PARTNERSHIP HEALTHPLAN OF CALIFORNIA
PHYSICIAN ADVISORY COMMITTEE ~ MEETING NOTICE

Members: (23)

Steve Gwiazdowski, M.D. (Chair)
Angela Brennan, D.O.
Brent Pottenger, M.D.
Brian Evans, M.D.
Candy Stockton, M.D.
Chester Austin, M.D.
Chris Myers, D.O.
Christina Lasich, M.D.
Danielle Oryn, D.O.
Darrick Nelson, M.D.
John McDermott, FNP-PAC
Karen Sprague, MSN, CFNP
Karina Gookin, M.D.
Malia Honda, M.D.
Matthew Zavod, M.D.
Melanie Thompson, D.O.
Michelle Herman, M.D.
Mills Matheson, M.D.
Mustafa Ammar, M.D.
Noemi Doohan, M.D.
Suzanne Eidson-Ton, D.O.
Teresa Shinder, D.O.
Vanessa Walker, D.O.

Partnership Executive Staff:

Katherine Barresi, RN, Chief Executive Officer *(acting)*
Patti McFarland, Chief Financial Officer
Wendi Davis, Chief Operating Officer
Amy Turnipseed, Chief Strategy & Government Affairs Officer
Robert Moore, MD, MPH, Chief Medical Officer
Katherine Barresi, RN, Chief Health Services Officer
Mark Bontrager, Sr. Director of Behavioral Health
Tina Buop, Chief Information Officer

Regional Medical Directors	Region	Region Directors
Jeffrey Ribordy, MD, Region Medical Director	Del Norte, Humboldt, Mendocino & Lake	Vicky Klakken, Region Director
Bradley Cox, DO, Region Medical Director	Siskiyou, Modoc, Shasta, Lassen, Trinity & Tehama	Tim Sharp, Region Director
Colleen Townsend, MD, Region Medical Director	Napa, Yolo & Solano	Kathryn Power, Region Director
Marshall Kubota, MD, Region Medical Director	Marin & Sonoma	Leigha Andrews, Region Director
R. Doug Matthews, MD, Region Medical Director	Glenn, Butte, Sutter, Colusa & Yuba	Rebecca Stark, Region Director
Vacant, Region Medical Director	Plumas, Sierra, Nevada & Placer	Jill Blake, Region Director

Kermit Jones, MD, Medical Director for Medicare Services
Jeffrey DeVido, MD, Behavioral Health Clinical Director
Mark Netherda, MD, Medical Director of Quality Improvement

Directors / Managers / Associate Directors

Nancy Steffen, Senior Director, Quality & Performance Improvement
Mary Kerlin, Senior Director, Provider Relations
Stan Leung, Pharm.D., Director., Pharmacy Services
Mohamed Jalloh, Pharm.D., Director of Health Equity
Brigid Gast, RN, Director, Care Coordination
DeLorean Ruffin, DrPH, Director, Population Health Management
Heather Esget, RN, Director of Utilization Management
Margarita Garcia-Hernandez, Director, Health Analytics
Ledra Guillory, Senior Manager, Provider Relations Reps.
Kristine Gual, Manager of Performance Improvement
Amy McCune, Manager, Quality Incentive Programs
Sue Quichocho, Manager, Quality Measurement
Kevin Jarrett-Lee, RN, Assoc. Dir. of Utilization Management
Lisa O'Connell, Associate Dir. of Housing & Incentive Programs
Bettina Spiller, MD, Associate Medical Director
Teresa Frankovich, MD, Associate Medical Director

cc: Partnership Commission Chair
Kim Tangermann, Partnership Board Chair

FROM: PAC@partnershipHP.org
DATE: October 4, 2024

SUBJECT: PHYSICIAN ADVISORY COMMITTEE MEETING

The Physician Advisory Committee will meet as follows and will continue to meet the second Wednesday of every month (July and December are tentative.) Please review the Meeting Agenda and packet, as discussion time is limited.

DATE: Wednesday, October 9, 2024 **TIME: 7:30 a.m. – 9:00 a.m.**

HOSTING LOCATIONS

Partnership HealthPlan of California
4605 Business Center Drive
Fairfield, CA

Partnership – Santa Rosa
495 Tesconi Circle
Santa Rosa, CA

Partnership – Redding
2525 Airpark Drive
Redding, CA

Partnership – Eureka
1036 5th Street
Eureka, CA

Partnership - Auburn
281 Nevada St.
Auburn, CA 95603

Partnership - Chico
2760 Esplande, Suite 130
Chico, CA 95973

Marin Community Clinic
3260 Kerner Blvd.
San Rafael, CA 94901

Ampla Health
935 Market Street
Yuba City, CA 95991

Tahoe Forest Health Systems
10976 Donner Pass Rd., Suite 9
Truckee, CA 96161

Office of Dr. Mills Matheson
1245 S. Main St.
Willits, CA 95490

Aliados Health
1310 Redwood Way
Petaluma, CA 94999

Sutter-Roseville
6 Medical Plaza
Roseville, CA 95661

Please contact Partnership's Executive Assistant to the Chief Medical Officer with additional questions at (707) 863-4228, or e-mail pac@partnershiphp.org.

REGULAR MEETING OF PARTNERSHIP HEALTHPLAN OF CALIFORNIA'S PHYSICIAN ADVISORY COMMITTEE (PAC) - AGENDA

Date: October 9, 2024 Time: 7:30 – 9:00 a.m. Location: Partnership

Partnership HealthPlan of California
4605 Business Center Drive
Fairfield, CA

Partnership – Santa Rosa Office
495 Tesconi Circle
Santa Rosa, CA

Partnership – Redding Office
2525 Airpark Drive
Redding, CA

Partnership – Eureka Office
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Roseville, CA 95661

PUBLIC COMMENTS	**Speaker**	**2 minutes**
	Speaker	**2 minutes**

This Brown Act meeting may be recorded. Any audio or video tape record of this meeting, made by or at the direction of Partnership, is subject to inspection under the Public Records Act and will be provided without charge, if requested.

Welcome / Introductions

I.		**STATUS UPDATES**	**LEAD**	**PG #**	**TIME**
A.	**I**	**Chief Executive Officer Administration Updates**	**Ms. Barresi**		**7:35**
B.	**I**	**Chief Medical Officer Health Services Report**	**Dr. Moore**		**7:45**
C.	**I**	**Regional Medical Director Reports**	**LEAD**	**PG #**	**TIME**
1	**I**	**Napa, Yolo & Solano**	**Dr. Townsend**		**7:55**
2	**I**	**Marin & Sonoma**	**Dr. Kubota**		**7:58**
3	**I**	**Del Norte, Humboldt, Mendocino & Lake**	**Dr. Ribordy**		**8:01**
4	**I**	**Glenn, Butte, Sutter, Colusa, Yuba, Plumas, Sierra, Nevada & Placer**	**Dr. Matthews**		**8:04**
5	**I**	**Siskiyou, Modoc, Shasta, Lassen, Trinity & Tehama**	**Dr. Cox**		**8:07**
II.	**I**	**EXECUTIVE MEMBER HIGHLIGHT**	**LEAD**	**PG #**	**TIME**
A.	**I**	**Ms. Jennifer Lopez** Deputy Chief Financial Officer	**Ms. Lopez**		**8:10**
III.	**A**	**MOTIONS FOR APPROVAL**	**LEAD**	**PG #**	**TIME**
A.	**A**	**Review of September 11, 2024 PAC Minutes**	**Dr. Gwiazdowski**	**5 - 17**	**8:20**
B.	**A**	**Consent Review: Agenda Items III. B.1, B.2, B.4, and B.5** **Consent review allows multiple agenda items to be approved with one motion.**	**Dr. Gwiazdowski**	**18-63**	**8:21**
1	**C**	**Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – September 18, 2024** ***Acceptance of Draft Meeting Minutes*:** • Q/UAC Agenda • Q/UAC Activities & Minutes • Internal Quality Improvement Meetings September 10, 2024 Quality Improvement Update – September 2024	**Dr. Gwiazdowski**	**18** **20** **30** **36**	**8:21**

<table>
<tr><th>III.</th><th>A</th><th>MOTIONS CONTINUED</th><th>LEAD</th><th>PG #</th><th>TIME</th></tr>
<tr><td>B.</td><td>A</td><td>Consent Review: Agenda Items III. B.1, B.2, B.4, and B.5</td><td>Dr. Gwiazdowski</td><td></td><td>8:21</td></tr>
<tr><td>2</td><td>C</td><td><u>Policies/Procedures/Guidelines for Action</u>
<table>
<tr><th colspan="2">Clinical Practice Guidelines</th></tr>
<tr><td>MPXG5003</td><td>Major Depression in Adults Clinical Practice Guidelines</td></tr>
<tr><th colspan="2">Utilization Management</th></tr>
<tr><td>MCUG3022</td><td>Incontinence Guidelines</td></tr>
<tr><td>MCUG3058</td><td>Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-N Facilities</td></tr>
<tr><td>MCUP3003</td><td>Rehabilitation Guidelines for Acute and Skilled Nursing Inpatient Services</td></tr>
<tr><td>MCUP3015</td><td>Family Planning Bypass Services</td></tr>
<tr><td>MCUP3050</td><td>Medication Abortion in the First Trimester</td></tr>
<tr><td>MCUP3115</td><td>Community Based Adult Services</td></tr>
<tr><td>MCUP3128</td><td>Cardiac Rehabilitation</td></tr>
<tr><td>MPUP3035</td><td>Preoperative Day Review</td></tr>
<tr><th colspan="2">Care Coordination</th></tr>
<tr><td>MCCP2019</td><td>Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children’s Services</td></tr>
<tr><td>MCCP2023</td><td>New Member Needs Assessment</td></tr>
<tr><td>MCCP2033</td><td>Community Health Worker (CHW) Services Benefit</td></tr>
<tr><th colspan="2">Provider Relations</th></tr>
<tr><td>MPPR207</td><td>Partnership Annual Provider Satisfaction Survey</td></tr>
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All versions linked within Policy Summary (See page 51)

Policy Summary
Detailed Synopsis of Changes
</td><td></td><td>N/A

51
52</td><td>8:21</td></tr>
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III.	A	MOTIONS CONTINUED Consent Review: Agenda Items III. B.1, B.2, B.3, B.4, B.5	LEAD	PG #	TIME
B.	**C**	**Consent Review: Agenda Items III. B.1, B.2, B.4, and B.5**	**Dr. Gwiazdowski**		**8:21**
3	*C*	*Pharmacy & Therapeutics Committee*	*Dr. Stan Leung*		
4	**C**	**Provider Engagement Group (PEG) Report** September 2024	**Ms. Kerlin**	**54**	**8:21**
5	**C**	**Credentials Committee Meeting** • Summary, August 14, 2024 • Credentialed List, August 14, 2024	**Dr. Kubota**	**55** **59**	**8:21**
6	*C*	*Pediatric Quality Committee*			
C.	**A**	**Physician Advisory Committee (PAC) Membership** • Resignation of Dr. Melanie Thompson	**Dr. Gwiazdowski**	**63**	**8:22**
D.	**A**	**Primary Care Physician Quality Improvement Program Proposal** Measurement Year 2025	**Ms. Beltran-Nampraseut**	**64**	**8:25**
IV.	*I*	*Old Business*			
V.		**SPECIAL PRESENTATIONS**	**LEAD**	**PG #**	**TIME**
A.	**I**	**Undercounting of American Indian Population**	**Dr. Moore**	**70**	**8:30**
VI.	**I**	**ADJOURNMENT**	**LEAD**		**9:00**
		Next PAC on November 13, 2024 at 7:30 a.m.	**Dr. Gwiazdowski**		

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

Government Code §54957.5 requires that public records related to items on the open session agenda for a regular committee meeting be made available for public inspection. Records distributed less than 72 hours prior to the meeting are available for public inspection at the same time they are distributed to all members, or a majority of the members of the committee. The committee has designated the Executive Assistant to the Chief Medical Officer as the contact for Partnership HealthPlan of California located at 4665 Business Center Drive, Fairfield, CA 94534, for the purpose of making those public records available for inspection. The Physician Advisory Committee Agenda and supporting documentation is available for review from 8:00 AM to 5:00 PM, Monday through Friday at all Partnership regional offices (see locations under the Meeting Notice). It can also be found online at www.partnershiphp.org.

In compliance with the Americans with Disabilities Act (ADA), Partnership meeting rooms are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact the Executive Assistant to the Chief Medical Officer at least two (2) working days before the meeting at (707) 863-4228 or by email at pac@partnershiphp.org. Notification in advance of the meeting will enable Partnership to make reasonable arrangements to ensure accessibility to this meeting and to materials related to it.

Land Acknowledgment: Partnership HealthPlan honors the ancestral stewards of the land on which we meet today and acknowledges the displacement and lost lives due to colonization and ongoing disparities among California Native Americans.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PARTNERSHIP)
MEETING MINUTES

Committee: **Physician Advisory Committee**
Date / Time: **September 11, 2024 - 7:30 to 9:00 a.m.**

Brown Act flexibilities have ended. Voting members are required to attend in-person at one of Partnership HealthPlan's posted locations.

Members Present:	Steve Gwiazdowski, MD (Chair) Angela Brennan, DO *(FF)* Karen Sprague, MSN, CFNP *(FF)* Michelle Herman, MD *(FF)* Mustaffa Ammar, MD *(AM)* Christina Lasich, MD *(OMM)*	Darrick Nelson, MD *(R)* Karina Gookin, MD *(AU)* John McDermott, FNP *(C)* Suzanne Eidson-Ton, MD *(FF)* Malia Honda, MD *(E)* Matthew Zavod, MD *(FF)*	Mills Matheson, MD *(OMM)* Chester Austin, MD *(C)* Chris Myers, MD *(E)* Melanie Thompson, DO *(MCC)* Danielle Oryn, DO (AD)	*FF Fairfield* *SR Santa Rosa* *E Eureka* *R Redding* *C Chico* *AU Auburn* *MCC Marin Community Clinics* *OMM Office of Dr. Matheson* *AM – Ampla Health*
Members Excused:	Candy Stockton, MD Teresa Shinder, DO	Noemi Doohan, MD Vanessa Walker, DO		
Members Absent:	Brian Evans, MD			
Visitor:	Dr. Brent Pottenger, Medical Director for Behavioral Health, Solano County Health & Social Services Rebecca Contreras, Workforce Development Intern, Student UC Berkeley			
Partnership Staff:	Katherine Barresi, RN, Chief Executive Officer *(acting)* Patti McFarland, Chief Financial Officer Wendi Davis, Chief Operating Officer Vacant, Regional Director Mary Kerlin, Sr. Dir., Prov. Relations (PR) Lisa O'Connell, Director of Enhanced Health Services Doreen Crume, RN, N. Mgr. Care Coord. Stephanie Nakatani, Supervisor, Provider Relations Representatives Vicky Klakken, Dir., North Region Brigid Gast, RN, Dir. of CC	Robert Moore, MD, Chief Medical Officer Katherine Barresi, RN, Chief Health Services Officer Colleen Townsend, MD, Region Medical Director Mark Netherda, MD, Medical Director for Quality Jeffrey DeVido, MD, Behavioral Health Clinical Dir. Stan Leung, Pharm.D., Director, Pharmacy Services Vacant, RN, Assoc. Dir. UM Strategies Sue Quichocho, Mgr., Quality Measurement Amy McCune, Manager of QI Programs Bradley Cox, MD, Northeast Region Medical Director James Cotter, MD, Associate Medical Director	Jeffrey Ribordy, MD, Region Medical Director R. Doug Matthews, MD, Region Medical Director Marshall Kubota, MD, Region Medical Director Teresa Frankovich, MD, Associate Medical Director Nancy Steffen, Dir., Quality & Perf. Improvement Heather Esget, RN, Director, Utilization Mgmt. (UM) Kevin Jarret-Lee, RN, Assoc. Dir. of UM Kristine Gual, Mgr. of Performance Improvement Isaac Brown, Director, Quality Management Mohamed Jalloh, Pharm.D., Director, Health Equity Megan Shelton, Project Manager, Quality Improvement Monika Brunkal, RPh, Interim Director, Population Health David Lavine, Assoc. Dir. of Workforce Development	

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	DATE RESOLVED
Public Comments	PAC Chairperson asked for any public comments. None presented.	N/A	N/A
Quorum	17/22 – PAC	Committee quorum requirements met (17).	09/11/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.

I.A. Chief Executive Officer Administration Updates	**Partnership's Chief Operations Officer (COO) provided the following report on Partnership activities on behalf of Partnership's Chief Executive Officer.**
	• **Expansion Updates**
	  • Working on stabilization of the 10 new counties in Partnership's network.
	  • The volume of requests for treatment authorization requests (TARs) and claims far exceeds previous estimates.
	  • All Partnership departments have been hiring, onboarding, and training new staff members.
	  • Options to alleviate TAR requirements are being evaluated.
	  • Despite increased volume of requests, calls are being answered by Member Services in 30 seconds or less.
	  • Transportation has provided over one million rides in the expansion regions since January 1, 2024.
	  • Partnership selected Jill Blake to fill the role of Auburn Region Director.
	  • Partnership selected Leigha Andrews to fill the role of Region Director for Marin and Sonoma Counties.
	• **Medicare Dual Special Needs Program (D-SNP) Implementation**
	  • Partnership received approval from Department of Health Care Services (DHCS) to implement D-SNP with a phased approach starting in eight of the 24 counties in January 2026.
	  • Planning is underway for contracts and outreach to providers; the first Medicare Advantage Contract has been signed.
	  • Partnership also received DHCS approval to name the program "Partnership Advantage."
	• **Natural Disaster Resources**
	  • Several fires have broken out in Partnership's service areas, which have been monitored closely by the Region Directors for impact.
	  • Partnership stands ready to assist in the face of any natural disaster to help members and providers as much as possible.
	  • Communication throughout Partnership is swift in order to ensure community outreach and assistance is enacted timely. Partnership staff members visit evacuation centers and coordinate with Red Cross when needed.
	  • Transportation is available for evacuations. Additional fleet vehicles are moved to affected areas to assist with volume.
	  • Pharmacy works with Medi-CalRX to ensure prescriptions can still be filled within seven days.
	
	Questions – None

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.

I.B. Chief Medical Officer Health Services Report	**Partnership's Chief Medical Officer (CMO) presented a brief update on Health Services.**
	
	• **Changes to Prior Authorizations**
	  • Some radiologic procedures have been updated to eliminate the requirement for a TAR.
	  • The information is posted in the Important Provider Notices online and will be shared in the Medical Directors Newsletter for September 2024.
	  • Magnetic resonance imaging (MRI) and computed tomography (CT) scans for the abdomen and pelvis will still require TAR, as will scans for members under the age of 21, and MR angiograms.
	  • Adult scans of the head, neck, and spine will not require a TAR.
	• **Quality Withhold**
	  • Partnership faced penalties for eight quality measures falling below the minimum performance level (MPL).
	  • DHCS has withheld fund from Partnership with the incentive those funds can be earned back through performance improvement.
	  • DHCS published a letter to explain the methodology, which states the incentive portion for calendar year 2024 (CY24)
	  • Focuses on the child/adolescent well care visits measure (WCV), which is from the quality withhold, across all plan county/regions (which aligns with the CQS and Bold Goals):
	  • Incentivizes improving rates for the two race and ethnicity subgroups with the lowest historic performance for each plan county/region.
	  • MCPs earn points on their gap closure performance against a set percentile threshold (NCQA HEDIS 66.67th percentile) with no floor.
	  • Partnership will be focusing heavily on improving well-child visits through Quality and Population Health departments.
	  • In the southeast regions, the populations of focus are American Indian/Alaska Native (AI/AN) and Pacific Islander, primarily Filipino.
	  • In the southwest region, the population of focus is (AI/AN).
	  • In the northeast, the population of focus is Asian and Pacific Islander.
	  • In the northwest, the population of focus is Black/African American.
	  • Clinics can cross reference and list of ethnicities with their list of patients to identify any members who may need special outreach.
	• **Health Equity Accreditation**
	  • Partnership completed a mock audit and is working on improving the score by continuing work on various factors.
	• **Quality Reporting**
	  • DHCS granted Partnership approval to report Health Equity Data Information Set® (HEDIS) measures plan-wide rather than by region for 2024
	  • Overall Partnership scores above average, and high performing areas help provide balance to lower performing areas, thus improving overall scores.
	• **Planning for Medicare D-SNP Coding**
	  • Partnership will be planning educational campaigns to help providers focus on accuracy and completeness of coding to ensure proper care and payments.
	• **Patient Experience Survey**
	  • Partnership will be focusing on educating members of their benefits. A survey revealed many members were unaware of all the benefits available.
	  • The largest areas of member dissatisfaction were appointment access and urgent care access. Partnership will be working with providers for solutions.
	
	Questions - None

AGENDA ITEM	DISCUSSION / CONCLUSIONS
I.C.1. Status Update, Regional Medical	**Partnership's Regional Medical Director for Napa, Yolo, and Solano Counties presented a brief update on activities.** • Some of the larger health centers are in the process of switching to Epic for management of electronic health records (EHR), which is affecting appointment access due to the need to train staff. • Solano County reports success in a pilot program to improve newborn appointment access through educating new families on next step in enrolling for care prior to discharge from the hospital. • There has been a slight increase in provider movement, but staffing remains relatively stable across Solano County. • The Director of Solano County Department of Health & Social Services, Mr. Gerald Huber, announced his retirement. • The Southeast Regional Quality Meeting will be held in September where the group will discuss improving the measures to meet Quality Improvement Program goals and incentives.
I.C.2. Status Update, Regional Medical	**Partnership's Regional Medical Director for Marin and Sonoma Counties presented a brief update on activities.** • Providence Santa Rosa improved the average length of stay by one full day. The successes are being shared with other local hospitals. • E-Consults continue to fill gaps in specialty access. • Sonoma County Health and Human Services is recruiting a new director. • Working with Population Health to stay ahead of influenza season and encourage timely immunizations for members aged six months and older.
I.C.3. Status Update, Regional Medical	**Partnership's Regional Medical Director for Lake, Mendocino, Humboldt, and Del Norte Counties presented a brief update on activities.** • Long Valley Healthcare announced the retirement of their Chief Medical Officer and has selected new CMO. • There are two new pediatricians, emergency department physicians, and a pulmonologist in Humboldt County working for various organizations. A new dermatologist will be moving the area shortly. • Mad River Hospital announced the suspension of labor and delivery services effective October 2024.
I.C.4. Status Update, Regional Medical	**Partnership's Regional Medical Director for Glenn, Butte, Sutter, Colusa, Yuba, Plumas, Sierra, Nevada, and Placer Counties presented a brief update on activities.** • Area fires have resulted in temporary loss of some medical services in evacuated areas. • A moment of silence was taken to honor those who perished in the attacks on September 11, 2001. • Medical education continues to be an area of focus in Glenn and Butte Counties. • Healthy Rural California envisions an inter-professional health care campus in Chico area for training many types of medical practitioners. • Emergency Medical Service access is an ongoing issue in rural communities and is being addressed collaboratively throughout the Partnership network areas. • Partnership's new Region Director is scheduling introductions with area counties. • Partnership Medical Directors are meeting with DHCS to discuss advocacy at the upcoming California Medical Association (CMA) House of Delegates meeting.
I.C.5. Status Update, Regional Medical	**Partnership's Regional Medical Director for Siskiyou, Modoc, Shasta, Lassen, Trinity, and Tehama Counties presented a brief update on activities.** • Fairchild is building a second-story addition to its existing building. The lab will move to the second floor while the first floor will house the emergency department (ED) and five additional bays for a total of 12. The addition will allow more space for operating rooms (OR) and robotic procedures. Completion date is estimated for the end of 2024. • Shasta Regional has hired a new CEO. • Shasta Cascades has hired a new Chief Financial Officer (CFO • Sierra Pacific Regional Cancer Center in Redding will have a groundbreaking ceremony in October 2024. • The Redding community is mourning the tragic loss of local nephrologist, Dr. Jeffrey Krahling.

AGENDA ITEM	DISCUSSION / CONCLUSIONS
II.A. Committee Member Highlight, Dr. Christina Lasich, Chief Medical Executive, Sutter-Lakeside Hospital	**Dr. Christina Lasich, Chief Medical Executive for Sutter-Lakeside Hospital, provided her background and introduced herself to PAC attendees.** Dr. Lasich shared her beginnings in community service on September 11, 1988 as a firefighter for then California Division of Forestry (CDF), now California Department of Forestry and Fire Protection (Cal FIRE). She recalled two incidents where she feared for her life, and how those incidents and her service shaped her as a woman and a leader. After some time, Dr. Lasich made the decision to enter medical school and did so at UC Davis, where she was also a resident. Raised in Grass Valley in Nevada County, Dr. Lasich returned home where she served the area for more than 20 years in private practice and community services. Dr. Lasich discussed the importance of serving the communities to fill in gaps in care; the first of which was treating people for Substance Use Disorder (SUD). She had previously trained in physical medicine and rehabilitation for people with painful conditions; she saw that pain and addiction often collided and wanted to forge a path for both patients and providers. She began volunteering to treat patients in a recovery facility, then Community Recovery Resources, now Granted Wellness, where she served as the Medical Director for five years. Granted Wellness offers 70 residential beds and an intensive outpatient program along with transitional housing serving Nevada and Placer Counties, but accepts patients from other area counties as well. From there, Dr. Lasich transitioned to serve at Western Sierra Medical Center, a Federally Qualified Health Center (FQHC) in Grass Valley, California. She was appointed CMO there in 2018 and stayed several years. She is proud of her involvement in the beginning stages of planning for the Women's Health Center, which was opened in August 2024. After many years of service in Nevada County, Dr. Lasich moved to Mendocino County to work for another FQHC, Mendocino Community Health Clinic (MCHC). There, she stood up many programs to include Population Health Management and SUD treatment with fund from a SSI/SSDI Outreach, Access, and Recovery (SOAR) grant. She noted additional gaps in care in Lake County and was selected to serve as the Chief Medical Executive at Sutter-Lakeside, a critical access hospital, with some of the lowest health outcomes in California. She feels called to serve at Sutter where they have a mission of caring for patients and envision being one of the best integrated, comprehensive health systems in California and the nation. She describes Sutter's values and shared "Curiosity," is one of her favorites because it helps people to wonder and create solutions to complex issues. Access is a solution-focused issue many are facing, and Sutter has added more than 600 clinicians to their footprint in 2024 in efforts to improve access to care. Sutter Lakeside doubled the number of clinicians from nine to 18, the majority of whom are Primary Care Providers (PCPs). Dr. Lasich shared her excitement for Sutter Lakeside to be involved with the Nurse Practitioner (NP) Fellowship at UC Davis, Betty Moore School of Nursing for the first time. Upon graduation, NP Fellows move into rural communities to provide care, often choosing to remain in those communities for many years. Dr. Lasich furthered the importance of access in rural communities and shared the story of a patient who came in to the Sutter Lakeside Birth Center to deliver her third baby. Although the patient delivered naturally, she experienced a life-threating emergency and needed a large blood transfusion to save her life. The Sutter Lakeside Birthing Center has its own OR and was able to resolve the situation quickly, but keeping the birth center open has been challenging, and thinking about what may have happened had that patient not had access puts into perspective how critical access really is, especially for women's health. Sutter Lakeside strives to keep as much access open as possible and has seen a 13% increase in the number of encounters and engagements in the Birth Center and in the clinic. They continue to grow and stabilize the workforce for service to the community.

