Partnership Tribal Health Convening Agenda

Monday, October 7, 2024
8:30 a.m. - 4 p.m.

The California Endowment
Center for Healthy Communities
1414 K Street
Sacramento, CA 95814

	Agenda Item	Presenter
8:30 a.m.	Registration and Check In	Partnership HealthPlan of California
9:00 a.m.	Welcome, Prayer & Land Acknowledgment	Dr. Robert Moore & Liz Lara-O'Rourke
9:10 a.m.	Around the Room Introductions	Dr. Robert Moore
9:30 a.m.	Partnership Tribal Health Updates	Katherine Barresi, RN
9:40 a.m.	Tribal Liaison Remarks	Yolanda Latham
9:45 a.m.	Listening Session I - Tribal Heath Today and Tomorrow	Yolanda Latham
10:30 a.m.	**Break**	
10:45 a.m.	Data Sovereignty	Dr. Robert Moore
11:40 a.m.	Listening Session II: Review of Partnership Data	Dr. Robert Moore
11:55 a.m.	Wahpepah's Kitchen Introduction - Food Sovereignty	Wahpepah's Kitchen
Noon	**Lunch**	
12:45 p.m.	Tribal Health Trivia Contest	Dr. Robert Moore
1:00 p.m.	Panel Discussion: Building Health Careers in California Indian Country UC Davis School of Medicine	David Lavine & Mark Servis
2:00 p.m.	Introducing Partnership Health Perinatal Services	Dr. Colleen Townsend
2:20 p.m.	Behavioral Health Updates	Mark Bontrager
	Partnering to Prevent Depression and SUD in Teens and Young Adults	
	Traditional Healer Benefit	
2:45 p.m.	**Break**	
2:55 p.m.	Gift Presentation - Achievements in Quality	Dr. Robert Moore
3:00 p.m.	Keynote Speech: Tribal Public Health and Data Sovereignty Acclaimed Speaker & Member of the Yurok Tribe	Virginia Hedrick
3:45 p.m.	Acknowledgment and Adjournment	Katherine Barresi, RN Dr. Robert Moore

Ms. Virginia Hedrick

Keynote Speaker

Virginia Hedrick, MPH is an enrolled member of the Yurok Tribe of California and is also of Karuk descent. Ms. Hedrick has 17 years of experience in tribal public health, including chronic disease prevention, implementation and policy impacts of the Affordable Care Act for California tribes, and health research and evaluation. Currently, Ms. Hedrick is the Executive Director for the California Consortium for Urban Indian Health. She is the Governor Appointee to the first ever California Racial Equity Commission.

Throughout her career, Ms. Hedrick has worked to enhance tribal cultural competency among state, tribal, and mental health providers in California. She has provided technical assistance for agencies working with tribes and American Indian/Alaska Native communities in California for over a decade. She serves on the Board of Directors for The California Wellness Foundation, the California Primary Care Association and the California Pan-Ethnic Health Network.

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

Department and Program Contact Information

The following information is intended to assist Tribal health partners in establishing direct engagement with Partnership departments and programs.

Provider Relations

Partnership contracts with all willing and able Medi-Cal providers. To develop and maintain provider network relationships, the Provider Relations Department assigns representatives (local, qualified Partnership employees) to the network, which includes face-to-face provider office visits.

Phone: (707) 863-4100

Email: PHC_Providers@partnershiphp.org

Website: www.partnershiphp.org/Providers/Pages/default.aspx

Behavioral Health

The Behavioral Health Department is responsible for the management of the mild to moderate mental health benefit – Carelon Behavioral Health (formerly Beacon) administers this benefit. Additional areas of responsibility include:

- Substance Use Disorder Treatment Services – DMC-ODS (Wellness and Recovery)
- QIP & Behavioral Health Provider Recruitment Program
- Student Behavioral Health Incentive Program (SBHIP)

Carelon Behavioral Health: (855) 765-9703

Website: www.partnershiphp.org/Providers/BehavioralHealth/Pages/default.aspx

CalAIM – Enhanced Care Management and Community Supports

Enhanced Care Management provides a whole-person approach to care that addresses the clinical and non-clinical care of high-needs Medi-Cal beneficiaries enrolled in managed care health plans. Community Supports services are designed to address social drivers of health (factors in people's lives that influence their health).

Email: CalAIM@partnershiphp.org

Website: www.partnershiphp.org/Community/Pages/CalAIM.aspx

Care Coordination

The Care Coordination Department offers a variety of evidence-based services and interventions to coordinate care for members. Our team of case managers, medical social workers, and health care guides helps to ensure services are coordinated for the member across the healthcare continuum using an individualized care plan and member-centric goals.

- Basic Population Case Management
- Transitional Care Services (for members who have had a hospital stay and have recently been discharged)
- Complex Case Management
- Whole Child Model / California Children's Services

Phone: (800) 809-1350

Website: www.partnershiphp.org/Providers/HealthServices/Pages/Care-Coordination.aspx

Claims

The Claims Department is responsible for the timely and accurate payment of medical claims. In addition, the department is responsible for the Claims Call Center, first and second level provider claim appeals, systems configuration related to benefits, edits, rates and coding, audits and recoveries (internal and external), and management of several vendors utilized by the department.

Claims Customer Service: (855) 798-8757

Claims Resolution Coordinators: (530) 999-6868

Email: ClaimsHelpDesk@partnershiphp.org

Website: www.partnershiphp.org/Providers/Claims/Pages/default.aspx

Partnership's Medical Equipment Distribution Services

The Partnership Medical Equipment Distribution Services program allows providers to request monitoring and treatment medical equipment for their Partnership patients at no cost. Device offerings such as blood pressure monitors, scales, oximeters, thermometers, humidifiers, nebulizers, vaporizers and medication lock boxes. The equipment ships directly to the patient or provider office as needed.

Email: Request@partnershiphp.org

Website: www.partnershiphp.org/Providers/Medi-Cal/Pages/PMEDS%20Program.aspx

Pharmacy

The Pharmacy Department is responsible for overseeing the Medi-Cal Drug Benefit, also referred to as Physician Administered Drugs. This includes medications administered by a medical provider in a medical setting such as physician offices, hospital outpatient infusion centers, emergency departments, and dialysis centers. Medi-Cal Rx covers medications provided by a pharmacy to the member or sent directly to the medical provider.

Phone: (707) 863-4414

Website: www.partnershiphp.org/Providers/Pharmacy/Pages/default.aspx

Population Health

The Population Health Department identifies needs and implements strategies in order to meet the unique needs of our various communities. Roles include participation in Community Health Assessments and Community Health Improvement Plans, attendance at community events, individual outreach, identifying community resources, health equity, and more.

Phone: (855) 798-8764

Email: PopHealthOutreach@partnershiphp.org

Community Resources: www.partnershiphp.org/Community/Pages/Community-Resources.aspx

Cultural and Linguistic Information for Providers: www.partnershiphp.org/Providers/HealthServices/Pages/Providers-Language-Assistance.aspx

Health Education page for Providers: www.partnershiphp.org/Providers/HealthServices/Pages/Health%20Education/HealthEducationProviders.aspx

Quality Improvement

The Quality Improvement Department strives to improve the quality of care provided to Partnership members by partnering with our provider network and community on improvement initiatives.

QIP: QIP@partnershiphp.org

HEDIS: HEDISMRA@partnershiphp.org

Performance Improvement Academy: ImprovementAcademy@partnershiphp.org

Patient Safety – Facility Site Review: FSR@partnershiphp.org

Patient Safety – Potential Quality Issues: PQI@partnershiphp.org

DHCS Equity & Practice Transformation – Provider Directed Payment Program Participants: PracticeTransformation@partnershiphp.org

Telehealth

Our telehealth program enables primary care providers and their patients to connect with our multi-specialty group partners and their telehealth teams when needing access to specialty care services. Our partners are California licensed and credentialed, board-certified, and Medi-Cal enrolled specialists contracted to see Partnership members in a timely manner. The program offers specialty care options via video and eConsult modalities for adults and pediatric patients.

Email: Telemedicine@partnershiphp.org

Website: www.partnershiphp.org/Providers/Quality/Pages/Telehealth-Services.aspx

Transportation Services

The Transportation Services Department provides members with appropriate transportation to Medi-Cal covered services, including medical, dental, mental health, and substance use disorder.

Phone: (866) 828-2303

Email: TransportationHelpDesk@partnershiphp.org

Utilization Management

Utilization Management (UM) works with health care providers to implement a comprehensive integrated process that actively evaluates and manages utilization of health care resources delivered to all members and pursues identified opportunities for improvement. By working directly with providers, the UM program assures that:

- Members receive the appropriate quantity and quality of health care services
- Service is delivered at the appropriate time
- The setting the service is delivered in is consistent with the medical care needs of Partnership members

Phone: (707) 863-4133 or (800) 863-4144

Email: UMHelpDesk@partnershiphp.org

Workforce Development

The Provider Recruitment Program helps Partnership's contracted network recruit and retain high-quality health professionals in our region to improve access to care for Partnership members. For 2024, Partnership has added new incentives and provider eligibility, among other changes.

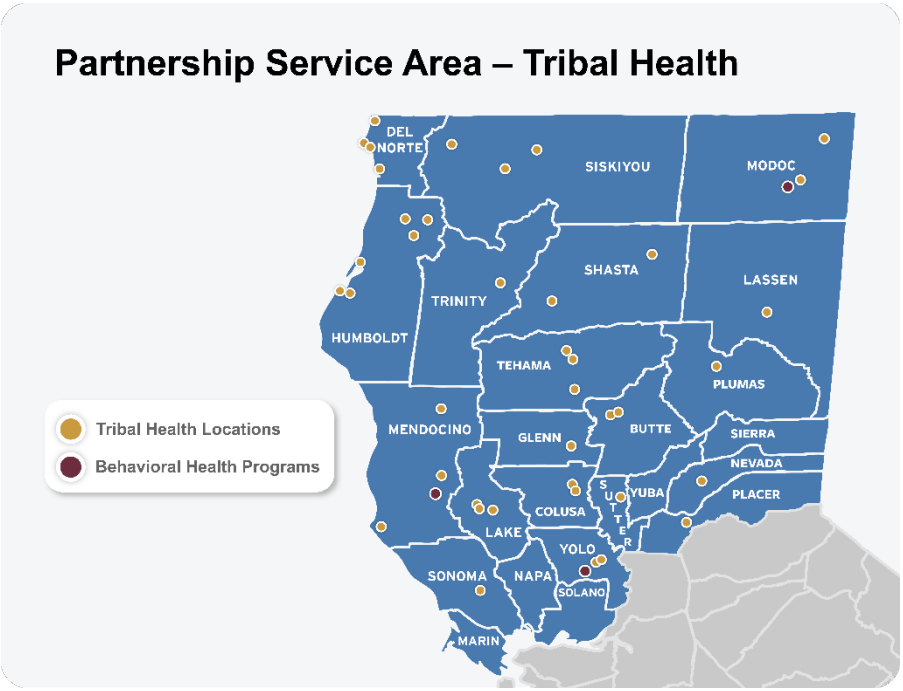
Also new in 2024 is Partnership's Provider Retention Initiative Pilot. The PRI recognizes clinicians who have devoted their careers to the safety net and incentivizes their ongoing engagement with vulnerable populations.

Workforce Development: WFD@partnershiphp.org

Tribal Health Centers in Partnership's Service Area

Current Counties

- Redding Rancheria
- United Indian Health Services, Inc. (CRIHB)
- K'ima:w Medical Center (CRIHB)
- Sonoma County Indian Health Project, Inc. (CRIHB)
- Consolidated Tribal, Mendocino
- Round Valley Health Center, Mendocino
- Lake County Tribal Health Consortium, Inc. (CRIHB)
- Karuk Tribal Health and Human Services Program (CRIHB)
- Pit River Health Services, Inc. (CRIHB)
- Lassen Indian Health (Susanville Indian Rancheria)
- Anav Tribal Health, Siskiyou county (CRIHB)
- North Valley Indian Health (Butte, Tehama)
- Greenville Rancheria (Plumas, Tehama) (CRIHB)
- Feather River Tribal Health (Butte, Sutter) (CRIHB)
- Chapa-De Indian Health (Nevada, Placer)
- Rolling Hills (Glenn, Tehama)
- Colusa Indian Health (Colusa)



Current Counties, not contracted

- Warner Mountain Indian Health Program (Ft. Bidwell, Modoc) (CRIHB)

Behavioral Health Programs

- New Life Health Authority, Ukiah
- Modoc Indian Health Project, Alturas

Sacred Oaks Healing Center, Davis

Geomap of Tribal Health Center Locations:
https://www.google.com/maps/d/edit?mid=19m7HtXz6MIlyti9EvW2YdApMBMkrcl8&usp=sharing

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Tribal Health and Wellness

Who We Are

Partnership is the first health plan in California with a dedicated Tribal Liaison, focused on strengthening relationships with Tribal communities and enhancing health access for Tribal members. We are committed to diversity and equity in supporting Tribal wellness.

What We Do

Our Tribal Liaison collaborates with Tribal leaders to ensure community needs are met and to improve health outcomes for all Tribal members.

Governor's Office of Tribal Affairs

Explore valuable resources on Tribal relations, leaders, and the California Truth and Healing Council, addressing historical injustices faced by Tribal communities.

Visit the Tribal Health and Wellness webpage by scanning the QR code:

Learn More

We're excited to announce our new Tribal Health and Wellness webpage! This resource offers key information for our Tribal members, including important phone numbers, member portal access, transportation services, and resources from the Governor's Office of Tribal Affairs.

Visit the Tribal Health and Wellness webpage to learn more!

Partnership's Tribal Liaison

Yolanda Latham serves as Partnership's Tribal Liaison. For more information on Tribal Health meetings and other inquiries, contact her at triballiaison@partnershiphp.org.

Partners in health: *This illustration, as described by the artist, honors the heritage of the Tribal communities served by Partnership.*

– Design by Loren Lavine (Hoopa)

Indian Health Services Billing for Non-Medical Transportation Update

March 2023

Pursuant to the Department of Health Care Services (DHCS) Policy and Procedure Letter (PPL) 20-005, tribal health programs, also referred to as Indian Health Service (IHS) providers, can bill Partnership HealthPlan of California for Non-Medical Transportation (NMT) for dates of service on or after October 10, 2018. Please see the updated enrollment and billing information below:

Medi-Cal Enrollment

- In accordance with PL 20-005, IHS must enroll in the Medi-Cal program as an NMT provider. IHS providers are encouraged to enroll within 30 days of this notification. Pursuant to federal law, Partnership cannot pay claims to a provider who has the means to, but who is not enrolled in the Medi-Cal program.

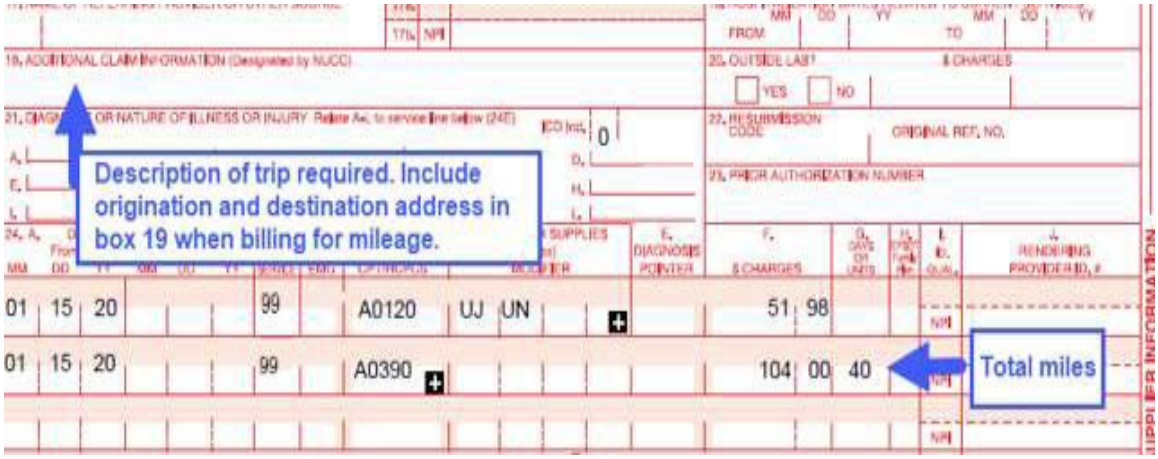
Billing Information

Claims for NMT services must be billed under the group NPI and on a separate **CMS-1500** form with the appropriate codes, modifiers, and location code 99. Note that the total number of miles should be billed on one line and a description of the trip including origination and destination address is required.

Code	Description	Modifier	Maximum Allowance
A0120	Non-medical transportation: mini- bus, mountain area transports, or other transportation systems. (No TAR required)		$17.65
		UJ - Services provided at night between 7:00 PM – 7:00 AM	$23.78
		UN - Two patients served	$14.10 per patient
		UP - Three patients served	$11.17 per patient
		UQ - Four patients served	$10.01 per patient
		UR - Five patients served	$10.01 per patients
		US - Six or more patients served	$10.01 per patient
A0390	Mileage (No TAR required)		$1.30 per mile

Indian Health Services Billing for Non-Medical Transportation Update

CMS-1500 sample:



Transportation-Related Travel Services (Meals, Lodging & Tolls)

On May 18, 2022, DHCS released the updated APL 22-008 which expanded the transportation-related travel services benefit from only members under 21 to all members. Medi-Cal does not currently support codes related to meals and lodging and, as tribal health programs are not providing these services directly, there is no direct billing provision at this time.

*A member or provider on behalf of a member may request meals and lodging services through Partnership by calling **(888) 828-2303**, at least five business days before service is required.*

Through May 17, 2023, Partnership will accept retrospective invoices from tribal health programs with dates of service on or after May 18, 2022, in cases where tribal health programs arranged and paid for meals and lodging necessary for members to receive covered services pursuant to Partnership Policy MCCP2030. This exception is not intended to assign any delegated responsibility to tribal health programs or any other network providers for the administration of transportation-related travel services.

To receive retroactive reimbursement during this period, the following documentation must be provided:

- Receipt or invoice showing payment and date of service for the transportation-related service
- Member name, date of birth, and CIN
- Appointment date
- Type of service provided (lodging, meals, parking, tolls, etc.)
- Number of days/nights the service was provided and check-in/check-out dates if lodging was provided
- Documentation demonstrating that the transportation-related service was related to a Medi-Cal covered service

Indian Health Services Billing for Non-Medical Transportation Update

This information can be mailed, faxed or emailed to:

Partnership HealthPlan of California
Attn: Transportation Department
2525 Airpark Drive, Redding, CA 96001
Email: transportationhelpdesk@partnershiphp.org
Fax: (530) 351-9055

Resources:

Northern Region Claims Resolution Coordinator: (530) 999-6868
Southern Region Claims Resolution Coordinator: (855) 798-8761

All Plan Letter 17-020: https://www.dhcs.ca.gov/MMCDAPLsandPolicyLetters/APL2020.pdf

PPL 20-005: https://www.dhcs.ca.gov/PPL-20-005-CRIHB- and-MCP-Claims.pdf

All Plan Letter 22-008, Non-Emergency Medical, Non-Medical Transportation Services and Related Travel Expenses

Transportation Benefits

Transportation 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.
- The plan's responsibility is 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

- There are two types of transportation for medically necessary appointments.
    - 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

Partnership Transportation Services

- NMT/NEMT transportation requests
    - Kinetik trip scheduler software is used to screen members, determine appropriate modes 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

Transportation Benefits

  - Members cannot be reimbursed directly
- Public transportation passes

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

CalAIM Overview

Enhanced Care Management

Enhanced Care Management (ECM) is a Medi-Cal benefit that provides a standardized set of case management services and interventions to improve quality of life.

ECM Populations of Focus

- Individuals experiencing homelessness
- Individuals at risk for avoidable hospital or emergency department utilization
- Individuals with serious mental health and/or substance use disorder needs
- Adults living in the community and at risk for long-term care institutionalization
- Adult nursing facility residents transitioning to the community
- Children and youth
- Justice involved
- Birth equity

For more information, visit Partnership's ECM webpage at https://www.partnershiphp.org/Community/Pages/Enhanced-Care-Management.aspx.

Community Supports Services

Community Supports (CS) services are provided as cost-effective alternatives of traditional medical services or settings.

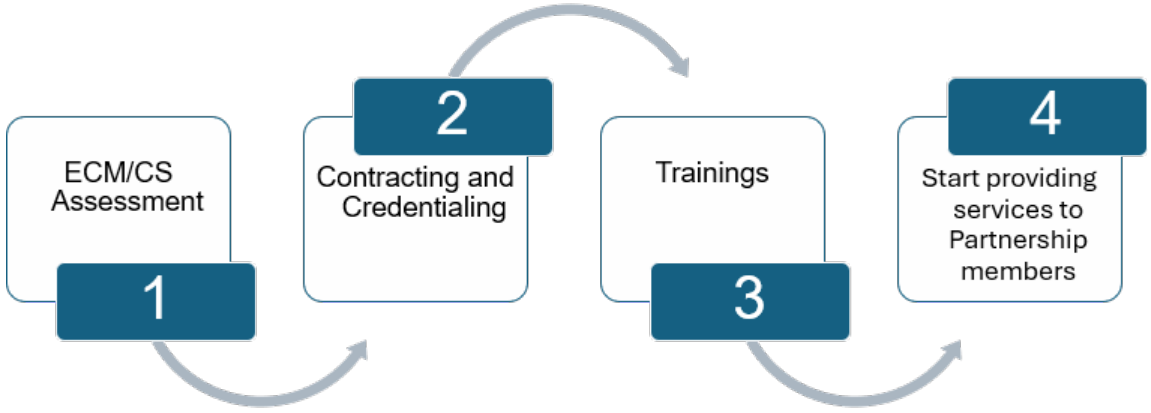
CS services include:

- Housing transition and navigation
- Housing deposits
- Housing tenancy and sustaining
- Short-term post-hospitalization
- Recuperative care (medical respite)
- Personal care and homemaker services
- Medically tailored meals/ medically supportive foods
- Respite care
- Day habilitation programs
- Sobering centers

For more information, visit Partnership's CS webpage at https://www.partnershiphp.org/Community/Pages/Community-Supports.aspx.

CalAIM Overview

Four Steps to Becoming a Provider



New CalAIM Providers

- Chapa De Indian Health
- Northern Valley Indian Health Inc.
- Pit River Health Service, Inc.
- Northern Circle Indian Housing Authority
- Indigenous Wellness Alliance INC.
- Karuk Tribe
- Blue Lake Rancheria
- Sonoma County Indian Health Project

Resources

- CalAIM webpage: http://www.partnershiphp.org/Community/Pages/CalAIM.aspx
- ECM Populations of Focus: https://www.partnershiphp.org/Community/Documents/CalAIM%20Webpage/ECM%20Documents/ECM%20Time%20Frames/ECM_Timeframes_1.2024_Final.pdf
- ECM Referral Form: http://www.partnershiphp.org/Community/Documents/CalAIM%20Webpage/ECM%20Documents/Forms/ECM%20Referral%20Form.pdf
- ECM Provider Reference Guide: https://www.partnershiphp.org/Community/Documents/CalAIM%20Webpage/ECM%20Documents/Resources/ECM%20Provider%20Reference%20Guide_Final_Updated_1.19.24.pdf
- CS Referral Form: http://www.partnershiphp.org/Community/Documents/CalAIM%20Webpage/Community%20Supports%20Documents/CS%20Referral%20Form.pdf

Emails to Contact

- Enhanced Care Management team: ECM@partnershiphp.org
- Community Supports team: CS@partnershiphp.org

Tribal Roundtable for Partnership Medicare Implementation

Tuesday, October 22, 2024

Noon – 1 p.m.

Register Here

Partnership HealthPlan of California is launching a Medicare Advantage product known as a Duals Special Needs Plan (D-SNP). Our D-SNP, which will be called Partnership Advantage, would allow Partnership to cover Medi-Cal and Medicare services for members who are eligible for both programs. We are phasing in this program gradually, starting in January 2026 in the western-most Partnership service area in the counties of Del Norte, Humboldt, Mendocino, Lake, Sonoma, Marin, Napa, and Solano.

Who Should Attend?

- Executive directors
- Medical directors
- Operations managers
- Directors of nursing

Items for Discussion

- Learn how Medicare patients are currently receiving care in your community, including any barriers they may face in receiving care.
- Outline what the Partnership Advantage program would look like and how it can benefit the patients you serve.
- Discuss how to begin preparing for Partnership Advantage in a way that works best for Tribal health centers.

Questions? Contact Partnership Tribal Liaison Yolanda Latham at ylatham@partnershiphp.org.

Data Sharing Prototype

Partnership data intended to help Tribal Health Centers in decision-making and prioritization.

For questions or requests, email Yolanda Latham at ylatham@partnershiphp.org or Dr. Robert Moore at rmoore@partnershiphp.org.

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Part I: Assignment, Enrollment, and Tribal Health Centers Data

ACCREDITED NCQA HEALTH PLAN

Partnership Demographics

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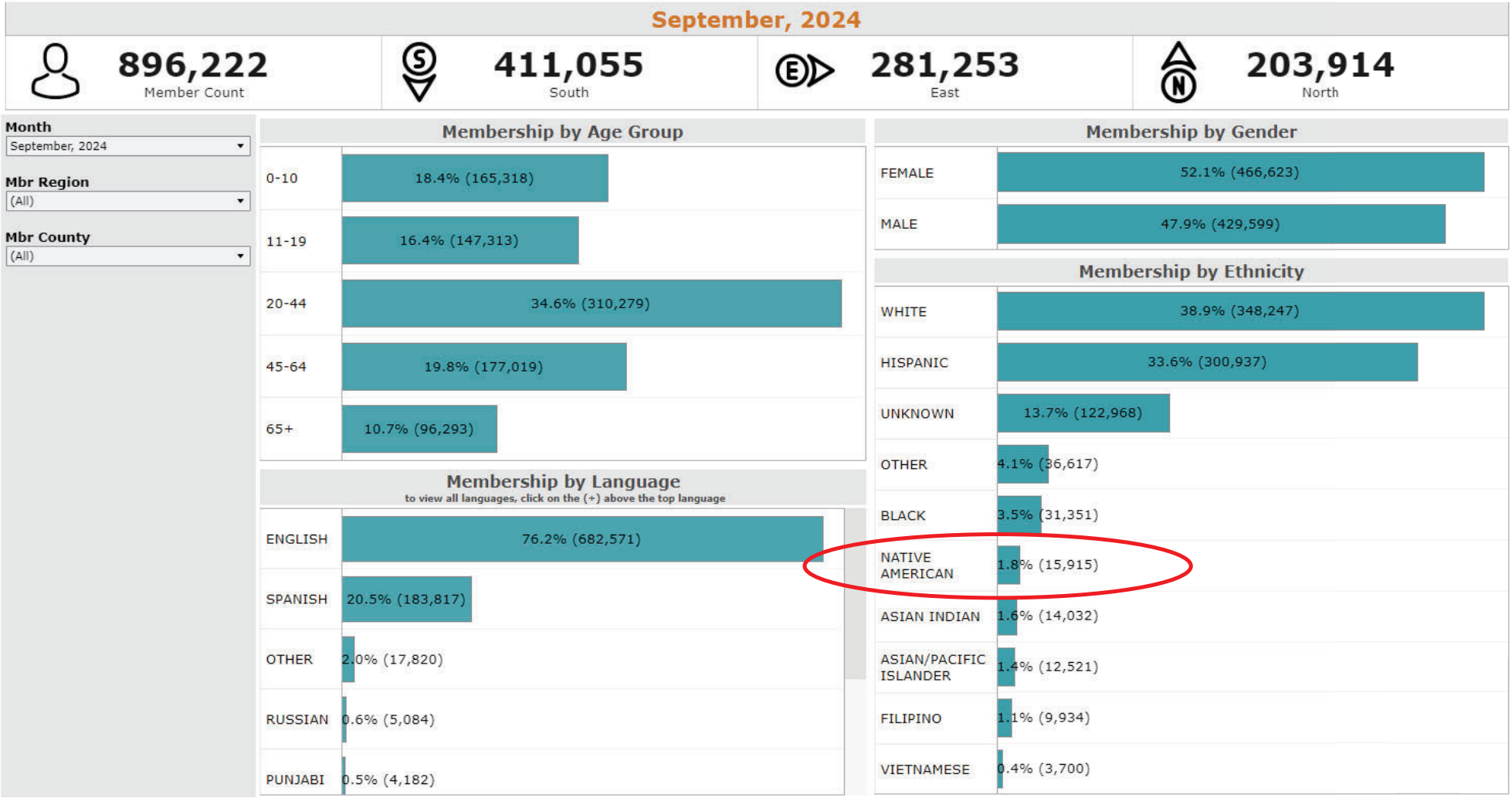


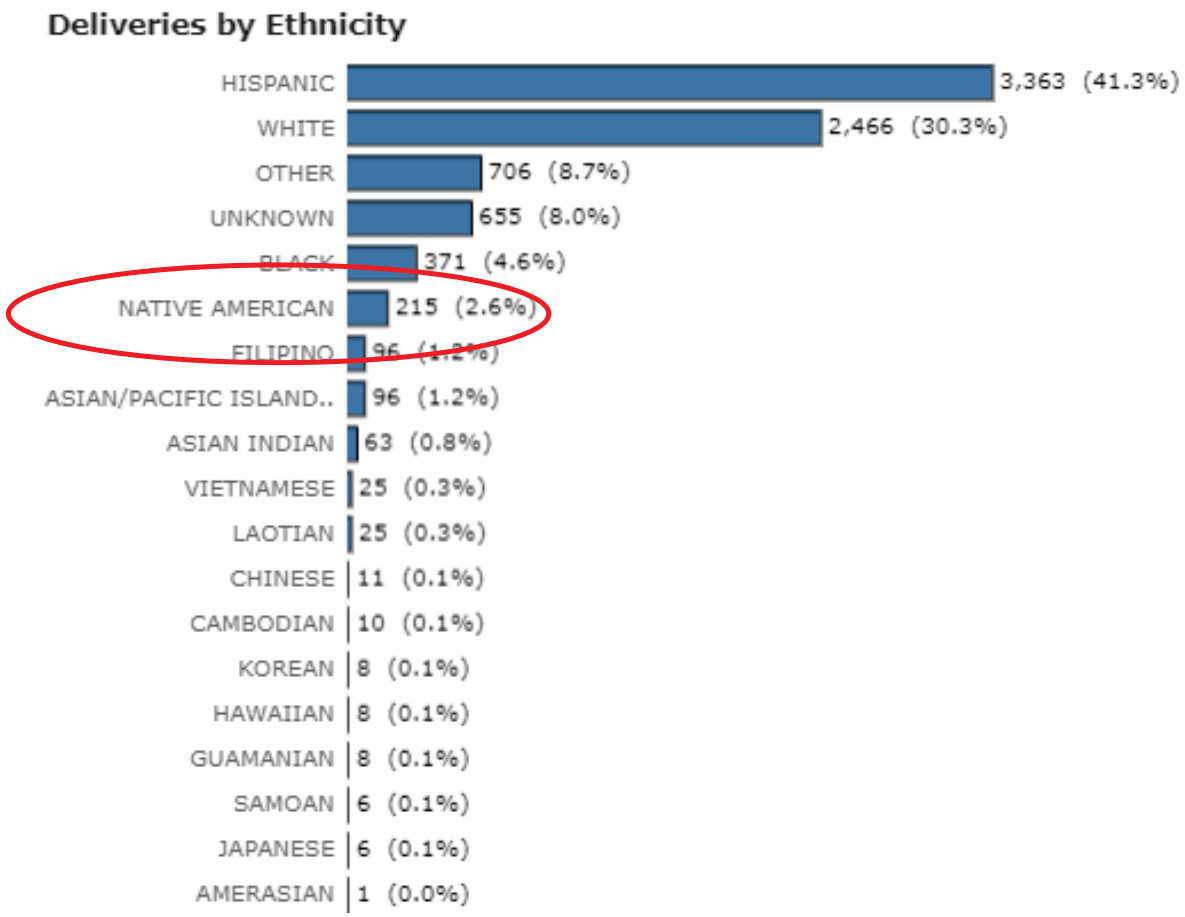
Partnership-Enrolled Tribal Members

County	Number of Tribal Members
Humboldt	3958
Mendocino	1932
Shasta	1682
Butte	1323
Del Norte	1133
Lake	1066
Sonoma	919
Siskiyou	876
Solano	410
Placer	312
Yuba	310
Lassen	292

County	Number of Tribal Members
Tehama	286
Yolo	255
Glenn	229
Modoc	195
Nevada	167
Sutter	162
Trinity	140
Plumas	124
Colusa	67
Marin	37
Napa	34
Sierra	6

Data provided by DHCS as of September 1, 2024

Partnership Birth Data



- By the DHCS-defined race of the mother
- Total deliveries in 2023: 8,139

Partnership Birth Data

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Parent Organization	County Main	County 2	County 3	Total PCP Sites	Total Assigned members (Sept 2024)	Annual Indian Users (2019)	Type of Tribal Health Center	Electronic Health Record	Reservation, Rancheria or Tribes served
Anav Tribal Health	Siskiyou			1	406	254	Title 1 Tribal	RPMS	Quartz Valley Indian Reservation
Chapa De Indian Health Program	Placer	Nevada		2-->3	10761	5643	Tribal FQHC	eCW	United Auburn Indian Community
Colusa Indian Health Center	Colusa			1	2009	94	Tribal + MediCal/Title 5 (638)	NextGen	Colusa Rancheria
Consolidated Tribal Health	Mendocino			1	1200	3178	Tribal	Athena Health	Mainly Pomo, some Cahto
Feather River Tribal Health	Butte	Sutter		2	4780	5343	Title 1 Tribal	NextGen	Several Maidu/Konkow rancherias
Greenville Tribal Health	Tehama			1	2270	1436	Title 1 Tribal	NextGen	Greenville Rancheria
Karuk Health	Siskiyou	Humboldt		3	1574	2136	Title 5 638	eCW	Karuk
K'ima:w	Humboldt			1	1238	2503*	Title 1 Tribal	RPMS	Hupa Reservation
Lake County Tribal Health	Lake			3	6741	2458	Tribal FQHC	NextGen	Several Pomo Rancherias
Lassen Indian Health Center	Lassen			1	746	842	Title 5 638	Greenway to RPMS	Washoe, Paiute, Maidu etc.
Northern Valley Indian Health	Butte	Yolo	Glenn	5	12363	2992	Tribal FQHC	eCW	Wintun, Konkow and others
Pit River Health	Shasta	Modoc		2	669	961	Tribal FQHC	RPMS	Pit River Rancherias
Redding Rancheria	Shasta	Trinity		3	9739	3578	Title 5 638	NextGen	Redding Rancheria
Rolling Hills	Tehama			2	3196	apprx 300	Title 5 638	eCW	Paskenta Band of Nomlaki Indians
Round Valley	Mendocino			1	955	1183	Title 1 Tribal	RPMS	Round Valley Indian Reservation
Sonoma County Indian Health	Sonoma	Mendocino		2	1411	4819	Tribal FQHC	Next Gen	Several Pomo Rancherias
UIHS	Humboldt	Del Norte		6+	2934	8726	Title 1 Tribal	NextGen	Yurok, Wiyot, Tolowa and others
Warner mountain	Modoc			1	0	92	Title 1 Tribal	Next Gen	Fort Bidwell Indian Reservation
New Life Clinic	Mendocino			1	0	NA	Behav Health	MyEvolv	
Strong Family Health	Modoc			1	0	228	Behav Health		
Sacred Oaks Healing Center	Yolo			1	0	NA	IHS		

Part II: Equity and Health Outcomes Data

Health Equity Data

	HEDIS 2022 Number or Inequities	PCP QIP 2023 Number of Inequities
Native American	21	10
Black	11	5
White	Reference Population	Reference Population
Hispanic	5	0
Asian/Pacific Islander	1/6	0
Other/Mixed	5	0
Unknown	6	0
Total number of measures	29	**11**

Note: All data derived from DHCS race data with

2022 HEDIS: Tribal Inequities

1. Antidepressant medication management (AMM-A and AMM-C) follow-up after initiation of medication for depression, both short-term and long-term (Note: very incomplete data for these ECDS measures)
2. Breast Cancer Screening (BCS)
3. Cervical Cancer Screening (CCS)
4. Controlling Blood Pressure (CBP)
5. Screening for depression (CDF-18+)
6. Developmental screening of infants (DEV)
7. Well-child visits from birth to 30 months of age. (W30-6 and W30-2)
8. Follow-up after medication for ADHD (ADD)
9. Monitor cholesterol after child and adult (2 measures) starts second generation antipsychotic (APM)
10. Vaccines under age 2 (CIS-10)
11. Colorectal Cancer Screening (COL)
12. Follow-up after emergency visit for substance use disorder (FUA7 and FUA30)
13. Follow-up after emergency visit for mental health (FUM7 and FUM30)
14. Diabetes poor control (A1C>9)
15. Adolescent immunization
16. Topical fluoride

Summary: Increase from 11 measures last year to 21 measures this year.

Well-Child Visits (HEDIS 2022)

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WCV			
Partnership HealthPlan of California			
Northeast			
Race/Ethnicity			
American Indian or Alaska Native	425	1,124	37.81%
Asian	361	974	37.06%
Black or African American	191	460	41.52%
Hispanic or Latino	2,159	5,064	42.63%
Native Hawaiian or Other Pacific Islander	14	37	37.84%
White	7,352	19,175	38.34%
Other	219	533	41.09%
Unknown/Missing	2,504	5,106	49.04%
Northwest			
Race/Ethnicity			
American Indian or Alaska Native	847	1,939	43.68%
Asian	250	604	41.39%
Black or African American	93	237	39.24%
Hispanic or Latino	1,795	3,909	45.92%
Native Hawaiian or Other Pacific Islander	17	36	47.22%
White	4,039	9,992	40.42%
Other	162	345	46.96%
Unknown/Missing	1,961	3,774	51.96%
Southeast			
Race/Ethnicity			
American Indian or Alaska Native	62	192	32.29%
Asian	1,810	4,074	44.43%
Black or African American	2,683	7,033	38.15%
Hispanic or Latino	16,967	34,425	49.29%
Native Hawaiian or Other Pacific Islander	112	315	35.56%
White	3,644	9,084	40.11%
Other	3,135	7,013	44.70%
Unknown/Missing	534	1,253	42.62%
Southwest			
Race/Ethnicity			
American Indian or Alaska Native	537	1,518	35.38%
Asian	621	1,405	44.20%
Black or African American	508	1,224	41.50%
Hispanic or Latino	22,232	44,386	50.09%
Native Hawaiian or Other Pacific Islander	53	117	45.30%
White	7,368	18,612	39.59%
Other	3,648	7,092	51.44%
Unknown/Missing	1,468	3,188	46.05%

ACCREDITED NCQA HEALTH PLAN

Breast Cancer Screening (HEDIS 2022)

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

BCS

Partnership HealthPlan of California

Northeast

Race/Ethnicity			
American Indian or Alaska Native	65	177	36.72%
Asian	136	237	57.38%
Black or African American	19	44	43.18%
Hispanic or Latino	211	356	59.27%
Native Hawaiian or Other Pacific Islander	2	8	25.00%
White	1,511	3,399	44.45%
Other	28	65	43.08%
Unknown/Missing	142	347	40.92%

Northwest

Race/Ethnicity			
American Indian or Alaska Native	65	244	26.64%
Asian	41	97	42.27%
Black or African American	13	32	40.63%
Hispanic or Latino	124	217	57.14%
Native Hawaiian or Other Pacific Islander	1	5	20.00%
White	790	1,916	41.23%
Other	19	40	47.50%
Unknown/Missing	106	246	43.09%

Southeast

Race/Ethnicity			
American Indian or Alaska Native	23	48	47.92%
Asian	855	1,414	60.47%
Black or African American	430	823	52.25%
Hispanic or Latino	1,677	2,421	69.27%
Native Hawaiian or Other Pacific Islander	16	38	42.11%
White	1,098	2,218	49.50%
Other	621	1,129	55.00%
Unknown/Missing	120	229	52.40%

Southwest

Race/Ethnicity			
American Indian or Alaska Native	87	215	40.47%
Asian	364	658	55.32%
Black or African American	101	196	51.53%
Hispanic or Latino	1,773	2,422	73.20%
Native Hawaiian or Other Pacific Islander	9	15	60.00%
White	2,494	4,982	50.06%
Other	834	1,503	55.49%
Unknown/Missing	162	334	48.50%

ACCREDITED NCQA HEALTH PLAN

2023 PCP QIP Native American Inequities

10 measures (out of 11) – Approximately the same as 2022

- Asthma medication ratio (Low rates Consolidated Tribal, Kimaw, Crescent City, Redding Rancheria)
- Breast cancer screening (low across all large PCPs, suggesting access/cultural factors)
- Childhood immunization (CIS-10) (Very low at all PCPs: average just 6.5%!)
- Colorectal cancer screening (OK at SCIHP and Consolidated)
- Cervical cancer screening (High at SCIHP, low in other large PCPs)
- Blood pressure control (Good only at SCIHP and Crescent City)
- Blood sugar control (Good only at SCIHP)
- DM Retinopathy screen (Good only at Consolidated, Lake, SCHIP)
- Well-child visits (age 3-18) (OK at Open Door, SCIHP, Lake, Crescent City)
- Well-child visits in the first 15 months (Low denominators)

Childhood Immunizations (PCP QIP 2023)

PARTNERSHIP HEALTHPLAN of CALIFORNIA
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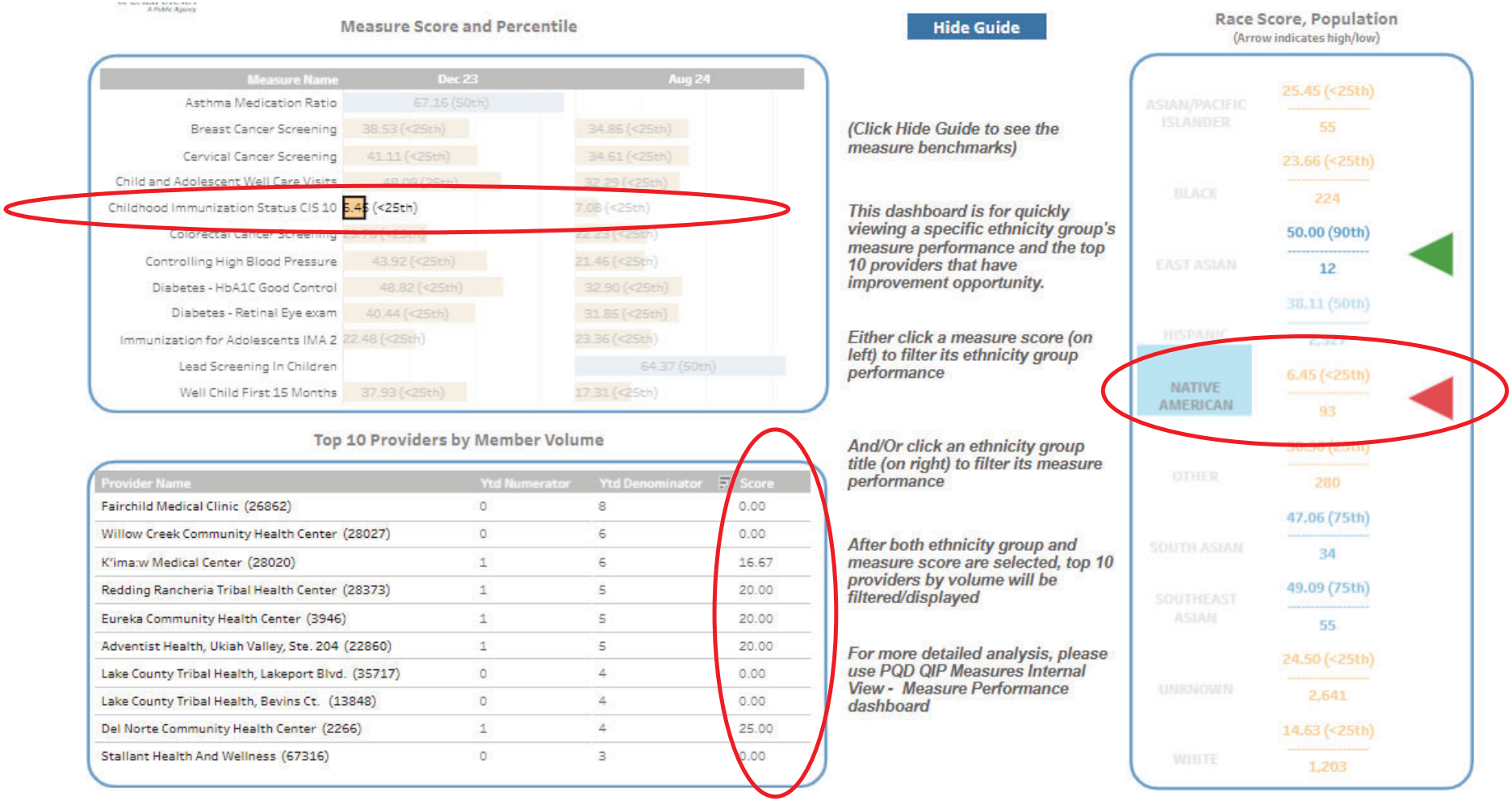

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Diabetes Care (PCP QIP 2023)

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Measure Score and Percentile

Measure Name	Dec 23	Aug 24
Asthma Medication Ratio	67.16 (50th)	
Breast Cancer Screening	38.53 (<25th)	34.86 (<25th)
Cervical Cancer Screening	41.11 (<25th)	34.61 (<25th)
Child and Adolescent Well Care Visits	48.09 (25th)	32.29 (<25th)
Childhood Immunization Status CIS 10	6.45 (<25th)	7.08 (<25th)
Colorectal Cancer Screening	25.76 (<25th)	22.23 (<25th)
Controlling High Blood Pressure	[illegible]	[illegible]
Diabetes - HbA1C Good Control	48.82 (<25th)	32.90 (<25th)
Diabetes - Retinal Eye exam	40.44 (<25th)	31.85 (<25th)
Immunization for Adolescents IMA 2	22.48 (<25th)	23.36 (<25th)
Lead Screening In Children		64.37 (50th)
Well Child First 15 Months	37.93 (<25th)	17.31 (<25th)

Top 10 Providers by Member Volume

Provider Name	Ytd Numerator	Ytd Denominator	Score
K'ima:w Medical Center (28020)	9	81	11.11
Potawot Health Village (27336)	6	57	10.53
Lake County Tribal Health, Bevins Ct. (13848)	30	44	68.18
Consolidated Tribal Health Project (10111)	29	44	65.91
Sonoma County Indian Health Project (16716)	32	40	80.00
Round Valley Indian Health Center (8008)	16	32	50.00
Pit River Health Service (24146)	18	28	64.29
Crescent City Health Center (27962)	12	23	52.17
Karuk Tribal Health Clinic (28007)	8	15	53.33
Lassen Indian Health Center (27961)	9	14	64.29

Hide Guide

(Click Hide Guide to see the measure benchmarks)

This dashboard is for quickly viewing a specific ethnicity group's measure performance and the top 10 providers that have improvement opportunity.

Either click a measure score (on left) to filter its ethnicity group performance

And/Or click an ethnicity group title (on right) to filter its measure performance

After both ethnicity group and measure score are selected, top 10 providers by volume will be filtered/displayed

For more detailed analysis, please use PQD QIP Measures Internal View - Measure Performance dashboard

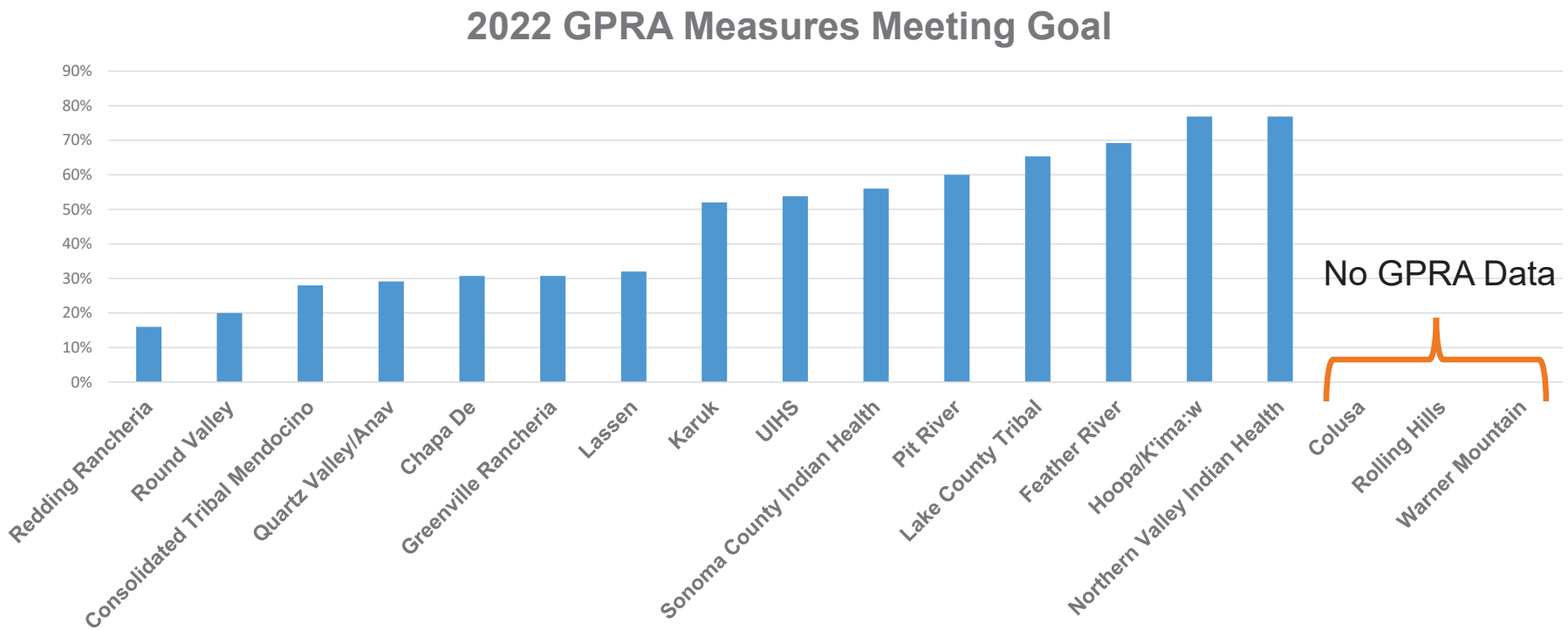
Race Score, Population

(Arrow indicates high/low)

ASIAN/PACIFIC ISLANDER	69.70 (90th)
	439
BLACK	62.44 (50th)
	852
EAST ASIAN	77.17 (90th)
	92
HISPANIC	70.91 (90th)
	7,617
NATIVE AMERICAN	48.82 (<25th)
	637
OTHER	72.89 (90th)
	793
SOUTH ASIAN	77.96 (90th)
	363
SOUTHEAST ASIAN	81.26 (90th)
	731
UNKNOWN	67.97 (75th)
	1,964
WHITE	67.41 (75th)
	6,128

ACCREDITED NCQA HEALTH PLAN

GPRA Quality Data



Equity Practice Transformation

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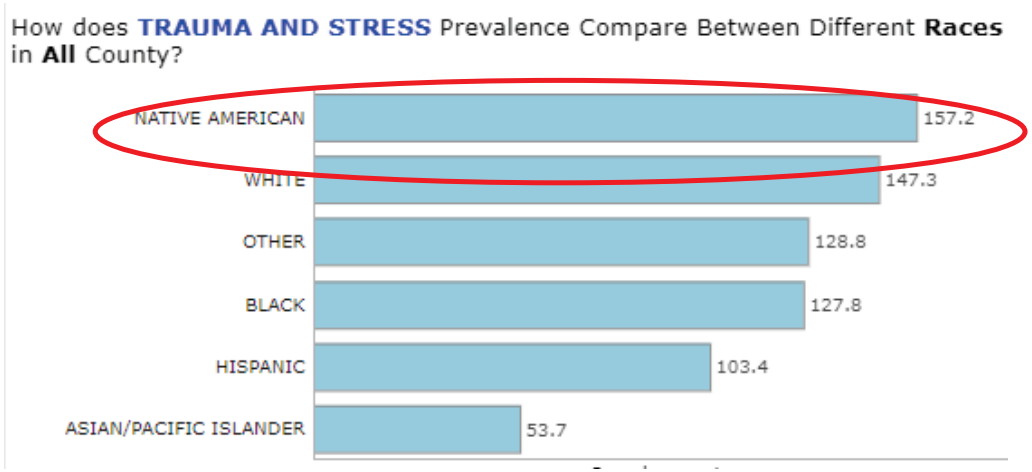
Name of Organization	Population of Focus Selected	Updated Maximum Eligible Payment (Based on membership)	EPT Payment per achieved milestone	Partnership QI Coach
Chapa-De Indian Health Program	Children and youth	$527,620	$21,105	Celena
K'ima:w Medical Center	People living with behavioral health conditions	$250,000	$10,000	Amanda
Lassen Indian Health Center	Adults with chronic conditions	$250,000	$10,000	Amanda
Northern Valley Indian Health	Adults with chronic conditions	$472,960	$18,918	Emily
Pit River Health Service, Inc.	Adults with chronic conditions	$250,000	$10,000	Amanda
Round Valley Indian Health Center	Children and youth	$250,000	$10,000	Emily
Sonoma County Indian Health Project, Inc.	Adults with preventive care needs	$250,000	$10,000	Emily
United Indian Health Services, Inc.	Adults with chronic conditions	$373,040	$14,922	Brandy
Total		**$2,623,620**		

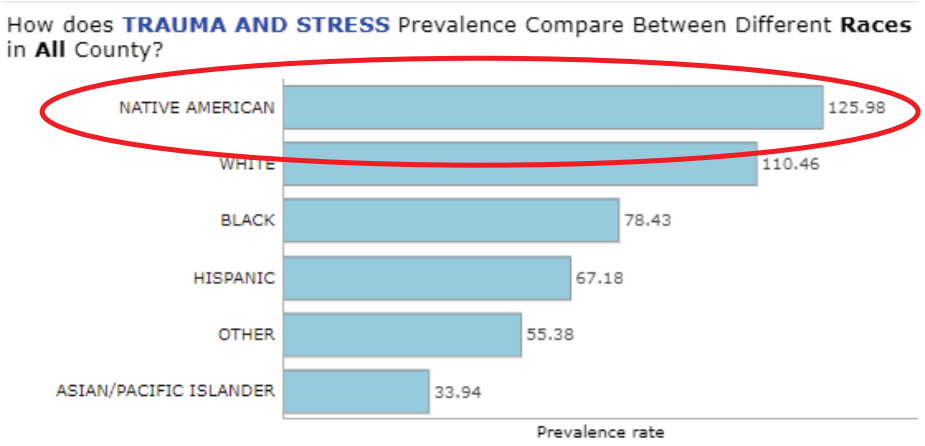
Chronic Conditions

Trauma and Stress (per 1,000 members) in 2023

Adults:



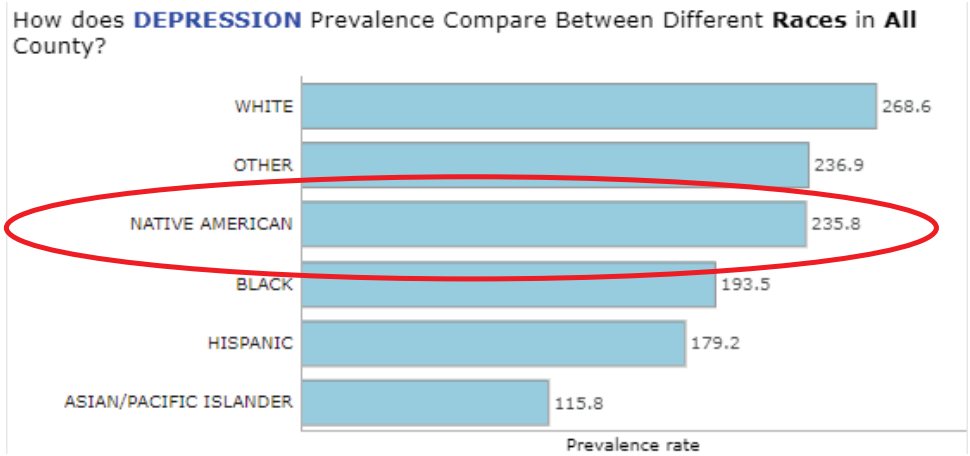
Children:



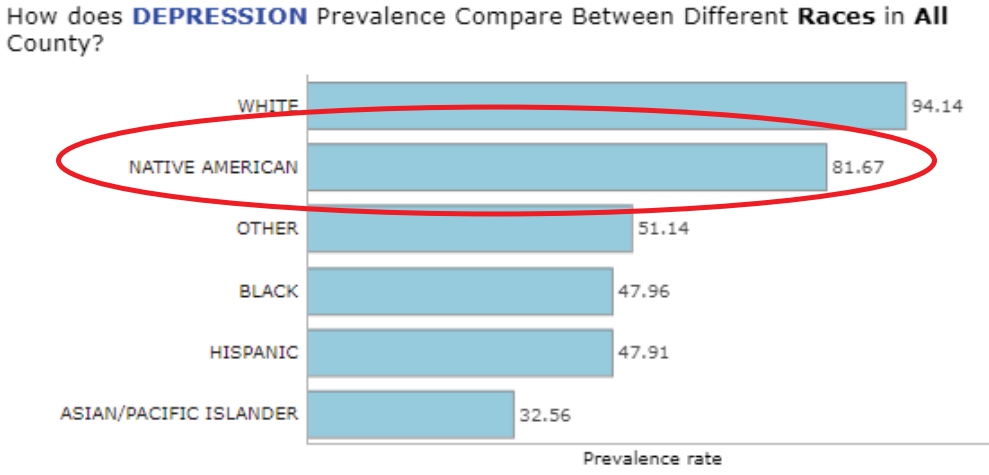
Chronic Conditions

Depression (per 1,000 members) in 2023

Adults:



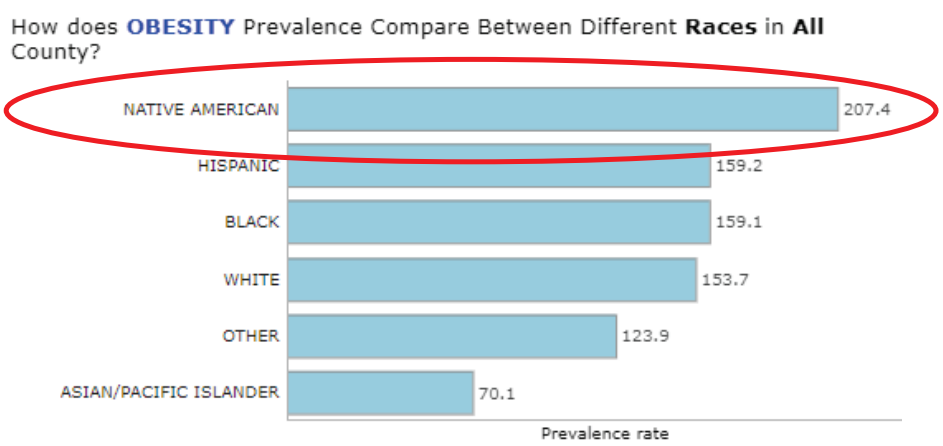
Children:



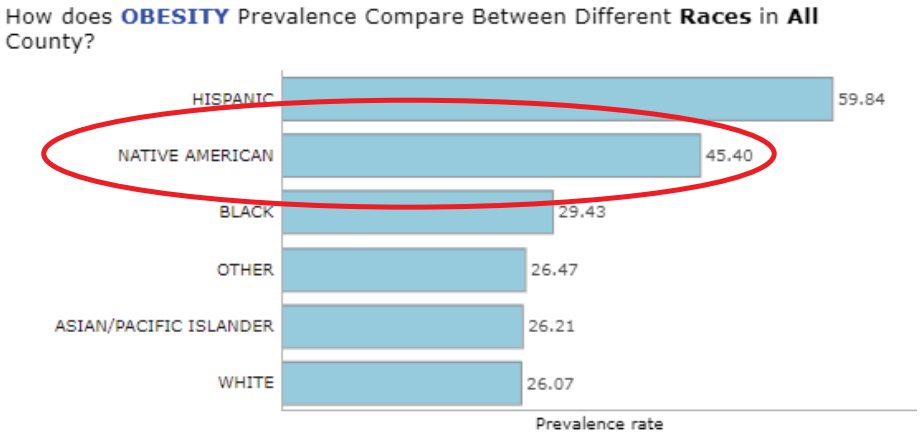
Chronic conditions:

- Obesity (per 1,000 members) in 2023

Adults:



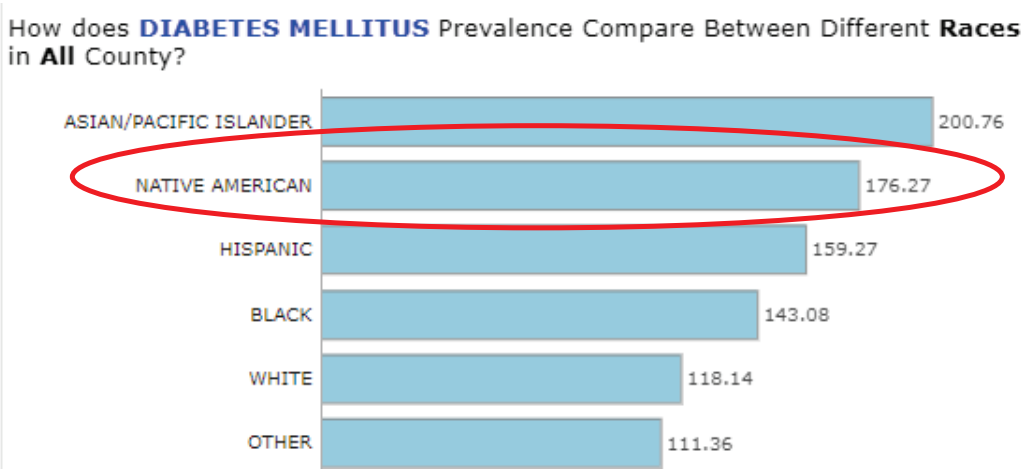
Children:



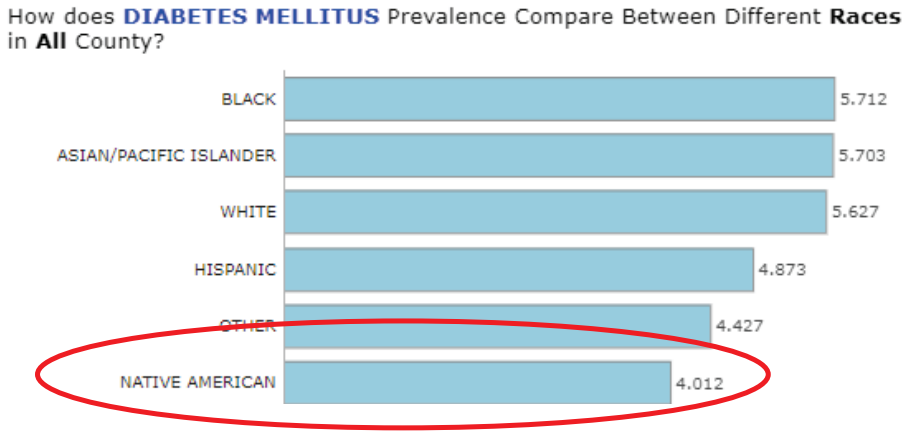
Chronic Conditions

Diabetes (per 1,000 members) in 2023

Adults:



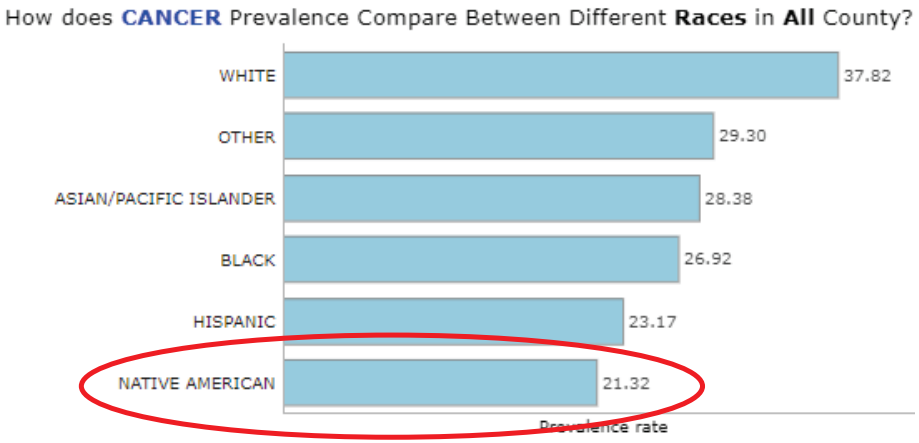
Children:



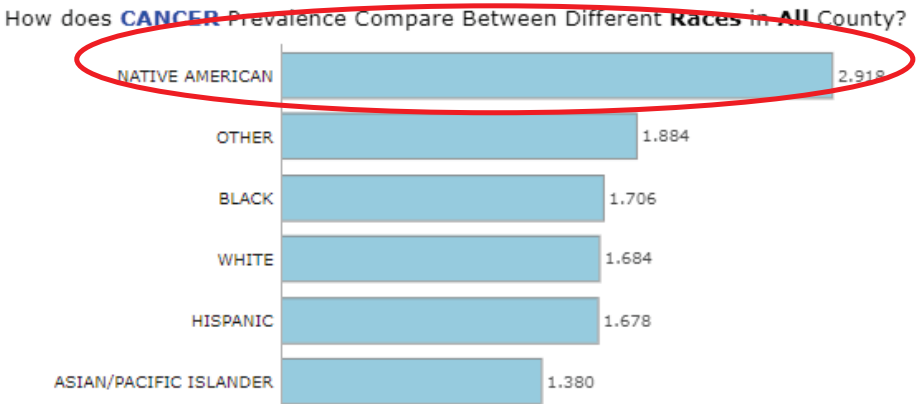
Chronic Conditions

Cancer (per 1,000 members) in 2023

Adults:



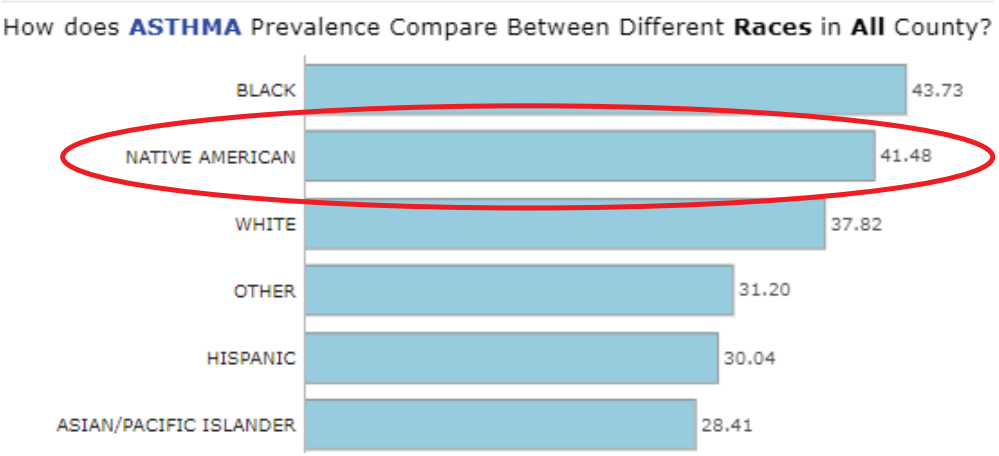
Children:



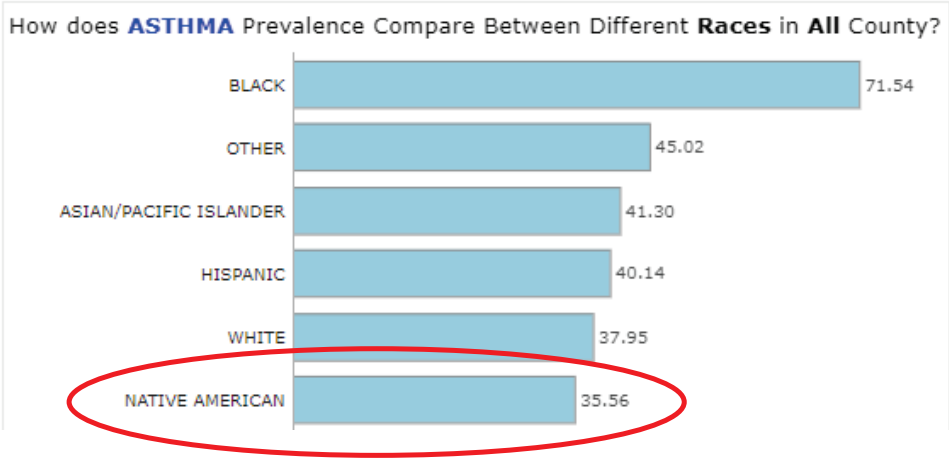
Chronic Conditions

Asthma (per 1,000 members) in 2023

Adults:



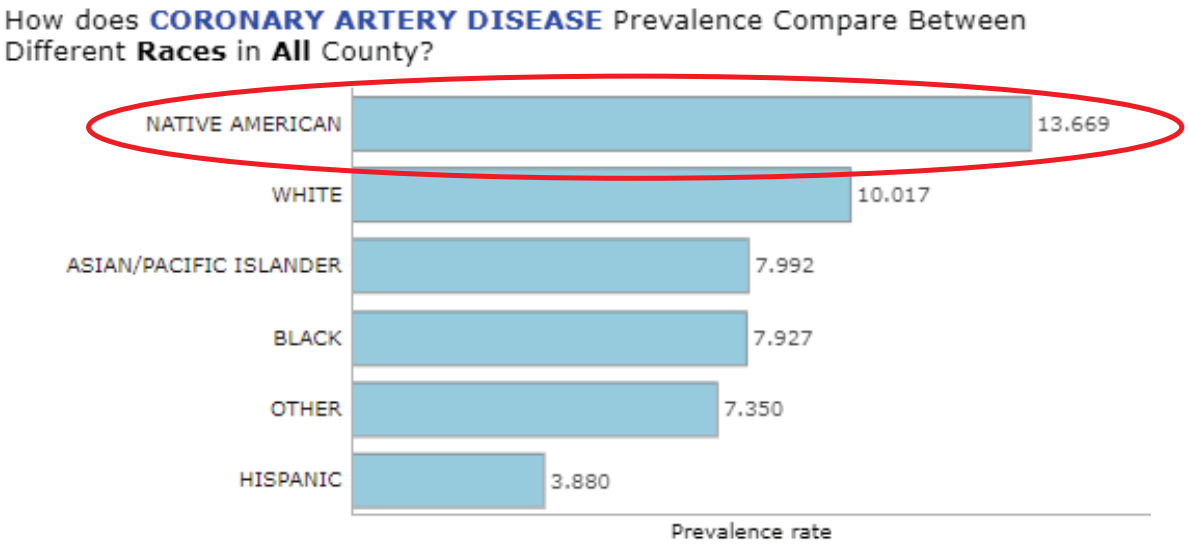
Children:



Chronic Conditions

Cardiovascular Disease (per 1,000 members) in 2023

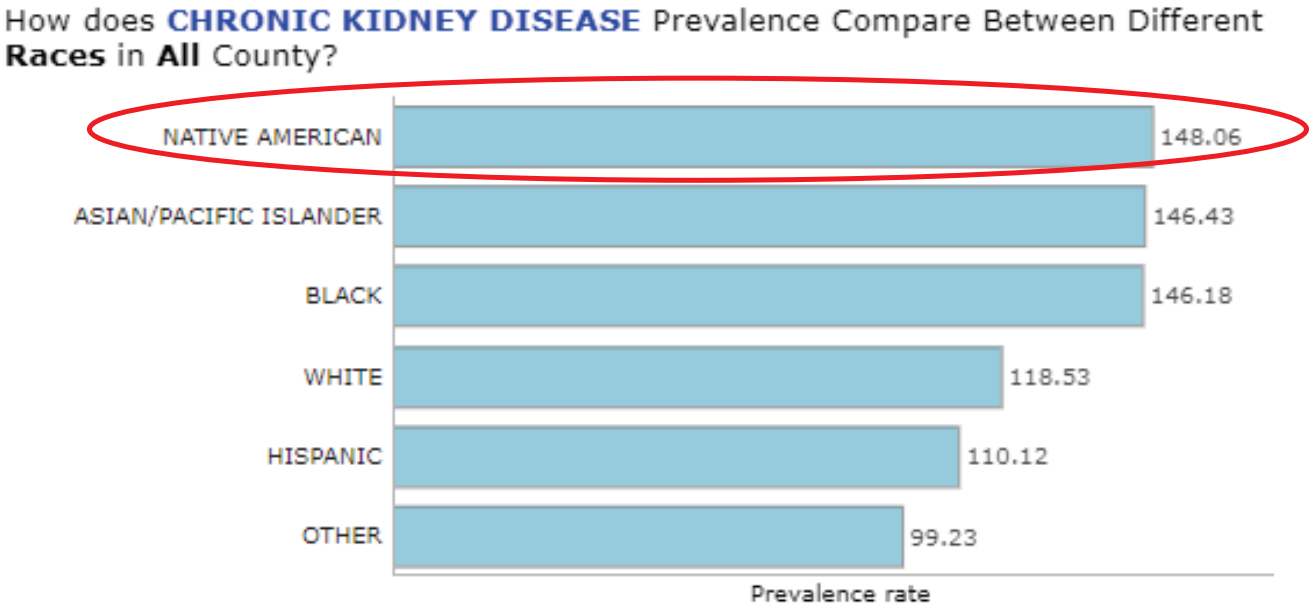
Adults:



Chronic Conditions

Chronic Kidney Disease (per 1,000 members) in 2023

Adults:



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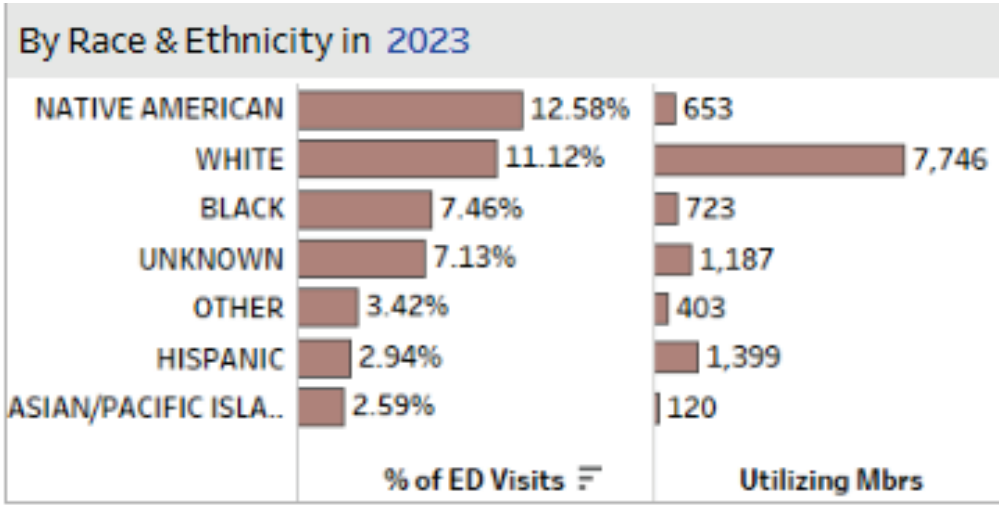
Part III: Other Data

ACCREDITED NCQA HEALTH PLAN

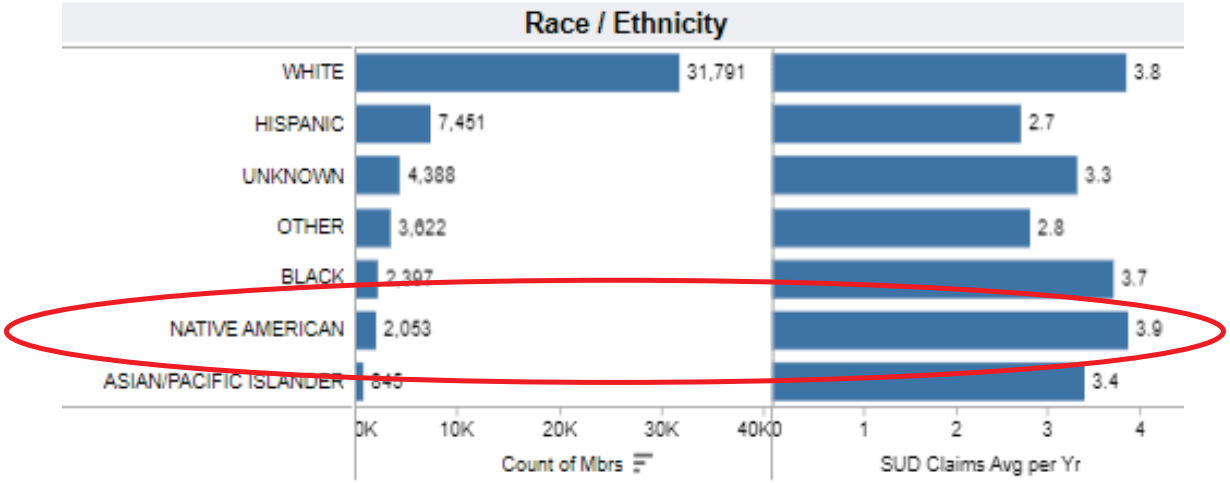
Housing Status: Emergency Department Visits

Percentage of emergency department visits in which the member is homeless, by ethnicity:



Substance Use Disorder Diagnosis

2023 claims data, mainly adults



Patient Experience Data: Highlights

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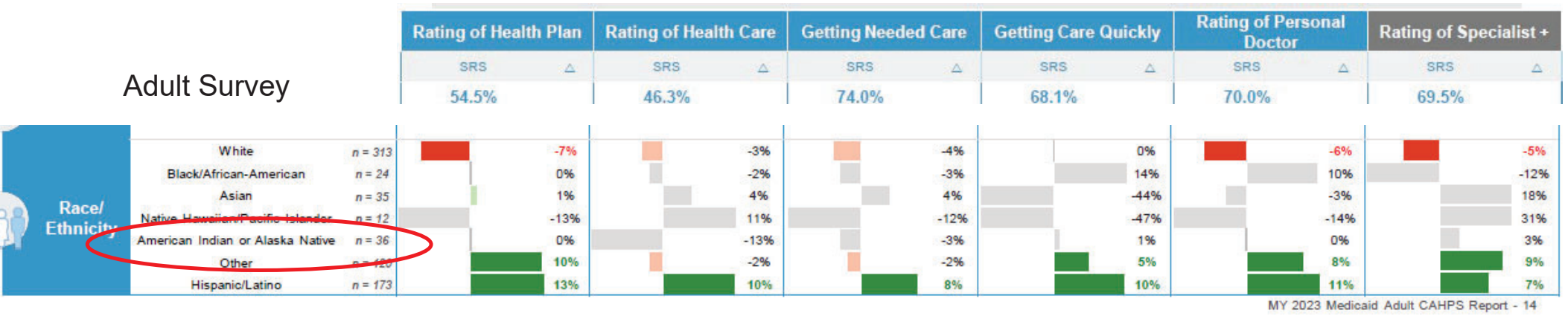
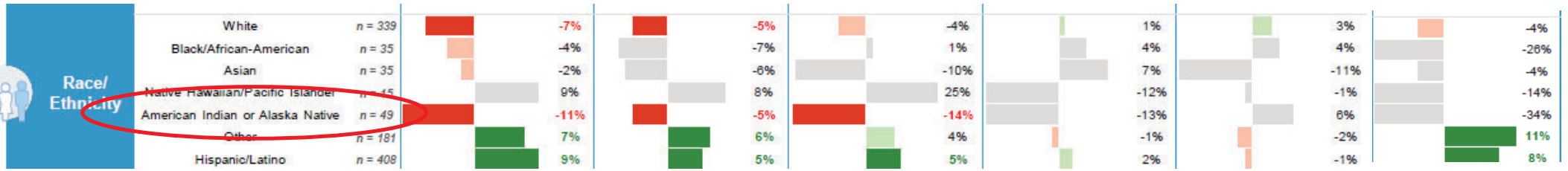
Adult Survey



MY 2023 Medicaid Adult CAHPS Report - 14

Child Survey (caregiver response)



Group is performing...
Above the plan score by 5 or more points
Above the plan score
Below the plan score
Below the plan score by 5 or more points
Above/below plan score but has low base (<30)

Data Source: 2024 Partnership CAHPS

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Health Center Specific Data

- From Provider Directory data
  - PCP services: Site names, addresses, status, credentialed clinician names
  - Ancillary and specialty services offered: e.g. acupuncture, chiropractic, physical therapy etc.
- From Partnership Quality Dashboard
  - Billing timeliness, current assigned members, PCP QIP performance on clinical and non-clinical measures, average visits per patient per year, racial disparity data for clinical measures.
- Monthly PCP assignment file
  - Can use start and stop dates to predict redetermination date; race data
- Grievance data (contains PHI) available on request

Substance Use Disorder Utilization Rates by Race/Ethnicity

Partnership/ Regional Model				Statewide
Race/Ethnicity Groups	Average Number of Eligible per Month	Number of Clients Served	Penetration Rate	Penetration Rate
White	115,963	2,564	2.21%	1.93%
Latino/Hispanic	49,619	311	0.63%	0.69%
African-American	18,743	279	1.49%	1.33%
Asian/Pacific Islander	16,707	49	0.29%	0.17%
Native American	8,221	171	2.08%	2.02%
Other	33,751	417	1.24%	1.40%

**As reported by BHC & UCLA through the 2022 Regional Model EQRO*

Undercounting of American Indian Population

By Dr. Robert Moore, Chief Medical Officer

About Partnership: Partnership HealthPlan of California is the not-for-profit, community-based Medi-Cal managed care plan serving 24 counties in Northern California. There are approximately 51 federally recognized tribes in these counties and nine non-federally recognized tribes. Our service area includes 20 Tribally-governed health centers and one Indian Health Service Facility. Partnership is committed to working with the tribes and Tribal health centers to support your work in improving the health and well-being of all Tribal members residing in the counties we serve.

Partnership Service Area

Two years ago, Partnership first stratified Quality Outcome data based on the race/ethnicity we received from DHCS. As noted in prior newsletters, this data showed that outcomes were much worse for the self-identified American Indian/Alaska Native (AI/AN) population than for any other racial group. This prompted Partnership to launch a Tribal Engagement Strategy to build relationships with the 21 Tribal health centers and their associated 51 individual tribes, so that we can work together on improving health and wellness for our Tribal communities.

Two months ago, while preparing a presentation for the Medi-Cal Managed Care Advisory Group about Partnership's Tribal Health Liaison Yolanda Latham, I was looking through race/ethnicity data on our members and comparing it to the official California Census data, and discovered something very concerning: The number of AI/AN members enrolled in Partnership seemed very low. **After a little digging (details below), I discovered that the magnitude of the undercounting is somewhere between 213% and 1200%, and may be even higher.**

Official methods of categorizing race have a centuries-long history of being built on racist assumptions and bias. While I would like to think that the algorithm decisions that led to the undercounting of the AI/AN population in Medi-Cal were not intended to harm the AI/AN population, such large-scale undercounting has several important impacts.

By bringing this issue to your attention, we respectfully hope that some Tribal leaders can voice your concerns to DHCS in the appropriate forums.

Undercounting of American Indian Population

Impact of Undercounting

Undercounting reinforces the perception that American Indians are no longer present in California; “erasure” is the term used by American Indian scholars and activists. In fact, in the past century, erasure was an official U.S. government policy, as tribes were “terminated” in the 1950s and 1960s, children kidnapped and taken away to boarding schools to indoctrinate them into American culture. The residual evidence of erasure reflects a lack of acknowledgement and sensitivity of this historical trauma.

Additionally, such significant undercounting has impacts on government funding for public health activities targeting Tribal communities. When government organizations such as the California Department of Public Health, the Department of Healthcare Services, and County Health Departments are prioritizing how their limited resources will be allocated, they evaluate the number of individuals impacted by a particular problem to decide how much money goes to address issues in target populations. For example, the overdose death rates in the AI/AN population is used to allocate resources for overdose prevention. Resources to promote adequate prenatal care in Tribal communities and to build the workforce in Tribal communities are other areas impacted by undercounting.

Finally, the undercount means that analysis of health inequities in the Medi-Cal population is inaccurate and the conclusions suspect. A more complete accounting of Tribal communities with Medi-Cal is essential for any such equity analysis to be valid.

What DHCS Can Do

The following changes are within the authority of DHCS:

1. Share the current detailed enrollment race/ethnicity/tribal affiliation data with all Medical Managed Care plans so they can better analyze and understand the inequities in their members.
2. As DHCS plans its implementation of the new 2024 race-ethnicity standards, it should convene a workgroup with representatives within Tribal health communities to review the options for categorization of data, strongly considering either the “alone or in combination” approach or the “most frequent multiple responses” approach (which can be combined to create “alone or in combination” groups either of which would dramatically reduce the undercounting of Tribal communities.

Summary

As unintentional as it may be, the DHCS racial categorization algorithm is an example of structural racism that deserves to be addressed. With the increased emphasis on Health Equity at DHCS and

Undercounting of American Indian Population

CDPH, there should be a heightened sense of urgency to definitively address this issue. DHCS alignment with the OMB's updated race and ethnicity data standards creates an opportunity to correct an issue that obscures Tribal members and other small populations from the data.

Contact, for more information or questions:

Robert Moore, MD MPH MBA, Chief Medical Officer, Partnership HealthPlan of California.
rmoore@partnershiphp.org

Yolanda Latham (Hupa, Chilula), Tribal Health Liaison, Partnership HealthPlan of California

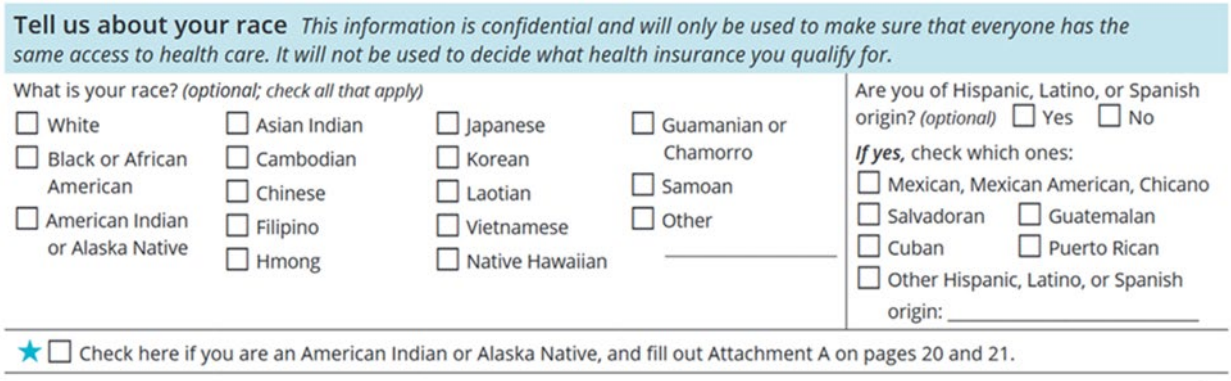
triballiaison@partnershiphp.org

Background Detail

Why Are Tribal Members Undercounted in California?

The reason for this is the way DHCS takes the race/ethnicity/tribal affiliation data from the official Medi-Cal application and uses an algorithm to assign a single race. The Medi-Cal application encourages individuals to choose all races that apply, in accordance with federal recommendations going back to 2000.

Page 4 of the Medi-Cal application:



Tell us about your race *This information is confidential and will only be used to make sure that everyone has the same access to health care. It will not be used to decide what health insurance you qualify for.*

What is your race? *(optional; check all that apply)*

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Vietnamese
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other _____

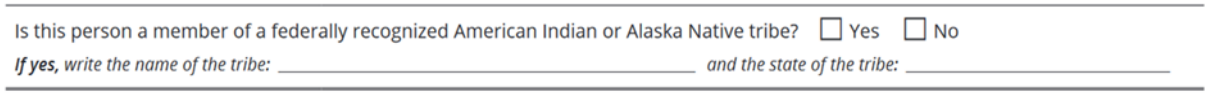
Are you of Hispanic, Latino, or Spanish origin? *(optional)* ☐ Yes ☐ No

If yes, check which ones:

- ☐ Mexican, Mexican American, Chicano
- ☐ Salvadoran ☐ Guatemalan
- ☐ Cuban ☐ Puerto Rican
- ☐ Other Hispanic, Latino, or Spanish origin: _____

★ ☐ Check here if you are an American Indian or Alaska Native, and fill out Attachment A on pages 20 and 21.

Page 20 of the Medi-Cal application:



Is this person a member of a federally recognized American Indian or Alaska Native tribe? ☐ Yes ☐ No

If yes, write the name of the tribe: _____ *and the state of the tribe:* _____

The mechanism that DHCS uses to convey membership information to Partnership and other Medi-Cal managed care plans is a file called the 834 file or membership file. This file lists just **one single**

race-ethnicity category per enrollee. DHCS uses an algorithm to translate the application race and ethnicity responses to this single category.

While the exact algorithm is not publicly posted, it seems likely that if an AI/AN member also identifies as Hispanic or Latino, this trumped their AI/AN status and they were assigned a Latino ethnicity. Additionally, if an enrollee identified as both AI/AN and any other racial status, they were classified as "other" or "mixed race," a category with poor outcomes similar to the AI/AN population, but as it is mixed with all other mixed-race individuals is completely non-actionable.

Here are three mechanisms used to estimate the scope of this undercounting:

1. Census Data

One way to estimate the scope of undercounting is to compare the proportion the Medi-Cal enrolled population identified as AI/AN compared to California census data on AI/AN ethnicity.

Official Medi-Cal statistics show a total of 55,302 **(only 0.3% of all beneficiaries)** AI/AN individuals enrolled in Medi-Cal as of July 2024. (Medi-Cal Fast Facts).

In contrast, in the 2020 census, 1.6% of the California population identified as American Indian and Alaska Native race alone and an additional 2% of the population identified as American Indian or Alaska Native in combination with some other race, for a total of **3.6%** of the population categorized at AI/AN alone or in combination. Even if we assume that the proportion of the AI/AN population of California with Medi-Cal is the same as the non-Medi-Cal population (a highly unlikely assumption), **Medi-Cal is undercounting the AI/AN population by as much as twelve-fold**. Put another way, the true number is 1200% higher.

Extrapolating the scope of the undercounting based on census data, as many as 495,000 Medi-Cal beneficiaries would be categorized as AI/AN alone or in combination, instead of just 55,302.

2. American Community Survey

An analysis of the 2018 American Community Survey conducted by the National Indian Health Board estimated the California Medi-Cal population to be 242,813. An updated estimate from 2021 put the number at 330,959, or 660% higher than the official state data.

3. Tribal Health Centers

Confirmatory evidence of racial mis-categorization comes from the subset of Tribal health centers, which **only** allow enrolled Tribally-affiliated members to be served. Of those Medi-Cal members served at these Tribal health centers, 53% were categorized by Medi-Cal 834 data as **not** being

Undercounting of American Indian Population

AI/AN. Meaning that the true number is 213% greater than the identified AI/AN at Native-run health centers.
Extrapolating this underestimate would mean that the actual number of AI/AN members receiving Medi-Cal is about 111,000 individuals.

Why such a broad range?

The range of undercounting (from 213% to 900%) is so large, partly because the U.S. Census groups together indigenous populations from Central America (such as the Maya and Aztec), South America and Canada into its totals. Of these groups, those who identify as indigenous from Central America are large and growing, resulting in a shift from the Latino category to the indigenous/AI/AN category. In contrast, indigenous persons from outside of the United States are not generally eligible to receive care at Tribal health centers that are limited to Tribal members.

The American Community Survey assesses race and ethnicity differently, in a way that likely does not include indigenous individuals from Central America in the AI/AN count, which lowers that count relative to the census estimate.

What should be done?

Major Tribal organizations representing health and public health policy issues have raised the problematic nature of categorization of AI/AN persons in multiple settings and give input into the newly updated 2024 OMB standards.

National organizations, especially the National Indian Health Board have raised the issue of data incompleteness and undercounting. Some shorthand terms for the lack of sharing of accurate data about the AI/AN population is “data sovereignty” and the need to “decolonize data systems.” The National Council on Urban Indian Health issued an analysis of undercounting among Urban Indians. Other organizations that have weighed in on undercounting of AI/AN population data include the 12 regional Tribal Epidemiology Centers, and the state Tribal health organizations like the California Rural Indian Health Board.

Major changes in the new U.S. Office of Management and Budget (OMB) Standards

The Updated 2024 OMB Standards for categorizing race/ethnicity move Latino/Hispanic to be a co-equal race/ethnicity category, instead of a carved-out ethnicity category. The Middle-eastern/north African population was carved out of the White category, so there will now be 7 major race/ethnicity categories. One of which is American Indian or Alaska Native, with a box to fill in details with the following language: “Enter, for example Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya etc.”

Undercounting of American Indian Population

The most concerning aspect of the new OMB standard is the list of options for handling individuals who identify more than one race/ethnicity category. The three options identified are (see page 22195):

- The "alone or in combination" approach mentioned earlier related to census data. There is some complexity to using this approach, but it substantially resolves the undercounting of the AI/AN population and should be the starting point of data sharing and equity analysis. A key feature of this approach is that the total of all categories is greater than 100%, as one individual may be two or more categories; this requires special statistical methods to avoid errors.
- The "most frequent multiple responses" approach, in which the top combined categories are each presented with individual data. For example, in addition to each race ethnicity category alone, each combination is listed with the number of individuals. Some may be simple two-race categories (like Black-Asian) but more complex combinations are possible (like Latino-Black-White). This allows the most granular data analysis, and the numbers can be folded into the "alone or in combination" category. The sum of all individuals in all categories will total 100%.
- The "multiracial" approach in which any individual who chooses more than one race/ethnicity category is categorized as either "other" or "mixed." This grouped category is impossible to analyze, so the "pure" race/ethnicity categories end up being the only way to look for health disparities. This appears to be the method currently used by DHCS, and it should be abandoned as soon as possible.

What Can DHCS Do Now?

First and foremost, DCHS should share the current detailed enrollment race/ethnicity/tribal affiliation data with all Medi-Cal Managed Care plans so they can better analyze and understand the inequities faced by their members. This could be done with a separate monthly report from DHCS and it could also be integrated into the new Medi-Cal Connect platform that DHCS is building to feed assorted supplemental data to health plans. In addition, if DHCS has separate member-level internal flags indicating Tribal affiliation or AI/AN status, from other sources, this should also be conveyed to the plans with the more complete enrollment demographic data.

This granular race/ethnicity/Tribal affiliation data will allow managed care plans to re-run our disparity analyses and release an analysis of our findings. In addition, we can pass on this information to primary care practices to give them the complete and accurate data they need to identify and address health inequities.

As DHCS plans its implementation of the new OMB race-ethnicity standards, they should convene a workgroup with representatives from the California Tribal Epidemiology Center, the California Department of Public Health, the California Rural Indian Board, the California Consortium of Urban

Indian Health, and Region IX of US HHS to review the options for categorization of data, strongly considering either the “alone or in combination” approach or the “most frequent multiple responses” approach, which can be combined to create “alone or in combination” groups. These two approaches would stop the undercounting of the AI/AN population.

Finally, to stop presenting incomplete and inaccurate data about the AI/AN population, DHCS should create an internal team to review all presentations of data that is stratified by race/ethnicity to identify, correct and/or put into context the data as it relates to American Indian population. This team should be empowered to raise concerns anonymously to the DHCS Chief Health Equity officer if their concerns are not addressed. As unintentional as it may be, the DHCS racial categorization algorithm is an example of structural racism that deserves to be addressed. With the increased emphasis on Health Equity at DHCS and CDPH, there should be a heightened sense of urgency to definitively address this issue. DHCS alignment with the OMB’s updated race and ethnicity data standards creates an opportunity to correct an issue that obscures Tribal communities and other small populations from the data.

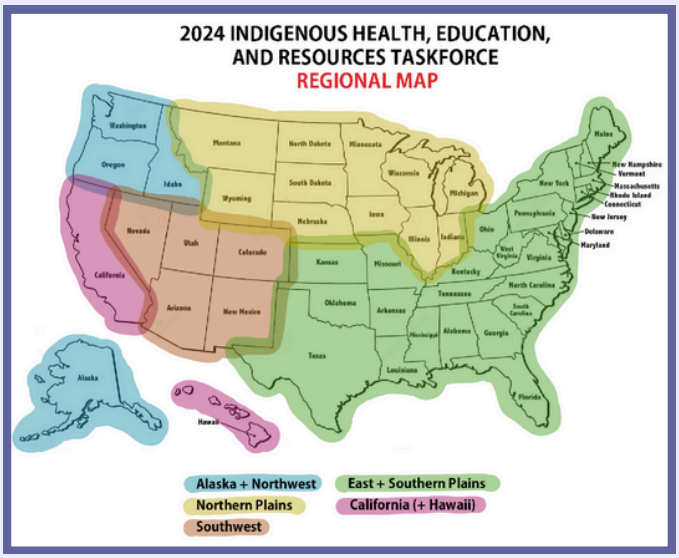
Indigenous Health, Education, and Resources Taskforce (IHEART)

IHEART:

Increasing Representation of American Indian/Alaska Native Communities in the Health Professions

Who We Are

The Indigenous Health, Education, and Resources Taskforce (IHEART) is a national collaborative formed in 2021 to address the scarcity of American Indian and Alaska Native (AIAN) communities in the health professions. IHEART is an AIAN-led collaborative consisting of a national coordinating committee and regional hubs to amplify, herald, and sustain systems-level solutions by uniting allies, organizations, institutions, and communities dedicated to improving educational/professional opportunities and health outcomes for AIAN communities.



IHEART's Objectives

- Development of regional networks that promote local systems-level change focused on AIAN healthcare workforce development that includes fostering the development of systems-focused leaders;
- Identification and dissemination of effective systems-based solutions; and
- The creation of national and regional resources for health profession workforce development which center AIAN expertise and cultural ways.

IHEART by the Numbers:

2 Annual Summits
5 Regions
650+ Members (and counting!)

Keep in touch with IHEART!

Sign up for our newsletter, check out our website, read the latest IHEART publications, and learn about how you can engage with IHEART members in your region.

IHEART is a national collaborative body led by the Association of American Indian Physicians, American Indian Higher Education Consortium, Association of Native American Medical Students, Association of American Medical Colleges, and the Indian Health Service.

Indigenous Health, Education, and Resources Taskforce (IHEART)

IHEART CALIFORNIA + HAWAII

Increasing Representation of American Indian/Alaska Native Communities in the Health Professions

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What We Do

The IHEART California + Hawaii Region convenes monthly meetings to discuss how we can translate IHEART's overarching goals into actionable plans at the regional and local level, as well as to share information and resources on pathways programs from our respective organizations which can be shared with Indigenous students in the region. The region is developing novel ideas for projects to create systematic, scalable solutions to increase AIAN representation in the health sciences.

The nationwide IHEART community convenes two summits per year (one virtual, one in-person) to share information and resources across the five regions.

Meet our California + Hawaii Regional Hub Champion!

Antoinette Martinez

Co-Director Tribal Health PRIME and Pathways, University of CA Davis School of Medicine, and United Indian Health Services, Inc.

antoinettemart2@gmail.com

Keep in touch with IHEART!

Sign up for our newsletter, check out our website, read the latest IHEART publications, and learn about how you can engage with IHEART members in California and Hawaii.

IHEART is a national collaborative body led by the Association of American Indian Physicians, American Indian Higher Education Consortium, Association of Native American Medical Students, Association of American Medical Colleges, and the Indian Health Service.

Guidelines on Prenatal Genetic Testing: Coverage, Billing, and Best Practices

Thursday, October 24, 2024

Noon – 1 p.m.

To register, scan the QR code:

Background Details

Prenatal genetic testing in California is partly covered by the Department of Health Care Services (DHCS) and partly by managed care plans like Partnership. New tests are becoming more available and vendors are advocating for broad screening that is not yet widely approved or accepted.

Webinar Details

This webinar will provide an overview of common and uncommon prenatal genetic tests, with information on coverage, prior authorization criteria, and billing best practices. All clinicians that provide prenatal care, and their clinical support staff, in the 24-county Partnership service area are encouraged to attend.

Presented by Partnership Medical Director Colleen Townsend, MD.

If you have any questions, please reach out to Liezel Lago at llago@partnershiphp.org.

Application for CME credit has been filed with the American Academy of Family Physicians and the Board of Registered Nursing. Determination of credit is pending.

Introducing the Partnership HealthPlan Perinatal Services (PHPS) Program Webinar

Wednesday, September 11, 2024

To access the recording from this webinar and more, scan the QR code:

Webinar Details

This webinar will walk through the policy and billing aspects of the Partnership Perinatal Services Program. It is essential that all current California Perinatal Services Program managers and billing staff attend. In addition, aspects of Partnership Perinatal Services Program affect all providers of prenatal care, so managers and billing staff of all prenatal care providers are encouraged to attend.

Background Details

The California Perinatal Services Program (CPSP) was created by the California legislature in the 1980s to reduce the rate of preterm births. The pilot that the program is based on showed a return on investment of about $3 saved for every $1 spent. The Department of Health Care Services is directing managed care plans to adapt the CPSP model into CPSP-like services and to oversee the quality of these programs. With this in mind, Partnership is updating the program with new evidence and adapting the types of providers that may perform these services. The policy infrastructure for this adapted program has been created and is called the Partnership HealthPlan Perinatal Services (PHPS) Program to distinguish it from the legacy CPSP program.

Presented by Partnership HealthPlan of California Chief Medical Officer Dr. Robert Moore and Medical Director Dr. Colleen Townsend.

If you have any questions, please reach out to Liezel Lago at llago@partnershiphp.org.

Mental and Emotional Health Resources and Support

Below are some helpful resources readily available for Tribal populations in the state of California:

- CalHOPE Redline
  - A service provided by phone, texting, and live video chats offering culturally appropriate emotional, financial, and social resources, referrals, and trauma-informed support for American Indians, Alaska Natives, Tribal, and rural populations.
  - Work Hours: 9 a.m. – 5 p.m. Monday – Friday
  - Call: (888) 368-4090
  - Text: (916) 252-5002
  - Website: https://ccuih.org/redline/

- CalHOPE Connect
  - An online chat service that provides Californians a dynamic delivery of resources regarding mental health and emotional support.
  - Work Hours: 8 a.m. – midnight Monday – Friday
  - Call/Text: (833) 317-4673 (English); (833) 642-7696 (Spanish)
  - Website: https://calhopeconnect.org/

- SolanoConnex
  - A web application available to Solano County residents that increases access to existing local resources and services for mental and emotional health. SolanoConnex is a project developed by Touro University California and Solano County.
  - Work Hours: 10 a.m. – 8 p.m. Monday – Friday; 10 a.m. – 2 p.m. Saturday
  - Call/Text: (877) 266-6390
  - Web Application: https://solanoconnex.org/#/
  - Email: solanoconnex@gmail.com
  - Website: https://tu.edu/community-outreach/clinics--health-services/solano-connex/

Non-Specialty Mental Health Program

Beacon Health Options is now known as Carelon Behavioral Health.

- Carelon Behavioral Health helps 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

Accessing SUD Services

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

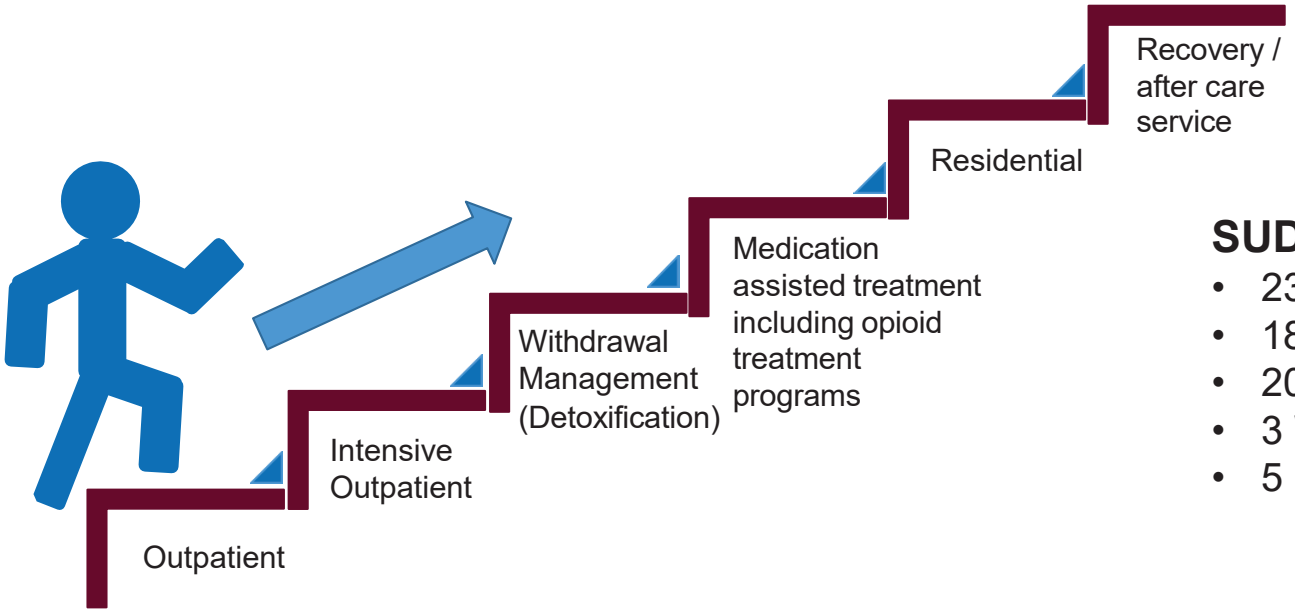
- Full continuum of services
- Central Access Line
- Standardized Medical Necessity Criteria - ASAM
- Care coordination across systems
  - Primary Care
  - Mental Health
  - Substance Use

Available Levels of Care

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

Other Resources- SUD

- Partnership webpage – Wellness and Recovery Page
- Information about benefit
- Links to webinars on SUD - http://www.partnershiphp.org/Providers/BehavioralHealth/Pages/Su bstance-Use-Disorder-Services.aspx

- Partnership Provider Directory – Search by *Specialty/Substance Use*
- https://providerdirectory.partnershiphp.org/Provider/BasicSearch/

Other Resources- Mental Health

- 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/