



**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
CONSUMER ADVISORY COMMITTEE**

THURSDAY, December 8, 2022 12:00pm – 1:40 pm

**PHC’s Southeast Regional office at: 4605 Business Center Drive, Fairfield, CA 94534
East Building (Conference Room A, B & C– 1st floor)**

**(Video Conference Location)
495 Tesconi Circle, Santa Rosa, CA 95401**

***** 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.

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- **Webex Video link:** <https://partnershiphp.webex.com/meet/cac> **Access Code:** 809 817 218
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PHC’s Mission Statement is “to help our members, and the communities we serve, be healthy”

		Lead	Page	Time
1	Introductions <i>Introduce attendees and what area they represent. Ice Breaker question (CAC members): “In a few words, can you share something kind that someone said to you or you said to someone recently?”</i>	Araceli Gutierrez <i>Member Services Supervisor</i>		12:00
2	Public Comments <i>At this time, please review the agenda. Community advocates or members of the public who are usually not part of this committee may address the committee on any non-agenda item of interest that is within the subject matter jurisdiction of the committee. For agenda items, please wait until the committee’s consideration of that item. Speakers will be limited to three (3) minutes. Please note: Any new agenda items that require action will be scheduled for a future meeting.</i>	Araceli Gutierrez <i>Member Services Supervisor</i>		
3	Approval of September 2022 Minutes <i>Need a CAC member to make a motion to accept the minutes and another member to second the motion.</i>	All	4-25	

I. Old Business				
1	Follow up from September CAC meeting <i>1. June meeting minutes corrected</i> <i>2. ACAP Scholarship</i> <i>3. Community Health Worker (CHW) Scholarship</i>	Araceli Gutierrez <i>Member Services Supervisor</i>	26-27	12:20
II. Standing Agenda Items				
1	Report on Board Meeting from Consumer Board Member <i>Brief highlights of the last Board Meeting</i>	Lance LeClair <i>Consumer Board Member</i>		12:25
2	HealthPlan Update <i>Brief recap of HealthPlan Updates</i>	Liz Gibboney <i>Chief Executive Officer</i>	28	12:35
III. New Business				
1	2022 Grievance & Appeals Annual Report <i>PHC Grievance Presentation</i>	Kory Watkins <i>Associate Director, Grievance & Appeals</i>	29-43	12:45
2	Annual PHC Member Satisfaction Results <i>Informational Presentation on 2022 CAHPS Survey Results</i>	Kevin Spencer <i>Sr. Director of Member Services</i>	44-62	1:05
3	CAC Achievements for the Year <i>Brief Summary of CAC Achievements in 2021</i>	Melissa Schumann <i>Member Services Supervisor</i>	63-65	1:25
4	Population Health <i>Member Material Review: Managing Diabetes: Diet and Exercise</i>	Hannah O’Leary <i>Sr. Health Educator</i>		1:30
IV. Additional Business/Other items				
1	Thank you to CAC members Open Discussion	Melissa Schumann <i>Member Services Supervisor</i> All		1:35
V. Adjournment				
1	Next Meeting: Thursday March 9, 2023			

Government Code §54957.5 requires that public records related to items on the open session agenda for a regular Consumer Advisory Committee meeting be made available for public inspection. Records distributed less than 72 hours prior to the meeting are available for public inspection at the same time they are distributed to all members, or a majority of the members of the committee. The committee has designated the Member Services Department as the contact for Partnership HealthPlan of California located at 4665 Business Center Drive, Fairfield, CA 94534, for the purpose of making those public records available for inspection. The Consumer Advisory Committee Meeting Agenda and supporting documentation is available for review from 8:00 AM to 5:00 PM, Monday through Friday at all PHC regional offices (see locations above). It can also be found online at www.partnershiphp.org. This meeting may be recorded. Any audio or video tape record of this meeting made by or at the direction of PHC is subject to inspection under the Public Records Act and will be provided without charge, if requested.

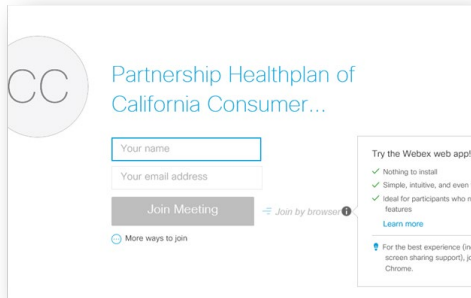
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This agenda contains a brief description of each item to be considered. Except as provided by law, no action shall be taken on any item not appearing on the agenda.

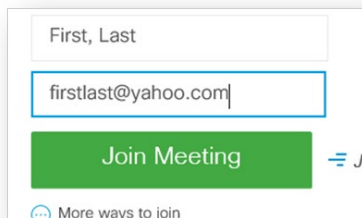
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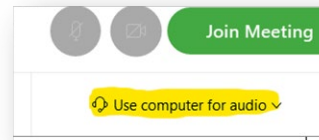
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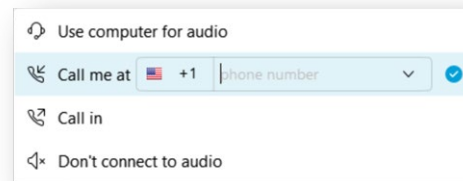
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MEETING MINUTES

Consumer Advisory Committee (Southern Region)

Thursday, September 8, 2022, 12:00pm – 1:30pm

**PHC Southeast Regional Office 4605 Business Center Drive, Fairfield CA 94534
East Building (Conference Room A, B & C – 1st floor)**



Attendees: Beverly Franklin, Glenda Jones, Eugene Korte, Wendy Ostergaard, Dona Ostergaard, Darnice Richmond

Phone Attendees: William Remak, Lance LeClair, Marcelo (Nunie) Matta, Jeanette Perez, Frances Porter, Lasonja Porter

Partnership Attendees: Sonja Bjork, Kevin Spencer, Cyress Mendiola, Amanda Bernal, John Lemoine, Jay Navarrete, Araceli Gutierrez, Katrina Tagle, Melissa Schumann, Larissa Arzadon, Lynn Scuri, Nicole Curreri, Dr. Marshall Kubota, Dr. Robert Moore, Paola De La Sanchez, Hannah O’Leary, Janelle Ramirez

Absent: Michael Strain

Agenda Topic	Minutes	Comments/Discussion/Action Items
Introduction Araceli Gutierrez <i>Member Services Supervisor</i>	Housekeeping rules and directions were given. Roll Call and introductions from all participants were conducted. Each member was asked to answer the following question: <i>“In one or two words, please share the name of your favorite fall food.”</i>	
Public Comments Araceli Gutierrez <i>Member Services Supervisor</i>	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.	



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<p>Approval of June 2022 Minutes All</p>	<p>The June 2022 Meeting Minutes were reviewed and approved</p>	<p>Araceli Gutierrez: There's a correction that needs to be made on the June 2022 minutes. Donna's name was listed as Diane. We will make the correction and have it presented during the next meeting.</p> <p>MOTION: Darnice Richmond motioned to approve the minutes. Beverly Franklin second the motion and the June 2022 minutes were approved.</p> <p>Beverly Franklin: Noticed construction work was being done on the Heritage buildings in Napa and when she walked over to see what it was about she noticed Partnership was donor to the project. She was very proud to see this.</p> <p>Sonja Bjork: Thanked Beverly for her observation and for being an active consumer. Partnership did a lot of grants to support different housing projects due to the severe</p>
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		<p>shortage in affordable housing. We're really happy to be one of the sponsors and excited for them to get built and opened up. Sonja asked that Beverly give us a progress report during the next CAC Meeting.</p> <p>Beverly Franklin: Agreed to share progress at the next meeting.</p>
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Old Business

<p>Follow-up from June's CAC Meeting Araceli Gutierrez Member Services Supervisor</p>	<p>Follow up questions from June CAC meeting</p> <ol style="list-style-type: none"> 1.) ACAP Scholarship – they're still in the process of selecting a winner. Once we have more information we'll provide everyone with an update. 2.) Pharmacy Carve Out Check-In / Member Issue and PHC follow-up - CAC Member, Lasonja Porter, had an issue receiving her Covid test kit at the CVS Pharmacy in Davis. Partnership addressed this issue by reaching out to the CVS Corporate office to let our contacts know the issues our member was facing. Our pharmacy department reached out to CVS twice. Once in June and then again in September. 	
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Standing Agenda Items



