of the counties and their school districts that are participating in the Student Behavioral Health Incentive Program.</p>	<p><i>None</i></p>



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Agenda Topic	Topics	Comments/Discussions/Action Items
III. New Business 1. CAC Membership – Guiding Principles <i>Wendi West</i>	Wendi West, Northern Region Executive Director , shared an update of the changes to the Guiding Principles. <ul style="list-style-type: none"> We thought we had to implement the changes to our CAC membership sooner than we actually needed to. We will be implementing term limits in the near future. CAC members that received letters about this may disregard the letters for now, while we figure out how to implement the changes. 	<i>None</i>
2. PHC System Disruption <i>Wendi West</i>	(Liz Gibboney covered this in her executive update.)	<i>None</i>
3. ACAP Scholarship <i>Ryan Ciulla & Ellen Payton</i>	Ellen Payton, Consumer Advisory Committee Member , shared her experience with being a part of the decision making process for ACAP.	<i>None</i>
4. Pharmacy Carve Out Check-In <i>Athena Beltran-Nampresuet</i>	Athena Beltran-Nampresuet, Pharmacy Operations Manager , shared a presentation of the pharmacy department’s Medi-Cal Rx updates.	<i>Ellen: Is the phone number that we should be calling with Pharmacy issues listed on the website; Does it clarify which number is which, with their business hours? Or are</i>



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- As of May 20, 2022, Medi-Cal Rx has processed more than 47.16 million pharmacy paid claims totaling more than \$5.59 billion in payments.
Medi-Cal Rx has processed 197,574 prior authorization requests
Medi-Cal Rx has answered 246,096 calls and 100 percent of virtual hold calls and voicemails have been returned.
Special teams have been created to service the needs of specific populations, such as, California Children’s Services, the Genetically Handicapped Persons Program, and specialty behavioral health conditions.
Effective June 1, 2022, select personal home use blood pressure monitors and blood pressure cuffs will be a covered benefit under Medi-Cal Rx as a pharmacy-billed item.
PHC continues to support members by providing communication materials and education to providers through webinars, newsletters and other forms of communications.
PHC continues to monitor pharmacy utilization and prior authorization to assist members with access to their medications.
PHC Care Coordination assists members with coordinating access to medications with TAR or prescriber issues.

pharmacies informing the members about where they should call?
Athena: Pharmacy staff should work with the provider’s office to coordinate. PHC is available to assist with coordination as well.

Julia: Some members are not being given what they need, there are a lot of changes, and it’s hard to know where to turn.
Athena: PHC continues to bring these concerns to the state, but there are Medi-Cal Rx staff to assist the members with any issues they may have.

Julia: The pharmacies are not giving the member a direction to go, when they are having trouble.
Athena: The pharmacy should be offering to help the member or give them direction.

Ellen: Were notices of the switch to Medi-Cal Rx given to members?
Athena: Notice was sent to members, prior to the change. Medi-Cal Rx will notify members of any new changes. Providers should work with the pharmacies, if something needs changed.



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Agenda Topic	Topics	Comments/Discussions/Action Items
<p>III. Additional Business/Other Items</p> <p>1. Open Forum for All</p>	<p>Amby Burum: Shared a bad experience she had with MTM. Rides aren't being scheduled immediately, they are only scheduled up to a week before the appointment and are being cancelled with little to no notice to the member.</p> <p>Wendy Longwell: Wendy has been helping to create packets (e.g. how to get a service animal) at work, as a resource for their clients. They now have somebody on staff to translate these resources to Spanish.</p> <p>Julia Hostler: Made the observation that Scholarship reference material is missing from the packet and suggested material for every item that shows up on the agenda.</p> <p>Jessica Stimson: Jessica filled Amby in on the Guiding Principle update, and advised her that she will remain a part of the CAC membership. Jessica also advised that we will be revisiting this topic in September and will go over the changes to the Guiding Principles in more detail at the next quarter's meeting.</p>	<p><i>Jessica Stimson to follow up with Amby regarding her issues with MTM.</i></p>
Agenda Topic	Topics	Comments/Discussions/Action Items
<p>IV. Adjournment</p> <p>Next Meeting</p>	<p>Meeting adjourned at 1:30 pm</p> <p>September 1, 2022</p> <p>Minutes recorded by: Brittney Grace</p>	<p><i>None</i></p>



Consumer Advisory Committee

Report from the Chief Executive Officer, Liz Gibboney

December 1, 2022





Grievance & Appeals 2021 Annual Report

September 2022

Kory Watkins, MBA-HM
Associate Director of Grievance & Appeals

First call. Only call.

Agenda



Notes & Disclaimers: the 2021 G&A Case Detail Report defined by APL 21-011 is available to PHC Board Members upon request. All statistics cited in this presentation are reported at a 95% confidence level due to fluctuations in data.



Overview

G&A Is Here To Help

Grievance & Appeals (G&A) understands the healthcare system is complex. We're here to help!

Help members understand their benefits

Improve how PHC delivers benefits

Improve provider's service to members

Solve conflicts between parties

Find new training opportunities

Cases are held confidentially in the G&A department | PHC has a strict no retaliation policy

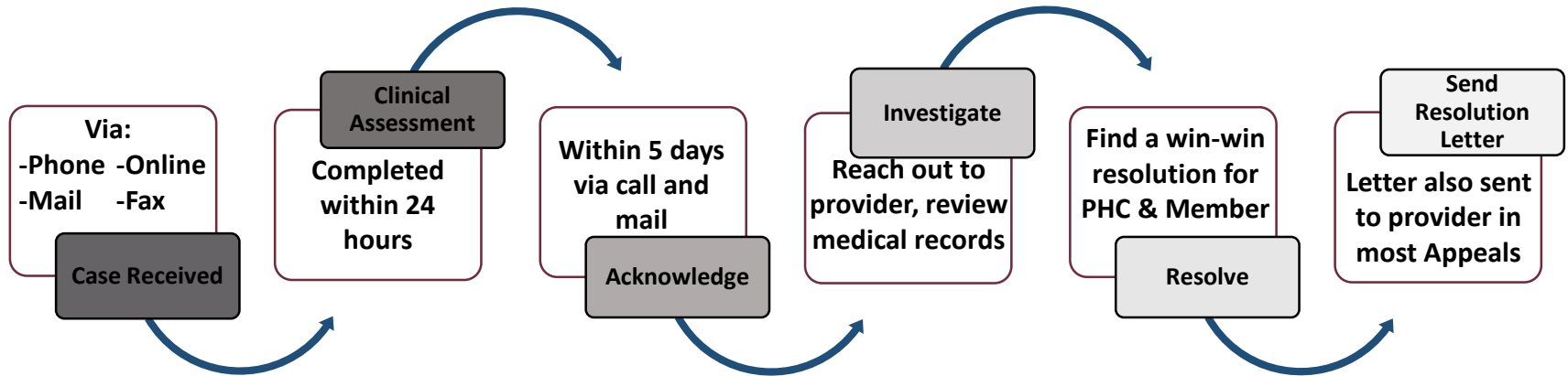
Understand

Educate

Rectify

Overview

Grievance & Appeal process



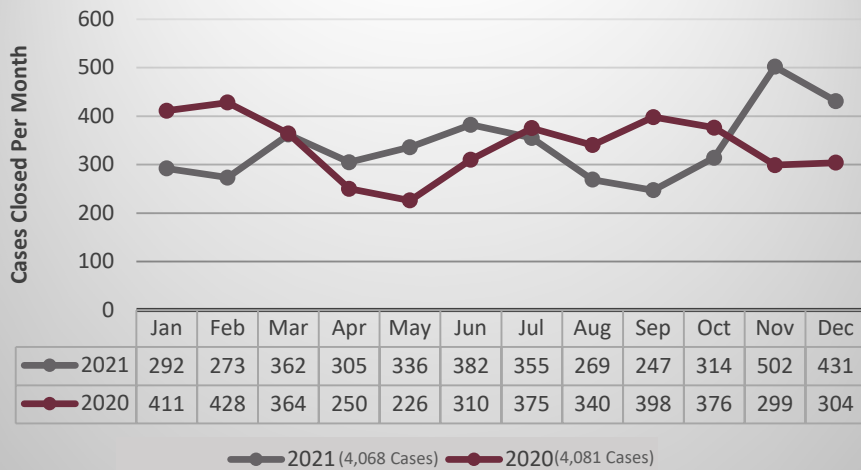
Summary of the standard process. Variations may occur depending on type of case, expedited status, case outcomes, or member’s decisions.

- Appeal
- Grievance
- Exempt
- 2nd Grievance
- State Hearing

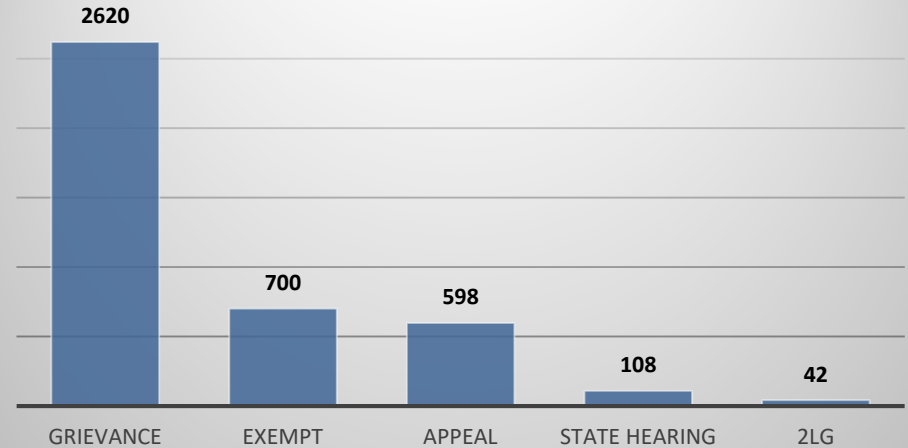
Annual Stats

Number of Cases Investigated

CCPM* 2021 vs 2020



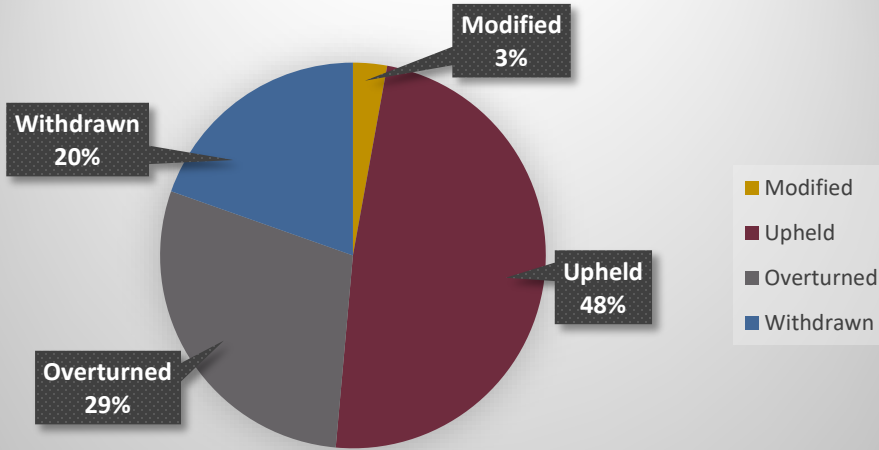
2021 Cases By Type



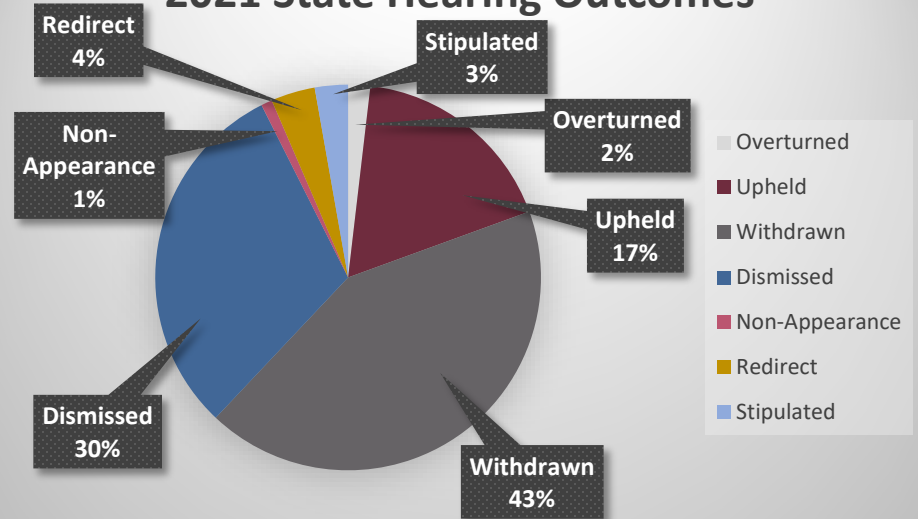
Outcomes

Appeal and State Hearing Outcomes

2021 Appeal Outcomes



2021 State Hearing Outcomes



Timeliness

Case Investigation Stats

Case Turnaround Times (TAT) ¹					Timely Mailing of Ack-Letters ^{2 3}				
# Closed	# Late	Goal	Performance	Status	# TTL	# Late	Performance	Status	
YTD Totals	3,261	313	98%	90.4%	●	3,261	76	97.7%	●

Case Turnaround Times (TAT)

- Expedited cases – goal to investigate 98% all cases within 72 hours
- Standard Cases – goal to investigate 98% all cases within 30 days
- Extended Cases – goal to investigate 98% all cases within 44 days

Acknowledgment Letters

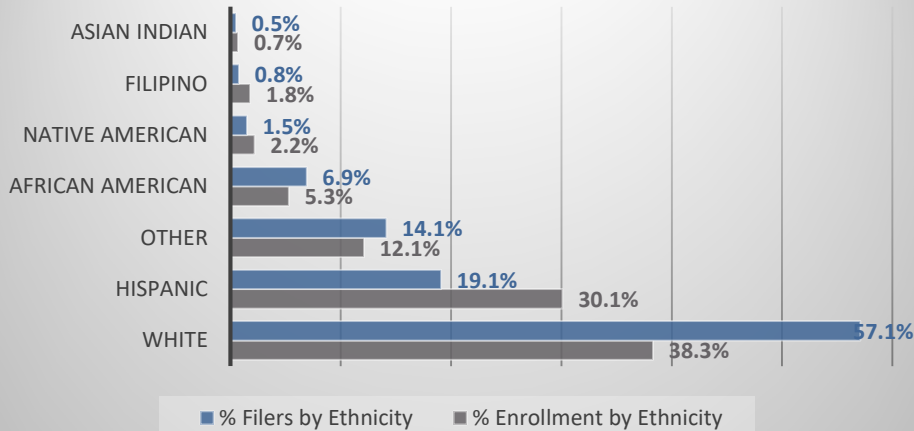
- Goal to mail Acknowledgment Letters on or before the 5th calendar day after date of receipt

Notes: ¹ Excludes State Hearing cases. ²Excludes State Hearings and Exempt cases. ³Ack-letter refers to acknowledgment letters

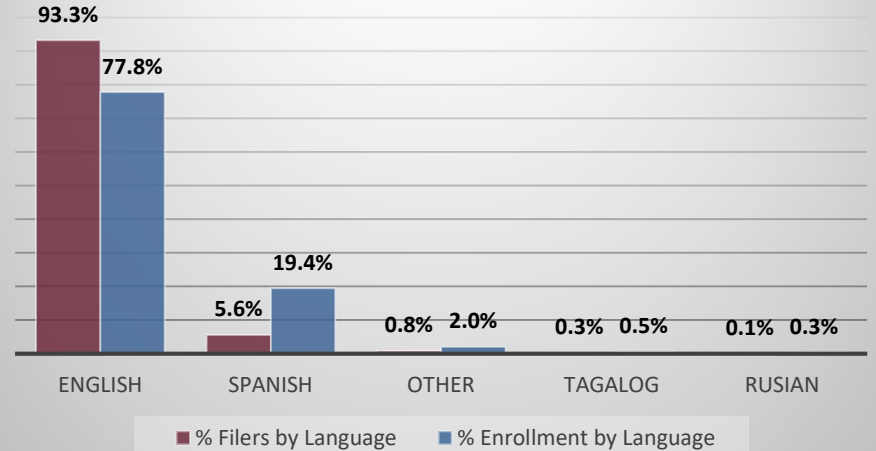
Member Demographics

An Insight To Who Filed The Cases

2021 Cases by Top 6 Ethnicities

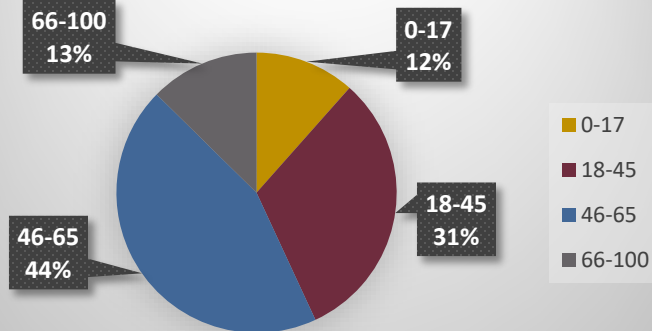


2021 Filers by Language

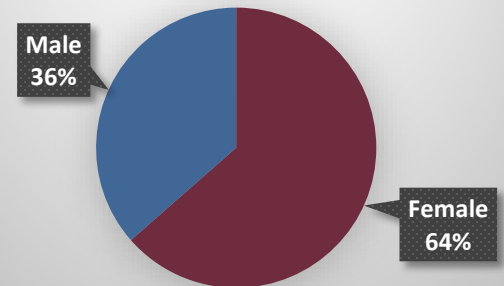


Members who are White or African American filed more cases than they are represented by enrollment. Hispanics are underrepresented

2021 Age of Filing Members



2021 Filers By Gender



Member Demographics

An Insight To Who Filed The Cases

The most common filer is a white female between 46-65 years old who speaks English and lives in Redding, CA

2021 Filers by County

County	% Filers by County	% Eligibility by County
Solano	18.9%	20.0%
Shasta	14.6%	10.7%
Sonoma	12.7%	19.2%
Humboldt	12.2%	9.3%
Yolo	7.5%	9.3%
Lake	7.1%	5.3%
Marin	7.1%	7.1%
Mendocino	4.8%	6.3%
Napa	4.3%	5.1%
Siskiyou	4.3%	2.9%
Del Norte	2.4%	1.9%
Lassen	2.1%	1.3%
Modoc	1.2%	0.6%
Trinity	0.9%	0.8%

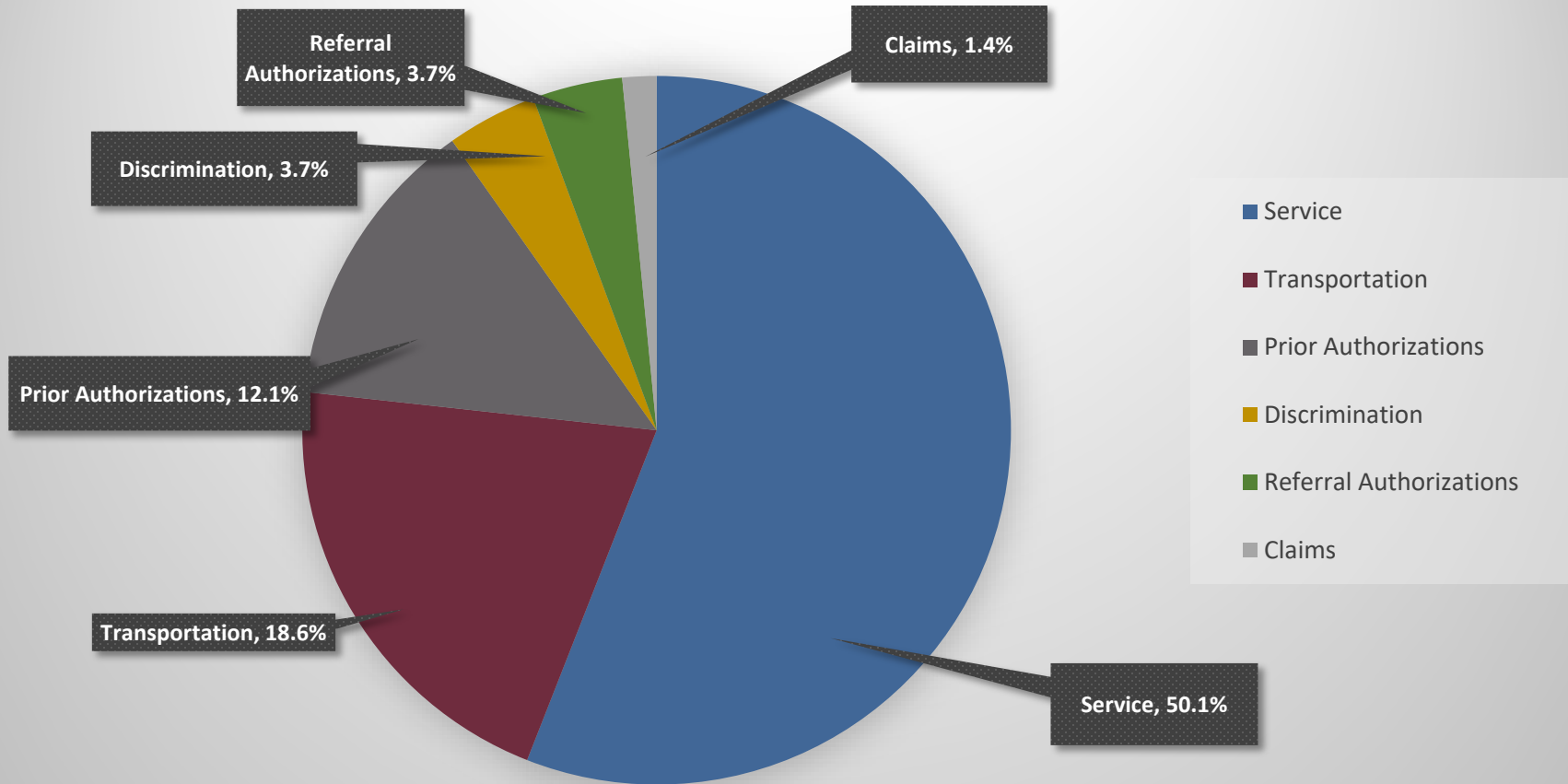
2021 Filers by Top 10 Cities

City	# Cases	% Cases
Redding	281	7.2%
Vallejo	236	6.0%
Santa Rosa	217	5.5%
Fairfield	188	4.8%
Eureka	151	3.9%
Vacaville	145	3.7%
W. Sacramento	113	2.9%
Napa	104	2.7%
Anderson	86	2.2%
Arcata	82	2.1%

Categories of Dissatisfaction

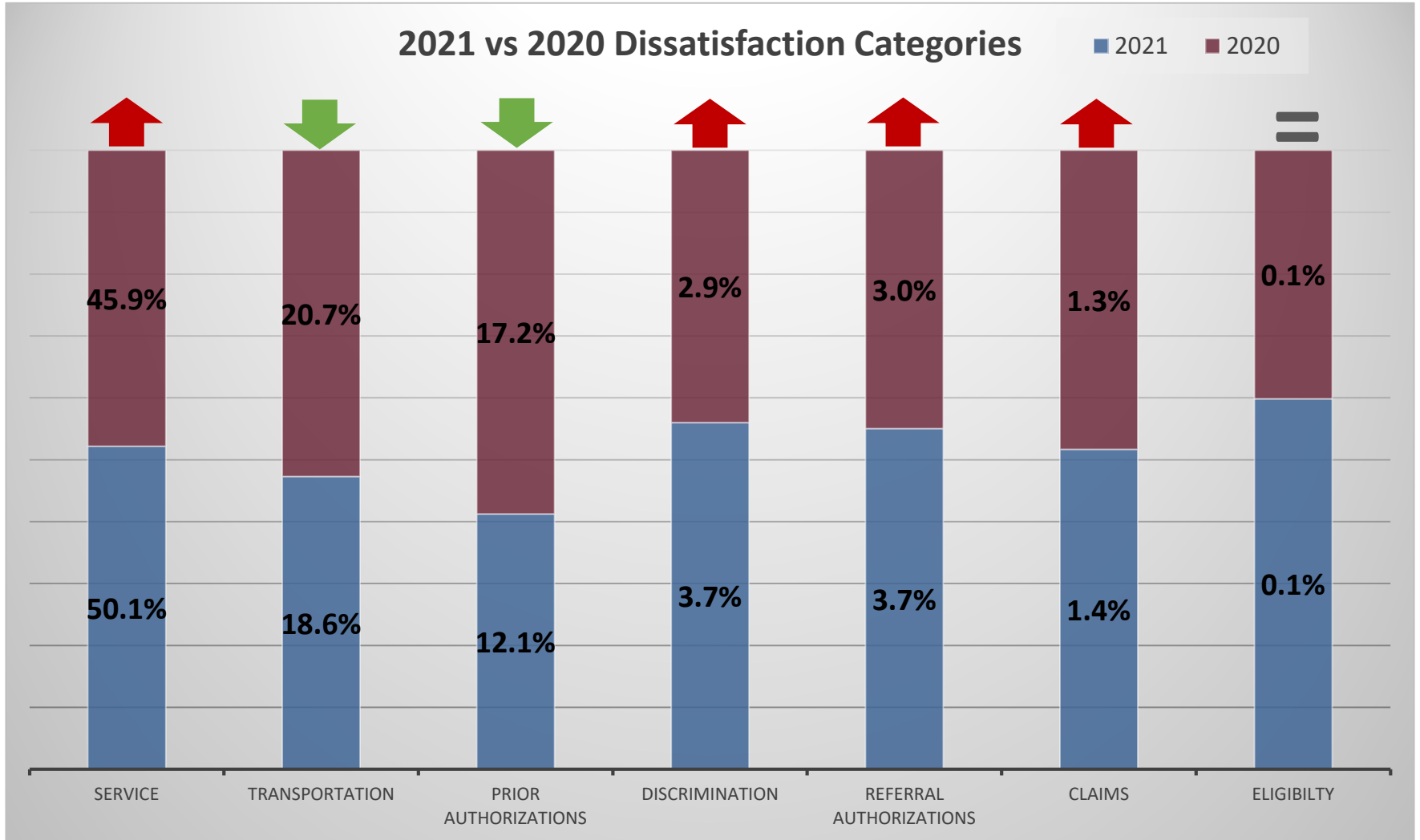
An Overall Look At The Issues

2021 Core Categories of Dissatisfaction



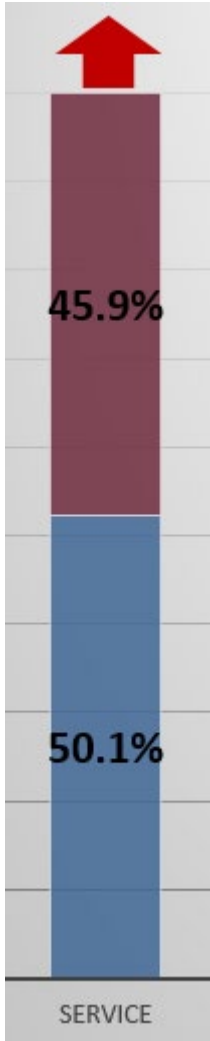
The Reasons

2021 vs 2020



The Reasons

Service By Provider

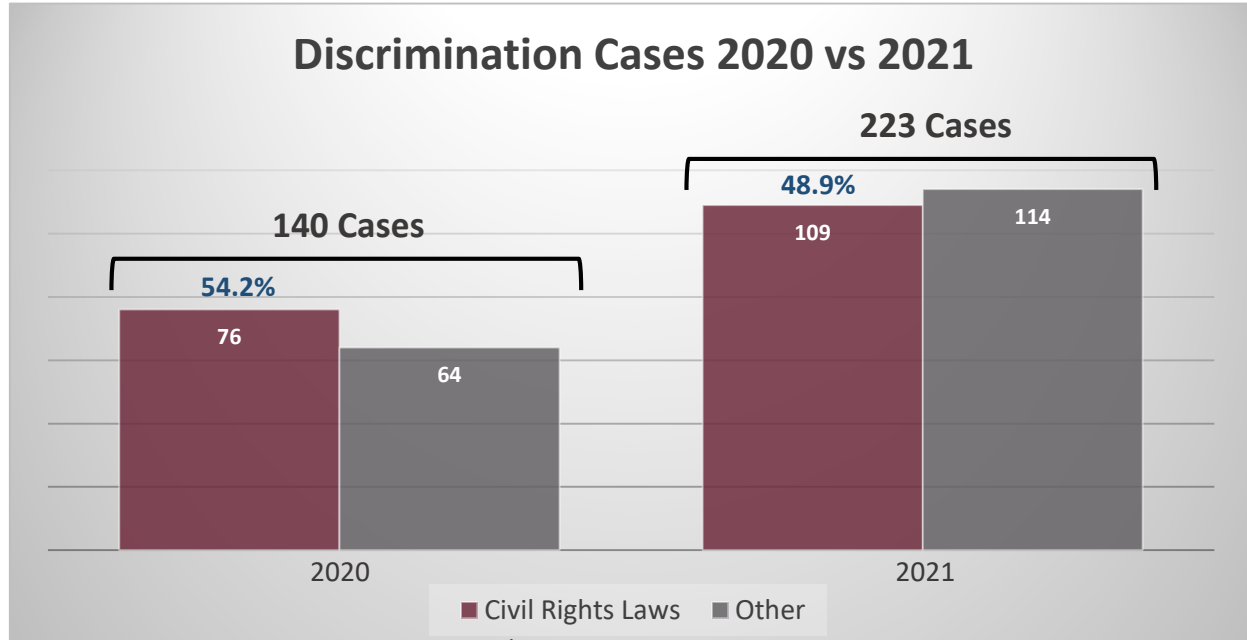
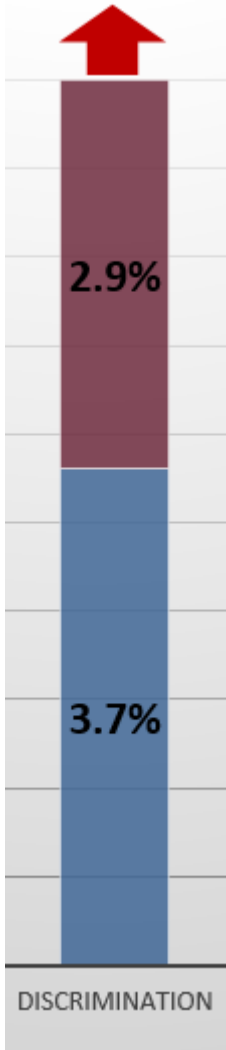


80% Service Issues Regarding Providers (2,622)

- Continued effects from COVID-19 and staffing shortages
 - Long wait times for appointments
 - Telephone inaccessibility
 - Problems getting needed care
 - Rude or uncompassionate providers
- Disagreement with provider's plan for their health
 - Do not agree with diagnosis
 - Do not agree with needed tests
 - Lack of treatment plan
 - Unhappy with care

The Reasons

Discrimination/Unfair Treatment



Due to APL 21-004 released April 8, 2021, language access complaints and complaints alleging failure to make reasonable accommodations under the ADA will be classified as discrimination cases.

Race and Disability were the most commonly reported civil rights violations in 2021, making up 69.7% of the reported allegations

Improvements

Upgrades We Made In 2021

Improving Member Experience

- New and improved Member Grievance and Appeal Form
- Updated the G&A page on PHC's external website to be more member friendly

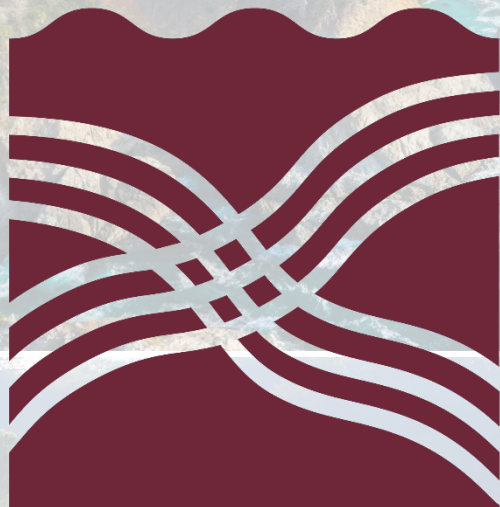
Improving Internal Quality

- Enhanced our new-hire training
- Improved our internal audit process
- Revised the Discrimination investigation process

Questions



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Member Experience Grand Analysis

December 2022

Agenda

- Objective Overview – what is the purpose of the Member Experience Grand Analysis (MEGA)?
- Setting the Stage: what information do we use and what is considered?
- Quantitative Analysis – the results
- Qualitative Analysis – a deeper look at what is driving the results
- Where we can improve and how
- Questions

Objective Overview

Objective: To meet the requirements of NCQA (National Committee for Quality Assurance) standards

- Review the results and what is driving those results
 - Grievance and Appeals (G&A) data
 - Consumer Assessment of Healthcare Providers & Systems (CAHPS) scores
- Where can we improve?
- Make suggestions to PHC's NCQA Steering Committee for actions we can take to improve

Setting the Stage

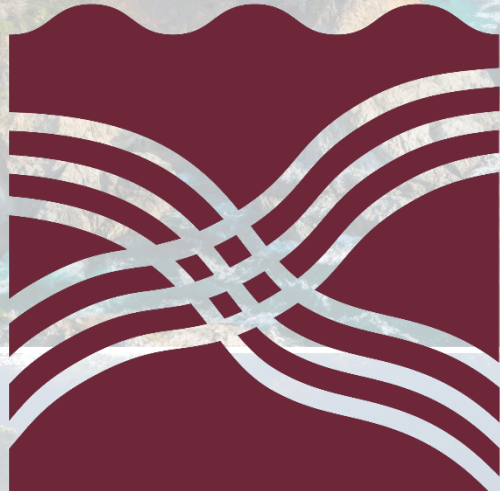
G&A Key Things to Keep in Mind

- Reporting on 5 NCQA categories
 - Performance is set by grievances per 1000 members
 - Numerator = Total Grievances / Appeals & Second Level Grievances for the reporting period
 - Denominator = Monthly average member base for the reporting period
- Any area that increases by 10%, we include for possible improvements

CAHPS Key Things to Keep in Mind

- Minimum performance has been set at 25%
- Scores that fall below minimum performance are discussed

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Quantitative Analysis

(The pure numbers)

CAHPS: Adult Composite Scores

	ADULT CAHPS Composite	2020-2021 (16% Response Rate) Sample Size 2,025 Total Returns 319	2021 Percentile Rate	PHC Benchmark	PHC Benchmark Met?	2021-2022 (14.1% Response Rate) Sample Size 2,700 Total Returns 372	2021 Percentile Rate	PHC Benchmark	PHC Benchmark Met?
Rating Measure	Rating of Health Plan (% 8, 9, 10)	74.0%	15th	PHC ≥ 25th	No	69.9%	<5th	PHC ≥ 25th	No
	Rating of All Health Care (% 8, 9, 10)	77.9%	61st	PHC ≥ 25th	Yes	70.0%	<5th	PHC ≥ 25th	No
	Rating of Personal Doctor (% 8, 9, 10)	84.0%	56th	PHC ≥ 25th	Yes	77.6%	6th	PHC ≥ 25th	No
	Rating of Specialist Seen Most Often (% 8, 9, 10)	81.3%	23rd	PHC ≥ 25th	No	82.3%	34th	PHC ≥ 25th	Yes
Composite Measure	Getting Needed Care (% Always or Usually)	81.6%	33rd	PHC ≥ 25th	Yes	76.0%	7th	PHC ≥ 25th	No
	Getting Care Quickly (% Always or Usually)	80.3%	29th	PHC ≥ 25th	Yes	72.9%	5th	PHC ≥ 25th	No
	*Care Coordination (% Always or Usually) YR2020-2021 94 responses	88.6%	79th	PHC ≥ 25th	Yes	81.3%	15th	PHC ≥ 25th	No
	*Customer Service (% Always or Usually) YR2020-2021 94 responses	85.6%	9th	PHC ≥ 25th	No	87.2%	25th	PHC ≥ 25th	Yes

2021-2022 - Six composite scores fell below the 25th percentile

CAHPS: Adult Survey Summation

Survey Timeframe: Feb 2022 through May 2022

Sample Size: 2,700 (1,350 + 100% oversample)

Response Rate: 14.1%

*Areas of Opportunity

1. Rating of Health Plan: 69.9% - 5th percentile
2. Rating of All Health Care: 70.0% - 5th percentile
3. Rating of Personal Doctor: 77.6% - 6th percentile
4. Getting Needed Care: 76.0% - 7th percentile
 - Getting care, tests, or treatment
 - Getting specialist appointment
5. Getting Care Quickly: 72.9% - 5th percentile
 - Getting urgent care
 - Getting routine care
6. Care Coordination: 81.3% - 15th percentile

CAHPS: Child Composite Scores

	CHILD CAHPS Composite	2020-2021 (17.4% Response Rate) Sample size 3,300 Total Returns 565	2021 Percentile Rate	PHC Benchmark	PHC Benchmark Met?	2021-2022 (14.5% Response Rate) Sample Size 4,125 Total Returns 587	2021 Percentile Rate	PHC Benchmark	PHC Benchmark Met?
Rating Measure	Rating of Health Plan (% 8, 9, 10)	84.8%	26th	PHC ≥ 25th	Yes	82.2%	11th	PHC ≥ 25th	No
	Rating of All Health Care (% 8, 9, 10)	82.8%	6th	PHC ≥ 25th	No	83.7%	<5th	PHC ≥ 25th	No
	Rating of Personal Doctor (% 8, 9, 10)	87.2%	9th	PHC ≥ 25th	No	89.0%	26th	PHC ≥ 25th	Yes
	*Rating of Specialist Seen Most Often (% 8, 9, 10) YR2020-2021 77 responses	79.2%	5th	PHC ≥ 25th	No	81.6%	6th	PHC ≥ 25th	No
Composite Measure	Getting Needed Care	80.7%	9th	PHC ≥ 25th	No	79.6%	10th	PHC ≥ 25th	No
	Getting Care Quickly	81.1%	5th	PHC ≥ 25th	No	84.1%	25th	PHC ≥ 25th	Yes
	*Care Coordination (% Always or Usually) YR2020-2021 90 responses	84.4%	30th	PHC ≥ 25th	Yes	85.3%	34th	PHC ≥ 25th	Yes
	Customer Service	88.7%	45th	PHC ≥ 25th	Yes	89.4%	60th	PHC ≥ 25th	Yes

*N/A = Not reportable due to insufficient sample size (less than 100)

2021-2022 - Four composite scores fell below the 25th percentile

CAHPS: Child Survey Summation

Survey Timeframe: Feb 2022 through May 2022

Sample Size: 4,125 (1,650 + 150% oversample)

Response Rate: 14.5%

*Areas of Opportunity

1. Rating of Health Plan: 82.2% - 11th percentile
2. Rating of All Health Care: 83.7% - 5th percentile
3. Rating of Specialist: 81.6% - 6th percentile
4. Getting Needed Care: 79.6% - 10th percentile
 - Easy to get care believed necessary for child
 - Easy to get appointment for child with specialist

G&A Data: Grievances

Grievances Only
Reporting Period: Annual 2020 vs. 2021

NCQA Category	Previous Period: 2020			Current Period: 2021			Threshold	Threshold Met?
	Grievances	Avg PHC Mship	Grievances p/1,000	Grievances	Avg PHC Mship	Grievances p/1,000		
Access	528	488,359	1.08	934	610,183	1.53	1.19	No
Attitude/Service	1,400	488,359	2.87	1,462	610,183	2.40	3.15	Yes
Billing/Financial	399	488,359	0.82	239	610,183	0.39	0.90	Yes
Quality of Care	80	488,359	0.16	71	610,183	0.12	0.18	Yes
Quality of Provider Office	7	488,359	0.01	39	610,183	0.06	0.02	No
TOTAL	2,414	488,359	4.94	2,745	610,183	4.50	5.44	Yes

Thresholds are based on complaints per 1,000 members

Denominator will equal the monthly average member base of each reporting period

G&A Data: Appeals & Second Level Grievances

Appeals & Second Level Grievances
Reporting Period: Annual 2020 vs. 2021

NCQA Category	Previous Period: 2020			Current Period: 2021			Threshold	Threshold Met?
	Appeals & SLG	Avg PHC Mship	Appeals & SLGs p/1,000	Appeals & SLG	Avg PHC Mship	Appeals & SLGs p/1,000		
Access	66	488,359	0.14	278	610,183	0.46	0.15	No
Attitude/Service	20	488,359	0.04	34	610,183	0.06	0.05	No
Billing/Financial	633	488,359	1.30	329	610,183	0.54	1.43	Yes
Quality of Care	0	488,359	0.00	0	610,183	0.00	0.00	Yes
Quality of Provider Office	0	488,359	0.00	1	610,183	0.00	0.00	No
TOTAL	719	488,359	1.47	642	610,183	1.05	1.62	Yes

Thresholds are based on complaints per 1,000 members

Denominator will equal the monthly average member base of each reporting period

G&A Data: Summation

Grievances

In 2021, we received 331 more Grievances than in Year 2020. Two categories fell below the NCQA threshold categories.

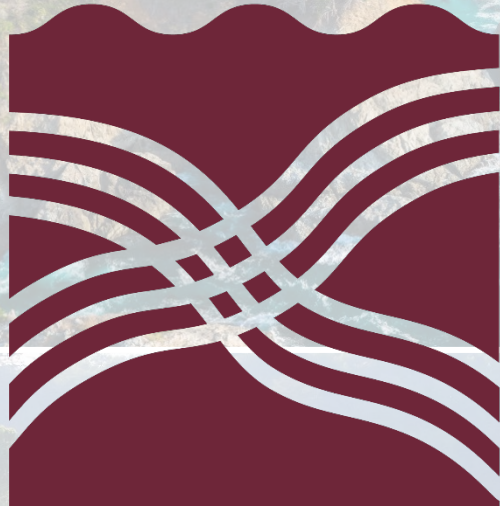
Grievances	2020	2021
Access	22%	34%
Quality of Provider Office	N/A	.01

Appeals & Second Level Grievances

In 2021, PHC received 77 Appeals & Second Level Grievances less than 2020. Billing/Financial and Access continues to be the top two highest categories for Appeals & Second Level Grievances. Three categories fell below the NCQA threshold categories

Appeals & Second Level Grievances	2020	2021
Access	.09%	43%
Attitude/Service	.03%	.05%
Quality of Provider Office	N/A	.001%

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A Public Agency



Qualitative Analysis (What is driving the numbers?)

The team looked at the 3 lowest scores for both the Adult and Child surveys to select the best area(s) for action

- **Adult Survey**
 - Getting Care Quickly
 - Rating of the Health Plan
 - How Well Doctors Communicate
- **Child Survey**
 - Getting Needed Care
 - Rating of Health Care
 - Rating of Health Plan

Rating of Health Plan

- Lowest ranked score for both reporting years on the Adult survey
- Details of groups that have rated PHC low in this area
 - Male members between the age of 18-34 and 45-54
 - Members who are in fair/poor health
 - Members in fair/poor mental health

Rating of the Specialist

- 2021-2022 – Lowest score on the Child survey
- Details of groups that have rated PHC low in this area
 - Males
 - Members who are in fair/poor health

Category of Opportunity: Access

- Category with the most dissatisfaction over the last two years, across the 5 NCQA categories
- Trends show that the Access is a key area to improve
- COVID-19 is still impacting providers
- Most reported concerns in regards to Provider Services
 - Providers unable to see members due to staffing shortages
 - Providers not letting members know about changes to their scheduled appointments
 - Members having a hard time reaching their providers by phone
- Appeals & Second Level Grievances Concerns
 - Providers not sending all required information to PHC to approve a Treatment Authorization Request (TAR) for medication
 - Durable Medical Equipment (DME) requests not handled by providers quickly enough

Areas of Opportunity/Improvement

Access

- Workforce efforts
- Increasing the use of Telehealth, both primary and specialty
- Continued focus in the coming goal season

Rating of Health Plan (Targeted for improvements)

- Area of focus as it relates to actions to improve scores
- Created videos to improve member education
 - Who is PHC and our role
 - How to use and access Member Services / PHC ID card

2023 CAHPS Survey Improvements

- Contract addition - SPH Analytics
 - Reminder calls after the 1st survey is mailed
 - Recorded message with the option to take the survey with a live SPH Customer Service Representative

Questions?





Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

Date: _____

Name (optional): _____

Participation Feedback

What challenges have you run into when scheduling appointments?

When you think of rating the health plan, what does that mean to you?

We are making informational videos of who Partnership is and how to use our services. Do you have any ideas on ways to make members more aware of us and how to use our services?

Other suggestions:



Community Health Worker Training Program Scholarship Opportunity

Partnership HealthPlan of California (PHC) is excited to announce a scholarship opportunity. Current and former PHC members who apply and are accepted in the upcoming Sacramento City College (SCC) community health worker (CHW) training program may be eligible for up to a \$1,000 scholarship to be applied to tuition and direct



educational expenses (e.g. application fees and books). Beginning February 12, 2023, SCC will be accepting applications for a cohort of CHW students to begin in August 2023. Interested SCC applicants will need to complete the CHW online application by June 1, 2023. Those interested in applying for PHC's CHW scholarship should email phcscholarships@partnershiphp.org to request an application. Applications must be completed and submitted to PHC by June 1, 2023.

PHC believes our current or former members who have an excellent understanding of the community in which they live could make ideal CHWs. A CHW can act as a liaison between health, social services, and the community to facilitate access to services and improve the quality, health equity, and cultural competence of service delivery.

Please note, that the SCC CHW training program includes both virtual and in-person practicum.

If you have additional questions on the Sacramento City College CHW opportunity, please visit their CHW webpage or email the program directly at SCC-Healthoccupations@scc.losrios.edu

Applicants interested in the PHC scholarship opportunity may reach out with questions by emailing phcscholarships@partnershiphp.org.

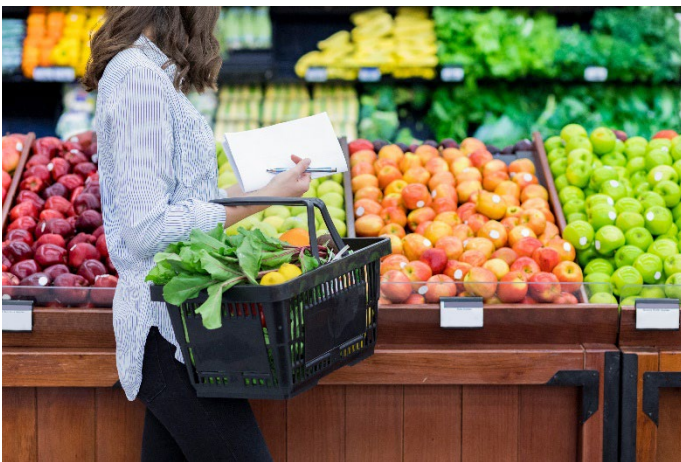
Managing Diabetes: Diet and Exercise

Eating a healthy diet and getting regular exercise can help you be healthy if you have diabetes.

Diet

Set a routine. Eating meals at the same time each day may help manage your blood sugar. Eat the same portion size at each meal. Using a measuring cup can help. Try not to skip meals so you don't over eat at the next meal.

A dietitian can help you plan a healthy diet. Ask your doctor to connect you to one.



Choose Healthy Foods:

Eat more:	Eat less:
<ul style="list-style-type: none"> ● Colorful vegetables (broccoli, green beans, spinach, tomatoes, carrots, eggplants) ● Whole grains (brown rice, whole-wheat bread, whole grain tortillas, whole grain pasta, oatmeal) ● Fruits (apples, pears, blueberries, strawberries, oranges) ● Beans, lentils, nuts 	<ul style="list-style-type: none"> ● Sugary drinks (soda, sweet tea, juice) ● Processed foods (white bread, white rice, French fries, chips, frozen dinners) ● Sweets (cookies, candy, cake, ice cream) ● High-fat foods (bacon, sausage, butter, full-fat cheese) ● Starchy vegetables (potatoes, corn, peas)

Exercise

Ask your doctor what exercises are safe for you.

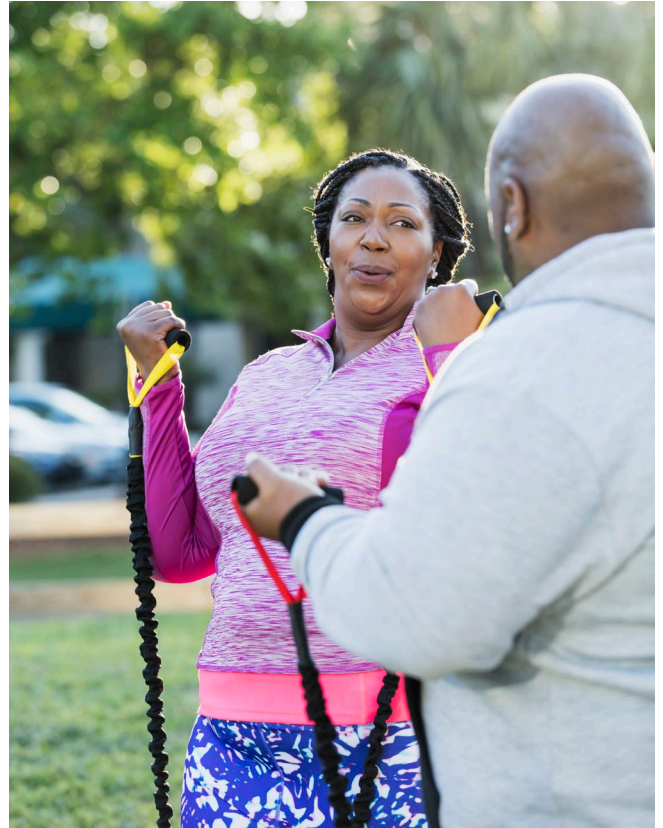
Try to exercise for at least 30 minutes a day, most days of the week.

Start with small steps. If you have not exercised in a while, start with 5 to 10 minutes at a time. Slowly increase the time and the kind of exercise you do. Light walking is a good way to start.

Find an activity you enjoy. Walking, dancing, doing housework, bicycling, or playing sports are activities with moderate intensity.

Drink plenty of water during exercise to avoid getting overly thirsty.

Check your blood sugar before and after you exercise. This is very important if you take insulin. Keep a healthy snack nearby during exercise in case your blood sugar level drops too low, and you get shaky, dizzy, or weak.



Partnership HealthPlan of California and your primary care provider (PCP) are here to help keep you healthy! Talk to your PCP about how you can keep your diabetes under control. Your PCP's phone number is on the front of your Partnership ID card.

FIELD TESTING: MEMBER EDUCATIONAL MATERIAL



Educational Material Title: Managing Diabetes

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

1. Does this educational handout grab your attention?

- Yes
- Somewhat
- No

2. Is the handout easy to understand?

- Yes
- Somewhat
- No

3. Does the message of the handout make you want to take action?

- Yes
- No

4. Would you share this handout?

- Yes
- No

5. Do you connect to the images on the handout?

- Yes
- Somewhat
- Not at all

6. If you could make changes to this handout, what would they be?

- No changes
- List changes:



Consumer Advisory Committee (CAC) Post Meeting Survey

Date: December 1, 2022

Name (optional): _____

<u>During this Meeting You Found:</u>	Needs Improvement					Excellent	
The information presented was clear:	1	2	3	4	5		N/A
The exercises and activities were engaging:	1	2	3	4	5		N/A
The meeting materials and/or videos were useful:	1	2	3	4	5		N/A
Overall the meeting was worth my time:	1	2	3	4	5		N/A

The Speakers

Communicated information in a way I understood:	1	2	3	4	5		N/A
Engaged with the CAC members:	1	2	3	4	5		N/A
Overall I enjoyed hearing from the speakers:	1	2	3	4	5		N/A

Participation Feedback

Did the meeting improve your knowledge such as provide skills, increase your knowledge, or introduce you to others?

What was your favorite part of the meeting?

Do you have any ideas for future meetings, such as speakers or topics?

What can we do to improve the meeting experience in the future?