



**Partnership
&
Tribal Health
Centers
Engagement**

October 16, 2023



Land Acknowledgement

- Tribal land of the Nisenan people
- Gathering place for many local Tribes
 - Southern Maidu people to the North
 - Valley and Plains Miwok/ Me-Wuk Peoples to the South
 - Patwin Wintun Peoples to the West
- Wilton Rancheria, in Sacramento County.



Sacramento River

- California Rural Indian Health Board
- State of California: DHCS and HHS
- Tribal Health Centers
- Partnership HealthPlan of California



- Name
- Organization
- Position
- Where you Live
- Any Tribal Affiliations



South Fork of the American River



About Partnership



Partnership is a County Organized Health Systems (COHS) Plan

Non-Profit Public Plan

Low administrative Rate (less than 5%) allows for Partnership to have a higher provider reimbursement rate and support community initiatives

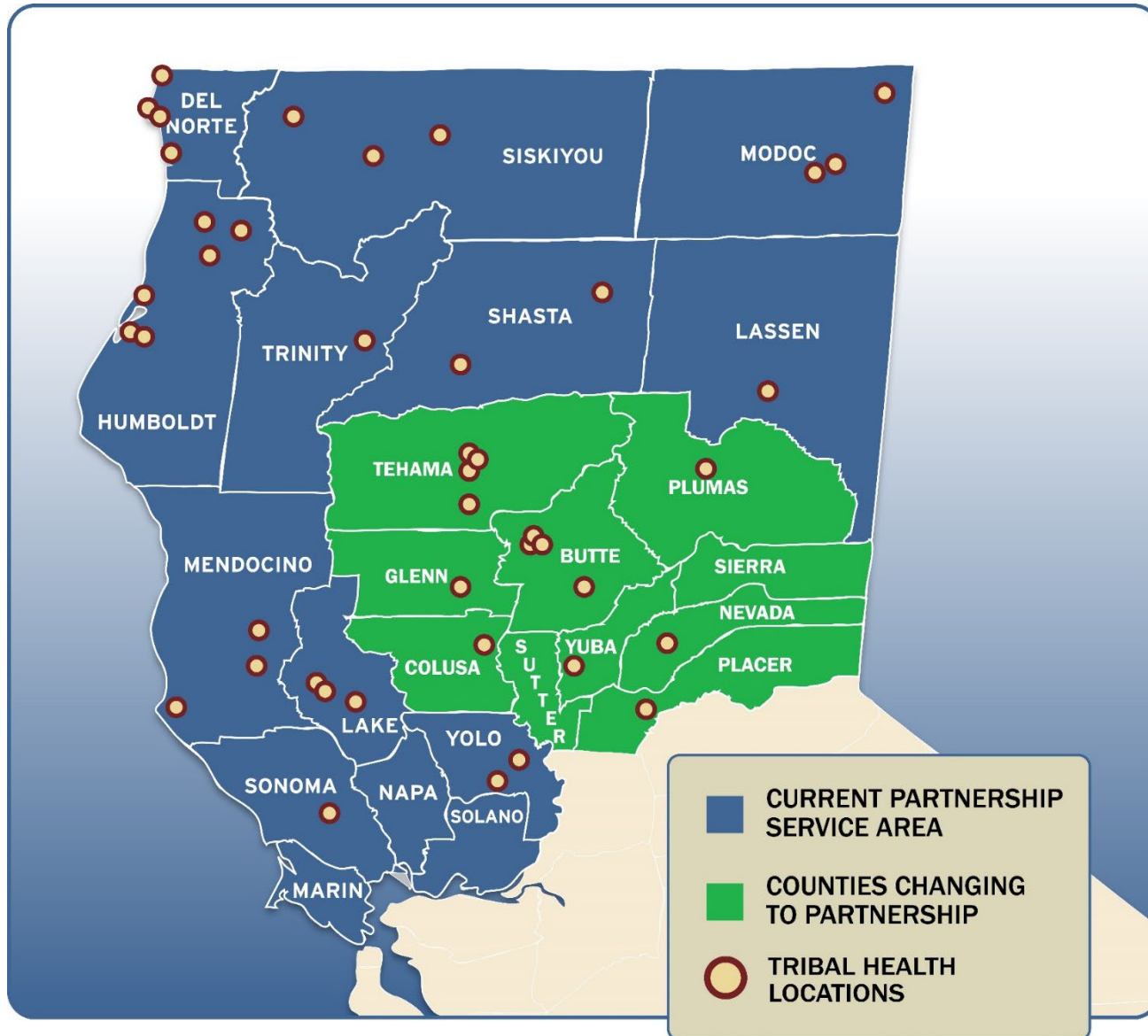
Local Control and Autonomy

A local governance that is sensitive and responsive to the area's healthcare needs

Community Involvement

Advisory boards that participate in collective decision making regarding the direction of the plan.

Tribal Health Locations



Current Region:
Tribal community members make up **2.1%** of Partnership's membership, or approx. **14,800** members.

Transitioning Region:
approx. **3,400** Tribal community members.

About Us



MISSION

To help our members, and the communities we serve, be healthy



VISION

To be the most highly regarded managed care plan in California



MEMBERS

674,700

(As of Oct. 2023)



POPULATION

31% of all residents in our 14-county service area are Partnership members

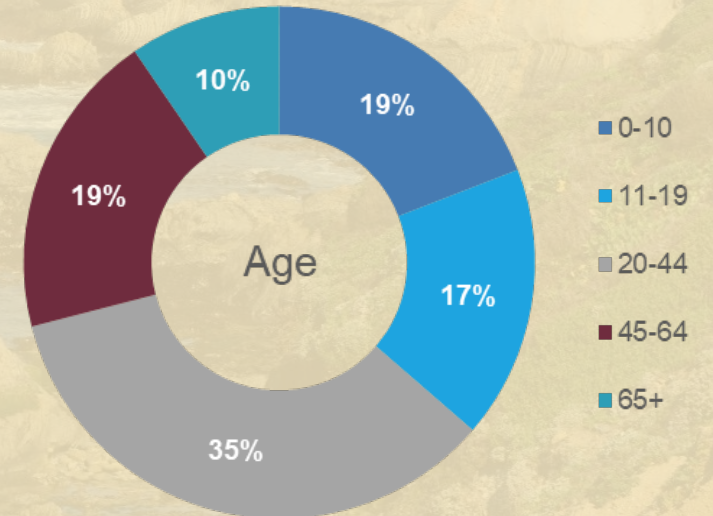
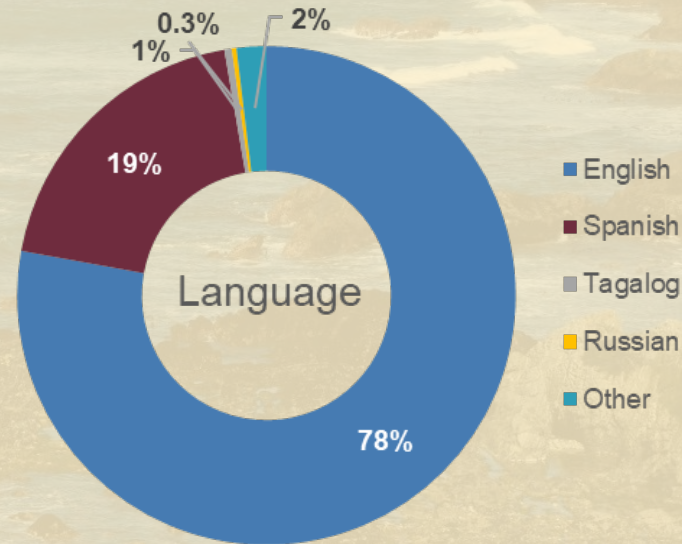
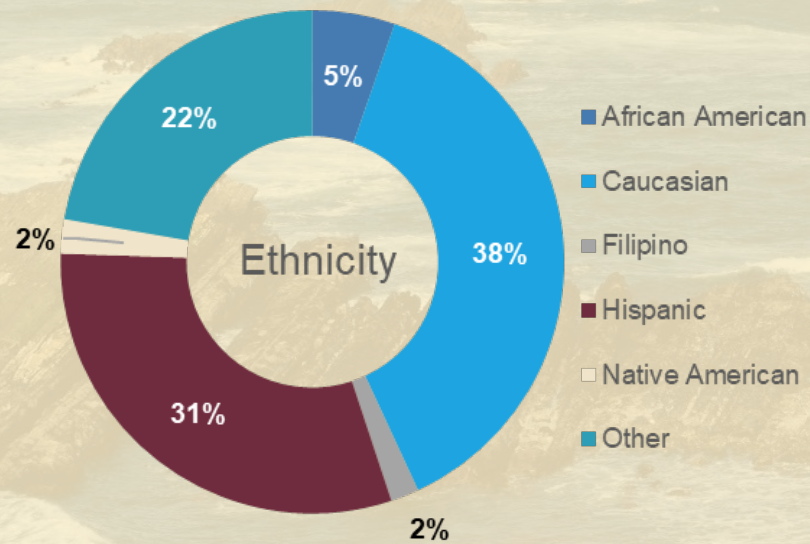