AGENDA ITEM	MOTIONS FOR APPROVAL	RECOMMENDATIONS / ACTION	DATE RESOLVED
III.A. Approval of Minutes	**September 2024 PAC minutes were presented for approval.**	**MOTION:** Dr. Brennan moved to approve Agenda III.A as presented, seconded by, seconded by Dr. Herman. **ACTION SUMMARY:** [17] yes, [0] no, [0] abstentions.	09/11/24 Motion carried.
III.B. III.B.1 III.B.2 III.B.5	**Consent Calendar Review** Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – September 2024 Policies, Procedures, and Guidelines for Action - Policy Summary September 2024 Credentials Committee Meeting – July 10, 2024	**MOTION:** Dr. Zavod moved to approve Agenda III.B.1, III.B.2, and III.B.5, with modification, seconded by Dr. Herman. **ACTION SUMMARY:** [17] yes, [0] no, [0] abstentions. *MCUG3118 was modified during PAC to correct a typo from PHQ-3 to PHQ-2.*	09/11/24 Motion carried.
III.C	**Physician Advisory Committee Membership** Nomination of Dr. Brent Pottenger to PAC Nomination of Dr. Phuong Luu to Q/UAC	**MOTION:** Dr. Herman moved to approve Agenda III.C, as presented, seconded by Nurse Sprague. **ACTION SUMMARY:** [17] yes, [0] no, [0] abstentions.	09/11/24 Motion carried.
III.D	**Enhanced Care Management** Quality Improvement Program Proposal	**MOTION:** Dr. Eidson-Ton moved to approve Agenda III.D, as presented, seconded by Dr. Herman. **ACTION SUMMARY:** [17] yes, [0] no, [0] abstentions.	09/11/24 Motion carried.
III.E	**Quality Improvement Trilogy Documents** •Summary of Trilogy Documents •2023-24 QI Work Plan Closeout •2023-24 QI Program Evaluation •2024-25 QI Program Work Plan •2024-25 QI Program Description	**MOTION:** Dr. Herman moved to approve Agenda III.E, as presented, seconded by Nurse Sprague. **ACTION SUMMARY:** [17] yes, [0] no, [0] abstentions.	09/11/24 Motion carried.

<table>
<tr><th>AGENDA ITEM</th><th>DISCUSSION / CONCLUSIONS</th></tr>
<tr><td>IV. Old Business</td><td></td></tr>
<tr><td>III.D Enhanced Care Management (ECM) Quality Improvement Program (QIP) Proposal</td><td>
Enhanced Care Management (ECM) Quality Improvement Program (QIP) Proposal
4th Quarter 2024 ECM QIP Measure Changes / 2025 ECM QIP Measurement Set

Total dollars available are $100 per member per month. The Timely Reporting gateway measure determines the number of dollars placed in an incentive pool. Providers can earn up to 100% of incentive pool by meeting the other measures.

<table>
<tr><th>Current: 2024 ECM QIP Measurement Set</th><th>Proposed Q4 2024 Measurement Set Change
Proposed MY 2025 Measurement Set</th></tr>
<tr><td>Measurement Period: January 1, 2024 – December 31, 2024

Description: Providers are required to submit three monthly reports on or before their due date.
1. Return Transmission File - RTF
2. Initial Outreach Tracker File – IOT
3. Provider Capacity Survey

Incentive: $100 per member per month - Dollars earned are placed into an incentive pool.
• 100% incentive will be placed in incentive pool if all reports are received on or before the due date.
• 50% incentive will be placed in incentive pool if all reports are received within one week or five business days past the due date.
• Reports received after five business days will not be eligible for an incentive pool or participation in other program measures.</td><td>No Changes</td></tr>
<tr><td>Measure 1: Care Plan and Release of Information (ROI) Forms
Upload into PointClickCare within 60 Days

Measurement Period: January 1, 2024 – December 31, 2024

Description: Providers must upload Care Plans and the ROI forms for ECM enrolled members into PointClickCare within 60 days of TAR request date.

Incentive pool allotment: 30%

Targets:
• Full credit: > 80%
• Partial credit: 70% - 79%

Reporting: Partnership will audit PointClickCare for evidence of uploaded documents.</td><td>Change: Incentive pool allotment change from 30% to 25% for this measure</td></tr>
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</td></tr>
</table>

<table>
<tr><th>AGENDA ITEM</th><th colspan="2">DISCUSSION / CONCLUSIONS</th></tr>
<tr><td>III.D Enhanced Care Management (ECM) Quality Improvement Program (QIP) Proposal</td><td>Current: 2024 ECM QIP Measurement Set</td><td>Proposed Q4 2024 Measurement Set Change
Proposed MY 2025 Measurement Set</td></tr>
<tr><td></td><td>Measure 2: PHQ9 Depression Screening

Measurement Period: January 1, 2024 – December 31, 2024

Description: Depression screening should be completed with ECM enrolled members as part of initial assessment and development of Care Plan.

Incentive pool allotment: 35%
Targets:
• Full credit: > 90%
• Partial credit: 80% - 89%

Reporting: Providers will submit a screening template quarterly with member names, CIN, DOB, and PHQ-9 screening date and score.</td><td>Change: Incentive pool allotment change from 35% to 25% for this measure</td></tr>
<tr><td></td><td>Measure 3: Blood Pressure Screening

Measurement Period: January 1, 2024 – December 31, 2024

Description: Blood pressure screening must be completed by an in-person visit by ECM staff, a clinic visit, or patient use of PHC approved home blood pressure kit for enrolled ECM members (regardless of prior diagnosis of hypertension).

Incentive pool allotment: 35%

Target:
• Full credit: > 80%
• Partial credit: 70% - 79%

Reporting: Providers will submit a screening template quarterly with member names, CIN, DOB, and PHQ-9 screening date and score.</td><td>Change: Incentive pool allotment change from 30% to 25% for this measure</td></tr>
</table>

III.D Enhanced Care Management (ECM) Quality Improvement Program (QIP) Proposal

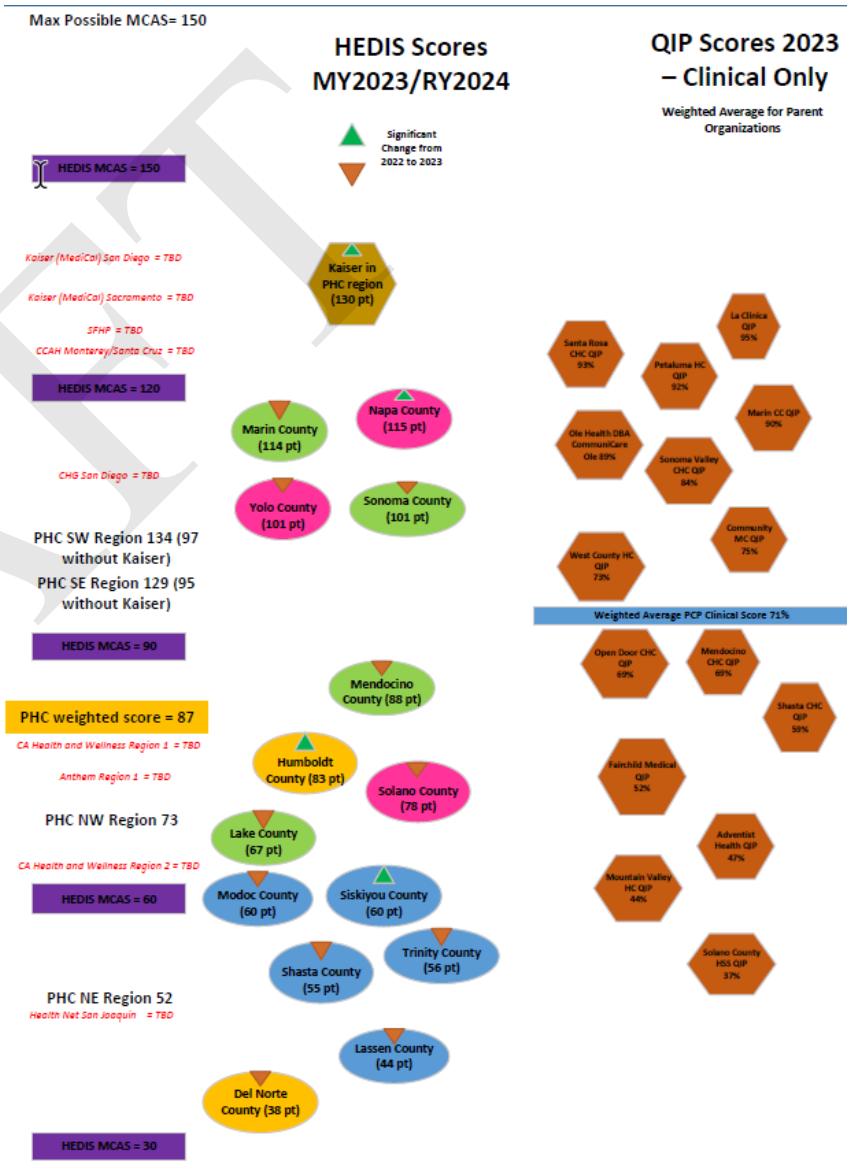
Current: 2024 ECM QIP Measurement Set	Proposed Q4 2024 Measurement Set Change
Not Applicable – New Measure	**NEW Measure 4: Timely Review of ED/Admissions Notification Alerts in PointClickCare** **Part 1**: PointClickCare Notification Alerts Set-up Measurement Period: October 1, 2024 – December 31, 2024 Description: As a prerequisite for participation in Part 2 of the Timely Review of ED/Admissions Notification Alerts in PointClickCare measure, providers are required to set up the Notification Alerts function in PointClickCare properly. Incentive Amount: 25% Reporting Requirements: No reporting is required from providers. PHC will monitor PointClickCare and confirm the alert function is working properly. *NOTE: New ECM providers are eligible to participate in the ECM QIP throughout the measurement year, and will be required to complete Part 1 of this measure during their first quarter in the program.* **NEW Measure 4: Timely Review of ED/ Admissions Notification Alerts in PointClickCare** **Part 2**: Timely Review of ED / Admissions Notification Alerts in PointClickCare Measurement Period: January 1, 2025 – December 31, 2025 Description: Providers receive notification alerts in PointClickCare when an ECM member visits the ED and/or is admitted to the hospital. Providers are required to review the notification alerts within 72 hours of receiving the alert. Incentive Pool Allotment: 25% Targets: • Full credit: > 80% of notification alerts reviewed in PointClickCare within 72 hours • Partial credit: 50%-79.9% of notification alerts reviewed in PointClickCare within 72 hours Reporting Requirements: No reporting is required by providers. Partnership will audit provider performance based on ED/Admissions report results obtained from PointClickCare. *NOTE: Incentive pool allotment or targets are subject to change for providers with five or fewer members.*

Questions – For health centers using Epic for EHR, is this how PointClickCare works within it?

Partnership will conduct detailed reviews for those providers and come up with specifications and exact criteria. If users of other systems are receiving timely notifications of admissions, Partnership with help with a mechanism in showing that information in Q1. PointClickCare is the system ECM providers are required to use, and should already house the care plans for easy access. More will be discussed in committees for providers without any electronic medical records (EMR), but logging into PointClickCare does give them the ability to obtain admission data.

AGENDA ITEM	DISCUSSION / CONCLUSIONS
III.E Quality Improvement Trilogy Documents	**Quality Improvement Trilogy Documents Summary** Partnership's Quality Improvement (QI) Department updates three document annually to reflect the past, present, and future related to Quality Improvement Programs (QIPs): QI Program Description; QI Program Evaluation; QI Work Plan. Each of these documents are required by DHCS and National Coalition for Quality Assurance (NCQA) for accreditation. A team facilitates this process on an ongoing basis. These documents represent accountability of contributions to QI efforts, which is a collaborative goal spanning many Partnership departments, and are presented at the Quality/Utilization Advisory Committee (Q/UAC) and PAC meetings in August and September each year before Board of Commissioners approval in October. **2023-24 QI Work Plan Closeout** The Work Plan Closeout represents the major activities for the QI department and Partnership as a whole to advance quality and performance improvement, objectives, and initiatives. There are four main areas represented to monitor and increase accountability, outlined in the NCQA Health Plan Accreditation (HPA) specifications: Quality of clinical care; Safety of clinical care; Quality of service; Quality of member experience. The work plan identifies time frames for activity completions, staff members responsible such as business owners, sponsors, and contributors, and monitors previously identified issues where Partnership will focus moving forward. Partnership completed the goal set 2023 -2024 at a rate of almost 89% across seven total goals – six of which were delayed, and one was canceled. The work plan also serves as a touch point in evaluating and adapting QI work plan activities around measure score improvement, detailed in the executive summary on page 96 of the packet for reference. Partnership's Member Safety Inspections team compliments this focus and has increasingly focused on timely well visit requirements for both initial health appointments (IHA) and well child and wellness visits under quality measures. Blood-lead screening has been another increasing area of focus under the pediatric domain. Several efforts have been completed to expand and integrate new data sources, in particular, ways to integrate electronic clinical data as a representation of a new HEDIS© measure type in measure sets overall. There has been significant effort put forward to look at quality measure performance from a lens of advancing health equity and closing gaps in health disparities. DHCS has identified well-child visits as a disparity, and Partnership will focus many efforts to improve rates within those identified populations. The delayed implementation of Healthedge's HealthRules Payer (HRP) presented challenges in collecting data for some objectives. Partnership reprioritized some data collection and integration work based on the scope of work identified. Adjustments were made to work plan timelines based on learned feedback to ensure plans could be completed successfully. Duplication of efforts were identified between QI and Population Health Management (PHM), which lead to the termination of some QI efforts in favor of yielding to PHM's Healthy Babies and Health Kids Program charter for the year. Those results used to define 2024-2025 work-plan goals, identified on page 592. **2023-2024 QI Evaluation** This document shares lessons learned in the course of completing the work plan, focusing on completed and ongoing activities to address quality and safety of clinical care as well as quality of service, highlighting quantitative and qualitative focuses in trending measure performance within those domains. The evaluation reveals effectiveness of overall QI program and progress towards influencing network-wide safe clinical practices. Barriers to QI have been included within the evaluation to address strategies and tactics for how Partnership can adapt to serving members and engaging the provider network. The geographical expansion was a large area of focus in addressing how Partnership integrated those counties into the QIP. Additionally, the growing scope and complexity of quality measurement and reporting under both DHCS and NCQA is constantly evolving and changing and the ability to complete accurate and representative measurement across as a whole – the results of which drive quality improvement initiatives and quality improvement work. Furthermore, the work plan focused on NCQA accreditation devoted to health equity and achieving a higher Medicaid health plan rating, achieving a rating of 3.5 stars.

AGENDA ITEM	DISCUSSION / CONCLUSIONS
III.E Quality Improvement Trilogy Documents, Continued	**QI Program Description** The QI Program Description content represents how the QI Program is summarized and structured for processes and intradepartmental work to support overall Partnership QI efforts, including many foundational elements in terms of personnel and functional interactions across departments. A great deal of focus is given to Behavioral Health aspects of the program and the involvement of designated physicians for oversight and monitoring. There are some new elements included for 2024-2025. DHCS has influenced the way Partnership defines the QI program as represented and recently released in APL 24-004, Quality Improvement and Health Equity Transformation Requirements. QI collaborates closely with Partnership's Director of Health Equity and Director of Population Health Management for the integration of policy language within the program description, striving to achieve equitable health for all Partnership members. Additionally, QI has been increasing efforts to support workforce development and wellbeing to ensure providers within Partnership's network have adequate resources to provide high-quality care. Partnership QI efforts relate to DHCS contract requirements, but fundamentally focus on doing the right things for the members and adapting to changes needed. The QI Trilogy documents serves as a mechanism to keep the big picture in mind as Partnership continuously takes on new opportunities and innovative ways to affect quality of care for the better.

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A 2023 Healthcare Effectiveness Data and Information Set (HEDIS ®)/Quality Improvement Program Comparative Results	**2023 Healthcare Effectiveness Data and Information Set(HEDIS ®)/Quality Improvement Program Comparative Results** The results of Partnership's overall PCP QIP and HEDIS® scores for both Health Plan Accreditation and the Managed Care Accountability Set (MCAS) were shared at last month's PAC meeting. Many measures overlap, but a comparative analysis provides insights in performance of clinical measures throughout each county in Partnership's network in 2023; 2023 is the last year Kaiser results will be reported to Partnership. This a visual in three parts with maximum scores represented at the top. The maximum score for HEDIS® MCAS across 15 measures is 150. The maximum score for QIP across clinical measures is 100. **HEDIS® MCAS Results** Partnership Weighted Score 87 <u>Top Performers</u> Kaiser 130 Napa County 115 Marin County 114 Sonoma County 101 Yolo County 101 Mendocino County 88 **QIP Scores 2023** Partnership Weighted Avg. 72% <u>Top Performers</u> La Clinica 95% Santa Rosa CHC 93% Petaluma Health Center 92% Marin Community Clinics 90% Ole Health & CommunicareOle 89% Sonoma Valley CHC 84% Community Medical Centers 75% West County Health Clinic 73% *Winters Healthcare (not pictured)* There was an unexpected decline in HEDIS® measures in other counties, however both Humboldt County and Siskiyou County showed improvement. Health centers in rural areas struggled most across both sets of measures. ***Questions – None*** 

VI. Adjournment		
PAC adjourned at 9:02 a.m.	**Next PAC on Wednesday, October 9, 2024 at 7:30 a.m. Brown Act flexibilities have ended.**	

For Signature Only

The foregoing minutes were APPROVED AS PRESENTED on _____ _____

Date **Steve Gwiazdowski, M.D., Committee Chairperson**

The foregoing minutes were APPROVED WITH MODIFICATION on _____ _____

Date **Steve Gwiazdowski, M.D..., Committee Chairperson**

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
QUALITY/UTILIZATION ADVISORY COMMITTEE (Q/UAC)
MEETING AGENDA

Date: Sept. 18, 2024 **Time: 7:30 – 8:55 a.m.**

Locations: Partnership HealthPlan of California
4665 Business Center Drive, Fairfield, CA 94534 | Napa/Solano Room
2525 Airpark Drive, Redding, CA 96002 | Trinity Alps Conference Room
495 Tesconi Circle, Santa Rosa, CA 95401 | Santa Rosa Huddle Room

Other Locations:
Open Door Community Health Center, 3770 Janes Road, Arcata, 95519
Kaiser Permanente, 5820 Owens Drive, Pleasanton, CA 94588
Chapa-de Indian Health: 11670 Atwood Road, Auburn, 95603

Partnership Staff only may join by Web-ex:
https://partnershiphp.webex.com/meet/quac Meeting # 809 114 256

Partnership Staff only may join by Telephone:
1-844-621-3956 Access Code: 809 114 256

This Brown Act meeting may be recorded. Any audio or video tape recording of this meeting, made by or at the direction of Partnership, is subject to inspection under the Public Records Act and will be provided without charge, if requested.

Welcome / Introductions / Public welcome at cited locations

	Item	Lead	Time	Page #
I.	**Call to Order – Approval/Acceptance of Minutes**			
1	*Approval of* • Aug. 21 Quality/Utilization Advisory Committee (Q/UAC) Minutes	Robert Moore, MD	7:30	5 - 18
2	*Acknowledgment and acceptance* of • Aug. 13 Internal Quality Improvement (IQI) Committee Meeting Minutes • Aug. 20 Quality Improvement Health Equity Committee (QIHEC) *draft* Meeting Minutes • Aug, 1 Population Needs Assessment Committee *draft* Meeting Minutes • Aug. 6 Over/Under Utilization Workgroup *draft* Meeting Minutes			19 - 66
II.				
1	Quality and Performance Improvement Program Update	Nancy Steffen	7:35	67 - 81
2	HealthPlan Update	Robert Moore, MD	7:42	--
III.	**Old Business –** None			
IV.	**New Business – Consent Calendar**			
	Consent Calendar	All	7:50	83
	PULSE Report, Issue 14 – *direct any questions to Latrice Innes*			85 - 99
	Proposed 2025 ECM Measure Summary – *direct any questions to Deanna Watson*			101 - 103
	1st/2nd Qtr Pharmacy/UM IRR/Timeliness Report – *direct any questions to Andrea Ocampo, Pharm.D, and Anna Campbell*			105 - 116
	Utilization Management Policies			
	MCUG3022 – Incontinence Guidelines			117 - 125
	MCUG3058 – Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF-DD-N Facilities			126 - 131
	MCUP3003 – Rehabilitation Guidelines for Acute Skilled Nursing Inpatient Services			132 - 136
	MCUP3015 – Family Planning By-Pass Services			137 - 140
	MCUP3050 – Medication Abortion in the First Trimester			141 - 153

	Item	Lead	Time	Page #
	MCUP3115 – Community Based Adult Services			154 - 162
	MCUP3128 – Cardiac Rehabilitation			163 - 168
	MPUP3035 – Preoperative Day Review			169 - 172
	Care Coordination Policies [1]			
	MCCP2019 – Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children's Services			173 - 198
	MCCP2023 – New Member Needs Assessment			199 - 216
V.	**New Business – Discussion Policies**			
	Synopsis of Changes			217 - 218
	Care Coordination			
	MCCP2033 – Community Health Worker (CHW) Services Benefit	Lisa O'Connell	7:55	219 - 228
VI.	**Presentations**			
1	2024 3rd Next Available & Next Available Survey	Vander Harris	8:00	229 - 250
2	Summation of MY 2023 HEDIS® v. PCP QIP	Robert Moore, MD	8:12	251
3	Undercounting of American Indian Population	Robert Moore, MD	8:19	253 - 257
FYI	Tactical Plan Update for 5-Star Quality Strategy – *direct any questions to Nancy Steffen*			259 - 277
VI.	**Adjournment scheduled for 8:55 a.m. Q/UAC next meets 7:30 a.m. Wednesday, Oct. 16, 2024**			

[1] Edits are mainly to the attachments in both CC policies, with acronyms spelled out to avoid any confusion.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEETING MINUTES

Quality and Utilization Advisory Committee (Q/UAC) Meeting
Wednesday, Sept. 18, 2024 / 7:30 a.m. – 9:05 a.m. Napa/Solano Room, 1st Floor

Q/UAC has now returned to in-person meetings governed by Brown Act requirements following the Feb. 28, 2023 lifting of California's Public Health Emergency.

