

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
PHYSICIAN ADVISORY COMMITTEE ~ MEETING NOTICE**



Members: (20)

Steve Gwiazdowski, M.D. (Chair)	Chris Myers, D.O.	John McDermott, FNP-PAC	Michele Herman, M.D.
Angela Brennan, D.O.	Christina Lasich, M.D.	Karen Sprague, MSN, CFNP	Mills Matheson, M.D.
Brent Pottenger, M.D.	Danielle Oryn, D.O.	Karina Gookin, M.D.	Mustafa Ammar, M.D.
Candy Stockton, M.D.	Darrick Nelson, M.D.	Malia Honda, M.D.	Teresa Shinder, D.O.
Chester Austin, M.D.	Derice Seid, M.D.	Matthew Zavod, M.D.	Vanessa Walker, D.O.

Partnership Executive Staff:

Sonja Bjork, Chief Executive Officer	Robert Moore, MD, MPH, Chief Medical Officer
Jennifer Lopez, Chief Financial Officer	Katherine Barresi, RN, Chief Health Services Officer
Wendi Davis, Chief Operating Officer	Mark Bontrager, Sr. Director of Behavioral Health
Amy Turnipseed, Chief Strategy & Government Affairs Officer	Tina Buop, Chief Information Officer

Regional Medical Directors

Jeffrey Ribordy, MD
Bradley Cox, DO
Colleen Townsend
Lisa Ward, MD
R. Doug Matthews, MD
Matthew Morris, MD

Region

Eureka - Del Norte, Humboldt, Mendocino & Lake
Redding - Siskiyou, Modoc, Shasta, Lassen, Trinity & Tehama
Fairfield - Napa, Yolo & Solano
Santa Rosa - Marin & Sonoma
Chico - Glenn, Butte, Sutter, Colusa & Yuba
Auburn - Plumas, Sierra, Nevada & Placer

Region Directors

Vicky Klakken
Tim Sharp
Kathryn Power
Leigha Andrews
Rebecca Stark
Jill Blake

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
Brigid Gast, RN, Senior Director, Care Management
Stan Leung, Pharm.D., Director., Pharmacy Services
Mohamed Jalloh, Pharm.D., Director of Health Equity
Lisa O'Connell, Director, Enhanced Health Services
DeLorean Ruffin, DrPH, Director, Population Health Management
Heather Esget, RN, Director of Utilization Management
Margarita Garcia-Hernandez, Director, Health Analytics
Kristine Gual, Director, Quality Measurement

Ledra Guillory, Senior Manager, Provider Relations Reps.
Amy McCune, Manager, Quality Incentive Programs
Sue Quichocho, Manager, Quality Measurement
Kevin Jarrett-Lee, RN, Assoc. Dir. of Utilization Management
Marshall Kubota, Associate Medical Director
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: June 6, 2025

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, June 11, 2025

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 Esplanade, Suite 130
Chico, CA 95973

Sutter-Roseville
6 Medical Plaza
Roseville, CA 95661

Aliados Health
1310 Redwood Way
Petaluma, CA 94999

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

Sutter-Lakeside
5176 Hill Rd. East
Lakeport, CA 95453

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

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

Date: June 11, 2025

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

PUBLIC COMMENTS			Speaker	2 minutes
			Speaker	2 minutes
<p><i>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.</i></p> <p style="text-align: center;">Welcome / Introductions</p>				
I.		STATUS UPDATES	LEAD	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	TIME
1	I	Napa, Yolo & Solano	Dr. Townsend	8:05
2	I	Marin & Sonoma	Dr. Ward	8:08
3	I	Del Norte, Humboldt, Mendocino & Lake	Dr. Ribordy	8:11
4	I	Glenn, Butte, Sutter, Colusa & Yuba,	Dr. Matthews	8:14
5	I	Siskiyou, Modoc, Shasta, Lassen, Trinity & Tehama	Dr. Cox	8:17
6	I	Plumas, Sierra, Nevada & Placer	Dr. Morris	8:20
II.	I	OFFICE PRACTICE UPDATE	LEAD	TIME
III.	A	MOTIONS FOR APPROVAL	LEAD	PG TIME
A.	A	Review of May 14, 2025 PAC Minutes	Dr. Gwiazdowski	5 8:23
B.	A	Consent Review: Agenda Items III. B.1, B.2, B.5, and B.7 <i>*Consent review allows multiple agenda items to be approved with one motion.</i>	Dr. Gwiazdowski	14 - 68 8:25
1	C	<p>Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – May 21, 2025</p> <p><u>Acceptance of Draft Meeting Materials:</u></p> <ul style="list-style-type: none"> Q/UAC Agenda, May 21, 2025 Q/UAC Voting Summary, May 21, 2025 Internal Quality Improvement Meeting, May 13, 2025 <ul style="list-style-type: none"> Agenda Minutes Quality Improvement Update – May 2025 <p><u>Special Presentations (for reference only, not included in packet)</u></p> <ul style="list-style-type: none"> Initial Health Assessment Compliance Report Behavioral Health Overview 	Dr. Gwiazdowski	14 16 18 20 30 N/A 8:25

III.	A	MOTIONS FOR APPROVAL CONTINUED	LEAD	PG	TIME																																																																					
B.	A	Consent Review: Agenda Items III. B.1, B.2, B.5, and B.7	Dr. Gwiazdowski	--	8:25																																																																					
2	C	<u>Policies/Procedures/Guidelines for Action – Policy Summary Synopsis of Changes</u> <table><tr><th colspan="2">Quality Improvement</th></tr><tr><td>MCQP1025</td><td>Substance Use Disorder (SUD) Facility Site Review and Medical Record Review (previously Behavioral Health/ Substance Abuse Facility Site Review)</td></tr><tr><td>MCQP1052</td><td>Physical Accessibility Review Survey – SR Part C</td></tr><tr><td>MPQP1038</td><td>Physician Orders for Life-Sustaining Treatment (POLST)</td></tr><tr><td>MPQP1047</td><td>Advance Directives</td></tr><tr><td>MPQP1055</td><td>Provider Preventable Condition (PPC) Reporting</td></tr><tr><td>MPXG5003</td><td>Major Depression in Adults Clinical Practice Guidelines</td></tr><tr><td>MPXG5008</td><td>Clinical Practice Guidelines: Pain Management, Chronic Pain Management, and Safe Opioid Prescribing</td></tr><tr><th colspan="2">Utilization Management</th></tr><tr><td>MCUP3037</td><td>Appeals of Utilization Management/Pharmacy Decisions</td></tr><tr><td>MPUP3137</td><td>Palliative Care: Intensive Program (Adult)</td></tr><tr><td>MPUG3025</td><td>Insulin Infusion Pump and Continuous Glucose Monitor Guidelines</td></tr><tr><td>MPUG3031</td><td>Nebulizer Guidelines</td></tr><tr><td>MPUG3110</td><td>Evaluation and Management of Obstructive Sleep Apnea in Adults (Medi-Cal)</td></tr><tr><td>MPUP3047</td><td>Tuberculosis Related Treatment</td></tr><tr><td>MPUP3136</td><td>Fecal Microbiota Transplant (FMT)</td></tr><tr><td>MPUP3144</td><td>Residential Substance Use Disorder Treatment Authorization</td></tr><tr><td>MCUP3028</td><td>Mental Health Services (Archived)</td></tr><tr><td>MCUP3145</td><td>Eating Disorder Management Policy (Archived)</td></tr><tr><td>MCUP3146</td><td>Street Medicine (Archived)</td></tr><tr><th colspan="2">Care Coordination</th></tr><tr><td>MPCP2026</td><td>Diabetes Prevention Program</td></tr><tr><td>MPCP2034</td><td>Transitional Care Services (TCS)</td></tr><tr><td>MCCP2033</td><td>Community Health Worker (CHW) Services Benefit (Archived)</td></tr><tr><th colspan="2">Enhanced Health Services</th></tr><tr><td>MPAP7004</td><td>Community Health Worker (CHW) Services</td></tr><tr><td>MPAP7005</td><td>Street Medicine</td></tr><tr><th colspan="2">Network Services</th></tr><tr><td>MPNET100</td><td>Access Standards and Monitoring</td></tr><tr><th colspan="2">Behavioral Health</th></tr><tr><td>MPBP8003</td><td>Mental Health Services</td></tr><tr><td>MPBP8005</td><td>Dispute Resolution Between Partnership and BHPs in Delivery of Mental Health Services</td></tr><tr><td>MPBP8013</td><td>Eating Disorder Management Policy</td></tr><tr><th colspan="2">Administration</th></tr><tr><td>ADM52</td><td>Dispute Resolution Between Partnership and BHPs in Delivery of Mental Health Services (Archived, moved to Behavioral Health)</td></tr></table>	Quality Improvement		MCQP1025	Substance Use Disorder (SUD) Facility Site Review and Medical Record Review (previously Behavioral Health/ Substance Abuse Facility Site Review)	MCQP1052	Physical Accessibility Review Survey – SR Part C	MPQP1038	Physician Orders for Life-Sustaining Treatment (POLST)	MPQP1047	Advance Directives	MPQP1055	Provider Preventable Condition (PPC) Reporting	MPXG5003	Major Depression in Adults Clinical Practice Guidelines	MPXG5008	Clinical Practice Guidelines: Pain Management, Chronic Pain Management, and Safe Opioid Prescribing	Utilization Management		MCUP3037	Appeals of Utilization Management/Pharmacy Decisions	MPUP3137	Palliative Care: Intensive Program (Adult)	MPUG3025	Insulin Infusion Pump and Continuous Glucose Monitor Guidelines	MPUG3031	Nebulizer Guidelines	MPUG3110	Evaluation and Management of Obstructive Sleep Apnea in Adults (Medi-Cal)	MPUP3047	Tuberculosis Related Treatment	MPUP3136	Fecal Microbiota Transplant (FMT)	MPUP3144	Residential Substance Use Disorder Treatment Authorization	MCUP3028	Mental Health Services (Archived)	MCUP3145	Eating Disorder Management Policy (Archived)	MCUP3146	Street Medicine (Archived)	Care Coordination		MPCP2026	Diabetes Prevention Program	MPCP2034	Transitional Care Services (TCS)	MCCP2033	Community Health Worker (CHW) Services Benefit (Archived)	Enhanced Health Services		MPAP7004	Community Health Worker (CHW) Services	MPAP7005	Street Medicine	Network Services		MPNET100	Access Standards and Monitoring	Behavioral Health		MPBP8003	Mental Health Services	MPBP8005	Dispute Resolution Between Partnership and BHPs in Delivery of Mental Health Services	MPBP8013	Eating Disorder Management Policy	Administration		ADM52	Dispute Resolution Between Partnership and BHPs in Delivery of Mental Health Services (Archived, moved to Behavioral Health)	41 43	8:25
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B.	A	Consent Review: Agenda Items III. B.1, B.2, B.5, and B.7	Dr. Gwiazdowski	--	8:25
3	C	Pharmacy & Therapeutics Committee	Dr. Stan Leung		
4	C	Provider Engagement Group (PEG) Report	Ms. Kerlin		
5	C	Credentials Committee Meeting <ul style="list-style-type: none"> Summary, April 9, 2025 Credentialed List, April 9, 2025 	Dr. Netherda	49 53	8:25
6	C	Pediatric Quality Committee	Dr. Ribordy		
7	C	Quality Improvement Health Equity Committee <ul style="list-style-type: none"> Meeting Minutes, May 27, 2025 	Dr. Jalloh	57	8:25
C.	I	Physician Advisory Committee Membership <ul style="list-style-type: none"> Resignation of Dr. Steve Gwiazdowski as Chairperson Nomination of Dr. Angela Brennan for Chairperson 	Dr. Gwiazdowski	68 69	8:25
IV.	I	Old Business			
V.		SPECIAL PRESENTATIONS	LEAD	PG	TIME
A.	I	Strategies for Engaging Employees in Quality Improvement Dr. Darrick Nelson, Chief Medical Officer, Shasta Community Health Center	Dr. Nelson	70	8:35
VI.	I	ADJOURNMENT	LEAD		9:00
		Next PAC on August 13, 2025 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 the [Physician Advisory Committee](#) webpage, linked below.

<https://www.partnershiphp.org/Providers/HealthServices/Pages/Physician-Advisory-Committee.aspx>

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: May 14, 2025 - 7:30 to 9:00 a.m.

Voting members are required to attend in-person at one of Partnership HealthPlan's posted locations.

Members Present:	Steven Gwiazdowski, MD (FF) Angela Brennan, DO (FF) Teresa Shinder, DO (FF) Brent Pottenger, MD (FF) Michele Herman, MD (FF)	Chris Myers, MD (E) Candy Stockton, MD (E) Malia Honda, MD (E) Karina Gookin, MD (AU)	John McDermott, FNP (C) Chester Austin, MD (C) Vanessa Walker, DO (SH)	FF Fairfield SR Santa Rosa E Eureka R Redding C Chico AU Auburn	MCC Marin Community Clinics OMM Office of Dr. Matheson SH Sutter Health
Members Excused:	Mustaffa Ammar, MD Matthew Zavod, MD	Christine Lasich, MD Karen Sprague, MSN, CFNP	Mills Matheson, MD Darrick Nelson, MD	Derice Seid, MD	
Members Absent:	Danielle Oryn, DO				
Visitor:	John Murphy, MD, Chief Medical Officer, LaClinica Zoe Cappe, MD, Medical Director for Solano County, LaClinica				
Partnership Staff:	Sonja Bjork, Chief Executive Officer Jennifer Lopez, Chief Financial Officer Wendi Davis, Chief Operating Officer Leigha Andrews, 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, Director, Quality Measurement Isaac Brown, Director, Quality Management Mohamed Jalloh, Pharm.D., Director, Health Equity Megan Shelton, Project Manager, Quality Improvement DeLorean Ruffin, DrPH, 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	12/20 – PAC	Committee quorum requirements met (12).	05/14/25

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
I.A. Chief Executive Officer Report	<p>Partnership’s Chief Executive Officer (CEO) provided the following Partnership activities.</p> <p>Monitoring Changes to Medicaid</p> <ul style="list-style-type: none"> Partnership has been teaming up with many different stakeholders to advocate for the safety net and preservation of Medicaid. There are several proposals, but four are likely to come to fruition. <ol style="list-style-type: none"> Freeze on Provider Taxes <ul style="list-style-type: none"> In 2024, California voted to increase the Managed Care Organization (MCO) through Proposition 35, which would ensure dollars California can bring in from the federal government through provider taxes get used to support the safety through increased provider rates. The federal government is aiming to freeze rates and limit increases for each state. Work Requirements <ul style="list-style-type: none"> Federal requirement that every single state implement work requirements for adults who don't have children and who are not disabled or senior citizens. There are no details on implementation, but other states where it has been attempted have seen reductions in enrollment through loss of eligibility. Medicaid beneficiaries would have a larger administrative burden to prove they are either working, enrolled in school to pursue a degree or certification, or volunteering by submitting proof to an eligibility worker. Many Medicaid beneficiaries do work, either employed part-time or where health coverage is not provided. Eligibility Checks <ul style="list-style-type: none"> Federal government is recommending income and asset verifications every six months rather than annually. Reduced federal match rates would be likely for states providing Medicaid coverage to those who have uncertain immigration status. <ul style="list-style-type: none"> California would potentially see a match rate of 90% reduced to 80% resulting in the loss of millions of dollars of funding. Governor Newsom will announce the revised May budget at 10:30 a.m. on May 14, 2025 (the day of the PAC meeting) <ul style="list-style-type: none"> Budget deficits and the Los Angeles fire recovery expenses and efforts will force tough budget decisions. <p>Dual Special Needs Program (D-SNP)</p> <ul style="list-style-type: none"> Partnership Advantage will be implemented in eight counties in January 2026 for members who are eligible for both Medicaid and Medicare. Open enrollment begins October 2025 with initial estimates of enrollees to be between 5,000 and 6,000. Program regulations will be monitored by Centers for Medicaid and Medicare Services (CMS), California Department of Managed Health Care (DMHC), and the Department of Health Care Service (DHCS). The Partnership Advantage application and Model of Care were approved and received a score of 100%. Partnership is preparing the bid to the federal government and working with actuaries to explain financial feasibility. Partnership continues to work on contracting with providers to expand the network coverage. <p>California Advancing and Innovating Medi-Cal (CalAIM)</p> <ul style="list-style-type: none"> Enhanced case management (ECM) remains a high priority along with community supports. Several grants have been issued to help agencies expand CalAIM services or start new ones. Partnership has received 25 proposals and expects to receive more before the deadline. <p>Question</p> <p>CalAIM was funded through federal grants which are expected to end in 2026. Has there been any communication from the state about continuing beyond 2026?</p> <p>CalAIM was implemented with a waiver to allow every state to apply to make changes to its Medicaid program. CMS recently sent a letter to notify plans anything far removed from health services will likely not be renewed. The state has said very clearly their next waiver application will still include all CalAIM services. There is no indication anything will be retroactively unapproved. California has long relied on waivers for programs and has a precedent for the principle of reliance to prevail.</p>


AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
I.B. Chief Medical Officer Health Services Report	<p>Partnership’s Chief Medical Officer (CMO) presented a brief update on Health Services.</p> <ul style="list-style-type: none"> • Legislative Update <ul style="list-style-type: none"> • Governor Newsom proposed changes to Medicaid for undocumented workers in efforts to save an estimated \$5 billion. • Beginning January 2026, new enrollees aged 19 years or older would no longer be accepted if they lack permanent legal status • Those already enrolled will not lose Medi-Cal coverage, and children are still eligible, but adults may face a \$100 per month premium starting in 2027. • Partnership Activities <ul style="list-style-type: none"> • Nitrous Oxide webinar will be hosted by Partnership’s Clinical Director of Behavioral Health on Friday, June 6, 2025, at noon, highlighting <ul style="list-style-type: none"> • Potential overuse • Vitamin B12 deficiency • Potential paralysis and neurological deficits • Shasta County saw several cases, initially undiagnosed, but later linked to sales of nitrous oxide containers sold at vaping shops. • National Coalition for Quality Assurance (NCQA) Health Equity Accreditation submission will take place in June 2025. Subsequent meetings will take place, but Partnership anticipates receiving the Health Equity accreditation later this year. • Primary Care Physician (PCP) Quality Incentive Program (QIP) payments will be going out the second week of June; notification letters will be sent mid-May. • Healthcare Effectiveness Data and Information Set (HEDIS) project is in its final stages for 2024 data measurement. Results will be presented in August or September 2025. • Regional Medical Director Forums were held in six locations throughout Partnership’s network. The detailed notes are available at Partnership’s Office of the CMO site. • Partnership’s Medical Director for Medicare Services has been heading the large effort to update relevant Partnership policies for implementation of D-SNP, Partnership Advantage, going live in January 2026.
I.C.1. Status Update, Regional Medical	<p>Partnership’s Regional Medical Director for Napa, Solano, and Yolo Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Communicare+Ole is opening a new clinic in Fairfield, CA on May 15, 2025, which will expand primary care access. • Prenatal care is fluctuating in Solano County. Pregnant members are given a warm handoff to clinics capable of absorbing first-trimester visits to ensure members are seen timely. • Solano County and Yolo County are experiencing reduced vision screening access. In Yolo County, Partnership is partnering with Public Health Officers and local community health centers to understand how Partnership can impact and improve access, specifically for children who are having trouble getting follow up exams after initial screenings and showing a need for corrective lenses. • The Southeast Regional Quality meeting will be held in late May. • Two Partnership network physicians were awarded Physician of the Year, Dr. Tom Suard of Napa, and Dr. Emily A. Fisher of Solano County by the Napa Solano Medical Society.
I.C.2. Status Update, Regional Medical	<p>Partnership’s Regional Medical Director for Marin and Sonoma Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Continuing to build relationships through meetings with key state and local stakeholders. • Efforts are ongoing with clinics to improve cervical cancer screenings with vaginal self-swabs. • Promoting academic detailing with Partnership’s Director of Pharmacy Operations. Two of nine clinics have completed sessions. • Working on improving lead-screening rates by rolling out lead-testing machines at point-of-care sites. • Collaborating with Aliados Health to develop an advanced practice clinician training program to pool resources from health centers across the region for support of a pilot with UC Davis for Advanced Practice Clinician (APC) fellowships to bring APCs to local health centers for procedural care, mentoring, didactic lectures, new grad set up, and improvement of retention and support. • Brenda Ship has been appointed CEO at Marin Community Clinics. Sarah Brewer has been appointed CEO of Sonoma Valley Community Health Clinic.

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
I.C.3. Status Update, Regional Medical	<p>Partnership’s Regional Medical Director for Lake, Mendocino, Humboldt, and Del Norte Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Governor Newsom announced first round of funding from Prop 1 for mental health facilities and treatment centers in the amount of \$3.3 billion across California, of which Partnership’s region is to receive roughly \$400 million. <ul style="list-style-type: none"> • Humboldt County was granted \$45 million for new inpatient mental health facility. • Yurok Tribe was awarding \$26 million to build a health and wellness center in Weitchpec, CA. The center will be 24,000 sqft with 53 beds to care for the physical, mental, and social health needs of three tribal communities treating infants through elders. • Lake County Behavioral Health received nearly \$8 million for mental health clinic expansion. • Consolidated Tribal Health Clinic received \$9 million for behavioral health expansion. • United Indian Health Service (UIHS) received \$6 million to open a child and family wellness center. • K’ima:w received \$6 million for behavioral health wellness support. • Two Feathers Native American Family Services in McKinleyville, CA received \$8 million for their mental health facility. • United Indian Health Service is breaking ground on new youth housing project for homeless and foster youth with 39 units.
I.C.4. Status Update, Regional Medical	<p>Partnership’s Regional Director for Glenn, Butte, Sutter, and Colusa Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Counties also received Prop 1 funding <ul style="list-style-type: none"> • Butte County Behavioral Health received \$7.7 million for a 40-bed mental health rehabilitation center to be built at the former Chico Community Hospital complex. • Colusa Indian Health received \$21 million for a mental wellness center. • Butte County Public Health will open a new clinic in Chico on May 27, 2025. • Healthy Rural California has appointed Michelle Powers to serve as interim CEO. • North Valley Medical Society and Butte Glenn Medical Society has a new Executive director: Bridget McBride.
I.C.5. Status Update, Regional Medical	<p>Partnership’s Regional Director for Siskiyou, Modoc, Shasta, Lassen, Trinity, and Tehama Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Completed leadership visits with Surprise Valley, Mountain Valley, and Warner Mountain Tribal Health. • A new endocrinologist has moved to Redding and will see patients starting in June. • Empire Recovery Center in Redding will continue inpatient treatment for drug and alcohol rehab but has closed the outpatient clinic. • Three area behavioral health clinics were awarded Prop 1 funding.
I.C.6. Status Update, Regional Medical	<p>Partnership’s Regional Director for Plumas, Sierra, Nevada & Placer presented a brief update on activities.</p> <ul style="list-style-type: none"> • Met with Public Health Department for California Health Improvement Project (CHIP) committee meeting to discuss early goals for nutritional food access, recreation, and community communication. • The provider network is expanding with the addition of cardiologists and a dermatologist in the area. • The Sierra Nevada Wilderness Conference takes place September 5 through 7 and will be discussing several topics of interest including field management of trauma, ski and snowboards field injury management, travel medicine, heat related illnesses, and wilderness medicine therapy.

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
II.A Office Practice Update, LaClinica	<p>LaClinica Office Practice Update with Chief Medical Officer, Dr. John Murphy, and Medical Director for Solano County, Dr. Zoe Cappe.</p> <p>Dr. John Murphy introduced the presentation with contextual framing: La Clinica is navigating a pivotal moment within the safety-net system. He outlined three major areas of focus for the discussion:</p> <ol style="list-style-type: none"> 1. Recruitment and Retention in Solano County 2. Impact of Federal Changes 3. Contingency Planning for operational and financial resilience <p>The intention was to address these domains from both strategic and practical viewpoints relevant to Federally Qualified Health Centers (FQHCs) and broader healthcare settings.</p> <p>Dr. Murphy thanked Partnership HealthPlan for its support in provider workforce stability, emphasizing that La Clinica works with multiple managed Medicaid plans, but Partnership is notably the most generous in recruitment support, with tools such as:</p> <ul style="list-style-type: none"> - Recruitment incentives - Retention pilot initiatives - Recruitment agency access <p>These efforts have helped prevent provider attrition to competitors and bolstered membership growth in Solano County, particularly at the North Vallejo site.</p> <p>The workforce at La Clinica is predominantly composed of Advanced Practice Clinicians (APCs): Nurse Practitioners (NPs), Physician Assistants (PAs), and Certified Nurse Midwives (CNMs).</p> <p>Key challenges and context include:</p> <ul style="list-style-type: none"> • Most APCs are new graduates or lack recent primary care experience. • Many come from Touro University, with others from Chamberlain, Sonoma State, and UCSF. • A shift toward doctoral-level NP training has increased student debt, making safety-net employment less appealing. • Retention is fragile, especially during the first two years, partly because many APCs work multiple jobs simultaneously. <p>Dr. Murphy noted that while outcomes between APCs and MD/DOs converge over time, it takes several years to reach equivalent chronic condition management outcomes.</p> <p>Recruitment and Retention</p> <p>The urgent need to rethink onboarding, which currently places too much strain on site medical directors, was emphasized. Key developments:</p> <ul style="list-style-type: none"> • Exploring centralized onboarding resources to support new hires. • Building internal residency and fellowship opportunities, though concerns remain over lower residency salaries. • La Clinica applied for a CMSP workforce grant to subsidize training costs. • Interest in leveraging Encore Physicians—retired MDs (often from Kaiser) who wish to continue working in low-pressure, flexible roles—both for clinical service and possibly training newer staff.

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
II.A Office Practice Update, LaClinica, Continued	<p>Recruitment and Retention – MD/DO Focus</p> <p>While MD/DO recruitment remains challenging due to uncompetitive salaries, several recruitment levers were identified:</p> <ul style="list-style-type: none"> • Prenatal care and delivery opportunities make some roles more attractive. La Clinica offers these through its Great Beginnings outpatient prenatal program. • La Clinica hosts residency rotations, though mandatory ones yield few hires. Elective rotations may be more promising due to self-selection. • Like APCs, many MDs/DOs also moonlight for income or scope enhancement. • There's increasing awareness of loan repayment and forgiveness programs, which could influence MD recruitment and retention trajectories. <p>Recruitment and Retention – Encore Case Study</p> <p>Encore Physicians stand out as a bright spot:</p> <ul style="list-style-type: none"> • These experienced MDs typically avoid panel management, preferring urgent care or coverage roles. • At the Georgia Street site, nine applicants competed for three APC positions. Six declined due to low salary, but three were hired—a success tempered by the challenge of sustaining them beyond year two. • There's optimism around ambient AI charting as a long-term retention solution, though its effectiveness depends on having a standardized, linear clinical workflow. <p>Impacts of Federal Changes to Date</p> <p>Recent federal policy shifts are fueling fear and instability in vulnerable patient populations:</p> <ul style="list-style-type: none"> • Immigrants and transgender patients are reluctant to engage with Medi-Cal. • Outreach is harder as patients avoid contact or fear being dropped from benefits ("last-in, first-out"). • Membership has declined with redetermination cycles, even as self-pay numbers rise, straining La Clinica's budget. • Title X funding is now frozen. La Clinica had preemptively withdrawn during the Trump gag rule but had hoped for restoration. • Vaccination-focused grants have also been cut. • 330 grants are under renewed scrutiny—particularly clauses requiring compliance with executive orders, prompting legal review. • There is concern over staff and leadership burnout given the complex regulatory climate. <p>Response to Federal Changes</p> <p>Dr. Murphy encouraged the team not to fall into "learned helplessness." Instead, he outlined a mission-protective strategy that balances compliance with both state and federal mandates:</p> <ul style="list-style-type: none"> • For gender-affirming care, California's guidance (e.g., via AG Rob Bonta) may conflict with federal orders—but providers are expected to follow California's non-discrimination rules. • Strategic focus areas where Medicaid support is likely to persist: <ul style="list-style-type: none"> • Pediatrics • Prenatal care • Medicare for seniors • Call to collaborate with MCPs like Partnership HealthPlan to grow membership before further eligibility restrictions take effect. • Enhanced training and information-sharing for staff on topics like ICE procedures, legal warrants, and patient protections. • Emphasis on trusted relationships with elected officials and external partnerships to keep Medi-Cal patients out of high-cost emergency settings.