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<p>Board Meeting Report Lance LeClair <i>CAC Member</i></p>	<p>CAC Member Report on Annual Board of Commissioners Strategic Planning Retreat held June 22, 2022, at UC Davis, Putah Creek Lodge.</p> <p>The retreat officially began Tuesday, June 21st, at the Hyatt Place on the UC Davis Campus. Dinner was at 6pm in downtown Davis at the Hilton Garden Inn Patio. The food was delicious and was prepared by Seasons Kitchen. There was an opportunity for everyone to meet and mingle prior to dinner being served.</p> <p>Our guest speaker for the evening was Trent Smith from EGRS Lobby who has done some lobbying for Partnership Healthcare in the past. Trent spoke about the legislative process and some of the many trials in getting healthcare bills passed and put into law. There are many different amendments and committees the legislation must successfully pass through before a bill is voted on, and before it makes it to the Governor’s Desk. Other discussions were of the challenges Partnership Healthcare faces in providing healthcare and other benefit services to the more rural areas of the state where we know it is historically more difficult to find providers, to provide outreach to consumers, and to provide transportation to and from medical appointments.</p> <p>Bright and early the following morning, Wednesday June 22, we began our Board of Commissioners meeting followed by our Annual Strategic Planning Retreat.</p> <p>Chief Financial Officer Patti McFarland and Jeff Ingram provided a thorough overview of the FY 22-23 Preliminary Health Care budget. They provided the board an outline of the major expense categories and the preliminary estimates. The first draft CFO McFarland presented of the healthcare budget assumed an overall expense of 2.69 billion, which is 210 million or 7.2% less than the forecasted 20-21 budget. As of April 30th, our membership totaled 643,907 members. In summary, although COVID-19 continues to have a significant impact on our financial planning efforts, Partnership Health remains in good financial condition. Patti & Jeff did an excellent presentation to the Board.</p>	<p>Araceli Gutierrez: Thanked Lance for his report and the information that he presented.</p> <p>Darnice Richmond: Expressed how happy she was to hear about the homelessness presentation.</p> <p>Lance LeClair: Confirmed the presentation was really good and that the presenter does a lot of great work in the San Francisco UCSF area.</p> <p>Darnice Richmond: Asked, “Does she only deal with homeless outpatients?”</p> <p>Lance LeClair: Answered Darnice’s questions. The presenter deals with all vulnerable patients. Not only specifically the homeless.</p> <p>Lynn Scuri: Lance – what an excellent report!!!</p>
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	<p>The Board received their other regular reports via written report. Although, we did not have the pleasure of hearing from our Chief Operating Officer Sonja Bjork, her report was included in the written reports. She stated that operations are all caught up from the backlog caused by the system disruptions. On behalf of the CAC, I would like to thank Sonja, COO and all the Operations staff for all their hard work, and dedication. We are so pleased they have now returned to normal operations since the system disruption.</p> <p>In the Southwest Region, leadership participated in the annual Wellville Conference in Lake County. There was a focus on how to best work to meet the needs of the local Native American Tribes in that area. In the Northern Region, leadership has been working with a wide variety of organizations to participate in the Cal-Aim Grant Program. Applications for funding the second phase were due in June. Awards have since been announced on July 13th.</p> <p>We adjourned our regular board meeting, and our Strategic Planning Retreat began with Welcome & Introductions from Alicia Hardy, Chair of the Board. Our CEO, Liz Gibboney & CFO, Patti McFarland gave a report entitled <i>PHC: This Year and a Look Ahead</i>. The board thanked CEO Liz for her report and for always delivering very informative and detailed reports to the board. We truly are thankful to our CEO for her outstanding executive skills. We were pleased to have as our main guest speaker, Michelle Bass, The Director of California Department of Health Care Services. Director Bass provided valuable insight into the direction she will be leading DHCS during her tenure. It was encouraging to hear Director Bass's commitment to improving the scope of services and her plans to work closely with California's Managed Health Plans.</p> <p>During Director Bass's question and answer portion, I raised my hand to ask a question. In doing so, I introduced myself and my relation to PHC. Director Bass was very excited and pleased at the fact that PHC had a consumer participating actively in the process. Director Bass shared that one of her goals is to develop and implement a Consumer Advisory</p>	<p><i>Kevin Spencer:</i> Great job, Lance!</p> <p><i>Cyress Mendiola:</i> We appreciate your detailed report. Thanks Lance!</p> <p><i>Lance LeClair:</i> Thank you everyone. I really appreciate your comments.</p> <p><i>Lance LeClair:</i> Thank you so much Sonja</p>
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Committee at the state level within DHCS. I am pleased to report, we recently received word that DHCS is actively looking for applicants to interview to join the new DHCS Consumer Advisory Committee. I found Director Bass’s commitment to consumers encouraging and exciting. The addition of a Consumer Advisory Committee at the state level presents many new possibilities and opportunities for consumers to participate in the process. It empowers consumers by providing an opportunity to have our voices heard in the decision making of healthcare services provided to us and our families now and in the future.

Our next guest speaker was Dr. Margot Kushel, Director, UCSF Center for Vulnerable Populations and the Director at UCSF Benioff Homelessness and Housing Initiative. Dr. Kushel shared her knowledge and many years of experience working with homeless patients and the many vulnerabilities they experience as it relates to healthcare. Individuals who are chronically homeless frequently suffer from schizophrenia or other mental illnesses, with many having co-existing addiction/alcoholism issues. Individuals who are sex workers, or other victims of human trafficking trades, domestic violence, certain members of the LBGTQ community, the elderly, and other individuals who may be marginalized because of race, gender, or ethnicity, are some of the more vulnerable populations that are served by the clinic at UCSF. Dr. Kushel’s presentation highlighted the significance of providing accessible and equal healthcare to all, regardless. Having Dr. Kushel as one of our guest speakers at our annual board retreat is an excellent illustration of the importance PHC places on this issue. Thank you to Dr. Kushel for her work.

Lastly, I want to share a few highlights of the Legislative Updates Report. The following is new or improved legislation that has now become law:

- 1.) **Medi-Cal for All, Regardless of Immigration Status:** This bill expands Medi- Cal services to all eligible Californians regardless of immigration status. Currently, income eligible young adults 25 and younger and those 50 and older have access to



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	<p>full scope Medi-Cal. This bill expands that access to ages 26-49 beginning January 1, 2024.</p> <ol style="list-style-type: none"> 2.) Health Equity and Racial Justice Fund: this bill provides \$75 million annually to help reduce health disparities and address public health impacts of systemic racism. 3.) Continuous Eligibility: Includes continuous Medi-Cal eligibility for children ages 0 to 5. 4.) Reduced Share of Cost for Seniors in Medi-Cal: will reduce SOC requirements by increasing the Medi-Cal Maintenance Need Income Level. (This means seniors can now have higher income levels while at the same time having to pay less out of pocket for share of cost.) <p>Lance expressed that he was pleased and grateful to have had the opportunity to attend Partnership Health Plans Annual Board & Strategic Planning Retreat. Lance advised “It was an awesome time of being together”. He would like to thank the leadership of PHC for including a member representative into the process and for listening to our voices.</p>	
<p>Health Plan Update Sonja Bjork <i>Deputy CEO/Chief Operating Officer</i></p>	<p>Brief recap of latest HealthPlan Updates</p> <p>Sonja touched on how important the Consumer Advisory Committee’s representation is on the Board of Directors. Lance’s report is a great example of that. Many others have also taken their turn to serve, Bill, Michael and Lasonja. Lance is doing a great job. We rely on our Consumer Advisory Committee two representatives on the Board for information and questions regarding policies and how they’ll play out in the future. She wanted the group to know that they have a very good representative in Lance. He is very active in participating. He speaks up and asks questions and brings up very important issues. Particularly about how we serve homeless members. From this group there are several Consumer Advisory members such as Lasonja and Darnice, that actively work with the homeless to try and help them, care for them and connect them with services they need.</p>	<p>Lance LeClair: Has already received his redetermination letter and submitted the necessary forms, but he questioned if they were actually processed. He received a letter stating his coverage will be continued.</p> <p>Sonja Bjork: Assured Lance his paperwork had been processed and receiving his notice early is an advantage.</p>



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Table with 2 columns. Left column contains meeting notes and a list of 3 items: Public Health Emergency, Resumption of Medi-Cal Eligibility Redeterminations, and CAC Members - DHCS Coverage Ambassador. Right column contains responses from participants: Lance LeClair, Sonja Bjork, and Nunie Matta.