Voting Members Present		
Sara Choudhry, MD	Meagan Mulligan, FNP-BC	Randolph Thomas, MD
Emma Hackett, MD, FACOG	John Murphy, MD	Jennifer Wilson, MD
Brian Montenegro, MD	Robert Quon, MD, FACP	
	Michael Strain, PHC Consumer Member	
Voting Members Absent: Brandy Lane, PHC Consumer Member; Steven Gwiazdowski, MD, FAAP; Chris Swales, MD		
Partnership *Ex-Officio* Members Present:		
Bides, Robert, RN, BSN, Mgr, Member Safety – Quality Investigations, QI	Moore, Robert, MD, MPH, MBA, Chief Medical Officer – Chair	
Cox, Bradley, DO, Regional Medical Director (Northeast)	Netherda, Mark, MD, Medical Director for Quality – Vice Chair	
Devido, Jeff, MD, Behavioral Health Clinical Director	Newman, Rachel, RN, BSN, Manager, Clinical Compliance – Quality Inspections	
Frankovich, Terry, MD, Associate Medical Director	O'Connell, Lisa, Director, Enhanced Health Services	
Glickstein, Mark, MD, Associate Medical Director	Ribordy, Jeff, MD, Regional Medical Director (Northwest)	
Jalloh, Mohamed "Moe", Pharm.D, Dir. of Health Equity (Health Equity Officer)	Spiller, Bettina, MD, Associate Medical Director	
Katz, Dave, MD, Associate Medical Director	Thornton, Aaron, MD, Associate Medical Director	
Kubota, Marshall, MD, Regional Medical Director (Southwest)	Townsend, Colleen, MD, Regional Medical Director (Southeast)	
Leung, Stan, Pharm.D, Director of Pharmacy Services	Watkins, Kory, MBA-HM, Director, Grievance and Appeals	
Partnership *Ex-Officio* Members Absent:		
Barresi, Katherine, RN, BSN, PHN, NE-BC, CCM, Chief Health Services Officer	Guevarra, Angela, RN, Associate Director, Care Coordination (SR)	
Bontrager, Mark, Sr. Director of Behavioral Health, Administration	Hartigan, Nicole, RN, Associate Director, Care Coordination (NR)	
Cotter, James, MD, Associate Medical Director	Hightower, Tony, CPhT, Associate Director, UM Regulations	
Esget, Heather, RN, BSN, ACM, Director of Utilization Management	Jones, Kermit, MD, JD, Medical Director for Medicare Services	
Gast, Brigid, MSN, BS, RN, NEA-BC, Senior Director, Care Management	Kerlin, Mary, Senior Director of Provider Relations	
Guillory, Ledra, Senior Manager of Provider Relations Representatives	Randhawa, Manleen, Senior Health Educator, Population Health	
	Ruffin, DeLorean, DrPH, Director of Population Health	
	Steffen, Nancy, Senior Director of Quality and Performance Improvement	
Guests:		
Boyle, Shannon, RN, Manager of Care Coordination Regulatory Performance	Morris, Matthew, MD, CMO, Western Sierra Medical	
Brown, Isaac, Director of Quality Management, QI	Nakatani-Phipps, Stephanie, Manager of Provider Relations Representatives	
Campbell, Anna, Health Policy Analyst, Utilization Management	Quichocho, Sue, Manager of Quality Measurement, QI	
Chishty, Shahrukh, Sr. Mgr of Foster Care Programs, Behavioral Health	Sackett, Anthony, Program Manager II, QI (CAHPS)	
Erickson, Leslie, Program Coordinator I, QI (scribe)	Vo, Kathleen, Pharm.D, Clinical Pharmacist, Pharmacy	
Harris, Vander, Sr. Health Data Analyst, Finance	Watson, Deanna, Program Manager I, QI (ECM QIP)	
Matthews, Richard "Doug," MD, Regional Medical Director (Chico)		

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
I. Call to Order Public Comment – *None made* Approval of Minutes Introductions	Chair Robert Moore, MD, MPH, MBA, called the meeting to order at 7:33 a.m. The Aug. 21, 2024 Q/UAC Minutes were approved as presented without comment. *Acknowledgment and acceptance of draft meeting minutes of the* • Aug. 13 Internal Quality Improvement (IQI) Committee • Aug. 20 Quality Improvement Health Equity Committee (QIHEC) • Aug. 1 Population Needs Assessment Committee (PNA) • Aug. 6 Over/Under Utilization Workgroup Regional Medical Director Doug Matthews, MD introduced Matthew T. Morris, MD, observing Q/UAC today from Dr. Matthews' Chico office. Dr. Morris is a board-certified family medicine practitioner who serves on Partnership's Board of Commissioners. He is also the Chief Medical Officer at Western Sierra in Grass Valley. Vander Harris introduced himself, saying he would be speaking later on the 2024 3rd Next Available and Next Available Survey in his first address ever to Q/UAC.	Unanimous Approval of Q/UAC Minutes as presented: Brian Montenegro, MD Second: Randy Thomas, MD Unanimous Acceptance of other Minutes: John Murphy, MD Second: Randy Thomas, MD
II. Standing Updates		
1. Quality Improvement (QI) Department Update *Isaac Brown, Director of Quality Management*	• We recently finalized the specifications for our Electronic Clinical Data Systems (ECDS) unit of service measure for 2024 and held a webinar, sharing that the specs are being updated. Part of this is contracting as many provider organizations as possible with a data aggregator called DataLink by the end of September. • In our Department of Health Care Services (DHCS)-mandated Performance Improvement Project (PIP) on well-child visits in the first 15 months of life, we have found that many of our African-American babies in Solano County are not being connected early on with their mothers in our system: enrollment is not being done in a timely manner. We are piloting having "navigators" at Northbay help connect (i.e., link) the care of mothers and babies within the electronic data systems so that all the great work that our primary care providers and pediatricians do is being captured. • A second PIP is improving percentage of provider notifications for members with serious mental health diagnoses within seven days of an emergency room visit. Cycle 1, wherein we are piloting sending daily ADT notifications to providers, starts this month to try to increase our rates there. • Our National Committee on Quality Assurance (NCQA) Health Equity Accreditation (HEA) team has been working with Director of Health Equity Moe Jalloh, Pharm.D, on a Grand Analysis that should identify significant disparities in our Health Effectiveness Data and Information Set (HEDIS®) measures. The data is coming from different areas and is being filtered through our Quality Measure Score Improvement (QMSI) workgroups, cross-functional teams charged with identifying and implementing interventions. • Our NCQA consultant awarded us 85% of available points on our recent NCQA HEA Mock Survey. (A minimum of 80% is required to become accredited.) We are working on corrective	For information only: no formal action required.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	action plans to gain points in areas where we can before the actual survey in June 2025. (Dr. Moore said he believes we will capture 90% or better on the actual Survey.)	
2. HealthPlan Update *Robert Moore, MD Chief Medical Officer*	• This committee will recall that we have had a few policies going through this committee that will be easing the Treatment Authorization Referral requirements in quite a number of ways. The first one is the removal of TARs for many CT scans and MRIs. That is actually configured already but we have to roll it out and educate the network about it. We do not have an easy way to let all hospitals' radiology personnel know no TAR is required for adults having CTs or MRIs on anything but the abdomen, chest and pelvis. (A CT angiogram does not require a TAR; a MRI angiogram does.) A TAR is not required for any spine or extremity CT or MRI on an adult. Our Provider Relations team will be doing some education. o Anthony Sackett asked through the chat function whether this will improve the member experience. Dr, Moore replied that it should improve both member and provider experiences. o Q/UAC voter Randy Thomas, MD, asked if there any changes for pediatric CTs and MRIs? Dr. Moore replied that CTs and MRIs on pediatric patients still require a TAR because they are not common and many of them involve a radiation concern. Medical Director for Quality Mark Netherda, MD, added there is also concern about the risks of anesthesia involved. • We are resurrecting the long-retired "Partnership Advantage" name to describe our mandated Medicare Dual Special Needs Plan (D-SNP) slated to go live Jan. 1, 2026. We have received the State's permission to do a "regional implementation," that is, basically our coastal counties and those who may be considered San Francisco Bay: Del Norte, Humboldt, Mendocino, Lake, Sonoma, Marin, Napa and Solano counties. The other 16 Partnership counties will not have this option for perhaps two years or so, according to current plans. Partnership is beginning to offer contracts to the big "chains" that have a whole provider network – Sutter, Adventist, Providence-St. Joseph's, and Northbay-Marin – and also a smaller group of practices associated with smaller independent hospitals – Mad River, southern Humboldt, and Sonoma Valley among them. We anticipate the initial enrollment to be 3,000 – 5,000. o Those Medicare-eligible members choosing to become Partnership Advantage members will carry less federal money with them, so providers are encouraged to improve and refine their coding practices in 2025. Doing this should ensure more revenue in 2026. Partnership will be conducting trainings on this. • This committee will recall that the State is employing a number of ways to incentivize managed care plans to work on quality. The biggest is the financial withhold. Next year, 1% of all health plan revenue will be withheld and Partnership will have to "earn" it back. The State specifically wants to close equity gaps on the well-child measures, and has told Partnership on what groups to focus. The State put all race groups together and then chose the two lowest across four of our regions; so, two of the eight are white groups. This may be at odds with Partnership's prior foci; however, all well-child visits are important. The State is putting many millions at stake for that one measure. Partnership will share with this committee in the very near future what our priorities are for the rest of this year and all of next. • We will convey at a future Q/UAC meeting the findings and details of both the regulated Consumer	*Meeting postscript:* Dr. Moore's September Medical Directors Newsletter was emailed Sept. 20 to Q/UAC providers. It includes a short news article on the easing of TAR requirements for adults needing CT scans and MRIs. Q/UAC members are encouraged to share this information with hospital radiology personnel with whom they have a relationship.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	Assessment of Health Providers and Systems (CAHPS) survey and the drill-down survey we put in the field. Partnership has work to do, as do our providers, who earned below national average scores on communication. ("Access to appointments" also did not score well.) o Dr. Netherda stated the specific survey question "my doctor listens carefully to me" is subjective. John Murphy, MD, commented that if patients are broadly satisfied with services and appointment access, they might be more likely to say everything is going well. He wondered whether the term "physician" could not be modified to "provider" in the next survey. Dr. Netherda noted that CAHPS terminology is set across the country. It only allows for two genders too.	
III. Old Business – None		
IV. New Business – Consent Calendar (Committee Members as Applicable)		
Consent Calendar	PULSE Report, Issue 14 – *direct any questions to Latrice Innes* Proposed 2025 ECM Measure Summary – *direct any questions to Deanna Watson* 1st/2nd Qtr Pharmacy/UM IRR/Timeliness Report – *direct any questions to Andrea Ocampo, Pharm.D and Anna Campbell* ***Health Services Policies*** <u>Utilization Management</u> MCUG3022 – Incontinence Guidelines MCUG3058 – Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-N Facilities MCUP3003 – Rehabilitation Guidelines for Acute Skilled Nursing Inpatient Services MCUP3015 – Family Planning By-Pass Services MCUP3050 – Medication Abortion in the First Trimester MCUP3115 – Community Based Adult Services MCUP3128 – Cardiac Rehabilitation MPUP3035 – Preoperative Day Review <u>Care Coordination</u> [1] MCCP2019 – Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children's Services MCCP2023 – New Member Needs Assessment	Nothing was pulled from the Consent Calendar. Motion to approve as presented: Brian Montenegro, MD Second: Randy Thomas, MD *Approved unanimously* <u>Next Steps</u>: Oct. 9 Physician Advisory Committee (PAC)
V. New Business – Discussion Policies		
Policy Owner: Care Coordination – *Presenter: Lisa O'Connell, Director, Enhanced Health Services*		

[1] Edits are mainly to the attachments in both CC policies

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
MCCP2033 – Community Health Worker (CHW) Health Services Benefit	**Policy edits due to All Plan Letter (APL) 24-006** **Definitions added:** Closed loop referral Managed Care Plan (MCP) **VI.B.3 revised** to state Supervising Providers will maintain evidence of CHWs completing a minimum of six hours of additional relevant training annually, which can be in core competencies or a specialty area. **VI.C.2 added** The Supervising Provider does not need to have a licensed provider on staff in order to contract with Partnership to provide CHW services **VI.G.1 replaced** require a referral with require a written recommendation per APL **V1.G.1.b added** to indicate for CHW services rendered in the ED **VI.G.1.c added** the required recommendation can be provided by a written recommendation placed in the Member's record **V1.H.1 added** data on health risks and clinical core gaps as data sources to identify member needs for CHW services **VI.J.1 added** Partnership does not require prior authorization for CHW services as preventive care for the first 12 units **with a limit of four (4) units a day**. **VI.J.2.a added** Documentation to be provided **with the TAR** includes **the original written recommendation**, **(with the exception of services provided in the ED)** **VI.L.2 added** If the parent or legal guardian of the Member is not enrolled in Medi-Cal, the Member must be present during the session. **VI.M.1.l replaced** Coordinating and assisting with transportation to **Transporting members** **VI.O.2 added** Claims processes must adhere to contractual requirements related to claims processing and encounter data submission including use of approved codes pursuant to the Med-Cal Provider Manual for CHW Preventative Services **VI.O.6 revised** to state Providers must not double bill, as applicable, for CHW services that are duplicative to services that are reimbursed through other benefits such as ECM, which is inclusive of the services within the CHW benefit. **VI.O.8 section added** in Pursuant to Welfare and Institutions Code (WIC) 14087.325 (d) **References updated:** Department of Health Care Services (DHCS) All Plan Letter (APL) 24-006 Community Health Worker Services Benefit (05/13/2024) *supersedes APL 22-016* DHCS APL 24-001 Street Medicine Provider: Definitions and Participation in Managed Care (01/12/2024) *supersedes APL 22-023* **References added:** Welfare and Institutions Code (WIC) 14087.325(d) Lisa reported that DHCS finalized APL 24-006 in May, allowing Partnership to finalize policy language in just the last few weeks. It is now easier for Emergency Department providers to refer patients to CHW services. Lisa reiterated that Partnership does not require prior authorization for CHW services as preventive	Motion to approve as presented: Randy Thomas, MD Second: Jennifer Wilson, MD *Approved unanimously* Next Steps: Oct. 9 PAC

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	care for the first 12 units with a limit of four (4) units a day. One unit is 30 minutes, Lisa replied to Dr Netherda's question. Members cannot receive CHW services if they are enrolled in Enhanced Care Management (ECM) because it is largely duplicative. Partnership contracts with the supervising provider, not any CHW as an individual. Dr. Montenegro pointed out a typo on p. 9 of the policy. It and another typo were corrected before the policy was forwarded for Oct. 9 PAC consideration.	
VI. Presentations		
2024 3rd Next Available & Next Available Survey *Vander Harris*	The 3rd Next Available & Next Available Survey is a point-in-time largely telephonic survey to monitor appointment availability, telephone access, and appointment wait time among primary care providers and high-volume specialists. In March 2024, Provider Relations staff employed extensive outreach to 925 sites, in comparison to 687 sites in the same survey in March 2023, the difference being those providers reached in our new East Region added effective Jan. 1, 2024. In total, 357 primary care sites, 428 specialty providers, and 140 prenatal providers were surveyed. The applicable DHCS standards are: <u>Primary Care Providers</u> <= 10 business days to 3NA Adult Appointments and to 3NA Pediatric Appointment <= 48 hours (two business days) to next available newborn appointment and time to next available urgent appointment <u>High-volume Specialists</u> <= 15 business days to 3NA specialty appointments <= 48 hours (two business days) to next available urgent appointment <u>Prenatal Care</u> <= 10 business days to 3NA prenatal care (PCPs and specialists) Dr. Moore prefaced Vander's remarks by providing context: Partnership contacts those providers who do not meet the standards, reminds them of these standards and then re-surveys them at a later date. Although this is a point-in-time survey, it has some predictive value as to their overall yearly access but because we put together so many practices, the actual trend region-wide or plan-wide becomes more valid. Vander went through the results by region within each category. Overall, there was a downward trend across adult, pediatric, and newborn PCP appointments when compared to 2023 survey results. However, the North experienced a 3.1% increase for next available for newborns and a 2.6% increase in distribution of clinics by days to next available urgent appointments. The East Region was monitored for the first time in 2024, and scored >90% across all categories, "a good place to start," Vander commented. The majority of southern counties have a low share of clinics meeting adult and pedi targets. Sutter and Yuba counties have low share meeting newborn and urgent targets. The East had the highest rates for 100% of clinics by county meeting targets. Generally, North and South counties had the same or lower share of clinics making targets compared to 2023. Napa County, however, improved by 29% to score 86% for pediatric appointments. In 2024, 58% of clinics missed at least one PCP next appointment target. The maximum wait times for next appointment are exceedingly long. The specialty clinics improved by 15.5% to 94.3% in the North 3NA compared to 2023 survey but the South fell 18% to just 70%. Similarly specialty urgent appointments improved by 6% to 98.9% in the North but fell 4% to 91.8% in the South. The North has lowest rates for	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	endocrinology, gastroenterology and ophthalmology. The South had lowest rates of clinics meeting targets for neurology, dermatology, and gastroenterology. Taken all together, 22% of surveyed clinics did not meet the 3NA specialist appointment target. Days to next prenatal appointment in the North rose 9.8% to 96.9% meeting target while the South fell 19.5% to just 73.7% of clinics hitting targets. (The East registered 91% target acquisition.) Long wait times at Marin and Solano county clinics heavily contributed to the South's decline. Southwest Regional Medical Director Colleen Townsend, MD, commented that progress has been made in Solano County: when staffing is well managed, the wait times to next available appointment are shorter. We must remember, however, that many prenatal practices work a five-, not a seven-, day week. She said that since this March survey there has been a narrowing of the gap: many practices are trying to add more clinical care or perinatal services within a three- to seven-day window. The situation is still fully dependent on labor and delivery staffing at the Center for Women's Health at Northbay. Southeast Regional Medical Director Marshall Kubota, MD, asked whether the wait in a small clinic counts the same as a wait in a large one. Dr. Moore said yes; these survey results are not weighted by the size of the practice, nor are they viewed by whether the member is a new or existing patient, he added in response to a question from Dr. Netherda. Manager of Provider Relations Stephanie Nakatani-Phipps confirmed that it is not broken down by new appointment or established care. Associate Medical Director Dave Katz, MD, suggested the in-person visits should be compared with telehealth visits, else some specialties may never see their overall performance improve. Dr. Moore agreed this would be an interesting comparison, adding he senses specialty telehealth services are used more widely in the North than they are in the South. Paradoxically, access is generally worse in the North but telehealth may be one reason why some northern areas have better access than does the South. Q/UAC voter Brian Montenegro, MD, noting that access to appointments is one of the big areas of member grievances, said of the South, "it's concerning that this is such a great decline." Dr. Moore said we can speculate about any number of reasons why: • We have a global shortage of primary care and specialty providers. • Medicare reimbursement rates have been stagnant for 25 years. • The number of Accreditation Council for Graduate Medical Education (ACGME) spots for most specialties apart from primary care specialties has not changed in 25 years. (The number of new endocrinologists, nephrologists, and rheumatologists coming out of school is the same today as it was in 1998, Dr. Moore said.) Specialists make their rates on Medicare, and when they don't go up, income drops, Dr. Moore noted. The last nephrologist willing to see Partnership members in hospital in Humboldt closed his practice in August because he had been taking money out of his own retirement to pay his office staff. After a short discussion among the physicians to Dr. Townsend's remark that the overall FTEs of providers has not recovered to pre-pandemic rates, Dr. Montenegro commented that we may have an issue with recruiting providers to live and work in relatively high-cost areas. Dr. Moore said it is a rural/urban issue: the larger urban groups (e.g., Kaiser, Sutter) have robust networks and hire away specialists. The Providence network has some specialties but not all: they do not have a multi-specialty group in Humboldt. Further, Dr. Montenegro said he sees new housing going up and assumes the population is growing. Dr. Netherda did a Google search and learned that Yolo and Sutter populations declined last year. Yes, there would seem to be more housing starts; however, we do not know how many might be low income units that could be occupied by our member demographic.	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	Dr. Netherda shared a remote participant's question: is this survey a "secret shopper"? Stephanie replied no; the Provider Relations' callers identified themselves and said why they were calling before they started asking questions.	
Summation of MY 2023/HEDIS® v. PCP QIP Performance *Robert Moore, MD*	Dr. Moore presented a side-by-side comparison of where providers scored relative to national benchmarks for both methodologies: the MY 2023 HEDIS® and the weighted average for parent organization for 2023 QIP clinical measure points. Partnership's weighted average on the 15 clinical measures was 87; so counties above that are raising the numbers, and counties below that mark are pulling it down. Looking at a maximum of 150 points (10 for each of the 15 clinical measures), Napa County moved up to 115 points, edging out Marin with 114. Sonoma and Yolo dropped a bit. The other county that made it above the weighted line was Mendocino. Humboldt had a big improvement, almost making it to the average. Siskiyou also improved. Lassen scored the lowest among the counties. The larger providers pulling up the clinical QIP scores include La Clinica, Winters Health Care Foundation (Yolo County),Santa Rosa, Petaluma, Marin, OLE CommuniCare, Sonoma Valley, West County and Community Medical Centers as an organization. Rising but still under the average are Open Door, Mendocino Community Health Clinic and Shasta. Fairchild, Adventist, Mountain Valley, Solano County are down toward the bottom of the larger providers. Dr. Moore congratulated La Clinica on scoring 95% of the available 150 clinical points. Dr. Montenegro asked why Kaiser is always on top? Dr. Netherda noted Kaiser pay well. Dr. Kubota noted Kaiser does not have the shortage of providers that many other networks do. Dr. Moore concluded that a closed system has its advantages. Others who open up to new patients even if it stresses the healthcare delivery system may be doing the right thing by our communities but QIP and HEDIS® scores will be impacted. Dr. Netherda asked where the "somewhat closed system" of Northbay – missing from the matrix – placed. Northbay was near the top, Dr. Moore said.	
Undercounting of American Indian Race Category *Robert Moore, MD*	Dr. Moore prefaced his remarks by saying he would appreciate any feedback so that he might fine tune this presentation before delivering it at a Tribal Health Convening Oct. 7, at which will be present the single DHCS person who could most effect change. Dr. Moore began by defining and exemplifying "indigenous erasure" in sociological and governmental terms before implying that how we define "race" is key to address inequities and disparities in both resource allocations and healthcare outcomes. Presently, DHCS is undercounting the American Indian/Alaskan Native population likely receiving Medi-Cal benefits, perhaps by as much as 1200% when looked at through the lens of both state and federal census data. The 2020 Census data puts AI/AN population at 1.6% with an additional 2% identified as AI/AN in combination with some other race, for a total of 3.6%. Meanwhile, DHCS puts the AI/AN Medi-Cal population at just .3% (approximately 51,000) of the nearly one-third of all Californians on Medi-Cal. If the census data were to be extrapolated, the true figure could approximate 600,000 persons identifying in some part as AI/AN, Dr. Moore said. Why is the DHCS number so low? The Medi-Cal application form itself – designed without tribal consultation as mandated by both state and federal law – offers these race options: White, Black or African American, AI/AN, and a variety of Asian/Pacific Islanders. The ethnicity question follows: are you of Hispanic, Latino or Spanish origin? Those who answer yes can further define themselves by country of origin. The AI/AN can say yes or no to "is this person a member of a federally recognized American Indian or Alaska Native tribe?" This is important because one can be 100% Native American and not identify with a federally recognized tribe. The 834 (membership) file that DHCS sends to health plans utilizes an algorithm that chooses a single race. The algorithm is not transparent but some things may be inferred, Dr. Moore noted. Hispanics are overcounted in Medi-Cal because if the member has	

indicated they are both Hispanic and Black, they are counted as Hispanic. If identifying as Hispanic and Native American, Hispanic takes precedence. Members who indicate they are multi-racial get put in the "other" category. The 2020 Census offers more ways to self identify; however, the recent option additions of "Mayan" and "Aztec" makes it clear that any indigenous person from the Americas, not just the United States, is to be categorized as AI/AN. Below are three examples of how the same person could be accounted for in three different ways.

Medi-Cal Application	Census	DHCS Membership File
Race: AI/AN Ethnicity: non-Hispanic Enrolled in federally recognized tribe: Yurok	Race: AI/AN and lists Yurok, Karuk, and Hupa tribes Ethnicity: non-Hispanic	Single Race: AI/AN Principle: non-Hispanic ethnicity with only one race chosen
Race: Other: Mexican Ethnicity: Hispanic: Mexican	Race: AI/AN: Aztec tribe Ethnicity: Hispanic: Mexican	Single Race: Hispanic Principle: Hispanic status trumps any race choice
Race: White and AI/AN selected Ethnicity: non-Hispanic Enrolled in federally recognized Tribe: Round Valley	Race: White: German and AI/AN: Concow, Pomo (runs out of characters so cannot include others) Ethnicity: non-Hispanic	Single Race: Other/Missing Principle: non-Hispanic ethnicity with more than one race

Although some categorized in the Census as AI/AN identify with recognized Canadian or Latin American Indian tribes, this cannot fully explain the approximate 12-fold undercounting in DHCS, Dr. Moore said. Undercounting has many adverse impacts:

- Erroneous framing of Native and non-Native populations
- Insufficient prioritization of policies coming out of Sacramento
- Inequitable resource allocation
- Incorrect conclusions are drawn from invalid data (All of the ethnicity data Partnership has done on our HEDIS® analysis is based on invalid data we received from DHCS.)

The federal Office of Management and Budget (OMB)'s 2024 standard for categorizing race/ethnicity must be implemented by 2029 at the latest, Dr. Moore noted. Big changes include:

- Removing Middle Eastern/North African out of "White," thereby creating a new race category
- Moving Latino/Hispanic to be a co-equal race/ethnicity category (which DHCS is doing anyway)

The changes will partly resolve Hispanic over counting, and more persons will appear in other categories, including "other." OMB has given the states three options for categorizing individuals who select more than one race:

1. "Alone or in combination" would add to more than 100% and add statistical complexities.
2. "Most frequent multiple responses" would enable answering questions such as "is Native American plus Hispanic different from the Native American plus White in terms of analyzing healthcare outcomes?
3. "Multiracial" or "mixed" may be what DHCS is leaning towards. It's the simplest methodology but the least useful for analysis.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	Dr. Moore added that although DHCS has tentatively chosen #3, there is a movement within its Population Health division to go for #1. Partnership recommends that DHCS adopt #1 and share the detailed ethnicity data with us at least monthly in a file supplemental to the 834. Partnership would then need to figure how to ingest the data and develop a framework for analyzing disparities using more inclusive racial categories that add to more than 100%. In summary, undercounting any racial or ethnic group is a form of structural racism and presents a health equity issue. New federal standards offer opportunities to change how racial and ethnic data is captured. Tribal consultation should be done early in the decision-making process, especially if there is significant controversy and major policy implications. Associate Medical Director Dave Katz, MD, asked "if I am a farmworker in Fresno, and I come from Mexico but I have Aztec blood and there is no tribe around, how will I be affected?" Dr. Moore said the Census category of AI is not related to your legal rights as an American Indian. Dr. Katz reframed his question: "if you are not in a place where you can get benefits from the tribe you say you belong to, isn't it better that more money goes to Latinos, rather than to the tribe?" Dr. Moore said this is a judgment call. Q/UAC voter Dr. Montenegro suggested a shuffling of the slide deck: show it is undercounted, show the implications and then go into the why of it. Q/UAC voter John Murphy, MD, agreed.	
VIII. **Adjournment** – Q/UAC adjourned at 9:05 a.m. Q/UAC next meets at 7:30 a.m. Wednesday, Oct. 16, 2024.		