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.		
II.A Office Practice Update, LaClinica, Continued	<p>Contingency Planning</p> <p>Forward-looking approach to mitigate risk:</p> <ul style="list-style-type: none"> Financial modeling should begin with pre-ACA payer mix assumptions (e.g., a drop from 90% to 70% Medi-Cal). Planning for 20% reductions in Medi-Cal reimbursement as part of annual budgeting. Considering dual-structure entities (e.g., one arm with federal funding, another without) to shield “mission-central” programs from policy shifts. This approach echoes models used by organizations like Planned Parenthood. Acknowledgment that such structures are complex and resource-intensive, requiring the right expertise and legal frameworks to succeed. <p>Final Reflections</p> <p>Dr. Murphy closed with dual invocations:</p> <ul style="list-style-type: none"> A paraphrased Rahm Emanuel quote: “Never let a serious crisis go to waste.” And a quote tracing back to Martin Luther King Jr.: “The arc of the moral universe is long, but it bends toward justice”— to which Eric Holder, former Attorney General under President Obama stated, “but not without a lot of hard work.” This work demands persistence, courage, and long-term dedication. <p>He invited input from colleagues and acknowledged the crucial role of community health workers in assisting patients through redetermination.</p>		
AGENDA ITEM	MOTIONS FOR APPROVAL	RECOMMENDATIONS / ACTION	DATE RESOLVED
III.A.	April 2025 PAC minutes were presented for approval.	<p><u>MOTION:</u> Dr. Pottenger moved to approve Agenda III.A as presented, seconded by, seconded by Dr. Brennan.</p> <p><u>ACTION SUMMARY:</u> [12] yes, [0] no, [0] abstentions.</p>	05/14/25 Motion carried.
III.B. III.B.1 III.B.2 III.B.3 III.B.5 III.B.6	<p>Consent Calendar Review</p> <ul style="list-style-type: none"> Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – April 2025 Policies, Procedures, and Guidelines for Action Policy Summary April 2025 Pharmacy & Therapeutics Committee Summary & Approved Criteria, April 10, 2025 Credentials Committee Meeting Minutes and Credentialed List, March 12, 2025 Pediatric Quality Committee Minutes, November 13, 2024 Minutes, February 4, 2025 	<p><u>MOTION:</u> Dr. Brennan moved to approve Agenda III.B.1, III.B.2, III.B.3, III.B.5 and III.B.6, as presented, seconded by Dr. Pottenger.</p> <p><u>ACTION SUMMARY:</u> [12] yes, [0] no, [0] abstentions.</p>	05/14/25 Motion carried.

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
III.C Physician Advisory Committee Membership	<p>Physician Advisory Committee (PAC) Membership</p> <p>The PAC Chairperson shared intent to retire later this year and interest in seeking a replacement chairperson. Dr. Angela Brennan, a long-time voting member and NorthBay Health Primary Care Physician, expressed interest and shared her background.</p> <p>Any other interested candidates were asked to contact Partnership’s Chief Medical Officer directly.</p>
IV. A Old Business	None
AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Partnership County Level Profile Review	<p>County Level Profile – Shasta County provided as example for reference only</p> <div data-bbox="300 511 1980 976">  <p>The image shows two side-by-side tables of contents for a report titled 'County Level Profile'. The left table is 'Table of Contents (1/2)' and the right is 'Table of Contents (2/2)'. Both tables list various sections of the report with corresponding page numbers. The left table includes sections like 'County Data Introduction', 'Membership / County Overview', 'Partnership's Regional Structure', 'County Member Enrollment Trend', 'Current County Enrollment', 'County Member Age Groups and Gender', 'County Member Ethnicity and Preferred Language', 'County Homeless Demographics', 'County Member Assignment Status', 'Emergency Department, Hospital, and Provider Utilization Data', 'County Annual Emergency Department Use Trend', 'Emergency Department Utilization', 'County Hospital Use Rates: Acute Hospital Admissions and ALOS', 'County Primary Care Visit Rates and Telehealth Trends', 'County Specialty Visits Provided by Telehealth', 'Mental Health Utilization by Region', 'County Mental Health Utilization', 'County Behavioral Health Use', 'ACEs Screening Rates', and 'County ACEs Screenings and Member Assignments'. The right table includes sections like 'County Disparities Data (Continued)', 'County Diabetes Mellitus Poor Control Disparities', 'County Controlled Blood Pressure Disparities', 'Child Welfare-Involved Youth Data', 'Child Welfare Demographics', 'County Child Welfare Utilization', 'Child Welfare ECM Services Utilization', 'Child Welfare Community Support Services', 'Surveys and Screening Data', 'Workforce Point in Time Survey', 'CAHPS Survey Results: Flu and Smoking Cessation', 'CAHPS Survey Results: Advanced Directives', 'County Lead Screening Data', 'Transportation Services Data', 'County NMT and NEMT Transportation Services: KPIs', 'County NMT and NEMT Transportation Services: Trip Details', 'County NMT and NEMT Transportation Services: Demographics', 'NMT and NEMT Transportation Services Utilization', and 'Supplementary Data'. The 'Supplementary Data' section includes 'County Chronic Conditions Prevalence', 'County Fluoride Varnish Treatment Demographics', 'Fluoride Varnish Trend by County', 'County Fluoride Varnish Treatment by PCP', 'Pre-Exposure Prophylaxis for HIV', 'Appendix: HEDIS Information', 'HEDIS HPA Rate Performance by County', 'HEDIS HPA Measure Set Descriptions', 'HEDIS Performance by Partnership County', 'MCAS Measurement Set Descriptions', and 'Contact Us'.</p> </div> <p>Partnership’s CMO emphasized the broader purpose of the data report is the second annual iteration of a county-level data summary produced by Partnership HealthPlan. The intent is to provide counties with curated data to assist with their Community Health Assessments. The responsibility for creating these profiles lies with the Population Health Management team. This 2025 version is a semi-final draft, distributed to attendees across multiple sites for review and feedback. The audience is advised to review packets provided.</p> <p>Partnership’s CMO clarified that while the structure of the data resembles the previous year’s version, it includes additions and refinements suggested by County Public Health Officers. Counties wishing to propose further changes are instructed to funnel suggestions through their respective health officers. Many requests pertain to data already available through other local or state systems, such as County Health Rankings, Health Status Profiles, and the Healthy Places Index. The presenter acknowledges that this dataset is not exhaustive; rather, it offers a focused view using Partnership HealthPlan’s internal data. Moreover, important caveats are discussed: the presence of missing data, delays in claims reporting (claims lag), and inconsistent data coding. Therefore, the profile should not be interpreted as an authoritative source but rather as the best available representation based on internal claims and programmatic data.</p>

VI. Adjournment		
PAC adjourned at 9:03 a.m.	Next PAC on Wednesday, June 11, 2025 at 7:30 a.m.	

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: May 21, 2025

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
2760 Esplanade Ave., Ste 130, Chico 95973 | Temp Conf Room

Other Locations:

Open Door Community Health Center, 3770 Janes Road, Arcata
La Clinica, 1450 Fruitvale Ave., Oakland
Chapa-de Indian Health: 11670 Atwood Road, Auburn
Kaiser Permanente, 5820 Owens Drive, Pleasanton
Dignity Health Medical Group: Woodland Clinic – 2330 W. Covell Blvd., Davis

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 – Welcome/Introductions/Announcements/Approval/Acceptance of Minutes			
1	Approval of <ul style="list-style-type: none">April 16 Quality/Utilization Advisory Committee (Q/UAC) Minutes	Robert Moore, MD, MPH, MBA	7:30	5 – 14
2	Acknowledgment and acceptance of draft minutes of the April 8 Internal Quality Improvement (IQI) Committee			15 – 24
II.	Standing Updates			
1	Quality and Performance Improvement Program Update	Nancy Steffen	7:35	25 – 35
2	HealthPlan Update	Robert Moore, MD	7:40	--
III.	Old Business – None			
IV.	New Business – Consent Calendar			
Health Services Departments	Consent Calendar	All	7:45	36
	G&A PULSE Report /Issue 16 / April 2025 – Wellness & Recovery article begins on p. 44			37 – 52
	Behavioral Health – is now a Health Services department (formerly in Administration). Specific Behavioral Health-related policies are being transferred from other departments to Behavioral Health ownership, including the Mental Health Services policy on presentation today.			
	MPBP8005 – Dispute Resolution Between Partnership and BHPs in Delivery of Mental Health Services – the previous ADM52 in Administration is archived: p. 58			53 – 57
	MPBP8013 – Eating Disorder Management Policy – the previous MCUP3145 in UM is archived: p. 73			63 – 71
	Enhanced Health Services			
	MPAP7004 – Community Health Worker (CHW) Services benefit – the previous MCCP2033 in CC is archived: p. 93			81 – 91
	MPAP7005 – Street Medicine – the previous MCUP3146 in UM is archived: p. 111			103 – 110

	Item	Lead	Time	Page #
Health Services Departments	Quality Improvement			
	MCQP1052 – Physical Accessibility Review Survey SR Part C – <i>new attachment B replaces the old</i>			119 – 165
	MPQP1038 – Physician Orders for Life-Sustaining Treatment (POLST)			167 – 169
	MPQP1047 – Advance Directives – <i>previously MCQP1047</i>			170 – 172
	MPQP1055 – Provider Preventable Condition (PPC Reporting)			173 – 177
	MPXG5003 – Major Depression in Adults Clinical Practice Guidelines			179 – 181
	Utilization Management			
	MCUP3037 – Appeals of Utilization Management/Pharmacy Decisions			183 – 191
	MPUG3025 – Insulin Infusion Pump and Continuous Glucose Monitor Guidelines			193 – 198
	MPUG3031 – Nebulizer Guidelines			199 – 202
	MPUG3110 – Evaluation and Management of Obstructive Sleep Apnea in Adults – <i>previously MCUG3110</i>			203 – 207
	MPUP3047 – Tuberculosis Related Treatment – <i>previously MCUP3047</i>			209 – 214
	MPUP3136 – Fecal Microbiota Transplant (FMT) – <i>previously MCUP3136</i>			215 – 217
	MPUP3144 – Residential Substance Use Disorder Treatment Authorization – <i>previously MCUP3144</i>			218 – 224
	Non -HS			Network Services
	MPNET100 – Access Standards and Monitoring		225 – 236	
V.	New Business – Discussion Policies			
	Synopsis of Changes		--	237 – 242
QI	MCQP1025 – Substance Use Disorder (SUD) Facility Site Review and Medical Record Review	Rachel Newman, RN	7:50	243 – 369
	MPXG5008 – Clinical Practice Guidelines: Pain Management, Chronic Pain Management and Safe Opioid Prescribing	Jeff DeVido, MD	7:56	371 – 402
BH	MPBP8003 – Mental Health Services – <i>the previous MCUP3028 in UM is archived: p. 437</i>	Jeff DeVido, MD	8:02	403 – 436
CC	MPCP2026 – Diabetes Prevention Program – <i>previously MCCP2026</i>	Shannon Boyle, RN	8:08	469 – 474
	MPCP2034 – Transitional Care Services (TCS) – <i>previously MCCP2034</i>		8:16	475 – 488
UM	MPUP3137 – Palliative Care: Intensive Program (Adult) – <i>previously MCUP3137</i>	Bettina Spiller, MD	8:24	489 – 508
VI.	Presentations			
1	Behavioral Health Overview	Jeff DeVido, MD Mark Bontrager Nicole Escobar	8:30	509 – 526
2	Individual Health Assessments (IHA) Claims & Encounters 2024 Summary / Compliance Report	Rachel Newman, RN	8:50	527 – 538
VII. FYI	QI Initiative: Evaluation of Well-Child Visit Disparity Spring Pilot – <i>refer questions to James Devan</i>			539 - 548
	QI Initiative: W15 Newborn Enrollment Pilot – <i>refer questions to Liz Romero</i>			549 – 568
	Adjournment scheduled for 8:55 a.m. Q/UAC next meets 7:30 a.m. Wednesday, June 18, 2025			

Behavioral Health

Policy #	Policy Name	Notes	Approval Vote
MPBP8003	Mental Health Services	Policy transfers from UM, which archives MCUP3028. New policy OK for D-SNP.	Discussion – as presented: Robert Quon, MD Second: Brian Montenegro, MD
MPBP8005	Dispute Resolution Between Partnership and in Delivery of Mental Health Services	Policy transfers from Admin, which archives ADM52. New policy OK for D-SNP.	Consent Calendar: Brian Montenegro, MD Second: Meagan Mulligan, FNP
MPBP8013	Eating Disorder BUPs Management Policy	Policy transfers from UM, which archives MCUP3145. New policy OK for D-SNP.	

Care Coordination

Policy #	Policy Name	Notes	Approval Vote
MPCP2026	Diabetes Prevention Program	Change from MCCP2026 accommodates D-SNP	Discussion – as presented: Brian Montenegro, MD Second: Meagan Mulligan, FNP
MPCP2034	Transitional Care Services (TCS)	Change from MCCP2034 accommodates D-SNP	Discussion – as presented: Brian Montenegro, MD Second: Randy Thomas, MD

Enhanced Health Services

Policy #	Policy Name	Notes	Approval Vote
MPAP7004	Community Health Worker (CHW) Services Benefit	Policy transfers from CC, which archives MCCP2033. New policy OK for D-SNP.	Consent Calendar: Brian Montenegro, MD Second: Meagan Mulligan, FNP
MPAP7005	Street Medicine	Policy transfers from UM, which archives MCUP3146. New policy OK for D-SNP	

Quality Improvement

Policy #	Policy Name	Notes	Approval Vote
MCQP1025	Substance Use Disorder (SUD) Facility Site Review and Medical Record Review	No applicability to D-SNP. VI.E.3 amended: Ten medical records will be reviewed unless there are not enough member claims to support this.	Discussion - as amended: Robert Quon, MD Second: Randy Thomas, MD
MCQP1052	Physical Accessibility Review Survey SR Part C	CBAS Survey replaces PARS survey as new Attachment B. No applicability to D-SNP	Consent Calendar: Brian Montenegro, MD Second: Meagan Mulligan, FNP
MPQP1038	Physician Orders for Life-Sustaining Treatment (POLST)	OK for D-SNP	
MPQP1047	Advance Directives	Change from MCQP1047 accommodates D-SNP	

MPQP1055	Provider Preventable Condition (PPC Reporting)	OK for D-SNP	Discussion – as presented: Brian Montenegro, MD Second: Jennifer Wilson, MD
MPXG5003	Major Depression in Adults Clinical Practice Guidelines	OK for D-SNP	
MPXG5008	Clinical Practice Guidelines: Pain Management, Chronic Pain Management and Safe Opioid Prescribing	Both policy and Attachment A flow diagram accommodate D-SNP	

Utilization Management

Policy #	Policy Name	Notes	Approval Vote
MCUP3037	Appeals of Utilization Management/Pharmacy Decisions	No applicability to D-SNP	Consent Calendar: Brian Montenegro, MD Second: Meagan Mulligan, RN
MPUG3025	Insulin Infusion Pump and Continuous Glucose Monitor Guidelines	OK for D-SNP	
MPUG3031	Nebulizer Guidelines	OK for D-SNP	
MPUG3110	Evaluation and Management of Obstructive Sleep Apnea in Adults	Change from MCUG3110 accommodates D-SNP	
MPUP3047	Tuberculosis Related Treatment	Change from MCUP3047 accommodates D-SNP	
MPUP3136	Fecal Microbiota Transplant (FMT)	Change from MCUP3136 accommodates D-SNP	Discussion – as presented: Robert Quon, MD Second: Meagan Mulligan, FNP
MPUP3137	Palliative Care: Intensive Program (Adult)	Change from MCUP3137 accommodates D-SNP	
MPUP3144	Residential Substance Use Disorder Treatment Authorization	Change from MCUP3144 accommodates D-SNP	

Non-Health Services Department: Network Services

Policy #	Policy Name	Notes	Approval Vote
MPNET100	Access Standards and Monitoring	Policy not yet evaluated for D-SNP applicability	Consent Calendar: Brian Montenegro, MD Second: Meagan Mulligan, RN

The Behavioral Health team presented its annual Behavioral Health Overview. Motion to accept the presentation: Brian Montenegro, MD. Second: Jennifer Wilson, MD

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
INTERNAL QUALITY IMPROVEMENT (IQI) COMMITTEE
MEETING AGENDA**

Date: Tuesday, May 13, 2025

Time: 1:30 – 3:25 p.m.

Locations:

Napa/Solano (Fairfield West) Trinity
Alps (Redding – Airpark)

To Join by Webex:

<https://partnershiphp.webex.com/meet/iqi>
Meeting # 2631 319 6924

To Join by Telephone:

Toll Free: 844-621-3956
Access Code: 2631 319 6924

	Item	Lead	Time	Page #
I.	Call to Order/Staff Introduction(s)/Approval of Minutes			
	Approval of Internal Quality Improvement (IQI) Committee Meeting Minutes of April 8, 2025	Robert Moore, MD, MPH, MBA	1:30	5 - 14
II.	Old Business – Internal Policy MCEO6003			
	Race/Ethnicity, Language, Gender Identity, and Sexual Orientation Individual Member Data Collection/Storage/Retrieval – <i>synopsis of changes begins on p. 15</i>	Mohamed Jalloh, Pharm.D	1:35	17 - 40
III.	New Business – Consent Calendar			
	Consent Calendar	All	1:40	41 - 42
	G&A PULSE Report / Issue 16 / April 2025 – <i>Wellness & Recovery article begins on p. 50</i>			43 - 83
Health Services Departments	Behavioral Health – <i>is now a Health Services department. Specific Behavioral Health-related policies are being transferred from other departments to Behavioral Health ownership, including the Mental Health Services policy on presentation today</i>			
	MPBP8005 – Dispute Resolution Between Partnership and BHPs in Delivery of Mental Health Services – <i>the previous ADM52 in Administration is archived: p. 90</i>			85 - 89
	MPBP8013 – Eating Disorder Management Policy – <i>the previous MCUP3145 in UM is archived: p. 104</i>			95 - 103
	Enhanced Health Services			
	MPAP7004 – Community Health Worker (CHW) Services Benefit – <i>the previous M CCP2033 in CC is archived: p. 124</i>			113 - 123
	MPAP7005 – Street Medicine – <i>the previous MCUP3146 in UM is archived: p. 143</i>			135 - 142
	Quality Improvement			
	MCQP1052 – Physical Accessibility Review Survey SR Part C – <i>new attachment B replaces the old</i>			151 - 197
	MPQP1038 – Physician Orders for Life-Sustaining Treatment (POLST)			199 - 201
	MPQP1047 – Advance Directives – <i>previously MCQP1047</i>			203 - 205
	MPQP1055 – Provider Preventable Condition (PPC Reporting)			206 - 210
	MPXG5003 – Major Depression in Adults Clinical Practice Guidelines			211 - 213
	Utilization Management			
	MCUP3037 – Appeals of Utilization Management/Pharmacy Decisions			215 - 223
	MPUG3025 – Insulin Infusion Pump and Continuous Glucose Monitor Guidelines			225 - 230

	MPUG3031 – Nebulizer Guidelines			231 – 234
	MPUG3110 – Evaluation and Management of Obstructive Sleep Apnea in Adults – <i>previously MCUP3110</i>			235 - 239
	MPUP3047 – Tuberculosis Related Treatment – <i>previously MCUP3047</i>			241 - 246
	MPUP3136 – Fecal Microbiota Transplant (FMT) – <i>previously MCUP3136</i>			247 – 249
	MPUP3144 – Residential Substance Use Disorder Treatment Authorization – <i>previously MCUP3144</i>			251 - 256
Non – HS Departments	Credentialing: 300 series brought for post April 8 IQI Attachment B corrections; to update to current 2025 NCQA dates/elements; change “180” references to “120 calendar” days; revise Medi-Cal verification source			
	MPCR13D – Registered Pharmacists for AB114 Credentialing			257 - 258
	MPCR300 – Physician Credentialing and re-Credentialing Requirements			259 - 269
	MPCR301 – Non-physician Clinician Credentialing and Re-credentialing Requirements			271 - 276
	MPCR302 – Behavioral and Mental Health Practitioner Credentialing and Re-credentialing Requirements			277 - 282
	MPCR303 – Applied Behavioral Health and Substance Use Disorder Practitioner Credentialing and Re-credentialing Requirements			283 - 287
	MPCR304 – Allied Health Practitioners Credentialing and Re-credentialing Requirements			288 - 292
	Network Services			
	MPNET100 – Access Standards and Monitoring			293 - 304
	MPPR208 – Provider Notification of Provider Termination, Site Closure or Change in Location Information			305 - 310
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	MPPR207 – Annual Physician Satisfaction Survey			311 - 312
IV.	New Business – Health Services’ Discussion Policies			
	Synopsis of Changes			313 - 318
BH	MPBP8003 – Mental Health Services – <i>the previous MCUP3028 in UM is archived: p. 353</i>	Mark Bontrager	1:50	319 - 352
QI	MCQP1025 – Substance Use Disorder (SUD) Facility Site Review and Medical Record Review	Rachel Newman, RN	1:57	385 - 511
	MPXG5008 – Clinical Practice Guidelines: Pain Management, Chronic Pain Management and Safe Opioid Prescribing	Jeff DeVido, MD	2:04	513 - 544
CC	MPCP2026 – Diabetes Prevention Program – <i>previously MCCP2026</i>	Shannon Boyle, RN	2:11	545 - 550
	MPCP2034 – Transitional Care Services (TCS) – <i>previously MCCP2034</i>		2:18	551 - 564
UM	MPUP3137 – Palliative Care: Intensive Program (Adult) – <i>previously MCUP3137</i>	Bettina Spiller, MD	2:25	565 - 584
V.	Presentations			
1	QI Update	Nancy Steffan	2:32	585 - 595
2	Behavioral Health Overview	Jeff DeVido, MD M. Bontrager / Nicole Escobar	2:37	597 - 614
3	Individual Health Assessments (IHA) Claims & Encounters 2024 Summary / Compliance Report	Rachel Newman, RN	2:55	615 - 627
4	QI Initiative: Evaluation of Well-Child Visit Disparity Sprint Pilot	James Devan	3:07	629 - 638
VI.	QI Initiative: W15 Newborn Enrollment Pilot – <i>refer questions to Liz Romero</i>			639 - 658
FYI	Adjournment by 3:25 p.m. to 1:30 p.m. Tuesday, June 10, 2025			

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
INTERNAL QUALITY IMPROVEMENT (IQI) COMMITTEE MEETING MINUTES
Tuesday, May 13, 2025 / 1:32 – 3:27 PM

Members Present:

Andrews, Leigha, MBA, Regional Director (Southwest)
 Barresi, Katherine, RN, BSN, PHN, NE-BC, CCM, Chief Health Services Officer
 Bides, Robert, RN, BSN, Manager of Member Safety – Quality Investigations, QI
 Bjork, Sonja, JD, Chief Executive Officer
 Brown, Isaac, MHA, MBA, Director of Quality Management, Quality Improvement
 Brundage O’Connell, Lisa, MHA, Director of Enhanced Health Services
 Campbell, Anna, Policy Analyst, Utilization Management
 DeVido, Jeff, MD, Behavioral Health Clinical Director
 Esget, Heather, RN, BSN, ACM, Director of Utilization Management
 Garcia-Hernandez, Margarita, PhD, Director of Health Analytics
 Gast, Brigid, MSN, BS, RN, NEA-BC, Sr. Director, Care Management
 Hightower, Tony, CPhT, Associate Director, UM Regulations
 Innes, Latrice, Manager of Grievance & Appeals Compliance

Jalloh, Mohamed “Moe,” Pharm.D, Health Equity Officer
 Jones, Kermit, MD, JD, Medical Director for Medicare Services
 Klakken, Vicki, Regional Director (Northwest)
 Kubota, Marshall, MD, Associate Medical Director
 Leung, Stan, Pharm.D, Director of Pharmacy Services
 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
 Steffen, Nancy, Senior Director of Quality and Performance Improvement
 Stone, Kelly, RN, Director of Care Coordination, Care Coordination
 Townsend, Colleen, MD, Regional Medical Director (Southeast)
 Villasenor, Edna, Senior Director, Member Services and G&A
 Ward, Lisa, MD, Regional Medical Director (Southwest)

Members Absent:

Ayala, Priscila, Director of Network Services
 Brunkal, Monika, RPh, Assoc. Dir., Population Health
 Davis, Wendi, Chief Operating Officer

Kerlin, Mary, Senior Director, Provider Relations
 Matthews, Richard “Doug,” MD, Regional Medical Director (Chico)
 Sharp, Tim, Regional Director (Northeast)
 Turnipseed, Amy, Senior Director of External and Regulatory Affairs

Guests:

Arrazola, Kelcie, Lead Trainer, Provider Relations
 Bontrager, Mark, Sr. Director of Behavioral Health, Behavioral Health
 Booth, Garnet, Senior Program Manager, Provider Relations
 Broadhead, Candi, Project Manager II, QI
 Clark, Kristen, Manager of Quality & Training, Member Services
 Cook, Dawn R., Program Manager II, QI (NCQA)
 Cunningham, Aryana, Policy Analyst, Care Coordination
 Devan, James, Manager of Performance Improvement, QI (Northeast)
 Donahue, Celena, Improvement Advisor, QI (Eureka)
 Durst, Jennifer, Sr, Manager of Performance Improvement, QI (Santa Rosa)
 Erickson, Leslie, Program Coordinator II, QI (scribe)
 Escobar, Nicole, Sr. Manager of Behavioral Health, Behavioral Health
 Gual, Kristine, Director of Quality Measurement, QI
 Harris, Vander, Senior Health Data Analyst I, Finance
 Isola, Brandy, Manager of Performance Improvement, QI (Chico/Auburn)
 Jamali, Shahrzad, Improvement Advisor, QI (Chico)
 Lee, Donna, Manager of Claims, Claims
 Kim, Amanda, Senior Project Manager, Quality Improvement

Kung, Jen, Sr, Health Data Analyst II, Finance
 Lee, Donna, Manager of Claims, Claims
 Moore, Jordan, Provider Education Specialist, Provider Relations
 Moraghebi, Roudabeh, Manager of Health Analytics, Finance
 Morris, Matthew, MD, Regional Medical Director (Auburn)
 Nguyen, Tom, Manager of Health Analytics, Finance
 Power, Kathryn, Regional Director (Southeast)
 Rathnayake, Russ, Senior Health Data Analyst I, Finance
 Romero, Liz, MPH, MCHES, Improvement Advisor, QI (Northeast)
 Shrivastava, Poorva, Sr Health Data Analyst, Health Analytics, Finance
 Sivasankar, Shivani, Sr Data Scientist, Health Analytics, Finance
 Smith, Christine, Community Health Needs Liaison, Population Health
 Spencer, Ben, Project Coordinator I, Health Equity
 Spiller, Bettina, MD, Associate Medical Director
 Stark, Rebecca, Regional Director (Chico)
 Trosky, Renee, Manager of Provider Relations Compliance
 Vaisenberg, Liat, Associate Director of Health Analytic, Finance
 Vance, Brooke, Program Manager I, Network Services