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4.) Questions and Answers

Sonja Bjork: Suggested that Nunie, Beverly and Darnice could serve as great Coverage Ambassador in their respective areas.

Lance LeClair: Would like to sign up to be a Coverage Ambassador.

Nunie Matta: Would like to sign up to a Coverage Ambassador.

Darnice Richmond: Would like to receive more information about the program.

Araceli Gutierrez: If anyone else has any more questions about the program, please feel free to reach out to Araceli Gutierrez, Melissa Schumann or Katrina Tagle in the Member Services department.

New Business



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<p>CAC Membership Kevin Spencer <i>Sr. Director of Member Services</i></p>	<p>Guiding Principles & New DHCS Regulations</p> <p>Kevin started off by thanking Lance on his excellent report. Lance brought up one of the subjects he'd like to speak on today, which is DHCS working on establishing their own statewide Consumer Advisory Committee. Extensive research and work has already begun on this project.</p> <p>This leads us into our discussion around Partnership's Guiding Principles particularly on the subject of the 4-year term plan.</p> <p>Term is defined as the time you've officially held your seat in the Consumer Advisory Committee.</p> <p>The decision to implement the 4-year term was driven by some of the major changes happening with DHCS. They've put out a new contract draft to all of the managed care plans. In the new contract there are focused initiatives surrounding the Consumer Advisory Committees and what they'd like to see the managed care plans doing. Some examples of this is establishing a robust CAC candidate selection committee, which Partnership has never done in the past and establishing a formal CAC Coordinator. DHCS would like to implement these changes to ensure that all managed care plans are doing all that they can to have representation of the general populations.</p> <p>But with that said, Partnership's primary focus will be on filling their open seats. We're not looking to having anyone removed from their seat at this time. We do have several seats open in various counties. If we receive a candidate in your county that wants to join the committee, we will evaluate your time served and proceed as necessary.</p>	<p>Nunie Matta: Asked, "What will it look like when you're no longer an active member of CAC?"</p> <p>Kevin Spencer: In response to Nunie's question, even if you're no longer holding an active seat with CAC you're still welcome to attend the meetings because they're open to the public. We'd really appreciate it if you still wanted to continue attending because your opinions are so valuable to us. Having consumers actually discussing these changes really helps influence how these changes take place. This is important to Partnership, the State, as well as the members. Whether it's official or non-official we'd still like you to continue to attend.</p> <p>Lance LeClair: Asked, "Can you please explain the screening committee and what it involves?"</p>
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		<p>Kevin Spencer: In response to Lance’s questions, he received notes from the new DHCS Contract draft on forming an official selection committee. This will consist of members on the Board and others from across the health care delivery system. At this time, we’re still waiting on the final details of who and how many will serve on this committee. Right now when a new member wants to apply for a seat on the committee, their application is looked at internally and if they meet all criteria’s they’re accepted to join. With this change, there will be a more formal selection review process that will be established.</p> <p>Nunie Matta: Asks, “When will this be in effect?”</p> <p>Kevin Spencer: In response to Nunie’s question, the term limits are already in already in effect with PHC. The DHCS</p>
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		<p>contract will take effect in 2024. But we've already started the process of making these changes into the Guiding Principles.</p> <p>Araceli Gutierrez: Thanked Nunie and Kevin. She also wanted to restate that our first goal will be to fill all the seats that are vacant. We have a few available, except for Yolo County. Again our goal is to fill those seats before going into the 4-year term.</p> <p>Darnice Richmond: Asks, "Do you have to now be interviewed to sit on the Consumer Advisory Committee Board?"</p> <p>Kevin Spencer: In response to Darnice, you will not have to be interviewed. It would be the same application that you already fill out and submit, but what changes is that the Selection Committee will be reviewing those applications.</p>
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<p>CalAIM Enhanced Care Management Update Janelle Ramirez on behalf of Danielle Biasotti Manager of Care Coordination</p>	<p>Update on ECM progress since January 2022</p> <ul style="list-style-type: none"> • CalAIM stands for “<i>California Advancing and Innovating Medi-Cal.</i>” <ul style="list-style-type: none"> ○ It is a multi-year initiative by Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of individuals on Medi-Cal by: <ul style="list-style-type: none"> ✓ Implementing broad delivery system ✓ Program and payment reform across the Medi-Cal program. • CalAIM contains various proposals within it that focus on this stated goal. <table border="1" data-bbox="342 846 1535 1360"> <thead> <tr> <th>CalAIM Proposal</th> <th>Timeline**</th> </tr> </thead> <tbody> <tr> <td>Enhanced Care Management (ECM)</td> <td>1/1/2022, 7/1/2022</td> </tr> <tr> <td>Community Supports Previously known as <i>In-Lieu of Services (ILOS)</i></td> <td>1/1/2022, 7/1/2022</td> </tr> <tr> <td>Population Health Management</td> <td>1/1/2023</td> </tr> <tr> <td>Incarcerated population eligible for ECM services</td> <td>7/1/2023</td> </tr> <tr> <td>Dual Eligible Special Needs Program (D-SNP) Required</td> <td>1/1/2025</td> </tr> <tr> <td>NCQA Accreditation Required</td> <td>1/1/2026</td> </tr> </tbody> </table> <p>** DHCS proposed dates may be subject to Centers for Medicare and Medicaid Services (CMS) approval/change</p>	CalAIM Proposal	Timeline**	Enhanced Care Management (ECM)	1/1/2022, 7/1/2022	Community Supports Previously known as <i>In-Lieu of Services (ILOS)</i>	1/1/2022, 7/1/2022	Population Health Management	1/1/2023	Incarcerated population eligible for ECM services	7/1/2023	Dual Eligible Special Needs Program (D-SNP) Required	1/1/2025	NCQA Accreditation Required	1/1/2026	<p>Wendy Ostergaard: Asks, “When you say behavioral health does that include mental health?”</p> <p>Janelle Ramirez: In response to Wendy’s question, yes it does include mental health.</p> <p>Nunie Matta: Asks if the EMC program is for kids too?</p> <p>Janelle Ramirez: In response to Nunie’s question, ECM will be available is available for all children starting July 2023. But for right now only members with children in the EMC program will qualify.</p>
CalAIM Proposal	Timeline**															
Enhanced Care Management (ECM)	1/1/2022, 7/1/2022															
Community Supports Previously known as <i>In-Lieu of Services (ILOS)</i>	1/1/2022, 7/1/2022															
Population Health Management	1/1/2023															
Incarcerated population eligible for ECM services	7/1/2023															
Dual Eligible Special Needs Program (D-SNP) Required	1/1/2025															
NCQA Accreditation Required	1/1/2026															



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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.

- Face-to-Face with members, in the community
- PHC worked directly with the WPC counties, though prior WPC experience is not a provider requirement for the benefit.
- Members can opt-out at anytime
- 7 populations of focus eligible for the benefit

ECM Model – Key Points

- Different than previous WPC activities
- Standardized set of case management services
 - Medical
 - Dental
 - Behavioral Health
 - Long-term Support Services
 - Transitions across settings
 - Referrals to community resources, social services, Community Supports (ILOS), etc.

ECM Implementation Timeline



MEETING MINUTES

Consumer Advisory Committee (Southern Region)

Thursday, September 8, 2022, 12:00pm – 1:30pm

**PHC Southeast Regional Office 4605 Business Center Drive, Fairfield CA 94534
East Building (Conference Room A, B & C – 1st floor)**



	County	Population of Focus	Start Date
Phase I	Napa, Marin, Sonoma, Mendocino, Shasta	<ul style="list-style-type: none"> - High Utilizers - Homeless (adults/children) - SMI/SUD 	1/1/22
Phase II	Yolo, Solano, Lake, Humboldt, Del Norte, Trinity, Modoc, Lassen Siskiyou	<ul style="list-style-type: none"> - High Utilizers - Homeless (adults/children) - SMI/SUD 	7/1/22
Phase III	All Counties	<ul style="list-style-type: none"> - Individuals at risk for institutionalization - Nursing facility residents transitioning to the community 	1/1/23
Phase IV	All Counties	<ul style="list-style-type: none"> - Children and youth with complex physical, behavioral and/or developmental health needs - Incarceration 	7/1/23

What’s Next for the ECM Benefit?