Respectfully submitted by: Leslie Erickson, Program Coordinator II, QI

Signature of Approval: _____ Date: _____

Robert Moore, MD, MPH, MBA
Chief Medical Officer and Committee Chair

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
INTERNAL QUALITY IMPROVEMENT (IQI) COMMITTEE MEETING MINUTES
Tuesday, Sept. 10, 2024 / 1:30 – 2:38 PM

Members Present:

Bides, Robert, RN, BSN, Manager of Member Safety – Quality Investigations, QI
Boyle, Shannon, RN, Manager of Care Coordination Regulatory Performance
Brown, Isaac, MHA, MBA, Director of Quality Management, Quality Improvement
Brundage O'Connell, Lisa, MHA, Director of Enhanced Health Services
Brunkal, Monika, RPh, Assoc. Dir., Population Health
Campbell, Anna, Policy Analyst, Utilization Management
Esget, Heather, RN, BSN, ACM, Director of Utilization Management
Garcia-Hernandez, Margarita, PhD, Director of Health Analytics
Innes, Latrice, Manager of Grievance & Appeals Compliance
Klakken, Vicki, Regional Director – Northwest
Kubota, Marshall, MD, Regional Medical Director – Southwest
Leung, Stan, Pharm.D, Director of Pharmacy Services
Matthews, Richard "Doug," MD, Regional Medical Director – Chico
Moore, Robert, MD, MPH, MBA, Chief Medical Officer, Committee Chair
Netherda, Mark, MD, Medical Director for Quality, Committee Vice-Chair
Newman, Rachel, RN, BSN, Manager, Clinical Compliance – Quality Inspections
Randhawa, Manleen, Senior Health Educator, Population Health
Ruffin, DeLorean, DrPH, MPH, Director of Population Health
Sharp, Tim, Regional Director – Northeast
Steffen, Nancy, Senior Director of Quality and Performance Improvement
Villasenor, Edna, Senior Director, Member Services and G&A

Members Absent:

Ayala, Priscila, Associate Director of Provider Relations
Barresi, Katherine, RN, BSN, PHN, NE-BC, CCM, Chief Health Services Officer
Bjork, Sonja, JD, Chief Executive Officer
Davis, Wendi, Chief Operating Officer
Gast, Brigid, MSN, BS, RN, NEA-BC, Sr. Director, Care Management
Jalloh, Mohamed "Moe," Pharm.D, Health Equity Officer
Kerlin, Mary, Senior Director, Provider Relations
Hightower, Tony, CPhT, Associate Director, UM Regulations
Jones, Kermit, MD, JD, Medical Director for Medicare Services
Turnipseed, Amy, Senior Director of External and Regulatory Affairs

Guests:

Arrazola, Kelcie, Education Specialist, provider Relations
Bikila, Dejene, Manager of Data Science, Finance
Clark, Kristen, Manager of Quality & Training, Member Services
Devan, James, Manager of Performance Improvement (NR), QI
Devido, Jeff, MD, Behavioral Health Clinical Director
Erickson, Leslie, Program Coordinator I, QI (scribe)
Gual, Kristine, Manager of Performance Improvement, (SR) QI
Harris, Vander, Senior Health Data Analyst I, Finance
Jarrett-Lee, Kevin, RN, Associate Director of UM
Lee, Donna, Manager of Claims, Claims
Moore, Jordan, Education Specialist, Provider Relations
McCune, Amy, Manager of Quality Incentive Programs, QI
Ocampo, Andrea, Pharm.D, Clinical Pharmacist, Pharmacy
Power, Kathryn, Regional Director, Southeast
Rathnayake, Russ, Senior Health Data Analyst I, Finance
Roberts, Dorian, Improvement Advisor, QI
Rodekohr, Dianna, Project Manager I, Configuration
Sivasankar, Shivani, Senior Data Scientist, Finance
Salehi, Tiphanie, Sr. Health Data Analyst, Finance
Thomas, Penny, Sr. Health Data Analyst, Finance
Vaisenberg, Liat, Associate Director of Health Analytics, Finance
Watson, Deanna, Program Manager, QI

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
I. Call to Order Introductions – None Approval of Minutes	Chief Medical Officer and Committee Chair Robert Moore, MD, MPH, MBA called the meeting to order at 1:32 p.m. Approval of Aug. 13, 2024 IQI Minutes *Acknowledgement and Acceptance of draft meeting minutes of the* • Aug. 1 Population Needs Assessment (PNA) Committee • Aug. 6 Over/Under Utilization Workgroup	Motion to approve IQI Minutes: Isaac Brown Second: Mark Netherda, MD Motion to accept other minutes: Stan Leung, Pharm.D Second: Mark Netherda, MD
II. Old Business – None		
III. New Business (Committee Members as applicable) – Consent Calendar		
PULSE Report, Issue 14 – *direct questions on this and the internal NCQA ME:7 Member Experience Threshold Report on FYI to Latrice Innes* ***Health Services Policies*** <u>Utilization Management</u> MCUG3022 – Incontinence Guidelines MCUG3058 – Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-N Facilities MCUP3003 – Rehabilitation Guidelines for Acute Skilled Nursing Inpatient Services MCUP3015 – Family Planning By-Pass Services MCUP3050 – Medication Abortion in the First Trimester MCUP3115 – Community Based Adult Services MCUP3128 – Cardiac Rehabilitation – ***pulled by Anna Campbell*** MPUP3035 – Preoperative Day Review <u>Care Coordination</u> [1] MCCP2019 – Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children's Services MCCP2023 – New Member Needs Assessment <u>Pharmacy</u> MCRP4066 – AB1114 Benefit Implementation and Oversight MPRP4062 – Drug Wastage Payments ***Member Services*** MC305A – Distribution of Member Rights and Responsibilities – Wellness and Recovery Program ***Provider Relations / Credentialing Policies*** MPCR13D – Registered Pharmacists for AB1114 Credentialing MPPR209 – Provider Network/Subcontractor Contract Terminations and Facility De-certifications and Suspensions Anna Campbell **pulled MCUP3128 to audible two changes** Associate Medical Director Mark Glickstein, MD suggested after the packet was published: • Amend VI.B.5.d. as follows: Program Description for Intermediate-Risk Members:	The Consent Calendar but for MCUP3128 was **approved as presented:** Marshal Kubota, MD Second: Isaac Brown Motion to approve MCUP3128 **as amended:** Marshall Kubota, MD Second: Mark Netherda <u>Next Steps:</u> • UM and Care Coordination policies will go to Sept. 18 Quality/Utilization Advisory Committee (Q/UAC) and the Oct. 9 Physician Advisory Committee (PAC) • Pharmacy policies next go to Oct. 10 Pharmacy & Therapeutics (P&T) Committee and then Nov. 13 PAC • Member Services' MC305A goes to department approval • Provider Relations' MPPR209 goes to the CEO for approval

[1] Edits are mainly to the attachments in both CC policies

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	1) 24 one-hour sessions or less of exercise training ***with or*** without continuous ECG monitoring • Add as hyperlinked Reference B: Up-To-Date: Lynne T. Braun, PhD, RN, CNP; Nanette K. Wenger, MD; Robert S. Rosenson, MD, "Cardiac Rehabilitation Programs," updated May 15, 2024 The IQI Committee had no objections.	• MPCR13D passed the Credentials Committee on Sept. 11.
IV. New Business – Discussion Policies		
Care Coordination: *Presenter: Lisa Brundage O'Connell, MHA, Director, Enhanced Health Services*		
MCCP2003 – Community Health Worker (CHW) Services Benefit	**Policy edits due to APL 24-006** **Definitions added:** <u>Closed loop referral</u> <u>Managed Care Plan (MCP)</u> **VI.B.3 revised** to state Supervising Providers will maintain evidence of CHWs completing a minimum of six hours of additional relevant training annually, which can be in core competencies or a specialty area. **VI.C.2 added** The Supervising Provider does not need to have a licensed provider on staff in order to contract with Partnership to provide CHW services **VI.G.1 replaced** require a referral with require a written recommendation per APL **V1.G.1.b added** to indicate for CHW services rendered in the ED **VI.G.1.c added** the required recommendation can be provided by a written recommendation placed in the Member's record **V1.H.1 added** data on health risks and clinical core gaps as data sources to identify member needs for CHW services **VI.J.1 added** Partnership does not require prior authorization for CHW services as preventive care for the first 12 units **with a limit of four (4) units a day**. **VI.J.2.a added** Documentation to be provided **with the TAR** includes **the original written recommendation**, **(with the exception of services provided in the ED)** **VI.L.2 added** If the parent or legal guardian of the Member is not enrolled in Medi-Cal, the Member must be present during the session. **VI.M.1.l replaced** Coordinating and assisting with transportation to **Transporting members** **VI.O.2 added** Claims processes must adhere to contractual requirements related to claims processing and encounter data submission including use of approved codes pursuant to the Med-Cal Provider Manual for CHW Preventative Services **VI.O.6 revised** to state Providers must not double bill, as applicable, for CHW services that are duplicative to services that are reimbursed through other benefits such as ECM, which is inclusive of the services within the CHW benefit. **VI.O.8 section added** in Pursuant to Welfare and Institutions Code (WIC) 14087.325 (d) **References updated:** Department of Health Care Services (DHCS) All Plan Letter (APL) 24-006 Community Health Worker Services Benefit (05/13/2024) *supersedes APL 22-016* DHCS APL 24-001 Street Medicine Provider: Definitions and Participation in Managed Care (01/12/2024) *supersedes APL 22-023* As Lisa was remoting into the meeting, Shannon Boyle, RN noted that the Department of Health Care Services (DHCS) has approved the updated policy as presented here. Anna commented that DHCS is concerned with double billing, adding that Lisa has worked with Configuration to accomplish the changes set forth in Section VI.J. Dr. Moore observed that many of the DHCS-driven language edits are self-evident and as such might be applied to many Partnership policies.	There were no questions. Motion to **approve as presented**: Mark Netherda, MD Second: Colleen Townsend, MD <u>Next Steps</u>: Sept. 18 Q/UAC Oct. 9 PAC

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
V. Presentations		
1. Quality and Performance Improvement Update *Nancy Steffen, Senior Director of Quality and Performance Improvement*	• The 2024 Electronic Clinical Data Systems (ECDS) Unit of Service measure specification as announced via webinar Sept. 4 will help us with Health Effectiveness and Data Information Set (HEDIS®) efforts and gathering additional chart-based data to give us insight into depression screening and other such services. • Provider public comment is open through Sept. 13 on proposed PCP QIP measure set changes for 2025 that will reflect our HEDIS® priorities. The changes to be presented to PAC Oct. 9 include o Adding both Chlamydia Screening in Women (CHL) and Well-Child Visits for 15-30 months old (W30+2 as monitoring measures for Family Practice and core measures for Pediatrics; and o Adding monitoring measures Breast Cancer Screening (BCS) for those age 40-49 and Topical Fluoride in Children (TFL-CH). • How Quality's performance improvement (PI) efforts intersect with both Population Health's and Health Equity's efforts to mitigate disparities is being folded into various work groups as Partnership moves toward earning National Committee on Quality Assurance (NCQA) Health Equity Accreditation (HEA) mid 2025. Director of Health Equity Moe Jalloh, Pharm.D, will present his Grand Analysis: Health Equity to IQI and Q/UAC in October. • We did well in our HEA "mock survey" conducted with our NCQA consultant in mid-August, scoring an overall HEA compliance of 85.19% (23 out of 27 total applicable points). Business owners who were asked to address improvement recommendations must submit their Corrective Action Plans by Sept. 20. • New 2025 NCQA Health Plan Accreditation (HPA) Standards and Guidelines came out at the end of August. Business owners at Partnership and other managed care plans are now reviewing and commenting. Although Partnership will follow the 2026 HPA Standards for the Renewal Survey, it is critical to align our practices with the 2025 updates and changes. The NCQA Program Management team has presented business owners with a crosswalk summary of changes from 2024 to 2025: business owners have until Oct. 4 to ask for clarification where necessary and to attest they understand any changes that may affect the survey elements for which they are responsible. The 24-month "lookback period" began Sept. 1, 2024. • We are now looking at the regulated Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Adult Survey to better understand the drivers behind some low performances in Measurement Year 2023/Reporting Year 2024. The additional "drill down" survey results will drive our work to achieve our access of care goals. These surveys play into our Member Experience Grand Analysis (MEGA) that Anthony Sackett will present to IQI and Q/UAC in November.	*For information only.* There were no questions. Dr. Moore stated that the State has now drafted a methodology for closing some disparities on Well-Child measures and that there will be a number of "withholds" in the coming budget cycle. Our goal is to have our provider network see as many of our pediatric members as they can. Focusing too on our under-represented groups will have a ripple effect both on our Managed Care Accountability Set (MCAS) measures and our ability to "earn back" monies, Dr. Moore said. Nancy added that we should know our next steps in the next few days.
2. Proposed 4th Qtr 2024 / 2025 Enhanced Care Management (ECM) QIP Measures *Deanna Watson, Program Manager, ECM QIP*	The proposed 2025 ECM QIP Measurement Set is identical to the current 2024 set but for the addition of a fourth measure: "Timely Review of EDI Admissions Notification Alerts in PointClickCare." (The addition means that the incentive pool allotment percentages will change for the existing measures.) Existing ECM providers in 4th Qtr 2024 need only set up the notification alerts function in PointClickCare. No reporting is actually required as Partnership will monitor PointClickCare to confirm the alert function is working properly. New ECM providers are eligible to participate in the ECM QIP throughout the measurement year, and will be required to complete the alert set-up during their first quarter in the program. In MY 2025 (Jan. 1 – Dec. 31), providers will receive notification alerts in PointClickCare when an ECM member visits an emergency department and/or is admitted to hospital. Providers are required to review the notification alerts within 72 hours of receiving the alert. Again, no reporting will be required as Partnership will audit provider	IQI posed no questions. The Physician Advisory Committee on Sept. 11 approved the ECM QIP measures as proposed.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	performance based on ED/Admissions report results to be obtained from PointClickCare. Full credit will be awarded if 80% or more notification alerts are reviewed within 72 hours; partial credit will be awarded to providers with 50% - 79.9% timely reviews. Total dollars available are $100 per member per month. The Timely Reporting gateway measure determines the number of dollars placed in an incentive pool. Providers can earn up to 100% of incentive pool by meeting the other four measures, which include depression and blood pressure screenings. Incentive pool allotment or targets are subject to change for providers with five or fewer members.	
3. 1st / 2nd Qtrs 2024 UM / Pharmacy Inter-Rater Reliability / Timeliness *Andrea Ocampo, Pharm.D, Clinical Pharmacist, Pharmacy* and *Heather Esget, RN, Director of Utilization Management*	Pharmacy reviewed 5,528 Treatment Authorization Requests (TARs) during the first half of 2024, compared to 3,886 during the same 2023 period. Jan. 1 – June 30, 2024, Pharmacy exceeded its 95% timeliness goals for TARs for physician administered drugs (PAD) in both non-urgent/preservice and post service categories. Timeliness was 100% for each in both first and second quarters. (The report includes only Adverse Benefit Decision (ABD) determinations resulting from medical necessity review.) Pharmacy did not meet the same 95% compliance goal for urgent preservice TARs. The NCQA standard here is notification within 72 hours of the request: in first quarter, timeliness was only 89.71% but rose to 93.91% by the end of the second quarter. Andrea attributed the failure to hit our 95% compliance goal both to training of new staff and the 10-county expansion. Both pharmacists and pharmacy technicians exceeded 90% inter-rater reliability (IRR) concurrence goals, averaging 98% and 96%, respectively, across the first six months of 2024. UM nurse coordinators exceeded 90% concurrent IRR goals across each category for non-Behavioral Health decisions: inpatient (95.86%), outpatient (95.90%) and long-term care (LTC at 96.40%). Physician UM IRR resulted in a 98.48% concurrence rate. (No pharmacy TARs were included here.) UM TAR timeliness, however, failed to meet the 90% goal standard in any category of service, in part because the "expansion assumptions were inadequate," Heather said. "Even waiving approvals January through April didn't help." One of the biggest issues was finding double and triple requests coming in across both the LMS platform and by fax too. UM has since implemented many tactics to mitigate these issues. As of Aug. 15, thanks to IT, providers can now upload supporting documentation, Heather said. As a result, fax requests have dropped from thousands to no more than 500. Heather also thanked Provider Relations for its work in educating network providers. UM coordinators too have been outreaching our provider network to submit requests via LMS. UM is also teaching its nurse coordinators to be more proficient in our system. Heather said that it is worth noting that inpatient TAR volume the first half of 2024 was already 82% of that logged for all of 2023, adding that outpatient and LTC also experienced similar volume increases. IQI posed no questions.	
4. 2024 3rd Next Available & Next Available Survey *Vander Harris, Senior Health Data Analyst, Finance*	The 3rd Next Available & Next Available Survey is a point-in-time largely telephonic survey to monitor appointment availability, telephone access, and appointment wait time among primary care providers and high-volume specialists. In March 2024, Provider Relations staff outreached a total of 357 primary care sites (94 in the North, 153 in the South and 110 in our new East Region); 428 specialty providers (88 in the North, 223 in the South and 117 in the East), and 140 prenatal providers (37 in the North, 71 in the South, and 32 in the East). The DHCS standards are: <u>Primary Care Providers</u> • Days to 3NA Adult Appointments and to 3NA Pediatric Appointment <= 10 business days • Time to next available newborn appointment and time to next available urgent appointment <= 48 hours	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	High-volume Specialists • Days to 3NA specialty appointments <= 15 business days • Time to next available urgent appointment <= 48 hours Prenatal Care • Days to 3NA prenatal care (PCPs and specialists) <= 10 business days Vander went through the results by region within each category. Overall, there was a downward trend across adult, pediatric, and newborn PCP appointments when compared to 2023 survey results. However, the North experienced a 3.1% increase for next available for newborns and a 2.6% increase in distribution of clinics by days to next available urgent appointments. The East Region was monitored for the first time in 2024, and scored >90% across all categories. In summary of PCP targets, the majority of southern counties have a low share of clinics meeting adult and pedi targets. Sutter and Yuba counties have low share meeting newborn and urgent targets. The East had the highest rates for 100% of clinics by county meeting targets. Generally, North and South counties had the same or lower share of clinics making targets compared to 2023. Napa County, however, improved by 29% to score 86% for pediatric appointments. In 2024, 58% of clinics missed at least one PCP next appointment target. The maximum wait times for next appointment are exceedingly long. The specialty clinics improved by 15.5% to 94.3% in the North 3NA compared to 2023 survey but the South fell 18% to just 70%. Similarly specialty urgent appointments improved by 6% to 98.9% in the North but fell 4% to 91.8% in the South. The North has lowest rates for endocrinology, gastroenterology and ophthalmology. The South had lowest rates of clinics meeting targets for neurology, dermatology, and gastroenterology. Taken all together, 22% of surveyed clinics did not meet the 3NA specialist appointment target. Days to next prenatal appointment in the North rose 9.8% to 96.9% meeting target while the South fell 19.5% to just 73.7% of clinics hitting targets. (The East registered 91% target acquisition.) Long wait times at Marin and Solano county clinics heavily contributed to the South's decline. Isaac Brown asked if 3NA was calculated across all providers at a surveyed site. Vander said yes it was. A conversation ensued between Isaac, Vander and Dr. Kubota whether a prenatal appointment could be done in any "routine" primary care site's open slots. Dr. Netherda said he was impressed by the gains in the North, although he noted that they do not appear to align with our measure results there. He suggested some study be done on these disparities. Dr. Moore said we will be looking at why one specific provider's grievances are up, as noted in the PULSE report on the today's consent calendar.	
VI. FYI and Adjournment		
FYI: The Tactical Plan Update for 5-Star Quality Strategy document was included at the end of the packet – *direct any questions to Nancy Steffen*		
Dr. Moore adjourned the meeting at 2:38 p.m. IQI will next meet Tuesday, Oct. 8, 2024.		
Respectfully Submitted by Leslie Erickson, Program Coordinator I, Quality Improvement *Approval Signature:* *Date:* *Robert Moore, MD* *Chief Medical Officer and Committee Chair*		

QI DEPARTMENT UPDATE
SEPTEMBER 2024
PREPARED BY NANCY STEFFEN
SENIOR DIRECTOR, QUALITY AND PERFORMANCE IMPROVEMENT

QUALITY IMPROVEMENT PROGRAMS (QIPS)

PROGRAM	UPDATE
PRIMARY CARE PROVIDER QUALITY IMPROVEMENT PROGRAM (PCP QIP)	• The 2024 Electronic Clinical Data Systems (ECDS) Unit of Service measure specifications have been finalized, as announced at a kick-off webinar on 09/04/2024. As outlined in this webinar, the PCP QIP specifications are being updated with required steps, including providers contracting with data aggregator, DataLink, by the end of September. • The Provider Public Comment Period started on 09/02/2024 and will be open for two weeks (09/02/2024 – 09/13/2024). All feedback collected over the comment period will be reviewed and considered in September's PCP QIP Technical Workgroup on 09/18/2024 to finalize the measure set for Measurement Year (MY) 2025 in October. • The proposed measure set changes for MY2025 are: 1) Add Chlamydia Screening in Women (CHL) as a monitoring measure for Family Practice and a core measure in Pediatrics 2) Add Well Child Visits for 15-30 month olds (W30+2) as a monitoring measure for Family Practice and a core measure in Pediatrics 3) Replace the current non-clinical Risk Adjusted Readmission (RAR) measure with RAR, 7-day follow-up 4) Add a monitoring Breast Cancer Screening (BCS) measure for ages 40-49 years 5) Add a monitoring Topical Fluoride in Children (TFL-CH) measure 6) Update the age range for the current Dental Fluoride Varnish unit of service measure to 1-4 years of age with 2 required applications during the MY 7) Update Peer Led unit of service measure to also include pediatric group visit for the ages 15mos-30mos.
LONG TERM CARE QUALITY IMPROVEMENT PROGRAM (LTC QIP)	• No updates for this program
PALLIATIVE CARE QUALITY IMPROVEMENT PROGRAM (PALLIATIVE CARE QIP)	• No updates for this program
PERINATAL QUALITY IMPROVEMENT PROGRAM (PQIP)	• FY 2024-2025 provider outreach and onboarding meetings were completed last month. • FY 2023-2024 incentive payments remain on track to be distributed by 10/31/2024. • The PQIP Enhanced Incentive opportunity for perinatal providers caring for displaced Dignity members earlier this year ended as of 07/31/2024. Incentive payments will be distributed by 10/31/2024, separate from FY 2023-2024 incentive payments.
ENHANCED CARE MANAGEMENT QUALITY	• 2nd quarter 2024 measure scoring and payment processing is underway, with incentive payments scheduled for distribution by 09/30/2024.

IMPROVEMENT PROGRAM (ECM QIP)	• Proposed new measure, Timely Review of ED/Admissions in PointClickCare, will be presented to quality committees this month for approval. If approved, this measure will be added to the 4th Quarter 2024 and 2025 measurement sets.
HOSPITAL QUALITY IMPROVEMENT PROGRAM (HQIP)	• The 2024 Hospital Quality Symposium occurred on 08/05/2024 and 08/07/2024 in Redding and Fairfield, respectively. Ninety-three people attended, which included representatives from 28 hospitals, a variety of speakers, and PHC employees. Attendees noted they especially enjoyed Arianna Campbell's presentation about reducing Overdoses in the ED, and others were greatly impacted by the final speaker of the day, who shared personal and professional experience dealing with understanding and caring for individuals with mental health illness. • The 2023-24 HQIP measurement year ended on 06/30/2024, with final submissions from hospitals due in August. Final submissions sere reviewed, as received, in August and preliminary scoring begins in September.

QUALITY DATA TOOLS

TOOL	UPDATE
PARTNERSHIP QUALITY DASHBOARD (PQD)	• N/A
EREPORTS	• MY2025 eReports scoping and development will begin at the end of September.

PERFORMANCE IMPROVEMENT (PI)

ACTIVITY	UPDATE

STATE MANDATED WORK: *PERFORMANCE IMPROVEMENT PROJECT (PIP) & PLAN-TO-DO-STUDY-ACT (PDSA) CYCLE*	Institute for Healthcare Improvement (IHI) / DHCS Medi-Cal Child Health Equity Collaborative
	• This collaborative is focused on improving child health equity, specifically for pediatric well-care visits.
	• Partnership and Stallant Health and Wellness in Del Norte County are collaborating in a project. The populations of focus are Native American / Alaskan Native and Hispanic populations. Defined Aims for targeted populations are as follows:
	  ○ Partnership in collaboration with Stallant Health & Wellness will increase the annual well-care visit completion rates for the Native American/Alaskan Native population who are 3-17 years of age from 8% to 25% by March 2025.
	  ○ Partnership in collaboration with Stallant Health & Wellness will increase their annual well-care visit completion rates for the Hispanic population who are 3-17 years of age from 20% to 40% by March 2025.
	• The 2nd phase of the project was recently completed. In this phase, the team focused on learning more about provider and patient experiences through conducting interviews with both populations. Primary learnings from interviews include lessons learned on needs of Native American and Spanish-speaking members and barriers faced by all Medi-Cal members to completing services.

	• The 3rd phase of this collaborative began on 08/22/2024 and focuses on conducting a Plan-Do-Study-Act (PDSA) cycle IHI / DHCS Medi-Cal Behavioral Health Demonstration Collaborative • DHCS and IHI have also launched a Behavioral Health Demonstration Collaborative to continue the work already started by the California Advancing and Innovating Medi-Cal (CalAIM) initiative. Partnership, along with the Nevada County Behavioral Health Department, were selected by DHCS to participate in this collaborative. • The Partnership/Nevada County DBP team is currently selecting an initial intervention to pilot in fall 2024. • This collaborative will run April 2024 through June 2025. It has three (3) Action Periods where quick interventions will be implemented within Nevada County and evaluated to impact the following measures: o % of Medi-Cal members with 30-day follow up after Emergency Department visit for mental illness (FUM) o % of Medi-Cal members with 30-day follow-up after Emergency Department visit for substance abuse (FUA) Performance Improvement Projects (PIPs) Update As a contracted managed care plan (MCP), DHCS assigned two (2) PIPs to Partnership that will be completed over 2023–2026. Planning activities are progressing on both PIP assignments: • Improving Well Child Visits in the First 15 Months of Life (W30-6) Equity PIP, focused on the Black/African-American Population in Solano County: o Partnership will pilot an intervention with newborns born at Northbay Medical Center, the only hospital in Solano County that is open to Medi-Cal members. The intervention will pilot the use of navigators to expedite Medi-Cal enrollment and Primary Care Provider (PCP) assignment, as well as help families work through barriers to completing newborn and postpartum medical visits. o Cycle 1 of the pilot began on 08/19/2024 and relies on Population Health Department Wellness Navigators for member outreach. • Improving the Percentage of Provider Notifications for members with Serious Mental Health (SMH) Diagnosis within 7 Days of Emergency Department (ED) Visit o Partnership will pilot an intervention with a provider organization (PO) to increase rates for follow-up visits for members with a recent ED visit with a mental health diagnosis. Cycle 1 of the pilot will send the provider organization daily ADT notifications for members assigned to their practice; the organization will receive technical assistance and coaching support on scheduling and completing follow-up visits for the members and coding the visits correctly. Cycle 1 will launch in September 2024.