Core Values

- Fostering strong partnerships with members, providers, and community leaders to collectively improve health outcomes
- Focusing on continuous quality improvement in every aspect of the organization and in collaboration with our partners
- Setting a standard of professionalism, integrity, and accountability
- Communicating honestly, directly, and respectfully with our members, community partners, and staff
- Striving to be innovative and seeking creative solutions
- Promoting diversity by accepting, respecting, and valuing individual differences and capitalizing on the diverse backgrounds and experiences of our members, community partners, and staff



County Demographics



Member Engagement



- Consumer Advisory Committee
 - Participate at community events
 - Provide feedback on programs and policies
 - Two Partnership Board seats
 - **Email - CAC@partnershiphp.org**
- Sponsor and attend community events
- Your Partner in Health
- Digital Engagement – social media, video, and more

- Partnership contracts with all willing and able Medi-Cal providers enrolled with the state
- To develop and maintain provider network relationships, Partnership assigns Provider Relations Representatives (local, qualified employees) to the network with specific face-to-face provider visits.
- Call Center Service Level – **99% of all calls to Claims/billing answered in less than 60 seconds**
- Provider Scorecards are delivered to all clinics and large network provider systems – identifies billing opportunities to maximize payments and efficiencies.

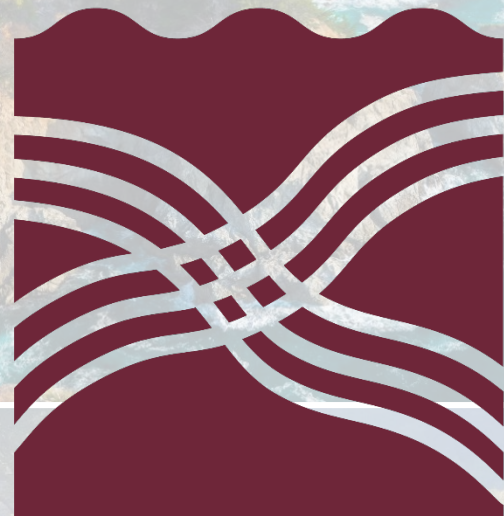
99%
of contracted
providers are
satisfied with
Partnership.

Partnership Priority Initiatives



- Medi-Cal Redetermination – Partnering with counties and providers to continue member outreach
- CalAIM
 - Continuing to build a robust network
 - New populations of focus – Children and Youth, Justice Involved
- Workforce Development
- Transportation
- D-SNP Medicare – Go-live January 2026

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



Partnership Tribal Liaison

Yolanda Latham, MBA
Hupa, Chilula

Overview

About Me

Career History

Indian Health Service

What's Next



Message

“The redwood trees are sacred. They are a special gift and reminder from the Great Creator to the human beings. The great creator made everything, including trees of all kinds, but he wanted to leave a special gift for his children. So he took a little medicine from each tree, he said a prayer and sang a powerful song, and then he mixed it all with the blood of our people. Then he created this special redwood tree from this medicine. He left it on Earth as a demonstration of his love for his children. The redwood trees have a lot of power; they are the tallest, live the longest, and are the most beautiful trees in the world. Destroy these trees and you destroy the Creator’s love. And if you destroy that which the Creator loves so much, you will eventually destroy mankind.”

- Minnie Reeves Chilula Tribal Elder



About Me & Career History

Tribal Health
Experience
Supervisor,
Manager,
Director, and
Executive
Officer

MBA
Emphasis:
Accounting and
Finance

Health force
Center at UCSF
Clinical
Leadership
Institute

B.A. Sociology
Emphasis :
Families
Systems and
Criminology



California & Tribal Health

110 Federally Recognized Tribes

2020 U.S. Census 762,733 self-identified Native Americans

California has the largest Tribal community population out of any state.

Disparities in Health



Indian Health Service Liaison

Reduce tribal community fatigue by aligning with other similar initiatives, assessments and community lead interventions.

Deepen the relationship between Partnership, tribal public health and other tribal partners.

INDIAN HEALTH SERVICE LIAISON

Promote a deeper understanding of tribal needs and indigenous social determinants of health

Support tribal health's response to emerging trends, especially in areas where Partnership can intervene by providing coverage, education and outreach.



Contact Information

Yolanda Latham, MBA

Hupa, Chilula

Indian Health Service Liaison

Email: ylatham@partnershiphp.org

Or

TribalLiaison@partnershiphp.org

Goals for the day

- What do you want to get out of today's gathering?
 - Breakout by health center
 - Five minutes
 - Top-of-mind goals
 - Each health center has a note-taker from Partnership to gather your ideas, challenges and follow ups.



K'ima:w Medical Center



Session I: Listening Session

How did the COVID-19
Pandemic affect your Tribal
Health Center?

How has the situation improved?

What challenges do you still
face?



American River in the Autumn



Sunset over the Sacramento River in Redding

What are the biggest Public Health challenges facing Tribal communities?

What are ways Tribal community members can communicate their health care needs to DHCS?

- How to engage? How to recruit individuals to give meaningful feedback.
- What themes or topic areas should be covered?



A talking circle

How can Partnership Help?

- How can Partnership help to improve health care delivery and health outcomes for Tribal community members?



Potawot Health Center, Arcata



Session II



Lost Coast, Humboldt County

Session II: Financial Opportunities

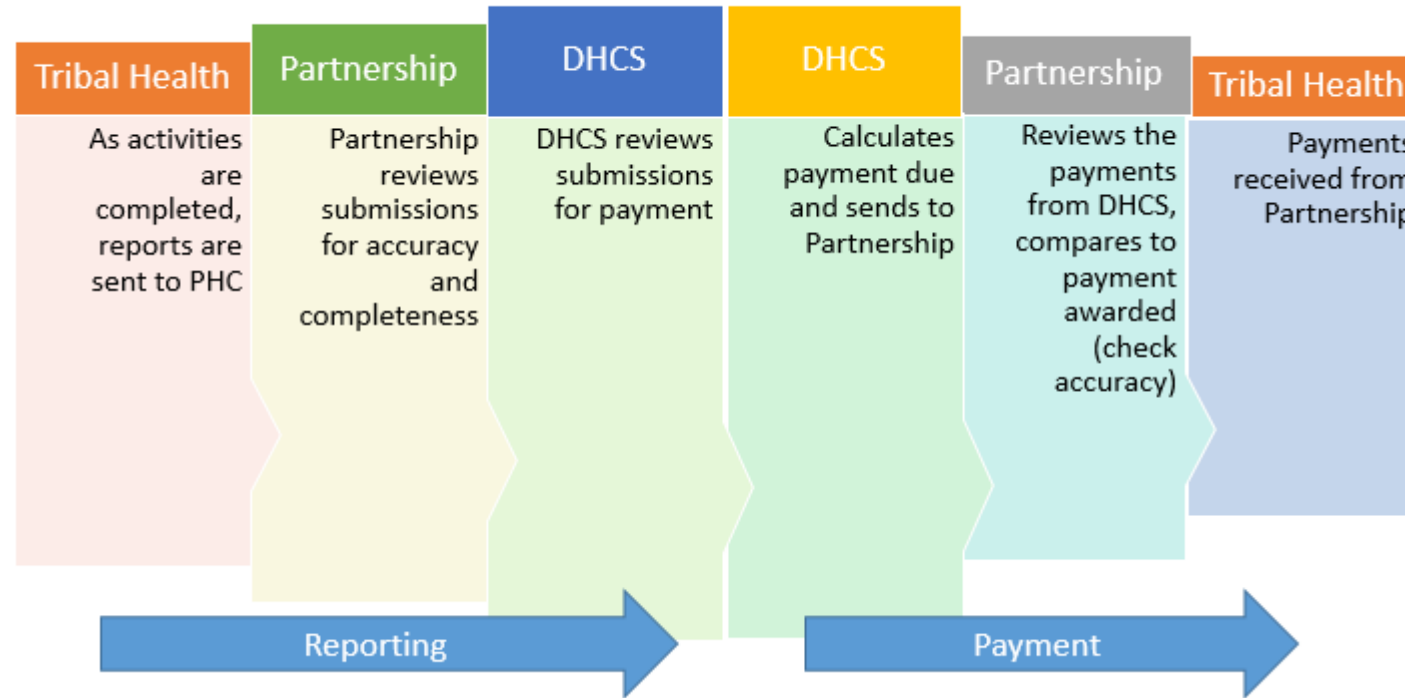
- Equity Practice Transformation
- Enhanced Care Management and Community Supports
- Perinatal Case Management Support
- Transportation
- Behavioral Health
- New provider recruitment support