Building PHC’s ECM Provider Network

PHC ECM Providers:

A Step Up - Community Support Network, CommuniCare Health Centers, Community Medical Centers, Hill Country Health & Wellness Center, Home and Health Care Management, Homeward Bound of Marin, La Clinica de La Raza, Marin City Health and Wellness, Marin Community Clinics, Marin County, MCAVHN, MedZed, Mendocino County, Ole Health, Petaluma Health Center, Providence CARE Network - Queen of the Valley, Providence CARE Network - Santa Rosa Memorial, Providence CARE Network - St. Joseph, Redwood Community Services, Redwood Quality Management Company, Redwood Women’s Center, Redwoods Rural Health Center, Resolution Care/Vynca, Santa Rosa



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	<p>Community Health, Seneca Family of Agencies, Serene Health, Shasta Community Health Center, Shasta County, Sonoma County, Sonoma Valley Community Health Center, St. Vincent Preventative Family Care, West County Health Centers</p> <p>Preparing for additional Populations of Focus</p> <ul style="list-style-type: none"> • Phase III, January 1, 2023: <ul style="list-style-type: none"> ○ Individuals at risk for institutionalization ○ Nursing facility residents transitioning to the community • Phase IV, July 1, 2023: <ul style="list-style-type: none"> ○ Children and youth with complex physical, behavioral and/or developmental health needs ○ Incarceration 	
<p>Housing and Homelessness Paola Sanchez De La Cruz <i>Project Coordinator Utilization Management</i></p>	<p>What is Community Supports? (ILOS)</p> <ul style="list-style-type: none"> • Non-Medi-Cal benefits (services) that PHC may choose to offer in a particular county “in lieu” of a traditional Medi-Cal covered service. • These services WILL NOT receive additional funding. Cost of Community Supports (ILOS) will be covered in lieu of normal covered service. • Allows plans to address Social Determinants of Health in a way that is cost-effective • Individuals DO NOT need to be receiving ECM in order to receive an Community Supports (ILOS) service. • Currently PHC offers 6 Community Support Services, adding two additional on 01/01/2023. <p>PHC provides the following 6 Community Supports to eligible members:</p> <ol style="list-style-type: none"> 1. Housing Transition Navigation Services 2. Housing Deposits 3. Housing Tenancy 4. Short-Term Post Hospitalization Housing 5. Recuperative Care (Medical Respite) 	<p><i>Nunie Matta:</i> Asks, “Do you help members look for a home if they don’t have a home? Or if they are losing their home?”</p> <p><i>Paola Sanchez De La Cruz:</i> In response to Nunie’s question, for community support services we deal with this. We’re housing transition education services that assist members with finding a home. For <i>Housing Deposits</i>, it’s with securing the deposit for their home. For <i>Housing Tenancy</i>, it’s to help the member stay in the home.</p>



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	<p>6. Medically Tailored Meals or Medically Supportive Food</p> <p>Starting 01/01/2023:</p> <ul style="list-style-type: none"> • Respite Services • Personal Care and Homemaker Services <p>Community Supports (ILOS) – Key Points</p> <ul style="list-style-type: none"> • Optional services • In-Lieu of a Medi-Cal benefit; <ul style="list-style-type: none"> ○ <i>Must be cost effective</i> • Focusing on Social Determinants of Health • TAR criteria for each service <p><u>Housing Transition Navigation Services</u></p> <p>Housing transitions services assist beneficiaries with obtaining housing.</p> <p>Examples of services:</p> <ul style="list-style-type: none"> • Conducting tenant screening/housing assessments • Developing housing support plan and identifying resources • Searching for housing <p>Restrictions:</p> <ul style="list-style-type: none"> • Must be identified as reasonable and necessary. <p><u>Housing Deposits</u></p> <p>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.</p>	<p>Lance LeClair: Asked about the coverage and to explain the meaning of it not being a Medi-Cal benefit, but instead it being paid in lieu of the benefits.</p> <p>Paola Sanchez De La Cruz: In response to Lance’s question, it means that Partnership doesn’t receive funds for community support. Instead of receiving the funds, it has to be cost effective to the plan. An example of this is if a member has diabetes and they have diet that doesn’t fit their needs which results in them continuously going to the emergency room. Community supports will offer the member medically tailored meals fitted to their diet to help prevent them from going to the emergency room. Offering support this way is “in lieu of” the traditional medical benefit.</p>
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	<p>Examples of services:</p> <ul style="list-style-type: none">• Security deposits to obtain a lease on an apartment or home.• Set-up fees/deposits for utilities• First month coverage of utilities, including but not limited to telephone, gas, electricity, heating, and water. <p>Restrictions:</p> <ul style="list-style-type: none">• Only available once in an individual lifetime.• Deposits are may not be used for furniture or home making items.• Must be identified as reasonable and necessary.• Individuals must also receive Housing Transition/Navigation services. <p><u>Housing Tenancy & Sustaining Services</u></p> <p>Provides tenancy and sustaining services, with a goal of maintaining safe and stable tenancy once housing is secured.</p> <p>Examples of services:</p> <ul style="list-style-type: none">• Education and training on the role, rights and responsibilities of the tenant and landlord.• Coaching on developing and maintaining key relationships with landlord's/property managers with a goal of fostering successful tenancy.• Coordination with the landlord and case management provider to address identified issues that could impact housing stability. <p>Restrictions:</p> <ul style="list-style-type: none">• Only available from initiation of services through the time when they individuals housing support plan determines they are no longer needed.• They are only available for a single duration in the individual's lifetime.• Must be identified as reasonable and necessary.• Many individuals will have also received Housing Transition/Navigation services in conjunction with this service but it is not a requirement.	
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Short-Term Post Hospitalization Housing

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.

- The goal of this setting is to provide individuals with ongoing supports necessary for recuperation and recovery, after discharge from inpatient or emergency room.

Restrictions:

- Only available once in an individual's lifetime, and not to exceed a duration of six (6) months.
- The service is only available if enrollee is unable to meet such an expense.

Recuperative Care (Medical Respite)

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.

- It allows individuals to continue their recovery and receive post-discharge treatment while obtaining access to primary care, behavioral health services, case management and other supportive social services, such as transportation, food, and housing.
- At a minimum, the service will include interim housing with a bed and meals and ongoing monitoring of the individual's ongoing medical or behavioral health condition.

Restrictions:

- Services are only allowed:
 - If necessary to achieve or maintain medical stability and prevent hospital admission or re- admission, which may require behavioral health interventions.
 - If not more than 90 days in continuous duration.

Medically Tailored Meals/ Medically Supported Food



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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.

Examples of Services:

- Meals delivered to the home immediately following discharge from a hospital or nursing home when members are most vulnerable to readmission.
- Medically-Tailored Meals: meals provided to the member at home that meet the unique dietary needs of those with chronic diseases. (Diabetes, heart failure, hypertension, etc.)
- Medically-supportive food and nutrition services, including medically tailored groceries and healthy food vouchers.

Restrictions:

- Only allowed up to two (2) medically-tailored meals per day and/or medically-supportive food and nutrition services for up to 12 weeks, or longer if medically necessary.
- Meals that are eligible for or reimbursed by alternate programs are not eligible.
- Meals are not covered to respond solely to food insecurities.

Community Supports Reminders

- A TAR is required for all Community Supports services. There are specific criteria for each service.
- PHC shall review all Community Supports TARs in an equitable and non-discriminatory manner.
- PHC shall screen members during the review process for Community Supports services and can make referrals for additional services when appropriate.