	DHCS Comprehensive Quality Improvement (QI) & Health Equity (HE) Process • Based on MY2022 HEDIS performance, DHCS has assigned Partnership additional accountability work around the Behavioral Health, Children's Health, and Reproductive Health and Cancer Prevention measure domains. This work, called the Comprehensive Quality Improvement and Health Equity Process, will require Partnership to complete strategies and action plans for 2024 activities meant to improve HEDIS rates in the included domains. • In July 2024, Partnership submitted strategies and associated action plans meant to impact selected barriers to success within each of the three measure domains. The strategies and action plans will begin implementation in 2024, with a progress report due to DHCS in October 2024. • An overview of strategies planned to improve performance on each measure domain include: Children's Health: o Development of data reporting that will be reviewed with providers highlighting missed opportunities (i.e. episodes where patients were seen via an office visit, but preventative services were not completed) to capture pediatric services such as well child visits. o Analysis of the issue of delayed newborn Medi-Cal enrollment's impact on claims capture for the Well Child Visit Birth – 15 Months measure and design of interventions to expedite newborn Medi-Cal enrollment. Behavioral Health Domain: o Collection of County Department of Public Health data around Follow-Up Visits for ED Visits with a Mental Health Diagnosis using the Sacramento Valley MedShare Health Information exchange to improve real-time visibility of ED visits, specialty mental health encounters, and outpatient visits. o Piloting the use of embedded Community Health Workers in several EDs within Partnership's network to complete referrals for Partnership members presenting with a mental health or substance use diagnosis. Reproductive Health and Cancer Prevention Domain: o Improving breast cancer screening rates in imaging center deserts, using mobile mammography events and interventions with imaging centers with significant access challenges. o Piloting the use of chlamydia home screening kits with a partner provider(s).
QUALITY MEASURE SCORE IMPROVEMENT	• Practice Facilitation coaching continues with nine (9) provider organizations throughout the provider network. At present, most practices are focusing on implementing interventions to impact SMART Aims. Expansion (i.e. Chico and Auburn) Region practices are engaged in optimizing the data tier for their QIP measures and planning a strategy for meeting benchmarks during their first year with Partnership. The following practices will be participating in Practice Facilitation in 2024: o Solano County Family Health Services (Fairfield Region) o Community Medical Center (Fairfield Region)

	○ Consolidated Tribal Health Project (Eureka Region) ○ Adventist Health Clearlake – Lake, Butte, and Tehama Counties (Eureka, Redding, and Chico Regions) ○ Adventist Health Ukiah Valley – Mendocino County (Eureka Region) ○ Ampla Health (Chico Region) ○ Northern Valley Indian Health (Chico and Fairfield Region) ○ Wellspace Health (Auburn Region) ○ Western Sierra Medical Clinic (Auburn Region) • As part of Partnership's NCQA Health Equity Accreditation work, the Performance Improvement team has partnered with Partnership's Health Equity Officer to author a Grand Analysis that identifies statistically significant disparities in selected HEDIS measure rates, and identifies interventions meant to reduce or eliminate the identified disparities. The Grand Analysis has been completed using MY2023 HEDIS data and was included in the Health Equity Accreditation Mock Initial Survey that was completed 08/21/2024. The Quality Measure Score Improvement (QMSI) Workgroups will lead the effort to plan and implement interventions to address the disparities identified in the Grand Analysis. Each Workgroup will include an equity intervention as one of its annual deliverables for the 2024-2025 workgroup cycle. Workgroups are currently being briefed on the disparities identified and the requirements of the equity interventions to meet NCQA accreditation standards. • The Cervical Cancer Self-Swab Pilot Cycle 1 is winding down. Unused kits are being redistributed to Pilot sites that are able to use more than they were allotted from sites that were not able to use the original allotment. Some swab kits are being used at Mobile Mammography event days in the Northwest in September. Lessons learned from Cycle 1 will inform planning for future cycles of this pilot. • Anderson RX conducted a free community immunization clinic on 07/24/2024. This clinic focused on adolescents and early school entry (i.e. Kindergarteners and T-K students), in cooperation with Partnership, who also volunteered for this event. Partnership provides funding for event administration and non-covered vaccine costs. A total of 46 children were vaccinated at this event. • Enterprise Elementary School District, Anderson RX and Partnership conducted a free back to school immunization event on 08/03/2024. This event was offered to school-entry children and entering 7th graders. A total of 50 children were vaccinated, and built upon the over 100 children vaccinated at school during the school day during April and May of this year. • The Pediatric-focused QMSI workgroup recently conducted an assessment of outcomes across all pediatric-focused measures and have determined the following measures of focus for the 2024-2025 fiscal year: ○ W30 + 6 - Well-Child Visits in the First 15 Months of Life ○ WCV - Child and Adolescent Well-Care Visit ○ CIS-10 - Childhood Immunization Status: Combination 10 ○ IMA-2 - Immunizations for Adolescents: Combination 2 ○ W30 +2 - Well-Child Visits for age 15 – 30 months ○ LSC - Lead Screening in Children W30

	○ DEV - Developmental Screening in the First Three Years of Life ○ TFL- CH: Topical fluoride application for Children • Partnership has completed one (1) round of Blood Lead testing grants for point-of-care (POC) devices for primary care providers and has closed its 2nd grant offering. ○ The first round resulted in ten (10) POC device awardees along with two (2) reimbursements for recently purchased POC devices. ○ The second round has recently finalized with eleven (11) POC device awardees along with fifteen (15) reimbursements for recently purchased POC devices. Second round devices were recently delivered to sites. ○ A third round is set to launch 09/03/2024 with up to 30 devices available to distribute.
IMPROVEMENT ACADEMY	• For Fiscal Year 2024-25, the Improvement Academy will host three (3) ABCs of QI in- person trainings. ○ 11/07/2024 – Fairfield ○ 01/30/2025 – Ukiah ○ Spring 2025 – Redding • The Improving Measure Outcomes webinar series focused on targeted Managed Care Accountability Set (MCAS) measures will take place February – April 2025.
JOINT LEADERSHIP INITIATIVE (JLI)	• Fall JLIs are currently in the planning phase and will include Ampla as a new Parent Organization. There are a total of 9 participating organizations representing all regions. • September JLI meetings include: ○ Solano County Family Health Services, 09/04/2024
REGIONAL IMPROVEMENT MEETINGS	• Scheduling for the Northern Region quarterly regional meetings is currently underway for the 4th quarter in November. • The Southeast Regional Quarterly meeting is scheduled for 09/17/2024.

Note: Detailed information and recordings of Performance Improvement related webinars are posted to the PHC Website: http://www.partnershiphp.org/Providers/Quality/Pages/PIATopicWebinarsToolkits.aspx

QI PROGRAM & PROJECT MANAGEMENT

ACTIVITY	UPDATE
STATE MANDATED WORK: *EQUITY AND PRACTICE TRANSFORMATION (EPT) PROGRAM*	• The DHCS Equity and Practice Transformation (EPT) Program is a statewide initiative with the goal of advancing health equity while reducing COVID-19 driven care disparities. The funding is divided between three (3) programs; the Initial Planning Incentives Payments (IPIP), the Provider Directed Payment Program (PDPP), and the Statewide Learning Collaborative (SLC). ○ On 05/10/2024, Governor Newsom released the May Budget Revision which has greatly impacted the EPT program. ○ The revised budget proposal reduced the EPT program funding by 80%, from $700 million over 5 years ($350M from CA General Fund and a $350M match from CMS), to $140 million ($70M from CA General Fund, $70M CMS match).

	• The EPT Program timeline has changed from a five (5) year program to a three (3) year program (01/2024 – 12/2026).
	• Partnership received $1,526,085.49 in Initial Planning Incentives Payments (IPIP) funding.
	  ○ $10,000 was awarded to twenty-three (23) qualifying provider organizations through the IPIP program. The IPIP is geared toward small and medium-sized independent practices to support their planning and application process for the Provider Directed Payment Program (PDPP).
	  ○ The EPT strategy team continues to explore utilization for the remaining IPIP funds. A subset of funds will be allocated to tribal health organizations to support improvement efforts. More information will follow as plans for the allocation of funds continue to develop.
	• All twenty-seven (27) provider organizations, who were invited by DHCS to participate in the PDPP, sent acceptance responses to DHCS by their 01/26/2024 deadline. Partnership had the third most accepted applications of all managed care plans with a 49% acceptance rate vs 29% state-wide. The accepted provider organizations are spread across each of Partnership's sub-regions, including five (5) provider organizations recently contracted with Partnership from the 2024 expansion counties, eight (8) tribal health centers, and seven (7) provider organizations already engaged under Partnership's EPE program. DHCS is recalculating the final award amounts, due to the budget revisions.
	  ○ Practices who submitted the Year 1 phmCAT will receive payment. The payments were anticipated to be released in October 2024 per the payment cycle, but are now delayed until March 2025
	  ○ The EPT milestones have been narrowed down to 108 milestones, with 25 required milestones in the following categories: PhmCAT (3 years), Empanelment & Access, and Data to Enable PHM, Care Delivery Model, Value-Based Payment, and Key Performance Indicators.
	  ○ DHCS is redesigned the EPT program and gave EPT practices the option to opt out of the program by 08/09/2024. All twenty-seven (27) practices have not opted out and are continuing with the EPT program.
	• The Statewide Learning Collaborative (SLC) is meant to support practices awarded the PDPP funding in the implementation of practice transformation activities, sharing and spread of best practices, practice coaching activities, and achievement of quality and equity goals stated in their PDPP applications. Participation in the SLC is a requirement for all participants in the PDPP.
	  ○ To remain in the EPT program, practices will need to demonstrate 80% attendance in the Practice Track and Learning Community sessions of the EPT Technical Assistance.
	  ○ Population Health Learning Center (PHLC), the EPT Program Officer, released the Practice Track and Learning Community assignments.
	  ▪ All Tribal Health Organizations are in the same Practice Track, facilitated by Indigenous Pact.

	▪ Eastern Plumas Health Care is joining a Practice Track facilitated by the California Medical Association with other practices outside of Partnership's provider network. All other EPT practices sponsored by Partnership will be in one of two Practice Tracks; "Lupine" or "Lilac", both facilitated by the California Primary Care Association. o PopHealth+, an eLearning Hub, launched this month to provide video tutorials on the PHM Building Blocks for EPT practices to complete. o All milestone deliverables will be submitted online in the PopHealth+ eLearning hub. o Partnership will not provide financial support to practices interested in PHLC's Optional Practice Coaching. The Performance Improvement team will provide practice coaching to their assigned EPT practices. ▪ PHLC will provide ad-hoc office hour sessions through Expert Consultation. Practices will be able to attend and ask questions related to the content learned in PopHealth+, Practice Track meetings, and Learning Community sessions.
CAPACITY ENHANCEMENT GRANTS	• For the first time in Partnership's 30-year history, contract negotiations were not fulfilled prior to the expiration of a provider contract. Dignity Health's contract termination affected over 64,000 members in Nevada, Shasta, Siskiyou, Tehama, and Yolo counties for several weeks in April through June. In response to this disruption, the Capacity Enhancement Grant (CEG) was created and offered to providers who agreed to take member assignments previously with Dignity Health. o Partnership hosted an informational webinar for providers who were eligible for the CEG on 04/26/2024. There were thirty-seven (37) attendees representing seventeen (17) organizations. o Seventeen (17) out of the nineteen (19) eligible Provider Organizations applied for the CEG and were awarded funding based on the number of Dignity members they would be absorbing. o The first installment of CEG funding was distributed on 06/12/2024. o Partnership and Dignity Health reached a new agreement in June, retroactive to 06/01/2024. The new contract negotiation did not impact CEG funding, CEG providers were notified the program, activities, and funding opportunity will continue. o CEG Providers are required to submit a Progress Report Template on 09/13/2024 in order to receive the second and final installment of CEG funding. • Two (2) of seventeen (17) Progress Report Templates have been received, the Project Management Team anticipates receiving all templates by the due date.
LOCUM PILOT INITIATIVE	• The QI Locum Pilot Initiative was developed as a short-term solution to provide access to clinicians with the goal of improving HEDIS performance in preventative care, specifically well-child visits and cervical cancer screenings. This offering is designed as a limited Grant Program, whereby participating Provider Organizations are granted funds to select and hire a Locum Tenens Provider for a 4-week period.

- A total budget of $250,000 was approved; participating Providers receive up to:
  - $45,000 when hiring a Physician; or
  - $31,600 when hiring an Advanced Practicing Clinician.
- The Grant is paid in two installments:
  - 1st installment upon signing the Agreement, 50% of eligible funds
  - 2nd installment upon completing the 4-week assignment and post-program survey, remaining 50%

- The initial cohort of providers was selected from those participating in the PCP Modified QIP. Six (6) offers to apply were made and four applications were received. All four (4) applications were reviewed and accepted into the pilot program.
- Locum assignment periods will be carried out asynchronously through the end of 2024. Weekly Provider check-ins and data collection are conducted by a Partnership Improvement Advisor throughout the Locum Provider's employment.
  - 1st Installment has been issued to Providers
  - Two providers have a Locum Provider in place and are reporting visit details as well as successes and challenges.
  - Locum Providers are alleviating a backlog of well-child and adolescent visits.
  - Locum Providers are also covering urgent care which allows patients to schedule visits with their preferred physician.
- Two providers continue to recruit for Locum candidates and are experiencing limited opportunities due to a short assignment period, spanning less than 3 months. Alternative approaches are being explored.

Provider Organization	**Total Grant**	**Locum Assignment and Status**
Hill Country Community Clinic	$31,600	To be determined
Pit River Health Service	$31,600	Focus: Well Child Visits & Immunizations 07/29/2024 – 08/16/2024 (Part-time) other dates TBD
Round Valley Indian Health	$45,000	To be determined
Community Medical Center	$31,600	Focus: Child/Adolescent Well Care & Immunizations Assignment completed 08/16/2024 Program evaluation underway.

QUALITY MEASURE SCORE IMPROVEMENT MOBILE MAMMOGRAPHY PROGRAM	• Between 07/01/2024 to 09/30/2024, Partnership sponsored 23 Mobile Mammography event days with 14 provider organizations at 22 provider sites.
	  ○ Northwest Region: seven (7) event days with two (2) provider organizations at seven (7) provide sites.
	  ○ Northeast Region: seven (7) event days with five (5) provider organizations at six (6) provider sites.
	  ○ Southwest Region: four (4) event days with four (4) provider organization at four (4) provider sites.
	  ○ Southeast Region: two (2) event days with two (2) provider organizations at two (2) event sites.
	  ○ Eastern Region: three (3) event days with one (1) provider organization at three (3) provider site.
	• One (1) event day in the Northwest Region was held at a Tribal Health Center in Humboldt County.
	• One (1) event day in the Northeast Region was held at a Tribal Health Center in Trinity County.
	• Planning for Mobile Mammography event days for FY Q2 is underway for Northern, Southern and Eastern Region provider organizations. Targeted providers include those who have Breast Cancer Screening Primary Care Provider Quality Incentive Program (BCS PCP QIP) rates below the 50th percentile benchmark and are located in imaging center deserts with little or no access to local imaging services.

QI TRILOGY PROGRAM	• The following documents were completed and are currently making their way through the Committee process for approval:
	  ○ FY 2024/25 QI Program Description
	  ○ FY 2023/24 QI Work Plan (Final Updates)
	  ○ FY 2023/24 QI Program Evaluation
	  ○ FY 2024/25 QI Work Plan (Goal Submissions)

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS® (CAHPS) PROGRAM	• Partnership's survey vendor, Press Ganey, presented the regulated CAHPS® survey results for Measurement Year (MY) 2023 / Report Year (RY) 2024 (Adult and Child) to internal stakeholders. ○ Subsequent follow-up meetings with key internal stakeholders to further discuss findings and solicit/identify potential improvement opportunities were scheduled. • The MY 2023 / RY 2024 Adult CAHPS® Survey was formally submitted as part of NCQA's accreditation process to determine Health Plan Rating (HPR). The projected HPR for MY 2023 is 3.5 Stars, which met the organization's 23/24 aim of maintaining Partnership's current HPR. • Results for the CAHPS® non-regulated Drill Down Survey are currently being analyzed. • The Member Experience Grand Analysis (ME 7) is under review by Partnership's NCQA consultant and key QI leadership. The analysis will begin the formal Committee approval process in November.

	• Fiscal Year 2024-25 Organization Goal #4: Access to Care and Member Experience Improvement: ○ Progress is being made on the eight milestones outlined for both the Access Workgroup and Member Experience Workgroup. Assigned tasks are on track. • The CAHPS® Team continues to be an active participant in the second year of the ACAP CAHPS® Collaborative, which includes nine other plans. The Collaborative recently surveyed participating plans about the business processes within their organization that affect member experience. Input from external departments such as Member Services, Population Health Management, and Care Coordination was detailed in Partnership's survey submission. The Collaborative will prepare a detailed analysis for Partnership as well as sharing high-level responses from participating plans.

GEOGRAPHIC EXPANSION: QI PROGRESS	The Quality Improvement (QI) Project Plan to onboard the East Region Expansion Counties to QI functions and programs began in June 2023 and will continue over the course of 2024. Status updates include:
	• Resource planning to recruit, hire, and onboard staff dedicated to Expansion Counties is nearly complete. One (1) Improvement Advisor position is planned later in 2024. An additional HEDIS Analyst and Program Coordinator are also planned for posting in early 24/25.
	• Provider onboarding events in 2024 are underway with continued planning to build out further offerings, including:
	  ○ PCP QIP focused communications and monthly office hours to assure providers have all the technical assistance needed to make a strong start in the PCP QIP.
	  ▪ Twenty-one (21) external Expansion Region invitees representing ten (10) Expansion organizations attended the August office hour session.
	  ▪ Twenty-one (21) external Expansion Region invitees representing ten (10) Expansion organizations have accepted to attend the September office hour session.
	  ○ Perinatal QIP focused communications and orientations to assure all providers have all the support needed to participate in the Perinatal QIP.
	  ▪ Onboarding meetings and Letters of Agreement (LOAs) are almost complete from the following participating East Region providers:
	  • Peach Tree
	  • Northern Valley Indian Health
	  • Ampla Health
	  • Chapa-De Indian Health
	  • Samuel Van Kirk, MD
	  • Tahoe Forest Hospital – (Perinatal QIP status pending)
	  • Well-Space Health – (Perinatal QIP status pending)
	  • Enloe Health – (Perinatal QIP status pending)
	  ○ HEDIS focused communications and monthly office hours to strengthen the provider's understanding of how quality is measured.

	○ Partnering with PCP organizations in Regional Performance Improvement initiatives and interventions, like Mobile Mammography. ○ Providing in-depth Site Review trainings to address DHCS Site Review changes. • Regional Engagement is expected later this year to include regional strategic planning on PCP QIP needs and selected participation in the Joint Leadership Initiative.

QUALITY ASSURANCE AND PATIENT SAFETY

ACTIVITY	UPDATE
POTENTIAL QUALITY ISSUES (PQI) FOR THE PERIOD: **07/31/2024 TO 08/26/2024**	• 28 PQI referrals were received during this time. 23 of which were from Grievance and Appeals. • 11 cases were processed and closed during this period. • 65 cases are currently open. • Two new cases were presented and scored in the Peer Review Committee on 08/21/2024. • One focus review is pending receipt of medical records.
FACILITY SITE REVIEWS (FSR) & MEDICAL RECORD REVIEWS (MRR) FOR THE PERIOD: **07/29/2024 TO 08/23/2024**	• As of 8/27/2024, we have a total of 455 PCP and OB sites with an additional 27 reviews required due to multiple locations for patient check-ins (totaling 482 reviews). • We are currently offering CHDP training to providers prior to their next required Site Review, through WebEx with our Clinical Compliance Coordinator. This is a required training with the transition of CHDP to Partnership as of 7/1/2024. Training is also available on our website. We will continue to offer 1:1 training through WebEx, allowing providers the chance to choose what training option works best for them. **Primary Care and OB Reviews:**

Region	# of FSR conducted	# of MRR conducted	# of FSR CAP issued	# of MRR CAP issued
North	9	7	1	2
South	4	3	0	3
Expansion	1	8	1	3

HEALTHCARE EFFECTIVENESS DATA INFORMATION SET (HEDIS)

ACTIVITY	UPDATE
Annual HEDIS® Projects	• The Annual MY2023 Summary of Performance Reports for the DHCS Managed Care Accountability Set (MCAS) and NCQA Health Plan Accreditation (HPA) are

<table>
<tr><td></td><td>posted on the Partnership website, under Providers → Quality Improvement → HEDIS.
• The final MY2023 Summary of Performance Reports were presented at the following stakeholder meetings:
○ Board Quality Advisory Committee
○ IQI
○ PAC
○ QUAC
○ Board of Commissioners
○ Upcoming in September: Clinic Consortia meetings
• The PHC HPA projected Star Rating for MY2023 is 3.5. NCQA communicated that their score for the Star Rating is projected to be 3.5. NCQA will formally publish the results of all health plans in the September timeframe.</td></tr>
<tr><td>HEDIS® Program Overall</td><td>HRP: Conversion of PHC's core claims system from Amisys to HRP
• Another round of testing started in August 2024 to support the overall pending implementation of Health Rules Payer-Health Edge (HRP)
Geographic Expansion:
• The HEDIS team began hosting Office Hours in July 2024, and will conclude in November 2024. Thank you to those who have participated in July, we look forward to meeting with you in the upcoming sessions, click on the links below to register:
<table><tr><td>09/18/2024</td><td>Topic TBD</td></tr><tr><td>10/30/2024</td><td>MY2023 Annual Summary of Performance
• HPA (Health Plan Accreditation)
• Managed Care Accountability Set (MCAS)</td></tr><tr><td>11/13/2024</td><td>Hybrid Measure Overview
• Blood Pressure Diabetes • Controlling Blood Pressure • Cervical Cancer Screening • Childhood Immunization Status • Eye Exam for Patients with Diabetes • Hemoglobin A1c Control for Patients With Diabetes • Immunizations for Adolescents • Lead Screening Children • Prenatal and Postpartum Care • Weight Assessment and Counseling on Nutrition and Physical Activity for Children and Adolescents – Body Mass Index</td></tr></table>CMS D-SNP Preparation:
• Planning is underway to prepare for baseline data capture & integration to support the DSNP implementation planned for January 2026.</td></tr>
</table>

NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) ACCREDITATION

ACTIVITY	UPDATE
NCQA Health Plan Accreditation (HPA)	• NCQA released the new 2025 HPA Standards and Guidelines on 08/30/2024. Every year, NCQA makes adjustments to its accreditation standards to respond to feedback received from health plans, policy makers, providers, and patients during the Public Comment period.

	○ Although Partnership will follow the 2026 HPA Standards and Guidelines for the Renewal Survey, it is critical to align our practices with the 2025 HPA Standards and Guidelines for updates and changes. NCQA will assess Partnership based on the look-back period, measured from the point of the survey submission date, September 2026. For newly introduced standards, NCQA uses a glidepath approach, and may extend the look-back period gradually under the 2026 HPA Standards and Guidelines. ○ The NCQA Program Management Team prepared a summary of changes, which includes a crosswalk between the 2024 and 2025 HPA Standards and Guidelines; this summary has been shared with Business Owners. Business Owners are asked to review the changes to the standards assigned to them and advise the NCQA Program Management Team by 10/04/2024 if clarifications are needed. • As part of the HPA Key Activities for FY 24-25, Milestone 2 requires that all Business Owners review, and update as needed, the annual HPA Workbook which consists of the HPA Work Plan and Evidence Submission Library. The annual HPA Workbook will be shared with Business Owners by 09/20/2024. Business Owners are asked to submit their completed HPA Workbooks by 10/18/2024. • The 24-month look-back period for our next HPA Renewal Survey begins September 2024. Unless otherwise noted in the NCQA Standards and Guidelines, Partnership must meet requirements throughout the look-back period. Any changes made to evidence during the look-back period must be reviewed and approved by our NCQA consultant prior to finalizing the changes. The NCQA Program Management Team will review detailed information about meeting the look-back period in the September Business Owner Check-in Meetings.
NCQA Health Equity Accreditation (HEA)	• The HEA Mock Initial Survey was held 08/19-21/2024 with our NCQA Consultant and was successful with many key documents being in compliance; however, some opportunities for improvement were identified and discussed with Business Owners during the mock survey. Our consultant prepared an extensive report, which identified both strengths and opportunities for improvement, along with scoring for each standard. This report was shared with Business Owners in early September 2024. ○ Based on scoring from our NCQA consultant, overall HEA compliance was at 85.19%, with Partnership receiving 23 points out of the 27 total applicable points available. Partnership's estimated accreditation status is considered "Accredited", as the minimum 80% point threshold was met. ○ On 09/09/2024 the NCQA Program Management Team distributed a Corrective Action Plan (CAP) to Business Owners, as applicable, to address improvement recommendations. Business Owners are asked to indicate the actions or activities that will take place to address the findings to bring evidence into compliance. CAP submissions are due by 09/20/2024. The submission of the completed CAP will complete Milestone 1 of the FY 24-25 HEA Key Activities. • There were no new HEA Standards and Guidelines released for 2025. Organizations will continue to use the 2024 HEA Standards and Guidelines, which

	will be the standards and guidelines Partnership will follow for the HEA Initial Survey in June 2025. • As part of the HEA Key Activities for FY 24-25, Milestone 2 requires that all Business Owners review, and update as needed, the annual HEA Workbook which consists of the HEA Work Plan and Evidence Submission Library. The annual HEA Workbook will be shared with Business Owners by 09/27/2024. Business Owners are asked to submit their completed HEA Workbooks by 10/25/2024.

Partnership Policy & Procedure Updates

October 2024

Policy Number	Policy/Procedures/Guidelines	Version Links
*The following documents were reviewed by the Quality / Utilization Advisory Committee (Q/UAC) in **September 2024.*** ***All policy versions hyperlinked for review. Highlighted policies have significant changes, new attachments, or were amended during the Q/UAC meeting.* *Please review all drafts and the detailed **Synopsis of Changes**.*		
Clinical Practice Guidelines		
MPXG5003	Major Depression in Adults Clinical Practice Guidelines	C CD RD
Utilization Management		
MCUG3022	Incontinence Guidelines	C CD RD
MCUG3058	Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-N Facilities	C CD RD
MCUP3003	Rehabilitation Guidelines for Acute and Skilled Nursing Inpatient Services	C CD RD
MCUP3015	Family Planning Bypass Services	C CD RD
MCUP3050	Medication Abortion in the First Trimester *(Updated Attachments)*	C CD RD
MCUP3115	Community Based Adult Services	C CD RD
MCUP3128	Cardiac Rehabilitation	C CD RD
MPUP3035	Preoperative Day Review	C CD RD
Care Coordination		
MCCP2019	Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children's Services *(Updated Attachments)*	C CD RD
MCCP2023	New Member Needs Assessment *(Updated Attachments)*	C CD RD
MCCP2033	Community Health Worker (CHW) Services Benefit	C CD RD
Provider Relations		
MPPR207	Partnership Annual Provider Satisfaction Survey	C CD RD

Synopsis of Changes to Discussion Policies

Below is an overview of the policies that will be discussed at the Sept. 10, 2024 Internal Quality Improvement (IQI) Committee meeting.
It is recommended that you look over the changes to each and note any questions or comments you may have to help keep a progressive meeting agenda.

Policy Number & Name	**Page #**	**Summary of Revisions** (Please include why the change was made, *i.e.*, NCQA, APL, Medi-Cal guidelines, clarification, *etc.*)	**External Documentation** (Notice required outside of originating department)
Policy Owner: Care Coordination – *Presenter: Lisa O'Connell, Director, Enhanced Health Services*			
MCCP2033 - Community Health Worker (CHW) Benefit	171 - 180	**Policy edits due to APL 24-006** **Definitions added:** Closed loop referral Managed Care Plan (MCP) **VI.B.3 revised** to state Supervising Providers will maintain evidence of CHWs completing a minimum of six hours of additional relevant training annually, which can be in core competencies or a specialty area. **VI.C.2 added** The Supervising Provider does not need to have a licensed provider on staff in order to contract with Partnership to provide CHW services **VI.G.1 replaced** require a referral with require a written recommendation per APL **V1.G.1.b added** to indicate for CHW services rendered in the ED **VI.G.1.c added** the required recommendation can be provided by a written recommendation placed in the Member's record **V1.H.1 added** data on health risks and clinical core gaps as data sources to identify member needs for CHW services **VI.J.1 added** Partnership does not require prior authorization for CHW services as preventive care for the first 12 units **with a limit of four (4) units a day**. **VI.J.2.a added** Documentation to be provided **with the TAR** includes **the original written recommendation**, **(with the exception of services provided in the ED)** **VI.L.2 added** If the parent or legal guardian of the Member is not enrolled in Medi-Cal, the Member must be present during the session. **VI.M.1.l replaced** Coordinating and assisting with transportation to **Transporting members** **VI.O.2 added** Claims processes must adhere to contractual requirements related to claims processing and encounter data submission including use of approved codes pursuant to the Med-Cal Provider Manual for CHW Preventative Services **VI.O.6 revised** to state Providers must not double bill, as applicable, for CHW services that are duplicative to services that are reimbursed through other benefits such as ECM, which is inclusive of the services within the CHW benefit. **VI.O.8 section added** in Pursuant to Welfare and Institutions Code (WIC) 14087.325 (d) **References updated:** Department of Health Care Services (DHCS) All Plan Letter (APL) 24-006 Community Health Worker Services Benefit (05/13/2024) *supersedes APL 22-016* DHCS APL 24-001 Street Medicine Provider: Definitions and Participation in Managed Care (01/12/2024) *supersedes APL 22-023*	Health Services Claims Provider Relations Member Services

Synopsis of Changes to Discussion Policies

Policy Number & Name	Page #	Summary of Revisions (Please include why the change was made, *i.e.*, NCQA, APL, Medi-Cal guidelines, clarification, *etc*.)	External Documentation (Notice required outside of originating department)
		References added: Welfare and Institutions Code (WIC) 14087.325(d)	

PEG Meeting Minutes

Meeting / Project Name: Partnership HealthPlan PEG Meeting Minutes

Date: 09/11/2024 **Time**: 12:00 pm

Location: WebEx, Santa Rosa, Sundial, Napa, Solano **Coordinator**: Erin Hall

Attendees: Providers office virtual, in person board rooms

Topic	Notes
1) Introductions & Objective of Meeting *Time: 2 Minutes* *Speaker: Erin Hall*	Opening and Introductions, displayed map and turned over to William.
2) Telehealth/ConferMED/Direct to member *Time: 12:45, 45 Minutes* *Speaker: William Kinder*	Kerri Stuart from Sutter Health asked area coverage, gave case scenario for ED and Cancer DX. William asked Elijah to capture Keri Stuart contact information to discuss offline with appropriate supports. Stuark2@sutterhealth.org. ERAF question poised and answered by William by "Alyssa".
3) Medicare D-SNP *Time:1:00 pm, 20 Minutes* *Speaker: Amy Turnipseed*	Santa Rosa Room question asked about Medi-medi process. Per Amy they will be allowed election right. RAF question was poised and Amy affirmed there would be a RAF requirement. Amy confirmed the HMO model will be our platform. Continuity of care question regarding assignment of PCP and establishment. Hospice benefit clarified, direct member granted. Express direct membership question as it relates to Hospice was poised. No outcome as it was determined to be a different MA specific process.
4) HRP – Taxonomy - PDR *Time:1:20, 5 Minutes* *Speaker: Cindy Ashton*	No Questions
5) Partnership Health Plan Updates *Time: 1:25,5 Minutes* *Speaker: Melissa Perez*	Placer county, Rosa asked about Urgent care. Stephanie clarified ED is the only covered benefit. Santa Rosa room provider is doing virtual visits from Open Door members in Humboldt and asked about RAF requirements, Stephanie confirmed RAF required from PCP to bill.
6) Mandatory Handouts *Time: 2 Minutes* *Speaker: Erin Hall*	Mandatory handouts went blank, Erin presented via hardcopy handout.
7) Adjournment 1:30 pm	

Minutes taken by: Renee Gomes, PR rep

PHC (PARTNERSHIP HEALTHPLAN OF CALIFORNIA) MEETING SUMMARY
(Confidential – Protected by CA. Evidence Code 1157)

Draft

Committee: Credentials Committee
Date: 08/14/2024 7:00 am
Members Present: Steven Gwiazdowski, MD*; Michele Herman, MD*; Madeleine Ramos, MD*; Bradley Sandler, MD*
PHC Staff:

Marshall Kubota, MD*; PHC Regional Medical Director; Robert Moore, MD, MPH, MBA, PHC Chief Medical Officer; Jeffery Ribordy, MD*; Medical Director; Bettina Spiller, MD* Medical Director; Mark Netherda, MD*;Medical Director; Colleen Townsend, MD*Medical Director; Mary Kerlin, Senior Director of Provider Relations; Priscila Ayala, Associate Director of Provider Relations; Heidi Lee, Senior Manager of Systems and Credentialing; Brooke Vance, Credentialing Supervisor; J'aime Seale, Credentialing Specialist; Alex Lopez*, Credentialing Specialist; Ashnilta Sen, Credentialing Specialist; Elizabeth Rios*, Credentialing Specialist; Nolan Smith*, Credentialing Specialist; Alisa Crews-Gerk* Credentialing Specialist; Maegan Ojeda* Credentialing Specialist

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
I. Meeting called to order. a. Voting member reminder.	I. PHC Regional Medical Director Marshall Kubota, MD called the meeting to order at 7:00am. Credentials Committee roll call taken by Brooke Vance. Dr. Kubota reminded everyone that all items discussed are confidential. a. Marshall Kubota, MD, PHC Regional Medical Director, reminded The Credentials Committee of who the voting members are, and voting is restricted to non-PHC staff. Dr. Kubota reminded the committee that all information discussed is confidential in nature.			
II. Review and approval of 7/10/24 Credentials Meeting Summary.	II. The Credentials Committee Meeting Summary for 7/10/24 were reviewed by the Committee.	II. Summary were reviewed. A motion for approval of the Summary was made by Dr. Michele Herman, MD and seconded by Steven Gwiazdowski, MD. Meeting Summary were unanimously approved without changes.		8/14/2024
III. Old Business. a. Update on Provider	III. Old Business – a. Dr. Kubota brought to the attention to the Committee of the information for a provider. Dr. Kubota informed the committee that the provider is no longer with the group and no longer credentialed with PHC. Dr. Kubota also stated that Dr. Moore spoke with the provider and	III. Old Business a. *Informational Only*		 8/14/2024

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
	informed him that the PA Board has been notified and that the provider would need to be brought before the Credentials Committee if they apply to ever become a Partnership HealthPlan Provider.			
b. Update on a provider	b. Dr. Kubota reminded the Credentials Committee that the provider is being monitored with quarterly chart reviews. Dr. Kubota informed the Committee that the Third Quarter Review has been received.	b. Old Business for the provider was reviewed by the committee. A motion to continue the recommended Quarterly Chart Reviews for the provider was made by Dr. Steven Gwiazdowski, MD and seconded by Dr. Bradley Sandler, MD and was unanimously approved without changes.		8/14/2024
IV. New Business	IV. New Business	IV. New Business		
a. Review and Approval of Routine Practitioner List.	a. Dr. Kubota referred the Credentials Committee to review the routine list of practitioners on pages 19-22	a. The Committee reviewed the list of practitioners**.** A motion to approve the list of practitioners was made by Madeleine Ramos, MD and seconded by Dr. Steven Gwiazdowski, MD. The Committee unanimously approved the routine list.		8/14/2024
b. MPCR200 Clean/Routine Practitioners and Ancillary Practitioners	b. Dr. Kubota referred the Credentials Committee to the MPCR200 Clean/Routine Practitioners and Ancillary Practitioners list on pages 23-27. These practitioners are approved by Dr. Kubota pre-Credentials Committee meeting.	b. The Credentials Committee reviewed the MPCR200 Clean/Routine list. A motion to approve the list practitioners was made by Dr. Bradley Sandler, MD and seconded by Dr. Michele Herman. The Committee unanimously approved the MPCR200 Clean/Routine and Ancillary Practitioners list.		8/14/2024
c. Review and Approval of Revised Policies.	c. Review and Approval of Revised Policies presented by Brooke Vance. Brooke explained Synopsis of Changes to Discussion Policies, MPCR12 Credentialing of individual & private duty nurses Under EPSDT, MPCR301 non-physician clinician credentialing and re-credentialing requirements and MPCR302 behavioral and mental health practitioner credentialing and re-credentialing requirements.	c. The Committee reviewed the Revised Policies. A motion to approve the revised policies was made by Steven Gwiazdowski, MD and seconded by Michele Herman, MD. The Committee unanimously approved the revised policies.		8/14/2024

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
e. Exception for provider	e. Dr. Kubota explained to the Credentials Committee that the provider is currently on probation as a midwife but submitted an application to be credentialed as a Doula. Dr. Kubota stated that they expressed that there is nothing prohibiting the provider to be credentialed as a Doula while being on probation as a midwife. Dr. Kubota also informed the Committee that while the provider is on probation it does not prohibit her from practicing as a Midwife in hospital. Dr. Ramos asked the question do patients understand the difference between practicing at home versus practicing in hospital. Dr. Ribordy also commented that from his understanding the provider is prohibited from practicing at home but is able to practice in hospital. Dr. Kubota asked the Committee if the provider could practice as both. Dr. Townsend responded and stated that the provider could not submit claims as both a midwife and Doula.	e. The Committee reviewed the exception for the provider. A motion to approve the provider was made by Dr. Bradley Sandler, MD and seconded by Dr. Michele Herman, MD. The Committee unanimously approved the revised policies.		8/14/2024
f. Exception for provider	f. Dr. Kubota explained to the Credentials Committee that the provider was placed on probation due to improper conduct. Dr. Kubota informed the Committee that the provider completed probation on 5/10/2005.	f. The Committee reviewed the exception for the provider. A motion to approve the provider was made by Dr. Bradley Sandler, MD and seconded by Dr. Michele Herman, MD. The Committee unanimously approved the revised policies.		8/14/2024
g. CR5 Semi-Annual Evaluation	g. Semi-Annual Evaluation of Practitioner Specific Member complaints through 4/1/24-6/30/2024(3 months). Per Dr. Kubota's review of the CR5 the Summary of Finding included Number of Complaints from Perform Quality Improvement (PQI) as 32, Number of Complaints from Grievance and Appeals (G&A) as 14. Per Dr. Kubota's review there were a total of 3 practitioners involved with 6 complaints. No trend or significant clinical or service issues were identified and as a result no further actions is needed as this time. *Informational Only.*			8/14/2024
V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List.	V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List.	V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List.		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
a. Review and Approval of Ongoing Monitoring of Sanctions Report.	a. Review and Approval of Ongoing Monitoring of Sanctions Report. The Credentials Committee was asked to review and approve the Ongoing Monitoring of Sanctions Report on page 108.	a. The Credentials Committee members reviewed the report. A motion for approval of the Ongoing Monitoring of Sanctions Report was made by Dr. Bradley Sandler, MD and seconded by Madeleine Ramos, MD . The Committee unanimously approved.		8/14/2024
b. Practitioner Monitoring List.	b. The Credentials Committee was asked to review the Practitioner Monitoring List on pages 109-110. Dr. Kubota reminded the committee that the credentialing department monitors these boards for any actions regarding our providers.	b. *Informational only*.		8/14/2024
VI. Review and Approval of Consent Calendar Items.	VI. Review and Approval of Consent Calendar Items.	VI. Review and Approval of Consent Calendar Items.		
a. Report of Long Term Care Facility, Hospital, and Ancillary provider list.	a. Dr. Kubota asked the Credentials Committee members to review the report of Long Term Care Facility, Hospital, and Ancillary provider list on page 111.	a/b. The Credentials Committee members reviewed the list of Consent Calendar Items. A motion for approval was made by Dr. Steven Gwiazdowski, MD and seconded by Dr. Bradley Sandler, MD. The Credentialing Committee unanimously approved.		8/14/2024
VII. Meeting Adjourned.	VII. Meeting adjourned.			

Credentials Meeting Summary for 8/14/2024 respectfully prepared and submitted by Alex Lopez, Credentialing Specialist I.

Chairman Signature of Approval _____ ***Date*** 8/14/2024

Marshall Kubota, M.D., PHC Credentialing Chairman

App. Ty	Full Name	Provider Type C	Name/Street	County Nam	Specialty Descr	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
I	Akpati, Nkolika C.,MD	SPEC	Orchard Hospital Medical S	Butte	Internal Medicir	Meets MPCR #		No	Admitting Agre	Active
I	Allotey, Naah NP	PCP	Adventist Health Clearlake	Lake	Nurse Practitior	None		No		
I	Alsamman, Amer MD	SPEC	Enloe Digestive Diseases C	Butte	Internal Medicir	ABMS of Intern	08/25/2016	Yes	Admitting Agre	None
I	Al-Zoubaidi, Mohammed MD	SPEC	Adventist Health Physicians	Yuba	Vascular Surge	ABMS Vascular	05/22/2017	Yes	Adventist Healt	Temporary
R	Anderson, Kristin N.,MD	SPEC	Marin Cancer Care Inc.	Marin	Hematology	ABMS of Intern	10/28/2015	Yes	Marin General I	Active
R	Arguelles, Daisy M.,DO	PCP	Sonoma Valley Specialty Cli		Family Medicin	Previously Boar	10/31/2003	No	Admitting Agre	None
I	Armenta Gomez, Luis BCBA	BHP	Golden State Behavior	Solano	BCBA	Behavior Analy	04/11/2023	Yes		
R	Ballesteros, Jose V.,MD	SPEC	Santa Rosa Cardiology Med	Sonoma	Cardiovascular	ABMS of Intern	11/08/1989	Yes	Santa Rosa Me	Courtesy
I	Baluyut, Irene D.,MD	PCP	Santa Rosa Community Hea	Sonoma	Pediatrics	ABMS of Pedia	10/08/1997	Yes	Admitting Agre	None
I	Barnes, Camille Y.,MD	SPEC	NBHG: Center for Women's	Solano	Obstetrics and	ABMS of Obste	11/09/2012	Yes	Northbay Medic	None
I	Bartlett, Tara C.,DO	SPEC	Santa Rosa Community Hea	Sonoma	Obstetrics and	AOB of Obstetr	04/28/2018	Yes	Sutter Santa R	Active
I	Bayard, Nicole M.,FNP-BC	PCP	Santa Rosa Community Hea	Sonoma	Family Nurse P	American Nurs	05/21/2021	Yes		
I	Belt, Debbie L.,SUDRC	W&R	Visions of the Cross/ Wome	Shasta	Wellness and F	California Subs	05/13/2024	Yes		
I	Benedetti, Christine BCBA	BHP	Positive Behavior Supports	Yolo	BCBA	Behavior Analy	09/30/2011	Yes		
R	Bennett, Frederick S.,MD	SPEC	Providence Medical Group -	Sonoma	Orthopaedic Su	ABMS of Ortho	07/13/1995	Yes	Santa Rosa Me	Active
I	Bennett-Jackson, Yasmin Doula	SPEC	Sacred Mother B.A.R.E	Solano	Doula	None		No		
I	Bernasconi, Alexandra M.,PA-C	PCP	Dignity Health Medical Grou	Nevada	Physician Assis	National Comm	09/09/2011	Yes		
I	Bernheimer, Jonathan M.,MD	PCP	Santa Rosa Community Hea	Sonoma	Pediatrics	ABMS of Pedia	10/21/2003	Yes	Admitting Agre	None
I	Beverly, Shereen L.,MD	SPEC	Oroville Women's Health	Butte	Obstetrics and	ABMS of Obste	11/17/1995	Yes	Admitting Agre	None
I	Boan, Ardelius S.,AGNP-C	SPEC	NBHG: Neurosurgery and P	Solano	Family Nurse P	American Acad	01/10/2016	Yes		
R	Brickner, Timothy B.,SUDRC	W&R	Visions of the Cross/Men's F	Shasta	Wellness and F	California Subs	06/16/2024	Yes		
R	Brown, Benjamin R.,MD	PCP	Santa Rosa Community Hea	Sonoma	Family Medicin	ABMS of Family	07/14/1995	Yes	Admitting Agre	None
R	Brown, Jamie BCBA	BHP	Burnett Therapeutic Service	Napa	Behavioral Hea	Behavior Analy	11/30/2016	Yes		
I	Bursten, Stuart L.,MD	PCP	Providence Medical Group,	Sonoma	Internal Medicir	ABMS of Intern	09/14/1983	Yes	Admitting Agre	None
R	Cameron, Meghan BCBA	BHP	Center for Social Dynamics	Yuba	Behavioral Hea	Behavior Analy	04/08/2021	Yes		
I	Cano, Carey L.,PA-C	SPEC	Solano Dermatology Associ	Solano	Physician Assis	National Comm	08/26/2004	Yes		
I	Carlson, Rachel W.,PA-C	SPEC	Enloe Cancer Center	Butte	Physician Assis	National Comm	08/09/2002	Yes		
I	Catanio, Alana G.,Doula	SPEC	Mendocino Coast Doulas	Mendocino	Doula	None		No		
I	Chagolla, Gabriela BCBA	BHP	Kyo Autism Therapy LLC, fk	Yolo	BCBA	Behavior Analy	05/21/2021	Yes		
R	Chang, Han Kyo MD	PCP	Solano County Family Healt	Solano	Internal Medicir	ABMS of Intern	09/13/1978	Yes	Admitting Agre	Active
I	Chelius, Graham T.,MD	PCP	Adventist Health Ukiah Valle	Mendocino	Family Medicin	ABMS of Family	07/17/2004	Yes	Adventist - Ukia	Provisional
I	Chinn, Christopher E.,LCSW	SPEC	Ampla Health Richland Med	Sutter	Licensed Clinic	None		No		
I	Clausen-Tufi, Tatiana Doula	SPEC	Birth Bug	Placer	Doula	None		No		
I	Cluke, Loren M.,SUDCC	W&R	Aegis Treatment Centers, L	Shasta	Wellness and F	California Subs	04/10/2024	Yes		
I	Como, Rebecca A.,FNP-C	PCP	Santa Rosa Community Hea	Sonoma	Family Nurse P	American Acad	07/11/2022	Yes		
R	Concepcion, Noel L.,MD	SPEC	East Bay Cardiovascular an	Solano	Thoracic & Car	ABMS of Thora	05/13/1988	Yes	Admitting Agre	None
R	Correll, Alicja S.,DO	PCP	River Bend Medical Associa	Yolo	Family Medicin	ABMS of Family	07/01/2021	Yes	Mercy General	Provisional
R	Cronin, Jennifer L.,SUDRC	W&R	Visions of the Cross/ Wome	Shasta	Wellness and F	California Subs	07/16/2024	Yes		
I	Davidson, Jill H.,FNP-BC	PCP	Santa Rosa Community Hea	Sonoma	Family Nurse P	American Nurs	08/05/2023	Yes		
I	DeCarlo, Karen Doula	SPEC	Fermata Birth		Doula			No		
R	Degenhardt, Thomas C.,MD	SPEC	Santa Rosa Orthopaedic Me	Sonoma	Orthopaedic Su	ABMS of Ortho	09/09/1977	Yes	Santa Rosa Me	Active
R	Del Biaggio, Katrina R.,PA-C	SPEC	Providence Medical Group,	Humboldt	Physician Assis	National Comm	05/11/2021	Yes		
R	DeVito, Joan RD CDE	Allied	Lake County Tribal Health C	Lake	Registered Diet	Certification Bo	10/16/2022	Yes		
I	DeWitt, Barry M.,PT	Allied	Dewitt Physical Therapy	Butte	Physical Therap	None		No		
R	Dhesi, Rajpreet MD	SPEC	Northern Valley Indian Healt	Yolo	Phyical Medicine & Rehabilition		05/23/1995	Yes	Admitting Agreement	
I	Dhillon, Gipanjot MD	SPEC	Tahoe Forest MultiSpecialty	Nevada	Psychiatry	ABMS of Psych	09/13/2021	Yes	Tahoe Forest H	Provisional Active
I	Dietz, Morgan Doula	SPEC	Full Spectrum Doula Care	Butte	Doula	None		No		
I	Diggs, Jovona L.,AUD	SPEC	Center for Early Intervention	Solano	Audiology	None		No		
I	Dini, Monara DPM	SPEC	Bay Area Foot Care Inc	Marin	Podiatry	None		No	California Pacif	Active
I	Dopf, Reed W.,MD	SPEC	Hospice of the Foothills	Nevada	Hospice and Pa	ABMS of Intern	10/04/2012	Yes	Admitting Agre	Active
I	Duprey, Amy Doula	SPEC	Shakti Care	Nevada	Doula	None		No		
I	Eberhardt, Cara S.,MD	PCP	New Life, LLC	Mendocino	Family Medicin	ABMS of Family	07/01/2023	Yes	Adventist - Ukia	Provisional
R	Ercia, Jessica D.,NP	PCP	La Clinica	Solano	Nurse Practitior	None		No		
I	Evans, Clinton E.,DO	PCP	Dignity Health - Mercy Fami	Shasta	Family Medicin	Meets MPCR #	08/01/2006	No	Mercy Medical	Active
R	Felipe Castro, Synthia BCBA	BHP	Bay Area Behavior Consulta	Solano	Behavioral Hea	Behavior Analy	05/31/2018	Yes		
I	Filtzkowski, Jaime ANP	SPEC	Providence Medical Group-I	Napa	Adult Nurse Pra	American Nurs	08/06/2012	Yes		
R	Flynn, Anne N.,MD	SPEC	Planned Parenthood Northe	Butte	Obstetrics and	ABMS of Obste	03/19/2021	Yes	Admitting Agre	None

App. Ty	Full Name	Provider Type C	Name/Street	County Nam	Specialty Descr	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
I	Fong, Betty Y.,FNP	SPEC	Active Life Wound Clinic	Yolo	Family Nurse P	American Nurse	12/01/1997	Yes		
I	Fontes, Caleb J.,PT	Allied	TeleMed2U	Yolo	Physical Therap	None		No		
I	Frye, Lindsay DO	SPEC	MVHC - Fall River Valley He	Shasta	Cardiology	AOB of Cardiol	08/30/2018	Yes	Admitting Agree	None
I	Gabriel, Viktor MD	SPEC	Enloe Trauma & Surgery Cli	Butte	General Surger	ABMS of Surge	03/21/2022	Yes	Enloe Medical (	Active
I	Garcha, Jagdeep K.,PT	Allied	Crux Rehabilitation	Placer	Physical Therap	None		No		
I	Gardner, Felicia M.,ACSW	W&R	Shasta Day Reporting Cente	Shasta	Wellness and F	None		No		
R	Gedda, Kristin J.,PA-C	SPEC	Providence Medical Group,	Sonoma	Physician Assis	National Comm	05/08/2020	Yes		
I	Geierman, Danielle BCBA	BHP	Positive Behavior Supports	Yolo	BCBA	Behavior Analy	08/14/2021	Yes		
I	Germano, Nicholas D.,DO	PCP	Dignity Health - Mercy Fami	Shasta	Internal Medicir	ABMS of Intern	08/30/2021	Yes	Mercy Medical I	Telemed
I	Gonzalez, Yessenia L.,PA-C	PCP	Willow Pediatrics	Glenn	Physician Assis	National Comm	03/08/2024	Yes		
I	Gonzalez, Zeenat FNP	PCP	Santa Rosa Community Hea	Sonoma	Nurse Practitior			No		
R	Goodwin, Mark C.,MD	PCP	Sonoma County Indian Heal	Sonoma	Family Practice	Meets MPCR#1		No	Admitting Agree	None
I	Green, Akiba E.,DO	SPEC	Enloe Women's Services (E	Butte	Obstetrics and	AOB of Obstetr	10/17/2009	Yes	Enloe Medical (	Active
I	Gutierrez, Kimberly Anne BCBA	Allied	Kyo Autism Therapy LLC, fk	Marin	BCBA	Behavior Analy	11/30/2019	Yes		
R	Haaland, Carly J.,PA-C	SPEC	Center of Excellence in Diat	Yolo	Physician Assis	National Comm	09/22/2016	Yes		
I	Habib, Sana MD	SPEC	TeleMed2U	Yolo	Allergy & Immu	None		No	Admitting Agree	None
I	Hamburger, Sarah H.,CNM	SPEC	La Clinica/ Great Beginning	Solano	Certified Nurse	American Midw	03/01/2024	Yes		
I	Hamilton, Bonnie C.,MD	PCP	La Clinica Vallejo Medical	Solano	Pediatrics	ABMS of Pedia	11/13/1991	Yes	Admitting Agree	None
R	Harf, Robert A.,MD	SPEC	Robert A. Harf, M.D.	Sonoma	Orthopaedic Su	ABMS of Ortho	07/13/1990	Yes	Sonoma Valley	Active
I	Hathout, Leith G.,MD	SPEC	Enloe Cancer Center	Butte	Radiation Onco	ABMS of Radio	05/21/2024	Yes	Enloe Medical (	Provisional
R	Hauptman, Lisa NP	PCP	Santa Rosa Community Hea	Sonoma	Nurse Practitior	None		No		
I	Head, Christian S.,MD	SPEC	Oroville Primary Care Practi	Butte	Otolaryngology	Meets MPCR #		No	Admitting Agree	None
I	Hess, Clayton B.,MD	SPEC	Grass Valley Radiation Onc	Nevada	Radiation Onco	ABMS of Radio	05/23/2017	Yes	Sierra Nevada I	Active
R	Hess, Michael L.,MD	PCP	Karuk Tribal Health Clinic, Y	Siskiyou	Family Medicin	Meets MPCR#1	07/11/2003	No	Admitting Agree	None
I	Holmes, Austin J.,MD	SPEC	Enloe Orthopedic & Trauma	Butte	Vascular Surge	Meets MPCR #		No	Enloe Medical (	Temporary
R	Hong, Judith MD	SPEC	Santa Rosa Community Hea	Sonoma	Dermatology	ABMS of Derm	07/26/2012	Yes	Admitting Agree	None
R	Hoopes, Michelle L.,PA-C	SPEC	Providence Medical Group,	Humboldt	Physician Assis	National Comm	05/31/2012	Yes		
I	Hoops, Alicia M.,SUDRC	W&R	Aegis Treatment Centers, L	Shasta	Wellness and F	California Subs	06/03/2024	Yes		
I	Howard, Quincy Doula	SPEC	Mendocino Coast Doulas	Mendocino	Doula	None		No		
I	Hu, Lydie X.,LAc	Allied	Five Elements Acupuncture	Sonoma	Acupuncture	None		No		
R	Hunter, John J.,MD	SPEC	Santa Rosa Cardiology Med	Sonoma	Cardiovascular	ABMS of Intern	11/06/1991	Yes	Santa Rosa Me	Active
R	Iezza, Alexander P.,MD	SPEC	Redwood Orthopaedic Surg	Sonoma	Orthopaedic Su	ABMS of Ortho	07/25/2013	Yes	Santa Rosa Me	Active
I	Illingworth, Michael L.,MD	SPEC	Vohra Wound Physicians of	Solano	Wound Care	None		No	Admitting Agree	Active
I	Indudhara, Ramaiah MD	SPEC	Enloe Urology Services	Butte	Urology	ABMS of Urolo	02/28/2002	Yes	Enloe Medical (	Active
I	Iwobi, Iesha O.,PA-C	SPEC	Ampla Health Chico Medica	Butte	Physician Assis	National Comm	10/26/2021	Yes		
I	Jang, Timothy L.,MD	SPEC	Bay Area Surgical Specialis	Solano	Infectious Disea	None		No	Admitting Agree	None
I	Jefcoat, Karen M.,PA	PCP	UIHS - Potawot Health Villa	Humboldt	Physician Assis	None		No		
R	Jenkins, Charles C.,MD	SPEC	Adventist Health Ukiah Valle	Mendocino	Surgery	ABMS of Surge	05/19/1969	Yes	Adventist - Ukia	Active
I	Jimenez, Carolina FNP-C	PCP	Santa Rosa Community Hea	Sonoma	Family Nurse P	American Acad	02/02/2023	Yes		
I	Johnson, Paul M.,MD	PCP	Dignity Health - Mercy Fami	Shasta	Family Medicin	ABMS of Family	07/04/2015	Yes	Mercy Medical I	Active
I	Joo, Sharon E.,DO	PCP	Dignity Health - Mercy Fami	Shasta	Pediatrics	ABMS of Pedia	10/20/2016	Yes	Mercy Medical I	Active
R	Jordan, Veronica A.,MD	PCP	Santa Rosa Community Hea	Sonoma	Family Medicin	ABMS of Family	07/13/2010	Yes	Sutter Santa R	Active
I	Jorde, Michael D.,MD	PCP	Dignity Health - Mercy Fami	Shasta	Family Medicin	ABMS of Family	07/13/1990	Yes	Admitting Agree	Active
R	Kalt, Michele S.,MD	SPEC	TeleMed2U	Yolo	Cardiovascular	ABMS of Intern	11/07/2001	Yes	Admitting Agree	Active
I	Katsarelis, Emmeline J.,FNP	SPEC	Bay Area Surgical Specialis	Solano	Family Nurse P	American Nurse	04/15/2019	Yes		
R	Kim, Edward H.,MD	PCP	La Clinica Oakley	Solano	Family Medicin	ABMS of Family	07/03/2013	Yes	Admitting Agree	None
I	Kintner, Phillip L.,MD	SPEC	Dignity Health Medical Grou	Nevada	Obstetrics and	ABMS of Obste	12/11/1992	Yes	Sierra Nevada I	Active
R	Kirkconnell, Molly R.,MD	PCP	West County Health Center	Sonoma	Family Medicin	ABMS of Family	07/01/2015	Yes	Admitting Agree	None
I	Kolosky, Matthew J.,DO	PCP	Sutter Coast Community Cli	Del Norte	Pediatrics	Meets MPCR #	08/02/2017	Yes	Sutter Coast H	Provisional Courtesy
I	Kung, Evelyn BCBA	BHP	Pantogran LLC dba Center	Yolo	Behavioral Hea	Behavior Analy	06/30/2004	Yes		
R	LaBarbara, Allyson M.,MD	PCP	Tamalpais Pediatrics	Marin	Pediatrics	ABMS of Pedia	10/16/2007	Yes	Marin Health M	Active
I	Logsdon, Karina A.,RD	SPEC	Elica Health Centers - Arde	Placer	Registered Diet	Commission of	06/11/2021	Yes		
I	Macdonald, Erin J.,MD	SPEC	Dignity Health Medical Grou	Nevada	Obstetrics and	ABMS of Obste	03/19/2021	Yes	Sierra Nevada I	Active
I	Martin, Richard LMFT	W&R	Visions of the Cross/ Wome	Shasta	License Marria	None		Not Applica		
I	McBain, Shannon K.,FNP-C	SPEC	Enloe Northstate Cardiology	Butte	Family Nurse P	American Acad	07/01/2006	Yes		
I	McCrary, Karen BCBA	BHP	BM Behavioral Center, LLC	Solano	Behavior Speci	Behavior Analy	01/31/2013	Yes		
R	McDermott, Michael J.,MD	SPEC	Santa Rosa Orthopaedic Me	Sonoma	Orthopaedic Su	ABMS of Ortho	07/12/2001	Yes	Santa Rosa Me	Active

App. Ty	Full Name	Provider Type C	Name/Street	County Nam	Specialty Descr	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
R	McClure, William MD	SPEC	Napa Solano Plastic Surger	Napa	Plastic Surgery	ABMS of Plasti	11/15/1985	Yes	Queen of the V	Consulting
R	Medina, Norma ANP	SPEC	Collabria Care DBA Napa V	Napa	Adult Nurse Pra	American Nurs	04/16/2011	Yes		
I	Mendonsa, Renee M.,PA-C	PCP	Hill Country Comm Clinic-R	Shasta	Physician Assis	National Comm	07/10/2008	Yes		
I	Meskowsky, Kurt M.,BCBA	BHP	Kurt Meskowsky MA, BCBA	Placer	Behavioral Hea	Behavior Analy	12/31/2006	Yes		
R	Mietz, Michael K.,PA-C	PCP	Sutter Lakeside Medical Pra	Lake	Physician Assis	National Comm	12/15/2011	Yes		
R	Moen, Holly L.,LM	SPEC	Winters Healthcare Founda	Yolo	Licensed Midwi	Previously Boa	01/01/1993	No		
R	Moilanen, Erin M.,NP	PCP	Santa Rosa Community Hea	Sonoma	Nurse Practitior	None		No		
I	Moroyoqui, Brittni C.,FNP-C	SPEC	Wound MD PC	Solano	Family Nurse P	American Acad	02/19/2019	Yes		
R	Moua, KongPeng RD	Allied	Community Medical Centers	Solano	Registered Diet	Commission of	08/16/2019	Yes		
R	Muhr, Tiara FNP	PCP	Redding Racheria: Churn C	Shasta	Family Nurse P	American Nurs	04/21/2026	Yes		
I	Nabili, Panah DPM	SPEC	Foothill Podiatry Clinic of Gr	Nevada	Podiatry	None		No	Admitting Agre	Active
R	Nayak, Seema MD	SPEC	Mendocino Community Hea	Mendocino	Obstetrics and	ABMS of Obste	11/06/2015	Yes	Adventist - Uki	Active
I	Nichols, Mark O.,MD	SPEC	Dignity Health - Mercy Mt. S	Siskiyou	Surgery	ABMS of Surge	03/30/1987	Yes	Admitting Agre	Active
I	Nystrom, Lauren M.,PA-C	SPEC	Solano Dermatology Associ	Solano	Physician Assis	National Comm	08/28/2008	Yes		
R	Ouzts, Kendall A.,FNP-C	SPEC	Shriners Hospitals for Child	Yolo	Family Nurse P	American Acad	07/25/2017	Yes		
I	Owens, Kameren J.,NP	PCP	Santa Rosa Community Hea	Sonoma	Family Nurse P	American Nurs	12/20/2013	Yes		
R	Park, Ligaya F.,DO	SPEC	Santa Rosa Community Hea	Sonoma	Dermatology	AOB of Dermat	11/21/2012	Yes	Admitting Agre	None
R	Pavli, Dawn M.,RD	Allied	Lake County Tribal Health C	Lake	Registered Diet	Commission of	05/21/2020	Yes		
I	Peace, Elizabeth BCBA	BHP	Kyo Autism Therapy, LLC	Solano	BCABA	Behavior Analy	08/31/2007	Yes		
I	Peek, Whitney E.,FNP	SPEC	Planned Parenthood Northe	Solano	Family Nurse P	American Acad	02/05/2024	Yes		
I	Perrone, Alexandra FNP-BC	PCP	Northern Valley Indian Healt	Butte	Family Nurse P	American Nurs	08/04/2023	Yes		
I	Pimentel, Heather L.,Doula	SPEC	Modoc Doula	Lassen	Doula	None		No		
I	Pingatore, Carmella J.,LAc	Allied	Carmella Pingatore LaC	Nevada	Acupuncture	None		No		
I	Pino, Lizbeth C.,Doula	SPEC	Carolina Pino Birth Services	Sonoma	Doula	None		No		
R	Quirk, Lorien E.,BCBA	BHP	Maxim Healthcare Services,	Solano	BCBA	Behavior Analy	11/30/2007	Yes		
I	Ramos, Wilfredo R.,MD	SPEC	Capital OB/GYN, Inc.	Yolo	Obstetrics and	ABMS of Obste	11/08/2002	Yes	Methodist Hosp	Provisional
I	Rasmussen, Robin K.,MD	SPEC	Enloe Wound/Ostomy & Hy	Butte	Undersea & Hy	None		No	Enloe Medical (	Active
I	Rathore, Vijay MD	SPEC	WellSpace Health Oak Park	Placer	Nephrology	ABMS of Intern	11/10/1994	No	Admitting Agre	None
I	Ray, Blair D.,Doula	SPEC	Doula Services by Ray Blair	Shasta	Doula	None		No		
R	Repique, Lorelei J.,MD	SPEC	Providence Medical Group,	Sonoma	Cardiovascular	ABMS of Intern	11/10/1995	Yes	Admitting Agre	None
I	Rodriguez, Danyelle L.,BCBA	Allied	Kyo Autism Therapy LLC, fk	Marin	BCBA	Behavior Analy	10/05/2023	Yes		
I	Ruiz, Julisa A.,FNP-C	PCP	CommuniCare Ole -Hansen	Yolo	Family Nurse P	American Acad	02/16/2022	Yes		
I	Runte, Kennan T.,DPM	SPEC	Foothill Podiatry Clinic of Gr	Nevada	Podiatry	None		No	Sierra Nevada	Active
R	Santucci, Stephen A.,Jr., MD	PCP	Tamalpais Pediatrics	Marin	Pediatrics	ABMS of Pedia	10/19/1999	Yes	Marin Health M	Active
R	Satow, Kevin M.,MD	SPEC	Kevin M. Satow, M.D.	Sonoma	Physical Medici	ABMS of Physi	05/18/1994	Yes	Admitting Agre	None
R	Scarborough, Roger B.,MD	SPEC	Providence Medical Group-	Napa	Obstetrics and	ABMS of Obste	12/11/1987	Yes	Queen of the V	Active
R	Schakel, Mark E.,MD	SPEC	Santa Rosa Orthopaedic Me	Sonoma	Orthopaedic Su	ABMS of Ortho	07/12/1991	Yes	Santa Rosa Me	Active
R	Schluter, Sophia W.,MD	SPEC	Eye Associates of Northern	Sonoma	Ophthalmology	ABMS of Ophth	06/05/2005	Yes	Sonoma Valley	Active
R	Schmidt, Brian F.,MD	SPEC	Providence Medical Group,	Sonoma	Surgery	ABMS of Surge	03/13/1990	Yes	Santa Rosa Me	Active
I	Schroeder, Christina PA-C	SPEC	Adventist	Butte	Physician Assis	National Comm	01/25/2024	Yes		
I	Shea, Shannon D.,MD	PCP	Kimaw Medical Center	Humboldt	Pediatrics	ABMS of Pedia	10/18/2018	Yes	Admitting Agre	None
R	Sheppard, Barry B.,MD	SPEC	East Bay Cardiovascular an	Solano	Thoracic & Car	ABMS of Surge	06/05/1998	Yes	Sutter Alta Bate	Active
I	Siguenza, Merari BCBA	Allied	Kyo Autism Therapy LLC, fk	Marin	BCBA	Behavior Analy	08/31/2017	Yes		
I	Smith, Mariah M.,RADT	W&R	Humboldt Recovery Center	Humboldt	Wellness and F	California Cons	02/23/2024	Yes		
R	Stecker, Tessa S.,MD	PCP	La Clinica - North Vallejo	Solano	Family Medicin	ABMS of Family	07/01/2012	Yes	Admitting Agre	None
R	Stevenson, Traci L.,DO	PCP	4th Second: One Love Valle	Solano	Family Medicin	ABMS of Family	07/14/2000	Yes	Admitting Agre	Active
I	Stoddard, Sean R.,DPM	SPEC	Dignity Health Solano Stree	Tehama	Foot and Ankle	None		No	Mercy Medical	Active
I	Sandu, Sukhwinder MD	SPEC	Feather River Health Solutic	Sutter	Gastroenterolo	ABMS of Gastr		Yes	Admitting Agre	
I	Takhar, Paramjt S.,MD	PCP	Takhar Family Medicine and	Sacramento	Family Medicin	ABMS of Family	07/11/1980	Yes	Admitting Agre	None
I	Taylor, Alicia MD	SPEC	Enloe Women's Services- N	Butte	Obstetrics and	Confirmed per A		No	Enloe Medical (	Provisional
I	Thompson, Kayla A.,SUDRC	W&R	Visions of the Cross/ Wome	Shasta	Wellness and F	California Subs	05/16/2024	Yes		
R	Tobin, Michelle L.,LAc	SPEC	Redwood Women's Center	Humboldt	Acupuncture	None		No		
R	Tran, Vu A.,MD	SPEC	TeleMed2U	Yolo	Sleep Medicine	ABMS of Intern	11/19/2009	Yes	Admitting Agre	Active
R	Trapnell, James G.,MD	PCP	Providence Medical Group,	Sonoma	Family Medicin	ABMS of Family	07/12/1996	Yes	Santa Rosa Me	Affiliate Staff
R	Traynor, Jeffrey D.,MD	SPEC	Diablo Valley Perinatal Assc	Solano	Maternal and F	ABMS of Obste	04/09/2008	Yes	John Muir Medi	Active
R	Ure, Keith J.,MD	SPEC	Keith Jeffrey Ure M.D.	Siskiyou	Orthopaedic Su	ABMS of Ortho	07/10/1992	Yes	Mercy Medical	Active
I	Vanderbilt, John J.,Jr., PT	Allied	Vanderbilt Physical Therapy	Placer	Physical Thera	None		Not Applica		

App. Ty	Full Name	Provider Type C	Name/Street	County Nam	Specialty Descr	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
I	Vasquez Flores, Karla BCBA	BHP	Pantogran LLC dba Center	Yolo	BCBA	Behavior Analy	04/02/2024	Yes		
I	Vela, Sarah A.,AGPCNP-BC	PCP	Lyon-Martin Community He	Solano	Adult-Gerontolo	American Nurse	08/30/2017	Yes		
R	Vezino, Brooke N.,MD	PCP	West County Health Center	Sonoma	Family Medicin	ABMS of Famil	07/16/2009	Yes	Admitting Agre	Active
I	Ward, Andrea N.,SUDRC	W&R	Aegis Treatment Centers, L	Shasta	Wellness and F	California Subs	05/21/2024	Yes		
I	Warner, David A.,PA-C	PCP	Northeastern Rural Health C	Lassen	Physician Assis	National Comm	06/13/2011	Yes		
I	Weaver, Jaime T.,Doula	SPEC	Jaime Weaver Doula	Sonoma	Doula	None		No		
R	Weiss, Stefan C.,MD	SPEC	Direct Dermatology Profess	Solano	Dermatology	ABMS of Derm	08/15/2005	Yes	Admitting Agre	None
I	Wilkins, Krystel L.,CNM	SPEC	CommuniCare Ole - Davis C	Yolo	Certified Nurse	American Midw	10/01/2018	Yes		
R	Williams, Sean M.,MD	PCP	La Clinica Oakley	Solano	Pediatrics	ABMS of Pedia	10/27/2008	Yes	Admitting Agre	None
I	Wilson, Eric J.,MD	PCP	One Community Health - Inf	Yolo	Family Medicin	ABMS of Famil	08/15/2019	Yes	Admitting Agre	Active
R	Wilson, Jennifer A.,MD	PCP	Ole Health	Napa	Family Medicin	ABMS of Famil	07/21/2005	Yes	Queen of the V	Active
I	Wilson-Heun, Jennifer L.,FNP-BC	SPEC	Collabria Care DBA Napa V	Napa	Family Nurse P	American Nurse	11/23/2005	Yes		
R	Won, Rosa H.,MD	SPEC	Diablo Valley Perinatal Assc	Solano	Maternal and F	ABMS of Obste	04/18/2007	Yes	John Muir Medi	Active
I	Wong, Melissa Z.,FNP-BC	PCP	La Clinica - North Vallejo	Solano	Family Nurse P	American Nurse	05/04/2024	Yes		
I	Woo Lee, Yessika X.,DPM	SPEC	Bay Area Foot Care Inc	Marin	Podiatry	None		No	California Pacif	Provisional
R	Woodbury, Robert O.,MD	SPEC	Healthy Steps Weight Loss	Sonoma	Surgery	ABMS of Surge	02/14/2000	Yes	Sutter Santa R	Active
R	Worn, Vivian E.,MD	PCP	Santa Rosa Community He	Sonoma	Pediatrics	ABMS of Pedia	10/28/1998	Yes	Admitting Agre	None
I	Yang, Sane T.,PA-C	PCP	Oroville Premier Health Cer	Butte	Physician Assis	National Comm	03/08/2012	Yes		
R	Zarate, Ramiro FNP-BC	PCP	Ole Health	Napa	Family Nurse P	American Nurse	01/26/2010	Yes		
I	Zenteno, Amy C.,LCSW	Allied	Alliance Medical Center	Sonoma	Licensed Clinic	None		No		
I	Zywiciel, Jamin D.,LCSW	Allied	Dignity Health - Mercy Pine	Siskiyou	Licensed Clinic	None		No		

AGENDA ITEM: III.C.
DATE: 10/09/2024

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

TO: Physician Advisory Committee

FROM: Robert Moore, MD, MPH, MBA, Chief Medical Officer

DATE: 10/09/2024

SUBJECT: Partnership Committee Memberships

Resignation

Physician Advisory Committee

Dr. Melanie Thompson, Chief Medical Officer at Marin Community Clinics, resigns her position as PAC voting member.

The Physician Advisory Committee thanks Dr. Thompson for her service since March 2023.

Summary of Proposed Measure Changes for Measurement Year 2025

(A) Core Measurement Set Measures

Providers have the potential to earn a total of 100 points in four measurement areas: 1) Clinical Domain; 2) Appropriate Use of Resources; 3) Access and Operations; and 4) Patient Experience. Individual measure values will be assigned for the final and approved measurement set.

Key:

New Measure || Change to Measure Design || ~~Measure removed~~

2024 Measures	2025 Recommendations
Clinical Domain	
Family Medicine: 1. Breast Cancer Screening 2. Cervical Cancer Screening 3. Child and Adolescent Well Care Visits 4. Childhood Immunization Status: Combo 10 5. Colorectal Cancer Screening 6. Comprehensive Diabetes Care: HbA1c Control 7. Diabetes Management: Eye Exams 8. Controlling High Blood Pressure 9. Immunizations for Adolescents – Combo 2 10. Well-Child Visits in the First 15 Months of Life 11. Lead Screening in Children	**Family Medicine:** 1. Breast Cancer Screening (50-74yo) 2. Breast Cancer Screening (40-49yo) - **Monitoring** 3. Cervical Cancer Screening 4. Child and Adolescent Well Care Visits 5. Childhood Immunization Status: Combo 10 6. Colorectal Cancer Screening 7. Comprehensive Diabetes Care: HbA1c Control 8. Diabetes Management: Eye Exams 9. Controlling High Blood Pressure 10. Immunizations for Adolescents – Combo 2 11. Well-Child Visits in the First 15 Months of Life 12. Lead Screening in Children 13. Chlamydia Screening in Women (both age groups: 16-24yo) – **Monitoring** 14. Well-Child Visits in the first 15-30 months of life – **Monitoring** 15. Topical fluoride in Children – **Monitoring** 16. **Reduction of Inequity Adjustment (Participation is Optional)**
Clinical Domain	
Internal Medicine: 1. Breast Cancer Screening 2. Cervical Cancer Screening 3. Colorectal Cancer Screening 4. Comprehensive Diabetes Care: HbA1c Control	**Internal Medicine:** 1. Breast Cancer Screening (50-74yo) 2. Breast Cancer Screening (40-49yo) - **Monitoring** 3. Cervical Cancer Screening 4. Colorectal Cancer Screening

5. Controlling High Blood Pressure 6. Diabetes Management: Eye Exams	5. Comprehensive Diabetes Care: HbA1c Control 6. Controlling High Blood Pressure 7. Diabetes Management: Eye Exams 8. Chlamydia Screening in Women (21-24yo) - **Monitoring** 9. **Reduction of Inequity Adjustment (Participation is Optional)**
Clinical Domain	
Pediatric Medicine: 1. Child and Adolescent Well Care Visits 2. Childhood Immunization Status: Combo 10 3. Immunizations for Adolescents – Combo 2 4. Well-Child Visits in the First 15 Months of Life 5. Lead Screening in Children	**Pediatric Medicine:** 1. Child and Adolescent Well Care Visits 2. Childhood Immunization Status: Combo 10 3. Immunizations for Adolescents – Combo 2 4. Well-Child Visits in the First 15 Months of Life 5. Lead Screening in Children 6. Chlamydia Screening in Women (16-20yo) 7. Well-Child Visits in the first 15-30 months of life 8. Topical fluoride in Children - **Monitoring** 9. **Reduction of Inequity Adjustment (Participation is Optional)**

Appropriate Use of Resources	
Family Medicine & Internal Medicine: 1. Ambulatory Care Sensitive Admissions 2. Risk Adjusted Readmission Rate (RAR)	**Family Medicine & Internal Medicine:** 1. Ambulatory Care Sensitive Admissions 2. ~~Risk Adjusted Readmission Rate (RAR~~) 3. Follow-up within 7 days after Hospital Discharge
Access and Operations	
All Practice Types: 1. Avoidable ED Visits 2. PCP Office Visits	**All Practice Types:** 1. Avoidable ED Visits 2. PCP Office Visits
Patient Experience	
All Sites: 1. Patient Experience	**All Sites:** 1. Patient Experience

(B) Unit of Service Measures

Providers receive payment for each unit of service they provide.

Unit of Service	
All Sites: 1. Advance Care Planning Attestations 2. Extended Office Hours	**All Sites:** 1. Advance Care Planning Attestations 2. Extended Office Hours

3. PCMH Certification 4. Peer-led & Pediatric Group Visits 5. Health Information Exchange 6. Health Equity 7. Blood Lead Screening 8. Dental Fluoride Varnish Use 9. Tobacco Use Screening 10. Electronic Clinical Data Systems (ECDS)	3. PCMH Certification 4. Peer-led & Pediatric Group Visits 5. Health Information Exchange 6. Health Equity ~~7. Dental Fluoride Varnish Use~~ 8. Tobacco Use Screening 9. Electronic Clinical Data Systems (ECDS) 10. Early Administration of the 1st HPV Dose 11. Early Administration of Flu Initiation and Booster Doses 12. Academic Detailing

Programmatic Changes:

I. Descriptions of Potential 2025 Measure Changes for Core Measurement Set

A. Change(s) to Existing Measures – Core Measurement Set

i. Retire Risk Adjusted Readmission Rate (RAR) and replace with Follow-up within 7 days after Hospital Discharge. See rational in section I.B.

B. Potential Additions as New Measures – Core Measurement Set

i. Breast Cancer Screening (Family Practice & Internal Medicine: *Monitoring* for age group: 40-49yo) – In April 2024, the US Preventive Services Task Force (USPSTF) published updated guidance on screening for breast cancer. The new recommendation is that all persons assigned as female at birth should be screened for breast cancer every other year beginning at age 40 and continuing through 74 years of age. (The previous recommendation was to begin screening at age 50 years). According to the USPTF report, more women in their 40s are getting breast cancer, with rates increasing by about 2% per year. Initiating screening at age 40 years could save about 20% more lives from breast cancer overall. Additional data suggests that this change could have an even greater effect on the Black population, saving up to 40% more lives in this demographic (USPSTF Bulletin April 30, 2024).

Because members and providers are used to the recommendation to start at age 50 years, an adjustment period is indicated to allow member and provider to "get caught up" on screening of eligible members aged 40-49 years. For this reason, this new measure will be a monitoring measure only for 2025. All Primary Care Providers seeing members from the eligible population (all persons assigned as female at birth aged 40-74 years) should initiate screening now, in accordance with the guidelines. As the screenings are recommended for every other year, any

screening done in 2025 will count for numerator compliance when the measure moves to an active measure in 2026 (anticipated).

ii. Chlamydia Screening in Women (Family Practice: *Monitoring* for age groups: 16-24yo, Internal Medicine: *Monitoring* for age group: 21-24yo, Pediatrics: **Active** for age group: 16-20yo) – The National Committee for Quality Assurance (NCQA) highlights the importance of screening for Chlamydia among youths, ages 16-24 years, assigned female at birth or identifying as female. They provide the following rationale: "Chlamydia is the most commonly reported bacterial sexually transmitted disease in the United States. It occurs most often among adolescent and young adult females. Untreated chlamydia infections can lead to serious and irreversible complications. This includes pelvic inflammatory disease (PID), infertility and increased risk of becoming infected with HIV". Chlamydia infections can be asymptomatic in more than 75% of cases, with longer term infections increasing the risk for complications. Screening and treatment are both easy, inexpensive and well tolerated. (NCQA HEDIS® Measures and Technical Resources – Chlamydia Screening in Women)

iii. Well-Child Visits in the first 15-30 months of life (Family Practice: *Monitoring* & Pediatrics: **Active**) – Members who turned 15 months and 1 day - 30 months old during the MY and had two or more well child visits. This measure will be separate from the W15. According to the American Academy of Pediatrics (AAP), well-child visits at 18 and 24 months are important because they allow for developmental and behavioral screening, including specific autism-spectrum disorder (ASD) screening. These visits also support timely vaccination, laboratory testing and opportunities for parents to ask questions, receive guidance, and support their child's healthy habits.

iv. Topical fluoride in Children (Family Practice & Pediatrics: *Monitoring*) – Age range will mirror HEDIS, 1-4yo, with a minimum of 2 applications per MY. This will be a 2025 monitoring measure for Family Medicine & Pediatrics. Topical fluoride varnish (TFV) application is recognized as one of the most effective strategies for preventing dental caries and improvement of oral health in all children (8). In addition to prevention, TFV has the potential to re-mineralize existing caries and halt the progression from caries to cavities. According to the CDC, the prevalence of untreated cavities (tooth decay) in the primary teeth of children (aged 2 to 5) from low-income households is about three times higher than that of children from higher income households. Young children are seen in primary care settings earlier and more frequently than in dental offices, making well child visits an ideal opportunity for early detection of caries and varnish application.

v. Reduction of Inequity Adjustment – Participation is optional. Partnership HealthPlan of California (PHC) is actively engaged in HE initiatives that bring

equitable awareness and result in improved quality performance within the 24 counties we serve. We highly encourage provider organizations to partner with us in these efforts and together, we can help move our communities toward equitable access to healthcare. In reviewing the performance of our clinical measures, we recognize there are underlying disparities among our member populations based on location, access and Social Determinants of Health (SDOH). To help our provider organizations with identifying and addressing disparities in their member populations, we have created the Disparity Analysis dashboard housed within eReports which promotes the identification of disparities across all PCP QIP clinical measures based on race/ethnicity groups. This new clinical measure will incentivizing participating sites with set dollar amount if they improve performance in a specific priority group within an identified measure of focus (Child and Adolescent Well Care Visits being the main focus, followed by Childhood Immunization Status Combo 10, Immunization in Adolescents, Breast Cancer Screening & Colorectal Cancer Screening). The sites selected priority group must be performing below the 25th percentile in a particular measure of focus with the goal to improve performance by at least 20% or reaching the 50th percentile at the end of the measurement year.

vi. Follow-up within 7 days after Hospital Discharge (Family Practice & Internal Medicine) – A readmission occurs when a patient is discharged from a hospital and then admitted back into a hospital within a short period of time. A high rate of patient readmissions may indicate inadequate quality of care in the hospital and/or a lack of appropriate post-discharge planning and care coordination. Unplanned readmissions are associated with increased mortality and higher health care costs. They can be prevented by standardizing and improving coordination of care after discharge and increasing support for patient self-management (Plan All-Cause Readmission, n.d). Inclusion of this measure and benchmark determination is supported in alignment with external healthcare measurement entities, including NQF Plan All-Cause Readmissions (#1768). A follow up with a hospitalist, a primary care clinician or a specialist within a week after discharge from the hospital can help reduce readmissions back to the hospital. While this can be a struggle, a good strategy to attain this goal is to have a proper discharge summary which can be communicated with the follow-up provider.

II. Descriptions of Potential 2025 Measure Changes for Unit of Service Measurement Set

A. Change(s) to Existing Measures – Unit of Service

i. Peer Led and Pediatric Group Visits – Expanding the qualifying pediatric well child group visit from exclusively Well-Child Visits in the First 15 Months to both Well-Child Visits in the First 15 Months and Well-Child Visits in the First 15-30 months of Life

ii. Retired Dental Fluoride Varnish Use – In comparing Partnership's reporting to the State's DentiCal reporting, we have identified large gaps of discrepancies between the data. These discrepancies are not an accurate reflection of the services provided to the PCPs assigned patients and their overall performance. This is an opportunity for Partnership to continue to work with the State in ensuring we are receiving the most appropriate dental varnish application data for our members.

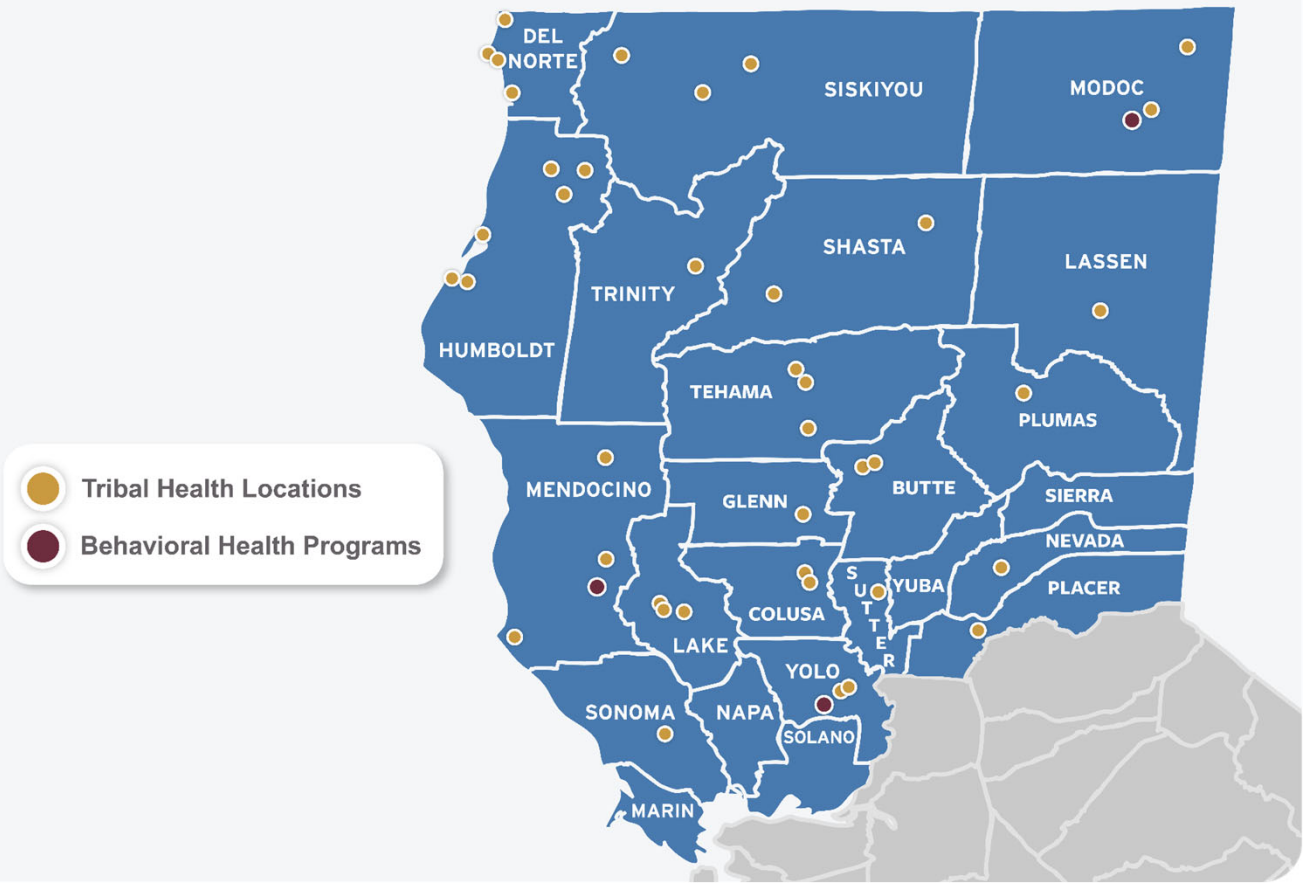
B. Potential Additions as New Measures – Unit of Service

i. Academic Detailing - Medication management is an important component of disease state management, such as diabetes, hypertension, and asthma. Effective medication management requires the clinician and care team to have complete, accurate, and current data on pharmacy claims. PHC Pharmacy Academic Detailing partners clinicians with the PHC clinical staff to provide a review of actionable pharmacy claims data to address gaps in care such as medication non-adherence, suboptimal asthma medication therapy, and gap in statin therapy for people with diabetes and/or cardiovascular disease. Pharmacy academic detailing helps clinicians improve medication management, improve quality measure performance, and achieve better clinical outcomes for their patients. The purpose of this new unit of service measure is to incentivize provider organizations for hosting a two-part academic detailing meeting with PHC Pharmacy Team/Medical Director.

Undercounting of American Indian Population

Tribal Health Centers

Partnership Service Area – Tribal Health



Tribal Health Centers

- 21 Organizations
- 50 sites

Tribes

- 51 Federally recognized
- 8 Non-federally recognized

Indigenous Erasure in the U.S.

- Erasure occurs where settlers or conqueror societies discount and eliminate the presence of indigenous peoples, cultures, and languages.
- Lost with erasure:
  - Cultural knowledge
    - Environmental stewardship practices
  - History
  - Religions, philosophies, and worldviews
- Other consequences:
  - Trans-generational trauma adversely impacts mental and physical health

Systematic Undercounting of AI/AN

- In July, 2024 DHCS reported that, as of April 2024, there were:

- 14,981,547 Californians with Medi-Cal, but only 50,996 of them were classified as being Native American or Alaska Native:

Race/Ethnicity	Number of Certified Eligibles	Percentage of Total
African-American	1,022,292	6.8%
American Indian/Alaskan Native	50,996	0.3%
Asian/Pacific Islander	1,393,671	9.3%
Hispanic	7,710,166	51.5%
Not Reported	2,408,724	16.1%
White	2,395,698	16.0%
Total	14,981,547	100.0%

https://www.dhcs.ca.gov/dataandstats/statistics/Documents/Medi-Cal-at-a-Glance-Apr2024.pdf

Department of Health Care Services, July 2024. Medi-Cal at a Glance, April 2024 as of the MEDS Cut-off for July 2024. California Department of Health Care Services

Census data not consistent with DHCS data

- 2020 Census of the California population
  - 1.6% identified as AI/AN alone
  - Additional 2.0% identified as AI/AN in combination with some other race.
  - Total 3.6%

- If we assume the proportion of AI/AN with Medi-Cal is about the same as the population as a whole, then about **3.6%** of the Medi-Cal population should be identified as AI/AN, not **0.3%.**
- **This represents a 12-fold undercounting. Put another way, the true number of AI/AN with Medi-Cal is 1200% higher that that presented by DHCS.**
- This means the number of individuals state-wide with Medi-Cal who identify as fully or partly AI/AN is approximately **600,000** instead of **50,000.**

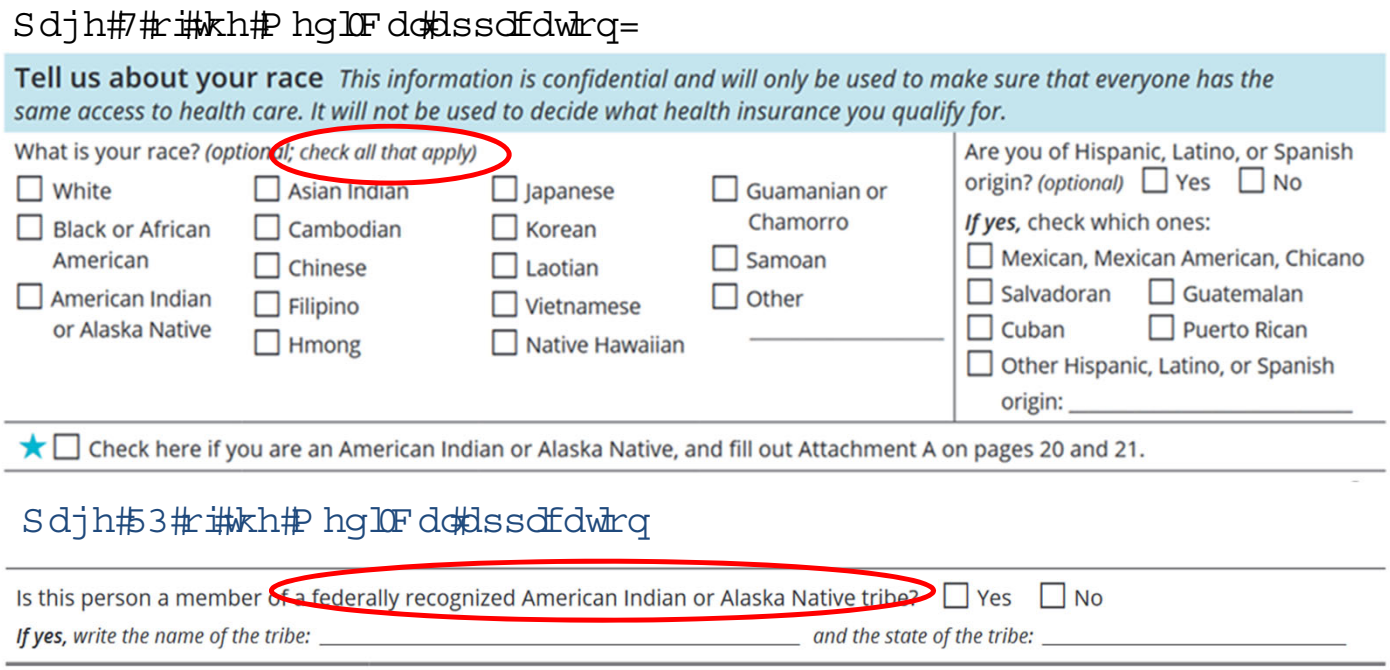
Impact of undercounting AI/AN

- Erroneous framing in Native and non-Native populations
- Insufficient prioritization of policies
- Inequitable resource allocation
- Incorrect conclusions drawn from invalid data

- Tribal Consultation was not done to select the current method of conveying racial data.

Why is the DHCS number so low?

Better data is collected on the Medi-Cal application:



Sdjh#7#ri#wkh#P hglFd#lssdfdwrq=

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.

Sdjh#53#ri#wkh#P hglFd#lssdfdwrq

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:* _____

But . . . DHCS chooses one race

- The membership file (834) DHCS sends to Health Plans associates just **one** race with each Medi-Cal enrollee. Of note Hispanic ethnicity is reclassified as a race.
- Here are the options:
  - White
  - Black
  - Hispanic (No subgroups included)
  - Asian Pacific Islander (specific subgroup is identified in membership file from 12 options)
  - Native American/Alaska Native
  - Unknown/Missing
  - Other
- The algorithm used by DHCS to determine which race is chosen is not transparent, but can be inferred.

2100A	DMG05-3	Industry Code	2106-3 2135-2 2054-5 2028-9 1002-5 2036-2 2034-7 2033-9 2039-6 2040-4 2080-0 2029-7 2076-8 2087-5 2041-2 2047-9 2131-1	If DMG05-2 is populated, the RET codes correspond as follows to the FAME Ethnic codes '2106-3' = 1 – White '2135-2' = 2 – Hispanic '2054-5' = 3 – Black '2028-9' = 4 – Asian or Pacific Islander '1002-5' = 5 – Alaskan Native or American Indian '2036-2' = 7 – Filipino '2034-7' = C – Chinese '2033-9' = H – Cambodian '2039-6' = J – Japanese '2040-4' = K – Korean '2080-0' = M – Samoan '2029-7' = N – Asian Indian

DHCS HealthCareServices

Control Segment or Loop ID	Reference	Name	Codes	Comments
				'2076-8' = P – Hawaiian '2087-5' = R – Guamanian '2041-2' = T – Laotian '2047-9' = V – Vietnamese '2131-1' = Z – Other

Race and Ethnicity in 2020 Census

➜ **NOTE: Please answer BOTH Question 6 about Hispanic origin and Question 7 about race. For this census, Hispanic origins are not races.**

6. Is this person of Hispanic, Latino, or Spanish origin?

- ☐ **No**, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

Sixteen-letter maximum in text fields prevent describing more than one or two descriptions.

Indigenous individuals from outside the United States are encouraged to select a tribe, which classifies them in the American Indian category.

Figure 2.
2020 Census Race Question

7. What is this person's race?
Mark ☒ one or more boxes AND print origins.

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*
- ☐ Chinese
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*
- ☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*
- ☐ Some other race – *Print race or origin.*

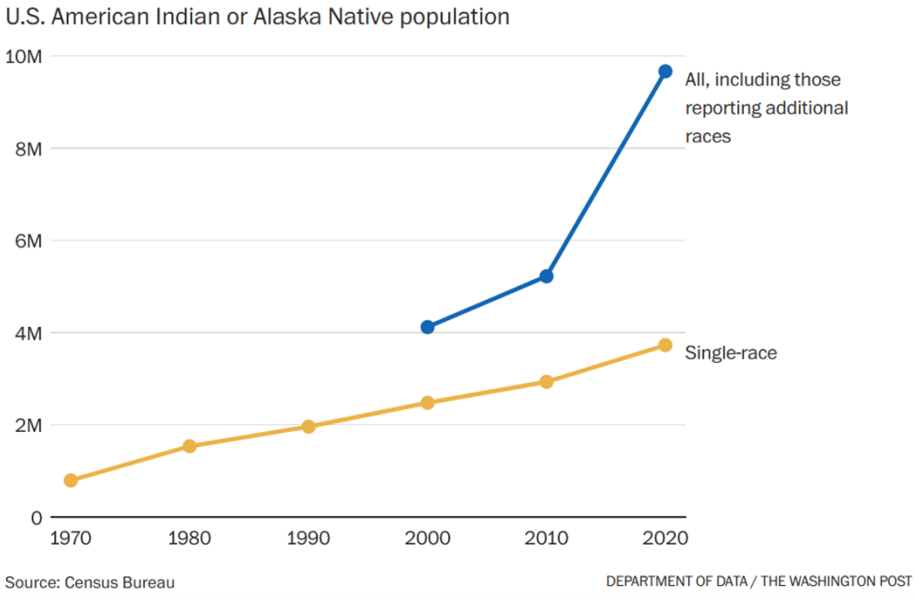
Multi-generation white Americans will write "American" instead of one or more groups from Europe/Middle East

Many Hispanics don't want to choose one of the race options, and so will write Hispanic or Mexican under some other race.

Examples:

Medi-Cal Application	Census	DHCS Membership File
Race: AI/AN Ethnicity: non-Hispanic Enrolled in Federally Recognized Tribe: Yurok	Race: AI/AN and lists Yurok, Karuk, and Hupa tribes Ethnicity: non-Hispanic	Single Race: AI/AN Principle: Non-Hispanic ethnicity with only one race chosen.
Race: Other: Mexican Ethnicity: Hispanic: Mexican	Race: AI/AN: Aztec tribe Ethnicity: Hispanic: Mexican	Single Race: Hispanic Principle: Hispanic Status trumps any race choice
Race: White and AI/AN selected Ethnicity: non-Hispanic Enrolled in Federally Recognized Tribe: Round Valley	Race: White: German and AI/AN: Concow, Pomo (runs out of room so cannot include others) Ethnicity: non-Hispanic	Single Race: Other/Missing Principle: Non-Hispanic ethnicity with more than one race.

2020 U.S. Census



Sligly muddled counts of Native American origins

U.S. Native Americans, by self-reported origin, 2020

Search in table

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TRIBE OR ENTITY	SINGLE-ORIGIN	ALL
Aztec	387,122	583,981
Navajo Nation	315,086	423,412
Cherokee	214,940	1,513,326
Maya	180,359	300,519
Choctaw	69,454	255,557

Aztec and Maya added as specific Options in 2020

Dividing up the AI/AN category

American Indian and Alaska Native Alone and Alone or in Any Combination Regional Groups: 2010 and 2020

Regional group	Alone			Alone or in any combination		
	2010	2020	Percent change	2010	2020	Percent change
Alaska Native	120,260	133,311	10.9	166,120	241,797	45.6
American Indian	1,935,910	2,159,802	11.6	3,232,465	6,363,796	96.9
Canadian Indian	6,435	7,723	20.0	14,825	72,701	390.4
Latin American Indian	172,280	766,112	344	269,050	1,319,523	390.4

- Census category of AI/AN might more properly be called Indigenous people of the Americas
- Offering Aztec and Maya choices increased number of Latin American Indians identified
- Latin American and Canadian Indians comprise 21%
- Increased self-identification of AI/AN mixed with other race

Another estimate of undercounting

- The 2021 American Community Survey (a random sample from across the country) framed the questions differently, not including indigenous people from outside the United States. It calculated that 330,959 individuals have Medi-Cal, which is 660% higher than official estimates, but less than the 600,000 extrapolated from the U.S. Census.

https://www.census.gov/data/developers/data-sets/acs-5year.html

Resolving Overcounting

- New OMB 2024 standard for categorizing race/ethnicity
  - Must be implemented by 2029 at the latest
  - The Middle-eastern/north African population was carved out of the white category.
  - Moves Latino/Hispanic to be a co-equal race/ethnicity category, instead of carved out ethnicity category
    - This will solve the Hispanic overcounting issue
  - Anticipated result: Less Hispanic race, more of all other categories.

OMB 2024 Options for Reporting Race

- Official options for categorizing individuals who select more than one race

1. **"Alone or in combination"**
   - Intermediate complexity, less granular analysis possible
   - Categories add to over 100%, because mixed race counted in all racial categories

2. **"Most frequent multiple responses"**
   - Most complex to convey and analyze
   - Categories add to 100%

3. **"Multiracial" categorized as "other" or "mixed"**
   - Simplest but least useful for analysis
   - Categories add to 100%

DHCS remedies

- Since it has such a large impact on the American Indian data, formal Tribal Consultation should be done before a decision is finalized.
  - Tribal consultation should be done early in this decision-making process, especially if there is significant controversy and major implications of the policy

- Partnership recommends:
  - DHCS should adopt the “Alone or in combination” option for categorizing data.
  - Share detailed ethnicity data with Managed Care plans at least monthly.
  - Develop framework for analyzing racial disparities/inequities using more inclusive racial categories.

- Urgency:
  - Undercounting is a health inequity, a form of structural racism.
  - New Federal Standards offer an opportunity to change the standard for sharing racial data.

Questions

Please reach out to:
CalAIM@partnershiphp.org