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
I. Call to Order <ul style="list-style-type: none"> • Approval of Minutes • Announcements 	<p>Chief Medical Officer and Committee Chair Robert Moore, MD, MPH, MBA, called the meeting to order at 1:32 p.m.</p> <ul style="list-style-type: none"> • Approval of the April 8, 2025 IQI Minutes • Going forward, Southwest Regional Medical Director Lisa Ward, MD, will be a voting member at IQI and an <i>ex-officio</i> member of the Quality/Utilization Advisory Committee (Q/UAC). Associate Medical Director Marshall Kubota, MD, will still attend both meetings in an advisory capacity. We thank him for his years of service. • POST MEETING: Chief Executive Officer Sonja Bjork, JD, announced June 2 that go-live of the Dual-Special Needs Program (D-SNP) Medicare product line “Partnership Advantage” is delayed from Jan. 1, 2026 to Jan. 1, 2027. These minutes now reference the new date. 	<p>Motion to approve IQI Minutes: Mark Netherda, MD Second: Isaac Brown, MHA/MBA</p>
II. Old Business – <i>Internal Policy Review with Mohamed Jalloh, Pharm.D. Health Equity Officer</i>		
MCEP6003 – Race/Ethnicity, Language, Gender Identity, and Sexual Orientation Individual Member Data Collection/ Storage/ Retrieval	<p>Dr. Jalloh said this internal policy is at IQI today because staff recently identified and have since corrected an accidental omission.</p> <p>Under the Race/Ethnicity and Language sections of the policy, there is a description of future training modules for Partnership staff that will guide them in how to refrain from stigmatizing our members when members are reporting personal information. The training modules were also described in attachment MCEO6003-B (SOGI Implementation Plan) for the policy.</p> <p>The verbiage tied to the trainings was approved by our National Committee for Quality Assurance (NCQA) Consultant, Diane, as part of a Mock Survey, which ensured we met specific requirements for Health Equity Accreditation. The approved verbiage was all-inclusive for data types and indicated there would be modules that will train staff on effective strategies to ensure staff do not stigmatize members when collecting race/ethnicity, language, gender identity, and sexual orientation information.</p> <p>When the Policy MCEO6003 was being prepared for review by IQI and Q/UAC last October, there was an accidental omission of the all-inclusive description of the modules. Instead, the training description under the Race/Ethnicity and Language sections of the policy only listed respective data type. The omission was not identified earlier since SOGI data collection is still in the planning stages and staff training was planned for Q2 2025. The policy content supports future data collection activities.</p> <p>At this time, we have updated Policy MCEO6003 to correct this omission. By correcting the omission, the policy once again aligns with attachment MCEO6003-B SOGI Implementation Plan, which included the training modules for staff tied to ensuring members are not stigmatized when data tied to race/ethnicity, language, gender identity, and/or sexual orientation is collected.</p> <p>Attachments A & B will be amended with today’s date.</p> <p>Anna Campbell asked if this policy would apply also to our Dual Special Needs Plan (D-SNP) members and thus need to be re-lettered as a “MP” policy. Edna Villasenor noted that our vendor does call it out as a requirement under Medicare. Dr. Jalloh will take this under advisement offline.</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Dawn Cook noted that approval is being sought today so that the policy may be submitted in June for the initial NCQA HEA Survey. The policy will need to be rewritten once Health Rules Payor (HRP) replaces Amisys.</p> <p>Dr. Ward noted that III.H. was missing the word “origins.” The definition is now updated: <u>Hispanic or Latino</u>: A person who identifies with having origins including, but not limited to, Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”</p>	
III. New Business Consent Calendar (Committee Members as applicable)		
<p>G&A PULSE Report / Issue 16 / April 2025 – <i>Wellness & Recovery</i> article included</p> <p>Health Services Policies</p> <p><u>Behavioral Health</u> is emerging as a HS department, assuming direct responsibility for policies previously administered by other departments.</p> <p>MPBP8005 – Dispute Resolution Between Partnership and PHPs on Delivery of Mental Health Services – <i>the previous ADM52 is archived</i></p> <p>MPBP8013 – Eating Disorder Management Policy – <i>the previous MCUP3145 is now archived in UM</i></p> <p><u>Enhanced Health Services</u></p> <p>MPAP7004 – Community Health Worker (CHW) Services benefit – <i>the previous MCCP2033 is now archived in Care Coordination</i></p> <p>MPAP7005 – Street Medicine – <i>the previous MCUP3146 is now archived in UM</i></p> <p><u>Quality Improvement</u></p> <p>MCQP1052 – Physical Accessibility Review Survey SR Part C – <i>new attachment B replaces the old</i></p> <p>MPQP1038 – Physician Orders for Life-Sustaining Treatment (POLST) – <i>pulled for question</i></p> <p>MPQP1047 – Advance Directives – <i>previously MCQP1047</i></p> <p>MPQP1055 – Provider Preventable Condition (PPC) Reporting</p> <p>MPXG5003 – Major Depression in Adults Clinical Practice Guidelines – <i>pulled for question on Attachment A</i></p> <p><u>Utilization Management</u></p> <p>MCUP3037 – Appeals of Utilization Management/Pharmacy Decisions</p> <p>MPUG3023 – Insulin Infusion Pump and Continuous Glucose Monitor Guidelines</p> <p>MPUG3031 – Nebulizer Guidelines</p> <p>MPUG3110 – Evaluation and Management of Obstructive Sleep Apnea in Adults – <i>previously MCUP3110</i></p> <p>MPUP3047 – Tuberculosis Related Treatment – <i>previously MCUP3047</i></p> <p>MPUP3136 – Fecal Microbiota Transplant (FMT) – <i>previously MCUP3136</i></p> <p>MPUP3144 – Residential Substance Use Disorder Treatment Authorization – <i>previously MCUP3144</i></p> <p>Non-Health Services Policies</p> <p><u>Credentialing</u> – The 300 series below brought for post April 8 IQI Attachment B corrections; to update to current 2025 NCQA dates/element; change “180 days” to “120 calendar” days; revise Medi-Cal verification source – <i>all pulled for questions</i></p> <p>MPCR13D – Registered Pharmacists for AB114 Credentialing</p>		<p>Motion to approve slate without the pulled policies: Brigid Gast, RN Second: Kermit Jones, MD, JD</p> <p>Motion to approve MPQP1038 as amended: Anna Campbell Second: Stan Leung, Pharm.D</p> <p>Motion to approve MPXG5003 as presented with an amended Attachment A: Mark Netherda, MD Second: Anna Campbell</p> <p>Motion to approve Credentialing policies as amended: Mark Netherda, MD Second: Kermit Jones, MD, JD</p> <p><u>Next Steps</u>: Health Services policies go to May 21 Quality/Utilization Advisory (Q/UAC) and to June 11 Physician Advisory Committee (PAC)</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>MPCR300 – Physician Credentialing and Re-credentialing Requirements MPCR301 – Non-physician Clinician Credentialing and e-credentialing Requirements MPCR302 – Behavioral and Mental Health Practitioner Credentialing and Re-credentialing Requirements MPCR303 – Applied Behavioral Health and Substance Use Disorder Practitioner Credentialing and Re-credentialing Requirements MPCR304 – Allied Health Practitioners Credentialing and Re-credentialing Requirements</p> <p><u>Network Services</u> MPNET100 – Access Standards and Monitoring MPPR208 – Provider Notification of Provider Termination, Site Closure, or Change in Location Information</p> <p><u>Provider Relations</u> MPPR207 – Annual Physician Satisfaction Survey</p> <p>Anna Campbell pulled several policies to suggest clarifications.</p> <ul style="list-style-type: none"> • MPQP1038 doesn't identify Punjabi as one of Partnership's threshold languages. Conversation ensued between Dr. Moore, Kathryn Barresi, and Anna that Partnership cannot translate the POLST into any language. That has to be done by the Coalition for Compassionate Care of California (CCCC) and provided to DHCS. VI.B.4 is amended: "The POLST instructions and form are available at capolst.org/polst-for-healthcare-providers/forms/. Members needing assistance with translation should contact Partnership's Member Services department." • MPXG5003 – Attachment A needs to broaden its language for D-SNP applicability to Partnership Advantage, effective Jan. 1, 2027. Behavioral Health Clinical Director Jeff DeVido, MD, agreed to eliminate some restrictive boxes in the flow chart diagram and keep sources and references. Medical Director for Medicare Services Kermit Jones, MD, JD, favored the change. • Credentialing policies should either be left unchecked for Partnership Advantage applicability or language should be added that those who would provide Medicare services must be enrolled with Medicare. Further, references mentioning CalAIM Whole Child Model are outdated and must be updated. Dr. Jones and Network Services Project Manager Brooke Vance will coordinate a Medicare statement to be inserted into each policy as applicable. <p>Dr. Moore thanked everyone for their work, saying we are well on our way for Medicare-specific updates to our policies.</p>	<p>Credentialing policies go to May 14 Credentials Committee.</p> <p>MPNET100 goes to Q/UAC and PAC</p> <p>MPPR208 moves to department approval</p> <p>MPPR207 bypasses Q/UAC and goes to June 11 PAC</p>
IV. New Business – Discussion Policies		
Policy Owner: Behavioral Health – Presenter: Jeff DeVido, MD, Behavioral Health Clinical Director		
MPBP8003 – Mental Health Services – <i>the previous MCUP3028 residing in UM is now archived</i>	<p>This policy was updated to reflect changes per APLs 24-012 and 24-019 as well as for the Partnership Advantage D-SNP program we will operate effective January 1, 2027.</p> <p>Title: Ownership of this policy was transferred from the UM Department to the Behavioral Health department. The number will now be MPBP8003, which reflects that it is a Multi-Plan policy applicable to both our Medi-Cal and Partnership Advantage Lines of Business.</p> <p>Section III.F: The definition formerly describing "Mental Health Plan (MHP)" was updated to reflect "Behavioral Health Plan (BHP)" as per new guidance from DHCS. The definition was also updated to include Substance Use Disorder (SUD) treatment services as a contract responsibility for BHPs. MHP was updated to BHP throughout the document.</p>	<p>Motion to approve as presented: Kathryn Barresi, RN Second: Anna Campbell</p> <p><u>Next Steps:</u> May 21 Q/UAC June 11 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Section III.J: The definition of Partnership Advantage was added.</p> <p>Section III.K: The definition of Professional Person</p> <p>Section III.L: The definition of Specialty Mental Health Services (SMHS) was updated to say that for Partnership Advantage Members, Partnership will coordinate with BHP providers to ensure members have access to and are connected with medically necessary services delivered by the BHP.</p> <p>Section VI.A.: Specified that Partnership provides mental health services to Medi-Cal Members and will also provide mental health services to Partnership Advantage Members effective January 1, 2027.</p> <p>Section VI.B.1.a: Per APL 24-012 Non-Specialty Mental Health Services: Member Outreach, Education, And Experience Requirements, added a link and reference to Partnership’s Member Outreach & Education Campaign for Non-Specialty Mental Health Services (NSMHS).</p> <p>Section VI.E.: Per APL 24-019 Minor Consent to Outpatient Mental Health Treatment or Counseling, added a new policy section to describe the APL requirements.</p> <p>Section VI.T.: A new policy section was added to define Medicare guidelines for Mental Health Services for Partnership Advantage Members.</p> <p>Section VII. R: Added new Reference for APL 24-012 Non-Specialty Mental Health Services: Member Outreach, Education, and Experience Requirements</p> <p>Section VII. S: Added new Reference for APL 24-019 Minor Consent to Outpatient Mental Health Treatment or Counseling</p> <p>Section VII. T: Added new Reference for California Family Code section 6924</p> <p>Section VII. U: Added new Reference for State Medicare Advantage Contract, Exhibit A, Exclusively Aligned Enrollment D-SNP</p> <p>Section VII. V: Added new References for Code of Federal Regulations: 42 CFR § 422.100(c)(1); 42 CFR § 409.62; 42 CFR § 410.10; 42 CFR § 410.54; 42 CFR § 422.100(c)(1); 42 CFR § 409.62; 42 C.F.R. § 410.15; 42 CFR § 422.112(a)(1)(iii); 42 CFR § 438.3(q); 42 CFR § 438.206(c)(1)(iii)</p> <p>Section VII. W: Added new Reference for Medicare Managed Care Manual, Ch. 4 § 110.1.1</p> <p>Dr. DeVido noted “the two big buckets of change” were the additions of Medicare language and of “minor consent” language. The latter has been presented to and approved by the Department of Health Care Services (DHCS). The definition of “professional persons” was expanded. There were no questions.</p>	<p>This policy will come back to IQI and Q/UAC in September for changes necessitated by the impending de-delegation of Carelon Behavioral Health, Senior Director of Behavioral Health Mark Bontrager noted.</p>
Policy Owner: Quality Improvement – Presenter: Rachel Newman, RN, Manager of Clinical Compliance, QI		
<p>MCQP1025 – Substance Use Disorder (SUD) Facility Site Review and Medical Record Review</p>	<p>Attachment D Change: The Community Based Adults Services (CBAS) Survey replaces the Physical Accessibility Review Survey (PARS).</p> <p>C1 and C2 – Added three new sections on the Facility Site Review Tool and Medical Record Tool: Telehealth, Peer Support Services and Adolescent Services.</p> <p>VI.E.3: A reduced number of medical records may be reviewed at the discretion of the plan based on actual services.</p> <p>VI.F: Corrective Action Plan: extended timeframe from 30 days to return CAP to 60 days</p>	<p>Motion to approve as presented: Mark Netherda, MD Second: Isaac Brown, MPH/ MBA</p> <p><u>Next Steps:</u> May 21 Q/UAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>VI.M: Removed Delegation this is covered under the section J – Outside entity reviews</p> <p>Attachments A and B: Updated the site review tools with the new sections and new guidelines</p> <p>Rachel noted that the VI.E.3 change will accommodate those clinics and practice site that do not see enough patients in certain categories. There were no questions.</p>	June 11 PAC
Policy Owner: Quality Improvement – Presenter: Jeff DeVido, MD, Behavioral Health Clinical Director, Behavioral Health		
MPXG5008 – Clinical Practice Guidelines: Pain Management, Chronic Pain Management and Safe Opioid Prescribing	<p>This CPG policy has been updated with suggestions for assessment and reassessment timeframes. References have been augmented, updated, and hyperlink accessibility verified. This CPG will apply to Partnership Advantage, Partnership’s D-SNP product effective Jan. 1, 2027.</p> <p>Definitions: “Partnership Advantage” is now defined in the policy and added where appropriate in each of the attachments’ introductory remarks.</p> <p>The introduction to Section VI. Guideline/Procedure is updated to include mention of Partnership’s seven “Wellness and Recovery” program counties. Further, the following is added: “The Centers for Disease Control (CDC) notes that in practice context where virtual visits are part of the standard of care (e.g., in remote areas where distance or other context makes follow-up visits challenging) or for patients for whom in-person follow-up visits are challenging (e.g., frail patients), follow-up assessments that allow the clinician to communicate with and observe the patient through telehealth modalities might be conducted.”</p> <p>VI.A.5. now additionally notes: Any illegal drug usage (<i>or non-medical use of prescribed medications</i>) should be identified, documents, and addressed.</p> <p>VI.A.8 is added: Both the CDC and UpToDate recommend that clinicians should regularly reassess all patients receiving long-term opioid therapy, including patients who are new to the clinician but on long-term opioid therapy, with a suggested interval of every three months or more frequently for most patients.</p> <p>VI.C.2.e. is amended: Offer to prescribe naloxone for any patient prescribed opioids. Intranasal naloxone is also available at pharmacies without a physician’s prescription, although for Medi-Cal and/or Medicare to cover it, a prescription is required.</p> <p>A new VI.D is added: Follow-up and monitoring during chronic opioid therapy:</p> <ol style="list-style-type: none"> 1. The benefits and harms for patients on chronic opioid therapy should be assessed at least every three months for patients on stable doses of opioids. UpToDate suggests patients should be seen more frequently after dosing changes, particularly if initiating or increasing extended-release long-acting (ER/LA) opioids. The risks for overdose increase in the first week after a dosing change. 2. Patients who are transitioned to or have dosing increases of methadone (for pain) should be seen within three days, or within one week for other ER/LA opioids. <p>Reference section is updated with three additional hyperlinked citations:</p> <p>D. CDC Clinical Practice Guideline for Prescribing Opioids for Pain. (2022)</p> <p>I. National Institute on Drug Abuse, National Institute of Health. Tobacco, Alcohol, Prescription medication, and other Substance use Tool (TAPS).</p> <p>N. UpToDate. Use of opioids in the management of chronic pain in adults. (Dec. 9, 2024)</p> <p>Attachments A-D are updated as necessary to accommodate these changes.</p>	<p>Motion to approve as presented: Lisa O’Connell, MHA Second: Lisa Ward, MD</p> <p><u>Next Steps:</u> May 21 Q/UAC June 11 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Dr. DeVido prefaced his remarks by thanking those who worked on updating this policy, including Marshall Kubota, MD, and Colleen Townsend, MD. Partnership Advantage and Wellness & Recovery language were added where appropriate. The more substantive changes included adding the Centers for Disease Control (CDC) and UpToDate recommendations that virtual visits are allowed for follow-up appointments in intervals of three months, according to clinical judgement. There were no questions.</p>	
Policy Owner: Care Coordination – Presenter: Brigid Gast, RN, Senior Director, Care Management		
<p>MPCP2026 – Diabetes Prevention Program <i>previously MCCP2026</i></p>	<p>This policy was updated to include regulations for the Partnership Advantage D-SNP line of business that will take effect January 1, 2027.</p> <p>Policy number updated from MCCP2026 to MPCP2026 to reflect Multi Plan Policy</p> <p>Definitions Added: Medicare Diabetes Prevention Program (MDPP) Partnership Advantage</p> <p>Purpose revised: To provide an overview of these external programs; Diabetes Prevention Program and Medicare Diabetes Prevention Program, including eligibility requirements and participation process.</p> <p>VI.A updated to reflect Medicare Prevention Program and reference the Member Handbook for more information</p> <p>VI.B reorganized to include MDPP Specific Eligibility Criteria section and add a separate section VI.B.3 to combine the DPP and MDPP program participants eligible members clinical requirements as they are the same for both programs.</p> <p>VI.C.2 updated to reflect MDPP</p> <p>VI.D.1 reorganized the section to have specific DPP program under one section and added VI.D.2 to have specific MDPP program structure under its own section to show the differences.</p> <p>VI.D.1.c.2) updated to reference both APL 18-018 Diabetes Prevention Program (11/16/2018) and The Medi-Cal Provider Manual (March 2022)</p> <p>VI.E updated section to reflect Delivery Methods for DPP and MDPP Sessions Partnership will cover the following methods for DPP sessions and MDPP sessions (for Partnership Advantage members) as deemed clinically appropriate</p> <p>VI.G through VI.I updated to reflect MDPP</p> <p>VI.J updated to include: Members may be able to obtain certain medical devices that do not require a Treatment Authorization Request (TAR). The PMEDS program serves all Partnership Members as an efficient means of fulfilling orders for certain home medical devices that are prescribed by medical providers.</p> <p>Referenced added: Medi-Cal Provider Manual/Guidelines: Diabetes Prevention Program Prediabetes Risk Test Sheet National Diabetes Prevention Program, Preventing Type 2 Diabetes with Medicare Medicare Diabetes Prevention Program (MDPP) Expanded Model Fact Sheet Medicare Diabetes Prevention Program (MDPP) Medicare Advantage Fact Sheet Medicare Diabetes Prevention Program (MDPP) Basics</p> <p>Disclaimer added</p>	<p>Motion to approve as amended: Kathryn Barresi, RN Second: Nancy Steffen</p> <p><u>Next Steps:</u> May 21 Q/UAC June 11 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
MPCP2034 – Transitional Care Services (TCS) <i>previously MCCP2034</i>	<p>This policy was updated to include regulations for Partnership Advantage D-SNP line of business that will take effect January 1, 2027.</p> <p>Related Policies Updated: MCUP3142 updated to reflect new policy number MCAP7003- CalAIM Community Supports (CS) MCUP3143 updated to reflect new policy number MCAP7001- CalAIM Service Authorization Process for Enhanced Care Management (ECM) and/or Community Supports (CS)</p> <p>Definition rephrased: Admission, Discharge, and Transfer (ADT) data</p> <p>Definitions added: California Integrated Care Management (CICM) HCBS: Home and Community Based Services Individualized Care Plan (ICP) Interdisciplinary Care Team (ICT) Partnership Advantage</p> <p>Purpose updated to include: This policy was written based on the request by DHCS as part of their PHM Policy Guide and the CalAIM Dual Eligible Special Needs Plan Policy Guide</p> <p>VI.A.1 updated to reflect: Across the settings, the TCS shall prioritize member-centered care by:</p> <p>VI.A.1.f section added: Updating a Partnership Advantage Member’s Individualized Care Plan (ICP) as appropriate and distributing the updated ICP to the ICT.</p> <p>VI.B. TCS Member Eligibility & Identification section moved from VI.C</p> <p>VI.B.1.b added: All Partnership Advantage enrolled members</p> <p>VI.B.1.c added: All Non-Partnership Advantage members receiving TCS are differentiated by High- and Low-risk designations</p> <p>VI.C.1.c.1) updated to include: Partnership will include those who are Partnership Advantage Members in California Integrated Care Management (CICM)</p> <p>VI.C.1.c.2)c) added: Any Partnership Advantage Member who is eligible for CICM Population of Focus.</p> <p>VI.C.10.a updated to include: PA Members (CICM) as members who must be identified by the TCS Care Manager as they may be newly eligible for ongoing care management</p> <p>VI.D.2 updated to include: PA Members; CICM benefit as a benefit for which high-risk Members identified for TCS shall be referred to as appropriate.</p> <p>VI.D.3 section added: Partnership Advantage members are assigned a Primary Case Manager for all of the member’s care coordination, including TCS.</p> <p>VI.D.10 updated to include: CICM as one of the programs for which the TCS Care Manager must ensure non-duplication of services</p> <p>VI.E.1.d updated to include: CICM as a program for which the Member could be enrolled in</p> <p>VI.E.1.f updated to include: CICM as a program for which a Member could be considered for eligibility after a transition.</p>	<p>Motion to approve as presented: Kermit Jones, MD, JD Second: Mark Netherda, MD</p> <p><u>Next Steps:</u> May 21 Q/UAC June 11 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>VI.E.2.b updated to include: CICM as a program where Partnership will use data including any information from admission, to identify newly qualified Members for outreach and enrollment as appropriate</p> <p>VI.G.3.b updated to include: CICM as a program for additional care management needs are addressed</p> <p>VI.G.5 updated to include: CICM as a program for additional care management needs are addressed</p> <p>References added: CalAIM Dual Eligible Special Needs Plan Policy Guide (2025)</p> <p>References updated: DHCS APL-23-029 Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third-Party Entities (<i>Revised</i> 01/08/2025)</p>	
Policy Owner: Utilization Management – Presenter: Bettina Spiller, MD, Associate Medical Director		
MPUP3137 – Palliative Care: Intensive Program (Adults) <i>previously MCUP3137</i>	<p>This policy was updated to include the Partnership Advantage D-SNP program we will operate effectively January 1, 2027. It was also updated to reflect the dissolution of the Palliative Care Quality Collaborative system.</p> <p>Section III.C: Definition of Interdisciplinary Care Team (ICT) for Partnership Advantage Members was added.</p> <p>Section III.E: Definition of Partnership Advantage was added.</p> <p>Section V: Purpose statement was updated to remove reference to “Medi-Cal” so that the purpose applies to all types of Partnership Members.</p> <p>Section VI.A.2: Added clarification that the Intensive Palliative Care Management (IO benefit is available to both Medi-Cal and Partnership Advantage Members.</p> <p>Section VI.A.3.f.1): Clarified that Partnership Advantage Members will have a Palliative Care ICT.</p> <p>Section VI.B.2.c.: Deleted paragraph that referred to the Palliative Care Quality Collaborative system as our method of monitoring enrollment and network and data utilization data.</p> <p>Section VI.B.5.n.: Differentiated Partnership Members enrolled with an outside Medicare plan who are <i>not</i> eligible for Intensive Palliative Care with Partnership, from Partnership Advantage Members who are eligible for the benefit.</p> <p>Section VI.B.7.d.6): Deleted paragraph that specified Providers must enter into a Data Sharing Agreement with the Palliative Care Quality Collaborative system because it has been disbanded.</p> <p>Section VIIIH.: Added Reference for the DHCS "CalAIM Dual Eligible Special Needs Plan (D-SNP) Policy Guide - Contract Year 2026"</p> <p>Attachments A – D: All were updated to reflect MPUP change.</p>	<p>Motion to approve as presented: Mark Netherda, MD Second: Lisa Ward, MD</p> <p><u>Next Steps:</u> May 21 Q/UAC June 11 PAC</p>
V. Presentations		
1. QI Update <i>Nancy Steffen, Senior Director,</i>	<ul style="list-style-type: none"> • 	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<i>Quality Improvement and Performance</i>		
	•	•
	•	
FYI Disseminations		
VI. Adjournment		
Dr. Moore adjourned the meeting at 3:27 p.m. IQI will meet next on Tuesday, June 10, 2025.		
<i>Respectfully Submitted by Leslie Erickson, Program Coordinator II, Quality Improvement</i> <i>Approval Signature:</i> <i>Date:</i> <i>Robert Moore, MD, MPH, MBA</i> <i>Chief Medical Officer and Committee Chair</i>		



QI DEPARTMENT UPDATE
MAY 2025
PREPARED BY NANCY STEFFEN
SENIOR DIRECTOR, QUALITY AND PERFORMANCE IMPROVEMENT

<u>QUALITY INCENTIVE PROGRAMS (QIPs)</u>	
PROGRAM	UPDATE
PRIMARY CARE PROVIDER (PCP) QIP	<ul style="list-style-type: none"> The QIP team continues processing final scores and payments, which includes validation and Executive review for approval to distribute payments. The QIP team will announce more exact timing for providers to expect their payments, as soon as it is available. The final stages of analysis for the new 2025 Reducing Healthcare Disparity measure are in progress. PCP QIP Parent Orgs, who indicated they wanted to participate, will be notified by the end of May to confirm which measure and race/ethnicity of focus they will be assigned for Measurement Year (MY) 2025.
PALLIATIVE CARE QIP	<ul style="list-style-type: none"> Payment for July – December 2024 is in progress. The program in MY2025 will shift from requiring participating providers to submit assessment data into a palliative care data registry and instead, require them to submit results from administered Patient Satisfaction surveys directly to Partnership. This is in response to the recent dissolution of the Palliative Care Quality Collaborative (PCQC)
PERINATAL QIP (PQIP)	<ul style="list-style-type: none"> Quarter 3 reports will be distributed to PQIP participants in May. Measures proposed for Fiscal Year 2025-2026 were approved in April committee meetings (i.e. IQI and PAC). Changes to the program include requiring providers to contract with DataLink, Partnership's certified NCQA HEDIS Data Aggregator (DAV), as a Gateway measure. Participating providers will have until July 2026 to contract with DataLink and demonstrate successful data extraction to Partnership's Data Warehouse and HEDIS teams. Detailed measure specifications will be available in May 2025.
ENHANCED CARE MANAGEMENT (ECM) QIP	<ul style="list-style-type: none"> 2025 Quarter 1 payment has been distributed, as planned. The ECM QIP team is now hosting refresher and new orientation webinars each quarter. Contact the ECMQIP@partnershiphp.org for more details.
HOSPITAL QIP (HQIP)	<ul style="list-style-type: none"> Measures proposed for Fiscal Year 2025-2026 were approved in April committee meetings. The proposed changes approved are outlined below with specifications on track to be available this month. <ul style="list-style-type: none"> Remove the PCQC requirement from the Palliative Care Capacity measure for Extra Large Hospitals. Move the Expanding Delivery Privileges measure to Phase II Add a new Doula Support measure and a new Vaccines for Children Enrollment (VFC) measure.
<u>QUALITY DATA TOOLS</u>	
TOOL	UPDATE
PARTNERSHIP QUALITY DASHBOARD (PQD)	<ul style="list-style-type: none"> PQD 2025 is expected to be released after the launch of Health Rules Payor (HRP), later this year. The Final PCP QIP Payment Summary Dashboard for MY2024, however, is on track for release with upcoming distribution of payments.

eREPORTS	<ul style="list-style-type: none"> eReports 2025 is live. With the launch of HRP, eReports will be down for a 2-week period, tentatively mid to late summer. Enhancements to the Preventive Care Dashboard have been made and the dashboard is live in production. The main enhancement includes the addition of the W30 dashboard, which includes members in the 0-to-30-month age range who need periodic well child visits.
<u>PERFORMANCE IMPROVEMENT (PI)</u>	
ACTIVITY	UPDATE
STATE MANDATED WORK: <i>PERFORMANCE IMPROVEMENT PROJECT (PIP) & PLAN-TO-DO-STUDY-ACT (PDSA) CYCLE</i>	<p>DHCS-required Behavioral Health Non-Clinical PIP</p> <ul style="list-style-type: none"> Partnership recently completed a pilot with Open Door Community Health Centers. The first phase of this pilot included enhanced tracking to improve timeliness of follow up care for members with mental health and substance abuse disorder after ED discharge. Specifically, this pilot aimed to increase the percentage of primary care provider notifications for the respective members. Through this pilot, Partnership and Open Door have successfully established a follow-up tracking tool to monitor progress on a weekly basis and recently agreed to extend our collaboration for another year. Throughout the pilot, improvements in the follow-up process have been demonstrated, and valuable data collection continues to track ongoing progress. By extending the pilot, we're hoping to further assess the impact of these efforts on performance of HEDIS measures, Follow-up After ED Visit for Mental Health (FUM) and Follow-up After ED Visit for Substance Abuse (FUA), for potential spread.
QUALITY MEASURE SCORE IMPROVEMENT (QMSI)	<p>Brief status highlights from the domain specific Quality Measure Score Improvement workgroups at Partnership:</p> <ul style="list-style-type: none"> Elder Care: In April 2025, we launched a new QMSI group in anticipation of D-SNP Performance Improvement needs. The group is becoming oriented to the measures that will be monitored and learning the CMS STARS Quality structure for the D-SNP program. Women's Health & Perinatal: Exploring opportunities for implementation of true at-home hrHPV testing in anticipation of FDA approving this mode of sample collection in 2025. Chronic Disease: Promotion of TeleMed2U's nutrition services as well as other chronic disease treatments including diabetes, kidney disease, cardiovascular disease, and weight management and bariatric. Population Health is also conducting an asthma member letter campaign for members seen in the ED with a diagnosis of asthma. Letter includes education on asthma self-management through medications and avoiding triggers. Pediatric: Partnership staff are collaborating across all service regions to request that FQHC, Tribal Health Centers, and RHC organizations with dental services change how they bill fluoride varnish services to Denti-Cal. The PI team, joined by our Dental Liaison and Regional leaders, are supporting providers in adopting this custom code mapping. This change is necessary in order for DHCS to capture and pass more complete data to reflect fluoride varnish services being delivered to our members in the dental setting.