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	<ul style="list-style-type: none"> Member eligibility is required to be valid at the time the TAR is submitted and must remain eligible throughout the time the services are provided. 	
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Additional Business/Other Items

<p>Open Discussion</p>	<p>Committee members and attendees were given the opportunity to bring up any other topics, questions or concerns that weren't discussed on the agenda.</p>	<p>Darnice Richmond: Is glad to hear PHC is doing more to help the homeless community.</p> <p>Araceli Gutierrez: Thanked her for her support with the homeless population and all that she does.</p> <p>Beverly Franklin: On her evening walks, Beverly noticed a big building that could be good space to use for our homeless population. She noticed the construction going on and saw a sign that named Partnership Healthplan as a donor to the project. The project is for affordable housing. She recognized PHC and is very proud of the progress they've made with the community.</p>
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		<p>Jeanette Perez: Askes, “Who do we contact for all these supported services?”</p> <p>Araceli Gutierrez: In response to Jeanette’s questions, you can contact the Member Services Department by calling 1-800-863-4155 option two or visit our website www.Partnership.org under Members section. You can also email me directly at agutierrez@partnershiphp.org.</p> <p>Nunie Matta: Thanked PHC for all we do.</p>
<p>Adjournment Next Meeting</p>	<p>Meeting adjourned at 1:21 pm Thursday, December 8, 2022</p> <p>Minutes recorded by: Katrina Tagle</p>	



MEETING MINUTES

Consumer Advisory Committee (Southern Region)

Thursday, June 9, 2022, 12:00pm – 1:30pm

**PHC Southeast Regional Office 4605 Business Center Drive, Fairfield CA 94534
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Attendees: Beverly Franklin, Eugene Korte, Wendy Ostergaard, Dona Ostergaard, Darnice Richmond, Frances Porter, Lasonja Porter

Phone Attendees: William Remak, Lance LeClair, Michael Strain, Marcelo (Nunie) Matta and Krissie Matta, Jeanette Perez

Partnership Attendees: Kevin Spencer, Cyress Mendiola, Amanda Bernal, Mori McLennan, John Lemoine, Benjamin Amparo, Araceli Gutierrez, Katrina Tagle, Melissa Schumann, Brittany Spears, Jessica Stinson, Lynn Scuri, Nicole Curreri, Dr. Marshall Kubota, Dr. Robert Moore, Athena Beltran-Nampraseut

Absent: Mariana Munguia

Commented [KT1]: Name correction was made from Diane to Dona.

Agenda Topic	Minutes	Comments/Discussions/Action Items
Introduction <i>Araceli Gutierrez</i>	Housekeeping rules and directions were given. Roll Call and introductions from all participants were conducted. Each member was asked to answer the following question: <i>“In a few words, what is your favorite dish to bring to a BBQ/ picnic?”</i>	None
Public Comments <i>Araceli Gutierrez</i>	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.	None
Approval of March 2022 Minutes <i>Araceli Gutierrez</i>	The March 2022 Meeting Minutes were reviewed and approved	<u>MOTION:</u> <i>Darnice Richmond</i> motioned to approve the minutes. Bill Remak seconded the motion and the March 2022 minutes were approved
Old Business		



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.



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

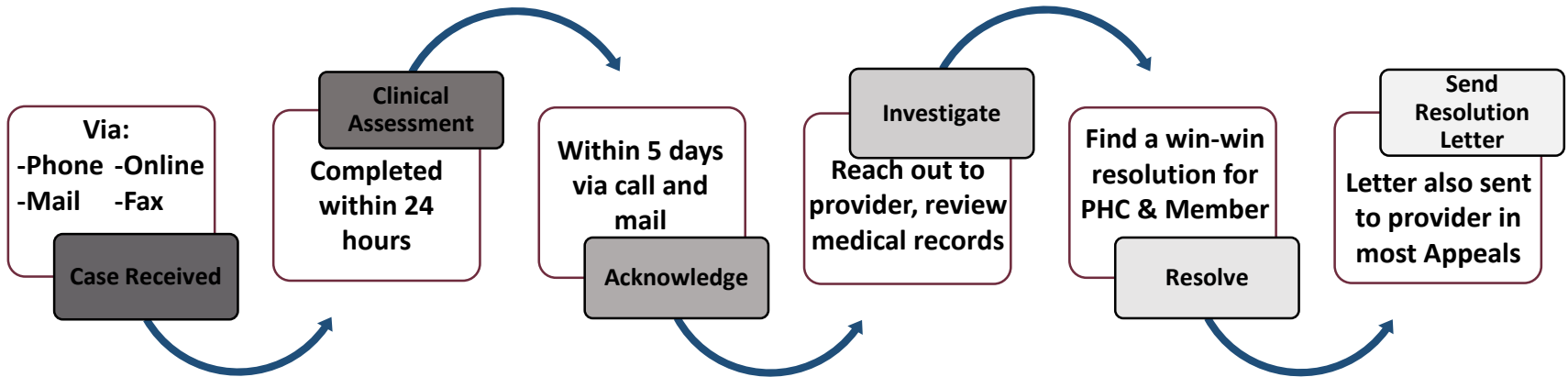
Understand

Educate

Rectify

Overview

Grievance & Appeal process



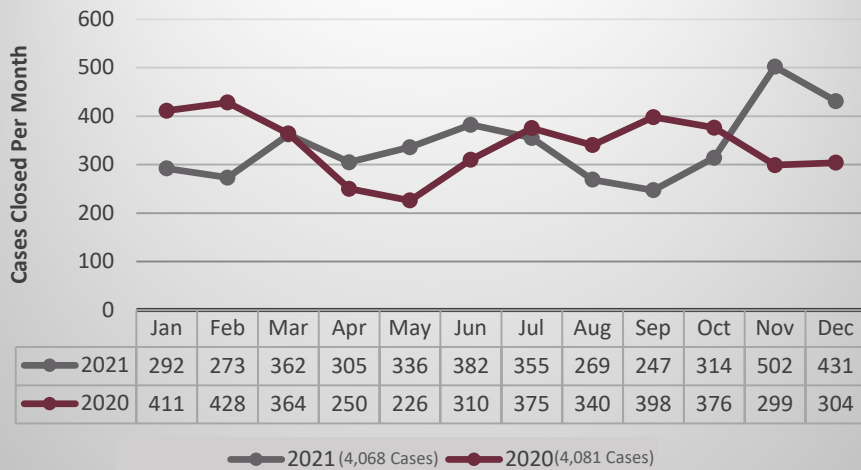
Summary of the standard process. Variations may occur depending on type of case, expedited status, case outcomes, or member’s decisions.