Equity Practice Transformation

- Directed Payment Program from DHCS
- We recommend that all primary care Tribal Health Centers apply
- Final Application due **October 23, 2023 at 11:59 pm**
- Substantial potential dollars

Medi-Cal Assigned Lives	Maximum Payment Possible
500 - 1000	\$375,000
1001 - 2000	\$600,000
2001 - 5000	\$1,000,000
5001 – 10,000	\$1,500,000
10,001 – 20,000	\$2,250,000

How Directed Payments Work



- Contact PracticeTransformation@partnershiphp.org with questions or email ept@dhcs.ca.gov



***California
Advancing &
Innovating Medi-Cal
(CalAIM)***

***Community
Supports (CS) &
Enhanced Care
Management (ECM)***



What is CalAIM?

CalAIM stands for “**California Advancing and Innovating Medi-Cal.**”

- CalAIM is not a singular goal or program; CalAIM is a multi-year, multi-initiative framework being implemented by the Department of Health Care Services (DHCS) over the next 5 years.
- All of the initiatives within CalAIM are focused on transforming the delivery of Medi-Cal services, programs and benefits with a goal of integrating services and improving outcomes.
- The Centers for Medicare and Medicaid Services (CMS) approved CalAIM and the state’s associated waivers on Dec. 29, 2021.



DHCS CalAIM proposal: <https://www.dhcs.ca.gov/calaim>

Community Supports (CS)

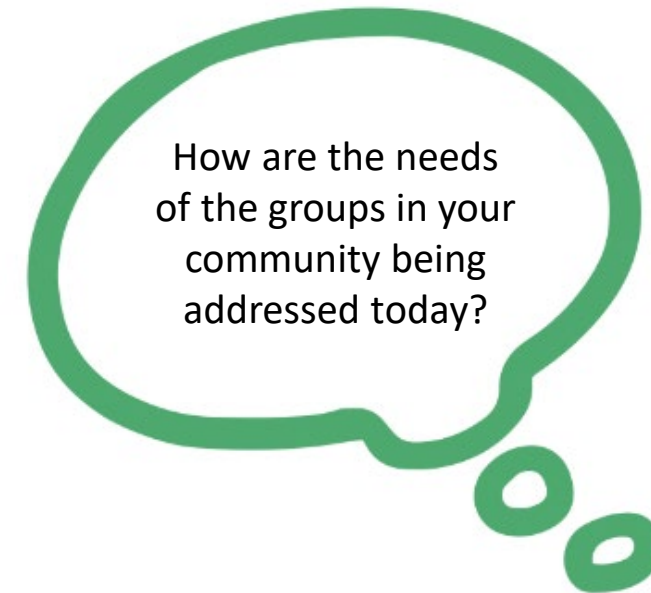
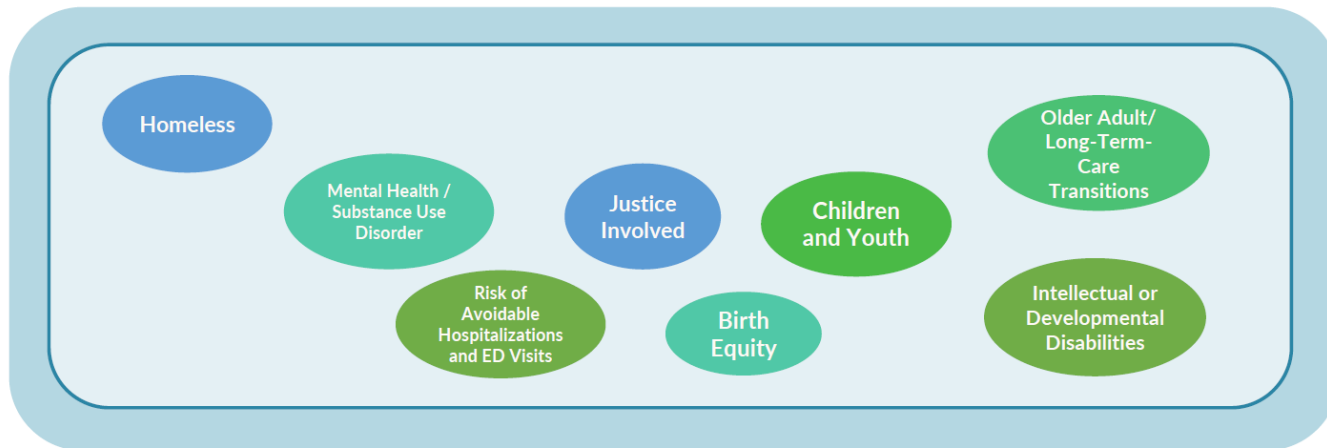
- Not a Medi-Cal benefit
- An optional service that Partnership is allowed to provide instead of another Medi-Cal benefit
- The service must show that it is more cost effective than the benefit it is replacing (ex: hospital stay, emergency room visit, etc.)
- Partnership currently offers 8 different services

Enhanced Care Management (ECM)

- A new, statewide benefit
- Certain groups “populations” in the community qualify
- A lead, community-based case manager to coordinate medical, oral, behavioral health, long-term supports, and community needs
- Provider must have experience in helping the population they are serving
- Does not have to be a health center!

ECM and Community Supports

Populations Served through ECM/Community Supports



Spotlight: Sacramento Native American Health Center

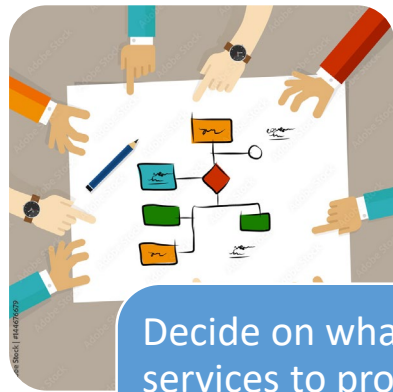
- FQHC, UIHC
 - Services offered – Primary Care, Specialty Care, Vision, Dental, Behavioral Health
 - Program started in January 2023
 - Members were enrolled in 3 ways:
 - Health plan provided Member Information File (MIF – list of qualified patients).
 - Tasks were sent from provider to case management team who determines eligibility
 - Members self-referred – contacted health plan directly, health plan contacted clinic, then assigned to case manager
 - This resulted in **315 active patients currently enrolled**
 - 5 Case Managers carries a case load of 50 – 60 patients
 - Newest Case Manager currently carries case load of 15 patients. When Case Manager has reached 50% of case load, a new Case Manager is hired.