	<p>This data is reflected in annual reporting under DHCS’ Managed Care Accountability Set (MCAS) via the Topical Fluoride for Children (TFL-CH) measure.</p> <ul style="list-style-type: none"> • Behavioral Health: Collaborating across several departments, including Behavioral Health, Care Coordination, Population Health, Pharmacy, Health Equity, and Quality Improvement, to monitor and evaluate ongoing interventions currently in place. These include the DHCS-mandated IHI Behavioral Health Collaborative Project, the County Departments of Behavioral Health use of Sac Valley Med Share Data Exchange for FUM data, and the deployment of Community Health Workers (CHWs) in hospital emergency departments. These efforts are focused on improving performance on the FUM and FUA measures.
IMPROVEMENT ACADEMY	<ul style="list-style-type: none"> • The 2025 Improving Measure Outcomes (IMO) six-part webinar series covering Partnership’s Primary Care Provider Quality Incentive Program (PCP QIP) measures concluded in April. Content focused on direct application of best practices including eliminating health disparities with examples from clinical quality improvement team who are doing the work. • The most recent webinars, sessions 5 and 6, focused on Breast and Cervical Cancer Screenings and Diabetes Care. They were held on: 04/09/2025 (72 attendees, representing 37 unique organizations) and 04/23/2025 (number of attendees and represented organizations - still pending) • Micro learnings are a new developmental focus. Micro learnings are short training videos, approximately five minutes long and focus on improving outcomes around priority measures for the provider network. The first microlearning, ePrompts, was successfully completed and recently announced to the network.
JOINT LEADERSHIP INITIATIVE (JLI)	<ul style="list-style-type: none"> • All meetings for 2025 have been scheduled. • New Provider Organizations added in 2025 are WellSpace Health, Western Sierra Medical Center, and Oroville Hospital. All three of these organizations are located in the expansion counties.
REGIONAL IMPROVEMENT MEETINGS	<ul style="list-style-type: none"> • The first Regional Quality Improvement meetings for the Chico and Auburn regions are being planned for summer.

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
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<p>CAHPS SURVEY PROGRAM - MEDICAL PRODUCT LINE AND FY 24/25 ORG GOALS AND FY 25/26 ORG GOALS</p>	<p>CAHPS Survey Fielding has Concluded for Measurement Year 2024</p> <ul style="list-style-type: none"> For both the Adult and Child populations, the number of surveys completed online, more than doubled the total number of surveys completed through this protocol in 2024. Final survey results are expected to be available in mid to late August. <p>FY 25/26 Organizational Goal 5: Member Experience (MX)</p> <ul style="list-style-type: none"> The Goal Sponsor and Owner have approved the draft charter for the FY 25/26 Member Experience (MX) Organizational Goal (Goal #5) The Goal Owner is scheduled to present the MX Project Charter to Executive leadership on 05/15/2025. Several teams have collaborated in early planning and goal/charter development, including Communications, Member Services, Population Health, Grievance and Appeals, and Transportation Services.
<p>EXACT SCIENCES: PROMOTING COLORECTAL CANCER SCREENINGS</p>	<p>Colorectal Cancer Landing Page</p> <ul style="list-style-type: none"> A provider facing webpage is being developed on Partnership’s website with information regarding colorectal cancer. The page will include links to both internal and external resources including Population Health’s newly developed education videos on Cologuard, along with ordering options and related educational materials. The Cologuard overview will outline all available options for providers, including instructions on how to effectively address care gaps.
<p>EQUITY & PRACTICE TRANSFORMATION PROJECT</p>	<p>Program Overview</p> <ul style="list-style-type: none"> 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). <p>PDPP Participation and Deliverable Requirements</p> <ul style="list-style-type: none"> All twenty-seven (27) provider organizations, who were invited by DHCS to participate in the PDPP, sent acceptance responses to DHCS by the 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. Accepted provider organizations span Partnership’s sub-regions, including five (5) from the 2024 - 10 county expansion, eight (8) tribal health centers, and seven (7) provider organizations already engaged under Partnership’s Enhance Provider Engagement (EPE) program. DHCS has recalculated the final award amounts, due to budget revisions. Following the budget revisions, the dropout rate for the EPT cohort across the state is 5%. All twenty-seven (27) provider organizations sponsored by Partnership remain enrolled and engaged in the program. EPT practices that did not complete the 2024 deliverables, by the 11/01/2024 due date, have until 11/2025 to submit as a requirement to remain enrolled in the program: <ul style="list-style-type: none"> Empanelment and Access Milestone 1: Empanelment Assessment Empanelment and Access Milestone 2: Empanelment Policy and Procedure

	<ul style="list-style-type: none"> ○ Data to Enable Population Health Management (PHM) Milestone 1: Data Governance and HEDIS Reporting Assessment and Data Governance Policy and Procedure. ● EPT practices submitted the following deliverables by the 05/01/2025 due date. <ul style="list-style-type: none"> ○ Year 2 PhmCAT ○ Data to Enable PHM Milestone 2: Implementation Plan ○ Stratified HEDIS-like measures ○ Key Performance Indicators (KPI) reports ○ All Rejected or Unsubmitted 2024 EPT deliverables ● PHLC will be reviewing all submissions and will update practices and MCPs on the status of submitted deliverables; if they were accepted, rejected, did not submit, or have been asked to resubmit during the next submission period. ● DHCS has run into an unexpected issue operationalizing further EPT payments. DHCS is working to resolve this issue as quickly as possible, knowing that practices are expecting payment for 2024 deliverables submitted and approved. Payments are anticipated to be available this month, delaying distribution to EPT practices. <p>Statewide Learning Collaborative</p> <p>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.</p> <ul style="list-style-type: none"> ● Following the submissions due 05/01/2025, practices are continuing to attend their practice track meetings with PHLC subject matter experts and engage with their peers on the EPT building blocks, best practices, and curriculum. ● The next Redwood Learning Community session will take place on 06/24/2025, and the focus of the training session will be announced this month.
<p>PREVENTATIVE CARE BRIDGE PROJECT (FORMERLY: LOCUM PILOT INITIATIVE)</p>	<p>Overview of the Preventative Care Bridge Project</p> <p>The Preventative Care Bridge Project, (formerly 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 was designed as a limited grant program; whereby select provider organizations are granted funds to hire a Locum Tenens Provider for a 4-week period in Track 1.</p> <p>Track 1 Summary and Funding Model</p> <p>A total budget of \$250,000 was approved for Track 1 with some funding remaining, given progress since kick-off; participants have received up to:</p> <ul style="list-style-type: none"> ○ \$45,000 when hiring a Physician. ○ \$31,600 when hiring an Advanced Practicing Clinician.

	<p>The Grant was paid in two installments:</p> <ul style="list-style-type: none"> ○ 50% upon signing the agreement. ○ 50% upon completion of the four-week assignment and submission of a post-program survey. <p>Program Implementation and Participation</p> <p>The initial cohort of providers was selected from those participating in the PCP Modified QIP. Out of six extended invitations, four applications were received and approved. The Locum assignment periods were carried out asynchronously through January of 2025. Weekly Provider check-ins and data collection were conducted by a Partnership Improvement Advisor throughout the Locum Provider’s employment. Locum Providers alleviated a backlog of Well-Child and Adolescent Visits (WCV) while enabling urgent care coverage and allowing patients to schedule visits with their preferred physician.</p> <p>Track 1 Provider Specific Status Updates</p> <p>Hill Country Community Clinic, Community Medical Center, and Pit River Health Services completed their grant requirements.</p> <p>Round Valley Indian Health received an amendment to their agreement to extend their grant offering through May 2025 and are working towards completing their grant requirements.</p> <p>Track 2 Planning and Executive Review</p> <p>Track 2 is currently under Executive review. It is proposed for implementation in Q4 of FY 24/25, continuing into FY 25/26. This offers strategic opportunities to address provider shortages, enhance health care quality, and improve patient outcomes. By allocating targeted funding to support temporary staffing, this aims to;</p> <ul style="list-style-type: none"> ○ Improve well child visits (WCV) and cervical cancer screening (CCS) measures ○ Strengthen provider networks ○ Increase access to care ○ Enhance member experience. <p>If approved, it would expand the scope of the Pilot as follows.</p> <ul style="list-style-type: none"> • Funding would be provided to eligible PCPs to support six (6) locum providers for 12-week assignments to increase provider capacity, reduce appointment backlogs, and improve HEDIS and preventive care measures. • Total proposed funding: \$576K, equating to \$32K per month for each participating provider (up to six in total). • Updates to the agreement are currently in progress, pending executive approval. • Invitations have been extended to five (5) potential provider organizations identified by Performance Improvement (PI) Managers. Four (4) have submitted applications and are currently under review, contingent upon final budgetary approval.
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MOBILE MAMMOGRAPHY PROGRAM	<p>Upcoming Event Days (FY Q4)</p> <table><tr><th colspan="4">Upcoming Event Days 04/01/2025 – 06/30/2025</th></tr><tr><th>Region</th><th># of Provider Organizations</th><th># of Provider Sites</th><th># of Event Days</th></tr><tr><td>Auburn</td><td>2</td><td>2</td><td>2</td></tr><tr><td>Chico</td><td>1</td><td>2</td><td>2</td></tr><tr><td>Eureka</td><td>4</td><td>4</td><td>4</td></tr><tr><td>Fairfield</td><td>1</td><td>2</td><td>2</td></tr><tr><td>Redding</td><td>4</td><td>4</td><td>4</td></tr><tr><td>Santa Rosa</td><td>2</td><td>2</td><td>2</td></tr><tr><td>Plan Wide</td><td>14</td><td>16</td><td>16</td></tr></table> <ul style="list-style-type: none">Scheduling for Mobile Mammography event days for FY Q1 and Q2 (July – December 2025) is currently in progress.	Upcoming Event Days 04/01/2025 – 06/30/2025				Region	# of Provider Organizations	# of Provider Sites	# of Event Days	Auburn	2	2	2	Chico	1	2	2	Eureka	4	4	4	Fairfield	1	2	2	Redding	4	4	4	Santa Rosa	2	2	2	Plan Wide	14	16	16
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Plan Wide	14	16	16																																		
PARTNERING FOR PEDIATRIC LEAD PREVENTION PROGRAM	<p>LeadCare II Device Access and Evaluation</p> <p>Partnership continues to support the Partnering for Pediatric Lead Prevention program (PPLP), which funds point-of-care lead testing devices for practices. Applications are now accepted year-round. Details can be found on the PLPP page on Partnership's website. https://www.partnershiphp.org/Providers/HealthServices/Pages/Health%20Education/Lead-Poisoning-and-Prevention.aspx</p> <p>Providers approved in Fall 2023 have been evaluated to determine if they met the 2024 QIP 50th benchmark. In total, 9 providers successfully met all program requirements and have proven successful at implementing lead testing into their internal workflows:</p> <ul style="list-style-type: none">7 sites have gained full ownership of the LeadCare II POC device they received:<ul style="list-style-type: none">Crescent City Health CenterDel Norte Community Health CenterGualala Health CenterHayfork Community ClinicNorthern Valley Indian Health CenterShasta Community Health CenterSonoma Plaza Pediatrics2 sites received reimbursement for device purchased within 3 months prior to their application date:<ul style="list-style-type: none">Baechtel Creek Medical ClinicStallant Health & Wellness <p>Two (2) providers did not meet the 2024 QIP 50th benchmark and have had their participation extended by 6 months with continued support:</p>																																				

QI DEPARTMENT UPDATE – PREPARED BY NANCY STEFFEN
MAY 2025

	<ul style="list-style-type: none"> ▪ Gravenstein Community Health Center ▪ Redwoods Rural Health Center
QI TRILOGY PROGRAM	<ul style="list-style-type: none"> • Updates to the FY 2025/26 QI Program Description were completed on 04/28/25. All Program Description submissions were received on time and have successfully gone through the internal review and approval process. The Program Description is now being reviewed and approved by the NCQA consultant. Once this step is completed, the document will move forward to the committees for final approval and signature, starting in July, with the final approval by the Board scheduled for October. The following QI Trilogy documents are in the process of being updated and will be finalized by July 2025. <ul style="list-style-type: none"> ○ 2024/25 QI Work Plan (Final Updates) – submissions due: 05/12/2025 ○ 2024/25 QI Evaluation – submissions due: 05/30/2025 ○ 2025/26 QI Work Plan – submissions due: 06/18/2025

D-SNP (PARTNERSHIP ADVANTAGE)

ACTIVITY	UPDATE
Project Plan	<ul style="list-style-type: none"> • The QI team and leaders are currently updating all D-SNP related project plans for the Medicare Leadership Team. Information shared with inform prioritization for work and collaboration between departments.
Model of Care	<ul style="list-style-type: none"> • The Model of Care (MOC) has been approved by NCQA for a 3-year period and was scored at 100%.
Model of Care Training (Internal and External)	<ul style="list-style-type: none"> • To comply with regulatory requirements in 2026, two Model of Care (MOC) training courses are being developed with collaboration from Quality, the Office of the Chief Medical Officer (CMO) and Training & Development (T&D) teams. One training is for external providers and the second is for Partnership personnel. The external MOC training will be required for member-facing employees of any contracted organization to complete annually beginning in 2026. The external MOC training will be hosted on Rival, a recently contracted platform used for Partnership’s upcoming Health Equity training. Provider Relations will manage communications and tracking of training completions. • Partnership personnel will complete the internal MOC training as part of onboarding or as assigned in early 2026. T&D plans to host the Partnership employee training as part of its Learning Management System (LMS). • The development of training materials is complete and were recently approved for use.

QUALITY ASSURANCE AND PATIENT SAFETY

ACTIVITY	UPDATE
POTENTIAL QUALITY ISSUES (PQI) FOR THE PERIOD: 03/27/2025 TO 04/23/2025	<ul style="list-style-type: none"> • 15 PQI referrals were received with 11 coming from Grievance and Appeals, 3 from Care Coordination, and 1 from a Regional Medical Director • 25 cases were processed and closed, with 82 PQI cases currently open • Three cases are currently awaiting review by the Peer Review Committee. • The upgrade of the Sugar CRM PQI Application (Processing, Documentation and Tracking System) is underway, with an anticipated completion by the end of May 2025.

	<ul style="list-style-type: none">Five cases were sent to the Medical Review Institute of America (MRIOA) for subject matter expert (SME) review, and one case was referred to an external SME physician.An internal PQI/PPC presentation was shared with the Care Coordination Department on 03/27/2025.																																								
FACILITY SITE REVIEWS (FSR) & MEDICAL RECORD REVIEWS (MRR) FOR THE PERIOD: 03/31/2025 TO 04/18/2025	<ul style="list-style-type: none">As of 04/24/2025, we have a total of 463 PCP and OB sites with an additional 31 reviews due to multiple check-ins (totaling 494 reviews).Primary Care and OB Reviews:<table><tr><th>Region</th><th># of FSR conducted</th><th># of MRR conducted</th><th># of FSR CAP issued</th><th># of MRR CAP issued</th></tr><tr><td>Auburn</td><td>2</td><td>1</td><td>0</td><td>1</td></tr><tr><td>Chico</td><td>2</td><td>2</td><td>1</td><td>1</td></tr><tr><td>Eureka</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Fairfield</td><td>1</td><td>1</td><td>0</td><td>1</td></tr><tr><td>Redding</td><td>3</td><td>3</td><td>2</td><td>2</td></tr><tr><td>Santa Rosa</td><td>4</td><td>4</td><td>0</td><td>1</td></tr><tr><td>Out of Area</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table><p>New sites opened this period: None</p>The Child Health and Disability Prevention Program (CHDP) transitioned to Managed Care Plans as of 07/01/2024. Partnership has since taken on maintaining and facilitating this training for its providers and their staff. We are rebranding CHDP to Comprehensive Health Interventions for Lifelong Development (CHILD). Providers are required to complete CHILD training every three years to align with the Site Review process.	Region	# of FSR conducted	# of MRR conducted	# of FSR CAP issued	# of MRR CAP issued	Auburn	2	1	0	1	Chico	2	2	1	1	Eureka	0	0	0	0	Fairfield	1	1	0	1	Redding	3	3	2	2	Santa Rosa	4	4	0	1	Out of Area	0	0	0	0
Region	# of FSR conducted	# of MRR conducted	# of FSR CAP issued	# of MRR CAP issued																																					
Auburn	2	1	0	1																																					
Chico	2	2	1	1																																					
Eureka	0	0	0	0																																					
Fairfield	1	1	0	1																																					
Redding	3	3	2	2																																					
Santa Rosa	4	4	0	1																																					
Out of Area	0	0	0	0																																					

HEALTHCARE EFFECTIVENESS DATA INFORMATION SET (HEDIS)

ACTIVITY	UPDATE
Annual HEDIS® Projects	<p>The MY2024 HEDIS Annual Project is entering its final month. Some recent milestones and successes include:</p> <ul style="list-style-type: none"> Supplemental data, such as Health Information Exchange (HIE), lab vendor, and immunization registry data, are important data sources for the HEDIS Annual Project. Partnership’s HSAG (supporting the MCAS measure audit) and Advent Advisory (supporting the Health Plan Accreditation, or HPA, audit) auditors approved every supplemental data source submitted for the MY2024 HEDIS Project in March 2025. <ul style="list-style-type: none"> Several supplemental data sources were submitted for the first time by Partnership, including data received from Datalink, a NCQA Certified Data Aggregator, and from a special Medical Record Review project with significant impact on two MCAS “withhold” measures: Well-Child Visits in the First 30 Months of Life (0-15 Months and 15-30 Months). Other data sources passed supplemental data review by the auditors in MY2024 after failure to pass in MY2023, as a result of intense collaboration and data validation efforts between the HEDIS team and HIE vendors.

	<ul style="list-style-type: none"> Each year the HEDIS team completes Medical Record Review for a random sample of member charts for seven (7) hybrid measures. In MY2024, the HEDIS team’s scope of work for the Medical Record Review expanded significantly as they increased chart sampling for County-level rate reporting – for an expanded set of 24 counties - in addition to Plan-Wide rate reporting. As of 04/22/2025, the team has retrieved, and the RN team has over-read 10,781 records to support MY2024 rate reporting for these seven hybrid measures at the County and Plan-Wide level. Preliminary MCAS and HPA measure rates have been submitted to auditors for review in April. Preliminary review occurs in April and May, in parallel with a final data refresh and hybrid Medical Record Review completion by May 1st. Final MCAS and HPA rates will be submitted to auditors in May 2025.
HEDIS® Program Overall	<ul style="list-style-type: none"> In April the HEDIS team begins engagement with a vendor-supported software solution for DSNP Stars Dashboard reporting and rate analysis. The initial stage of this project will focus on loading MY2024 HEDIS measure data into the dashboard as a baseline for DSNP improvement activities in MY2025 and onward. Datalink, an NCQA Certified Data Aggregator software, is a new supplemental data source for Partnership and was piloted by the HEDIS team in MY2024. Use of a Certified Data Aggregator is an important strategic initiative for supporting Electronic Clinical Data Systems (ECDS) measure reporting, since NCQA plans to transition all hybrid HEDIS measures to ECDS measures by MY2029. The MY2024 HEDIS Annual Project leveraged records from 103,000 Partnership members as supplemental data, with a Year 1 focus on seven (7) Depression Screening measures: <ul style="list-style-type: none"> DSF-E (2) – Depression Screening and Follow Up for Adolescents and Adults DRR-E (3) - Depression Remission, Response, Follow Up for Adolescents and Adults PND-E - Prenatal Depression Screening and Follow Up PDS-E - Postpartum Depression Screening and Follow Up <p>Year 1 impact analysis of the Datalink supplemental data shows Datalink as the sole source of data for six of the seven Depression Screening measures. Preliminary MY2024 rates also show five of the seven Depression Screening measures exceeding the 50th percentile due to Datalink supplemental data. In addition, Datalink data impacted several MCAS Accountable measures, including Controlling Blood Pressure (CBP) and Glycemic Status Assessment for Patients with Diabetes (GSD).</p> <p>The HEDIS team will expand its use of Datalink in MY2025, with a focus on adding practices participating in programs that prioritize Depression Screening measure reporting (32 Perinatal QIP participating practices and 27 practices awarded Equity Practice Transformation funding from DHCS) and supporting the MY2025 transition of three (3) hybrid measures to ECDS reporting: Childhood Immunization Series (CIS-10-E), Immunizations for Adolescents (IMA-2-E), and Cervical Cancer Screening (CCS-E).</p>

NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) ACCREDITATION

ACTIVITY	UPDATE
NCQA Health Plan Accreditation (HPA)	<ul style="list-style-type: none"> • The HPA Mock Renewal Survey is scheduled for 10/27-30/2025. The purpose of the HPA Mock Renewal Survey is to assess Partnership’s readiness, address identified gaps and develop action plans for meeting compliance when preparing for Partnership’s HPA Renewal Survey scheduled for 09/22/2026. • Calendar holds have been sent for each of the four (4) days of the HPA Mock Renewal Survey, including the opening and closing sessions. Once the agenda has been finalized, these holds will be removed, and individual invitations will be sent for each session. Business Owners will only need to attend the specific sessions for their assigned standards, along with the opening and closing sessions. • An evidence preparation training session will be held on 06/25/2025; the training will be recorded for those unable to attend. Training materials and reference guides will be provided prior to the training. Evidence collection for the HPA Mock Renewal Survey will take place from 07/07/2025-08/22/2025. • A detailed timeline will be developed and shared with Business Owners in the May 2025 Business Owner Check-in Meetings.
NCQA Health Equity Accreditation (HEA)	<ul style="list-style-type: none"> • Partnership’s HEA Initial Survey is scheduled for submission on 06/17/2025. • As of April 2025, Partnership’s estimated HEA compliance rate is 93.1%, receiving 27 points out of the 29 total applicable points available. The NCQA Program Management Team is working closely with the Business Owners to ensure all applicable evidence is revised or finalized to sustain compliance in accordance with NCQA’s look-back periods, timelines, and expectations. The NCQA Program Management Team is waiting for further guidance from NCQA regarding scoring modifications because of the executive orders. More information is expected later this spring. • An Introductory Call with our Accreditation Survey Coordinator (ASC) from NCQA was held on 03/20/2025. During the call, NCQA confirmed the survey process, timeline, and activities with Partnership. Additional details regarding post-survey activities will be discussed in the May 2025 Business Owner Check-in Meetings. • Most of the evidence for the HEA Initial Survey has been submitted and reviewed by the NCQA Program Management Team. There are a few documents pending later submission due to committee review, the HEDIS annual audit and select delegation activities. Beginning in May 2025, the NCQA Program Management Team will upload all evidence to NCQA’s online portal in preparation for our submission to NCQA. Once the evidence is uploaded, our NCQA Consultant will review the submission for its completeness and compliance statements. The NCQA Program Management Team will collaborate with the Business Owners to finalize edits, as needed. The final day to submit the HEA Initial Survey evidence to NCQA is 06/17/2025.

Partnership

Policy & Procedure Updates

**June
2025**

Policy Number	Policy/Procedures/Guidelines	Version Links		
<p><i>The following documents were reviewed by the Quality / Utilization Advisory Committee (Q/UAC) in May 2025.</i></p> <p><i>**All policy versions hyperlinked for review.</i></p> <p><i>Highlighted policies have significant changes, new attachments, or were amended during the Q/UAC meeting. Redline versions contain attachments.</i></p> <p><i>Please review all drafts and the detailed Synopsis of Changes.</i></p>				
Quality Improvement				
MCQP1025	Substance Use Disorder (SUD) Site Review and Medical Record Review (previously Behavioral Health/ Substance Abuse Facility Site Review) <i>New Attachments</i>	C	CD	RD
MCQP1052	Physical Accessibility Review Survey – SR Part C (<i>New Attachment B</i>)	C	CD	RD
MPQP1038	Physician Orders for Life-Sustaining Treatment (POLST)	C	CD	RD
MPQP1047	Advance Directives	C	CD	RD
MPQP1055	Provider Preventable Condition (PPC) Reporting	C	CD	RD
MPXG5003	Major Depression in Adults Clinical Practice Guidelines (<i>New Attachments</i>)	C	CD	RD
MPXG5008	Clinical Practice Guidelines: Pain Management, Chronic Pain (<i>Revised Attachments</i>)	C	CD	RD
Utilization Management				
MCUP3037	Appeals of Utilization Management/Pharmacy Decisions	C	CD	RD
MPUP3137	Palliative Care: Intensive Program (Adult)	C	CD	RD
MPUG3025	Insulin Infusion Pump and Continuous Glucose Monitor Guidelines	C	CD	RD
MPUG3031	Nebulizer Guidelines	C	CD	RD
MPUG3110	Evaluation and Management of Obstructive Sleep Apnea in Adults (Medi-Cal)	C	CD	RD
MPUP3047	Tuberculosis Related Treatment	C	CD	RD
MPUP3136	Fecal Microbiota Transplant (FMT)	C	CD	RD
MPUP3144	Residential Substance Use Disorder Treatment Authorization	C	CD	RD
MCUP3028	Mental Health Services (Archived)	C	CD	--
MCUP3145	Eating Disorder Management Policy (Archived)	C	CD	--
MCUP3146	Street Medicine (Archived)	C	CD	--

Care Coordination				
MPCP2026	Diabetes Prevention Program	C	CD	RD
MPCP2034	Transitional Care Services (TCS)	C	CD	RD
MCCP2033	Community Health Worker (CHW) Services Benefit (Archived)	C	CD	--
Enhanced Health Services				
MPAP7004	Community Health Worker (CHW) Services	--	CD	RD
MPAP7005	Street Medicine	--	CD	RD
Network Services				
MPNET100	Access Standards and Monitoring	C	CD	RD
Behavioral Health				
MPBP8003	Mental Health Services (New Attachments)	--	CD	RD
MPBP8005	Dispute Resolution Between Partnership and BHPs in Delivery of Mental Health Services	--	CD	RD
MPBP8013	Eating Disorder Management Policy (New Attachments)	--	CD	RD
Administration				
ADM52	Dispute Resolution Between Partnership and BHPs in Delivery of Mental Health Services (Archived, moved to Behavioral Health)	N/A		