Appeal
Grievance
Exempt
2nd Grievance
State Hearing

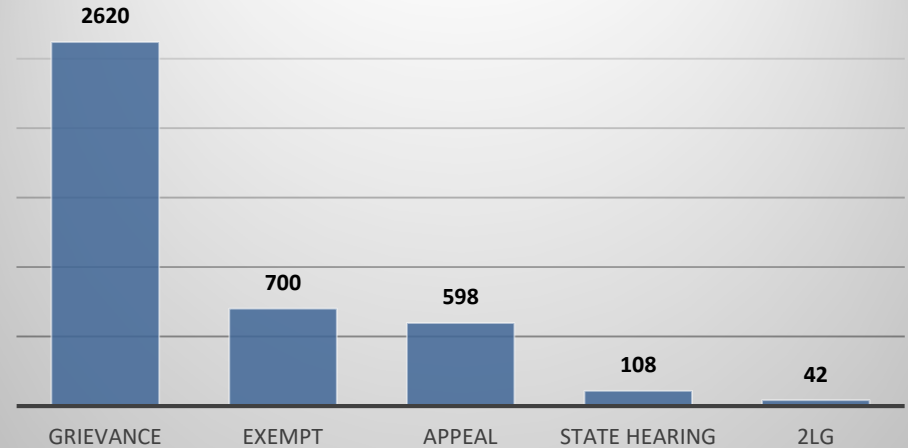
Annual Stats

Number of Cases Investigated

CCPM* 2021 vs 2020



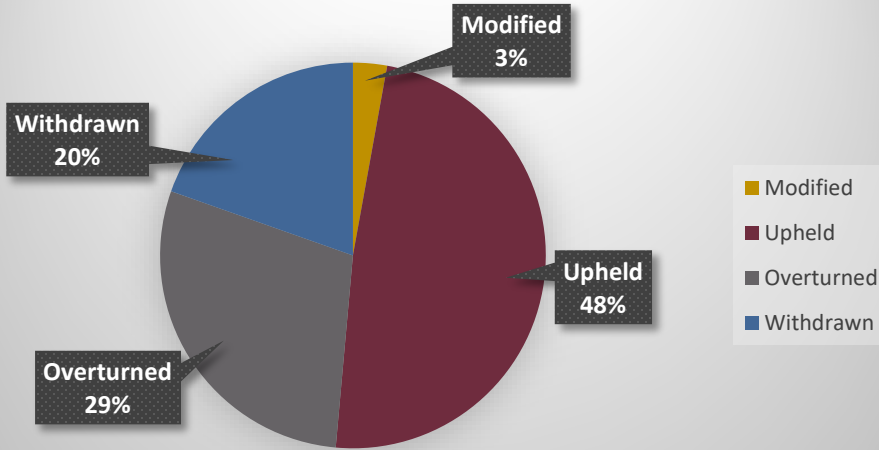
2021 Cases By Type



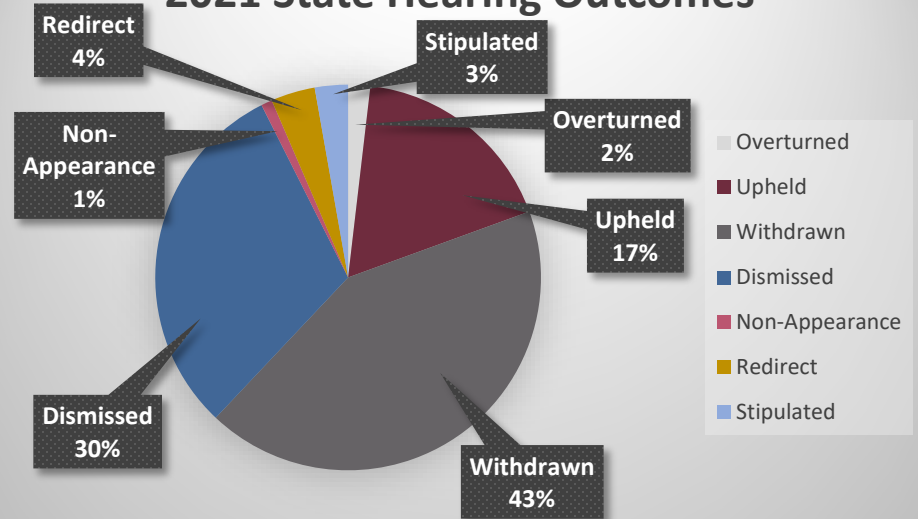
Outcomes

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

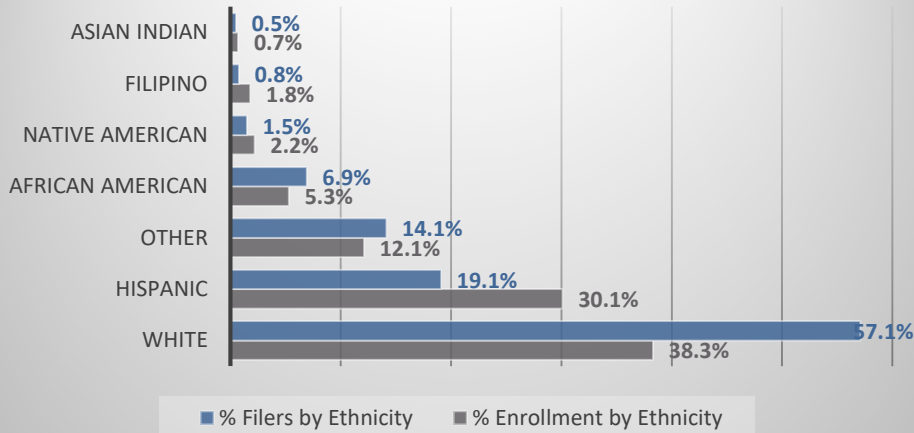
- Goal to mail Acknowledgment Letters on or before the 5th calendar day after date of receipt

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

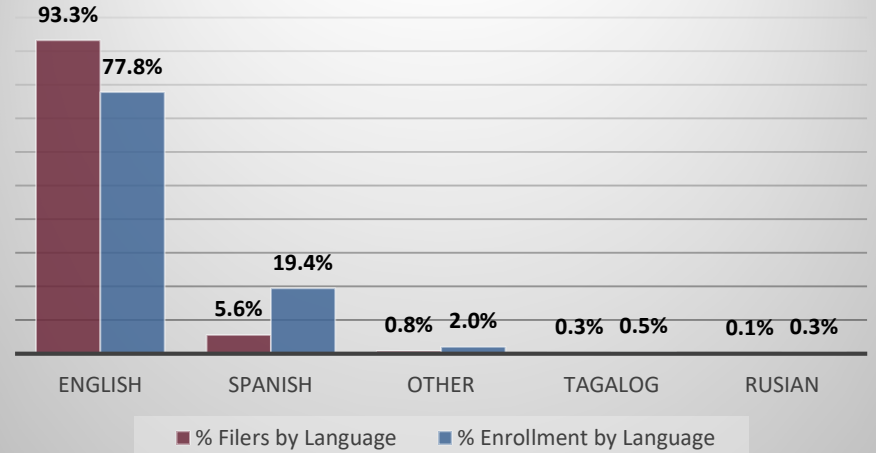
Member Demographics

An Insight To Who Filed The Cases

2021 Cases by Top 6 Ethnicities

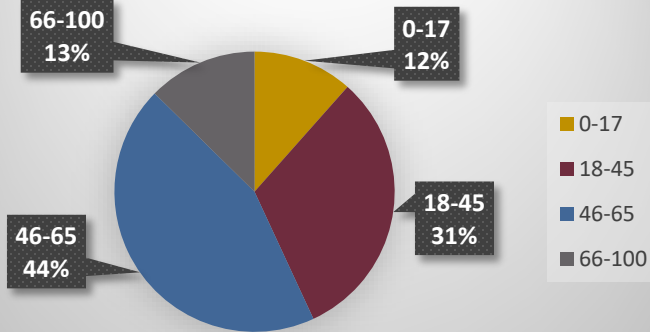


2021 Filers by Language

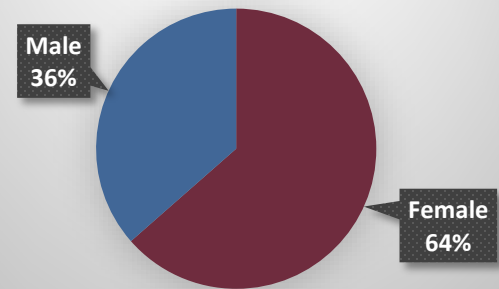


Members who are White or African American filed more cases than they are represented by enrollment. Hispanics are underrepresented