Britta Guerrero
San Carlos Apache
CEO, Sacramento Native American
Health Center

Steps to Becoming a Contracted Provider

Average timeline to be a contracted provider – 4 months



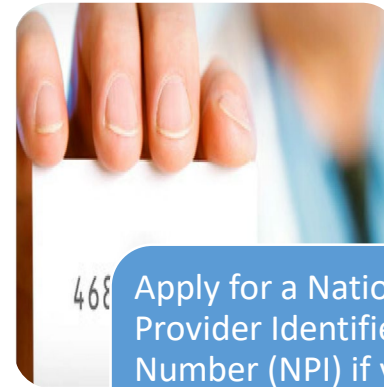
Decide on what services to provide

- Based on your current clients and current services provided
- ECM and/or CS



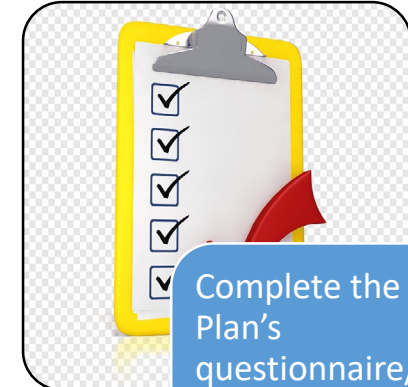
Reach out to the Medi-Cal Plan in your County on your interest

CalAIM@partnershiphp.org



Apply for a National Provider Identifier Number (NPI) if you don't already have one

- [National Provider Identifier Standard \(NPI\) | CMS](#)



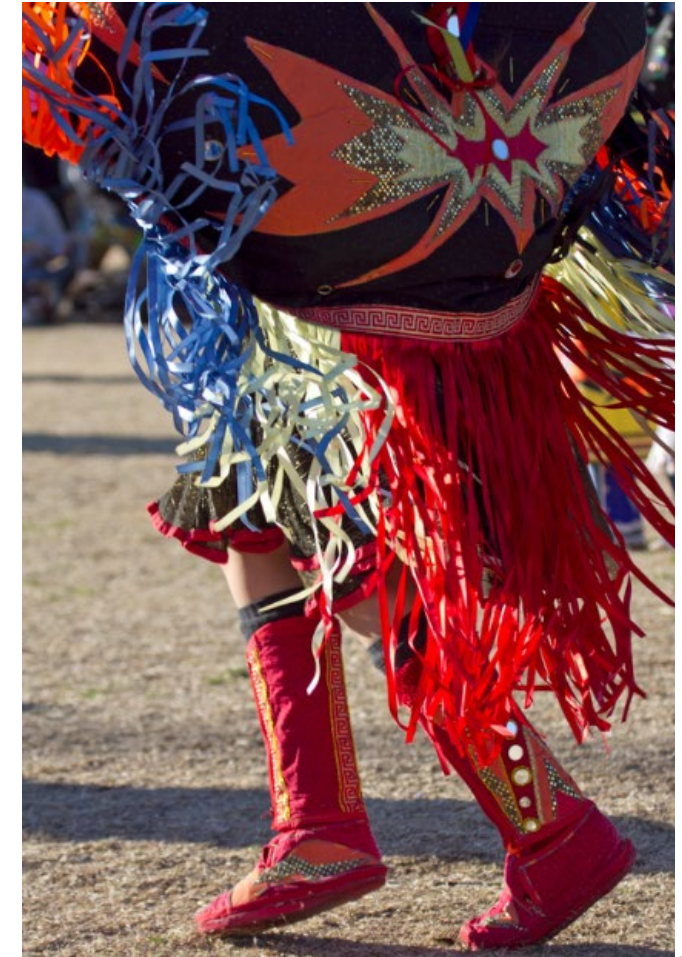
Complete the Health Plan's questionnaire/capacity survey

- Provides the Health Plan with an idea of how many members to serve
- Health Plan will guide you through the contracting/onboarding/training process.

Supports to Get Started

- **Partnership HealthPlan**
 - Contracting
 - Questions
 - Brainstorming
 - Training and Education
 - Ongoing availability and support
- **Department of Health Care Services**
 - Funding – PATH CITED
 - Infrastructure, Data Exchange, Capacity Building
- **Indian Health Collaborative**
 - Meets Monthly virtually
 - Sign up to join:
 - Questions, discussions, information and collaboration

<https://ih.calaimroundtable.com/>



Questions

Please reach out to:
CalAIM@partnershiphp.org





Perinatal Care

Supporting healthy families from the beginning



Limitations in Current Systems:

- Fractured care systems
- Limited access to prenatal Medical care
- Limited supportive services
- Limited culturally informed care and education during and after pregnancy
- Limited labor support
- Distance to hospitals with maternity units

Pathways to Improved Outcomes

- Improving access to perinatal medical care
- Culturally informed care management
- Connecting supportive care to medical services (before, during and after pregnancy)
- Doula support through pregnancy

Shared Vision: Achieving Best Outcomes for all Pregnancies

- Build case management teams to work with every pregnancy
 - Assess needs for individuals throughout pregnancy and offer services to meet individuals' needs
 - Health Education
 - Care Coordination
 - Address other Social Determinant of Health and other factors that impact pregnancies
- Integrate Behavioral Health Services
- Develop or reinforce doula network within the community
- Leverage Enhanced Care Management programs to sustain these systems

Tribal Focused Models

- Family Spirit Curriculum: <https://familyspiritprogram.org>
 - Home visiting model developed by Center for Indigenous Health, Johns Hopkins University
 - Participating Health Centers: NVIH, Lake County Tribal, Greenville Rancheria, Round Valley, Consolidated Health, Pit River, K'ima:w, UIHS
- Better Birthing Collaborative: Culturally sensitive care by hospital staff (Humboldt county)
- American Indian Maternal Support Services (AIMSS)
 - Federal grant program
 - Grantees in Northern California: Pit River, K'ima:w, Chapa-De



Improving Native Pregnancy Outcomes: Every Pregnancy Deserves the Care

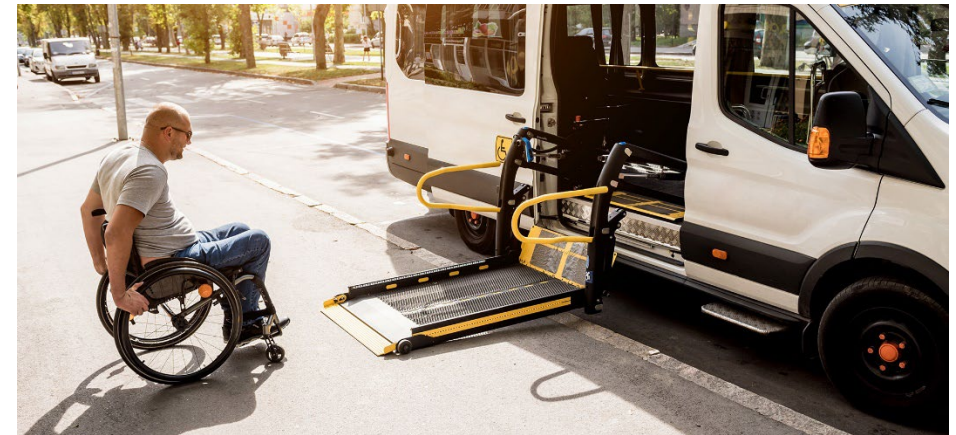


Opportunities:

- Funding for building maternity-focused care management Systems
- Technical assistance for program development and implementation
- Reimbursement for Enhanced Care Management
- Reimbursement for Doula Services
- HealthPlan Programs: Care Coordination, Growing Together, CPSP network



Transportation



Wheelchair van

Transportation Benefit and Mission

- Medi-Cal offers transportation to and from appointments for services covered by Medi-Cal. This includes transportation to medical, dental, mental health, or substance use disorder appointments, and to pick up prescriptions and medical supplies.
- There are two types of transportation for medically necessary appointments.
 - Non-emergency medical transportation (NEMT) is transportation by ambulance, wheelchair van, or litter van for those who cannot use public or private transportation.
 - Non-medical transportation (NMT) is transportation by private or public vehicle for people who do not have another way to get to their appointment.
- Partnership is responsible to get members to their medically necessary Medi-Cal covered services using the least costly method of transportation that meets the member's needs.