Synopsis of Changes to Discussion Policies

Below is an overview of the policies that will be discussed at the May 13, 2025 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 Number	Summary of Revisions (Please include why the change was made, <i>i.e.</i> , NCQA, APL, Medi-Cal guidelines, clarification, <i>etc.</i>)	External Documentation (Notice required outside of originating department)
Policy Owner: Behavioral Health – Presenter: Mark Bontrager, Senior Director of Behavioral Health			
MPBP8003 – Mental Health Services <i>the previous MCUP3028 residing in UM is now archived on p. 353</i>	319 - 352	<p>This policy was updated to reflect changes per APLs 24-012 and 24-019 as well as for the Partnership Advantage D-SNP program we will operate effective January 1, 2026.</p> <p>Title: Ownership of this policy was transferred from the UM Department to the Behavioral Health department. The number will now be MPBP8003, which reflects that it is a Multi-Plan policy applicable to both our Medi-Cal and Partnership Advantage Lines of Business.</p> <p>Section III.F: The definition formerly describing “Mental Health Plan (MHP)” was updated to reflect “Behavioral Health Plan (BHP)” as per new guidance from DHCS. The definition was also updated to include Substance Use Disorder (SUD) treatment services as a contract responsibility for BHPs. MHP was updated to BHP throughout the document.</p> <p>Section III.J: The definition of Partnership Advantage was added.</p> <p>Section III.K: The definition of Professional Person</p> <p>Section III.L: The definition of Specialty Mental Health Services (SMHS) was updated to say that for Partnership Advantage Members, Partnership will coordinate with BHP providers to ensure members have access to and are connected with medically necessary services delivered by the BHP.</p> <p>Section VI.A.: Specified that Partnership provides mental health services to Medi-Cal Members and will also provide mental health services to Partnership Advantage Members effective January 1, 2026.</p> <p>Section VI.B.1.a: Per APL 24-012 Non-Specialty Mental Health Services: Member Outreach, Education, And Experience Requirements, added a link and reference to Partnership’s Member Outreach & Education Campaign for Non-Specialty Mental Health Services (NSMHS).</p> <p>Section VI.E.: Per APL 24-019 Minor Consent to Outpatient Mental Health Treatment or Counseling, added a new policy section to describe the APL requirements.</p> <p>Section VI.T.: A new policy section was added to define Medicare guidelines for Mental Health Services for Partnership Advantage Members.</p> <p>Section VII. R: Added new Reference for APL 24-012 Non-Specialty Mental Health Services: Member Outreach, Education, and Experience Requirements</p> <p>Section VII. S: Added new Reference for APL 24-019 Minor Consent to Outpatient Mental Health Treatment or Counseling</p> <p>Section VII. T: Added new Reference for California Family Code section 6924</p>	Health Services Claims Member Services

Synopsis of Changes to Discussion Policies

Policy Number & Name	Page Number	Summary of Revisions (Please include why the change was made, <i>i.e.</i> , NCQA, APL, Medi-Cal guidelines, clarification, <i>etc.</i>)	External Documentation (Notice required outside of originating department)
		<p>Section VII. U: Added new Reference for State Medicare Advantage Contract, Exhibit A, Exclusively Aligned Enrollment D-SNP</p> <p>Section VII. V: Added new References for Code of Federal Regulations: 42 CFR § 422.100(c)(1); 42 CFR § 409.62; 42 CFR § 410.10; 42 CFR § 410.54; 42 CFR § 422.100(c)(1); 42 CFR § 409.62; 42 C.F.R. § 410.15; 42 CFR § 422.112(a)(1)(iii); 42 CFR § 438.3(q); 42 CFR § 438.206(c)(1)(iii)</p> <p>Section VII. W: Added new Reference for Medicare Managed Care Manual, Ch. 4 § 110.1.1</p>	
Policy Owner: Quality Improvement – Presenter: Rachel Newman, RN, Manager of Clinical Compliance, QI			
MCQP1025 – Substance Use Disorder (SUD) Facility Site Review and Medical Record Review	385 - 511	<p>Attachment D Change: PARS to CBAS</p> <p>C1 and C2 – Added three new sections on the Facility Site Review Tool and Medical Record Tool: Telehealth, Peer Support Services and Adolescent services.</p> <p>VI.E.3: A reduced number of medical records may be reviewed at the discretion of the plan based on actual services. VI.F: Corrective Action Plan: extended timeframe from 30 days to return CAP to 60 days</p> <p>VI.M: Removed Delegation this is covered under the section J – Outside entity reviews</p> <p>Attachments A and B: Updated the site review tools with the new sections and new guidelines</p>	<p>Health Services Network Services Regulatory Affairs & Compliance Claims Member Services Grievance & Appeals</p>
Policy Owner: Quality Improvement – Presenter: Jeffrey DeVido, MD, Behavioral Health Clinical Director			
MPXG5008 – Clinical Practice Guidelines: Pain Management, Chronic Pain Management and Safe Opioid Prescribing	513 - 544	<p>This CPG policy has been updated with suggestions for assessment and reassessment timeframes. References have been augmented, updated, and hyperlink accessibility verified. This CPG will apply to Partnership Advantage, Partnership’s D-SNP product effective Jan. 1, 2026.</p> <p>Definitions: “Partnership Advantage” is now defined in the policy and added where appropriate in each of the attachments’ introductory remarks.</p> <p>The introduction to Section VI. Guideline/Procedure is updated to include mention of Partnership’s seven “Wellness and Recovery” program counties. Further, the following is added: “The Centers for Disease Control (CDC) notes that in practice context where virtual visits are part of the standard of care (e.g., in remote areas where distance or other context makes follow-up visits challenging) or for patients for whom in-person follow-up visits are challenging (e.g., frail patients), follow-up assessments that allow the clinician to communicate with and observe the patient through telehealth modalities might be conducted.”</p>	<p>Health Services Claims Member Services Provider Relations</p>

Synopsis of Changes to Discussion Policies

Policy Number & Name	Page Number	Summary of Revisions (Please include why the change was made, <i>i.e.</i> , NCQA, APL, Medi-Cal guidelines, clarification, <i>etc.</i>)	External Documentation (Notice required outside of originating department)
		<p>VI.A.5. now additionally notes: Any illegal drug usage (<i>or non-medical use of prescribed medications</i>) should be identified, documents, and addressed.</p> <p>VI.A.8 is added: Both the CDC and UpToDate recommend that clinicians should regularly reassess all patients receiving long-term opioid therapy, including patients who are new to the clinician but on long-term opioid therapy, with a suggested interval of every three months or more frequently for most patients.</p> <p>VI.C.2.e. is amended: Offer to prescribe naloxone for any patient prescribed opioids. Intranasal naloxone is also available at pharmacies without a physician's prescription, although for Medi-Cal and/or Medicare to cover it, a prescription is required.</p> <p>A new VI.D is added: Follow-up and monitoring during chronic opioid therapy:</p> <ol style="list-style-type: none"> 1. The benefits and harms for patients on chronic opioid therapy should be assessed at least every three months for patients on stable doses of opioids. UpToDate suggests patients should be seen more frequently after dosing changes, particularly if initiating or increasing extended-release long-acting (ER/LA) opioids. The risks for overdose increase in the first week after a dosing change. 2. Patients who are transitioned to or have dosing increases of methadone (for pain) should be seen within three days, or within one week for other ER/LA opioids. <p>Reference section is updated with three additional hyperlinked citations:</p> <p>D. CDC Clinical Practice Guideline for Prescribing Opioids for Pain. (2022)</p> <p>I. National Institute on Drug Abuse, National Institute of Health. Tobacco, Alcohol, Prescription medication, and other Substance use Tool (TAPS).</p> <p>N. UpToDate. Use of opioids in the management of chronic pain in adults. (Dec. 9, 2024)</p> <p>Attachments A-D are updated as necessary to accommodate these changes.</p>	
Policy Owner: Care Coordination – Presenter: Shannon Boyle, RN, Manager of Care Coordination Regulatory Performance			
MPCP2026 – Diabetes Prevention Program <i>previously MCCP2026</i>	545 - 550	<p>This policy was updated to include regulations for the Partnership Advantage D-SNP line of business that will be effective January 1, 2026.</p> <p>Policy number updated from MCCP2026 to MPCP2026 to reflect Multi Plan Policy</p> <p>Definitions Added: Medicare Diabetes Prevention Program (MDPP) Partnership Advantage</p> <p>Purpose revised: To provide an overview of these external programs; Diabetes Prevention Program and Medicare Diabetes Prevention Program, including eligibility requirements and participation process.</p> <p>VI.A updated to reflect Medicare Prevention Program and reference the Member Handbook for more information</p>	Health Services Claims Member Services

Synopsis of Changes to Discussion Policies

Policy Number & Name	Page Number	Summary of Revisions (Please include why the change was made, <i>i.e.</i> , NCQA, APL, Medi-Cal guidelines, clarification, <i>etc.</i>)	External Documentation (Notice required outside of originating department)
		<p>VI.B reorganized to include MDPP Specific Eligibility Criteria section and add a separate section VI.B.3 to combine the DPP and MDPP program participants eligible members clinical requirements as they are the same for both programs.</p> <p>VI.C.2 updated to reflect MDPP</p> <p>VI.D.1 reorganized the section to have specific DPP program under one section and added VI.D.2 to have specific MDPP program structure under its own section to show the differences.</p> <p>VI.D.1.c.2) updated to reference both APL 18-018 Diabetes Prevention Program (11/16/2018) and The Medi-Cal Provider Manual (March 2022)</p> <p>VI.E updated section to reflect Delivery Methods for DPP and MDPP Sessions Partnership will cover the following methods for DPP sessions and MDPP sessions (for Partnership Advantage members) as deemed clinically appropriate</p> <p>VI.G through VI.I updated to reflect MDPP</p> <p>VI.J updated to include: Members may be able to obtain certain medical devices that do not require a Treatment Authorization Request (TAR). The PMEDS program serves all Partnership Members as an efficient means of fulfilling orders for certain home medical devices that are prescribed by medical providers.</p> <p>Referenced added: Medi-Cal Provider Manual/Guidelines: Diabetes Prevention Program Prediabetes Risk Test Sheet National Diabetes Prevention Program, Preventing Type 2 Diabetes with Medicare Medicare Diabetes Prevention Program (MDPP) Expanded Model Fact Sheet Medicare Diabetes Prevention Program (MDPP) Medicare Advantage Fact Sheet Medicare Diabetes Prevention Program (MDPP) Basics</p> <p>Disclaimer added</p>	
MPCP2034 – Transitional Care Services (TCS) <i>previously MCCP2034</i>	551 - 564	<p>This policy was updated to include regulations for Partnership Advantage D-SNP line of business that will be effective January 1, 2026</p> <p>Related Policies Updated: MCUP3142 updated to reflect new policy number MCAP7003- CalAIM Community Supports (CS) MCUP3143 updated to reflect new policy number MCAP7001- CalAIM Service Authorization Process for Enhanced Care Management (ECM) and/or Community Supports (CS)</p> <p>Definition rephrased: Admission, Discharge, and Transfer (ADT) data</p> <p>Definitions added:</p>	<p>Health Services Behavioral Health Claims Member Services Provider Relations</p>

Synopsis of Changes to Discussion Policies

Policy Number & Name	Page Number	Summary of Revisions (Please include why the change was made, <i>i.e.</i> , NCQA, APL, Medi-Cal guidelines, clarification, <i>etc.</i>)	External Documentation (Notice required outside of originating department)
		<p>California Integrated Care Management (CICM) HCBS: Home and Community Based Services Individualized Care Plan (ICP) Interdisciplinary Care Team (ICT) Partnership Advantage</p> <p>Purpose updated to include: This policy was written based on the request by DHCS as part of their PHM Policy Guide and the CalAIM Dual Eligible Special Needs Plan Policy Guide</p> <p>VI.A.1 updated to reflect: Across the settings, the TCS shall prioritize member-centered care by:</p> <p>VI.A.1.f section added: Updating a Partnership Advantage Member's Individualized Care Plan (ICP) as appropriate and distributing the updated ICP to the ICT.</p> <p>VI.B. TCS Member Eligibility & Identification section moved from VI.C</p> <p>VI.B.1.b added: All Partnership Advantage enrolled members</p> <p>VI.B.1.c added: All Non-Partnership Advantage members receiving TCS are differentiated by High- and Low- risk designations</p> <p>VI.C.1.c.1) updated to include: Partnership will include those who are Partnership Advantage Members in California Integrated Care Management (CICM)</p> <p>VI.C.1.c.2)c) added: Any Partnership Advantage Member who is eligible for CICM Population of Focus.</p> <p>VI.C.10.a updated to include: PA Members (CICM) as members who must be identified by the TCS Care Manager as they may be newly eligible for ongoing care management</p> <p>VI.D.2 updated to include: PA Members; CICM benefit as a benefit for which high-risk Members identified for TCS shall be referred to as appropriate.</p> <p>VI.D.3 section added: Partnership Advantage members are assigned a Primary Case Manager for all of the member's care coordination, including TCS.</p> <p>VI.D.10 updated to include: CICM as one of the programs for which the TCS Care Manager must ensure non-duplication of services</p> <p>VI.E.1.d updated to include: CICM as a program for which the Member could be enrolled in</p> <p>VI.E.1.f updated to include: CICM as a program for which a Member could be considered for eligibility after a transition.</p> <p>VI.E.2.b updated to include: CICM as a program where Partnership will use data including any information from admission, to identify newly qualified Members for outreach and enrollment as appropriate</p> <p>VI.G.3.b updated to include: CICM as a program for additional care management needs are addressed</p>	

Synopsis of Changes to Discussion Policies

Policy Number & Name	Page Number	Summary of Revisions (Please include why the change was made, <i>i.e.</i> , NCQA, APL, Medi-Cal guidelines, clarification, <i>etc.</i>)	External Documentation (Notice required outside of originating department)
		<p>VI.G.5 updated to include: CICM as a program for additional care management needs are addressed</p> <p>References added: CalAIM Dual Eligible Special Needs Plan Policy Guide (2025)</p> <p>References updated: DHCS APL-23-029 Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third-Party Entities (<i>Revised</i> 01/08/2025)</p>	
Policy Owner: Utilization Management – <i>Presenter: Bettina Spiller, MD, Associate Medical Director</i>			
MPUP3137 – Palliative Care: Intensive Program (Adults) <i>previously MCUP3137</i>	565 - 584	<p>This policy was updated to include the Partnership Advantage D-SNP program we will operate effective January 1, 2026. It was also updated to reflect the dissolution of the Palliative Care Quality Collaborative system.</p> <p>Section III.C: Definition of Interdisciplinary Care Team (ICT) for Partnership Advantage Members was added.</p> <p>Section III.E: Definition of Partnership Advantage was added.</p> <p>Section V: Purpose statement was updated to remove reference to “Medi-Cal” so that the purpose applies to all types of Partnership Members.</p> <p>Section VI.A.2: Added clarification that the Intensive Palliative Care Management (IO benefit is available to both Medi-Cal and Partnership Advantage Members.</p> <p>Section VI.A.3.f.1): Clarified that Partnership Advantage Members will have a Palliative Care ICT.</p> <p>Section VI.B.2.c.: Deleted paragraph that referred to the Palliative Care Quality Collaborative system as our method of monitoring enrollment and network and data utilization data.</p> <p>Section VI.B.5.n.: Differentiated Partnership Members enrolled with an outside Medicare plan who are <i>not</i> eligible for Intensive Palliative Care with Partnership, from Partnership Advantage Members who are eligible for the benefit.</p> <p>Section VI.B.7.d.6): Deleted paragraph that specified Providers must enter into a Data Sharing Agreement with the Palliative Care Quality Collaborative system because it has been disbanded.</p> <p>Section VIII.: Added Reference for the DHCS "CalAIM Dual Eligible Special Needs Plan (D-SNP) Policy Guide - Contract Year 2026"</p> <p>Attachments A – D: All were updated to reflect MPUP change.</p>	Health Services Provider Relations Member Services Claims

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

Pg. 1 of 4* = by phone conference

Committee: Credentials Committee
Date: 04/09/2025 7:00 AM
Members Present: Steven Gwiazdowski, MD*; David Gorchoff, MD*; Michele Herman, MD*; Bradley Sandler, MD*; Brent Pottenger, MD*
Partnership Staff: Mark Netherda, MD* Medical Director Quality Improvement; Marshall Kubota, MD*; Partnership Regional Medical Director; Robert Moore, MD, MPH, MBA, Partnership Chief Medical Officer; Jeffery Ribordy, MD*; Medical Director; Priscila Ayala, Director of Network Services; Heidi Lee, Senior Manager of Systems and Credentialing; Ayana Shorter, Credentialing Supervisor; J'aime Seale, Credentialing Team Lead;

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
I. Meeting called to order. a. Voting member reminder.	I. Partnership Medical Director Quality Improvement Mark Netherda, MD called the meeting to order at 7:00AM. Credentials Committee roll call taken by J'aime Seale Credentialing Team Lead. Dr. Netherda reminded everyone that all items discussed are confidential. a. Mark Netherda, MD, Medical Director, reminded The Credentials Committee of who the voting members are, and voting is restricted to Non-Partnership staff. Dr. Netherda reminded the committee that all information discussed is confidential in nature.			
II. Review and approval of March 12, 2025 Credentials Meeting Summary.	II. The Credentials Committee meeting Summary for March 12, 2025 were reviewed by the Committee.	II. Summary was reviewed. A motion for approval of the Summary was made by Dr. Steven Gwiazdowski and seconded by Dr. Brent Pottenger. Meeting Summary was unanimously approved without changes.		04/09/2025
III. Old Business. a. Update on provider.	III. Old Business – a. Dr. Netherda brought to the attention to the Credentials Committee old business for a provider. The provider was reviewed by the Credentials Committee during the February 12, 2025 Credentials Meeting regarding various probations the provider has received. Due to the Medical Board of California's various probation decisions, the Credentials Committee deferred for more information to be requested from MBOC. Dr. Netherda informed the Credentials Committee that MBOC has been contacted	III. Old Business a. The Credentials Committee reviewed the information. A motion for a deferral of the provider until information is received from the Medical Board of California was made by Dr. Steven Gwiazdowski and seconded by Dr. Brent Pottenger. Meeting Summary was unanimously approved without changes.	05/14/2025	

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
	and they have stated it can take two to six weeks for a response for any information. Staff recommendation to the Committee is to defer the provider until information is received from MBOC.			
IV. New Business	IV. New Business	IV. New Business		
a. Review and Approval of Routine Practitioner List.	a. Dr. Netherda referred to the Credentials Committee to review the routine list of practitioners on pages 10-13.	a. The Committee reviewed the list of practitioners. A motion to approve the list of practitioners was made by Dr. Michele Herman and seconded by Dr. Steven Gwiazdowski. The Committee unanimously approved the routine list.		04/09/2025
b. MPCR200 Clean/Routine Practitioners and Ancillary Practitioners	b. Dr. Netherda referred to the Credentials Committee to the MPCR200 Clean/Routine Practitioners and Ancillary Practitioners list on pages 14-16. These practitioners are approved by Dr. Netherda Pre-Credentials Committee meeting.	b. The Credentials Committee reviewed the MPCR200 Clean/Routine list. A motion to approve the list of practitioners was made by Dr. Brent Pottenger and seconded by Dr. Michele Herman. The Committee unanimously approved the MPCR200 Clean/Routine and Ancillary Practitioners list.		04/09/2025
c. Review and Approval of Revised Policies.	c. Review and Approval of Revised Policies presented by J'aime Seale and Dr. Mark Netherda. J'aime Seale presented the following policies: MPCR4B – Identification of HIV/AIDS Specialists, MPCR13 – Credentialing of Plan Management Specialists, MPCR13A – Credentialing of Hospice and Palliative Care Medicine Specialists, MPCR13C – Osteopathic Manipulation Treatment Credentialing, MPCR17 - Standards for Contracted Primary Care and Urgent Care Physicians, MPCR19 – Skilled Nursing Facility Providers (SNFists) Credentialing Policy, MPCR304 – Allied Health Practitioners Credentialing and Re-credentialing Requirements, MPCR600 – Range of Actions to Improve Practitioner Performance, MPCR601	c. The Committee reviewed the presented Revised Policies. A motion to approve the revised policies was made by Dr. Brent Pottenger and seconded by Dr. Bradley Sandler. The Committee unanimously approved the revised policies.		04/09/2025

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
e. Amendment for provider.	<p>– Fair Hearing and Appeals Process for Adverse Decisions and MPCR800 – Delegation of Credentialing and Re-credentialing Activities. J'aime explained that the presented policies are consent calendar changes. MPCR17 added urgent care policy to the language. Dr. Netherda explained that Partnership will begin to credential Urgent Care providers that render services with Urgent Care Clinics. Heidi Lee Senior Manager of Systems and Credentialing also added that PCP clinics that offer After Hours services in an Urgent Care setting are also apart of MPCR17 update. Dr. Herman asked how will payment for After Hours services be paid? Dr. Netherda explained to Dr. Herman the Claims Department will give her further information on billing. Dr. Netherda also explained to the Committee that MPCR13B – Buprenorphine Prescriber Credentialing was removed from the list due to late changes with the IQI meeting the day before. MPCR13B will be re-presented at a future Credentials Meeting once the changes are finalized with IQI.</p> <p>e. Dr. Netherda explained to the Credentials Committee that a provider was previously approved for credentialing. Due to the updated MPCR17 policy to add Urgent Care providers, an amendment for the provider was re-presented to the Committee for approval.</p>	<p>e. The Committee reviewed the amendment for the provider. A motion to approve the amendment was made by Dr. Steven Gwiazdowski and seconded by Dr. Brent Pottenger. The Committee unanimously approved the amendment for the provider.</p>		04/09/2025
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.		
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.	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 and seconded by Dr. Steven Gwiazdowski. The Committee unanimously approved.		04/09/2025
b. Practitioner Monitoring List.	b. The Credentials Committee was asked to review the Practitioner Monitoring List. Dr. Netherda reminded the committee that the credentialing department monitors	b. <i>Informational only.</i>		04/09/2025

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
	these boards for any actions regarding our providers.			
VI. Review and Approval of Consent Calendar Items. a. Report of Long Term Care Facility, Hospital, and Ancillary provider list. b. Annual Delegation Audits	VI. Review and Approval of Consent Calendar Items. a. Dr. Netherda asked the Credentials Committee members to review the report of Long Term Care Facility, Hospital, and Ancillary provider list. b. Dr. Netherda presented the Annual Delegation Audits for the University of California Davis and University of California San Francisco.	VI. Review and Approval of Consent Calendar Items. a/b. The Credentials Committee members reviewed the list of Consent Calendar Items. A motion for approval was made by Dr. Brent Pottenger and seconded by Dr. Bradley Sandler. The Credentialing Committee unanimously approved.		04/09/2025
VII. Meeting Adjourned.	VII. Meeting adjourned.			

Credentials Meeting Summary for 04/09/2025 respectfully prepared and submitted by J'aime Seale Credentialing Specialist Lead.



Chairman Signature of Approval _____

Mark Netherda, M.D., Partnership Credentialing Chairman

Date _____

4/9/2025

April 2025 Clean and Routine List

App. Ty	Full Name	Provider Type	Cr Name/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
R	Adelman, Whitney M.,FNP-C	SPEC	CK Derm	Shasta	Family Nurse P	American Acad	09/12/2017	Yes	None	
R	Akman, Mitchell S.,MD	SPEC	Mitchell Akman, MD Inc	Shasta	Endocrinology, None			No	Mercy Medical	(Courtesy
I	Allen, Everett PA-C	PCP	Karuk Health Center, Orlear	Humboldt	Physician Assis	National Comm	10/06/2016	Yes	None	
I	Ambery, Teresa BCBA	BHP	Pantogran LLC dba Center	Yolo	BCBA	Behavior Analy:	04/11/2022	Yes	None	
R	Areen, Richard G.,MD	SPEC	Sacramento Ear Nose and T	Yolo	Otolaryngology	ABMS of Otolar	03/15/1983	Yes	Mercy General	Active
R	Atwal, Tegpal MD	SPEC	Adventist Health Physicians	Napa	Gastroenterolog	ABMS of Intern	11/20/2013	Yes	Adventist Health	Active
R	Ayers, Karen J.,ACNP-BC	SPEC	Hospice of Humboldt	Shasta	Hospice & Palli				None	
R	Babbington, Kathleen MD	PCP	Providence Medical Group	Sonoma	Pediatrics	ABMD of Pedia	10/24/2006	Yes	Providence Sar	Affiliate
R	Bacharach, Jason MD	SPEC	North Bay Eye Associates Ir	Sonoma	Ophthalmology	ABMS of Ophth	05/15/1994	Yes	Santa Rosa Me	Affiliate
I	Beaudoin, Jarett R.,MD	SPEC	Butte County Public Health	(Butte	Family Planning	None		No	Admitting Agree	None
I	Belmonte Aguilar, Jesus BCBA	BHP	Ages Learning Solutions LL	(Solano	BCBA	Behavior Analy:	09/25/2020	Yes	None	
I	Bourne, Sarah MD	PCP	Barton Healthcare System	El Dorado	Pediatrics	ABMS of Pedia	10/17/2024	Yes	Barton Memoriz	Active
R	Bradley, Stephen P.,MD	SPEC	Stephen Bradley, MD	Lake	Surgery	ABMS of Surge	10/17/1984	No	Admitting Agree	None
R	Brinckhaus, Ruben E.,MD	PCP	Fortuna Family Medicine Inc	Humboldt	Family Medicin	Meets MPCR#1	07/14/1989	No	Redwood Mem	Provisional
I	Brint, Donna CADC I	W&R	Cache Creek Lodge Inc	Yolo	Certified Alcohc	California Cons	07/31/2024	Yes	None	
I	Brum, Alec BCBA	Allied	Learning Arts	Yolo	BCBA	Behavior Analy:	07/14/2023	Yes	None	
I	Buhay, Jose Martin C.,PT	Allied	Burger Physical Therapy	Solano	Physical Thera				None	
I	Busko, Jessica CADC III	W&R	Recover Medical Group	Solano	Certified Alcohc	California Cons	06/25/2021	Yes	None	
I	Bustos, Erica BCBA	BHP	Ages Learning Solutions LL	(Solano	BCBA	Behavior Analy:	01/31/2012	Yes	None	
I	Cabello, Ashley N.,BCBA	BHP	Positive Behavior Supports	(Yolo	BCBA	Behavior Analy:	05/28/2021	Yes	None	
I	Caires, Cynthia D.,RN	W&R	Hilltop Recovery Services -	Lake	Registered Nur:	None		No	None	
I	Carroll, Revital Doula	SPEC	Loula Perinatal Health Servi	Solano	Doula	None		No	None	
I	Chaidez, Michelle BCBA	BHP	Kyo Autism Therapy, LLC	Solano	BCBA	Behavior Analy:	10/14/2021	Yes	None	
I	Cheatham, Timothy J.,CRNA	SPEC	Green Anesthesia	Solano	Certified Regist	National Board	02/18/2019	Yes	Admitting Agree	None
I	Chen, Jasmine CRNA	SPEC	JC Anesthesia A Profession	Solano	Certified Regist	National Board	09/01/2021	Yes	Admitting Agree	None
R	Condolon-Kohler, Annie Rose J.,FNP-C	PCP	NBHG: Center for Primary C	Solano	Family Nurse P	American Acad	03/01/2019	Yes	None	
I	Cubelio, Pauline BCBA	BHP	Pantogran LLC dba Center	Solano	BCBA	Behavior Analy:	04/06/2023	Yes	None	
R	Davenport, Kelley BCBA	BHP	Autism Spectrum Therapies	Yolo	BCBA	Behavior Analy:	09/30/2012	Yes	None	
I	De Freitas, Pedro H.,FNP-C	PCP	Ampla Health Hamilton City	Glenn	Family Nurse P	American Acad	05/17/2018	Yes	None	
R	Dejong, Julie Pt	Spec	Northern Ca Childrens Ther	Yolo	Physical Thera	None		No	None	
R	DeNigris, Stephen J.,MD	SPEC	Adventist Health Ukiah Valle	Mendocino	Gastroenterolog	ABMS of Intern	11/04/1998	Yes	Adventist - Ukia	Active
R	Dhanuka, Piyush K.,MD	SPEC	Piyush K. Dhanuka MD	Shasta	Gastroenterolog	ABMS of Intern	10/16/2006	Yes	Shasta Region	Active
R	Divakaruni, Monica S.,MD	SPEC	Adventist Health St Helena	Napa	Cardiovascular	ABMS of Intern	11/04/2011	Yes	Adventist Health	Active
R	Dunnington, Gansevoort H.,Jr., MD	SPEC	Adventist Health Physicians	Napa	Surgery	ABMS of Surge	09/23/2008	Yes	St Helena Hosp	Active
R	Duque-Gomez, Yenifer PA-C	SPEC	NBHG: Center for Women's	Solano	Physician Assis	National Comm	06/23/2016	Yes	None	
I	Elaog, Athena Abigail BCBA	BHP	Pantogran LLC dba Center	Yolo	BCBA	Behavior Analy:	01/09/2025	Yes	None	
R	Engleman, Marta M.,SUDRC	W&R	Archway Recovery Services	Solano	Wellness and F	California Subs	02/04/2025	Yes	None	
I	Estournes, Janelle M.,RD	Allied	Delta Nutrition	Sonoma	Registered Diet	Commission of	08/14/2013	Yes	None	
R	Evanston, Jeremy CADC I	W&R	Aegis Treatment Center LLC	Humboldt	Wellness and F	California Cons	09/16/2024	Yes	None	
R	Fedrigio, Anthony J.,DPM	SPEC	Foot and Ankle Specialists c	Marin	Foot Surgery	AB of Foot and	07/26/2004	Yes	Marin Health M	Active
I	Fessel, Mary J.,NP	SPEC	Planned Parenthood Northe	Solano	Nurse Practitior	None		No	None	
I	Firebaugh, Sarah M.,RD	Allied	As You Are Nutrition	Napa	Registered Diet	Commission of	09/09/2023	Yes	None	
R	Fowler, Patrick T.,MD	SPEC	Redding Urologic Associate:	Shasta	Urology	ABMS of Urolog	02/28/2001	Yes	Mercy Medical	(Active
I	Franco, Tatsiana PA-C	PCP	ODCHC - Eureka Communiti	Humboldt	Physician Assis	National Comm	03/25/2022	Yes	None	
R	Fugit, Michael D.,MD	SPEC	Sacramento Heart & Vascu	Yolo	Cardiovascular	Previously Boar	11/03/1999	No	Sutter Medical	(Active
R	Fuller, Melanie K.,LAc	Allied	Anderson Valley Health Cen	Mendocino	Acupuncture	None		No	None	
R	Gardner, Robert W.,MD	W&R	Hilltop Recovery Services -	Lake	Wellness and F	None		No	Admitting Agree	None
I	Goldin, Tatyana DO	SPEC	NBHG: Center for Primary C	Solano	Hospice and P	AOB Osteopath	11/21/2011	Yes	NorthBay Medic	Provisional Active-Attending
I	Gontar, Irina BCBA	SPEC	Behavior Frontiers	Placer	BCBA	Behavior Analy:	11/12/2024	Yes	None	
R	Gonzales, Waide H.,PA-C	PCP	Alliance Medical Center	Sonoma	Physician Assis	National Comm	09/27/2021	Yes	None	
I	Gonzalez, Donnaly BCBA	BHP	Positive Behavior Supports	(Marin	BCBA	Behavior Analy:	12/27/2024	Yes	None	
I	Granpeesheh, Doreen BCBA-D	Allied	Pantogran LLC dba Center	Yolo	Board Certified	Behavior Analy:	06/30/2004	Yes	None	