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%

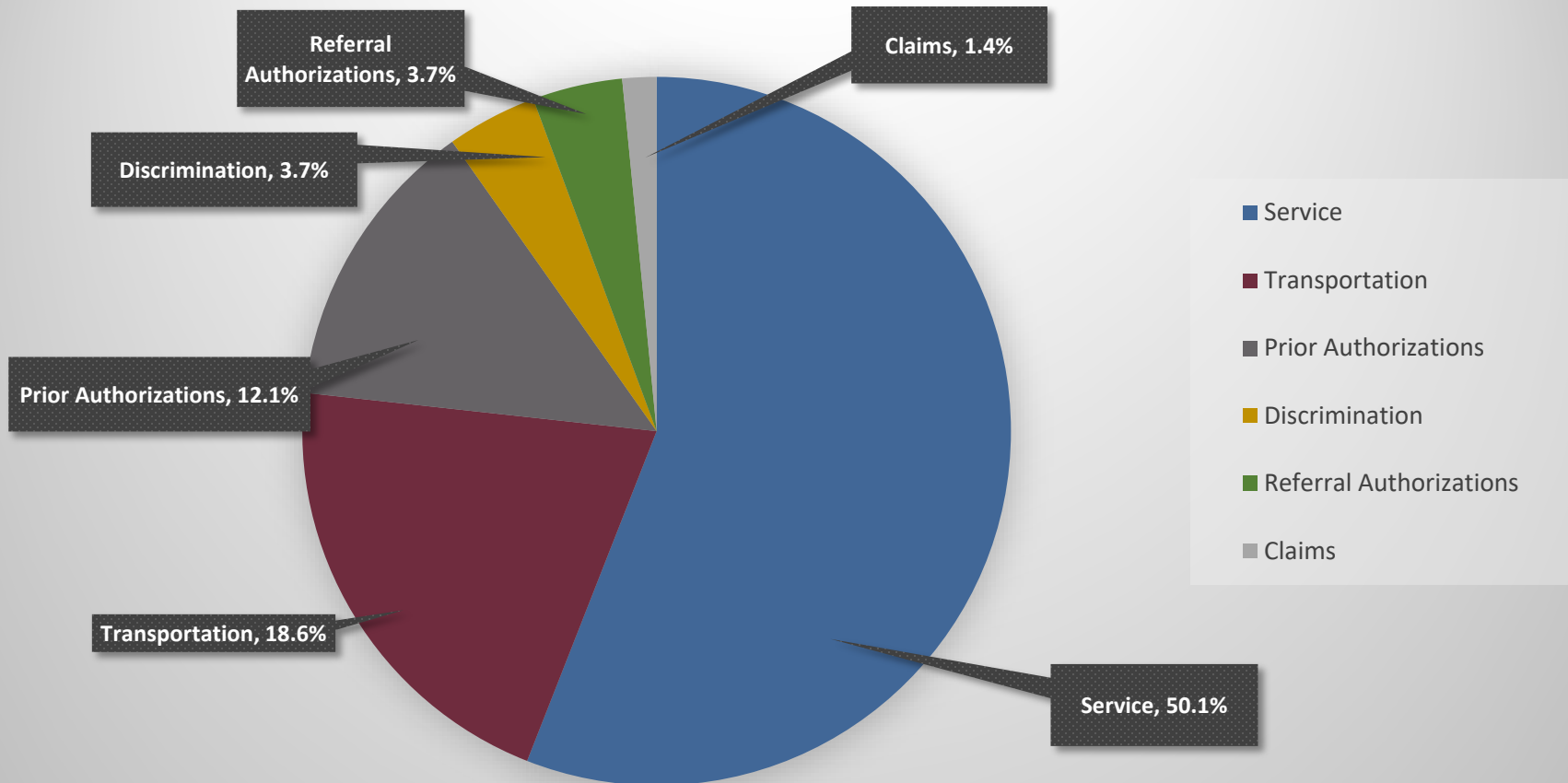
2021 Filers by Top 10 Cities

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

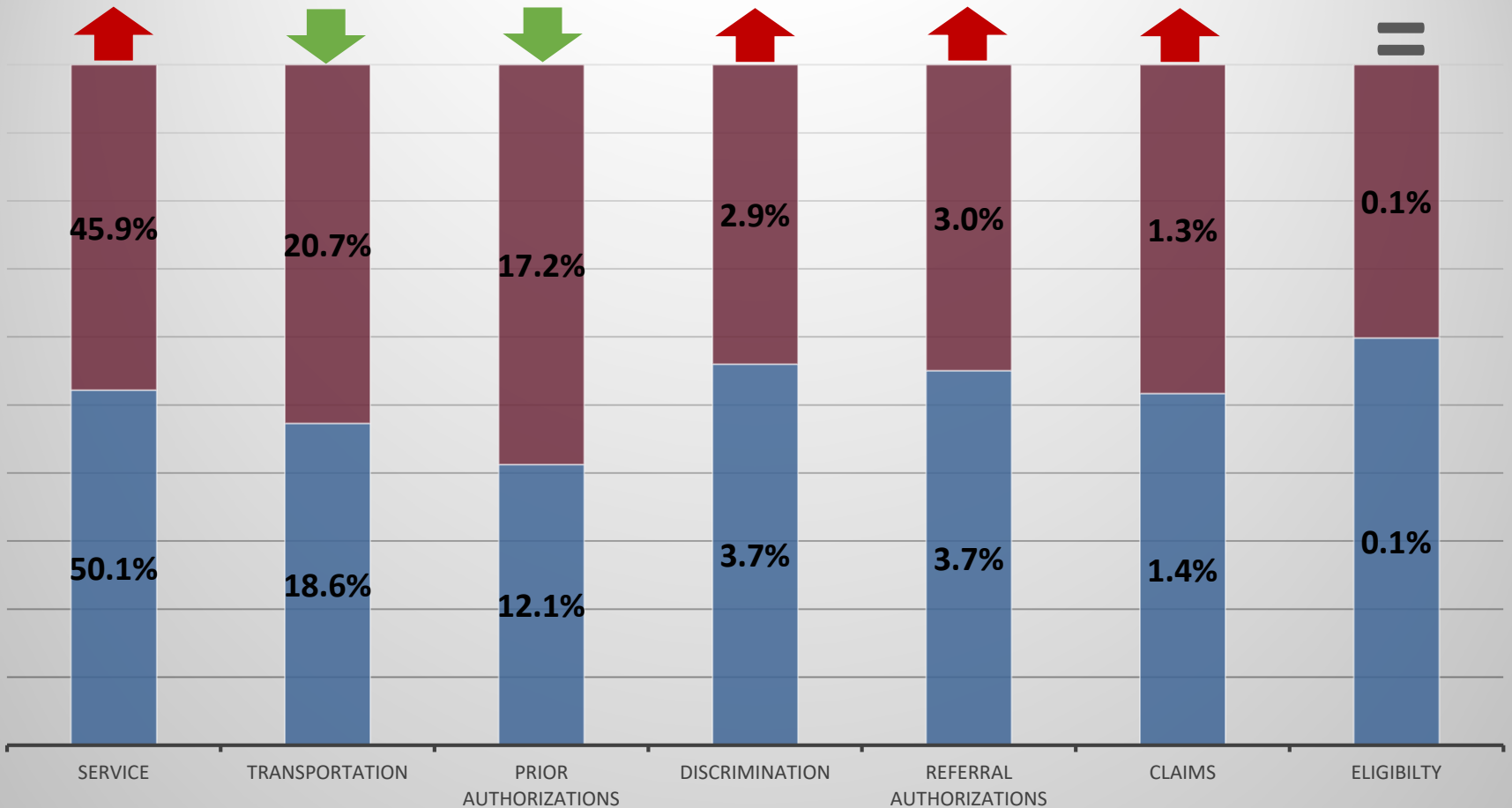


The Reasons

2021 vs 2020

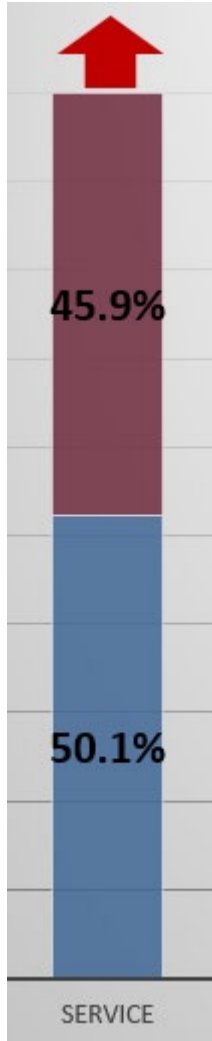
2021 vs 2020 Dissatisfaction Categories

■ 2021 ■ 2020



The Reasons

Service By Provider

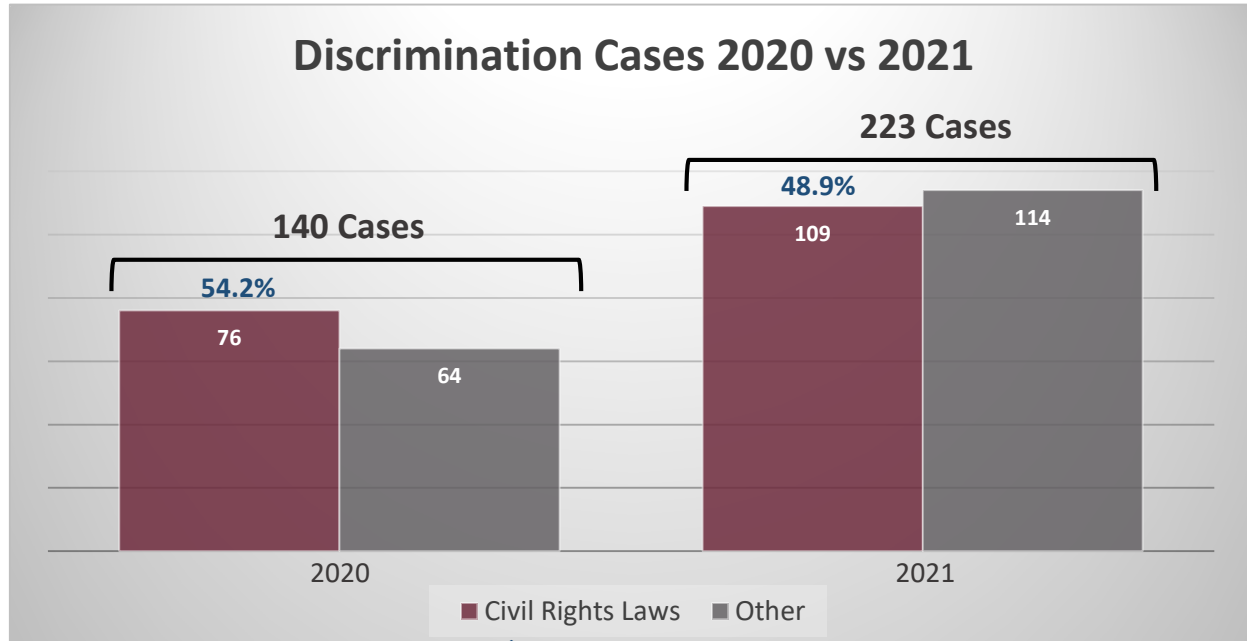
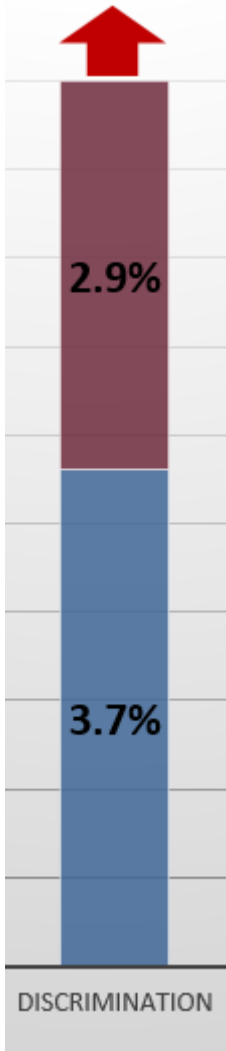


80% Service Issues Regarding Providers (2,622)

- 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

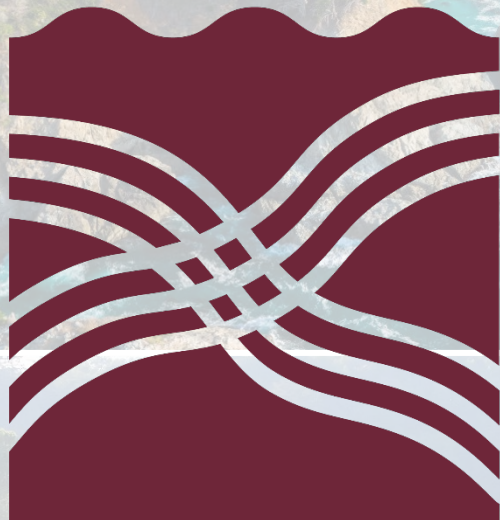
Improving Internal Quality

- 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

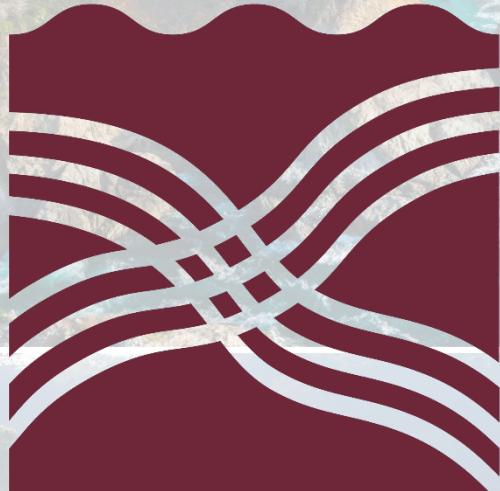
G&A Key Things to Keep in Mind