Transportation Benefits



Non-Emergency Medical Transportation (NEMT)

Door-to-door assistance required
Medical management may be required during transport
Non-emergency ambulance, litter van/gurney, wheelchair van or medical air transport
Requires a Physician Certification Statement (PCS)



Non-Medical Transportation (NMT)

Member does not require assistance
Member must attest they have no other way to get to their Medi-Cal covered service
Least costliest mode of transport:
Gas mileage reimbursement, taxi, public transportation or train



Travel Expenses

Meals, lodging, parking, tolls and other travel expenses for all qualifying members
One medically necessary attendant/parent of a child under the age of 21, can qualify for their own separate meal issuance
Allowances to cover meals, lodging and salaries for medically necessary attendant

- NMT/NEMT transportation requests
 - Kinetik Trip Scheduler is used to screen members, determine appropriate mode of transportation, make reservations, and assign trips to providers
- Requests for travel expenses such as flights and lodging
- Member reimbursements for travel-related expenses and gas mileage reimbursement (GMR)
 - Driver/Payee credentials are managed in the Kinetik software
 - Must supply current driver's license, registration, and insurance
 - Members cannot be reimbursed directly
- Public transportation passes

- Provisions under PPL 20-005
 - Allows for IHS providers to bill Partnership directly for NMT services
 - Providing NMT to Tribal community members
 - Do not have to coordinate travel through Partnership prior to travel
 - Can submit claims for NMT services under the group NPI via the claims process
 - Medi-Cal FFS rate with modifier codes (see Partnership IHS Billing update attachment)
 - No requirement to contract directly with Partnership to provide NMT for Tribal community members
 - Must be a Medi-Cal certified provider through DHCS to provide direct NMT transportation services
 - PAVE portal information:
<https://www.dhcs.ca.gov/provgovpart/Pages/MedicalTransportationProviderApplicationInformation.aspx>



Referrals & Questions

Partnership Transportation Services Team:

1-866-828-2303

For Providers:

Fax: 530-351-9055

Email: transportationhelpdesk@partnershiphp.org

For Members:

Fax: 707-420-7863

Email: mytrip@partnershiphp.org



Behavioral Health



Beacon Health Options is now known as Carelon Behavioral Health.

- Carelon Behavioral Health help to manage mental health benefits for Partnership members with non-specialty mental health conditions in need of outpatient mental health services.
- Support related to outpatient mental health services can be connected to Carelon Behavioral Health at **(855) 765-9703**.



Carelon Behavioral Health

Members may call Carelon Behavioral Health at 855-765-9703 to be screened and connected to a service provider.



Direct Referrals

- Connecting directly to a Partnership SUD service provider is also appropriate. A current list of providers is available.
- A current list is available [here](#).



The only level of care requiring authorization is **residential** and can be obtained by the residential treatment provider



Transportation

As of April 1, 2023, all transportation services are directly coordinated by Partnership's Transportation Services and can be requested by members and providers.

Starting July 1, 2020, Partnership began administering substance use services to Medi-Cal beneficiaries in Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano counties.

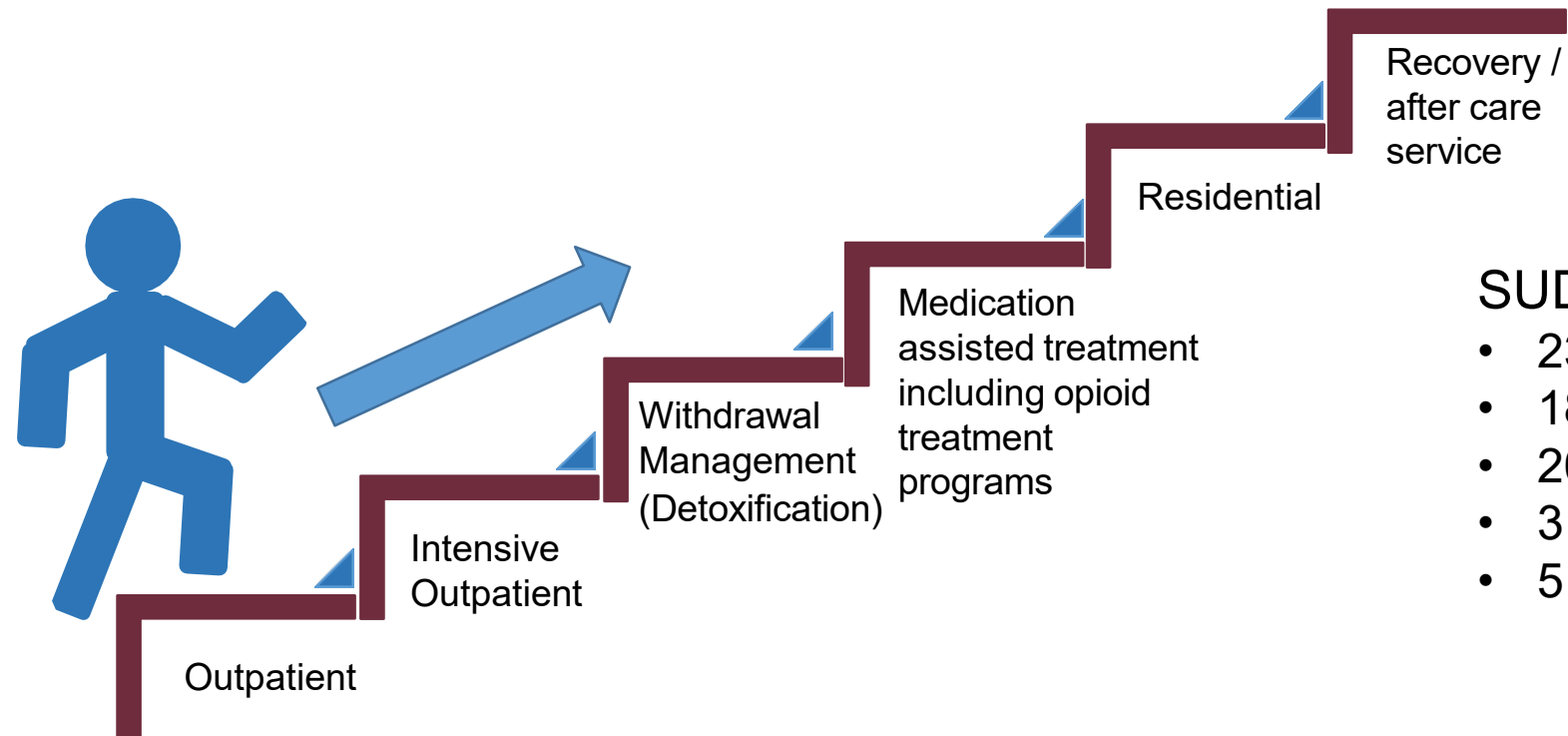
Key Components of the Benefit

- Full continuum of services
- Central Access Line
- Standardized Medical Necessity Criteria - ASAM
- Care coordination across systems
 - Primary Care
 - Mental Health
 - Substance Use

Upon connecting with a provider:

- ASAM assessment is completed to determine appropriate level of care.

The following are levels of care covered by Partnership:



SUD Contracted Programs

- 23 Outpatient
- 18 Intensive Outpatient
- 20 Residential
- 3 Withdrawal Management
- 5 NTP / OTP* (including New Life)

*Additionally, (on average) 420 providers prescribe buprenorphine monthly



- Partnership webpage – Wellness and Recovery Page
- Information about benefit
- Links to webinars on SUD -

<http://www.partnershiphp.org/Providers/BehavioralHealth/Pages/Substance-Use-Disorder-Services.aspx>



- Partnership Provider Directory – Search by *Specialty/Substance Use*

• <https://providerdirectory.partnershiphp.org/Provider/BasicSearch/>



- Carelon Behavioral Health Page

<https://www.carelonbehavioralhealth.com/>

- Partnership webpage – Mental Health Page

<http://www.partnershiphp.org/Providers/BehavioralHealth/Pages/Mental-Health-Services.aspx>



- Carelon Provider Directory – Search by
Partnership HealthPlan of California

<https://plan.carelonbehavioralhealth.com/find-a-provider/>

Some Emotional and Resource Support Models

- CalHOPE Red Line: Focus on Cultural Appropriateness for American Indians/Alaska Natives living in urban areas. Emotional Support, Financial and Social Resources. (Telephone and computer/phone chat M-F 8-5)
- CalHOPE Connect: For all Californians, Emotional Support (Telephone and computer/phone chat 24-7)
- SolanoConnex: Paid community in-person and telephonic navigators to use SolanoConnex app to link residents with local resources.

Provider Recruitment Program (PRP) Overview

Purpose

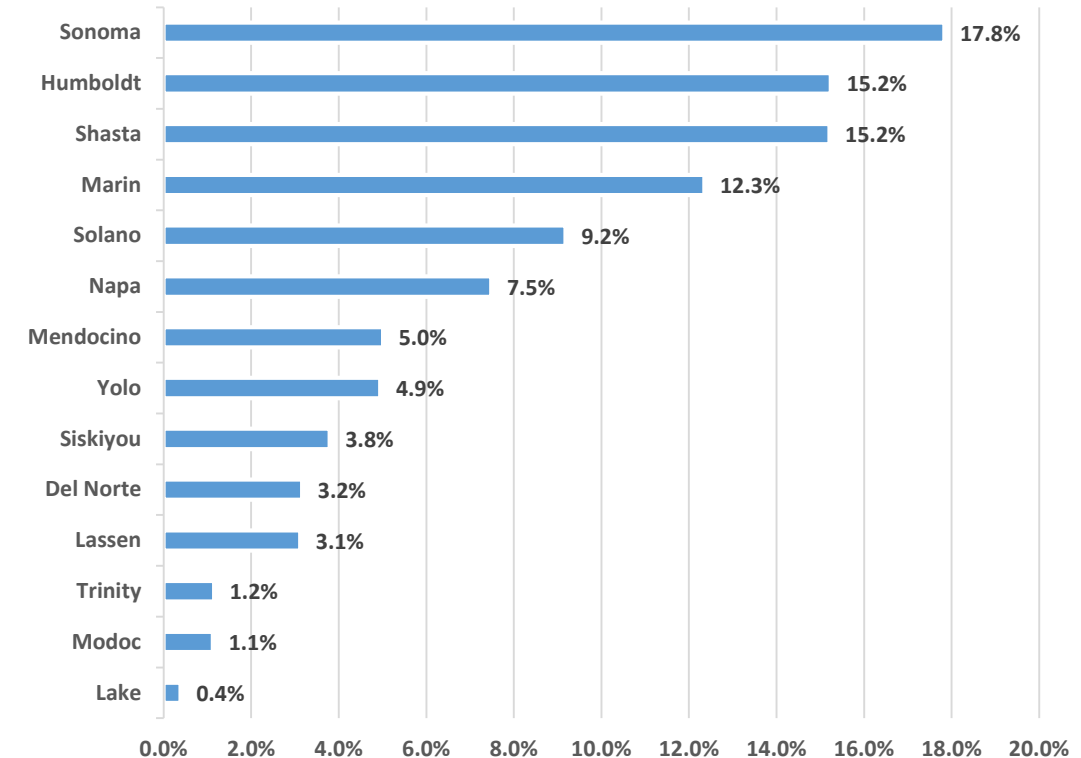
- The PRP was started in September 2014 to support our member clinics' recruitment activities and efforts to help increase access to care for Partnership members.

Budget

- Pilot year budget of \$750k was increased by the Partnership Board multiple times, with over \$9.3 million invested to date.

Success

- 672 offers have been accepted including program incentives as of October 1, 2023.



Distribution of PRP awards by county 2014 - 2023

October 2023 Update PRP Awards

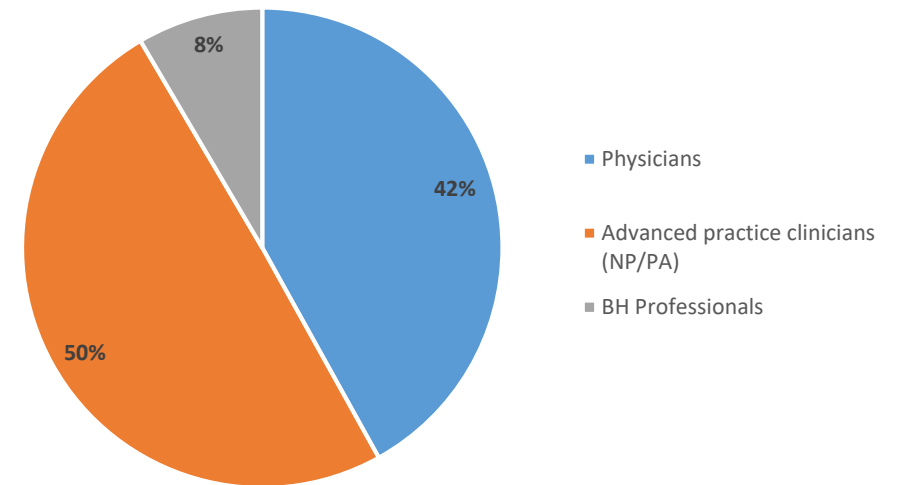
Providers (family, internal, pediatric, mental health, obstetrics specialties)

- \$100,000 signing bonus for physician candidates
- \$50,000 signing bonus for advanced practice clinicians
- Bonus disbursed over a five-year term

Behavioral Health (BH) Providers

- \$20,000 signing bonus for licensed behavioral health professionals
- \$4,000/\$5,000 signing bonus for certified SUD counselors and bilingual certified SUD counselors
- Bonuses disbursed over a two-year and one year term respectively

*Awards subject to eligibility criteria ([link](#))



PRP awards by provider type 2021 - 2023



2024 PRP Grant Agreement

A 2024 PRP agreement is being developed to support the recruitment and retention of providers in our region.

Our goal is to connect with sites before January 2024 to inform everyone how to sign up. Changes in the new agreement will align with feedback from our partners for enhancing the program.

We look forward to working with you to positively impact Partnership member access!

Workforce Development: WFD@partnershiphp.org

David Lavine, Associate Director of Workforce Development

- **Phone:** (707) 863-4275
- **E-mail:** dlavine@partnershiphp.org

Cody Thompson, Project Coordinator

- **Phone:** (707) 430-4846
- **E-mail:** cthompson@partnershiphp.org



Session III



Fort Bidwell, Surprise Valley, Modoc County

Session III: Partnership Programs

- Indigenous Pact
- Mobile mammography
- Point-of-care lead testing devices
- Partnership provider credentialing
- Orientation for Health Centers in New Counties
- Testing new claims system
- Advisory committees



INDiGENOUS
PACT



PRIVILEGED & CONFIDENTIAL

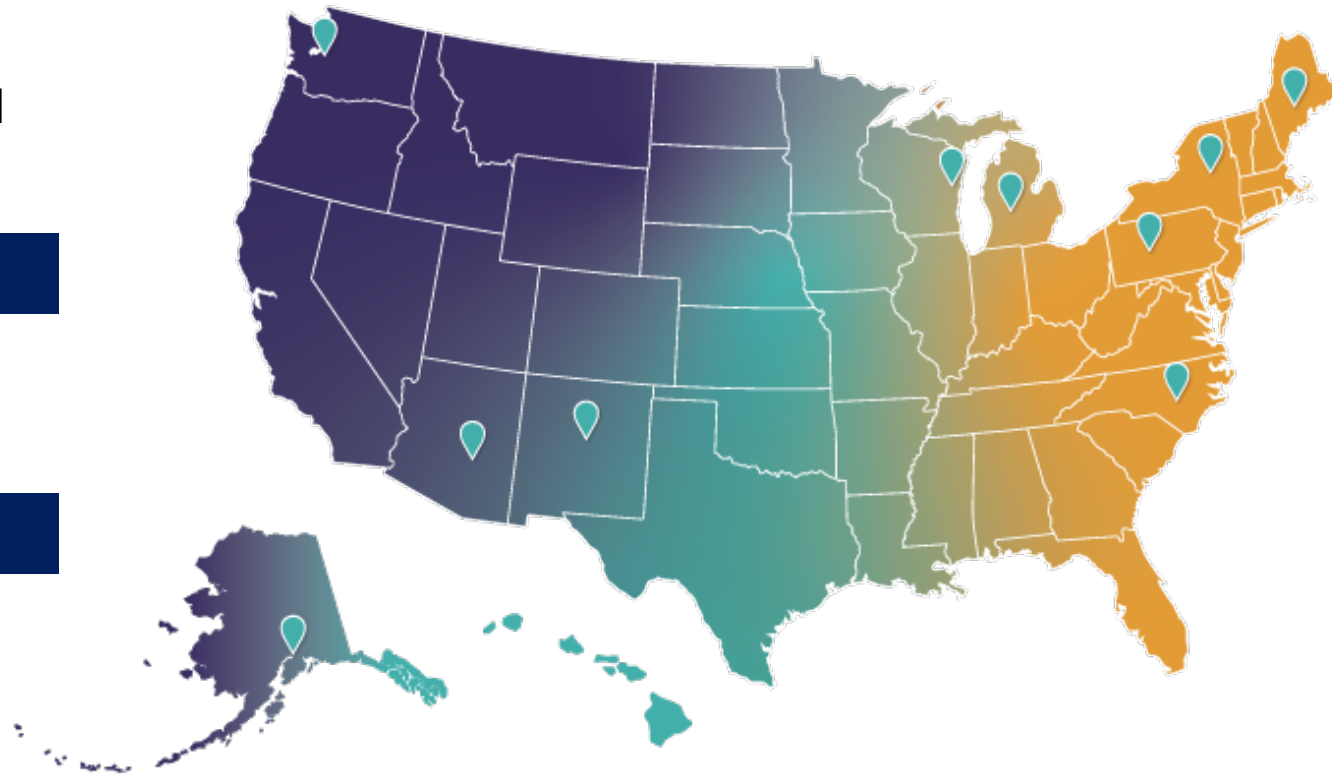


Our Mission

**To create health equity
for American Indians
and Alaska Natives in
One Generation.**

What Makes us different?

- Experts in healthcare strategy, policy, and innovation
 - Native American Woman Owned business
- Solutions to fit the needs of your Tribe
- Decades of knowledge in healthcare management and consulting

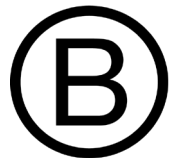


Native American
Owned Business



Minority Women
Owned Business

Certified



Corporation™

Our Work



HEALTHY CITIZENS

- Public Health
- Community Health
- New Service Lines



HEALING SPACES

- Facility Concept and Development
- Facility Operations Start-up
- Process Improvement and Workflow



SUSTAINABLE ECONOMIES

- Financial Forecasting
- Revenue Cycle Management
- Feasibility Studies



INDIGENOUS
PACT

Thank You

CONTACT US



PHONE

252-678-3793



EMAIL

Jamie.moquino@indigenouspact.com



WEBSITE

indigenouspact.com



PRIVILEGED & CONFIDENTIAL



Mobile Mammography Program



Looking to Increase Your Organization's Breast Cancer Screening Rates?

Partnership is offering a unique sponsorship opportunity by bringing Alinea Medical Imaging, the sole provider of mobile mammography services in Northern California, to your organization!

If your organization meets the following criteria, contact us to discuss sponsorship opportunities:

- ❖ Located in Partnership regions and counties below the 50th percentile benchmark
- ❖ Provider locations far below the 50th percentile benchmark
- ❖ Provider locations in imaging center “deserts”
(Patients’ travel to imaging center is unusually long or difficult.)
- ❖ Provider locations with lack of access at nearby imaging centers
(More than one month to Third Next Available Appointment.)
- ❖ Provider locations with Partnership care gaps to support desired event
(A full day event would require at least 60 - 90 Partnership members with mammogram care gaps. Providers can also consider partnering with nearby provider organizations in the Partnership network to meet the volume needed for a successful event. The majority of patients served at a Partnership-sponsored event should be Partnership members.)

For further information, contact: mobilemammography@partnershiphp.org

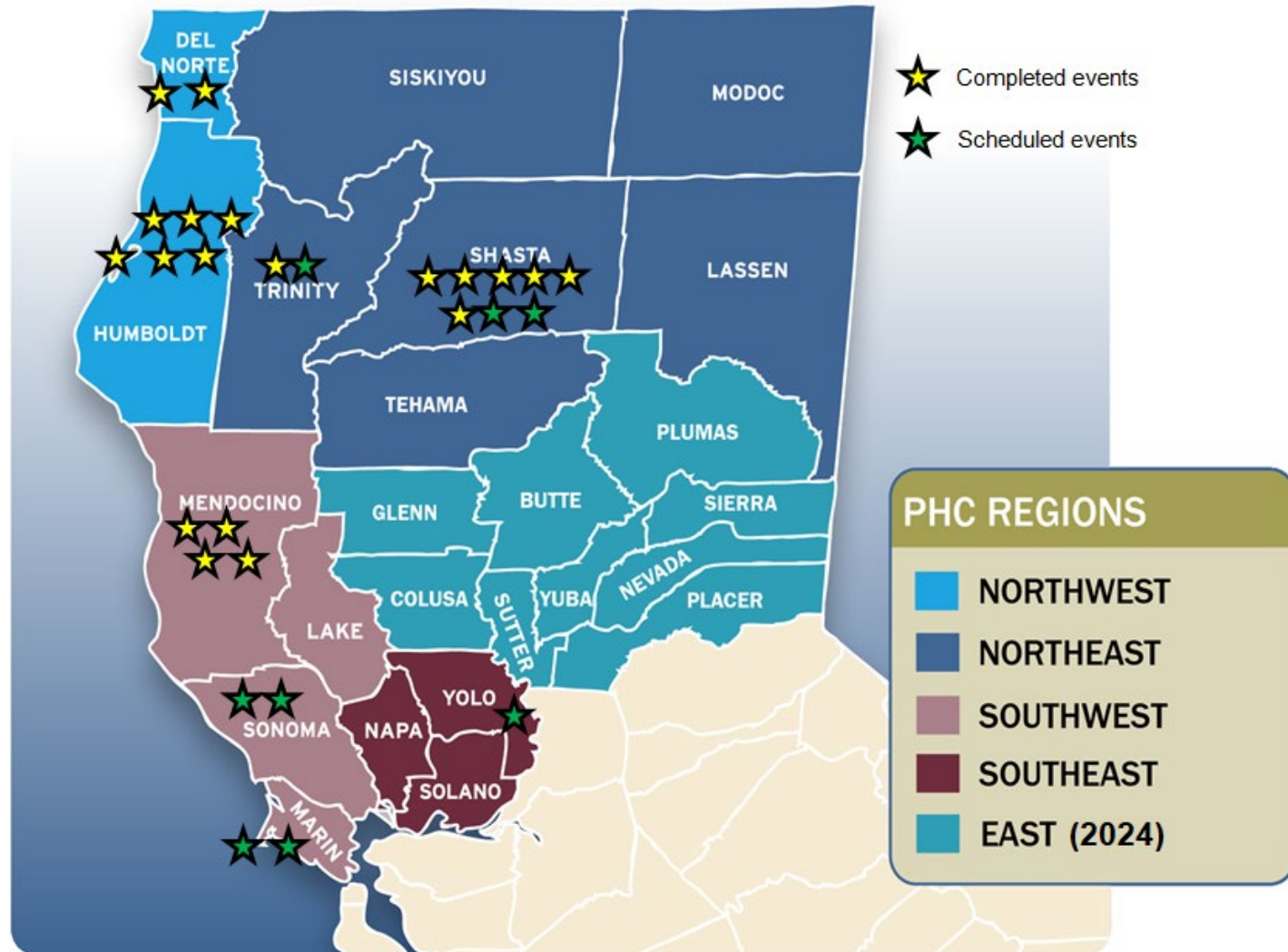
Mobile Mammography Program Highlights 2023

Program Accomplishments (10/9/2023):

- **625 completed mammograms!**
- **Average of 33 completed screens/day**
- 19 event days completed, 8 scheduled
- 5 event days at Tribal Health Center sites
- 5 event days at Rural Health Center sites
- 8 event days at sites with lack of access at local imaging centers
- 1 event day at site for people experiencing homelessness

Partnership Support and Technical Assistance:

- Financial sponsorship of vendor's travel and event fees
- Quality oversight of services
- Provider orientation meetings
- Provider resource packet
- Bilingual outreach scripts, flyers, and screening materials
- Event day on-site support and swag
- Pre-event check-ins and post-event debriefs



Mobile Mammography

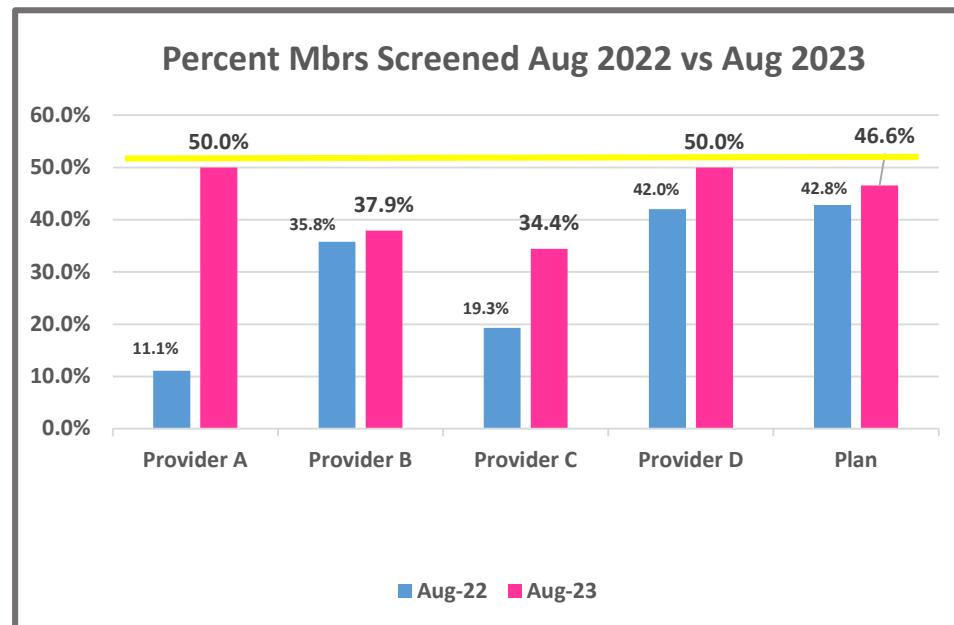
Impact of a Recent Event Series



Rural Loop July 2023:

- Provider A - 34 screenings
- Provider B – 37 screenings
- Provider C – 29 screenings
- Provider D – 33 screenings

Impact of Mobile Mammography



Eventos Mobil de
Mamogramas



Mammogram
onsite mobile screening event

JULY 12, 2023 • 9am - 4pm

Early Detection Saves Lives!

MAMMOGRAPHY
Mammography is typically covered for women over 40 without symptoms, however your insurance may cover a baseline at 35.

INSURANCES
A number of HMO and PPO Insurances are accepted. Please check with your events coordinator for more information.

GET RESULTS
Mammography results within 14 business days.

No Insurance? You can receive a **FREE SCREENING** courtesy of California's Breast & Bowel Program - Every Woman Counts (EBC) through the Department of Health Care Services.

To qualify for the **FREE** service, you must:

- Be 40 years of age or older
- Have a time to schedule the service
- No insurance

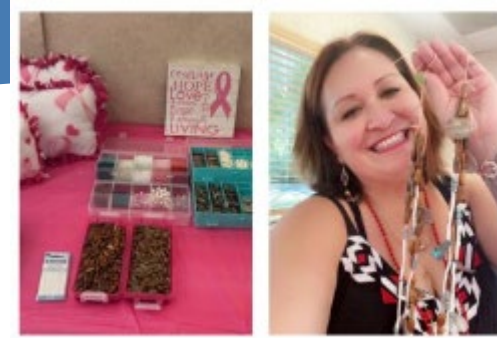
Screening services provided by:

alinea
MEDICAL IMAGING
Rezeut partner

Where:
Round Valley Indian Health Center
24065 Biggar Lane
Covelo, CA 95428

Schedule Online:
www.alineamed.com/rvihc

Or Call Outreach at:
1 (707) 983-6181 ext. 140



Point of Care Lead Testing

- The Centers for Disease Control recommends all children with Medicaid be screened for elevated blood lead levels
- Studies show that *any* elevation of lead levels in children is unsafe, causing long term changes in brain development
- The screening rate in children with Partnership was 43% in 2022, far below the national Medicaid average of 64%
- Screen rates are highest when the tests are done with well child visits in the primary care setting, ideally with a Point of Care (POC) device.
- Partnership is offering grants to purchase Lead POC devices.
- Apply by October 31, 2023; see details in your packet.



Primary Care Physician Credentialing



Burney Falls, Burney Creek

Physician Credentialing Differences

Partnership Healthplan

- Unrestricted California license
- Primary Care Physicians—either
 - Minimum 2 years of residency training in a primary care residency (Family Medicine, Internal Medicine, Pediatrics)
 - Rotating internships may count, depending on content
- Or, the alternative pathway

*IHS Health Centers

- *Federal Tribal Health Criteria*
 - *Internal credentialing and privileges*
 - **Non-FQHC** – any valid, unrestricted license from a State, Washington DC, Puerto Rico, or U.S. possessions **FQHC**
- **IHS** – Unrestricted California License

**Information to be clarified and updated by DHCS in the near future.*

Locums tenens (temporary) clinicians must be credentialed if working more than 3 months continuously

- For physicians to be credentialed as primary care physician, who have **not** completed 2 years of primary care residency
 - Adult care - UC San Diego Retraining and Reentry Program
 - Pediatric care – Univ of Texas KSTAR/UTMB Health mini-residency in Pediatrics
 - Subscription to “UpToDate”
 - Supervision x 12 months – with quarterly reporting
- After completing the above training
 - Credentials may exclude prenatal care, and women’s health care
 - Post-credentialing medical chart review by Partnership

Credentialing Variance for IHS

- Partnership HealthPlan **strongly recommends** that all Tribal Health Centers use the flexible options in our policies to ensure physicians they hire have a basic level of competency in primary care.
- If a tribal health center submits an initial credentialing request for a PCP not meeting our standards, IHS policy prevails, but:
 - Credentials will be restricted to the scope of their training and experience
 - Required monitoring by a fully credentialed supervising physician
 - Conduct periodic quality of care chart audits of patients seen by the physician
- If a credentialed Tribal Health Center physician is found to have a quality of care concern, Partnership's usual peer review process applies, regardless of the initial credentialing pathway.

New County PCP Orientation

- Tribal Health Centers new to Partnership – Welcome!
 - Chapa De Indian Health
 - Feather River Tribal Health
 - Greenville Rancheria Tribal Health
 - Colusa Indian Health
 - Rolling Hills Clinic
- Additional sites for PCP
 - Northern Valley Indian Health
- Orientation on medical policies, quality programs:
 - November 3 in Chico
 - November 17 in Auburn

Chico, Nov. 3



Auburn, Nov. 17



New Partnership Claims System

- Conversion to new core claims processing system
- New product is Health Rules Payer (HRP); company name is HealthEdge
 - Streamlines the claims life cycle from submission to payment
 - Increased claims accuracy
 - Reduces provider re-work and re-billing
 - Faster average claims processing time
- Target conversion is Summer 2024
- Electronic claims data feed conversion and testing in Spring 2024.

HEALTHEDGE



Open Meetings

- Board of Commissioners (selected by county boards of supervisors)
 - Subcommittees: Finance, Strategic Planning
- Consumer Advisory Committee (consumers and caregivers)
- Physician Advisory Committee (clinicians)
- Quality Utilization Advisory Committee (clinicians and consumers)
- Other meetings with outside participants
 - Family Advisory Committee (families of children with CCS)
 - Substance Use Provider Advisory (SUD providers)
 - Pharmacy and Therapeutics Committee (pharmacists)
 - Provider Engagement Group
 - Quality Improvement and Health Equity Committee (starting in 2024)
 - PCP QIP and Perinatal QIP Advisory Groups



Summary and Next Steps

- Meeting summary
- Follow up items

Thank You!



View of Mt. Lassen from the South