



Partnership & Tribal Health Centers Engagement

Notes & Takeaways

Meeting Summary

Partnership HealthPlan of California hosted a Tribal Health Engagement in Sacramento on October 16, 2023. The meeting was held from 11:30 a.m. to 7:30 p.m. Materials were posted on the webpage of the Office of the Chief Medical Officer (CMO), Dr. Robert Moore. Links to the meeting materials can be found below.

With the support of the California Rural Indian Health Board, Partnership invited 18 Tribal Health Clinics and three Mental Health and Substance Use Disorder treatment facilities to an all-day engagement in an effort to better the health outcomes of tribal community members. There, tribal health topics and program offerings affecting tribal organizations and members were discussed. The event concluded with a guest speaker, Ms. April Kyle, President and CEO of the renowned Southcentral Foundation, presenting The Nuka System of Care and their journey to improving the quality of health care and lives for Alaskan Natives. The Southcentral Foundation is the only tribal health clinic to-date to win the prestigious Malcolm Baldrige Award for Quality, twice.

Tribal Health Centers in Attendance

- Anav Tribal Health Clinic
- Chapa-De Indian Health
- Feather River Tribal Health
- Karuk Tribal Health
- K'ima:w Medical Center
- Lake County Tribal Health
- Lassen Indian Health Center
- New Life Clinic
- Northern Valley Indian Health
- Redding Rancheria Tribal Health System
- Round Valley Indian Health Center
- Sonoma County Indian Health Project, Inc.
- United Indian Health Services, Inc.
- Warner Mountain Indian Health Service

Indian Health Organizations and Special Guests

- California Rural Indian Health Board
- California Health and Human Services
- Indigenous Pact
- Department of Health Care Services – Tribal Affairs
- Southcentral Foundation - Ms. April Kyle, President & CEO, Guest Speaker

Welcome Tribal Health Centers New to Partnership

- Chapa De Indian Health
- Feather River Tribal Health
- Greenville Rancheria Tribal Health
- Colusa Indian Health
- Rolling Hills Clinic
- Northern Valley Indian Health (additional site for PCP)

Links to Meeting Materials

- [Office of the CMO](#)
- [Partnership HealthPlan Presentation Slides](#)
- [Tribal Health Engagement Packet Materials](#)
- [Southcentral Foundation Nuka System of Care](#)



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Items Reviewed

Session I: Listening Sessions (Slides 22-26)

Partnership HealthPlan of California Facilitator:

- Dr. Mohamed Jalloh, Chief Health Equity Officer
 1. Recovering from Effects of Pandemic
 2. What are the major public health challenges currently facing your tribes?
 3. Health Equity Feedback
 4. What are the biggest policy priorities for tribal health centers, currently?
 5. How can Partnership help Tribal Health Centers

Session II: Financial Opportunities (Slides 27-59)

Partnership HealthPlan of California Facilitators:

- Dr. Robert Moore, Chief Medical Officer
- Katherine Barresi, RN, Chief Health Services Officer
- Vicki Klakken, Regional Manager
- Dr. Colleen Townsend, Southwest Regional Medical Director
- Wendi West, Chief Operating Officer
- Mark Bontrager, Behavioral Health Administrator
- Nicole Escobar, Manager of Behavioral Health

Guest Facilitator:

- Tiffany Lok, Touro University, Student, Osteopathic Medicine, Master of Public Health
 1. Equity Practice Transformation Directed Payments – Dr. Moore
 2. Enhanced Care Management and Community Support – Ms. Barresi & Ms. Klakken
 3. Perinatal Support for Tribal Communities through Tribal health centers – Dr. Townsend
 4. Transportation Benefit – Ms. West
 5. Behavioral Health – Mr. Bontrager & Ms. Escobar
 6. Solano Connect Case Study – Ms. Lok
 7. New Provider Recruitment Support – Ms. West



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Session III: Programs and Informational Items (Slides 60-80)

Partnership HealthPlan of California Facilitators:

- Dr. Robert Moore, Chief Medical Officer
- Kristine Gual, Manager of Performance Improvement, Quality Improvement
- Dr. Jeff Ribordy, Northern Region Medical Director
- Dr. Marshal Kubota, Southeast Regional Medical Director
- Wendi West, Chief Operating Officer

Guest Facilitators:

- Steve Weiler, Indigenous Pact, Chief Operating Officer
- Jamie Moquino, Indigenous Pact, Project Manager

1. Indigenous Pact – Mr. Weiler and Ms. Moquino
2. Mobile Mammography – Ms. Gual
3. Point-of-care Lead Testing Devices – Dr. Ribordy
4. Partnership Provider Credentialing – Dr. Kubota
5. Orientation for Health Centers in New Counties – Dr. Moore
6. Testing New Partnership Claims System – Ms. West
7. Partnership advisory committees – Dr. Moore

For details on the items discussed during the meeting, please refer to the [presentation slides](#) and other meeting materials available on the Partnership [Office of the CMO](#) page.

Session I: Listening - Recovering from the Effects of the Pandemic

1. How did the COVID-19 Pandemic affect your Tribal Health Center? How has the situation improved? What challenges do you still face?

Round Valley Indian Health Center

Experienced many deaths during the COVID-19 epidemic. They are doing health care checks on the elders. Since COVID, their entire board is new.

- Ms. Joanna Gonzales, Vice-Board Chair

Warner Mountain Indian Health Service

Small community with one community health worker who visits all of the members. Their funding is solely through Indian Health Services. There are opportunities for Partnership to assist in the future.

- Dr. Jana Townsend, Clinic Director

Northern Valley Indian Health

Experienced both positive and negative aspects of the pandemic. Positives include successful transition from in-person visits to telehealth, increased vaccinations, and better emergency preparedness.

- Mr. Inder Wadhwa, Chief Executive Officer

Lake County Tribal Health

Several different tribes had daily conversations at lunchtime to find out what they were doing with staff and patients. They supported each other through unstable times and shared a sense of solidarity.

- Mr. Ernesto Padilla, Chief Executive Officer

Anav Tribal Health Clinic

Partnered together for community needs and supported one another, which was vital to maintaining morale. Met each other to share other personal protective equipment (PPE) and collaborated for best practices at the time.

- Mr. Harold Bennett, Tribal Chairman

New Life Clinic

Tribal populations have historically been isolated. During the pandemic, the general population experienced isolation as well. The collective isolation resulted in deeper empathy and better understanding of what it is like to be without access to certain services and social activities. We now have a better understanding of the treatment population we serve. Telehealth was not new before COVID, but it became substantial, especially for behavioral health. Isolation currently remains a challenge for the Tribal population.

- Mr. Chris Partida, Outreach Coordinator

2. What are the biggest Public Health challenges facing Tribal communities?

California Rural Indian Health Board

Grants given during the COVID pandemic are sun setting, and the Tribal communities still need funding and continued assistance. The problems persist. It is important to note that these are different reservations with different public health authorities so it is important to keep up with cross-jurisdiction sharing improvements.

- *Dr. Jessica Mosher, Consultant with CRIHB*

K'ima:w Medical Center

It was important to put in the same kind of resources used for COVID to counteract the overdose and Fentanyl crisis. The community has experienced more loss from the drug crisis than COVID. There have been four or more deaths caused by overdosing. Not counting other crises in the community, K'ima:w Medical Center is still facing that public health need. We cannot wait for providers to address these needs, so it is vital to get the public involved.

- *Stephen Stake, Chief Executive Officer*

United Indian Health Services

In working in health care, we need to remember the spiritual health for people in tribal communities. While other communities continued to go to church, the tribal communities were not coming together for ceremonies. Not attend ceremony was difficult for the community. The people said they needed it and asked what could be done. They had an event where they went to an outdoor space and stood six feet apart to come together to sing songs and to have prayer and connect. Spiritual health is such a cultural piece of tribal lives. Some sites were testing at ceremonies, but it was happy and sad because some had COVID and to had go home. It did help people feel comfortable, and they wore masks.

- *Liz Lara O'Rourke, CEO*

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3. How can Partnership help to improve health care delivery and health outcomes?

Around the Room

- Partnership sign-on bonus has helped get providers.
- Provider credentialing flexibility would be appreciated.
- Member flexibility in seeing patients enrolled to other primary care physicians (PCP)

Partnership Healthplan

Some members in our new region will be fee-for-service and not capitated. They will have a medical home or PCP, but that does not mean they are capitated, so there is payment flexibility to other providers.

- *Wendi West, COO*

Tribes may not have medical degrees, but they have family degrees. Attention should be focused on what the community leaders have to say, not just on healthy outcomes. Success relies on highly qualified healthcare professionals, and also committed community members who sit and drive the strategies and outcomes for the tribal health centers.

Meeting with the tribes and allowing them to share their experiences is one way Partnership can help. Tribes are looking forward to more meetings because each tribe is unique and has different needs. CalAIM offers substantial benefits, but the application is complex. The CRIHB Cal AIM application process is easy, so it was recommended to collaborate with them. Clinics need help with dental work because they are months out for appointments. The same thing happened in Alaska, but they saw a solution and had to fight for it and California may have to do the same thing. Tribes need dental support or they will have a generation of people with false teeth.

- *Comments from Tribal members around the room*

Session II: Financial Opportunities

Primary Care Physician Quality Improvement Program (PCP QIP) Equity Adjustment

Current year pay-for-performance equity adjustments are available to assist certain clinics. There are four core adjustments:

- Acuity of patient panel
- Socio-demographic risk, at patient level, rolled up to PCP site level
- Site difficulty in recruiting PCP physicians
- Lower than average baseline per visit resources available to PCP

A recorded webinar with more detail on the Equity Adjustment Process can be found [here](#).

Equity Practice Transformation

Directed payment is different from a grant. Sites send an application, and if all deliverables are performed, DHCS pays the money after. Applications are due on 10/23/23.

The goals of the funding are aligned with what we all want to see from primary care, and give us the resources to make major improvements. While some of the deliverables may seem daunting at first glance, the expenditure is over a 5-year period, and considerable technical assistance and a learning collaboration will be available to make it happen. Partnership will be bringing on resources and support to also increase the likelihood of PCPs being able to achieve the goals within period of time allowed by the program.

DHCS prioritizes rural, small, and tribal facilities. As the Tribal Health organizations do activities you send them to Partnership, and Partnership reviews activities and sends them to DHCS. DHCS calculates payment and sends it to Partnership, and Partnership sends the payment to Tribal Health.

Question:

Do you have to do the work and then get refunded? How does that work?

Partnership Response:

Yes, that is the way it works however the dollar amount you expend is not necessarily the amount you will get back. You can spend more than you will be getting back from DHCS as long as you legally address the item. This is an opportunity to get a return on your investment. There are funding streams around CalAIM, and Partnerships want to make sure Tribal communities have opportunities and can access funds available.

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Community Based Support

Vicky Klakken, Partnership Healthplan Regional Manager, met Britta Guerrero, CEO of the Sacramento Native American Health Center at a round table meeting. The services her health center offers are primary care, specialty, vision, dental, and behavioral health. They started this program in Jan. 2023. Members were able to sign up in three different ways to enroll in CalAIM.

- The health plan will provide member information files (MIF)
- Self-referral
- Providers sent referrals to the case managers for evaluation

Britta has five case managers currently and they are educating their patients on how to become their own advocate.

Partnership wants to meet and assist any tribes that are doing great work and need support.

- *Katherine Barresi, Partnership HealthPlan, Chief Health Services Officer*

Question:

What community-based organizations are you currently working with that are billing for CalAIM?

- 70 contracted Enhanced Care Managers (ECM)
- 40+ community support providers

Health Services has been involved in brainstorming sessions, where they talk about different ideas related to community support and how they can help the member population by. They discuss programs already taking place and how they can be turned into a CalAIM's success story.

- *Sonja Bjork, Partnership HealthPlan, CEO*

Doulas

The doula benefit is one example. Doulas are important to support women through pregnancy and provide a connection through a beautiful process that can also have complications. Partnership wants to partner with the communities to see how these programs can be used. The funding is available so we can provide tactical assistance where needed to develop perinatal programs. Any questions about doulas or OB support can be directed to Dr. Colleen Townsend.

Dr. Colleen Townsend, Partnership Healthplan, Southeast Region Medical Director

Question:

How are the doulas reimbursed?

Partnership Response:

Doula reimbursement rates are competitive within Medi-Cal, which pays for eight visits for pre-natal and labor support.

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Question:

If we already have a maternal health program, how can we collaborate with Partnership to bring our programs together?

Partnership Response:

Partnership needs to meet with the Tribal Health teams to understand where they want to go and where our systems can work together to augment existing services to create a complete picture that supports the organization's vision. We want to collaborate to address issues together and provide complete and effective perinatal and postnatal care.

Question:

If we have doulas in our community, how can we make it so that our members are not paying out of pocket for them?

Partnership Response:

Doulas have to enroll as a Medi-Cal provider and then get contracted and credentialed with Partnership. They have to have a National Provider Identifier (NPI) number, business license, and a physical address for the application to be sent to DHCS.

Transportation

Partnership has brought transportation in-house, whereas before it was contracted with a third party. Call hold times may be up to a few minutes because transportation is popular. There are some criteria for being eligible for services, which a representative explains. Partnership schedules transportation for the members who qualify.

Health care facilities can arrange transportation for members and bill Partnership for reimbursement for services, which must be submitted on a claim form. Partnership is no longer able to accept invoices.

Question:

Is transportation for the patient to go from their home just to the local clinic or does it does it go out of the area?

Partnership Response:

It is from their home to the health center, and/or if they need to pick up prescription medication, or go to a drug and alcohol treatment center. Partnership has arranged complicated trips, even out of the state, and will arrange the logistics and provide the transportation.

Question:

Is it correct that members will not be reimbursed for gas?

Partnership Response: That is correct. It is a state rule.



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Question:

Some hospital discharges occur late at night, and often there is not anyone to take them home. The facility was using ambulances and also police, but there is shortage of law enforcement to help. Are there services available to assist?

Partnership Response:

Yes, Partnership can assist in providing transportation for hospital discharges. Hospitals should call to make arrangements.

Information about the Transportation Benefit can be found online at this [link](#).

Partnership Transportation Services Team:

1-866-828-2303

For Providers:

Fax: 530-351-9055

Email: transportationhelpdesk@partnership.org

For Members:

Fax: 707-420-7863

Email: mytrip@partnership.org

Partnership's Non-Specialty Mental Health Program

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.

Partnership Behavioral Health is used more than its managed care sister plans, largely due to most primary care being delivered at health centers offering integrated behavioral health into the care plan.

Refer to page 14 of the [packet](#) for more information.

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Physician Recruiting and Retention

Partnership understands some geographical regions experience greater challenges in recruiting and retaining health workers. Partnership is developing different methods to assist based on need.

Partnership HealthPlan of California's current Provider Recruitment Program (PRP) will conclude at the end of 2023. Partnership will announce a new set of workforce development initiatives for 2024, which will include an updated PRP. In advance of the 2024 changes that will be unveiled in the coming weeks and months, Partnership is making some changes available early due to immediate partner needs. This early update includes an enhanced signing bonus for physicians and nurse practitioners/physician assistants (NPs/PAs), and for the first time extends the sign-on bonus to obstetric providers (obstetricians, certified nurse midwives (CNMs), family medicine physicians and NPs/PAs, and women's health NPs) who focus on perinatal care, including labor and delivery.

Program Enhancements Available

Providers

- \$100,000 signing bonus for physician candidates
- \$50,000 signing bonus for NP/PA/CNM candidates
- Enhanced bonus disbursed over a five-year term

Behavioral Health Providers

- \$20,000 signing bonus for licensed behavioral health professionals: licensed clinical social workers, licensed marriage and family therapists, licensed professional clinical counselors, and licensed clinical psychologists
- Must have unique skill/specialty (i.e. bilingual, or from/connected with a culturally, ethnically, or racially underrepresented community, or possess specialty training)
- Enhanced bonus amounts disbursed over a two-year term

Key Criteria

- Candidates must not have accepted an offer to practice at a partner site under the previous PRP version.
- If the candidate is currently practicing, they must be from outside of Partnership's 14 counties.
- Providers in training or residency programs within Partnership's 14 counties qualify for support.
- Requests for program support must be provided to Partnership before formal offers are made to candidates.



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Important Note

Organizations with an existing PRP grant agreement with Partnership must execute an amended agreement to participate with the updated incentives. Organizations not currently participating in the PRP must have executed a grant agreement to submit requests for grant funds.

Please contact the Workforce Development team with any questions or requests:

wfd@partnershiphp.org | (707) 430-4846

To monitor for updates for the 2024 Partnership Provider Recruitment Program and details about a Provider Retention Pilot, please visit the [Workforce Development page](#).

Initiative to Increase Lead Testing in Primary Care

California mandates lead testing for children enrolled in publicly supported programs, such as Medi-Cal, but lead testing rates are below the national Medicaid Benchmark by 63.99% in all Partnership service areas. Since age-appropriate lead testing is crucial in identifying children with lead exposure – and success in testing is highly associated with in-clinic specimen collection – Partnership awarded 10 primary care providers each new LeadCare II Point of Care (POC) testing devices across its network of providers.

Partnership Symposium - PCP Medical and Quality Leadership Orientation

Partnership HealthPlan of California held two events at new regional locations in Chico and Auburn. Click [here](#) to read the detailed notes.

Agenda topics included:

- Overview of Partnership HealthPlan and Partnership's network
- Programmatic systems impacting primary care: prior authorizations, referrals, pharmacy, clinical practice guidelines etc.
- Health policy: working together to advocate for better health for our communities
- The role of the PCP in CalAIM programs
- Comprehensive review of Quality Incentive Programs (PCP QIP and Perinatal QIP)
- Other quality topics affecting primary care.

Session III: Supporting Programs

Indigenous PACT

Provides consultant services. Their mission is to create health equity for American Indians and Alaska Natives in One Generation. They believe in turning care into an opportunity to increase revenue within the revenue cycle. Indigenous Pact team members visit Tribal sites to provide guidance and assistance in filling out grant applications. If interested in their services, Tribal Health Clinics may reach out to Partnership to connect to Indigenous PACT for help. Indigenous PACT will access your program and your needs at your site.

Contact Information

Phone: 252-678-3793

Email: Jamie.moquino@indigenouspact.com

Website: indigenouspact.com

Mobile Mammography

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.)

Contact

mobilmammography@partnershiphp.org

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Credentialing Variance for IHS

Credentialing meetings are held once per month on the second Wednesday of every month, providers do not have to wait until the next meeting to be credentialed.

Alternative Training Pathway

For physicians who have not completed two years of primary care residency to be credentialed as a primary care physician,

- Adult care - UC San Diego Retraining and Reentry Program
- Pediatric care – University 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

Partnership HealthPlan strongly recommends that all Tribal Health Centers use the flexible options in our policies to ensure physicians hired 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, however

- Credentialing 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 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.

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Partnering with Partnership – Meetings and Committees

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 external 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

Keynote Speaker Presentation – Nuka System of Care, Southcentral Foundation

Ms. April Kyle, President & CEO, Southcentral Foundation joined the Tribal Health Engagement and presented the world renowned Nuka System of Care and their path to achieving quality care for Alaskan Natives. The Southcentral Foundation is the only Tribal Health Clinic to-date to win the prestigious Malcolm Baldrige Award for Quality – twice.

The presentation was heart-felt and well received by the attendees. Although the presentation was not recorded for this audience, a very similar presentation has been made available on [YouTube](https://youtu.be/klju-xNXdX8?si=tVcd0Jvqp3ywwzDYO) at <https://youtu.be/klju-xNXdX8?si=tVcd0Jvqp3ywwzDYO> (approx. 1hr 20m).

Thank you.