April 2025 Clean and Routine List

App. Ty	Full Name	Provider Type	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
I	Gray, Bradley W.,MD	PCP	Barton Healthcare System	El Dorado	Family Medicine	ABMS of Family	07/01/2018	Yes	Barton Memorial Active
R	Green, Robert M.,Jr., MD	SPEC	Providence Medical Group,	Humboldt	Plastic Surgery	ABMS of Plastic	11/11/1994	Yes	Providence St J Active
I	Halloran, Brian J.,PT	Allied	American River Rehabilitative	Placer	Physical Therapy	None	No	None	
I	Haro, Randolph CADC II	W&R	Recover Medical Group	Solano	Wellness and F	California Cons	06/18/2024	Yes	None
I	Hernandez-Morin, Juanita L.,Psy.D	BHP	Bridges of the Mind Psychol	Solano	Psychology	None	No	None	
R	Hinko, Allison M.,MD	SPEC	Eye Specialists Med Grp of	Napa	Ophthalmology	ABMS of Ophth	11/06/2016	Yes	Queen of the V Active
R	Hirshman, Bruce L.,DO	SPEC	Adventist Health Ukiah Valley	Mendocino	Pain Medicine	Previously Boar	09/11/1993	No	Adventist - Ukiah Active
R	Holleran, Adam M.,MD	SPEC	Sutter Coast Community Clin	Del Norte	Orthopaedic Su	ABMS of Ortho	07/27/2017	Yes	Sutter Coast Hc Active
I	Houser, Elke FNP-C	PCP	Barton Healthcare System	El Dorado	Family Nurse P	American Acad	07/13/2018	Yes	None
I	Hsu, Saunders C.,MD	SPEC	Northern California Californi	Yolo	Pediatric Hema	ABMS of Pedia	11/16/2006	Yes	Sutter Medical (Active
R	Huffaker, Richard K.,DO	SPEC	Asante Physician Partners	Siskiyou	osteopathic	American Oste	05/09/2017	Yes	Admitting Agree None
I	Hussaini, Akbar A.,MD	SPEC	Sutter Lakeside Community Lake		Orthopaedic Su	ABMS of Ortho	07/23/2010	Yes	Sutter Lakeside Provisional
I	Hwang, Caroline FNP-C	PCP	Petaluma Health Center	Sonoma	Family Nurse P	American Acad	08/27/2024	Yes	None
I	Iqbal, Tara H.,PA-C	SPEC	Bay Area Surgical Specialists	Solano	Physician Assis	National Comm	10/05/2023	Yes	None
R	Jacobs, Molly E.,FNP-C	SPEC	ODCHC: Open Door Gynec	Humboldt	Family Nurse P	American Acad	06/01/2012	Yes	None
I	Jenkins, Deon L.,DC	SPEC	Solano County Family Health	Solano	Chiropractic	None	No	None	
I	Jewell, Megan F.,MD	SPEC	Barton Healthcare System	El Dorado	Obstetrics and	ABMS of Obste	01/18/2013	Yes	Barton Memorial Active
I	Johal, Amandeep K.,MD	PCP	Golden State Family Medicine	Solano	Family Medicine	ABMS of Family	11/18/2011	Yes	Admitting Agree None
R	Johnson, Julianna BCBA	BHP	Kyo Autism Therapy LLC,	Yolo	Behavioral Health	Behavior Analy	02/28/2019	Yes	None
I	Johnson, Marcella CADC_CAS	W&R	Aegis Treatment Centers, LI	Shasta	Wellness and F	California Cons	03/18/2014	Yes	None
I	Jones, Heidi A.,Doula	SPEC	Haven - A Refuge for Pregn	Solano	Doula	None	No	None	
I	Karalis, Maria RD	Allied	TeleMed2U	Yolo	Registered Diet	Commission of	10/01/1991	Yes	None
R	Khan, Mohamed H.,MD	SPEC	The Cardiovascular Center	Shasta	Cardiovascular	ABMS of Intern	11/08/2000	No	Shasta Regional Active
R	Killfoil, James J.,MD	PCP	Redwood Pediatric Medical	Humboldt	Pediatrics	ABMS of Pedia	10/09/1996	Yes	Redwood Memorial Affiliate
R	Kim, Charleen L.,MD	SPEC	John Muir Health Center	Me Sacramento	General Surge	ABMS of Surge	10/18/2010	Yes	John Muir Medical Active
I	Kirschner, Kimberly A.,PA-C	SPEC	Sutter Lakeside Community Lake		Physician Assis	National Comm	05/13/2024	Yes	None
R	Krafft, Craig A.,MD	SPEC	CK Derm	Shasta	Dermatology	ABMS of Derm	11/02/1992	Yes	Mercy Medical (Courtesy
R	Krier, Michael J.,MD	SPEC	NBHG: Center for Neuroscie	Solano	Gastroenterolog	ABMS of Intern	10/14/2010	Yes	NorthBay Health Active
I	Krull, Leah K.,MD	SPEC	Barton Healthcare System	El Dorado	Rheumatology	ABMS of Intern	11/14/2018	Yes	Barton Memorial Active
R	Lang, Veronica L.,NP	SPEC	Planned Parenthood North	Solano	Nurse Practitioner	None	No	None	
I	Le, Phong DPM	SPEC	Northern California Orthopa	Solano	Podiatry Foot a	None	05/17/2016	No	Mercy General Active
R	Long, James M.,MD	SPEC	NBHG: NorthBay Cancer Ce	Solano	Hematology	ABMS of Intern	11/20/1996	Yes	North Bay Medical Active
I	Lopez Duff, Imani Doula	SPEC	Now You Know A Doula	Solano	Doula	None	No	None	
R	Lukomsky, David G.,PA-C	SPEC	Adventist Health Mendocino	Mendocino	Physician Assis	National Comm	08/25/2021	Yes	Adventist Health Allied Health
I	Lynch, Bahama BCBA	SPEC	Natural Behavioral Solutions	Solano	BCBA	Behavior Analy	10/15/2021	Yes	None
I	Machado, Lisa V.,FNP-BC	PCP	Walton Pediatrics, Medical	Solano	Family Nurse P	American Nurs	01/09/2019	Yes	None
I	Madala, Meghana NP	SPEC	Walton Pediatrics, Medical	Solano	Nurse Practitioner	None	No	None	
R	Mancha, Briana L.,RD	Allied	As You Are Nutrition	Napa	Registered Diet	Commission of	09/16/2020	Yes	None
I	Manteghi, Alexander R.,DO	SPEC	Barton Healthcare System	El Dorado	Otolaryngology	None	No	None	Barton Memorial Active
R	Martin, Allyson K.,PA-C	SPEC	The Cardiovascular Center	Shasta	Physician Assis	National Comm	12/19/2003	Yes	None
I	Matchell, Kimberly A.,NP	PCP	Walton Pediatrics, Medical	Solano	Nurse Practitioner	None	No	None	
I	Mc Kenna-Stukas, Suzanne K.,OT	Allied	Burger Physical Therapy	Yolo	Occupational T	None	No	None	
I	Meadows, Laura C.,OT	Allied	American River Rehabilitative	Placer	Occupational T	None	No	None	
R	Medina Mendez, Carlos A.,MD	SPEC	Retinal Consultants Medical	Yolo	Ophthalmology	ABMS of Ophth	06/07/2015	Yes	Mercy General Active
I	Messina-Godfrey, Amanda R.,BCBA	BHP	Natural Behavioral Solutions	Solano	BCBA	Behavior Analy	02/28/2018	Yes	None
I	Meyer, Nicole BCBA	BHP	ABLE Kids Co	Placer	BCBA	Behavior Analy	08/28/2024	Yes	None
I	Milburn, Teri A.,LVN	PDN	Teri Milburn	Shasta	Private Duty Nu	None	No	None	
R	Mills, Craig RADT	W&R	Visions of the Cross/Men's F	Shasta	Wellness and F	California Subs	10/10/2023	Yes	None
R	Milton, Jeanna L.,BCBA	BHP	ABA Humboldt	Humboldt	Behavioral Health	Behavior Analy	09/30/2010	Yes	None
R	Minotti, John R.,MD	SPEC	Adventist Health ClearLake	Lake	Cardiovascular	ABMS of Intern	11/08/1989	Yes	Adventist Health Affiliate Staff
R	Modenos, Megan C.,DO	PCP	Providence Medical Group,	Sonoma	Internal Medicine	ABMS of Intern	08/30/2021	Yes	Admitting Agree None
I	Mogul, Mark J.,MD	SPEC	Dignity Health - Mercy Fami	Shasta	Pediatric Hema	ABMS of Pedia	01/15/1994	Yes	Mercy Medical (Active

April 2025 Clean and Routine List

App. Ty	Full Name	Provider Type	City	Name/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
I	Morgan, Elise A.,AGPCNP-BC	SPEC	Grass Valley	Radiation Oncology	Nevada	Adult-Gerontologic	American Nurses Association	04/02/2018	Yes	None	
R	Moss, Tara S.,PA-C	PCP	Open Door Community Health	Humboldt		Physician Assistant	National Commission on Certification of Physician Assistants	01/17/1992	Yes	None	
I	Munoz-Gaxiola, Tereza	BHP	Center for Social Dynamics	Sonoma		BCBA	Behavior Analysis Certification Board	12/18/2024	Yes	None	
I	Murphy, Tiffany	SPEC	Health Education and Resources	Solano		Doula	None		No	None	
I	Myers, Alexandra L.,PA-C	SPEC	TeleMed2U	Yolo		Physician Assistant	National Commission on Certification of Physician Assistants	09/26/2019	Yes	None	
R	Nelson, John C.,MD	SPEC	Hospice of Humboldt	Shasta		Hospice and Palliative Care	Previously Board Certified	10/29/2008	No	St. Joseph Hospital	Active
I	Neves, Mark A.,OT	Allied	Burger Physical Therapy	Placer		Occupational Therapist	None		No	None	
R	Nielsen, Richard H.,DPM	SPEC	Modoc Medical Clinic	Modoc		Podiatry	None		No	Admitting	Agree None
R	Osman, Farid MD	SPEC	Providence Medical Group	Sonoma		Nephrology	ABMS of Internal Medicine	11/07/2001	Yes	Petaluma Valley Hospital	Active
I	Padua, Sarah A.,MD	SPEC	Santa Rosa Community Health	Sonoma		Obstetrics and Gynecology	Meets MPCR#1		No	Sutter Santa Rosa	Active Provisional
I	Pahlavan, Pantea MD	SPEC	Pantea Pahlavan, MD DBA	Solano		Obstetrics and Gynecology	ABMS of Obstetrics and Gynecology	12/09/2005	Yes	NBHG	Provisional Active-Attending
I	Panagotacos, John J.,MD	SPEC	John J. Panagotacos M.D.	Marin		Neurology	ABMS of Psychiatry	06/20/2008	Yes	Marin Health Services	Active
R	Parker, Sean T.,PA-C	PCP	Adventist Health Clearlake	Lake		Physician Assistant	National Commission on Certification of Physician Assistants	10/11/2018	Yes	None	
I	Peck, John W.,DC	SPEC	SCHC: Shasta Community Health	Shasta		Chiropractic	None		Not Applicable	Admitting	Agree None
I	Pepper, Sydney N.,Doula	SPEC	The Village Doula Collective	Butte		Doula	None		No	None	
I	Perez, Celeste A.,BCBA	BHP	Behavior Resources, Inc.	Yolo		BCBA	Behavior Analysis Certification Board	03/06/2025	Yes	None	
I	Perez, Stephanie C.,PT	Allied	Burger Physical Therapy and	Solano		Physical Therapist	None		No	None	
I	Phillips, Shantell S.,FNP-C	PCP	WellSpace Health South Valley	Placer		Family Nurse Practitioner	American Academy of Nurse Practitioners	09/21/2023	Yes	None	
R	Pole, Cameron MD	SPEC	Retinal Consultants Medical	Yolo		Ophthalmology	ABMS of Ophthalmology	10/23/2021	Yes	Mercy General Hospital	Active
I	Ponce Del Rio, Arcelia FNP-C	PCP	Petaluma Health Center	Sonoma		Family Nurse Practitioner	American Academy of Nurse Practitioners	08/05/2024	Yes	None	
I	Pusser, Benjamin E.,DO	PCP	Lassen Indian Health Center	Lassen		Family Medicine	Meets MPCR#1	12/03/2005	No	Admitting	Agree None
I	Quick, Jessica S.,RADT	W&R	Empire Recovery Center	Shasta		Wellness and Recovery	California Consensus	01/30/2025	Yes	None	
I	Quinones Jr, John C.,SUDC I	W&R	Ford Street Project - Ukiah	Mendocino		Substance Use	California Substance Use Disorder	04/05/2024	Yes	None	
I	Rivera Sagastegui, Mabel del Pilar PA-C	PCP	WellSpace Health Arden-Arroyo	Placer		Physician Assistant	National Commission on Certification of Physician Assistants	04/23/2015	Yes	None	
I	Rivera, Philip John DC	SPEC	Solano County Family Health	Solano		Chiropractic	None		No	None	
I	Robison, Sarah BCBA	BHP	UnityABA Inc.	Yolo		BCBA	Behavior Analysis Certification Board	10/09/2020	Yes	None	
R	Rochat, John A.,MD	BOTH	Anderson Valley Health Center	Mendocino		Internal Medicine	Meets MPCR#1	08/26/1998	No	Admitting	Agree None
I	Rodriguez, Tracy BCBA	BHP	Agas Learning Solutions LLC	Solano		BCBA	Behavior Analysis Certification Board	05/18/2021	Yes	None	
I	Ross, Estelle K.,Doula	SPEC	Estelle Ross Doula Services	Sonoma		Doula	None		No	None	
I	Roussel, Brittany R.,Doula	SPEC	Berkana BirthKeeper	Nevada		Doula	None		No	None	
I	Ruiz, Brenda D.,PA-C	PCP	Ole Health	Napa		Physician Assistant	National Commission on Certification of Physician Assistants	11/06/2024	Yes	None	
I	Ruzin, Gabriella R.,Psy.D	BHP	Dr. Patrick D. MacLeamy, P	Sonoma		Psychology	None		No	None	
R	Sambasivan, Sriram MD	SPEC	Shasta Critical Care Special	Shasta		Nephrology	ABMS of Internal Medicine	11/08/2000	Yes	Shasta Regional Hospital	Active
I	Sandhu, Jaida BCBA	BHP	Positive Behavior Supports	Yolo		BCBA	Behavior Analysis Certification Board	07/21/2023	Yes	None	
I	Sandy, Jenelle H.,AUD	Allied	Tahoe Family Hearing Clinic	Nevada		Audiology	None		No	None	
R	Scheel, Philip R.,MD	PCP	Redwoods Rural Health Center	Humboldt		Family Medicine	ABMS of Family Medicine	07/12/2002	Yes	Admitting	Agree None
I	Schneider, Alexander PT	Allied	American River Rehabilitation	Placer		Physical Therapist	None		No	None	
I	Schneider, Timothy PT	Allied	American River Rehabilitation	Placer		Physical Therapist	None		No	None	
I	Simon, Leanne BCBA	BHP	Agas Learning Solutions LLC	Solano		BCBA	Behavior Analysis Certification Board	02/28/2017	Yes	None	
I	Singh, Ravneel B.,PA-C	SPEC	WellSpace Health J St Com	Placer		Physician Assistant	National Commission on Certification of Physician Assistants	09/28/2017	Yes	None	
I	Sirsy, Karim DO	PCP	Anav Tribal Health Clinic	Siskiyou		Family Medicine	American Osteopathic Association	08/16/2017	Yes	Admitting	Agree None
I	Situ, Erica FNP-C	PCP	Petaluma Health Center	Sonoma		Family Nurse Practitioner	American Academy of Nurse Practitioners	02/20/2024	Yes	None	
I	Smith, Christopher R.,MD	PCP	MVHC - Fall River Valley Health	Shasta		Internal Medicine	ABMS of Internal Medicine	08/25/2016	Yes	Admitting	Agree Active
I	Snow, Jeffrey H.,PT	Allied	American River Rehabilitation	Placer		Physical Therapist	None		No	None	
R	Spiegel, Naum MD	SPEC	Adventist Health Ukiah Valley	Mendocino		Urology	ABMS of Urology	02/28/1998	Yes	Adventist - Ukiah	Active
R	Stewart Beatts, Samantha BCBA	BHP	Kyo Autism Therapy LLC, f/k/a	Yolo		Behavioral Health	Behavior Analysis Certification Board	11/30/2014	Yes	None	
I	Stillman, Olivia H.,CNM	SPEC	Enloe Women's Services (E)	Butte		Certified Nurse Midwife	American Midwifery Association	06/01/2023	Yes	None	
R	Street, Tyler C.,MD	SPEC	Tyler Street MD PC/Valley Clin	Napa		Plastic Surgery	ABMS of Plastic Surgery	11/14/2015	Yes	Admitting	Agree None
I	Tanni, Nusrat Uddin MD	PCP	Elica Health Centers	Yolo		Internal Medicine	Confirmed per American Osteopathic Association		No	Admitting	Agree Active
I	Taylor, Wade CADC II	W&R	Recover Medical Group	Solano		Certified Alcohol and Drug Counselor	California Consensus	10/03/2014	Yes	None	
R	Thomson, Shanna A.,FNP-C	SPEC	Planned Parenthood North	Butte		Family Nurse Practitioner	American Academy of Nurse Practitioners	09/12/2012	Yes	None	
I	Tortosa, Anna M.,PT	Allied	American River Rehabilitation	Placer		Physical Therapist	None		No	None	

April 2025 Clean and Routine List

App. Ty	Full Name	Provider Type	City	Name/Street	County Name	Specialty Description	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
R	Vu, Kelvin K.,DO	PCP		Open Door Community Hea	Humboldt	Family Medicine	ABMS of Family	07/19/2011	Yes	Admitting Agree	None
I	Walton, Stephanie A.,MD	PCP		Walton Pediatrics, Medical	Solano	Pediatrics	ABMS of Pedia	10/04/1989	Yes	Sutter Medical	(Active
R	Warner, Corey M.,MD	PCP		Adventist Health Clearlake	Lake	Internal Medicine	ABMS of Intern	08/17/2007	Yes	Adventist Health	Affiliate Staff
R	Waterman, Angelina	BHP		Family Guidance and Thera	Sonoma	BCBA	Behavior Analy	08/31/2018	Yes	None	
R	Wenger, Lindsay M.,MD	SPEC		Asante Physician Partners:	Siskiyou	General Surge	ABMS of Surge	04/29/2019	Yes	Admitting Agree	None
I	White, Tara R.,FNP-BC	PCP		Petaluma Health Center	Sonoma	Family Nurse P	American Nurs	02/07/2024	Yes	None	
I	Yim, Yung S.,MD	SPEC		Northern California	Californi	Pediatric Hema	ABMS of Pedia	07/20/1990	Yes	Sutter Medical	(Active
I	Zheng, Yi MD	SPEC		Adventist Health Mendocino	Mendocino	Gastroenterolog	ABMS of Intern	10/07/2009	Yes	Admitting Agree	None

MEETING Minutes

Meeting & Project Name: Quality Improvement & Health Equity Committee (QIHEC)

Date: 5/27/25

Time: 7:30 a.m.- 9:30 a.m.

Facilitator: Mohamed Jalloh, HEO

Coordinator: Bethany Hannah

Meeting Locations:

- WebEx

Attendees:

Shannon Boyle, Isaac Brown, Monika Brunkal, Anna Campbell, Kristina Coester, Dawn Cook, Nicole Curreri, James Devan, Jeffery DeVido, Heather Esget, Margarita Garcia-Hernandez, Kristine Gual, Bethany Hannah, Tony Hightower, Mohamed Jalloh, Amanda Kim, Mary Kerlin, Marshall Kubota, Yolanda Latham, Sue Lee, Stan Leung, Amanda McNair, Robert Moore, Mark Netherda, Rachel Newman, Hannah O'Leary, Sue Quichocho, Manleen Randhawa, Denise Rivera, Liz Romero, Delorian Ruffin, Anthony Sacket, Rebecca Stark, Wendy Starr, Nancy Steffen, Amanda Smith, Christine Smith, Ben Spencer, Chloe Ungaro, Vicquita Velazquez, Edna Villasenor, Emily Wellander, Kory Watkins

Absent: Priscilla Ayala, Katherine Barresi, Robert Bides, Sonja Bjork, Mark Bontrager, Cathryn Couch, Wendi Davis, Noemi Doohan, Greg Allen Friedman, Shandi Fuller, Brigid Gast, Ledra Guillory, Nisha Gupta, Latrice Innes, Vicky Klakken, Rachel Newman, Katheryn Power, Dorian Roberts, Lynn Scuri, Tim Sharp, Stephen Stake, Amy Turnipseed, Liat Vaisenberg

External Advisory Members

Name	Affiliation	Org Type	1/21/25	3/18/25	5/20/25	7/15/25	9/16/25	11/18/25
Jason Cunningham, MD Chief Executive Officer	West County Health Centers	FQHC		X	X			
Eugene Durrah Equity Services Manager	Solano County	County						
Hendry Ton, MD Associate Vice Chancellor	UC Davis	Health System		X				
Shandi Fuller, MD Maternal Child and Adolescent Health	Solano County	Public Health Department			X			
Lisa Wada Senior Manager, Quality Improvement	Providence	Health System	X		X			
Valerie Padilla Director of Quality and Patient Safety	Open Door Community Health	Health System		X	X			
Arlene Pena Senior Program of Quality Improvement	Aliados Health	Community Based Org	X	X	X			
Jeremy Plumb Systems Director, Quality Division	Northbay Medical Center	Hospital	X	X				
Lelia Romero Health Program Specialist - Health Equity	Lake County	Public Health Department		X	X			
Robin Schurig, MPH, CPH Executive Director	Health Alliance of Northern California	Community Based Org	X	X				
Candi Stockton, MD Health Officer of Humboldt County	Humboldt County	Public Health Department	X		X			

Tiffani Thomas Case Manager	Solano County Superior Court	Local Government	X	X	X			
Brandon Thornock Chief Executive Officer	Shasta Community Health Center	Health System	X					
Denise Whitsett Quality Improvement Coordinator	Community Medical Centers	Health System	X	X				

***FQHC= Federally Qualified Health Center

*****Members who do not attend at least half of meetings will be considered for removal per vote of committee.

Agenda Topic	Notes	Action Item
Agenda Item 1 Introductions	A. Dr. Jalloh conducted a roll call for external advisory members to mark their attendance. B. Quorum was met by having 7 members present.	
Agenda Item 2 HE Updates Speaker: Dr. Jalloh	A. Program and Initiative Updates 1. Quality Improvement Program (QIP) Updates <ul style="list-style-type: none"> A new pay-for-performance (P4P) model was launched, rewarding systems with bonuses (3–70%) for closing equity gaps in key health measures: <ul style="list-style-type: none"> Blood pressure control Well-child visits Breast and colorectal cancer screenings Health systems self-identified interest, and the QIP team supported rollout and monitoring. 2. Diversity, Equity, and Inclusion (DEI) Training Launch <ul style="list-style-type: none"> DEI training will launch in July. Feedback from a pilot led by Communicare Ole was incorporated. Naz Sattari introduced herself as the new Supervisor for Health Equity Training. Her team will review discrimination grievances and assign appropriate DEI training when needed. 3. Renaming DEI Training	<ul style="list-style-type: none"> Dr. Jalloh will bring name suggestions to the Executive Team.

Agenda Topic	Notes	Action Item
	<ul style="list-style-type: none"> • Due to politicization of the term “DEI,” alternative names are being considered. • Suggested new name: "Community, Culture, and Belonging Training" • Additional ideas discussed: <ul style="list-style-type: none"> ○ “Improving Health Outcomes for All People” ○ “Improving Communication with All People” ○ “Health for All People and Communities” ○ “Building Community Excellence” ○ “Pathways to Healthy Communities” ○ “Bridge Builders” ○ “Together Forward” ○ “Whole Person Health” ○ “People/Patient centered care” ○ “Access and Opportunity” ○ “Building Pathways/Bridging Gaps” • Members expressed concerns about public perception, legal risks, and funding implications. • Final name will be selected by the Executive Team by mid-June to support the July training launch. 	
Agenda Item CMO Health Plan Updates Speaker: Dr. Moore	3. Accreditation and Program Updates (Dr. Robert Moore) <ul style="list-style-type: none"> • Health Equity Accreditation: <ul style="list-style-type: none"> ○ First submission will be made in June; mock surveys have been successful. • 2024 HE Disparities Project: <ul style="list-style-type: none"> ○ Clinical quality results will be finalized by August. ○ Results are under internal review. • Medicare Advantage (Partnership Advantage): <ul style="list-style-type: none"> ○ Launching in January 2026 in 8 counties. ○ Network deemed adequate by CMS; ongoing contract work continues. • Regional Medical Director Meetings: 	

Agenda Topic	Notes	Action Item
	<ul style="list-style-type: none"> ○ Notes posted on CMO webpage (leader and clinician versions available). • Board of Commissioners Strategic Planning (April): <ul style="list-style-type: none"> ○ Focused on federal policy impacts and maintaining community engagement activities. • Legislative/Budget Updates: <ul style="list-style-type: none"> ○ Federal proposals include Medicaid restrictions (provider tax freeze, work requirements, etc.) ○ California facing budget deficits. <ul style="list-style-type: none"> ▪ Proposal for \$100 monthly premium for Medi-Cal enrollees with unsatisfactory immigration status (effective 2027). ▪ Restriction on new enrollments (starting 2026). 	
Agenda Item 4 CA Association Updates Speaker: Arlene Pena and Robin Schurig	4. California Association Updates (Arlene Pena) <ul style="list-style-type: none"> • Ongoing work on: <ul style="list-style-type: none"> ○ Geomapping for breast and cervical cancer screenings. ○ Pediatric dashboards and risk-scoring tools (with Marin Community Clinics). 	
Agenda Item 5 Meeting Minutes	A. Motion to approve meeting minutes from March. 1 st Candy Stockton 2 nd Cathryn Couch	Motion to approve meeting minutes from March. 1 st Candy Stockton 2 nd Cathryn Couch

Agenda Topic	Notes	Action Item
<p>Agenda Item 7</p> <p>Grand Analysis:</p> <p>Speaker: Kory Watkins</p>	<p>Kory Watkins then presented a detailed report covering the 2024 calendar year data from the Grievance and Appeals (GNA) Department. Key components of the presentation included:</p> <ul style="list-style-type: none"> • Department Overview and Process: Kory explained that the GNA Department manages grievances, appeals, and state fair hearings in alignment with healthcare regulations. Every case goes through a clinical review and classification as clinical or non-clinical, with consistent member communication. • Case Volume and Trends: There was a 33% increase in grievance and appeal cases from 2023 to 2024, corresponding with a similar increase in membership. • Case Intake Channels: The majority of cases were received via phone (~7,000), with smaller volumes coming through the online portal, mail, fax, in-person visits, and email. • Case Classification: <ul style="list-style-type: none"> ○ 65% of grievances were non-clinical, commonly concerning transportation or communication. ○ Appeals were predominantly clinical in nature (63%). ○ Only 0.4% of cases met the criteria for expedited review. • Geographic Heat Map: Grievances per 1,000 members were highest in rural counties (e.g., Lassen, Modoc, Siskiyou), suggesting access and transportation-related issues. • Demographics: Disparities were identified: <ul style="list-style-type: none"> ○ White members were overrepresented in grievance filings relative to their membership proportion. ○ Hispanic and Spanish-speaking members were underrepresented. 	

Agenda Topic	Notes	Action Item
	<ul style="list-style-type: none"> ○ Women accounted for 63% of cases filed, though they make up 51% of membership. ○ The highest grievance filings occurred in the 45–64 age group. • Top Categories of Grievances: <ul style="list-style-type: none"> ○ Transportation (49%) – Most concerns were around missed rides, driver behavior, and scheduling. ○ Provider Services – Common issues included treatment plan disputes and poor communication. ○ Access – Included long wait times and limited provider availability. ○ Partnership Services – Included complaints about staff, website usability, phone systems, and mailings. • Transportation Grievances Detail: Watkins clarified the difference between NMT (Non-Medical Transportation) and NEMT (Non-Emergency Medical Transportation): <ul style="list-style-type: none"> ○ NMT (curb-to-curb) accounted for 90% of transportation-related grievances. ○ Despite over 1 million rides provided in 2024, transportation grievances accounted for less than 0.5% of rides. • Civil Rights Allegations: Watkins reframed what were previously called "discrimination allegations" to "civil rights allegations"—only including those that fall under legally protected classes (e.g., disability, race/ethnicity). <ul style="list-style-type: none"> ○ Disability and race/ethnicity were the most common civil rights-related concerns. ○ 9.8% of the allegations were substantiated after internal review by civil rights coordinators and the health equity team. ○ All civil rights cases, whether substantiated or not, are reported to the State (DHCS). <p>Follow-Up Discussion:</p>	

Agenda Topic	Notes	Action Item
	<ul style="list-style-type: none"> • Dr. Jalloh thanked Watkins for the clear presentation and for emphasizing key disparities and civil rights considerations. • Jason Cunningham inquired about changes in grievance volumes after the organization assumed responsibility for non-medical transportation services. Watkins indicated a rise in both services provided and grievances filed but noted no clear evidence of increased dissatisfaction. 	
Agenda Item 8 Community Information Speaker: Dr. Stockton	<p>Dr. Candy Stockton, Health Officer for Humboldt County, presented a detailed overview of how her office has navigated data collection, sharing, and analysis in the context of overdose deaths and health disparities, particularly affecting Native American communities. Noting that the county lacked a dedicated epidemiologist for an extended period, Dr. Stockton shared how her early observations of overdose trends on death certificates prompted deeper analysis and community engagement. Key highlights of Dr. Stockton's presentation included:</p> <ul style="list-style-type: none"> • Challenges with Small-Number Data Restrictions: Dr. Stockton explained the limitations imposed by state guidelines on reporting datasets involving 11 or fewer individuals, which can obscure patterns in small communities. • Innovative Data Inclusion Methods: Her team developed a method for more accurately capturing racial and ethnic identities, especially for individuals identifying with multiple races, by manually reviewing race fields on death certificates rather than relying on single-value codes. • Responsive Community Data Sharing: Through conversations with tribal partners, the health department designed a monthly report identifying individuals who died from accidental, suspicious, or undetermined causes, facilitating culturally appropriate outreach by tribal wellness programs. • Race-Specific Mortality Analysis: By extending the data review period (up to 15 years for smaller populations), Dr. Stockton's team was able to provide more granular insights into causes of death by racial group, revealing stark 	

Agenda Topic	Notes	Action Item
	<p>disparities, especially in overdose and heart disease rates among Native American populations.</p> <ul style="list-style-type: none"> • Collaborative Maternal Health Data Project: In response to a request from Anties on the River (a Native doula collective), the team is working on developing meaningful maternal health data tailored to the needs of Native communities, with an emphasis on actionable and culturally relevant indicators. <p>Dr. Stockton emphasized the importance of shifting from a default “no” to a mindset of “how do we get to yes” in public health data sharing. Her approach centers on respecting data sovereignty, ensuring community ownership of the information provided, and tailoring data outputs to the specific needs and capacities of local partners.</p> <ul style="list-style-type: none"> • Dr. Mohamed Jalloh asked if there were any questions for Dr. Stockton. • Dr. Kubota provided positive feedback, praising Dr. Stockton’s individualized data approach and raised a question regarding the alignment of general public health priorities with specific community mortality trends—particularly referencing the Native American population and liver disease prevalence. • Dr. Candy Stockton acknowledged the difficulty in aligning broader public health priorities with community-specific data but emphasized the importance of democratizing data access. She stated that data should be shared openly and ethically without gatekeeping, particularly with community-based organizations and tribal nations. • She expressed her internal conflict around desiring to guide communities on data usage while recognizing the need to build trust by offering data without conditions. She reiterated that communities are capable of independently using the information to meet their needs. <p>Reflections by Committee Members</p> <ul style="list-style-type: none"> • Dr. Mohamed Jalloh expressed appreciation for Dr. Stockton’s ethical reflection and her insistence on disaggregating data to highlight racial 	

Agenda Topic	Notes	Action Item
	<p>disparities, especially when previously advised not to due to small sample sizes.</p> <p>Practical Application of Findings</p> <ul style="list-style-type: none"> • Dr. Stockton noted COVID-19 as a top-five cause of death specifically for the Latino population in Humboldt County, which was not seen in other populations. She discussed the operational impact—emphasizing targeted communication or partnership with local Promotora groups to optimize outreach with limited resources. • Dr. Kubota commented on how Latino communities had disproportionate exposure during the pandemic due to being in public-facing roles. 	
<p>Agenda Item 9</p> <p>Key Policy Discussion</p> <p>DEI Policy</p> <p>Speaker: Dr. Jalloh</p>	<p>Dr. Jalloh introduced the updated DEI training policy (MCEP6004) required by the state, noting revisions made based on previous feedback.</p> <ul style="list-style-type: none"> • The policy outlines specific roles and healthcare systems required to undergo DEI training. • Motion to Approve: Dr. Candy Stockton • Seconded By: Leila Romero • Outcome: Motion passed without opposition; policy will be submitted to the Internal Quality Improvement (IQI) Committee for final approval. 	<p>Motion to approve DEI Policy:</p> <p>1st: Candy Stockton</p> <p>2nd : Leila Romero</p>
<p>Agenda Item 10: Disparity Discussions: Interventions</p>	<p>One intervention discussed showed limited impact on prenatal/postpartum access but improved parental knowledge.</p> <ul style="list-style-type: none"> • Dr. Stockton asked if ROI or cost implementation analysis was available for the interventions specific to the Family Spirits study. Dr. Jalloh responded that an ROI was not part of the original study but noted that community health workers involved were internal employees, not contractors, and he would follow up on that detail. <p>Approval of Proposed Interventions:</p>	<p>Motion to approve interventions:</p> <p>1st: Tiffani Thomas</p> <p>2nd Denise Whitsett</p> <ul style="list-style-type: none"> • Dr. Jalloh to follow-up on status of ROI analysis.

Agenda Topic	Notes	Action Item
Speaker: Dr. Jalloh	<ul style="list-style-type: none"> • Motion to Approve: Tiffáni Thomas • Seconded By: Denise Whitsett • Outcome: Approved. Interventions will be shared with the QI and Population Health Management Team, as well as external clinics. 	
Agenda Item 10 Next Meeting Speaker: Dr. Jalloh	Next Meeting: July 15, 2025, 7:30 a.m. – 9:00 a.m.	

AGENDA ITEM: III.C.

DATE: 06/11/2025

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

TO: Physician Advisory Committee
FROM: Robert Moore, MD, MPH, MBA, Chief Medical Officer
DATE: 06/11/25
SUBJECT: Partnership Committee Memberships

Resignation

Physician Advisory Committee

Dr. Steven Gwiazdowski resigns his position as PAC Chairperson but will remain on the committee as a voting member.

The Physician Advisory Committee thanks Dr. Gwiazdowski for his 18 months of service as Chairperson.

AGENDA ITEM: III.C.

DATE: 06/11/2025

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

TO: Physician Advisory Committee
FROM: Robert Moore, MD, MPH, MBA, Chief Medical Officer
DATE: 06/11/2025
SUBJECT: Partnership Committee Memberships

Appointment

Physician Advisory Committee

Angela Brennan, D.O., volunteers and to serve as a PAC Chairperson. Dr. Brennan has been a dedicated PAC voting member since August 2019 and treating Partnership members at NorthBay Health for several years.

Her nomination as Chairperson is recommended.



Winning Together: Strategies for Engaging Employees in Quality Improvement

Darrick Nelson, MD,
Chief Medical Officer

Garrett Olin, MBA, LSSMBB, CPHQ, CHDA,
Chief Information Officer

Rae Sanchez, MSA, CPC, CDEO,
Director of Quality Improvement

Disclosure Statements:

The presenters of this session have no relevant financial relationships or conflicts of interest to disclose.

Objectives:



Identify and implement strategies to align employee incentives with organizational quality goals.



Develop tools to communicate the importance of quality improvement to employees in all roles, fostering a culture of engagement and collaboration.

Shasta Community Health Center (SCHC)

Who We Are

Mission:

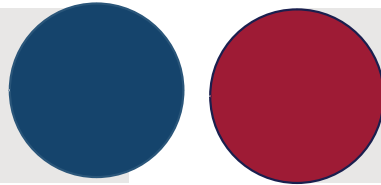
To provide high-quality health care to our community with compassion and understanding.

Vision:

Removing barriers to healthcare and promoting wellness for our entire community.

Values:

Compassion: Caring with kindness.
Adaptability: Finding new ways to meet patients' needs.
Respect: Welcoming all with dignity.
Education: Creating a learning environment.
Service: Dedicated to whole-person care with honesty and integrity.



Overview

- Established in 1988 as an FQHC.
- 8 Locations: Redding, Anderson, and Shasta Lake City
- In 2024, served 36,400 patients with over 159,559 clinical encounters
- Services include:
 - Primary care, pediatrics, dental, vision, mental health, urgent care, HIV care, and more.
 - Special focus on homeless care, developmental disabilities, and substance abuse treatment.
- Team: approximately 500 staff and 100 healthcare providers.



The NASA Janitor Story

At SCHC, we embrace this mindset:
Every employee, no matter their role,
plays a vital part in our mission to provide
high-quality care to our patients.

Our Approach:

- Aligning incentives and goals.
- Empowering all staff to see their impact on quality in healthcare.
- Fostering a culture of collaboration and shared accountability.



Strategies for Engaging Employees in Quality Improvement



Staff Education and
Engagement



Incentives Linked To
Quality Performance




Collaboration and
Transparency



Tools To Enhance
Employee Satisfaction

Quality Cares: Educating and Engaging Staff for Better Outcomes



QUALITY

Cares

May 2024

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Measure Description

Percentage of patients 3-17 years of age who had an outpatient "medical" visit **and** who had evidence of height, weight, and body mass index (BMI) percentile documentation **and** who had documentation of counseling for nutrition **and** who had documentation of counseling for physical activity during the measurement period

Numerator:

- Patients with weight and BMI% recorded during measurement period
- AND**
- Received (must be documented) counseling for nutrition during the measurement period
- AND**
- Received (must be documented) counseling for physical activity during the measurement period

Denominator:

- Patients 3-17 years old
- One out patient visit during measurement period

Why is this important?

- Over the last three decades, childhood obesity has more than doubled in children and tripled in adolescents.
- Health lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases.

Exclusions:

- Patients who have a diagnosis of pregnancy during the measurement period
 - Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93
- *Note: Not all Pregnancy Value Set codes are listed.
- Patients who were in hospice care for any part of the measurement period


Steps for success:

- You can add this quick phrase under any assessment for it to count.
- Any member of the clinical may distribute the card.
- This card is given to all patients no matter if their BMI is low, normal or elevated.

1. Obtain and record height and weight

2. Provide patient with 5210 card

3. Select "5210" in quick phrases



5 or more fruits and vegetables a day.

2 hours or less of screen time.

1 hour or more of physical activity.

0 sugary drinks. Drink more water.

As recommended by the American Academy of Pediatrics

Order 5210 cards through Patient Education

#	Description
1	Encounter for routine child health examination without abnormal findings
2	Dietary Counseling and Surveillance
3	BMI greater than or equal to 95% for age

Plan Quick Text

Plan detail for Dietary Counseling and Surveillance (#2)

Clinical Quick Text

1. 5210 card

Age Specific Handout

Birth Control

Book Given

Counselor on Vaccines

Billing Quick Text

Case Discussed

Diagnostics Reviewed/Ordered

Images Reviewed

Labs Discussed

Records Ordered

Records Reviewed

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents Quality Cares Quiz

Topic of Focus

Brief measure summary

* 1. What is your name?

2. True or False: There is not a correlation between childhood obesity and mental health conditions such as anxiety and depression.

☐ True

☐ False

3. The quality measure is for children and adolescents aged:

☐ 1-10 years old

☐ 3-17 years old

☐ 5-15 years old

☐ 12-18 years old

4. Steps for success on this quality measure include:

☐ Obtaining and recording a patient's height, weight, and BMI % during their medical encounter

☐ Providing the patient with the 5210 card

☐ Selecting the 5210 quickphrase in NexGen


☐ All of the above

5. True or False: Children who are obese are more likely to be obese as adults and therefore are at risk for health problems such as heart disease, diabetes, and various cancers.

☐ True

☐ False

☐ Other (please specify)

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January 2025

QUALITY CARES CASE STUDY

CERVICAL CANCER AND CHLAMYDIA SCREENING



Patient Background

Maria is a 28-year-old woman who has been visiting our FQHC for five years. She is a single mother of two, works full-time, and recently moved to a new neighborhood. Due to her busy schedule, Maria missed her last two annual appointments. During a recent visit for flu symptoms, Maria expressed concern about cervical cancer, as her mother was recently diagnosed with early-stage cervical cancer at age 54.

Clinical Encounter

Maria's provider, Dr. Patel, reviews her chart and notes that her last Pap test was four years ago. Additionally, Maria has never had a chlamydia screening despite being sexually active. Dr. Patel explains the importance of both screenings, emphasizing that early detection can prevent serious health issues.

Maria agrees to a Pap test during the visit but is hesitant about the chlamydia test. "I don't feel any symptoms," she says. Dr. Patel explains that chlamydia often has no symptoms but can lead to severe complications if untreated. After further discussion, Maria agrees to both tests.

Let's explore Maria's case more deeply. As you read, consider the following perspectives

Discussion and Solutions:

1. How can we document screenings and exclusions accurately in the electronic health record (EHR) to meet CQM requirements?
2. How can we ensure patients like Maria receive timely screenings, even if they miss routine appointments?
3. How can we improve collaboration between clinical and non-clinical staff to enhance patient outcomes?
4. What role do non-clinical team members play in improving screening rates?
5. How can we promote awareness about the benefits of preventive screenings in culturally sensitive ways?

As we enter 2025, we're excited to kick off our Quality Cares Case Study Series—a monthly initiative designed to engage, innovate, and elevate our approach to patient care. This month, we're focusing on **Cervical Cancer Screening** and **Chlamydia Screening**, two vital preventive services that directly impact the health of our Shasta County community. Attached are our Quality Cares flyers for your review.

Why It Matters

- **Cervical Cancer:** In 2023, our UDS performance rate for cervical cancer screening was 56.50%, meaning nearly half of our eligible patients were not screened. Early detection could save lives!
- **Chlamydia Screening:** Women aged 16-24 are disproportionately affected by chlamydia, with serious complications like infertility if left undetected. Yet, screening rates often lag behind recommended benchmarks.
- **Shasta County Data:** Shasta County faces higher-than-average rates of cervical cancer and sexually transmitted infections compared to statewide averages. Together, we can address this.

This month's case study, *Maria's Story*, examines the challenges and opportunities in preventive care. The case study includes questions tailored for both clinical and non-clinical staff to spark reflection, innovation, and solutions.

Here's how you can participate:

1. **Read the Case Study**
 - It's designed to be interactive, with practical scenarios and activities that connect to your daily work.
2. **Answer the Questions**
 - Submit answers to one or more of the discussion questions. Each answer earns you one entry into this month's drawing. <https://www.surveymonkey.com/r/MHZXMLH>
3. **Win a Tea Gift Basket!**
 - To celebrate National Hot Tea Month, January's prize is a tea gift set valued at \$60. The drawing will take place on January 31st.
 - Glass teapot infuser, double wall glass cups x4, blooming tea, jasmine tea, green tea, sunshine mug, honey straws, 28 pre-portioned loose leaf tea pouches, basket



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Engaging Everyone: Organization-Wide Campaigns for Quality Improvement





Hello,

Get ready to kick off the new year with purpose and positivity! January is Cervical Cancer Awareness Month, and we're excited to announce SCHC's *Teal Takeover*. Let's come together to support this important cause, spread awareness, and make a difference.

Here's what's coming up:

- **Teal Decorations Begin:** Starting January 13, we encourage your department to decorate in teal and white—the official colors of cervical cancer awareness. Let's transform our spaces into a sea of teal to show our solidarity!
- **Awareness Week Activities:** From January 20–24, join us for a week of fun and meaningful activities:
 - **Slogan Contest:** Help shape SCHC's cervical cancer screening promotions! Submit your creative and innovative slogans during the week. Winning entries will be used in future campaigns.
- **Jeans and Teal Day:** On Friday, January 24, wear teal and jeans to work as we wrap up the week with style and support.

Stay tuned for future emails with more details about these activities and how you can participate. Together, we can make a lasting impact while having some fun along the way.

Let's start brainstorming and show our teal pride!



TEAL TAKEOVER CERVICAL CANCER AWARENESS CAMPAIGN

January 2025

Teal Takeover 2025: Campaign Recap & Highlights

Our Teal Takeover campaign was a tremendous success, thanks to your incredible participation and support! Both staff and patients showed amazing enthusiasm throughout the week, making this awareness campaign truly memorable.

Contest Winners Announced!

Congratulations to the winners of our \$25 Target gift cards:

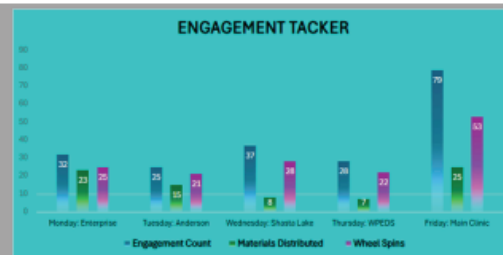
- When to Get Screened? – **Rachel Strickland**
- HPV Truth or Myth – **Crystal King**
- What's the Right Call? – **Oretta Groom**

Your gift cards are on the way—check your email!

Slogan Contest Winner

A big shoutout to **Katie Fallon** for her winning slogan:
"Swipe Right on Your Health—Get Screened Today!"

Thank you, Katie, for your creativity and for helping us spread awareness!



By The Numbers

The quality team held an educational booth at each location this week. Patients and community members were able to engage, spin the wheel for a chance to win a prize, and schedule a screening if interested. These numbers show the power of teamwork and outreach. Great job, everyone!

A Special Thank You

We couldn't have done this without the dedication of our teams:

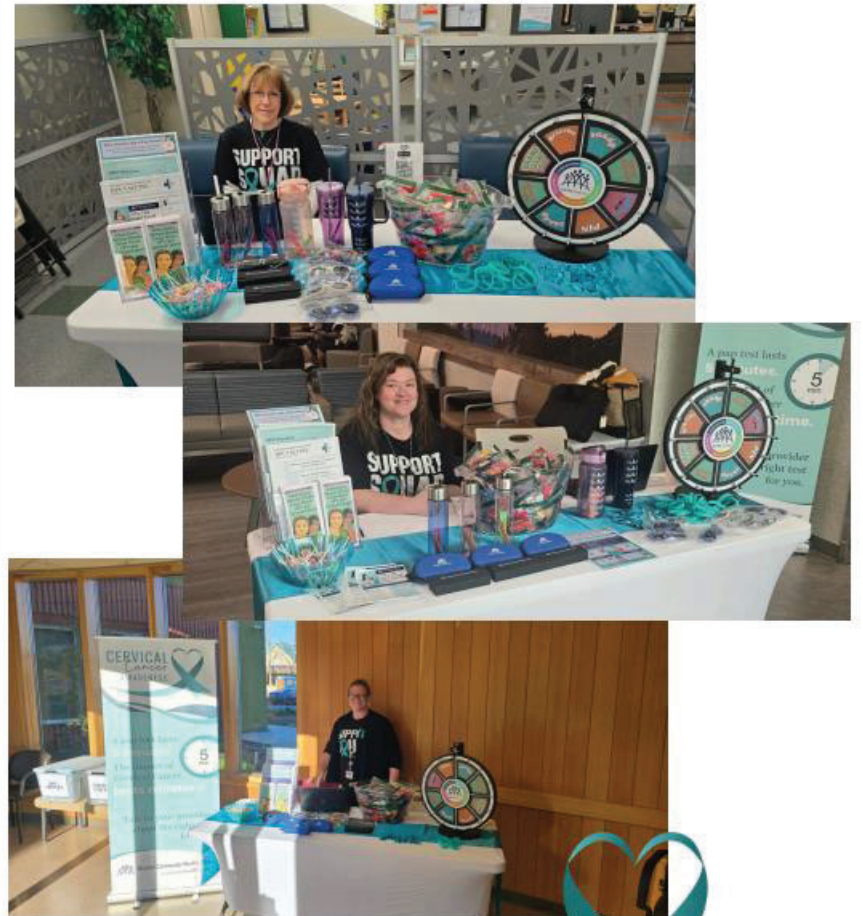
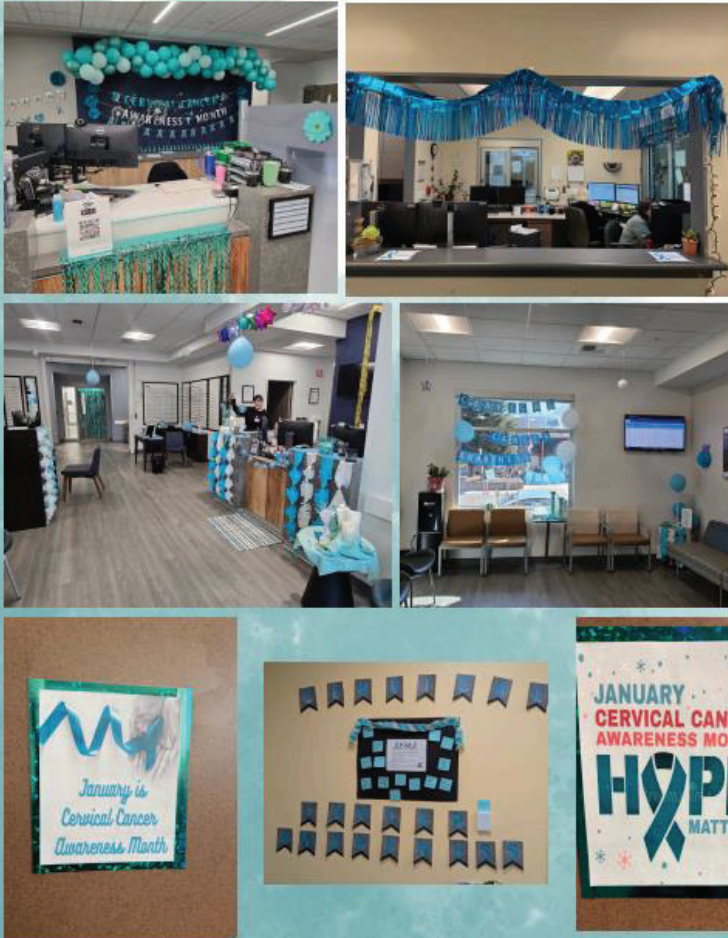
- **Quality Team:** Your hard work in developing and preparing educational content, coordinating activities, and working the outreach booths was invaluable.
- **Patient Education:** Your support in planning and coordination made this campaign seamless.

Thank you for helping us make a difference!



Creative Decorations Inspired Action!

A huge thanks to the departments that decorated for the campaign! Your creativity not only brightened our spaces but also made an impact—at least two patients indicated seeing the decorations prompted them to schedule their screenings.



Thank You!

To everyone who participated, supported, and engaged with the Teal Takeover campaign: your efforts made this event a resounding success. Let's continue to inspire awareness and encourage prevention throughout the year!



Quarterly Challenges: Driving Improvement Through Friendly Competition

5210 DEPARTMENT CHALLENGE

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents Challenge

TIMELINE:
May 1, 2024 through July 31, 2024

WINNER:
Department with the greatest % of improvement during the challenge period

PRIZES:

- Pizza party for department
- Traveling trophy

TOOL FOR SUCCESS:
5210 Let's Go!

- 5 or more fruits and vegetables a day.
- 2 hours or less of screen time.
- 1 hour or more of physical activity.
- 0 sugary drinks. Drink more water.

As recommended by the American Academy of Pediatrics



We're halfway through our Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents Clinical Quality Measure Challenge, and it's time for another exciting update! 📊 The standings as of now:

- Fellowship is currently in the lead with a fantastic 4.8% improvement! Way to go, Fellowship team! 🎉
- Anderson is holding strong in second place with a 3.9% improvement! You totally got this! 💪
- Family Practice is holding strong with a 0.5% improvement. Keep up the great work! 🌟
- Residency is showing a slight improvement in performance with a 0.1% improvement – let's keep that momentum going!
- Pediatrics has seen a decline of 1%. We can turn this around! 🚀
- Shasta Lake has also seen a decline of 1.2%. Let's boost those numbers! 📈
- Enterprise is facing a 2.8% decline. 📉 There's still time to catch up!

⌚ Remember, this challenge runs through July 31st, 2024, so there's plenty of time to come out on top. The department with the greatest percentage of improvement will win a delicious pizza party and the traveling trophy for the next three months! 🍕🏆

Why This Challenge Matters:

Counseling for nutrition and physical activity is crucial in our efforts to improve the health and well-being of children and adolescents. By guiding our young patients and their families toward healthier lifestyles, we can help prevent chronic diseases, support healthy growth and development, and set them up for a lifetime of good health. Your dedication and hard work in this challenge contribute to our friendly competition and significantly impact our patients' lives. Every bit of effort counts, and we can achieve great things together.

Let's keep pushing, support each other, and make these last weeks count! Best of luck to everyone.



Quarterly Incentives for Primary Care Clinical Teams

Quarterly Quality Incentives

Cervical Cancer Screening



Blood Lead Screening



Ischemic Vascular Disease: Use of Aspirin or Another Antiplatelet/Statin Therapy for Prevention and Treatment of Cardiovascular Disease Combo



Screening for Depression and Follow-Up



Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents



Bonus Structure

- \$200 per measure per quarter for meeting department goals.
- Maximum payout per employee per quarter is \$400.
- Partial payout of \$100 for measure improvement but not meeting goal
- Quality sends weekly update to Center Managers with performance to keep staff informed of performance.

Measures By Site

Primary Care:

- Cervical Cancer Screening
- Blood Lead Screening
- IVD/Statin Combo Measure

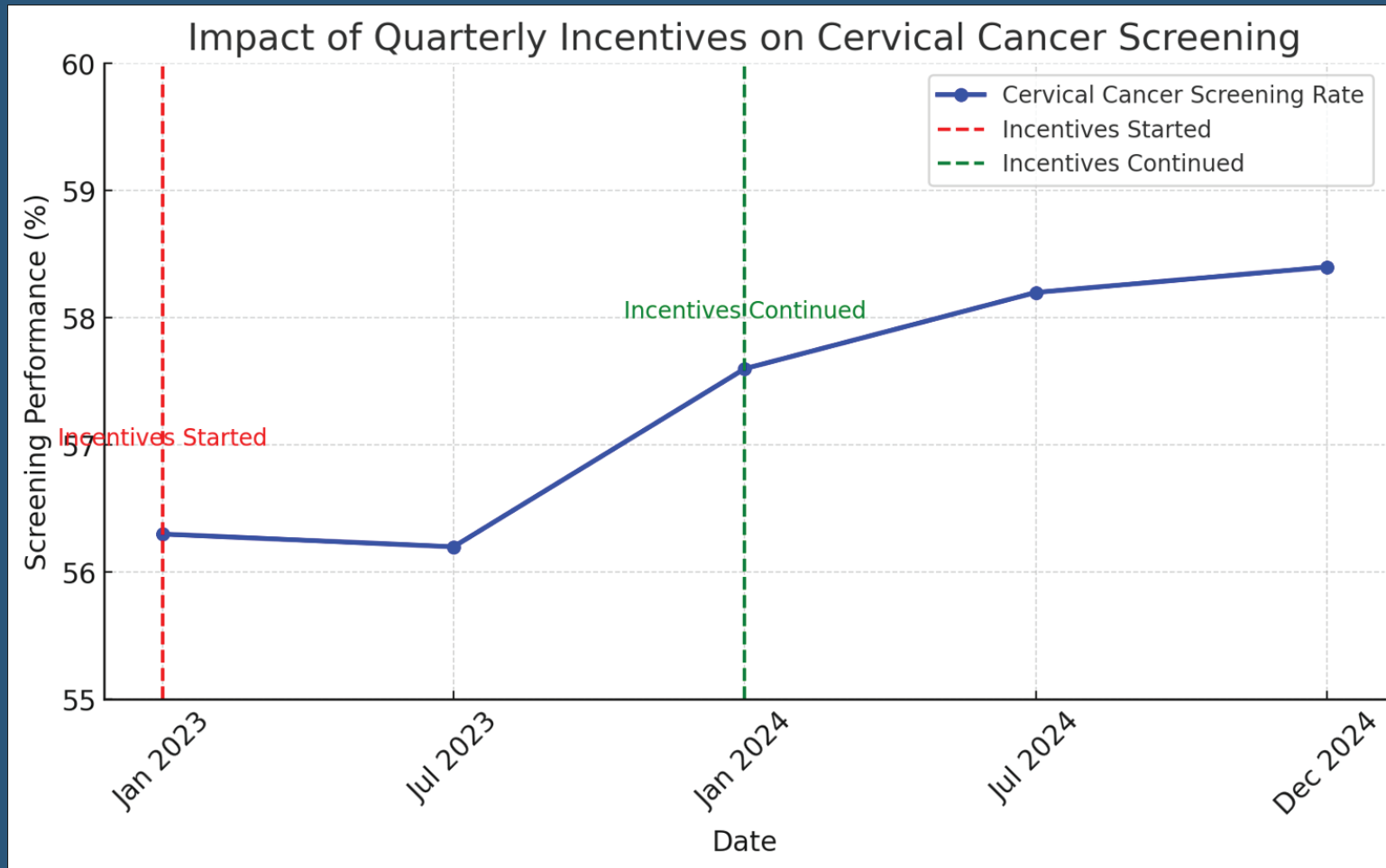
Pediatrics:

- Screening for Depression and Follow-Up
- Blood Lead Screening

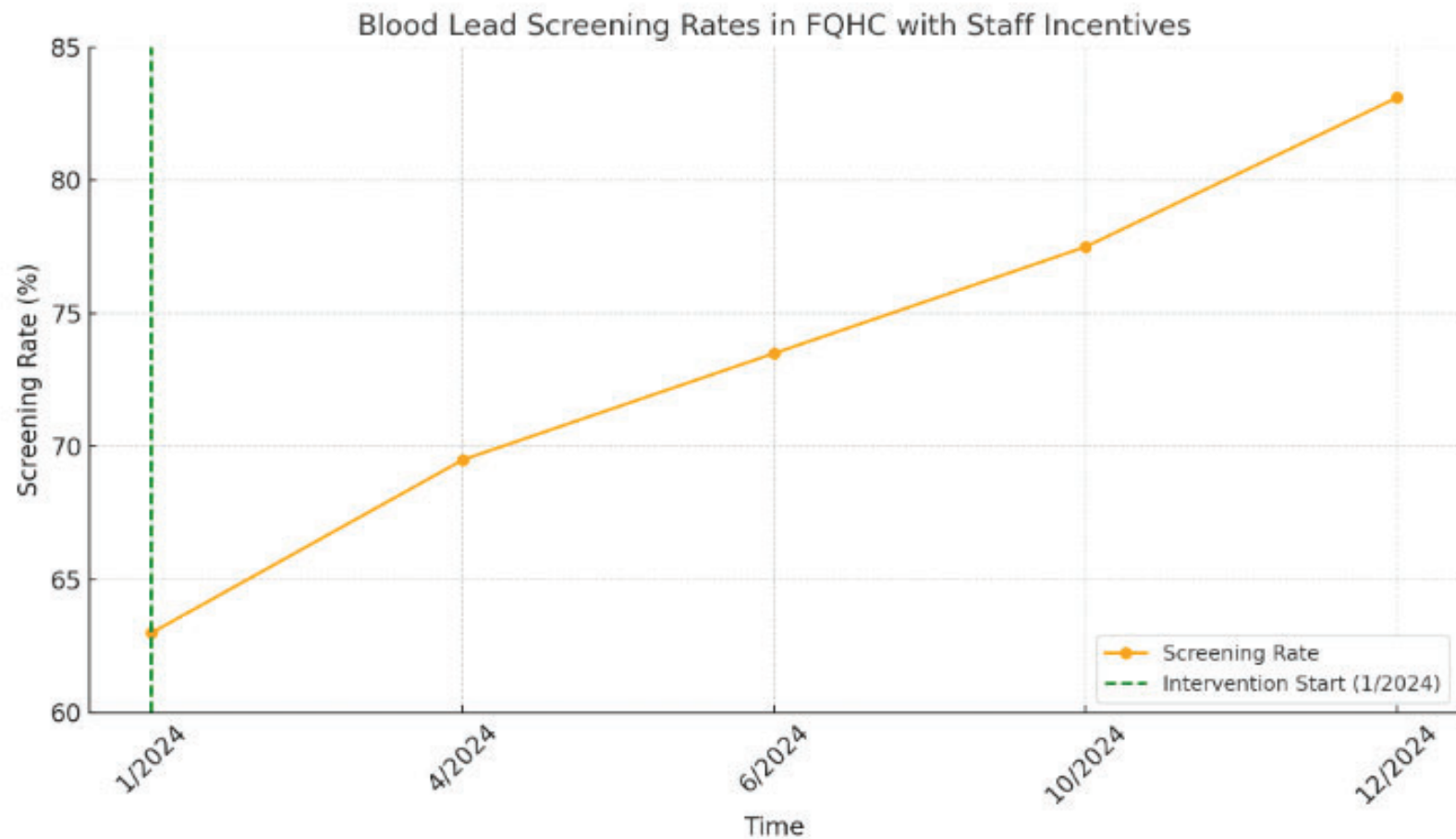
Urgent Care:

- Screening for Depression and Follow-Up
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

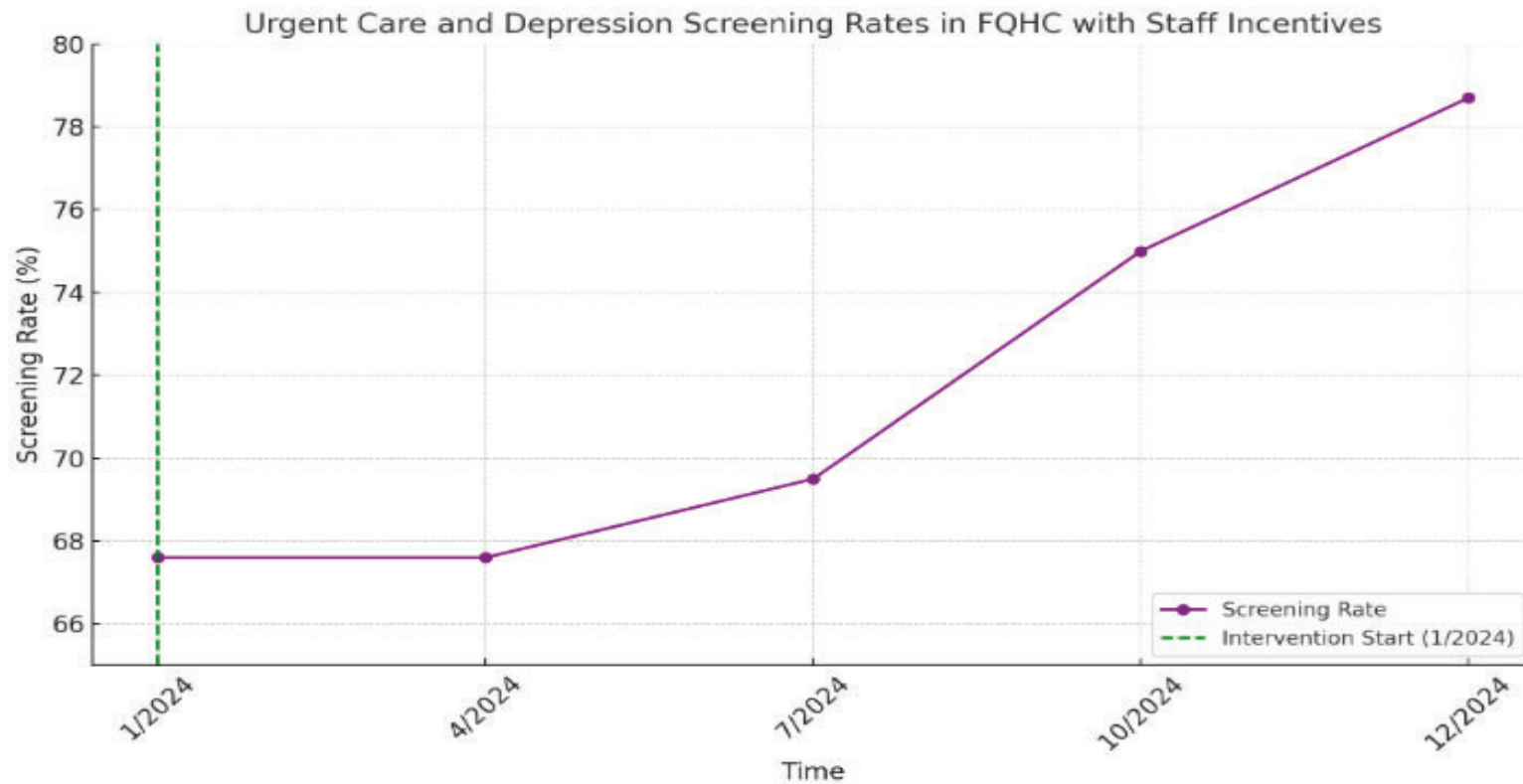
Quarterly Incentives for Primary Care Clinical Teams



Quarterly Incentives for Primary Care Clinical Teams

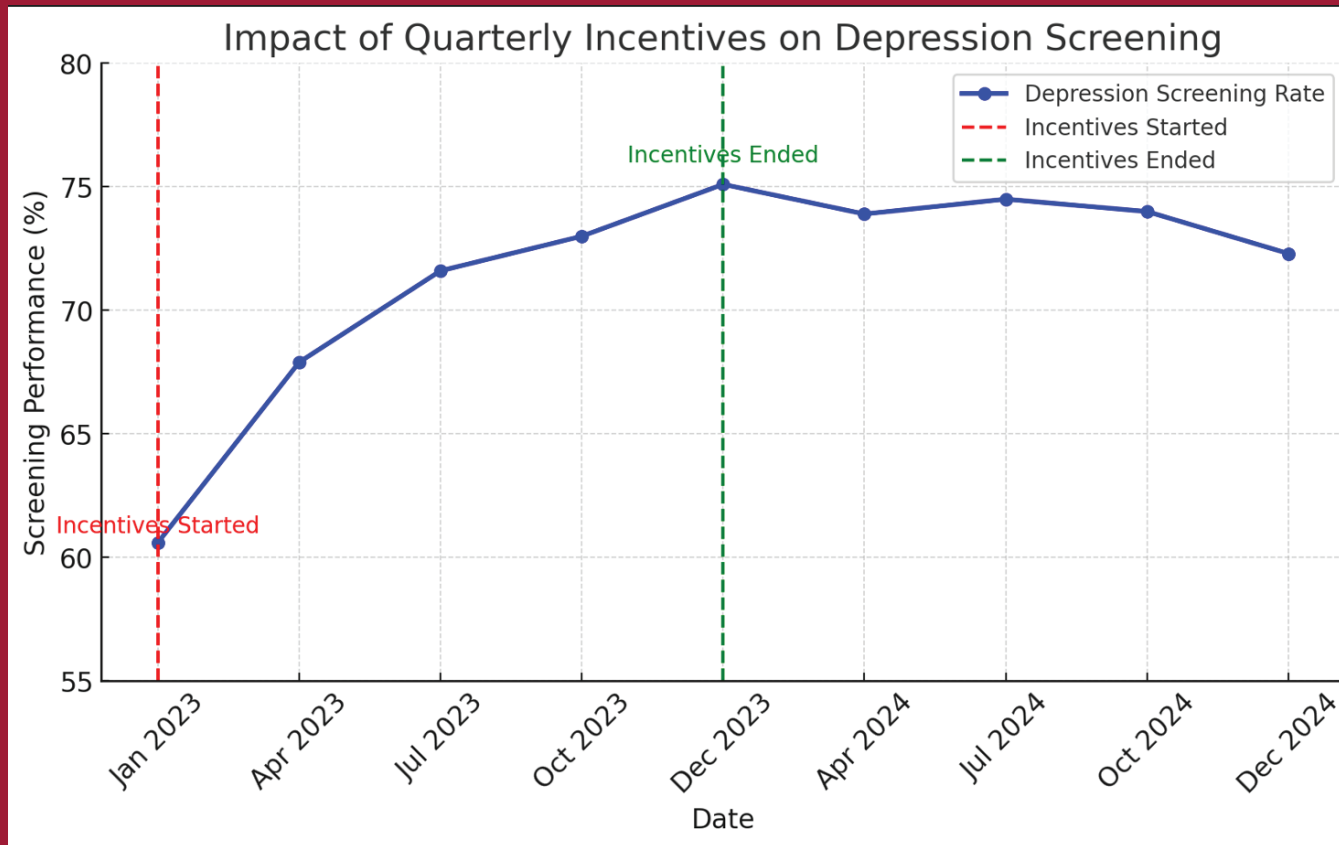


Quarterly Incentives for Primary Care Clinical Teams



Quarterly Incentives for Primary Care Clinical Teams

Depression Screening



Annual Incentive for non-Primary Care Staff

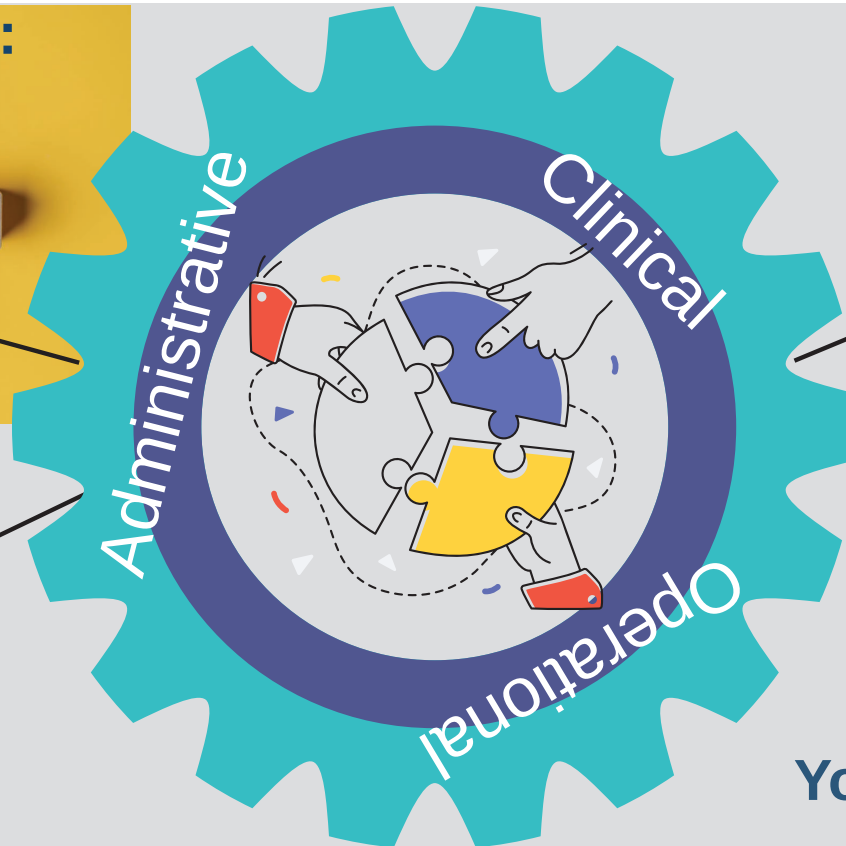
Quality Performance:

- UDS
- QIP
- ACO



Annual Incentive

- Based on performance and contributions throughout the previous year.



All staff are eligible, for a bonus based on performance around organizational quality goals.

Your efforts, Our success

Fostering Collaboration and Transparency Across Teams

Ongoing Engagement



Department Updates



Quality Call-Outs



Ongoing Engagement

Quality Challenge update for week 02/10/2025 is provided below:

Cervical Cancer Screening					Blood Lead Screening (Completed prior to 2nd Birthday)				
Date	Numerator	Denominator	Current %	Q1 Target	Date	Numerator	Denominator	Current %	Q1 Target
Baseline	697	1002	69.6%	70%	Baseline 12/31/2024	26	30	86.7%	86%
1/6/2025	673	979	68.7%	70%	1/6/2025	30	34	88.2%	86%
1/13/2025	676	983	68.8%	70%	1/13/2025	30	34	88.2%	86%
1/20/2025	677	984	68.8%	70%	1/20/2025	30	34	88.2%	86%
1/27/2025	680	984	69.1%	70%	1/27/2025	30	34	88.2%	86%
2/3/2025	661	962	68.7%	70%	2/3/2025	28	32	87.5%	86%
2/10/2025	664	962	69.0%	70%	2/10/2025	27	31	87.1%	86%
2/17/2025			#DIV/0!	70%	2/17/2025			#DIV/0!	86%
2/24/2025			#DIV/0!	70%	2/24/2025			#DIV/0!	86%
3/3/2025			#DIV/0!	70%	3/3/2025			#DIV/0!	86%
3/10/2025			#DIV/0!	70%	3/10/2025			#DIV/0!	86%
3/17/2025			#DIV/0!	70%	3/17/2025			#DIV/0!	86%
3/24/2025			#DIV/0!	70%	3/24/2025			#DIV/0!	86%
3/31/2025			#DIV/0!	70%	3/31/2025			#DIV/0!	86%

Combined Average	IVD		Statin Therapy		Current %	Q1 Target
Date	Numerator	Denominator	Numerator	Denominator		
Baseline 12/31/2024	155	196	627	791	79.2%	80%
1/6/2025	153	193	626	783	79.6%	80%
1/13/2025	155	195	629	785	79.8%	80%
1/20/2025	155	195	630	785	79.9%	80%
1/27/2025	155	195	632	787	79.9%	80%
2/3/2025	154	194	633	784	80.1%	80%
2/10/2025	154	194	633	787	79.9%	80%
2/17/2025					#DIV/0!	80%
2/24/2025					#DIV/0!	80%
3/3/2025					#DIV/0!	80%
3/10/2025					#DIV/0!	80%
3/17/2025					#DIV/0!	80%
3/24/2025					#DIV/0!	80%
3/31/2025					#DIV/0!	80%



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Department Updates and Meetings



Quality Updates

JANUARY 2025



NEW MEASURES- MONITORING MEASURES

- **Breast Cancer Screening 40-49 yo**
Goal: 52.68% (50th percentile)
- **Chlamydia Screening in Women 16-24 yo**
Goal: 55.95% (50th percentile)
- **Topical Fluoride in Children**
Goal: 19.3% (50th percentile)
- **Well-Child Visits in the First 15-30 Month of Life**
69.43% (50th percentile)

Quality Call Outs



HEADS UP FROM INFORMATICS

Heads up, folks! Informatics is rolling out some much-needed downtime mid January to give our sequel server a turbo boost for speedier performance. So keep your peepers peeled for their email—it's gonna be a game changer!

QUALITY CALL OUT

CELEBRATING A YEAR OF DEDICATION & LOOKING AHEAD
By Rae Sanchez, Director of Quality Improvement

As we wrap up another year at Shasta Community Health Center, I want to take a moment to reflect on everything we've accomplished together. This year has brought its fair share of transitions and challenges, but also significant successes—all made possible by your hard work and dedication. Thank you for the effort you put into advancing our mission and for creating a workplace we can all be proud of.

Quality in healthcare can sometimes feel like an abstract or frustrating topic, and I know many of us have moments where we wonder if it really applies to our role. Let me assure you: it absolutely does. Quality is not confined to clinical outcomes or patient care alone. It's about operational efficiencies, patient satisfaction, and yes, even employee satisfaction. It's the combination of countless small actions that, together, create a meaningful impact.

Whether it's streamlining a process, creating a positive patient experience, or supporting your colleagues, your contributions to Quality matter. They shape how we're perceived as an organization, how effective and efficient we are, and how we fulfill our commitment to those we serve.

As we look toward the year ahead, I encourage you to carry this thought with you: *Your work matters. Your commitment matters. You matter.* Thank you for all you do to make SCHC a place where we can continue to grow, thrive, and serve our community.

Here's to another year of shared successes and a collective commitment to excellence.

THE FUTURE OF NEXTGEN IS JUST AROUND THE CORNER—LIKE, NEXT SUMMER!

Our Informatics wizards have been burning the midnight oil, putting the shiny new Enterprise 8 version of NextGen through its paces. Soon, it'll be hopping over to the Training department for a little bug-squashing adventure!

Quality Call Out

Fellowship RetinaVue Project

Retina Vue usage was nearly non-existent prior to being championed by Angela Wallace in Fellowship Department. Last year DEE performance at her department was 22% and clinic wide average was 26%. During the whole 2022 Calendar year there were only 20 Retina Vue Images taken!



Angela championed the use of the RetinaVue camera in Residency. She learned the process, provided department education and training, and acted as a resource for questions and support. The expectation was set that all diabetics that are due for a retinal eye exam would be screened while in the clinic.

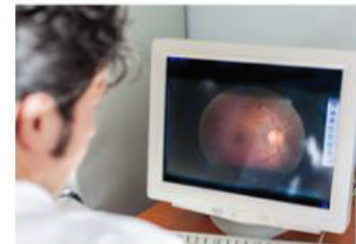


In the month of August, 36 RetinaVue images were taken in Fellowship alone. This is nearly double the number of images taken by the whole organization in a year.

Positive Results = 6 (7.79%)

Negative Results = 57 (74.02%)

Inconclusive/Inadequate Imaging = 14 (18.18%)



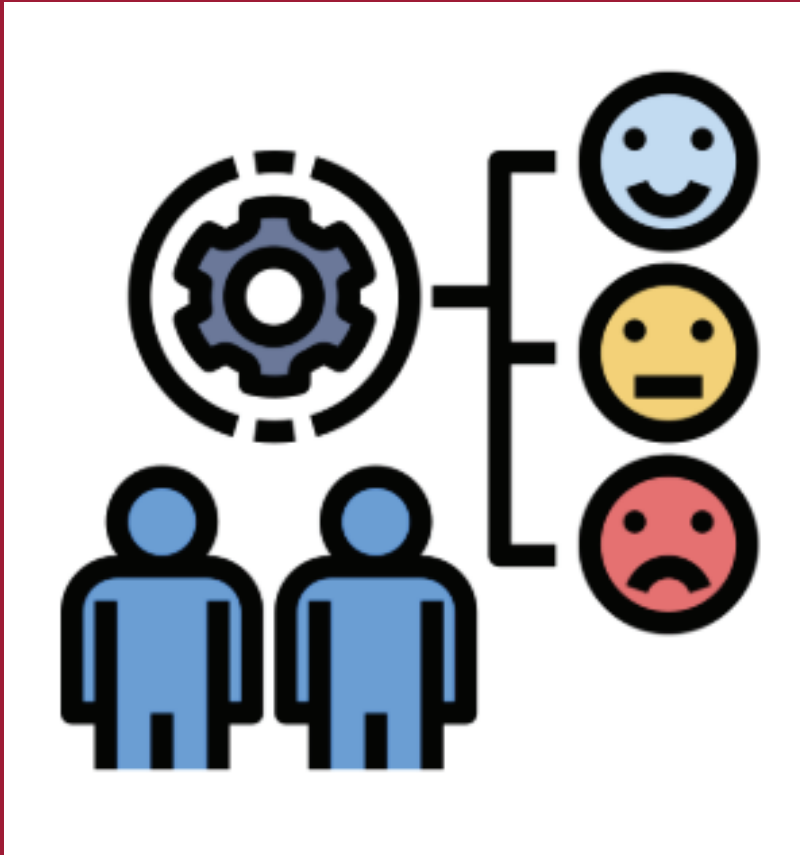
Shout out to Angela Wallace and the entire Fellowship department for their commitment to quality. Thank you!

Date	Numerator	Total Pop.	Current %	Target
8/1/2023	156	443	35.1%	51.09%
8/7/2023	170	444	38.3%	51.09%
8/14/2023	174	446	39.0%	51.09%
8/21/2023	186	446	41.7%	51.09%
8/28/2023	199	443	44.7%	51.09%
9/4/2023	197	439	44.9%	51.09%



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Tools to Enhance Patient and Employee Satisfaction



Supporting our employees leads to better care for our patients. By improving workflows and removing barriers, we create an environment where both staff and patients feel valued and supported.

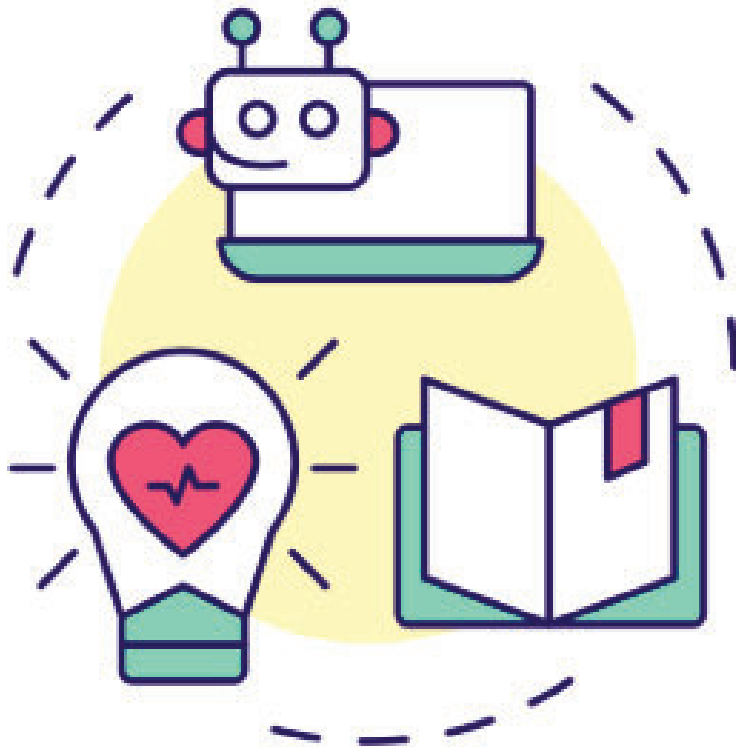
Investing in tools that support employees ultimately enhances the quality of care for patients.

Interpretation Services



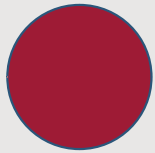
Listening to staff feedback and improving interpretation services strengthened both patient care and employee satisfaction.

Patient Engagement Platform



When we improve operational workflows, we enhance both employee well-being and patient satisfaction.

Actionable Takeaways



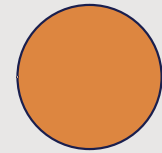
Design Incentive Systems

- Create reward structures tied to quality performance.
- Ensure inclusivity so all employees feel motivated.



Communicate Effectively

- Hold regular department meetings to share updates.
- Use newsletters or other formats to highlight key projects and outcomes.



Foster Engagement and Collaboration

- **Involve staff at all levels in QI initiatives.**
- **Encourage cross-departmental transparency and teamwork.**



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*Thank
you!*