- 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

*NA = 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.

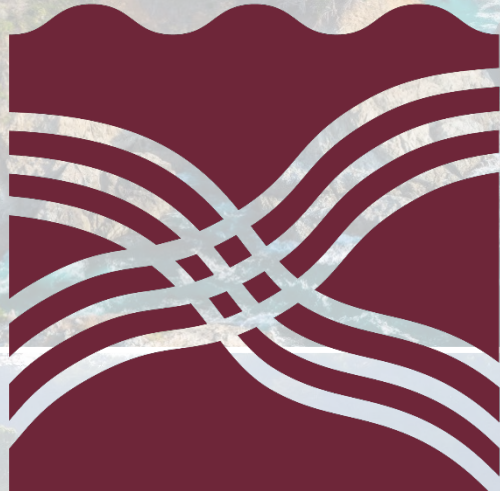
Grievances	2020	2021
Access	22%	34%
Quality of Provider Office	N/A	.01

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%

PARTNERSHIP



HEALTHPLAN

of CALIFORNIA

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:

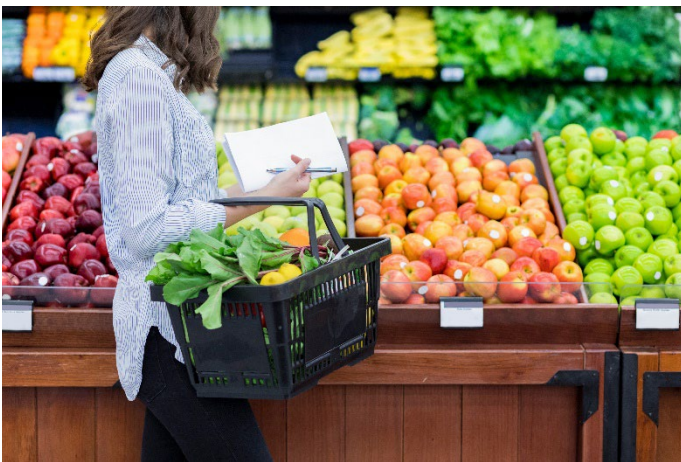
Managing Diabetes: Diet and Exercise

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.

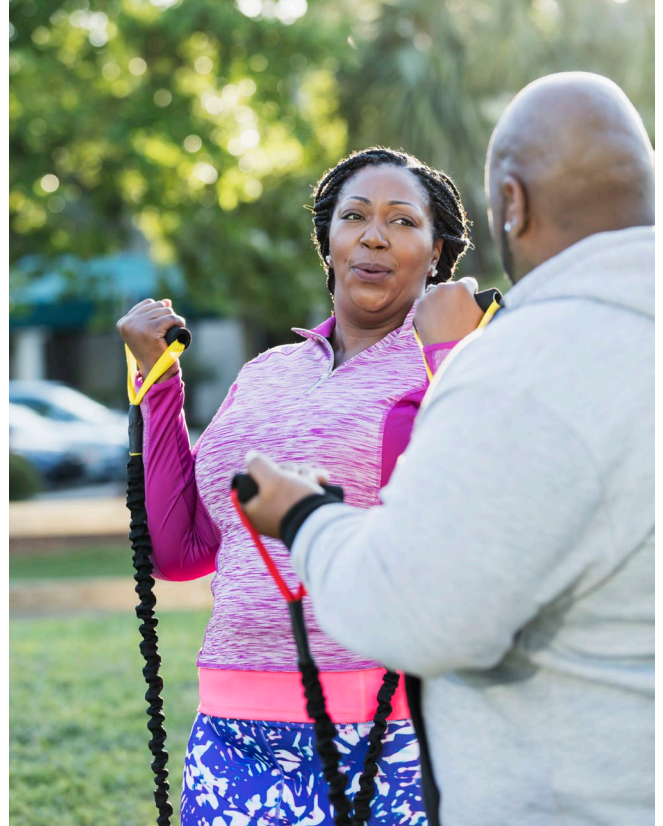
Try to exercise for at least 30 minutes a day, most days of the week.

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: Diet and Exercise**

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:
