



Board of Commissioners Meeting Agenda

August 28 2024: 10:00 a.m. – 2:00 p.m.

In-person Locations:

Partnership Offices

4605 Business Center Drive, Fairfield, CA (Conference Center)

2525 Airpark Dr., Redding, CA

1036 Fifth Street, Eureka, CA

495 Tesconi Circle, Santa Rosa, CA

249-299 Nevada Street, Auburn, CA

2760 Esplanade Ave, Suite 130, Chico, CA

External Sites

Plumas District Hospital located at 1065 Bucks Lake Rd., Quincy, CA

Mendocino County, Ukiah Office located at 501 Low Gap Rd. Rm 1010

Ukiah, CA, Conference Room A, Executive Office

Public comment is welcome during designated "Public Comments" time frames or by emailing comments to the Board Clerk at Board_FinanceClerk@partnershiphp.org by 5:00p.m on August 27, 2024. Comments received will be read during the meeting.

10:00AM – Opening			
1.1	Call to Order		Chair
1.2	Roll Call		Clerk
1.3	ACTION: Approval of Agenda and Board Meeting Minutes for June 26, 2024	1-14	Chair
1.4	ACTION: Resolution to Approve the Board Commissioner Consumer Representative Appointment of Brion Burkett, Representing Partnership's Eastern Region and Placer County	15-16	Katherine Barresi
1.5	ACTION: Resolution to Approve the Board Commissioner Consumer Representative Appointment of Belle Knight, Representing Partnership's Northern Region and Shasta County	17-18	Katherine Barresi
1.6	ACTION: Resolution to Approve the Board Commissioner Consumer Representative	19-20	Katherine Barresi

	Appointment of Marcelo "Nunie" Matta, Representing Partnership's Southern Region and Yolo County		
1.7	ACTION: Resolution to Approve Recognizing the Primary Care Provider Quality Incentive Program (PCP QIP) Highest Performers	21-22	Katherine Barresi / Dr. Moore
1.8	ACTION: Resolution in Honor of Board Commissioner Dr. Lewis Broschard	23-24	Katherine Barresi
1.9 Commissioner Comment			Chair
1.10 Public Comment & Correspondence			Clerk
1.11	INFORMATION: CEO Report	25-26	Katherine Barresi
10:50AM– Consent Calendar			
3	ACTION: Consent Calendar <ul style="list-style-type: none"> ▪ 3.1 Resolution to Accept all Advisory Committee Minutes, Partnership Policies and Program Descriptions Approved by PAC ▪ 3.2 Resolution to Approve HR Policies and Personnel Committee Minutes for August 21, 2024. ▪ 3.3 Resolution to Approve the Reappointment of Darcie Antle to the Partnership Board as the Mendocino County Representative. ▪ 3.4 Resolution to Approve Physician Advisory Committee Appointment of Dr. Christina Lasich 	27-28 29-44 45-46 47-48	Chair
PAC Approved Policy Updates Consumer Advisory Committee – July 2024 Finance Committee – July 2024 – Meeting Cancelled Finance Committee – August 2024 Physician Advisory Committee – Meeting Cancelled Physician Advisory Committee – August 2024 Quality and Utilization Advisory Committee (Q/UAC) – July 2024 – Meeting Cancelled Quality and Utilization Advisory Committee (Q/UAC) – August 2024			
10:55AM – Regular Agenda Items			
4.1	ACTION: Resolution to Approve Board Semi-Annual Dashboard	49-66	Wendi Davis
4.2	ACTION: Resolution to Approve the Q22024 Compliance Dashboard	67-69	Dani Ogren

11:20PM – Regular Reports			
5.1	INFORMATION: Metrics and Financial Update	70-83	<i>Jennifer Lopez / Patti McFarland</i>
5.2	INFORMATION: Operations Update		<i>Wendi Davis</i>
5.3	INFORMATION: Legislative & Media Update	84-88	<i>Written Report</i>
5.4	INFORMATION: CMO Report on Quality	89-105	<i>Dr. Moore / Nancy Steffen</i>
12:00AM-12:20PM – Lunch			
12:20PM – Education Sessions			
6.1	INFORMATION: Expansion Update		<i>Rebecca Stark / Dr. Richard Matthews</i>
6.2	INFORMATION: Information Technology Update		<i>Tina Buop</i>
6.3	INFORMATION: Health Equity Update		<i>Dr. Mohamed Jalloh</i>
1:10PM – Closed Session			
7.1	Discussion Pursuant to Government Code section 54956.87 subsection (b), Health Plan Trade Secret: Medicare D-SNP		<i>Full Board, Katherine Barresi, Amy Turnipseed, Patti McFarland, Jennifer Lopez, Naomi Gordon, Dr. Moore, and Ashlyn Scott, Board Clerk</i>
7.2	Discussion Pursuant to Government Code §54957(b)(1); Personnel Matter, Public Employee		<i>Full Board, Katherine Barresi, Acting CEO, Naomi Gordon, Sr. Director of Human Resources</i>
2:00PM – Adjournment			

<p>Upcoming Meetings:</p> <p>10/09/2024 – October Board Meeting</p> <p>12/04/2024 – December Board Meeting</p>

Government Code §54957.5 requires that public records related to items on the open session agenda for a regular commission 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 Commission. The Commission has designated the Board Clerk 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 Board Meeting Agenda and supporting documentation is available for review from 8:00 AM to 5:00 PM, Monday through Friday at all PHC regional offices (see locations above). It can also be found online at www.partnershiphp.org. PHC 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 Board Clerk at least ten (10) days prior to the scheduled meeting at (707) 863-4516 or by email at Board_FinanceClerk@partnershiphp.org. Notification in advance of the meeting will enable the Board Clerk to make reasonable arrangements to ensure accessibility to this meeting and to materials related to it.



**MINUTES OF THE MEETING OF
PARTNERSHIP HEALTHPLAN OF CALIFORNIA BOARD OF COMMISSIONERS**

In person locations:

- Partnership’s Southeast Region Office located at 4605 Business Center Drive, Fairfield, CA
- Partnership’s Northeast Region Office located at 2525 Airpark Dr., Redding, CA
- Partnership’s Northwest Office located at 1036 Fifth Street, Eureka, CA
- Partnership’s Southwest Office located at 495 Tesconi Circle, Santa Rosa, CA
- Partnership’s East Office located at 249-299 Nevada Street, Auburn, CA
- Butte County Office, Chico located at 765 East Ave. Ste 200, Chico, CA
- Plumas District Hospital located at 1065 Bucks Lake Rd., Quincy, CA
- CenCal Health located at 4050 Calle Real, Santa Barbara, CA

**On
June 26, 2024**

Members Present: Darcie Antle, Jayme Bottke, Gena Bravo, Ranell Brown, Cathryn Couch, Noemi Doohan, M.D. (10:11am arrival), Farhan Fadoo, M.D., Dean Germano, Ryan Gruver, Liz Hamilton, Alicia Hardy, Randall Hempling, Gerald Huber, Dave Jones, Liz Lara-O’Rourke (10:10am arrival), Wendy Longwell, Viola Lujan, Phuong Luu, M.D., Andrew Miller, M.D., Robert Oldham, M.D. (11:02 arrival, 12:00pm departure), Jonathan Porteus (12:42 arrival), Kathryn Powell, JoDee Read (10:21 arrival), Tina Rivera, Lisa Santora, M.D., Stacy Sphar, DNP. Tory Starr, Nolan Sullivan, Kim Tangermann (Chair), Jennifer Yasumoto, Jim Yoder

Members Excused: Jonathon Andrus, Shelby Boston, Lewis Broschard, M.D, Chris Champlin, Christy Coleman, Elizabeth Kelly Scott Kennelly, Lance LeClair, Viola Lujan, Liz Lara-O’Rourke, Nancy Starck

Staff: Marc Agudelo, Mark Bontrager, Tina Buop, Jessica Cifoletti, Alexandra Chappell, Dell Coats, Wendi Davis, Marisa Dominguez, Naomi Gordon, Mohamed Jalloh, PharmD, Mary Kerlin, Vicky Klakken, Marshall Kubota, M.D., Jennifer Lopez, Dustin Lyda, Patti McFarland, Robert Moore, M.D., Kathryn Power, Jose Puga, Derick Stacy, Rebecca Stark, Nancy Steffen, Amy Turnipseed, Colleen Valenti, Katherine Barresi, Acting CEO and Ashlyn Scott, Board Clerk

AGENDA ITEM	DISCUSSION	MOTION / ACTION
1.0 Opening	Commissioner Kim Tangermann, Board Chair, called the bi-monthly meeting to order and welcomed everyone to the meeting, in person, at all Partnership HealthPlan offices.	None

	Board members were reminded to abstain from voting on any agenda item where they might have a conflict of interest, and to state their name before asking questions or making motions. As a reminder, Commissioner Hardy read the Partnership Mission Statement: “to help our members, and the communities we serve, be healthy.” She also stated that members of the public would have an opportunity to speak at designated times throughout the agenda.	
1.2 Roll Call	Ashlyn Scott, Clerk of the Commission, called the roll indicating there was a quorum.	None
1.3 Approval of Agenda and the Board Meeting Minutes for April 24, 2024	Chairwoman Tangermann asked if anyone had changes for the agenda or corrections to the April 24, 2024 minutes. Hearing no requests for modification, she asked for a motion to approve the agenda and minutes.	<p><i>Commissioner Starr moved to approve the agenda and minutes as presented, seconded by Commissioner Couch.</i></p> <p><u>ACTION SUMMARY:</u> <i>Yes: 26 No: 0 Abstention: 0 Excused: 14 (Andrus, Boston, Broschard, Champlin, Coleman, Doohan (10:11am arrival), Lara-O’Rourke (10:10am arrival), Kelly, Kennelly, LeClair, Oldham (11:02 arrival), Porteus (12:42 arrival), Read (10:21 arrival), Starck)</i></p> <p>MOTION CARRIED</p>
1.4 Resolution to Approve the Board Commissioner Re-Appointments of Tina Rivera and Kathryn Powell, Representing Sonoma County	Ms. Barresi announced that the Sonoma County Board of Supervisors reappointed Kathryn Powell and Tina Rivera to the Partnership Board, each for an additional four-year term.	<p><i>Commissioner Lujan moved to approve resolution 1.4 as presented, seconded by Commissioner Hardy.</i></p> <p><u>ACTION SUMMARY:</u> <i>Yes: 26 No: 0 Abstention: 0 Excused: 14 (Andrus, Boston, Broschard, Champlin, Coleman, Doohan (10:11am arrival), Lara-O’Rourke (10:10am arrival), Kelly, Kennelly, LeClair, Oldham (11:02 arrival), Porteus (12:42 arrival), Read (10:21 arrival),</i></p>

		Starck) MOTION CARRIED
1.5 Commissioner Comment	Commissioner Germano expressed his satisfaction that Partnership and Common Spirit / Dignity have reached an agreement and signed a new contract. However, he conveyed his frustration over the inconvenience and harm experienced by many members as a result of the contract termination.	None
1.6 Public Comment	<p>A chiropractic doctor from Ampla Health expressed concerns about Partnership not covering the chiropractic benefit for 0-12 year olds. He stated that when Partnership took over as the Medi-Cal managed care plan, he was forced to stop seeing children seeking chiropractic services. He added that the restriction is hindering access for a vulnerable population.</p> <p>Chief Operating Officer, Wendi Davis, responded that Partnership is internally reviewing this unique benefit restriction. Partnership members who were receiving chiropractic services prior to January 1 qualify for Continuity of Care and thus can continue these services for one year. Partnership’s Medical Necessity Committee will review the benefit and make a final decision.</p>	None
1.7 CEO Report	<p>Katherine Barresi, Chief Health Services Officer, introduced herself as Partnership’s Acting Chief Executive Officer, while Sonja Bjork is on medical leave. She added that she is honored to lead the organization in Ms. Bjork’s absence and thanked the Executive Team and the Board for their support during this time. Ms. Barresi began her report by recognizing CommuniCare+OLE, for being named by state Senator Bill Dodd as nonprofit of the year in his district. Ms. Barresi continued her report to cover the following topics:</p> <p><i>New Core System Implementation (HRP)</i> – Partnership staff have worked diligently to prepare for the new core claims system implementation, however due to many unforeseen circumstances, implementation has been delayed until 2025. The project is now lead by Partnership’s new Chief Information Officer, Tina Buop. The Board will be kept apprised of the implementation status.</p> <p><i>Partnership’s 30-Year Anniversary</i> – The Solano County Board of Supervisors recognized Partnership’s 30-year anniversary at a recent meeting. A supervisor kindly shared her personal experience of receiving help from Partnership for her children with special needs.</p> <p><i>Voluntary Rate Range Program (Intergovernmental Transfers – IGTs)</i> – In April, Partnership distributed IGT payments for calendar year 2022, funding that we were able to help draw down federal funding for counties, district hospitals, and other eligible entities. Letters of intent are due on June 21 for entities seeking funding for calendar year 2023. As a reminder in compliance with</p>	None

	<p>DHCS Voluntary Rate Range policies funding must be used for Medi-Cal beneficiaries enrolled in Partnership for covered Medi-Cal Managed Care services.</p> <p><i>DHCS Memoranda of Understandings (MOUs) Requirement</i> – Effective January 1, 2024, managed care plans are required to establish MOUs with several types of third party entities. Partnership is currently tracking the status of 118 MOUs. While DHCS does not have the authority to require counties to sign the MOUs, they will require managed care plans to submit evidence of adequate efforts in getting the MOUs signed. In addition, Partnership will need to publish completed MOU(s) on the external website within 30 calendar days of execution and a comprehensive annual report. Thus far, Sierra and Lassen each have 5 executed MOUs. Colusa also executed an MOU the evening prior to the Board meeting.</p> <p><i>Commissioner Germano asked why many counties have not yet signed the MOUs.</i></p> <p><i>Ms. Barresi explained that the delay is due to several factors. The DHCS MOU template language is challenging to interpret and often contains varying definitions for terms. There are also genuine concerns about whether some entities can meet the obligations outlined in the MOUs. Additionally, the review process by county counsel can be time-consuming.</i></p> <p><i>Commissioner Luu noted that DHCS frequently updates the MOU templates. This means that while a county is reviewing one version, a new version may be released, necessitating a restart of the review process.</i></p> <p><i>Commissioner Germano inquired about any deadlines for executing the MOUs and whether there would be consequences if Partnership misses the deadline.</i></p> <p><i>Ms. Barresi clarified that there is no specific deadline, but Partnership is obligated to submit quarterly reports to DHCS detailing the status of each MOU and demonstrating sufficient efforts to finalize the outstanding agreements.</i></p> <p><i>Commissioner Huber highlighted the need for standardization across the various MOU types. Many counties have limited capacity to review the templates, and some are also navigating the MOU process with Kaiser.</i></p>	
<p>1.8 Consumer Representative Report</p>	<p>Wendy Longwell, Northern Region Consumer Board Representative gave a report covering several updates from Partnership’s Consumer Advisory Committee (CAC). She shared that the CAC has excitingly welcomed many new committee members and several are Spanish speaking. There are meeting locations available in most communities and Partnership will provide transportation for committee members who need it. The CAC has proposed several strategies to enhance member engagement and support. Key recommendations include:</p> <ol style="list-style-type: none"> 1. Outreach: Actively recruit new members for the CAC. 2. CAC Content Contribution: Encourage CAC members to contribute articles for the 	<p>None</p>

	<p>organization’s website.</p> <ol style="list-style-type: none"> 3. New Member Support: Facilitate integration by pairing new committee members with current ones and offering dedicated support. 4. Orientation Program: Implement a structured orientation process involving current CAC members. 5. Resource Accessibility: Enhance the Partnership website with information and resources tailored for CAC members. 6. Address Accessibility Issues: Acknowledge and address challenges faced by members, such as difficulties with opening pill boxes due to fine motor skills. 	
<p>2 Ratification of Finance Committee Approval & 3 Consent Calendar</p>	<p>Chairwoman Tangermann stated that all items on the consent calendar would be approved with one motion unless someone requests to pull an item for further discussion.</p> <p>Hearing no requests, she asked for a motion to approve resolutions 2.1, 2.2, 2.3, 3.1, 3.2, 3.3.</p> <ul style="list-style-type: none"> ▪ 2.1 Resolution to Ratify the Preliminary Health Care Expense Budget ▪ 2.2 Resolution to Ratify Commissioner Ryan Gruver’s Appointment to Finance Committee ▪ 2.3 Resolution to Ratify Commissioner Dr. Farhan Fadoo’s Appointment to Finance Committee ▪ 3.1 Resolution to Accept all Advisory Committee Minutes, Partnership Policies and Program Descriptions Approved by PAC ▪ 3.2 Resolution to Approve the 2024 Population Needs Assessment ▪ 3.3 Resolution to Approve Edits to Partnership Policies, ADM26, Board Commissioner Compensation, and ADM21, Stipends for Committee Members 	<p><i>Commissioner Huber moved to approve Resolutions 2.1, 2.2, 2.3, 3.1, 3.2, 3.3 as presented, seconded by Commissioner Couch.</i></p> <p><u>ACTION SUMMARY:</u> <i>Yes: 29</i> <i>No: 0</i> <i>Abstention: 0</i> <i>Excused: 11 (Andrus, Boston, Broschard, Champlin, Coleman, Kelly, Kennelly, LeClair, Oldham (11:02 arrival), Porteus (12:42 arrival), Starck)</i></p> <p>MOTION CARRIED</p>
<p>4.1 Resolution to Approve Final Budget for FY 2024-2025</p>	<p>Jennifer Lopez, Deputy Chief Financial Officer, presented the FY 2024-2025 Final Budget, the third and final step of the budget approval process. The Final Budget incorporates the Administrative Budget, refined Budget Assumptions and refined Health Care Expenses.</p> <p>Outlook for FY 2024-2025 – Partnership’s Finance Team refined areas of the budget to incorporate updates from the State’s May Budget Revision. The State is facing a significant budget shortfall. The Governor intends to help offset the deficit by using \$6.7 billion in MCO Tax revenues, which were previously committed for out year Medi-Cal provider rate increases. However, the previously planned calendar year 2024 rate increases known as the Medi-Cal Targeted Rate Increases (TRI) will continue as planned. To help increase revenue, the State is expected to enact new administrative fees on hospital directed payments, funded by IGTs. The May Revision also proposes to eliminate the adult acupuncture Medi-Cal benefit., use quality sanctions imposed on managed care plan sanctions to help support the Medi-Cal program. Additionally, there were</p>	<p><i>Commissioner Hardy moved to approve Resolution 4.1 as presented, seconded by Commissioner Hempling.</i></p> <p><u>ACTION SUMMARY:</u> <i>Yes: 29</i> <i>No: 0</i> <i>Abstention: 0</i> <i>Excused: 11 (Andrus, Boston, Broschard, Champlin, Coleman, Kelly, Kennelly, LeClair, Oldham (11:02</i></p>

significant cuts that were proposed to Behavioral Health Programs.

Partnership expects the State to continue to focus on cost efficient spending in managed care and we anticipate that revenue may be affected by the deficit. Though the implementation of Regional Rates has been delayed to January 2026, there is still risk of downward rate pressure when being averaged with lower Medi-Cal plans. As the Medi-Cal Redetermination process continues, Partnership’s membership is expected to decrease, resulting in a more acute population. Partnership is accounting for up to \$150 million in expansion-related losses, over two years. In January 2025, the State will also begin withholding 1% of Partnership’s revenue that can be earned back by meeting quality measures. The quality metrics will also become more stringent, posing a significant risk, especially in Partnership’s rural and frontier regions. The State will begin requiring plans to make prescriptive community reinvestments from a defined set of categories and submitting an annual investment plan for approval beginning in 2026. Additional CalAIM initiatives will be implemented in the coming year, including the Justice Involved Initiative and Transitional Care Services, while also preparing to operationalize a Medicare D-SNP by January 2026. Partnership will begin to administer the Whole Child Model (WCM) program for the ten expansion counties in January 2025.

FY 2024-25 Budget Summary – Ms. Lopez presented a summary of the assumptions included in the Final Budget. Partnership is projecting a total net deficit of \$260.1 million, of which, \$98 million is attributed to health care expense. The budget utilized modified CY 2024 draft rates received from DHCS, as final rates for CY 2024 and 2025 are not expected to be available until Fall 2024. Partnership’s administrative spend is projected to increase substantially, driven by a number of factors, including: an increase in staffing, the implementation of a new claims core system, investments in IT infrastructure, building maintenance and enhancements, and depreciation tied to capital purchases and completed projects. Partnership historically maintains a low administrative rate, however increasing staffing levels is imperative in order to comply with new regulatory requirements included in the DHCS 2024 contract. Of the projected \$98 million deficit, 80% is expected to be attributed to the expansion counties, while the remaining 20% can be attributed to our 14-county region. Due to the Change Health Care and appropriate claims runout, we are lacking substantial claims data from the expansion region and heavily relying on estimates. Transportation utilization and cost is expected to increase, though cost per-ride has decreased since bringing transportation in-house, these losses are expected to be short term

Commissioner Luu expressed gratitude for Partnership’s 10-county expansion, highlighting positive feedback and successful case handling, including a complex transportation situation that Partnership managed effectively. She noted that while some board members might question the expansion due to budget concerns, the expanded counties are appreciative.

Commissioner Starr inquired about the impact of CommonSpirit contract negotiations on the budget deficit.

arrival), Porteus (12:42 arrival), Starck)

MOTION CARRIED

	<p><i>Ms. Lopez clarified that the contract is not a significant factor in the deficit, emphasizing that a feasible agreement was reached despite fiscal pressures.</i></p> <p><i>Commissioner Starr proposed advocating against the DHCS quality sanctions, likening them to penalties for hospital readmissions, and expressed a desire to help.</i></p> <p><i>Ms. Lopez confirmed Partnership's ongoing advocacy efforts with our association.</i></p> <p><i>Commissioner Germano raised concerns about meeting quality metrics in areas with provider shortages. He also asked if Partnership is confident that the projected deficit will increase, given the State's steep deficit.</i></p> <p><i>Ms. Lopez responded that the budget includes conservative estimates and accounts for worst-case scenarios. Partnership is confident we can manage the deficit within projected limits.</i></p>	
<p>4.2 Resolution to Approve the Compliance Dashboard for Q12024</p>	<p>Danielle Ogren, Senior Director of Regulatory Affairs and Contracting, presented the Q1 2024 Compliance Dashboard. For the first quarter of 2024, Partnership was compliant in all areas except for one DHCS privacy filing. The filing was the result of a delegate failing to promptly report a breach to Partnership, which subsequently led to a delay in Partnership's reporting to DHCS.</p> <p><i>Commissioner Germano inquired whether Partnership is still dealing with the consequences from the 2022 security breach.</i></p> <p><i>Ms. Ogren confirmed that the breach has been resolved and that no further reporting obligations remain</i></p>	<p><i>Commissioner Couch moved to approve Resolution 4.2 as presented, seconded by Commissioner Powell.</i></p> <p><u>ACTION SUMMARY:</u> <i>Yes: 30</i> <i>No: 0</i> <i>Abstention: 0</i> <i>Excused: 10 (Andrus, Boston, Broschard, Champlin, Coleman, Kelly, Kennelly, LeClair, Porteus (12:42 arrival), Starck)</i></p> <p>MOTION CARRIED</p>
<p>4.3 Resolution to Approve Commendations and Appreciation for Lance LeClair's Service to Partnership</p>	<p>Ms. Barresi thanked Commissioner LeClair for his dedication to the Partnership Board, representing consumers in Partnership's Southern Region. Commissioner LeClair has been a positive and dedicated advocate for Partnership members.</p>	<p><i>Commissioner Sullivan moved to approve Resolution 4.3 as presented, seconded by Commissioner Coh.</i></p> <p><u>ACTION SUMMARY:</u> <i>Yes: 30</i> <i>No: 0</i> <i>Abstention: 0</i> <i>Excused: 10 (Andrus, Boston,</i></p>

		<p>Broschard, Champlin, Coleman, Kelly, Kennelly, LeClair, Porteus (12:42 arrival), Starck)</p> <p>MOTION CARRIED</p>
<p>4.4 Resolution to Approve Commendations and Appreciation for Wendy Longwell’s Service to Partnership</p>	<p>Ms. Barresi thanked Commissioner Longwell for her many contributions to the Partnership Board and tireless advocacy for individuals with disabilities.</p>	<p><i>Commissioner Germano moved to approve Resolution 4.4 as presented, seconded by Commissioner Jones.</i></p> <p><u>ACTION SUMMARY:</u> <i>Yes: 30</i> <i>No: 0</i> <i>Abstention: 0</i> <i>Excused: 10 (Andrus, Boston, Broschard, Champlin, Coleman, Kelly, Kennelly, LeClair, Porteus (12:42 arrival), Starck)</i></p> <p>MOTION CARRIED</p>
<p>5.1 Metrics and Financial Update</p>	<p>Patti McFarland, Chief Financial Officer, presented Partnership’s Metrics and Financials for the month ending April 30, 2024. Partnership reported a net surplus of \$11.1 million, bringing the year-to-date surplus to \$59.0 million. As previously discussed, Partnership has started processing claims from providers in the expansion region; however, it will take some time before we have a clear understanding of the new normal claims volume. Many providers were affected by the Change Healthcare security breach, resulting in a backlog of claims. Partnership will need a 13th period to true up claims and other estimated costs based on additional run-out data. While Administrative costs were lower than budget, we expect them to increase as Human Resources continues to hire staff.</p> <p><i>Commissioner Huber inquired about how the Medi-Cal redetermination process is affecting membership.</i></p> <p><i>Ms. McFarland responded that membership numbers are higher than anticipated. Elevated membership could affect Partnership’s future rates, as they were originally calculated based on the expectation of lower membership.</i></p> <p>Ms. McFarland’s full report is included in the Board packet</p>	<p>None</p>
<p>5.2 Operations Update</p>	<p>Wendi Davis, Chief Operating Officer presented an update on Partnership’s operations. Partnership is experiencing an unexpected surge in service requests. In response, we are adapting our approach</p>	<p>None</p>

	<p>as we seek to establish a new baseline. The Member Services department has recorded a 123% increase in overall call volume and a 238% increase in calls from Spanish speakers. As of June, we have managed to reduce call wait times to under one minute.</p> <p>To enhance overall effectiveness in collaborating with counties, providers, and members, Partnership has begun restructuring our internal regions. Each region will now have a dedicated Partnership office, a regional lead, and a medical director. The regional leads will report directly to the COO and serve as liaisons to the counties and providers in their respective regions. This reorganization reflects our commitment to deeper community integration. Currently, our chair, vice chair, and Board consumer representative roles rotate among the regions per our Bylaws. The Governance/Compliance Committee will review and propose amendments to the Bylaws for Board approval.</p> <p>The Change Health Care cyber-attack has adversely affected many of Partnership’s providers, who are still addressing significant claim backlogs. Additionally, the termination of the Dignity contract has disrupted operations, necessitating the reassignment of many members to new providers. Overall, the operations team has done a phenomenal job at responding to the many unexpected challenges.</p> <p><i>Commissioner Germano inquired whether Dignity members who were reassigned during the contract termination would be assigned back to Dignity now that a new contract has been executed.</i></p> <p><i>Ms. Davis replied that members who specifically request to return to Dignity will be reassigned effective July 1. However, members who were previously assigned to Dignity will not be automatically assigned to Dignity.</i></p> <p>Ms. Davis’ full report is included in the Board packet.</p>	
<p>5.3 Media Update</p>	<p>Dustin Lyda, Director of Communications and Public Affairs, presented a list of legislative bills Partnership is following, which was included in the packet. Additionally, Mr. Lyda provided a Media Update that detailed the media coverage related to the Dignity contract negotiations.</p> <p>Mr. Lyda’s full report is included in the Board packet.</p>	<p>None</p>
<p>5.4 CMO Report on Quality</p>	<p>Dr. Moore, Chief Medical Officer, announced the eight top performers in Partnership’s Primary Care Provider (PCP) Quality Incentive Program (QIP) for measurement year 2023. Partnership will distribute over \$39 million to 252 primary care sites for their 2023 performance. The PCP QIP top performers will be invited to be recognized and receive a plaque at the August Board Meeting.</p> <p>Dr. Moore also presented 2023 Annual County Health Data Reports. Partnership has developed annual data reports that capture a wide range of data points specific to each of Partnership's counties and can be used to help assess the needs of those communities. The annual data reports are is linked here.</p>	<p>None</p>

	Dr. Moore’s full report is included in the meeting packet.	
5.5 Medicare / DSNP Update	<p>Amy Turnipseed, Chief Strategy & Government Affairs Officer provided an update on Partnership’s efforts to establish a Medicare/D-SNP line of business by 2026, as required by DHCS. There are currently 92,815 Partnership members over the age of 65 across our 24 counties who qualify for both Medi-Cal and Medicare. A Notice of Intent to Apply must be submitted to the Centers for Medicare and Medicaid Services (CMS) by November 2024, with the full application and Model of Care (MOC) due in February 2025. Plans may request an exemption from launching the D-SNP product in counties where significant financial losses are anticipated, although DHCS has not yet clarified the exemption process or criteria. Partnership is evaluating how to effectively launch the D-SNP and which counties might require an exemption.</p> <p><i>Commissioner Germano inquired about the factors that will influence the decision on which counties to prioritize for the D-SNP launch.</i></p> <p><i>Ms. Turnipseed explained that considerations such as network adequacy, feasibility, enrollment numbers, and actuarial analysis will guide the decision.</i></p>	
6.1 Employee Survey	<p>Naomi Gordon, Senior Director of Human Resources, shared the findings from Partnership’s annual Employee Engagement Survey. This survey assesses employee engagement and their connection to Partnership, while also providing a platform for confidential staff feedback and allowing Partnership to address their concerns. Out of 1018 employees invited to participate, 83% responded, and 92% of those respondents indicated that Partnership is a great place to work. The top three performing areas identified in the survey were: Partnership’s environment and “being a great place to work”, job alignment to Partnership’s mission, vision and values and feeling comfortable in the workplace regardless of background, beliefs, or identity. The survey also highlighted three key areas for improvement: employee growth and development, appropriate employee recognition, and workload capacity and staffing levels</p> <p>Ms. Gordon’s full report was distributed to Board Members and is available upon request.</p>	None
6.2 Grievance & Appeals Update	<p>Kory Watkins, MBA, Director of Grievance & Appeals, presented the Grievance & Appeals Annual Summary Report for calendar year 2023 to the Board. The Grievance & Appeals Department is tasked with the comprehensive investigation of all grievances, appeals, state hearings, and exempt cases. This report is presented to the Commission for annual review.</p> <p>In 2023, Partnership resolved 5,690 cases. A detailed report of all grievance, appeal, and state hearing cases processed in 2023 was available for Commissioners to review at the Fairfield office or upon request. The report contains members' Protected Health Information (PHI) and Personally Identifiable Information (PII), as well as confidential details about their medical conditions, experiences, and allegations.</p> <p>Ms. Watkins' presentation also included annual statistics and outcomes for Grievance & Appeals</p>	None

	<p>cases. The Board examined the demographics of those filing cases to identify underrepresented groups in the process. The primary source of dissatisfaction in 2023 was related to provider services, followed by transportation services. Partnership plans to enhance several aspects of the Grievance & Appeals process, including updating the case processing program, improving data accessibility and integration, and modifying the second-level grievance process.</p> <p>Ms. Watkin’s full presentation was distributed to Board members, and is available upon request. The 2023 Grievance & Appeals Case Detailed Report is also available upon request for Board member review.</p>	
7 CLOSED SESSION	<p>Chairwoman Tangermann adjourned the Board of Commissioners to Closed Session. She announced that the following would be discussed in Closed Session:</p> <p>7.1 PUBLIC EMPLOYEE PERFORMANCE EVALUATION</p> <p>Action Pursuant to Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer</p>	<p><i>Commissioner Porteus moved to approve the Closed Session agenda item 7.1 as presented, seconded by Commissioner Starr.</i></p> <p><u>ACTION SUMMARY:</u> <i>Yes: 30 No: 0 Abstention: 0 Excused: 10 (Andrus, Boston, Broschard, Champlin, Coleman, Kelly, Kennelly, LeClair, Oldham (12:00pm departure), Starck)</i></p> <p>MOTION CARRIED</p>
Re-Adjournment in Open Session	<p>Chairwoman Tangermann re-convened the meeting in open session announced the Board performed the annual evaluation of the Chief Executive Officer (CEO) and approved the recommendations as presented from the CEO Evaluation Committee.</p>	<p>None</p>

Respectfully submitted by:
Ashlyn Scott, Board Clerk

Board Approval Date: 8/28/24

Signed: _____
Ashlyn Scott, Clerk

BOARD MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 28, 2024

Agenda Item Number:
1.4

Resolution Sponsor:
Katherine Barresi, Acting CEO, Partnership HealthPlan of CA

Recommendation by:
Partnership Staff and Consumer Representative Selection Committee

Topic Description:

Per Partnership Bylaws, three members of the Commission shall be consumer representatives. One representative will be from the Northern Region, one from the Eastern Region and one from the Southern Region. Consumer representatives are appointed for two year teams and are selected by a Consumer Representative Selection Committee, which is comprised of the Chief Executive Officer (CEO) or their designee, a Partnership staff member from Member Services, one consumer representative that is not applying for the position and one Board member.

The Consumer Representative Selection Committee recommends Brion Burkett serve as the Eastern Region Consumer Representative on the Partnership Board. Mr. Burkett lives in Placer County and he will be appointed for a two-year term of office. His term commences on August 28, 2024 and terminates on June 24, 2026.

Reason for Resolution:

To obtain Board approval to appoint Brion Burkett to the Partnership Board as the at-large consumer representative representing the Eastern Region.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership Staff and Consumer Representative Selection Committee, the Board is asked to approve the new appointment of Brion Burkett to the Partnership Board as the new at-large consumer representing the Eastern Region.

**BOARD MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
August 28, 2024

Agenda Item Number:
1.4

Resolution Number:
24-

IN THE MATTER OF: APPROVING THE NEW AT-LARGE CONSUMER REPRESENTATIVE APPOINTMENT OF BRION BURKETT TO THE PARTNERSHIP BOARD

Recital: Whereas,

- A. Three members of the Commission must be consumer representatives.
- B. Partnership staff and the Consumer Representative Selection Committee have responsibility for reviewing applications and recommending to the Board at-large consumers to represent the Eastern, Northern and Southern Regions of our service area.
- C. The Board has authority to approve and appoint Board members.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the new at-large consumer appointment of Brion Burkett to represent Partnership's Eastern Region.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 28th day of August 2024 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

**BOARD MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
August 28, 2024

Agenda Item Number:
1.5

Resolution Sponsor:
Katherine Barresi, Acting CEO, Partnership HealthPlan of CA

Recommendation by:
Partnership Staff and Consumer Representative Selection Committee

Topic Description:

Per Partnership Bylaws, three members of the Commission shall be consumer representatives. One representative will be from the Northern Region, one from the Eastern Region and one from the Southern Region. Consumer representatives are appointed for two year teams and are selected by a Consumer Representative Selection Committee, which is comprised of the Chief Executive Officer (CEO) or their designee, a Partnership staff member from Member Services, one consumer representative that is not applying for the position and one Board member.

The Consumer Representative Selection Committee recommends Belle Knight serve as the Northern Region Consumer Representative on the Partnership Board. Ms. Knight lives in Shasta County and she will be appointed for a two-year term of office. Her term commences on August 28, 2024 and terminates on June 24, 2026.

Reason for Resolution:

To obtain Board approval to appoint Belle Knight to the Partnership Board as the at-large consumer representative representing the Northern Region.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership Staff and Consumer Representative Selection Committee, the Board is asked to approve the new appointment of Belle Knight to the Partnership Board as the new at-large consumer representing the Northern Region.

**BOARD MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
August 28, 2024

Agenda Item Number:
1.5

Resolution Number:
24-

IN THE MATTER OF: APPROVING THE NEW AT-LARGE CONSUMER REPRESENTATIVE APPOINTMENT OF BELLE KNIGHT TO THE PARTNERSHIP BOARD

Recital: Whereas,

- A. Three members of the Commission must be consumer representatives.
- B. Partnership staff and the Consumer Representative Selection Committee have responsibility for reviewing applications and recommending to the Board at-large consumers to represent the Eastern, Northern and Southern Regions of our service area.
- C. The Board has authority to approve and appoint Board members.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the new at-large consumer appointment of Belle Knight to represent Partnership's Eastern Region.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 28th day of August 2024 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

BOARD MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 28, 2024

Agenda Item Number:
1.6

Resolution Sponsor:
Katherine Barresi, Acting CEO, Partnership HealthPlan of CA

Recommendation by:
Partnership Staff and Consumer Representative Selection Committee

Topic Description:

Per Partnership Bylaws, three members of the Commission shall be consumer representatives. One representative will be from the Northern Region, one from the Eastern Region and one from the Southern Region. Consumer representatives are appointed for two year teams and are selected by a Consumer Representative Selection Committee, which is comprised of the Chief Executive Officer (CEO) or their designee, a Partnership staff member from Member Services, one consumer representative that is not applying for the position and one Board member.

The Consumer Representative Selection Committee recommends Marcelo "Nunie" Matta, serve as the Southern Region Consumer Representative on the Partnership Board. Mr. Matta lives in Yolo County and she will be appointed for a two-year term of office. His term commences on August 28, 2024 and terminates on June 24, 2026.

Reason for Resolution:

To obtain Board approval to appoint Nunie Matta to the Partnership Board as the at-large consumer representative representing the Southern Region.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership Staff and Consumer Representative Selection Committee, the Board is asked to approve the new appointment of Nunie Matta to the Partnership Board as the new at-large consumer representing the Southern Region.

**BOARD MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
August 28, 2024

Agenda Item Number:
1.6

Resolution Number:
24-

IN THE MATTER OF: APPROVING THE NEW AT-LARGE CONSUMER REPRESENTATIVE APPOINTMENT OF NUNIE MATTA TO THE PARTNERSHIP BOARD

Recital: Whereas,

- A. Three members of the Commission must be consumer representatives.
- B. Partnership staff and the Consumer Representative Selection Committee have responsibility for reviewing applications and recommending to the Board at-large consumers to represent the Eastern, Northern and Southern Regions of our service area.
- C. The Board has authority to approve and appoint Board members.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the new at-large consumer appointment of Nunie Matta to represent Partnership's Eastern Region.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 28th day of August 2024 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 28, 2024

Agenda Item Number:
1.7

Resolution Sponsor:
Dr. Moore, CMO, Partnership HealthPlan of CA

Recommendation by:
Partnership Staff

Topic Description:

Partnership HealthPlan is pleased to recognize the highest performers in the 2023 Primary Care Provider Pay for Performance program (PCP QIP).

The range of scores on the core measure set was 0 to 99 points on the core quality measures. \$39 million dollars was awarded to 252 primary care sites for their 2023 performance. Partnership congratulates the following top performers in the MY 2023 PCP QIP:

1. Community Medical Center in Dixon: 99 points
2. Communicare+Ole in St. Helena: 98 points
3. Petaluma health center, Petaluma: 98 points
4. Winters Healthcare foundation: 95 points
5. Communicare+Ole in Davis: 92 points
6. Open Door CHC in Eureka: 91 points
7. Sonoma Plaza Pediatrics: 91 points
8. Communicare+Ole on Pear Tree Lane (Napa): 90 points

Reason for Resolution:

Based on the recommendation of Partnership staff, the Board is asked to commend the eight Primary Care Provider sites for their exceptional performance in the 2023 Primary Care Provider QIP.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership staff, the Board is asked to commend the eight top performing Primary Care Provider sites for their excellent scores in the HealthPlan's 2023 Quality Improvement Program.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 28, 2024

Agenda Item Number:
1.7

Resolution Number:
24-

**IN THE MATTER OF: COMMENDING THE HIGH PERFORMING PROVIDERS OF
THE 2023 PRIMARY CARE PROVIDER QIP**

Recital: Whereas,

A. There were eight top performers in the 2023 Primary Care Provider QIP.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To commend the primary care providers for their exceptional performance in the Primary Care Provider QIP.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 28th day of August, 2024 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 28, 2024

Agenda Item Number:
1.8

Resolution Sponsor:
Katherine Barresi, Acting CEO, Partnership HealthPlan of CA

Recommendation by:
Partnership Staff

Topic Description:

The Partnership Board and Solano County community lost a valued member and leader on July 24, 2024, with the passing of Dr. Lewis Broschard.

Dr. Broschard joined the Partnership Board of Commissioners on November 17, 2004, and served on our Physician Advisory Committee, Strategic Planning Committee, CEO Evaluation Committee, and Governance/Compliance Committee. Dr. Broschard will be remembered for his kindness, devotion, and quiet wit. He had a long career treating patients in Solano County, and, in retirement, he was a dedicated volunteer at Manna Food Pantry at St. Mark's Lutheran Church in Fairfield. In 2022, Partnership nominated Dr. Broschard for the 2022 Association for Community Affiliated Plans Supporting the Safety Net Award for his commitment to caring for our most vulnerable populations.

Our deepest sympathy goes out to his wife, Pat, and all of his family and friends. Partnership is grateful to have had Dr. Broschard as a longtime Commissioner, supporter, collaborator, and friend.

Reason for Resolution:

To obtain Board approval to honor the memory and legacy of Board Commissioner Dr. Lewis Broschard and extend its sincerest condolences to his family and friends.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership Staff, the Board is asked to honor the memory of Commissioner Dr. Lewis Broschard.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 28, 2024

Agenda Item Number:
1.8

Resolution Number:
24-

**IN THE MATTER OF: REMEMBERING AND HONORING THE MEMORY OF
COMMISSIONER DR. LEWIS BROSCARD**

Recital: Whereas,

- A. Commissioner Dr. Lewis Broschard was a dedicated Partnership Board Member since November 17, 2004.
- B. Dr. Lewis Broschard’s sense of humor, kindness, energy and graciousness enriched the lives of those who were fortunate enough to know and work with him.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. The Partnership HealthPlan of California Board of Commissioners honor the memory and legacy of Board Commissioner Dr. Lewis Broschard and extend its sincerest condolences to his family and friends.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 28th day of August 2024 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk



Report from the Chief Executive Officer

August 28, 2024

Equity and Practice Transformation (EPT) Payment Program Changes & Next Steps – In

response to the state's budget deficit, DHCS has made significant reductions to the scope of the program, reducing program funding by 80%. DHCS has committed to continuing with sites chosen for Cohort 1, but has redesigned the program to right size to the new funding amount. Most notably:

- The program will now be implemented over 3 years instead of the original 5-year timeline
- The milestones have been reduced from the original 100 milestones to 25 required milestones, and
- Payments for all practices have been reduced.

Partnership has 27 provider sites that were initially selected by DHCS to participate in this program. Sites were informed in August that they had the option to remain or opt out of the program. While we are saddened to learn of the drastic cuts to the program, our quality team has reached out to these practice sites to encourage them to remain with the EPT program, and to offer support with next steps. Specifically, Partnership has a team of expert practice improvement coaches in our Quality department who are excited and able to work with practices one-on-one to offer tailored coaching. In addition to the tailored coaching, our quality team can connect these impacted practice sites to resources, facilitate connections and meetings to peers and SMEs, provide input on policies and workflows, and train on QI tools and methodologies to improve care. Partnership remains committed to the success of our providers as we work to address equitable and high-quality care in our communities.

Update: IT Security Rating – On July 25, 2024 Partnership achieved an impressive milestone; we received an “A” for our Security Rating from Security Scorecard. This group utilizes report card type ratings and is one of many tools Partnership uses to evaluate our security and readiness. In March of 2024, Partnership's rating was a C and so the speed to which our teams were able to improve is equally impressive! While our IT operations and infrastructure remain strong, this added achievement demonstrates and reinforces Partnership's commitment to security and sets us apart as a leader in the industry. A company's security scorecard ratings are publicly known, and any company can acquire our public rating at any time. Although no organization can predict the next type of cyber-attack, Partnership today is at an A and is continuing the hard work to stay at that rating, and continues to embrace all facets of security for our organization.

Transitional Rent – Coming soon, DHCS has announced that they are working with CMS to gain approval to offer Transitional Rent in the Medi-Cal program. DHCS has shared preliminarily that their intent is to have a phased approach; allowing Medi-Cal Managed Care Plans like Partnership to cover up to six (6) months of Transitional Rent as an optional service. After the initial optional phase, DHCS has indicated their intent would be to move this to a full state-wide benefit in 2026. While DHCS works to gain necessary approvals from CMS, they are also working on the payment methodology and workflows with Managed Care Plans and have indicated they will provide an additional supplemental payment to plans when the service becomes a benefit statewide.

As DHCS takes a more focused lens towards social drivers of health, Partnership has expanded our connections and network to accommodate new benefits and services. Today, Partnership offers all three of the optional housing services under Community Supports in all 24 of our counties: Housing Deposits, Housing Transition & Navigation, and Housing Tenancy and Sustaining Services. Additionally, through our work in administering the Housing and Homelessness Incentive Program (HHIP) and our local efforts collaborating with the Continuums of Care (CoC) in our network, we have strong sightlines and connections with our county, housing, city and CBO partners. We are eager to learn more details about this benefit, with an eye to ensuring there is equity, appropriate funding allocations for our diverse network of communities, and a high fidelity toward quality and program integrity for this future benefit.

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 28, 2024

Agenda Item Number:
3.1

Resolution Sponsor:
Katherine Barresi, Acting CEO, Partnership HealthPlan of CA

Recommendation by:
Partnership Advisory Groups and Committees

Topic Description:

Partnership HealthPlan of California has a number of advisory groups and committees established by the Commission (known as the Board) with direct reporting responsibilities. These are the Compliance / Governance Committee, Consumer Advisory Committee, Finance Committee, Personnel Committee, Physician Advisory Committee and Strategic Planning Committee.

The Physician Advisory Committee (PAC) has responsibility for oversight and monitoring of quality and cost-effectiveness of medical care provided to Partnership's members. A number of other advisory groups and committees have direct reporting responsibilities to PAC. These include the Credentials Committee, Internal Quality Improvement Committee, Member Grievance Review Committee, Over/Under Utilization Workgroup, Pediatric Quality Committee, Peer Review Committee, Pharmacy & Therapeutics Committee, Population Health Management & Health Equity Committee, Member Grievance Review Committee, Quality/Utilization Advisory Committee, Substance Use Services Internal Quality Improvement Subcommittee and Provider Engagement Group.

The Board is responsible for reviewing and accepting all minutes and packets approved by the various advisory groups and committees, and approving the policies, program descriptions, and QIP changes that were approved by the PAC, from June 2024 through August 2024.

Reason for Resolution:

To provide the Board the opportunity to review and accept Partnership advisory committee minutes and packets. In addition, to provide the Board with all Partnership policy and program description changes approved and recommended by PAC.

Financial Impact:

Any financial impact to the HealthPlan is included in the budget.

Requested Action of the Board:

Based on the recommendation of Partnership's advisory groups & committees, the Board is asked to accept receipt of all Partnership's committee minutes and committee packets and to approve all policy and program description changes approved by PAC, linked in the agenda.

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
August 28, 2024

Agenda Item Number:
3.1

Resolution Number:
24-

**IN THE MATTER OF: ACCEPTING ALL PARTNERSHIP HEALTHPLAN OF CALIFORNIA
ADVISORY COMMITTEE MINUTES AND COMMITTEE PACKETS AND TO APPROVE
POLICY AND PROGRAM DESCRIPTION CHANGES APPROVED BY THE PHYSICIAN
ADVISORY COMMITTEE (PAC)**

Recital: Whereas,

- A. The Board has fiduciary responsibility for the operation of the organization.
- B. The Board has responsibility to review and accept all Partnership committee minutes and packets and to review and approve all policy and program description changes approved by PAC.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To accept receipt of all Partnership committee minutes and committee packets.
- 2. To obtain approval for policy and program description changes approved and recommended by PAC.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 28th day of August 2024 by motion of Commissioner seconded by Commissioner and by the following votes:

AYES: Commissioners:
NOES: Commissioners
ABSTAINED: Commissioners
ABSENT: Commissioners
EXCUSED: Commissioners

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
August 28, 2024

Agenda Item Number:
3.2

Resolution Sponsor:
Katherine Barresi, Acting CEO, Partnership HealthPlan of CA

Recommendation by:
The Personnel Committee

Topic Description:

On August 21, 2024, the Personnel Committee met and performed their annual review of Partnership's Human Resource (HR) policies for staff.

Reason for Resolution:

To provide the Board with the Personnel Committee meeting minutes for August 21, 2024 for review and approval. In addition, to ensure that Board members are aware of current HR policies for staff.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Personnel Committee, the Board is asked to approve all current HR policies for staff reviewed by the Personnel Committee on August 21, 2024 and the meeting minutes from the meeting.

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
August 28, 2024

Agenda Item Number:
3.2

Resolution Number:
24-

IN THE MATTER OF: APPROVING ALL CURRENT HR POLICIES FOR STAFF AS REVIEWED AND RECOMMENDED BY THE PERSONNEL COMMITTEE ON AUGUST 21, 2024 AND THE COMMITTEE MEETING MINUTES

Recital: Whereas,

- A. The Personnel Committee has the responsibility to review all current HR policies for staff on an annual basis, and then recommend approval to the full Board.
- B. The Personnel Committee reviewed all current HR policies for staff on August 21, 2024.
- C. The Board has responsibility to review and approve all current HR policies for staff.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To obtain approval for the current HR policies for staff reviewed by the Personnel Committee on August 21, 2024 and the committee meeting minutes.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 28th day of August 2024 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

HR POLICIES

(Reviewed by the Personnel Committee on August 21, 2024)

Group 1: Policies Containing Changes

- HR115 – Discrimination, Harassment, and Retaliation Prevention
- HR213 – Job Descriptions
- HR504 – Overtime
- HR506 – Employee Reimbursement for Employee Growth & Career Development
- HR509 – Bilingual Standards & Compensation
- HR511 – Attendance & Punctuality
- HR512 – Mileage Reimbursement
- HR514 – Employee Growth & Career Development
- HR604 – Spot Bonus
- HR605 – Management Incentive Program
- HR606 – Employee Award Program
- HR610 – Holiday Pay
- HR701 – Paid Time Off (PTO)
- HR702 – Paid Time Off Cash-Out Program
- HR703 – Family and Medical Leave; Pregnancy Disability Leave, Reasonable Accommodation, and Transfer; Personal Medical Leave; and Service Member Leave
- HR706a – 9/80 Workweek (Exempt)
- HR706b – 9/80 Workweek (Non-Exempt)
- HR710 – Paid Sick Leave (PSL)
- HR712 – Other Leaves
- HR803 –Workers Compensation

Group 2: Policies Containing No-Changes

- HR210 –Working Out of Job Class
- HR404 – Performance Reviews
- HR407 – Suspected Abuse or Neglect of Members
- HR508 – Compensation
- HR515 – Relocation & Moving Expenses
- HR608 – Employee Recognition
- HR901 – Severance Pay



MEETING MINUTES

Meeting Name: Personnel Committee Meeting

Date: August, 21, 2024

Time: 9:30am – 11:00am

Members Present: Jerry Huber, Liz Lara-O'Rourke, Nancy Starck, Nolan Sullivan, Randall Hempling, Ryan Gruver, Viola Lujan

Members Excused: Christy Coleman, JoDee Read

Staff Present: Katherine Barresi, *Acting CEO*, Patti McFarland, *CFO*, Wendi Davis, *COO*, Jennifer Lopez, *Deputy CFO*, Naomi Gordon, *Sr. Dir. of HR*, and Kalei Spangler, *Program Coordinator II*

Staff Not Present: Sonja Bjork, *CEO*

Agenda Topic	Minutes
1.1 Call to Order	Called to order at 9:32 a.m.
1.2 Roll Call	Kalei Spangler called the roll indicating there was a quorum.
1.3 Public Comments	There were no public members in attendance. No public comments.
1.4 Partnership's 2024 Benefit Highlights (pg.3)	<p>Ms. Gordon stated that there were no new benefit changes and that all benefits have been carried over from last year. She inquired whether anyone had questions.</p> <p style="text-align: center;"><i>There were no comments.</i></p>
1.5 Partnership'S 2023 Human Resources Benefits Portfolio (pg.15)	<p>Ms. Gordon stated that the portfolio is an example of the total value of compensation employees receive from Partnership (e.g. paid leave benefits, future financial well-being, health and wellness benefits, other benefits, employer-provided benefits, and annual salary). She inquired whether anyone had questions.</p> <p style="text-align: center;"><i>Commissioner Starck was curious about our commuter benefits and if Partnership staff take advantage of this great benefit.</i></p>

Ms Gordon replied that this really only benefits the small number commuting from the Bay Area, which offers the only eligible public transit in this area such as bus, rail, ferry, or vanpool.

Commissioner Starck responded that this is a great benefit being offered and hopes employees are aware and reminded of the opportunity.

Ms. Gordon replied that we will maintain promoting this benefit to new and current staff.

Commissioner Hempling asked if the Partnership Offices have on-site charging stations.

Ms. Gordon replied the Fairfield, Redding and Auburn Offices have charging stations.

Commissioner Gruver asked if Partnership employees have to be with a union to obtain these benefits.

Ms. Gordon replied no there are not with a union and that most of these benefits are offered to all newly hired employees that pass their 90 days and work a minimum of 30 hours. Any new benefits that are added to our benefits package are reviewed and approved by the Board at the Finance Committee Meeting.

Commissioner Gruver asked if there were a pay scale change, would that also be reviewed and approved by the Board.

Ms Gordon replied that if there were changes to the pay scale or wage policy, it would be due to aligning our wage/grade table and index scores to the current market.

Ms. McFarland added that board approved wage/grade tables are due to inflation with marker survey and inflation factors. COLA for a wage and grade table are not offered every year but we do have a merit system in place for wage/grade changes.

Commissioner Huber asked if this wage/grade table and merit system has steps that are followed.

Ms. Gordon replied that there are steps that are met and followed on the wage/grade table and will be discussed further into the agenda.

Ms. McFarland added that the merit system is a percentage offered depending on the employee's merit/scores.

Commissioner Sullivan asked about our 401(a) and 457 retirement plans.

Ms. Gordon explained that our 401(a) plan is a tax-advantaged savings and in-lieu of social security. Partnership employees are required to contribute 6.2% of their salary per pay period and Partnership will match dollar for dollar. Additionally, Partnership will match employee contributions to the 457 plan dollar for dollar up to 6%.

1.6 Partnership's Human Resources Policies

Group 1: Policies Containing Changes

***note – “PHC”** has been replaced with **“Partnership”** throughout every policy due to rebranding and updated Liz Gibonney to Sonja Bjork.

HR 115 – Discrimination, Harassment, and Retaliation Prevention (pg.16)

Ms. Gordon stated the changes made were the addition of “off-duty use of cannabis (that does not cause on-the-job impairment)”. As of 2024, California law prohibits discrimination against employees for off-duty use of recreational or medical cannabis. Use, possession, or impairment while working or on property is prohibited, but generally should not consider or ask about an employee's off-duty use of cannabis.

There were no comments.

HR 213 – Job Descriptions (pg.22)

Ms. Gordon stated that there were no significant changes, only updating from Liz Gibboney to Sonja Bjork.

There were no comments.

HR 504 – Overtime (pg.28)

Ms. Gordon explained the addition of shift differentials and new permitted schedules. Changing the title of the policy to “Overtime and Shift Differentials”. Ms. Gordon goes into more detail

explaining eligibility and who this will apply to. Added details include “shift differential is based on hours worked. PTO/PSL/Spot Bonus Hours will be paid at regular rate.” This also includes that if employees do not clock-in within 10 minutes of their start time, they will not receive the shift differential. Ms. Gordon explains that employees who work alternative schedules are also not eligible. A business decision was made to have one of our departments work outside our normal business hours. This also prepares us as we look to implementing Medicare and the extended hours that will be required by CMS.

Commissioner Huber asked if this provides Partnership with weekend coverage.

Ms. Davis responded that this provides the transportation team with the capacity to work outside of normal business hours.

Commissioner Lujan asked if Partnership offers this to the nursing staff to work outside of normal business hours.

Ms. Barresi replied that for now it is only with member facing and provider facing departments but will continue to look towards implementing this for nurses and others in the organization.

HR 506 – Employee Reimbursement for Employee Growth & Career Development (pg.32)

Ms. Gordon stated there was an update in the policy to clarify the form names, so both the policy and attachments match. The Licensure Renewal & Membership Dues Approval Form has been added to the Attachments. The verbiage has been added, “Failure to provide required documentation may result in delays in the reimbursement process”.

There were no comments.

HR 509 – Bilingual Standards & Compensation (pg.40)

Ms. Gordon explains our bilingual pay has been adjusted from \$40 to \$100 per pay period. We were not competitive in our bilingual pay practices and recruiting staff who spoke one of our threshold languages. Wanted to be more competitive in recruiting for that skill set. Removed that Partnership will provide bilingual payments of \$55 per pay period for the “Certified Trainer” as we

go through an external testing organization (Language Testing International). It has also been stated that those who are absent for the entire pay period are not eligible for bilingual pay but those who work a portion of the pay period and use PTO/PSL remain eligible.

Commissioner Lujan asked if this is a requirement for employees who are regularly using bilingual language skills.

Ms. Gordon replied that a bilingual exam is issued at least once annually to employees whose position responsibilities require the bilingual language skills.

Ms. Davis added that majority of these candidates are in Member Services.

Commissioner Sullivan asked if the employee no longer works in the Member Services department, are they still eligible for the pay differential and/or to re-certify. Inquired about our approved binlingual exam vendor.

*Ms. Gordon replied that there must be business need in any department to be eligible for the bilingual exam as well as the bilingual pay differential. Shared that we use **Language Testing International** as our testing vendor.*

Commissioner Starck inquired on the number of threshold languages we utilize in-house.

Ms. Gordon replied that we test for Spanish, Tagalog, and Russian.

HR 511 – Attendance & Punctuality (pg.44)

Ms. Gordon stated that we added “HR 712” to related policies and updated the attachments. We have employees reach out to HR to discuss an LOA, if may be out for 5 consecutive days that were unscheduled. We added the verbiage, “employees elects to utilize available PSL” as clarity. We also removed the “California Mandatory”.

There were no comments.

HR 512 – Mileage Reimbursement (pg.56)

Ms. Gordon stated the changes made were in regards to Part Time Remote, Full-Time Remote, Out of State Employees, and travel time for all Remote Workers and broken down with their own eligibility. There was additional clarity added around compensable and non compensable events. The last addition states “All employees must use the mileage app in Concur to calculate mileage.

If traveling from home to airport for company business, deduct your usual mileage from home to work and record any remaining mileage to the airport.”

Commissioner Sullivan asked if we pay our remote workers' home internet, phone services, etc.

Ms. Gordon replied that we do not. That the Telework Program is a benefit that we offer our employees that may or may not take advantage of it.

Commissioner Lujan shared that this was learned and adapted from the COVID times and kudos to Partnership for being able to offer this to the Partnership employees.

Ms. Davis added that with this program we must have a solid management in place to keep track of production from teleworkers.

Commissioner Sullivan agreed and added that we must also have clear metrics and employee management to be able to handle remote workers. Added that this is the new battle with bringing telework into an organization. Challenges include the employee production from positions such as analysts and other positions that aren't production based.

Ms. Barresi stated that we are around 30% full-time remote and that it aids in retention and the approach to recruit and can work incredibly well during this time in our expansion and growth.

Ms. Davis shared that with our employee engagement survey, we've seen both spectrums from low scores regarding lack of communication and feeling isolated to the appreciation of being offered a work-life balance.

Commissioner Sullivan shared that they may pull half of their remote workers back into the office due to performance issues and asked how we track employee management and if we have any tools we can share.

Ms. Gordon replied that we utilize WingSpan, a performance management system that we issue evaluations to our staff and their direct reports annually and all at once. The written evaluations are then shared with 2nd level management. Also added that we are currently in the review stages of Focal Review for this year.

Commissioner Huber asked if there are different evaluations for different levels or roles.

Ms. Gordon replied yes that we have different forms for Individual Contributor to different levels of management.

Ms. Gordon also shared that we are really intentional with remote work and the management of our remote workers and ensure we provide the tools to be successful not only to the employee but the management as well. One thing we enforce for full-time telework is the requirement to come into the office at least twice a year to feel connected and build in person relationships.

HR 514 – Employee Growth & Career Development (pg.61)

Ms. Gordon stated the Licensure Renewal & Membership Dues Approval Form has been added as an Attachment. The previous tuition and certification forms were combined and replaced by the Tuition/Certification Approval Form. “Star 12 Membership Trainings” has been removed from the policy as this is no longer offered to employees.

There were no comments.

HR 604 – Spot Bonus (pg.73)

Ms. Gordon explains we expanded the process for awarding any monetary reward.

“Monetary rewards to recognize employees for extraordinary performance that goes beyond expected or required productivity; exceptional contributions in the performance of special projects of significant important, organizing/implanting an innovation that improves efficiency, reduces costs, or assumptions of additional workload for a period of time.”

We also updated the policy so the CEO has final discretion on amounts and the rewards should not be related to organizational goals. The section regarding monetary awards for the Continuation of Insurance Premium Program has also been removed as this is no longer a monetary award given. The “Reward for Special Performance” has been changed to “Time off Rewards”.

Commissioner Stark inquired how awardees are selected and if the policy ensures the awards are equitable and not based on favoritism.

Ms. Gordon explained that all awards submitted are approved by the department head, go through an HR review, then submitted for final approval by the CEO.

HR 605 – Management Incentive Program (pg.78)

Ms. Gordon stated that the goal program has been restructured where organizational goals and metrics are assessed. These are finalized by the Executive team and applies to the entire organization.

Commissioner Huber inquired about making our new hires aware of the current organizational goals during our onboarding process.

Ms. Gordon replied yes that it is discussed at New Hire Onboarding and also posted on PHC4ME (intranet) for transparency.

Ms. Barresi added that discussion continues at the department level. Supervisors and above are responsible for ensuring their line staff know how they will contribute to the fiscal year goals and what you should be writing on your focal reviews. Employees that are directly impacted with the goal outcomes will be notified, invited, and included on goal meetings and all goal communication.

Ms. Gordon shared that the goal program has been rebranded from HR to the Project Management Office (PMO) for a more efficient and transparent workflow through Workfront (a project management system).

Commissioner Sullivan inquired on the size of Partnership’s HR department.

Ms. Gordon replied we are a department of 30 to support an organization of 1200 employees.

Ms. Lopez added that we are actively hiring more resources in HR and IT for our current workforce and future growth within the organization.

HR 606 – Employee Award Program (pg.84)

Ms. Gordon stated that additional language was added to include any amount changes from the policy are at the discretion of the CEO.

There were no comments.

HR 610 – Holiday Pay (pg.88)

Ms. Gordon stated that there were no significant changes, only rebranding from PHC to Partnership changes.

There were no comments.

HR 701 – Paid Time off (PTO) (pg.93)

Effective January 1, 2024, SB 616 CA Healthy Workplaces Health Families Act was expanded to add additional days of PSL. When the original Senate Bill was passed in 2015, Partnership addressed this reallocating 30 PTO hours to 30 PSL hours. However, any unused hours rolled over to PTO. When the state expanded the requirement to five days, we updated our policies to accommodate this new requirement. We have reallocated the 30 hours to PTO, but as you will see in HR710, any unused PSL hours are not rolled over into PTO. Ms. Gordon confirmed this is a cost neutral change.

Commissioner Lujan inquired if PTO hours are accumulated.

Ms. Gordon stated that PTO hours are accrued based on hours paid, excluding overtime in excess of 80 hours and start accruing from date of hire.

HR 702 – Paid Time Off Cash-Out Program (pg.99)

Removed language on approved ways an employee can use PTO. These policy changes were updated in conjunction with our Paid Sick Leave policy on page 134.

There were no comments.

HR 703 – Family and Medical Leave; Pregnancy Disability Leave, Reasonable Accommodation, and Transfer; Personal Medical Leave; and Service Member Leave (pg.103)

Ms. Gordon stated that we added a section for “Returning to Work” to either notify Partnership that you are or are not returning to work and what is required.

There were no comments.

HR 706a – 9/80 Workweek (Exempt) (pg.118)

Ms. Gordon stated that exempt employees may request schedule changes at any time during the year versus our previous enrollment times in December and June. PSL was also removed as an option to combine with PTO for the minimum requirement for an exempt employee to be eligible for the 9/80 workweek schedule. Bereavement Leave was updated to read, “Up to 5 days of leave, three of which are paid”.

Commissioner Huber inquired about employee coverage in the organization with utilizing the 9/80 schedule.

Ms. Gordon replied that schedules are determined at a department level and at the discretion of the department director to ensure coverage and business needs are met.

Commissioner Huber commented that the combination of 9/80 schedules and remote workers makes it difficult to ensure coverage.

Ms. Gordon replied that there’s an expectation and depending on job responsibilities, we may ask to come in for coverage needs.

Ms. Barresi shared that we receive a lot of support from management ensuring business needs are met. This benefit is also not for everyone so we have staff that aren’t taking advantage of the 9/80 schedule. Those that appreciate that we offer that work-life balance.

Commissioner Sullivan inquired if we offer any other types of schedules (i.e 4-10s, weekends, etc.)

Ms. Gordon replied yes we offer a 4-10 schedule to eligible staff in an eligible department. This is not offered organization wide.

HR 706b – 9/80 Workweek (Non-Exempt) (pg.126)

Ms. Gordon stated that we removed PSL as an option to combine with PTO for the minimum requirement for a non-exempt employee to be eligible for the 9/80 workweek schedule. We also updated bereavement leave to the state requirement of 5 days.

Comments combined with HR706a.

HR 710 – Paid Sick Leave (PSL) (pg.134)

Ms. Gordon stated the policy was updated to reflect the new allotted PSL hours that full-time, part-time, on-call, and temporary employees will receive on January 1 of each calendar year. For unused PSL hours, we replaced “will reset each year” to “do not carry over into the next year” and removed verbiage regarding rolling over any unused PSL balances at the end of each year throughout the policy. Added recovering from physical/mental illness or injury to the current list of reasons.

There were no comments.

HR 712 – Other Leaves (pg.140)

Ms. Gordon stated that there were very minor edits to this policy including adding “not limited to 8 hours” to the PTO, PSL, or LWOP taken for bereavement leave.

There were no comments.

HR 803 – Workers’ Compensation (pg.152)

Ms. Gordon stated that we updated the Medical Provider Network (MPN) and contact information as well as participating Medical Provider Network Treatment Locations, their hours and contact information for employees to seek treatment. In addition to MPN, there were minor edits adding available “Paid Sick Leave” and “Catastrophic Leave” for use by employee during the waiting period. Partnership’s 3rd party administrator was updated from Athens Administrators to our current administrator, Berkshire Hathaway Homestate Insurance Company.

There were no comments.

Group 2: Policies Containing No-Changes (pg.158)

List of Policies Containing No Changes:

- HR210 – Working Out of Job Class
- HR404 – Performance Reviews
- HR407 – Suspected Abuse or Neglect of Memembers
- HR508 – Compensation
- HR515 – Relocation & Moving Ecpenses
- HR901 – Severance Pay

There were no comments.

Ms. Gordon inquired whether anyone had questions.

Commissioner Huber inquired about our EAP program and would like to hear more on that. Also expressed that we have some impressive policies.

Commission Lujan inquired on our Workers' Comp incident rate and if it's low or should be a concern and what's the percentage.

Ms. Gordon replied that our Workers' Comp carrier is great and are on top of the issues as they are reported. We have a low percentage rating.

Commissioner Lujan inquired on education surrounding employee awareness and training on proper equipment management.

Ms. Gordon shared that we've certified our Facilities staff in Ergonmics in the Workplace to better equip them with the knowledge to transfer to the employees when equipment is being assigned or requested. If there is more than an equipment request, HR and Facilities will work with our outside Ergonomist vendor to ensure the employee is evaluated for proper ergonomic work stations.

Commission Huber shared that this will be his last Personnel Committee Meeting as he will be retiring at the end of 2024.

Commission Hempling also shared his retirement and this may also be his last Personnel Committee Meeting.

<p>1.7 Partnership's 2024 Event Calendar (pg.177)</p>	<p>Ms. Gordon explained that this item is included to let the Committee know what events Partnership provides or holds monthly. She inquired whether anyone had questions.</p> <p><i>There were no comments.</i></p>
<p>All In Favor Of Policy Changes</p>	<p><i>Those in favor of changes:</i> <i>Jerry Huber, Board Commissioner</i> <i>Liz Lara-O'Rourke, Board Commissioner</i> <i>Nancy Starck, Board Commissioner</i> <i>Nolan Sullivan, Board Commissioner</i> <i>Randall Hempling, Board Commissioner</i> <i>Viola Lujan, Board Commissioner</i> <i>Katherine Barresi, Acting CEO</i> <i>Wendi Davis, COO</i> <i>Patti McFarland, CFO</i> <i>Jennifer Lopez, Deputy CFO</i> <i>Naomi Gordon, Sr. Dir. of HR</i></p>
<p>1.8 Adjournment</p>	<p>The meeting adjourned at 10:50 a.m.</p>

Respectfully submitted by:

Kalei Spangler, Program Coordinator II

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
August 28, 2024

Agenda Item Number:
3.3

Resolution Sponsor:
Katherine Barresi, Acting CEO, Partnership HealthPlan of CA

Approved by:
Mendocino County Board of Supervisors and Partnership Staff

Topic Description:

The Mendocino County Board of Supervisors met on July 23, 2024 and reappointed Darcie Antle as the Mendocino County Representative to the Partnership Board for another 4-year term of office, commencing on August 28, 2024 and terminating on August 27, 2028.

Reason for Resolution:

To get Board approval to reappoint Darcie Antle to the Partnership Board representing Mendocino County.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Mendocino County Board of Supervisors and Partnership Staff, the Board is asked to approve the reappointment of Darcie Antle.

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
August 28, 2024

Agenda Item Number:
3.3

Resolution Number:
24-

**IN THE MATTER OF: APPROVING BOARD COMMISSIONER REAPPOINTMENT OF
DARCIE ANTLE**

Recital: Whereas,

- A. The Mendocino County Board of Supervisors reappointed Darcie Antle to the Partnership Board for another 4-year term of office.
- B. The Board has authority to approve Commissioner appointments.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the Mendocino County reappointment of Darcie Antle.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 28th day of August 2024 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioner:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
August 28, 2024

Agenda Item Number:
3.4

Resolution Sponsor:
Dr. Moore, CMO, Partnership HealthPlan of CA

Recommendation by:
The Physician Advisory Committee (PAC)

Topic Description:

Dr. Christina Lasich, Chief Medical Executive at Sutter Health Lakeside Hospital, has been appointed to the Physician Advisory Committee as a voting member.

Reason for Resolution:

To accept the appointments of Dr. Christina Lasich to the Physician Advisory Committee.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation from the Physician Advisory Committee, the Board is asked to accept the new appointment of Dr. Christina Lasich to PAC.

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
August 28, 2024

Agenda Item Number:
3.4

Resolution Number:
24-

**IN THE MATTER OF: APPROVING PHYSICIAN ADVISORY COMMITTEE
APPOINTMENT OF DR. CHRISTINA LASICH**

Recital: Whereas,

- A. Dr. Christina Lasich has been appointed to PAC as a voting member.
- B. The Board has authority to approve advisory committee membership changes.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To accept the appointment of Dr. Christina Lascich to the Physician Advisory Committee.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 28th day of August 2024 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 28, 2024

Agenda Item Number:
4.1

Resolution Sponsor:
Wendi Davis, COO, Partnership HealthPlan of CA

Recommendation by:
Partnership Staff

Topic Description:

The Semi-Annual Board Dashboard is a tool developed by the Partnership management team. The dashboard reflects the organization's major focus areas and priorities and allows the Board to track key metrics across the organization.

Reason for Resolution:

To provide the attached Semi-Annual Board Dashboard for review and approval.

Financial Impact:

There is no measurable financial impact to HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership staff, the Board is asked to approve the Semi- Annual Board Dashboard.

**REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
August 28, 2024

Agenda Item Number:
4.1

Resolution Number:
24-

IN THE MATTER OF: APPROVING THE SEMI-ANNUAL BOARD DASHBOARD

Recital: Whereas,

- A. The Semi-Annual Board Dashboard includes key metrics to monitor Partnership’s operations.
- B. The Board has ultimate responsibility for ensuring operational excellence.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the Semi-Annual Board Dashboard.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 28th day of August 2024 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk



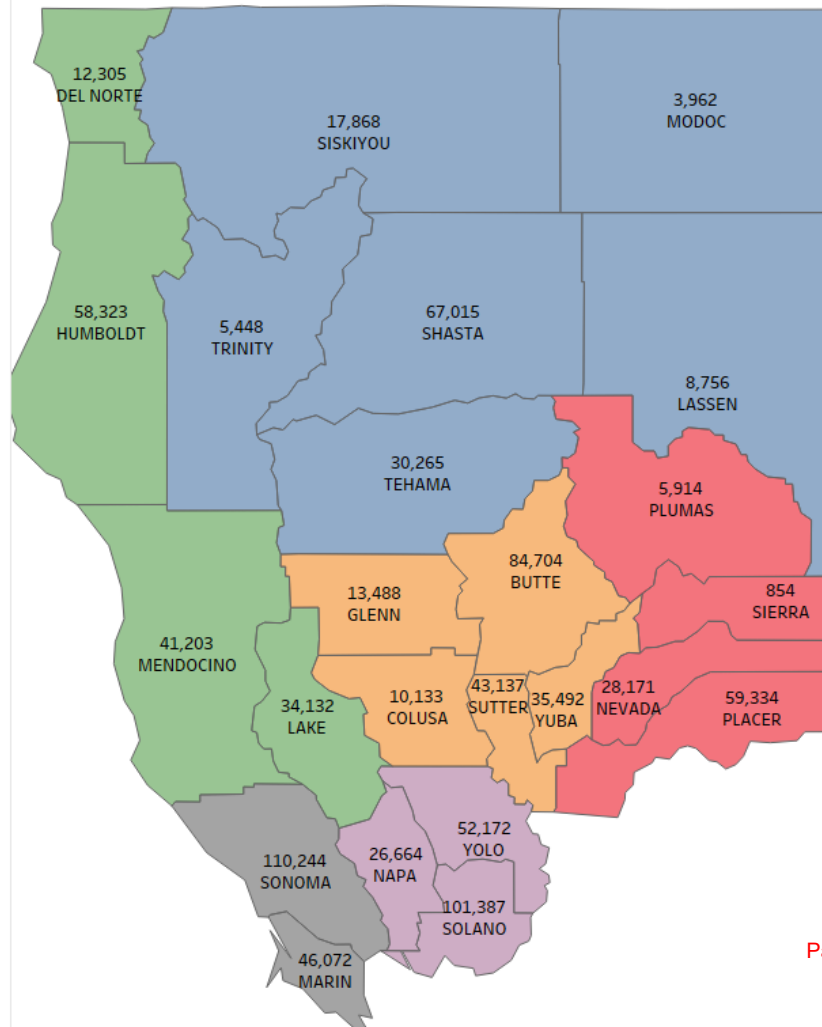
Executive Dashboard

Date: August 2024

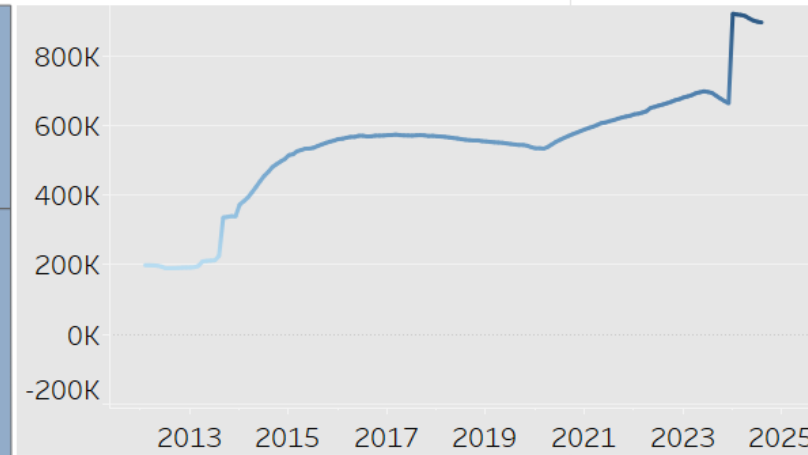
Disclaimer: Data presented in the following slides are a snapshot moment in time. There may be some differences between what is presented below and what you've seen in other presentations.

Membership Dashboard

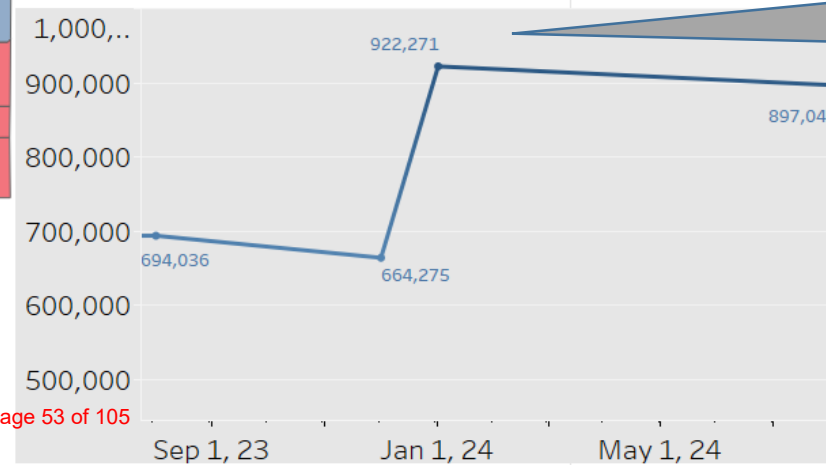
897,043					
Auburn	Chico	Eureka	Fairfield	Redding	Santa Rosa
94,273	186,954	145,963	180,223	133,314	156,316



Annual Membership Trend



7/1/23 - Current

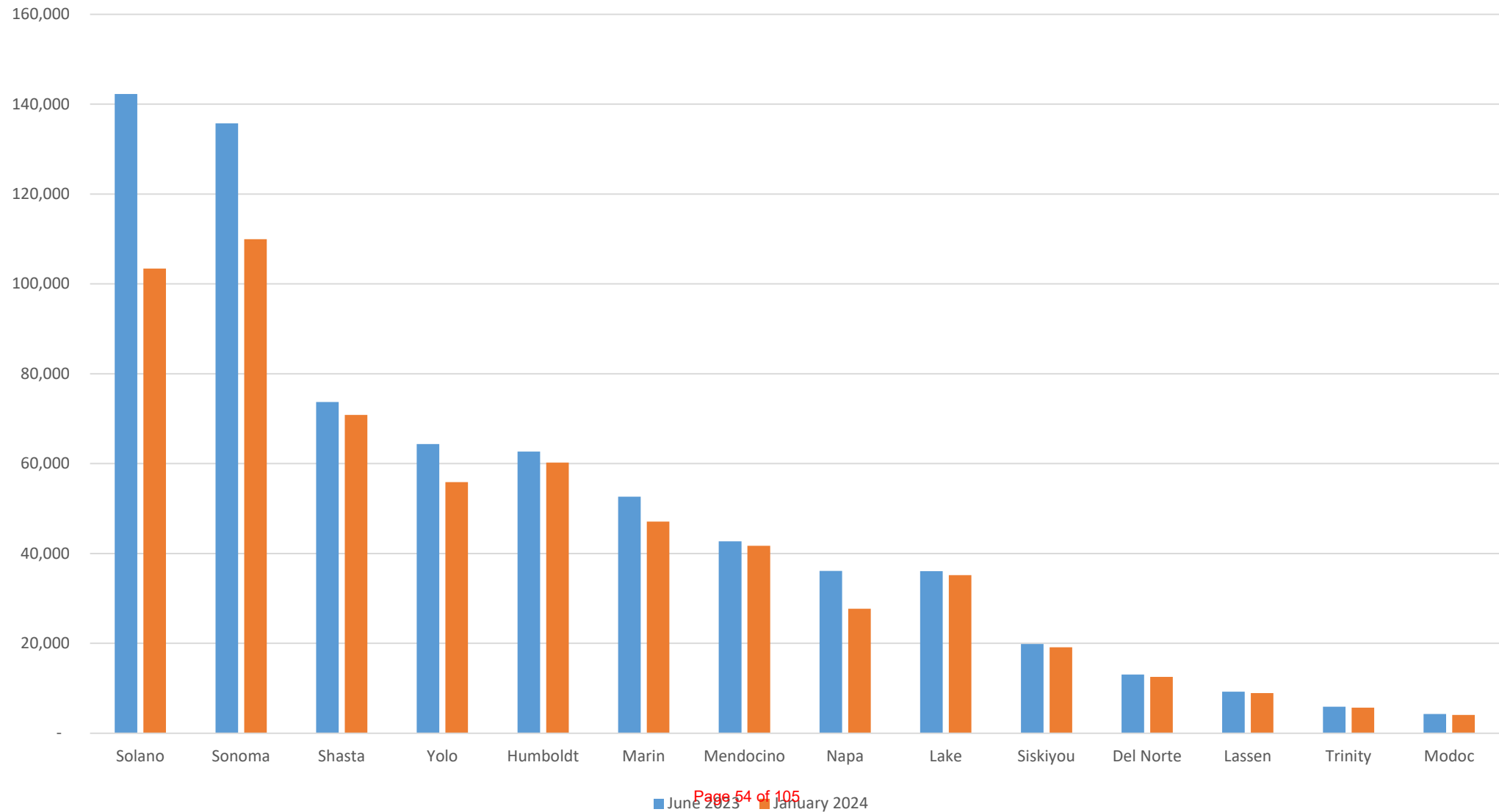


As of January 2024, our membership grew due to the expansion of 10 new counties.



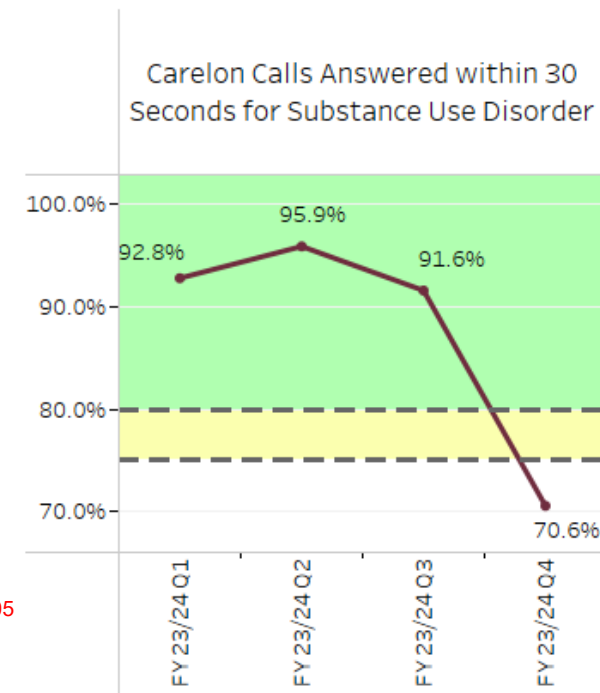
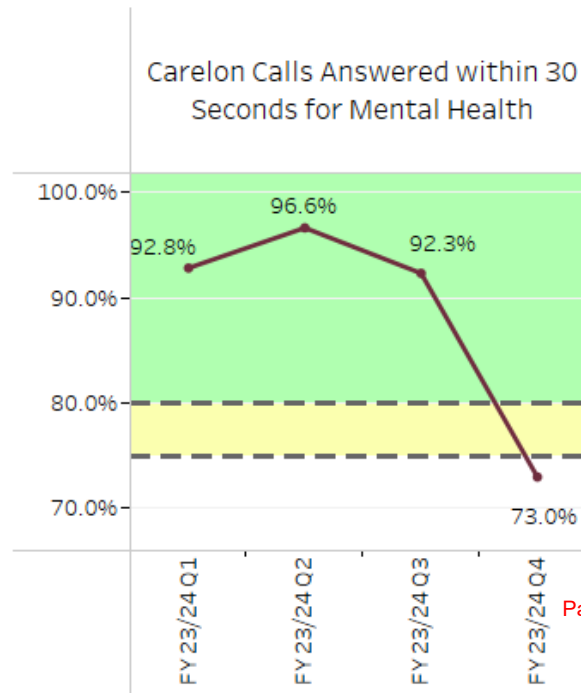
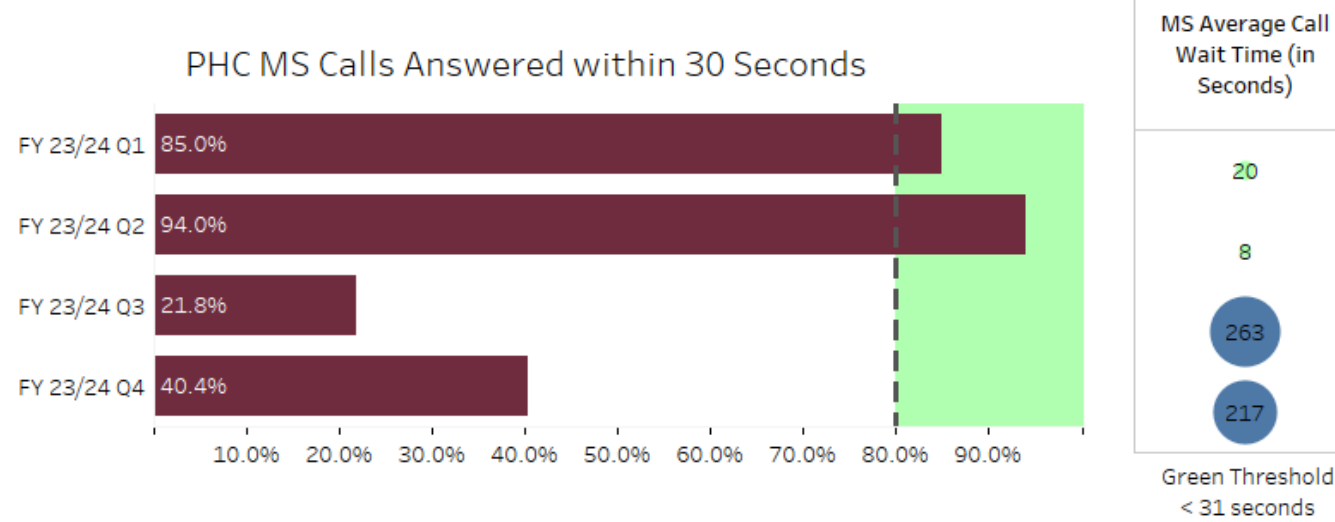
Membership Shift by County

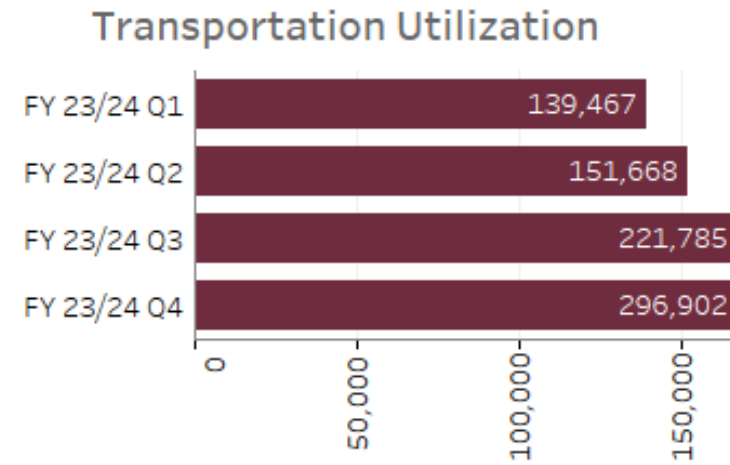
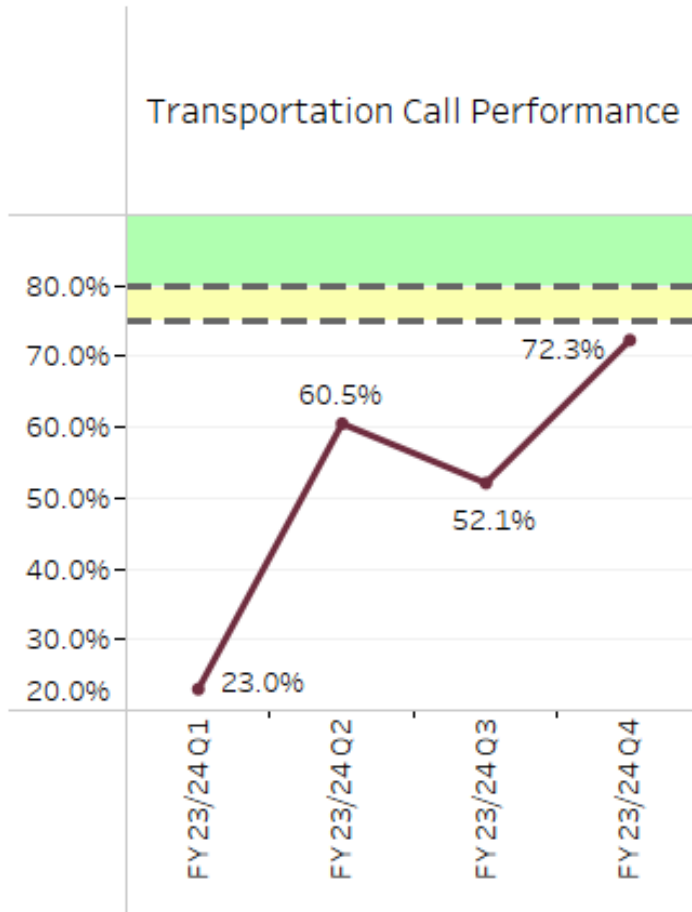
Membership shift by County



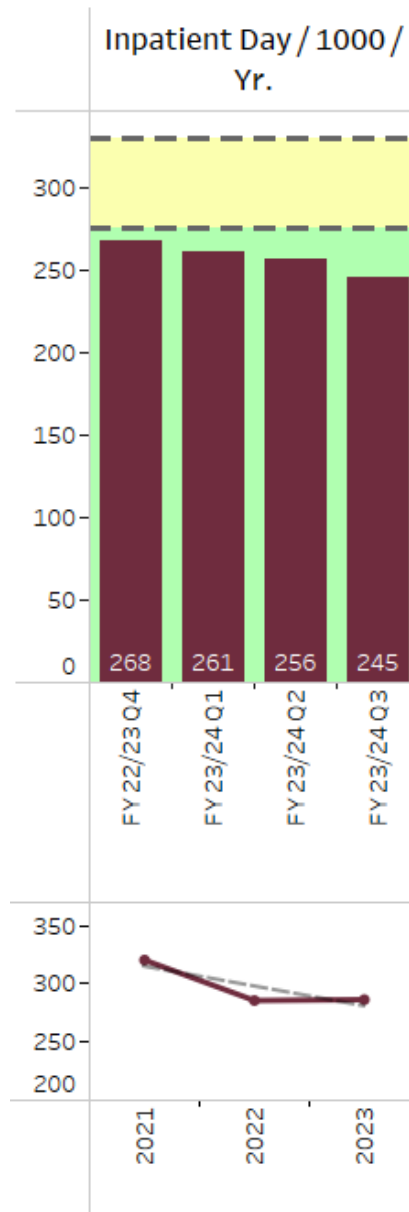
Membership Shift by County

County	June 2023	January 2024	Population Change
Solano	142,243	103,418	-27%
Sonoma	135,736	109,942	-19%
Shasta	73,719	70,830	-4%
Yolo	64,330	55,859	-13%
Humboldt	62,680	60,196	-4%
Marin	52,631	47,103	-11%
Mendocino	42,686	41,693	-2%
Napa	36,117	27,671	-23%
Lake	36,049	35,154	-2%
Siskiyou	19,851	19,121	-4%
Del Norte	13,060	12,554	-4%
Lassen	9,239	8,903	-4%
Trinity	5,895	5,678	-4%
Modoc	4,287	4,068	-5%
Total	698,523	602,190	-14%

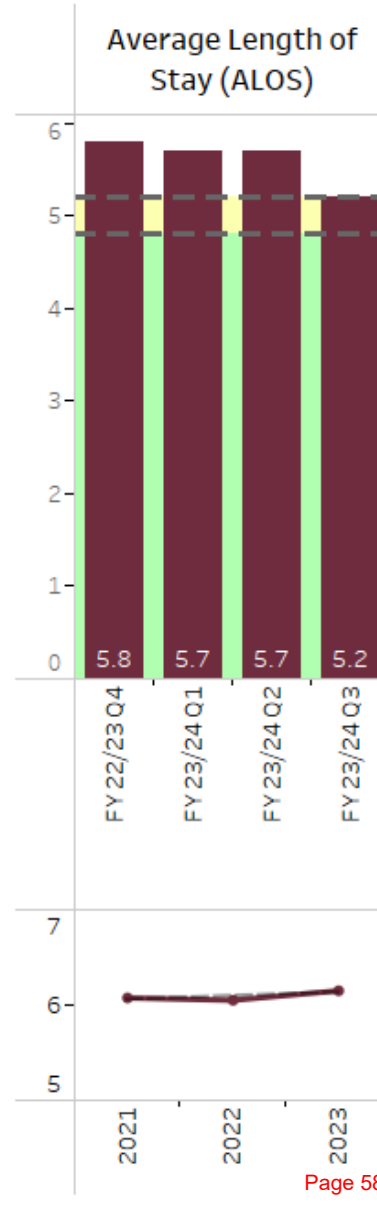




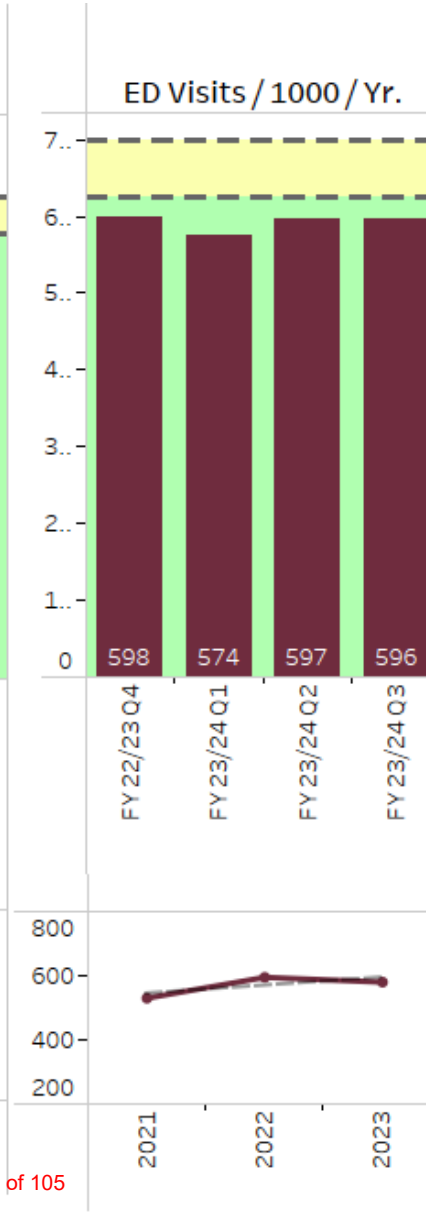
Medical Utilization Dashboard



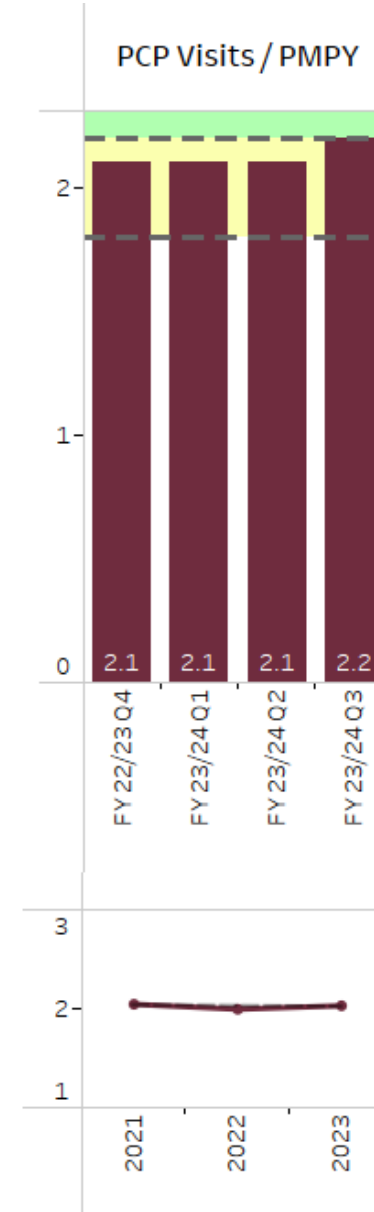
Calendar Year



Calendar Year



Calendar Year

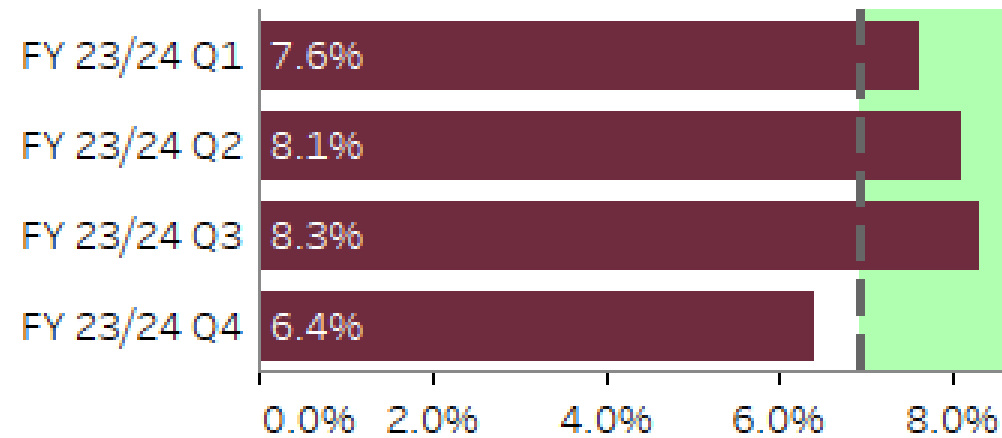


Calendar Year

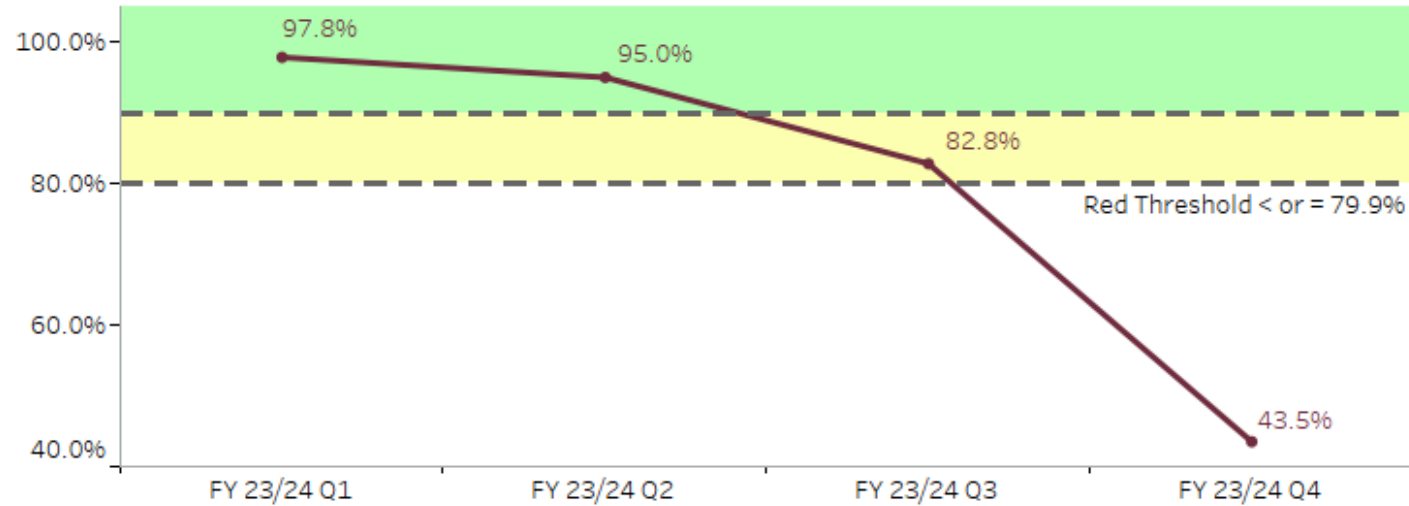


Behavioral Health Utilization

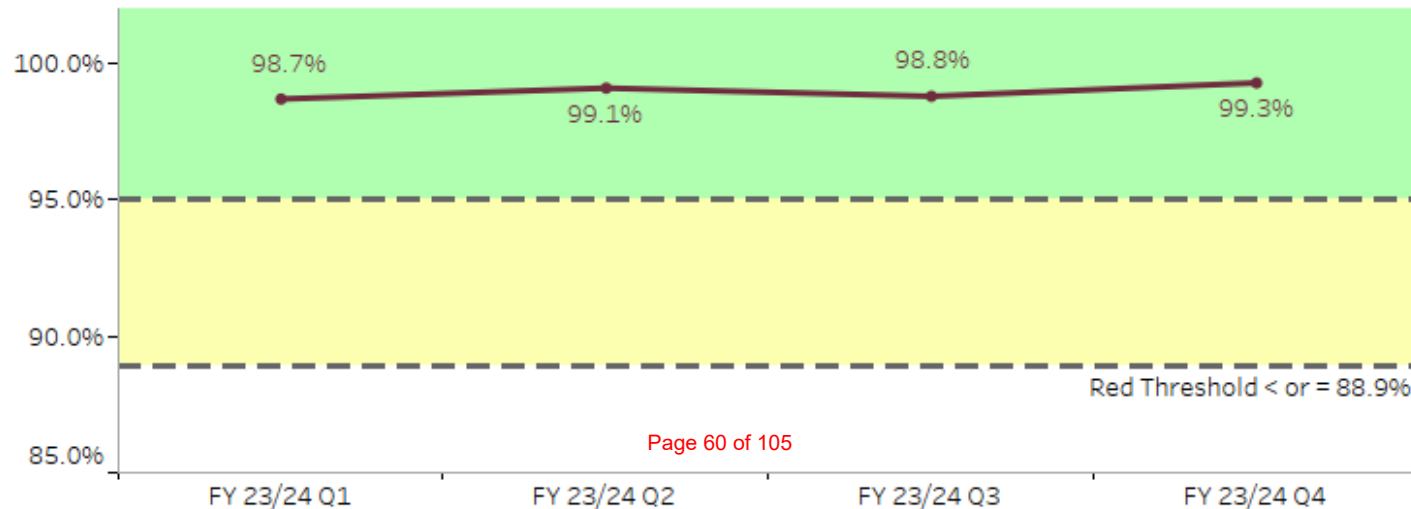
Mental Health Access Plan-Wide Utilization Rate



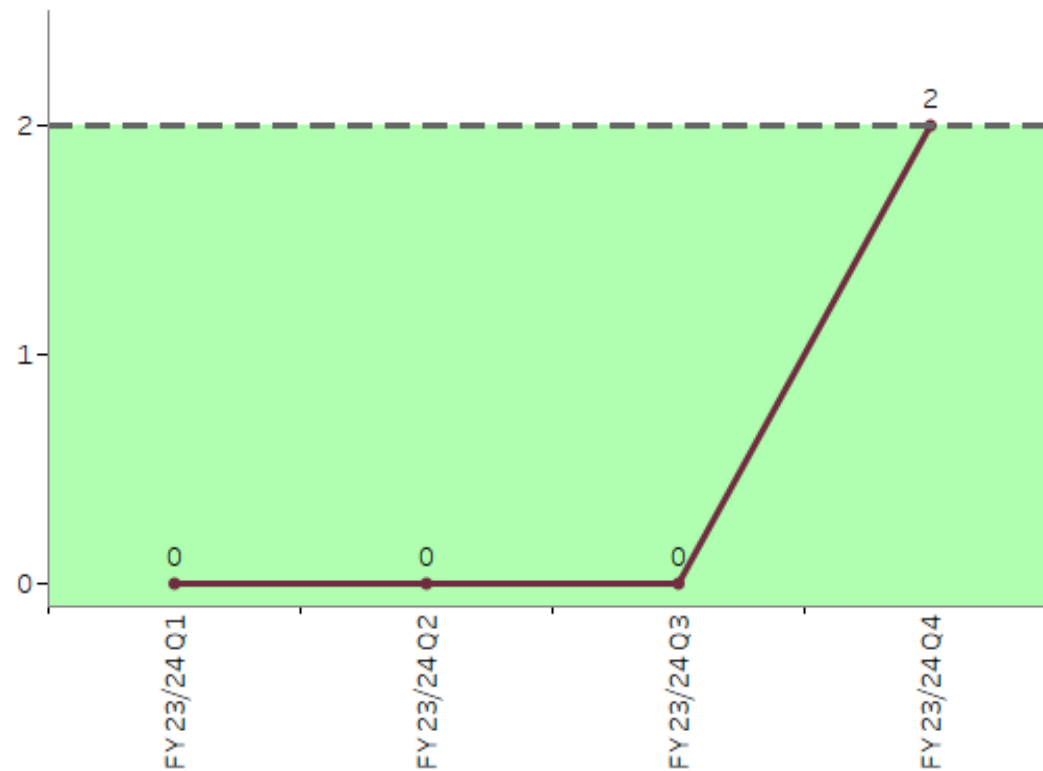
Medi-Cal Outpatient TAR Timeliness



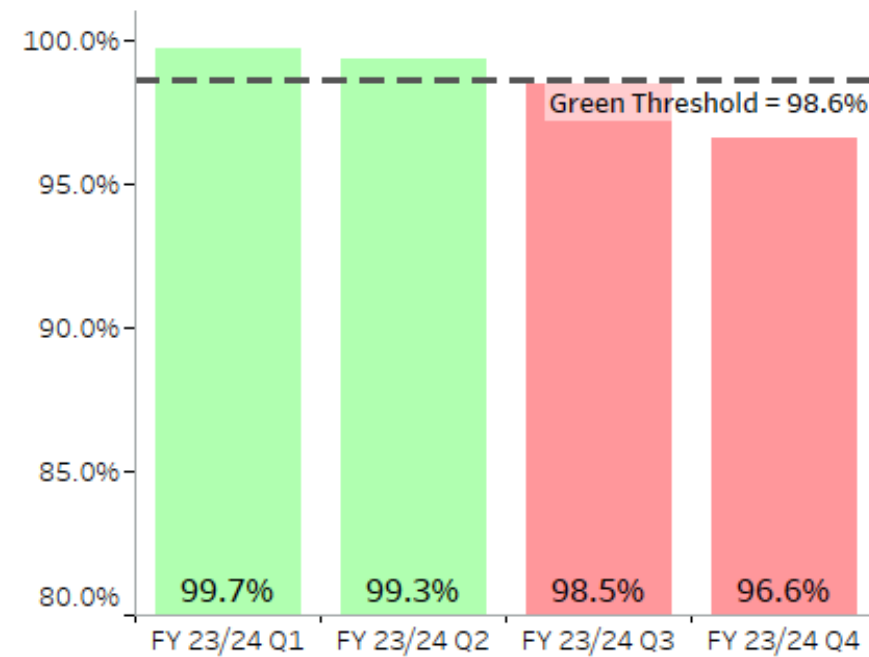
Pharmacy TAR Timeliness



Medi-Cal State Hearings Overturned by DHCS



Medi-Cal Cases Closed within DHCS-Mandated Timeframes

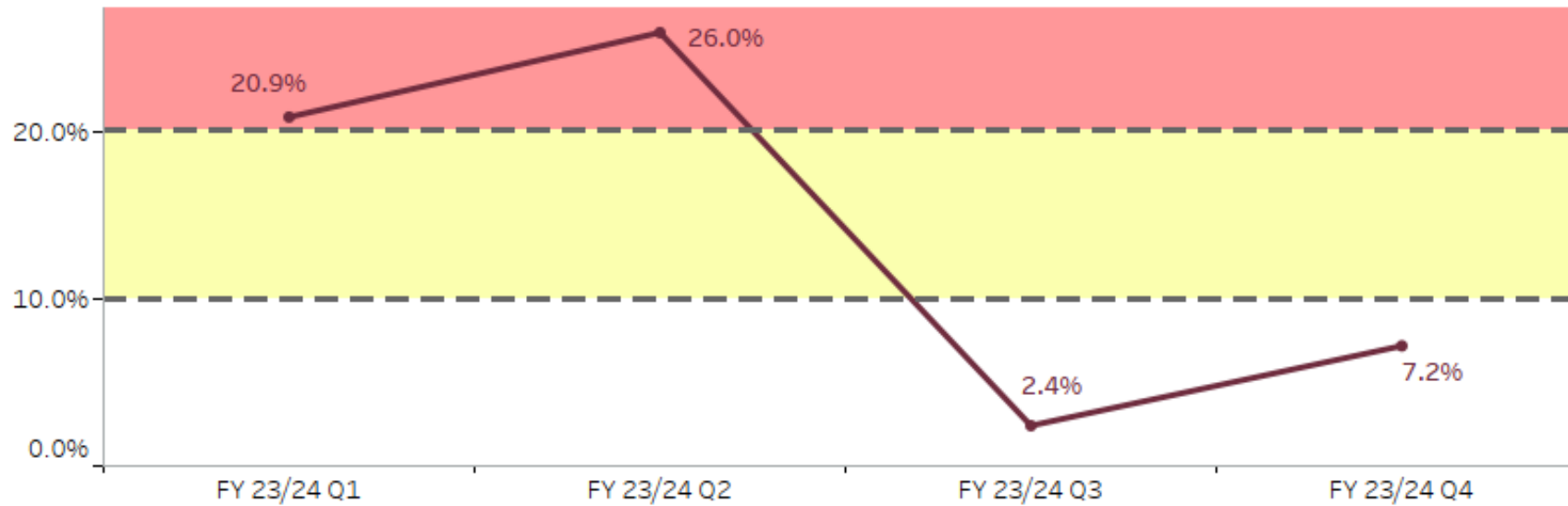


Medical Claims

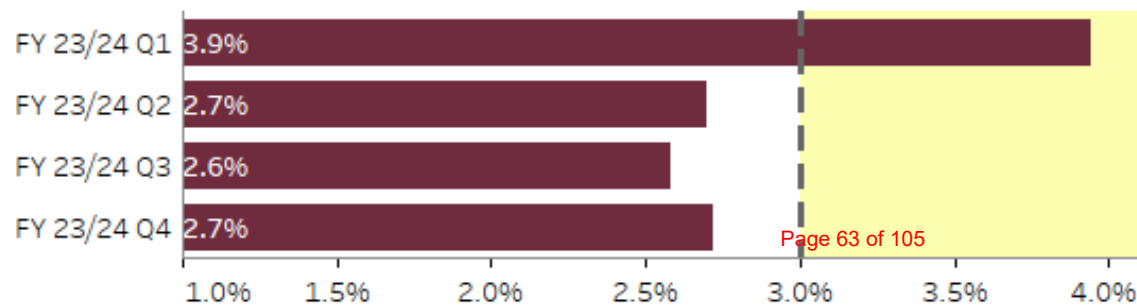
Mental Health Claims

	Percent of Medi-Cal Claims Auto-Adjudicated	Medi-Cal Claims Accuracy	* Percent of Claims Paid / Denied Within 45 BusinessDays	Percent of Mental Health Claims Paid within 45 Days
FY 23/24 Q1	61.0%	98.1%	100.0%	99.0%
FY 23/24 Q2	62.0%	98.1%	100.0%	99.0%
FY 23/24 Q3	58.0%	98.1%	100.0%	99.0%
FY 23/24 Q4	58.0%	Reported one quarter behind	99.9%	99.0%
	Green Threshold $\geq 55\%$	Green Threshold $\geq 97\%$	Green Threshold $\geq 97\%$	Green Threshold $\geq 95\%$

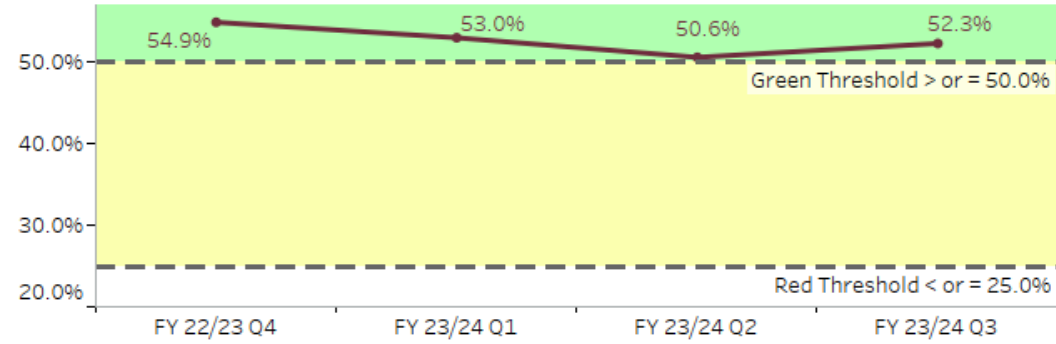
Percentage of Positions Open after 90 days (Actively Recruiting)



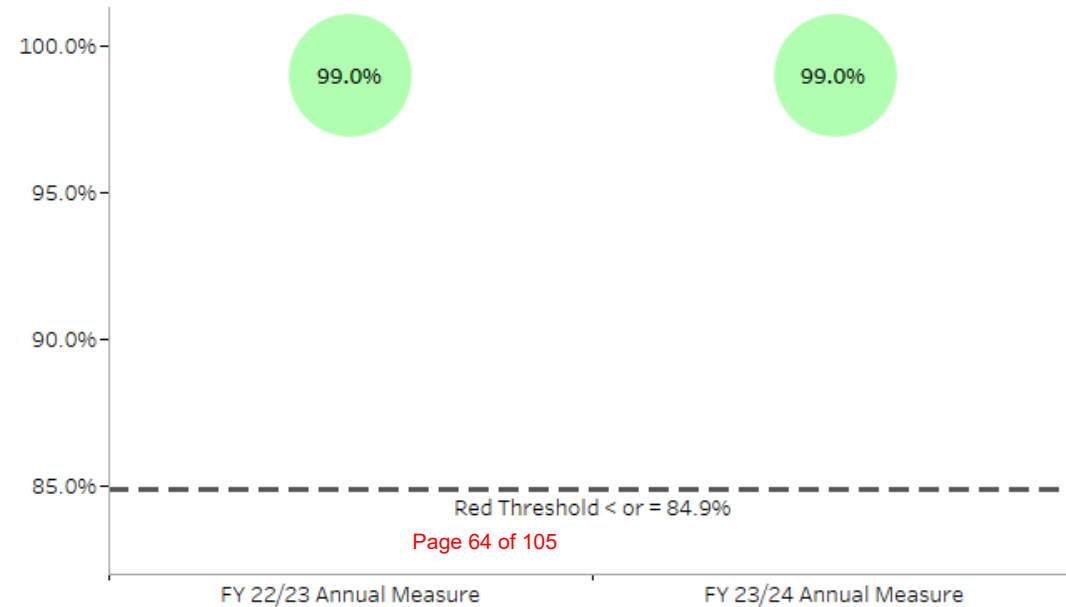
Employee Turnover Rate (All Cause)



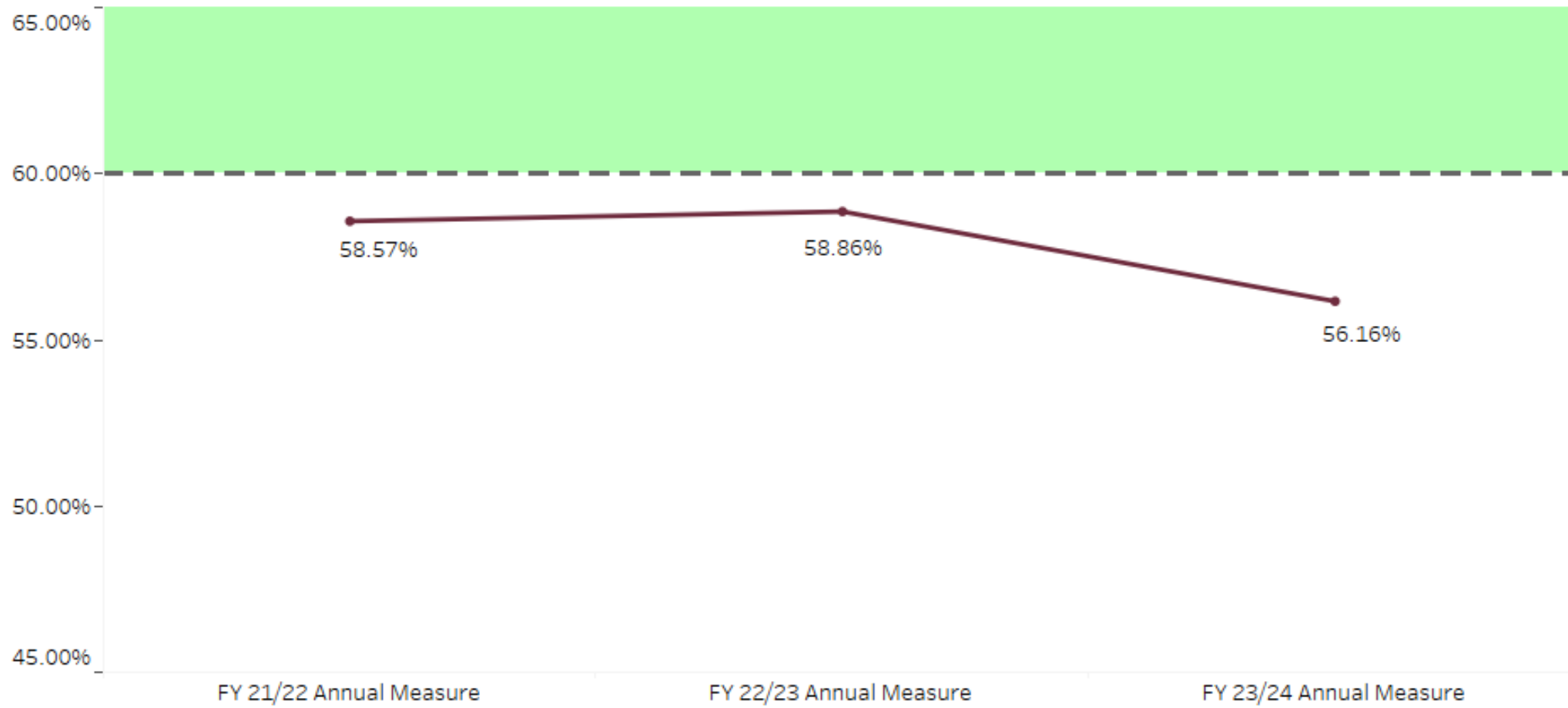
% of Total Specialist Utilization Compared with a Well-Managed Benchmark

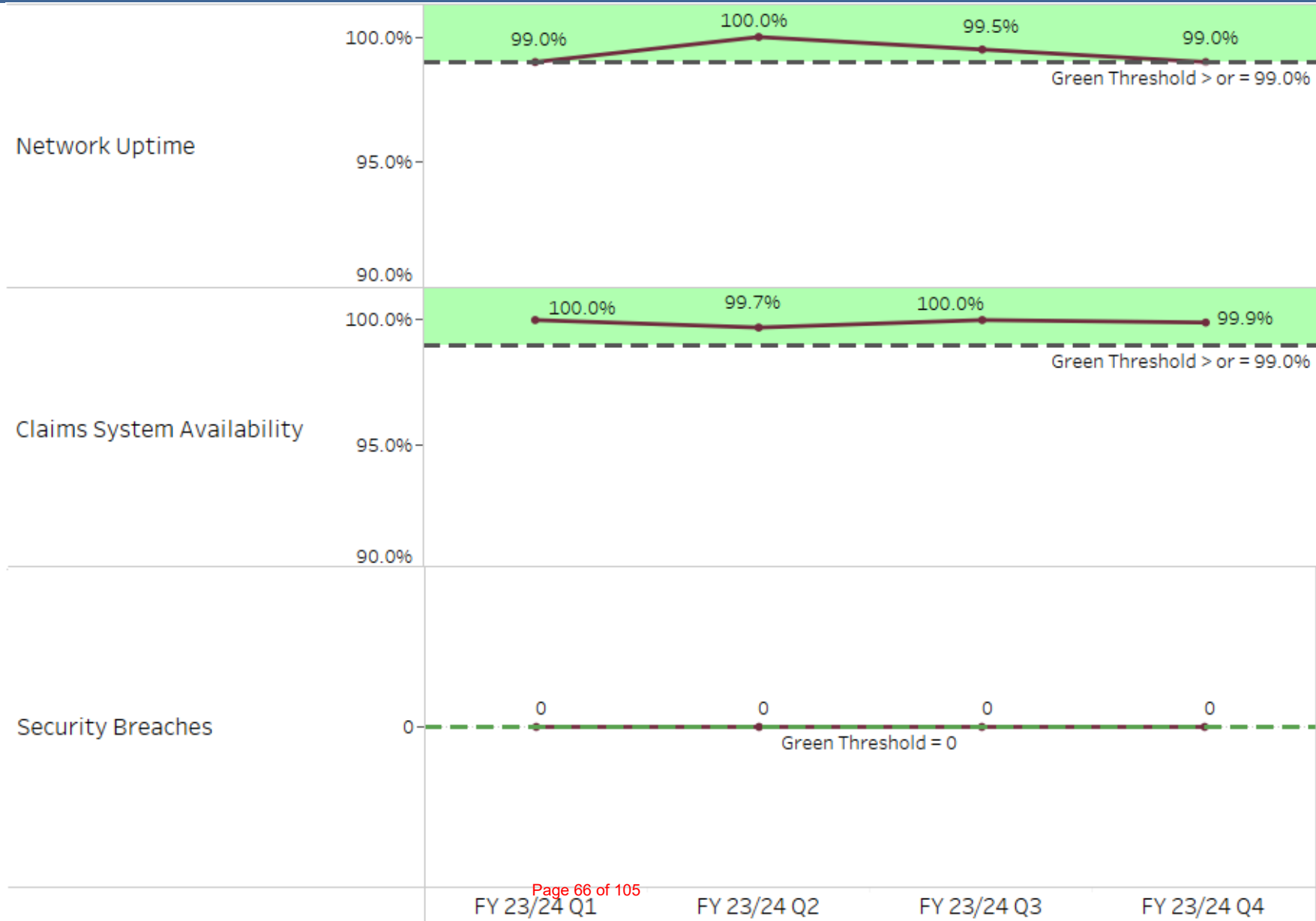


**Provider Satisfaction
(Overall Satisfaction with Plan)**



HEDIS Plan-wide Composite Score





REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
August 28, 2024

Agenda Item Number:
4.2

Resolution Sponsor:
Katherine Barresi, Acting CEO, Partnership HealthPlan of CA

Recommendation by:
Partnership Staff

Topic Description:

The Compliance Dashboard outlines activities to track Partnership HealthPlan's Compliance Program and regulatory and contractual requirements.

Reason for Resolution:

To ensure Board members have the opportunity to review the Compliance Dashboard quarterly.

Financial Impact:

There is no measurable impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the staff, the Board is being asked to approve Partnership's Q22024 Compliance Dashboard.

**REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date
August 28, 2024

Agenda Item Number:
4.2

Resolution Number:
24-

**IN THE MATTER OF: APPROVING THE PARTNERSHIP HEALTHPLAN COMPLIANCE
DASHBOARD**

Recital: Whereas,

- A. Partnership staff is committed to conducting business in compliance with all required standards.
- B. The Board has responsibility for reviewing and approving the organizational Compliance Dashboard.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve Partnership’s Q22024 Compliance Dashboard.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 28th day of August 2024 by motion of Commissioner seconded by Commissioner and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

ATTEST:

BY: _____
Ashlyn Scott, Clerk

2024 Regulatory Affairs and Compliance Dashboard

Category	Description	Q1	Q2	YTD	Comments
DELEGATION OVERSIGHT	Annual Delegate / Subcontractor Audits	0 / 0	9 / 9	9 / 9	
When PHC delegates administrative functions that it is required by contract or regulation to perform, PHC retains the ultimate responsibility for the performance of these functions and must monitor and evaluate the performance of these functions when performed by a delegate.	Quarterly percentage to demonstrate the total number of annual delegate/subcontractor audits completed within 30 days following the planned months, as defined by the audit calendar.	#DIV/0!	100%	100%	
	Oversight of Delegate Reporting	27 / 28	19 / 19	46 / 47	
	Percentage of timely submissions of regulatory reports.	96.4%	100.0%	97.9%	
REGULATORY REPORTING	DHCS Reports Submitted Timely	47 / 47	57 / 57	104 / 104	
Regulatory Affairs works collaboratively with all PHC departments to implement and track the timely submission of regulatory reporting requirements to PHC's governing agencies.	Percentage of regulatory reports submitted timely by RAC to DHCS with no missed due date per RAC Master Tracker and Regulatory Reporting Calendar.	100.0%	100%	100%	
	Report Acceptance Rate	46 / 47	54 / 57	100 / 104	
	Percentage of standard regulatory reports submitted by RAC and not rejected by DHCS for being incomplete, on the wrong template, or for other findings.	97.9%	94.7%	96.2%	Q2 had 3 reports rejected for revisions. All 3 reports resubmitted and approved within the quarter.
HIPAA REFERRALS	Timely DHCS Privacy Notification Filings	7 / 8	6 / 6	13 / 14	
Appropriate safeguards, including administrative policies & procedures, to protect the confidentiality of PHI and ensure compliance with HIPAA regulatory requirements.	Percentage of reportable notifications that PHC filed timely within applicable DHCS required timeframe. <i>*Initial notice within 24 hours, initial PIR within 72 hours, and final PIR within 10 business days. If any deadline is missed, it will be counted as untimely.</i>	87.5%	100.0%	92.9%	Q2- 6 total reportable incidents submitted to DHCS; however, none of those incidents were deemed breaches
FWA REFERRALS	Timely DHCS FWA Notifications	18 / 18	14 / 14	32 / 32	
Regulatory Affairs oversees the Fraud, Waste and Abuse Prevention program intended to prevent, detect, investigate, report and resolve suspected and/or actual FWA in the PHC daily operations and interactions, whether internal or external.	Percentage of reportable notifications that PHC filed timely with DHCS within 10 business of discovery per contractual obligations.	100.0%	100%	100%	

*Threshold percentages for the above measures are as follows:

≥ 95% = GREEN 90 - 94.9% = YELLOW < 90% = RED

CAP Tracker

*Please note that the above threshold percentages do not apply here

FINANCIAL HIGHLIGHTS

Of The Partnership HealthPlan Of California

For the Period Ending June 30, 2024

Financial Analysis for the Current Period

Total (Deficit) Surplus

For the month ending June 30, 2024, PHC reported a net surplus of \$2.1 million, bringing the year-to-date surplus to \$63.6 million. Significant variances are explained below.

Revenue

Total Revenue is lower than budget by \$4.6 million for the month but \$12.4 million higher than budget for year-to-date. Medi-Cal revenue is \$4.4 million favorable due to higher than budgeted ECM revenue partially offset by 2024 retro-activity adjustments. Supplemental revenues are \$29.9 million favorable due to timing of DHCS submissions mainly in the Expansion Counties. Other revenue is \$34.7 million unfavorable due to lower revenue for various DHCS incentive programs (BHI Grant, SBHIP, HHIP); corresponding expenses are also recorded in HCIF, which offset this un-favorability. Interest income is \$12.9 million favorable due to higher than anticipated interest rates.

Healthcare Costs

Total Healthcare Costs are lower than budget by \$19.1 million for the month and \$74.1 million for year-to-date. Physician and Ancillary expenses are unfavorable to budget \$28.3 million primarily due to the accrual of TRI estimates for calendar year 2024 and adjustments to IBNR reserves to reflect the latest utilization trend. Total Capitation is favorable \$13.3 million due to lower than anticipated membership. Healthcare Investment Funds (HCIF) are \$36.0 million favorable due to lower expenses for various DHCS incentive programs; corresponding revenue is also being recorded in Other Revenue, which offsets these amounts. Long Term Care expenses are \$2.6 million favorable due to lower than expected volumes. Inpatient hospital FFS expense is \$35.3 million favorable due to adjustments to IBNR reserves and seasonality. Transportation expense is \$8.5 million favorable due to lower than expected utilization however, volumes are continuing to increase. Quality Assurance expense is \$7.0 million favorable due to the timing of Utilization Management and Quality Assurance (UM/QA) operational expenses.

Administrative Costs

Administrative costs continue to have an overall positive variance, which is at \$12.4 million for the year-to-date. The variance is primarily in Employee costs due to the timing of hiring of open positions geared towards the expansion counties and the 2024 DHCS Contract. The variance in Occupancy costs contributes to this as well due to the timing of capital asset purchases and the accompanying depreciation. The positive variances are offset by a year-end reconciliation in Computer and Data pertaining to licensing costs.

Balance Sheet / Cash Flow

Total Cash & Cash Equivalents increased by \$109.7 million for the month. Inflows include \$452.5 million in State Capitation payments, \$2.0 million in Drug Medi-Cal payments, and \$9.1 million in interest earnings. These inflows were offset by outflows of \$317.2 million in healthcare cost payments, \$4.9 million in Drug Medi-Cal payments, and \$32.7 million in administrative and capital cost payments. The remaining difference can be attributed to other revenues and the recording of board-designated reserve transfers.

FINANCIAL HIGHLIGHTS
Of The Partnership HealthPlan Of California
For the Period Ending June 30, 2024

General Statistics

Membership

Membership had a total net decrease of 6,280 members for the month.

Utilization Metrics and High Dollar Case

For the fiscal year 2023/24 through June 2024, 611 members reached the \$250,000 threshold with an average cost of \$501,898. For fiscal year 2022/23, 694 members reached the \$250,000 threshold with an average cost per case was \$517,588. For fiscal year 2021/22, 584 members reached the \$250,000 threshold with an average claims cost of \$495,968.

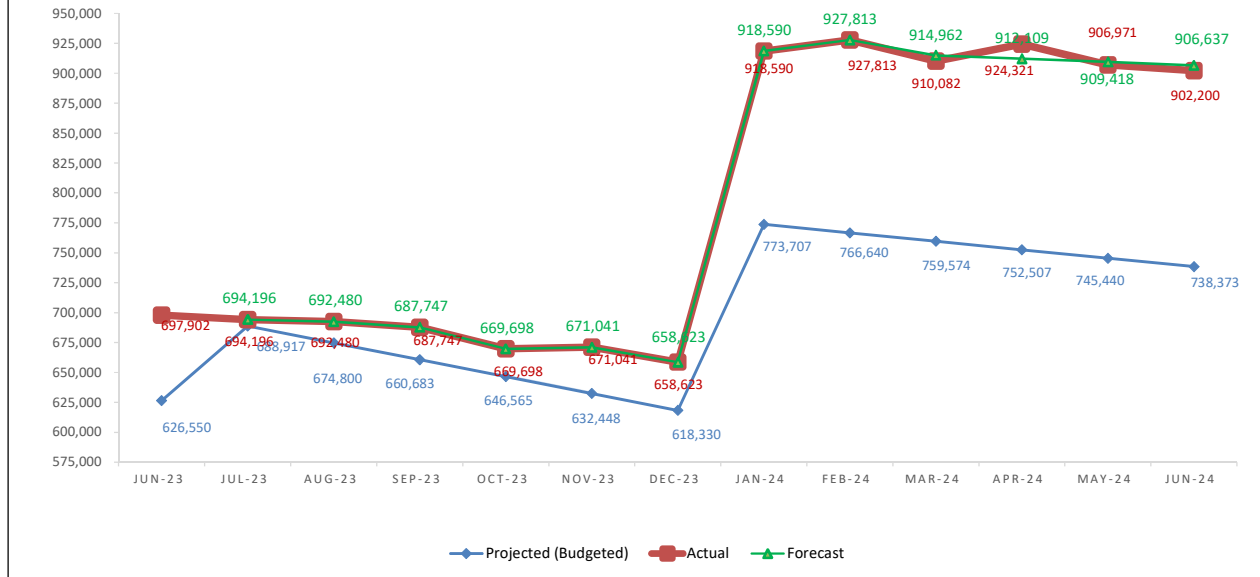
Current Ratio/Reserved Funds

Current Ratio Including Required Reserves	1.33
Current Ratio Excluding Required Reserves:	0.88
Required Reserves:	\$1,262,853,091
Total Fund Balance:	\$969,990,223

Days of Cash on Hand

Including Required Reserves:	163.00
Excluding Required Reserves:	82.80

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
ACTUAL V. PROJECTED V. FORECAST MEDI-CAL ENROLLMENT
JUN 2023 - JUN 2024**



Member Months by County:

County	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	★ Apr-24	May-24	Jun-24	
Solano	141,941	141,591	140,953	140,988	136,597	137,807	134,534	103,140	105,208	102,065	102,065	105,274	102,979	102,062
Napa	36,130	35,882	35,969	35,439	34,269	34,043	33,710	27,596	28,140	27,005	27,891	27,017	27,071	27,071
Yolo	64,298	63,943	63,559	63,142	61,135	60,507	60,230	55,624	56,087	54,327	55,592	54,076	53,489	53,489
Sonoma	135,896	134,420	133,261	132,745	131,013	129,901	128,356	109,623	112,447	108,106	112,999	110,510	110,327	110,327
Marin	52,547	52,302	52,602	51,713	50,119	49,383	49,823	46,981	48,331	46,215	48,257	46,564	46,520	46,520
Mendocino	42,613	42,323	42,371	41,868	40,599	41,192	39,846	41,552	41,963	41,055	42,150	41,381	41,239	41,239
Lake	35,915	35,753	35,897	35,381	34,530	34,446	34,367	35,058	35,405	34,559	35,494	34,624	34,390	34,390
Del Norte	13,106	12,970	12,868	12,850	12,505	12,499	12,426	12,527	12,610	12,316	12,675	12,401	12,214	12,214
Humboldt	62,681	62,329	62,399	61,695	60,093	60,931	58,752	60,016	60,415	59,075	60,273	58,758	58,876	58,876
Lassen	9,177	9,271	9,232	9,151	8,871	9,044	8,600	8,864	8,952	8,576	8,793	8,668	8,714	8,714
Modoc	4,307	4,240	4,247	4,167	4,099	4,139	3,928	4,055	4,035	4,020	4,051	3,944	3,933	3,933
Shasta	73,580	73,539	73,456	73,179	71,113	72,049	69,783	70,605	70,880	69,820	70,514	68,436	67,907	67,907
Siskiyou	19,826	19,762	19,793	19,566	19,059	19,440	18,625	19,052	19,115	17,966	18,653	18,137	18,131	18,131
Trinity	5,885	5,871	5,873	5,863	5,696	5,660	5,643	5,660	5,739	5,567	5,704	5,607	5,540	5,540
Butte	-	-	-	-	-	-	-	85,751	85,856	86,303	85,581	84,795	84,347	84,347
Colusa	-	-	-	-	-	-	-	10,710	10,663	10,674	10,392	10,270	10,239	10,239
Glenn	-	-	-	-	-	-	-	13,752	13,774	13,883	13,772	13,618	13,583	13,583
Nevada	-	-	-	-	-	-	-	28,962	28,798	28,708	28,519	28,420	28,313	28,313
Placer	-	-	-	-	-	-	-	59,373	59,846	60,289	59,915	60,009	59,226	59,226
Plumas	-	-	-	-	-	-	-	6,015	5,978	5,975	5,942	5,925	5,903	5,903
Sierra	-	-	-	-	-	-	-	855	870	869	869	865	850	850
Sutter	-	-	-	-	-	-	-	44,339	44,438	44,558	43,816	43,711	43,619	43,619
Tehama	-	-	-	-	-	-	-	31,784	31,484	31,299	30,932	30,323	29,996	29,996
Yuba	-	-	-	-	-	-	-	36,696	36,779	36,851	36,263	35,933	35,711	35,711
All Counties Total	697,902	694,196	692,480	687,747	669,698	671,041	658,623	918,590	927,813	910,082	924,321	906,971	902,200	902,200

★ March 2024 actual membership includes Jan & Feb retro correction. The Jan, Feb, and Mar 2024 true memberships are 921,261, 918,516, and 916,708, respectively.
Medi-Cal Region 1: Sonoma, Solano, Napa, Yolo & Marin; Medi-Cal Region 2: Mendocino & Rural 8 Counties; Medi-Cal Region 3: Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama & Yuba

Partnership HealthPlan of California
Comparative Financial Indicators Monthly Report
Fiscal Year 2023 - 2024 & Fiscal Year 2022 - 2023

FINANCIAL INDICATORS	Avg / Month As of													
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	YTD	Jun-24
Total Enrollment	697,169	694,364	689,096	674,680	670,710	660,101	918,590	916,349	921,546	912,331	906,971	900,691	9,562,598	796,883
Total Revenue	346,807,441	341,606,254	341,452,348	336,820,011	333,606,699	704,499,918	494,922,661	507,388,749	527,490,882	524,377,176	544,442,127	513,955,850	5,517,370,116	459,780,843
Total Healthcare Costs	327,163,476	330,010,604	317,050,232	309,178,329	314,689,553	312,699,931	427,212,628	429,268,912	475,024,262	449,448,163	476,657,036	446,020,488	4,614,423,613	384,535,301
Total Administrative Costs	11,697,451	12,604,507	11,948,835	13,398,097	13,672,021	13,241,394	16,243,013	17,074,221	15,790,362	16,678,381	18,392,412	19,266,018	180,006,712	15,000,559
Medi-Cal Hospital & Managed Care Taxes						376,406,250	46,790,714	48,056,922	47,537,225	47,123,221	46,858,980	46,582,645	659,355,957	54,946,330
Total Current Year Surplus (Deficit)	7,946,514	(1,008,857)	12,453,281	14,243,585	5,245,125	2,152,343	4,676,306	12,988,694	(10,860,967)	11,127,411	2,533,699	2,086,699	63,583,834	5,298,653
Total Claims Payable	422,844,079	452,077,175	486,822,447	455,222,013	481,847,695	499,411,492	589,212,971	701,582,898	808,535,908	829,697,152	838,350,235	886,964,822	886,964,822	621,047,407
Total Fund Balance	914,352,902	913,344,045	925,797,326	940,040,910	945,286,036	947,438,379	952,114,686	965,103,380	954,242,413	965,369,824	967,903,523	969,990,223	969,990,223	946,748,637
Reserved Funds														
State Financial Performance Guarantee	620,648,000	631,921,000	642,576,000	651,031,000	660,631,000	670,618,000	672,671,000	665,303,000	660,519,000	658,316,000	653,630,000	647,985,000	647,985,000	652,987,417
State Financial Performance Guarantee - 2024 Expansion Counties	204,422,000	208,054,000	211,111,000	213,600,000	216,649,000	221,007,000	259,599,000	263,695,000	277,938,000	279,846,000	281,277,000	282,173,000	282,173,000	243,280,917
Regulatory Reserve Requirement	121,199,906	124,463,886	127,223,354	129,634,111	132,142,758	135,116,282	141,734,763	147,194,481	153,810,035	160,452,311	167,421,343	172,854,033	172,854,033	142,770,605
Board Approved Capital and Infrastructure Purchases	47,177,080	46,374,091	45,797,964	41,394,205	40,388,299	39,549,920	37,862,493	36,225,975	35,770,696	28,270,742	27,812,009	26,342,225	26,342,225	37,747,142
Capital Assets	118,991,470	119,235,734	119,254,457	123,078,590	126,154,438	126,341,441	127,443,936	128,495,663	128,366,608	135,257,004	135,105,115	133,498,833	133,498,833	126,768,607
Strategic Use of Reserve-Board Approved	70,659,883	70,318,568	70,455,056	71,514,836	72,116,668	72,116,668	72,116,668	72,116,668	72,116,668	71,786,668	71,786,668	71,002,668	71,002,668	71,536,474
Unrestricted Fund Balance	(268,745,437)	(287,023,235)	(290,620,505)	(290,211,832)	(302,796,127)	(317,310,932)	(359,313,174)	(347,927,407)	(374,278,595)	(368,888,901)	(369,128,612)	(363,865,537)	(363,865,537)	(328,342,524)
Fund Balance as % of Reserved Funds	77.28%	76.09%	76.11%	76.41%	75.74%	74.91%	72.60%	73.50%	71.83%	72.35%	72.39%	72.72%	72.72%	74.25%
Current Ratio (including Required Reserves)	1.69:1	1.63:1	1.49:1	1.59:1	1.56:1	1.43:1	1.38:1	1.34:1	1.33:1	1.33:1	1.35:1	1.33:1	1.33:1	1.42:1
Medical Loss Ratio w/o Tax	94.34%	96.61%	92.85%	91.79%	94.33%	95.31%	95.33%	93.46%	98.97%	94.17%	95.79%	95.43%	94.99%	94.99%
Admin Ratio w/o Tax	3.37%	3.69%	3.50%	3.98%	4.10%	4.04%	3.62%	3.72%	3.29%	3.49%	3.70%	4.12%	3.71%	3.71%
Profit Margin Ratio	2.29%	-0.30%	3.65%	4.23%	1.57%	0.66%	1.04%	2.83%	-2.26%	2.33%	0.51%	0.45%	1.31%	1.31%

FINANCIAL INDICATORS	Avg / Month As of													
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	YTD	Jun-23
Total Enrollment	656,979	659,818	664,126	670,366	675,120	678,560	683,467	686,494	689,603	695,330	698,172	700,966	8,159,001	679,917
Total Revenue	267,284,264	274,023,503	275,982,353	280,650,348	275,952,412	265,473,993	304,542,514	371,793,417	360,344,415	344,752,464	350,566,685	376,348,270	3,747,714,637	312,309,553
Total Healthcare Costs	241,534,619	251,300,353	248,258,706	251,614,472	247,400,638	219,697,713	283,303,662	317,608,625	332,148,596	310,096,667	329,195,106	337,540,071	3,369,699,229	280,808,269
Total Administrative Costs	10,017,179	11,227,840	10,474,206	10,917,406	10,835,726	12,559,210	12,140,319	12,076,690	13,218,207	11,762,649	15,433,246	16,252,696	146,915,375	12,242,948
Medi-Cal Hospital & Managed Care Taxes	15,239,583	15,239,583	15,239,583	15,239,583	15,239,583	15,239,583	-	-	-	-	-	-	91,437,498	7,619,792
Total Current Year Surplus (Deficit)	492,883	(3,744,273)	2,009,858	2,878,887	2,476,465	17,977,487	9,098,533	42,108,102	14,977,612	22,893,148	5,938,333	22,555,503	139,662,535	11,638,544
Total Claims Payable	477,170,822	462,743,832	493,164,597	458,376,705	502,119,489	516,880,860	491,182,247	471,254,480	480,023,593	512,255,577	484,161,663	494,469,581	494,469,581	486,983,621
Total Fund Balance	767,236,734	763,492,462	765,502,320	768,381,207	770,857,672	788,835,159	797,933,693	840,041,794	855,019,406	877,912,554	883,850,886	906,406,388	906,406,388	815,455,856
Reserved Funds														
State Financial Performance Guarantee	544,383,000	541,137,000	538,073,000	536,158,000	532,018,000	527,245,000	530,461,000	545,075,000	556,594,000	576,222,000	592,749,000	608,205,000	608,205,000	552,360,000
State Financial Performance Guarantee - 2024 Expansion Counties	176,589,000	176,452,000	176,272,000	176,387,000	175,879,000	173,531,000	175,756,000	180,072,000	185,368,000	189,953,000	195,103,000	200,418,000	200,418,000	181,815,000
Regulatory Reserve Requirement	95,682,198	96,841,016	96,447,591	97,185,269	95,238,548	94,620,973	101,915,779	106,031,475	105,252,130	109,002,915	113,084,754	117,643,975	117,643,975	102,412,219
Board Approved Capital and Infrastructure Purchases	58,903,733	57,323,454	56,632,864	55,264,727	54,791,487	51,936,093	50,551,014	48,843,205	47,334,893	45,291,855	44,145,051	47,844,365	47,844,365	51,571,895
Capital Assets	108,759,668	109,892,826	110,144,969	111,073,813	111,109,277	113,480,113	114,360,925	115,574,505	116,582,683	118,099,674	118,721,447	118,903,132	118,903,132	113,891,919
Strategic Use of Reserve-Board Approved	73,609,149	73,596,300	73,393,537	73,267,220	73,140,010	73,013,685	71,359,774	71,277,813	71,164,307	71,071,836	70,920,100	70,901,964	70,901,964	72,226,308
Unrestricted Fund Balance	(290,690,013)	(291,750,135)	(285,461,641)	(280,954,821)	(271,318,650)	(244,991,705)	(246,470,799)	(226,832,203)	(227,276,607)	(231,728,727)	(250,872,466)	(257,510,049)	(257,510,049)	(258,821,485)
Fund Balance as % of Reserved Funds	72.52%	72.35%	72.84%	73.23%	73.97%	76.30%	76.40%	78.74%	79.00%	79.12%	77.89%	77.88%	77.88%	75.91%
Current Ratio (including Required Reserves)	1.83:1	1.84:1	1.78:1	1.85:1	1.78:1	1.79:1	1.81:1	1.80:1	1.58:1	1.74:1	1.72:1	1.69:1	1.69:1	1.76:1
Medical Loss Ratio w/o Tax	96.06%	97.35%	95.55%	95.14%	95.25%	88.18%	91.47%	85.43%	92.18%	89.95%	93.90%	89.69%	92.16%	92.16%
Admin Ratio w/o Tax	3.98%	4.35%	4.03%	4.13%	4.17%	5.04%	3.92%	3.25%	3.67%	3.41%	4.40%	4.32%	4.02%	4.02%
Profit Margin Ratio	0.18%	-1.37%	0.73%	1.03%	0.90%	6.77%	2.99%	11.33%	4.16%	6.64%	1.69%	5.99%	3.73%	3.73%

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Membership and Financial Summary
For The Period Ending June 30, 2024

CURRENT MONTH	PRIOR MONTH	INC / DEC	MEMBERSHIP SUMMARY	CURRENT YTD AVG	PRIOR YTD AVG	VARIANCE
900,691	906,971	(6,280)	Total Membership	796,883	679,917	116,966
ACTUAL MONTH	BUDGET MONTH	\$ VARIANCE MONTH	FINANCIAL SUMMARY	ACTUAL YTD	BUDGET YTD	\$ VARIANCE YTD
513,955,850	518,528,443	(4,572,593)	Total Revenue	5,517,370,116	5,504,984,203	12,385,913
446,020,488	465,162,719	19,142,231	Total Healthcare Costs	4,614,423,613	4,688,504,958	74,081,345
19,266,018	20,299,135	1,033,117	Total Administrative Costs	180,006,712	192,429,347	12,422,635
46,582,645	46,854,991	272,346	Medi-Cal Managed Care Tax	659,355,957	659,530,616	174,659
2,086,699	(13,788,402)	15,875,101	Total Current Year Surplus (Deficit)	63,583,834	(35,480,718)	99,064,552

86.78%	89.71%	Medical Loss Ratio (HC Costs as a % of Rev, excluding Managed Care Tax)	83.63%	85.17%
--------	--------	--	--------	--------

3.75%	3.91%	Admin Ratio (Admin Costs as a % of Rev, excluding Managed Care Tax)	3.26%	3.50%
-------	-------	--	-------	-------

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Balance Sheet
As Of June 30, 2024

	<u>June 2024</u>	<u>May 2024</u>
A S S E T S		
Current Assets		
Cash & Cash Equivalents	1,166,086,689	1,056,378,761
Receivables		
Accrued Interest	862,694	575,694
State DHS - Cap Rec	972,805,747	921,010,702
Other Healthcare Receivable	32,352,399	31,535,893
Miscellaneous Receivable	6,369,935	6,248,660
Total Receivables	1,012,390,775	959,370,949
Other Current Assets		
Payroll Clearing	26,693	25,219
Prepaid Expenses	6,034,832	6,261,825
Total Other Current Assets	6,061,525	6,287,044
Total Current Assets	2,184,538,989	2,022,036,754
Non-Current Assets		
Fixed Assets		
Motor Vehicles	462,112	462,112
Furniture & Fixtures	7,015,882	6,638,027
Computer Equipment	18,573,940	25,060,246
Computer Software	8,997,689	21,166,237
Leasehold Improvements	124,288	137,144
Land	6,767,292	6,767,292
Building	67,971,845	67,971,845
Building Improvements	39,624,160	37,764,265
Accum Depr - Motor Vehicles	(212,378)	(203,097)
Accum Depr - Furniture	(6,550,715)	(6,638,027)
Accum Depr - Comp Equipment	(15,264,313)	(21,654,811)
Accum Depr - Comp Software	(8,249,437)	(20,339,624)
Accum Depr - Leasehold Improvements	(124,288)	(137,144)
Accum Depr - Building	(12,202,804)	(12,018,515)
Accum Depr - Bldg Improvements	(13,846,766)	(13,766,257)
Construction Work-In-Progress	40,412,326	43,895,421
Total Fixed Assets	133,498,833	135,105,114
Other Non-Current Assets		
Deposits	1,280,599	1,332,805
Board-Designated Reserves	1,129,054,258	1,129,840,352
Knox-Keene Reserves	300,000	300,000
Prepaid - Other Non-Current	3,515,948	3,766,218
Net Pension Asset	2,961,371	2,961,371
Deferred Outflows Of Resources	2,861,333	2,861,333
Net Subscription Asset	17,931,216	18,184,180
Total Other Non-Current Assets	1,157,904,725	1,159,246,259
Total Non-Current Assets	1,291,403,558	1,294,351,373

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Balance Sheet
As Of June 30, 2024

	<u>June 2024</u>	<u>May 2024</u>
Total Assets	<u>3,475,942,547</u>	<u>3,316,388,127</u>
LIABILITIES & FUND BALANCE		
Liabilities		
Current Liabilities		
Accounts Payable	244,080,580	213,320,011
Unearned Income	73,893,879	73,893,879
Suspense Account	4,031,351	1,845,530
Capitation Payable	66,741,388	68,025,486
State DHS - Cap Payable	32,633,113	32,633,113
Accrued Healthcare Costs	1,058,319,616	988,648,198
Claims Payable	312,353,916	317,600,476
Incurred But Not Reported-IBNR	574,610,906	520,749,759
Quality Improvement Programs	129,347,924	121,828,501
Total Current Liabilities	2,496,012,673	2,338,544,953
Non-Current Liabilities		
Deferred Inflows Of Resources	6,616,582	6,616,582
Net Subscription Liability	3,323,069	3,323,069
Total Non-Current Liabilities	9,939,651	9,939,651
Total Liabilities	<u>2,505,952,324</u>	<u>2,348,484,604</u>
Fund Balance		
Unrestricted Fund Balance	(363,865,537)	(369,128,612)
Reserved Funds		
State Financial Performance Guarantee	647,985,000	653,630,000
State Financial Performance Guarantee - Expansion Counties	282,173,000	281,277,000
Regulatory Reserve Requirement	172,854,033	167,421,343
Board Approved Capital and Infrastructure Purchases	26,342,225	27,812,009
Capital Assets	133,498,833	135,105,115
Strategic Use of Reserve-Board Approved	71,002,668	71,786,668
Total Reserved Funds	1,333,855,759	1,337,032,135
Total Fund Balance	<u>969,990,223</u>	<u>967,903,523</u>
Total Liabilities And Fund Balance	<u>3,475,942,547</u>	<u>3,316,388,127</u>

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Statement of Cash Flow
For The Period Ending June 30, 2024

	<u>Current Month Activity</u>	<u>Year-To-Date Activity</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Cash Received From:		
Capitation from California Department of Health Care Services	452,532,431	5,491,931,118
Other Revenues	161,423	69,700,614
Cash Payments to Providers for Medi-Cal Members		
Capitation Payments	(20,039,871)	(360,792,058)
Medical Claims Payments	(297,187,018)	(3,755,405,892)
Drug Medi-Cal		
DMC Receipts from Counties	2,024,400	34,478,377
DMC Payments to Providers	(4,929,026)	(49,422,639)
Cash Payments to Vendors	(17,806,567)	(662,428,609)
Cash Payments to Employees	(13,806,702)	(152,659,862)
Net Cash (Used) Provided by Operating Activities	<u>100,949,070</u>	<u>615,401,049</u>
CASH FLOWS FROM CAPITAL FINANCING & RELATED ACTIVITIES:		
Purchases of Capital Assets	(1,107,465)	(16,339,031)
Net Cash Used by Capital Financial & Related Activities	<u>(1,107,465)</u>	<u>(16,339,031)</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Board-Designated Reserve Transfers	786,094	(155,242,918)
Interest and Dividends on Investments	9,080,229	91,962,533
Net Cash (Used) Provided by Investing Activities	<u>9,866,323</u>	<u>(63,280,385)</u>
NET (DECREASE) INCREASE IN CASH & CASH EQUIVALENTS	109,707,928	535,781,633
CASH & CASH EQUIVALENTS, BEGINNING	<u>1,056,378,761</u>	<u>630,305,056</u>
CASH & CASH EQUIVALENTS, ENDING	<u>1,166,086,689</u>	<u>1,166,086,689</u>
RECONCILIATION OF OPERATING (LOSS) INCOME TO NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES:		
TOTAL OPERATING (LOSS) INCOME	(7,280,530)	(28,543,173)
DEPRECIATION	1,206,050	7,585,282
CHANGES IN ASSETS AND LIABILITIES:		
Other Receivables	(937,780)	(8,131,522)
California Department of Health Services Receivable	(51,795,045)	(701,346,254)
Other Assets	2,288,656	(17,741,039)
Accounts Payable and Accrued Expenses	101,333,709	947,232,869
Accrued Claims Payable	48,614,587	392,495,241
Quality Improvement Programs	7,519,423	23,849,645
Net Cash Provided (Used) by Operating Activities	<u>100,949,070</u>	<u>615,401,049</u>

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

**Statement of Revenues and Expenses
For The Period Ending June 30, 2024**

The Notes to the Financial Statement are an Integral Part of this Statement

ACTUAL MONTH	BUDGET MONTH	\$ VARIANCE MONTH	ACTUAL MONTH PMPM	BUDGET MONTH PMPM		ACTUAL YTD	BUDGET YTD	\$ VARIANCE YTD	ACTUAL YTD PMPM	BUDGET YTD PMPM
900,691	900,691				Total Membership	9,562,598	9,562,598			
					Revenue					
504,327,558	496,445,973	7,881,585	559.93	551.18	State Capitation Revenue	5,393,804,812	5,359,625,695	34,179,117	564.05	560.48
9,367,229	6,035,000	3,332,229	10.40	6.70	Interest Income	92,127,008	79,186,504	12,940,504	9.63	8.28
261,063	16,047,470	(15,786,407)	0.29	17.82	Other Revenue	31,438,296	66,172,004	(34,733,708)	3.29	6.92
513,955,850	518,528,443	(4,572,593)	570.62	575.70	Total Revenue	5,517,370,116	5,504,984,203	12,385,913	576.97	575.68
					Healthcare Costs					
					Global Subcapitation	132,028,363	132,004,028	(24,335)	13.81	13.80
	2,121,475	2,121,475		2.36	Capitated Medical Groups	19,117,538	25,526,994	6,409,456	2.00	2.67
					Physician Services					
6,541,585	6,769,770	228,185	7.26	7.52	Pop Capitation	75,366,392	76,303,949	937,557	7.88	7.98
213,804	227,625	13,821	0.24	0.25	Specialty Capitation	2,565,612	2,604,965	39,353	0.27	0.27
82,090,594	70,878,561	(11,212,033)	91.14	78.69	Non-Capitated Physician Services	759,583,898	704,967,653	(54,616,245)	79.43	73.72
88,845,983	77,875,956	(10,970,027)	98.64	86.46	Total Physician Services	837,515,902	783,876,567	(53,639,335)	87.58	81.97
					Inpatient Hospital					
16,326,948	18,359,357	2,032,409	18.13	20.38	Hospital Capitation	208,511,538	214,509,369	5,997,831	21.80	22.43
106,943,082	114,875,543	7,932,461	118.73	127.54	Inpatient Hospital - Ffs	1,076,550,872	1,111,818,867	35,267,995	112.58	116.27
1,603,038	1,603,038		1.78	1.78	Hospital Stoploss	18,319,944	18,321,276	1,332	1.92	1.92
124,873,068	134,837,938	9,964,870	138.64	149.70	Total Inpatient Hospital	1,303,382,354	1,344,649,512	41,267,158	136.30	140.62
56,025,618	57,238,584	1,212,966	62.20	63.55	Long Term Care	550,755,435	553,326,036	2,570,601	57.59	57.86
					Ancillary Services					
1,190,959	1,181,382	(9,577)	1.32	1.31	Ancillary Services - Capitated	12,967,903	12,931,866	(36,037)	1.36	1.35
74,838,121	76,441,838	1,603,717	83.09	84.87	Ancillary Services - Non-Capitated	730,928,481	757,274,869	26,346,388	76.44	79.19
76,029,080	77,623,220	1,594,140	84.41	86.18	Total Ancillary Services	743,896,384	770,206,735	26,310,351	77.80	80.54
					Other Medical					
3,431,995	5,182,002	1,750,007	3.81	5.75	Quality Assurance	37,438,580	44,439,778	7,001,198	3.92	4.65
77,068,914	88,120,421	11,051,507	85.57	97.84	Healthcare Investment Funds	789,780,087	825,778,517	35,998,430	82.59	86.36
124,000	181,298	57,298	0.14	0.20	Advice Nurse	1,355,600	1,544,890	189,290	0.14	0.16
660	21,822	21,162		0.02	Hipp Payments	15,434	100,469	85,035		0.01
10,788,728	13,127,560	2,338,832	11.98	14.57	Transportation	106,185,776	114,700,618	8,514,842	11.10	11.99
91,414,297	106,633,103	15,218,806	101.50	118.38	Total Other Medical	934,775,477	986,564,272	51,788,795	97.75	103.17
8,832,442	8,832,443	1	9.81	9.81	Quality Improvement Programs	92,952,160	92,350,814	(601,346)	9.72	9.66
446,020,488	465,162,719	19,142,231	495.20	516.44	Total Healthcare Costs	4,614,423,613	4,688,504,958	74,081,345	482.55	490.29
					Administrative Costs					
10,092,009	12,247,490	2,155,481	11.20	13.60	Employee	113,834,436	120,524,135	6,689,699	11.90	12.60
99,021	144,135	45,114	0.11	0.16	Travel And Meals	913,105	1,127,475	214,370	0.10	0.12
1,794,053	2,495,703	701,650	1.99	2.77	Occupancy	13,801,279	18,751,720	4,950,441	1.44	1.96
729,841	561,038	(168,803)	0.81	0.62	Operational	7,420,168	7,106,858	(313,310)	0.78	0.74
2,349,875	2,756,861	406,986	2.61	3.06	Professional Services	20,875,358	23,448,452	2,573,094	2.18	2.45
4,201,219	2,093,908	(2,107,311)	4.66	2.32	Computer And Data	23,162,366	21,470,707	(1,691,659)	2.42	2.25
19,266,018	20,299,135	1,033,117	21.38	22.53	Total Administrative Costs	180,006,712	192,429,347	12,422,635	18.82	20.12
46,582,645	46,854,991	272,346	51.72	52.02	Medi-Cal Managed Care Tax	659,355,957	659,530,616	174,659	68.95	68.97
2,086,699	(13,788,402)	15,875,101	2.32	(15.29)	Total Current Year Surplus (Deficit)	63,583,834	(35,480,718)	99,064,552	6.65	(3.70)

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

NOTES TO FINANCIAL STATEMENTS

June 30, 2024

1. ORGANIZATION

The Partnership HealthPlan of California (PHC) was formed as a health insurance organization, and is legally a subdivision of the State of California, but is not part of any city, county or state government system. PHC has quasi-independent political jurisdiction to contract with the State for managing Medi-Cal beneficiaries who reside in various Northern California counties. PHC is a combined public and private effort engaged principally in providing a more cost-effective method of healthcare. PHC began serving Medi-Cal eligible persons in Solano County in May 1994. That was followed by additional Northern California counties in March 1998, March 2001, October 2009, two counties in July 2011, and eight counties in September 2013. Beginning July 2018 and in accordance with direction from the Department of Health Care Services (DHCS), PHC consolidated its reporting from these fourteen counties into two regions, which are in alignment with the two DHCS rating regions. Beginning January 2024, PHC expanded into ten additional counties, which comprise a third region.

As a public agency, the HealthPlan is exempt from state and federal income tax.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

ACCOUNTING POLICIES:

The accounting and reporting policies of PHC conform to generally-accepted accounting principles and general practices within the healthcare industry.

PROPERTY AND EQUIPMENT:

Effective July 2015, property and equipment totaling \$10,000 or more are recorded at cost; this includes assets acquired through capital leases and improvements that significantly add to the productive capacity or extend the useful life of the asset. Costs of maintenance and repairs are expensed as incurred. Depreciation for financial reporting purposes is provided on a straight-line method over the estimated useful life of the asset. The costs of major remodeling and improvements are capitalized as building or leasehold improvements. Leasehold improvements are amortized using the straight-line method over the shorter of the remaining term of the applicable lease or their estimated useful life. Building improvements are depreciated over their estimated useful life.

INVESTMENTS:

PHC investments can consist of U.S. Treasury Securities, Certificates of Deposits, Money Market and Mutual Funds, Government Pooled Funds, Agency Notes, Repurchase Agreements, Shares of Beneficial Interest and Commercial Paper and are carried at fair value.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

NOTES TO FINANCIAL STATEMENTS

June 30, 2024

RESERVED FUNDS:

As of June 2024, PHC has Total Reserved Funds of \$1.3 billion. This includes \$71.0 million of funds set aside for Board approved Strategic Use of Reserve (SUR) initiatives; this also includes funding for the Wellness & Recovery program. The total SUR amount represents the net amount remaining for all SUR projects that have been approved to date and is periodically adjusted as projects are completed. Reserved funds also includes \$0.3 million of Knox-Keene Reserves.

3. STATE CAPITATION REVENUE

Medi-Cal capitation revenue is based on the monthly capitation rates, as provided for in the State contract, and the actual number of Medi-Cal eligible members. Capitation revenues are paid by the State on a monthly basis in arrears based on estimated membership. As such, capitation revenue includes an estimate for amounts receivable from or refundable to the State for projected changes in membership and trued up monthly through a State reconciliation process. These estimates are continually monitored and adjusted, as necessary, as experience develops or new information becomes known.

4. HEALTHCARE COST

PHC continues to develop completion factors to calculate estimated liability for claims incurred but not reported. These factors are reviewed and adjusted as more historical data become available. Budgeted capitation revenues and healthcare costs are adjusted each month to reflect changes in enrollee counts.

5. QUALITY IMPROVEMENT PROGRAM

PHC maintains quality incentive contracts with acute care hospitals and primary care physicians. As of June 2024, PHC has accrued a Quality Incentive Program payout of \$129.3 million.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
NOTES TO FINANCIAL STATEMENTS
June 30, 2024

6. **ESTIMATES**

Due to the nature of the operations of the Partnership HealthPlan, it is necessary to estimate amounts for financial statement presentation. Substantial overstatement or understatement of these estimates would have a significant impact on the statements. The items estimated through various methodologies are:

- Value of Claims Incurred But Not Received
- Quality Incentive Payouts
- Earned Capitation Revenues
- Total Number of Members
- Retro Capitation Expense for Certain Providers

7. **COMMITMENTS AND CONTINGENCIES**

In the ordinary course of business, the HealthPlan is party to claims and legal actions by enrollees, providers, and others. After consulting with legal counsel, HealthPlan management is of the opinion any liability that may ultimately be incurred as a result of claims or legal actions will not have a material effect on the financial position or results of the operations of the HealthPlan.

8. **UNUSUAL OR INFREQUENT ITEMS REPORTED IN CURRENT MONTH'S FINANCIAL STATEMENTS**

None noted.

Partnership HealthPlan of California
Investment Schedule
June 1, 2024

Name of Investment	Investment Type	Yield to Maturity	Trade Date	Maturity Date	Call Date	Face Value	Purchase Price	Market Value	Credit Rating Agency	Credit Rating
--------------------	-----------------	-------------------	------------	---------------	-----------	------------	----------------	--------------	----------------------	---------------

FUNDS HELD FOR INVESTMENT:

Highmark Money Market	Cash & Cash Equiv	NA	Various	NA	NA	NA	\$ 1,358,723	\$ 1,358,723	NA	NR
US Treasury Note	Cash & Cash Equiv	0.01375	1/11/2022	1/31/2025	NA	\$ 300,000	\$ 303,281	\$ 284,439	Fitch	AA+
Certificate of Deposit for Knox Keene	Cash & Cash Equiv	0.0526	5/24/2023	1/31/2025	NA	\$ 300,000	\$ 300,000	\$ 300,000	NA	NR

FUNDS HELD FOR OPERATIONS:

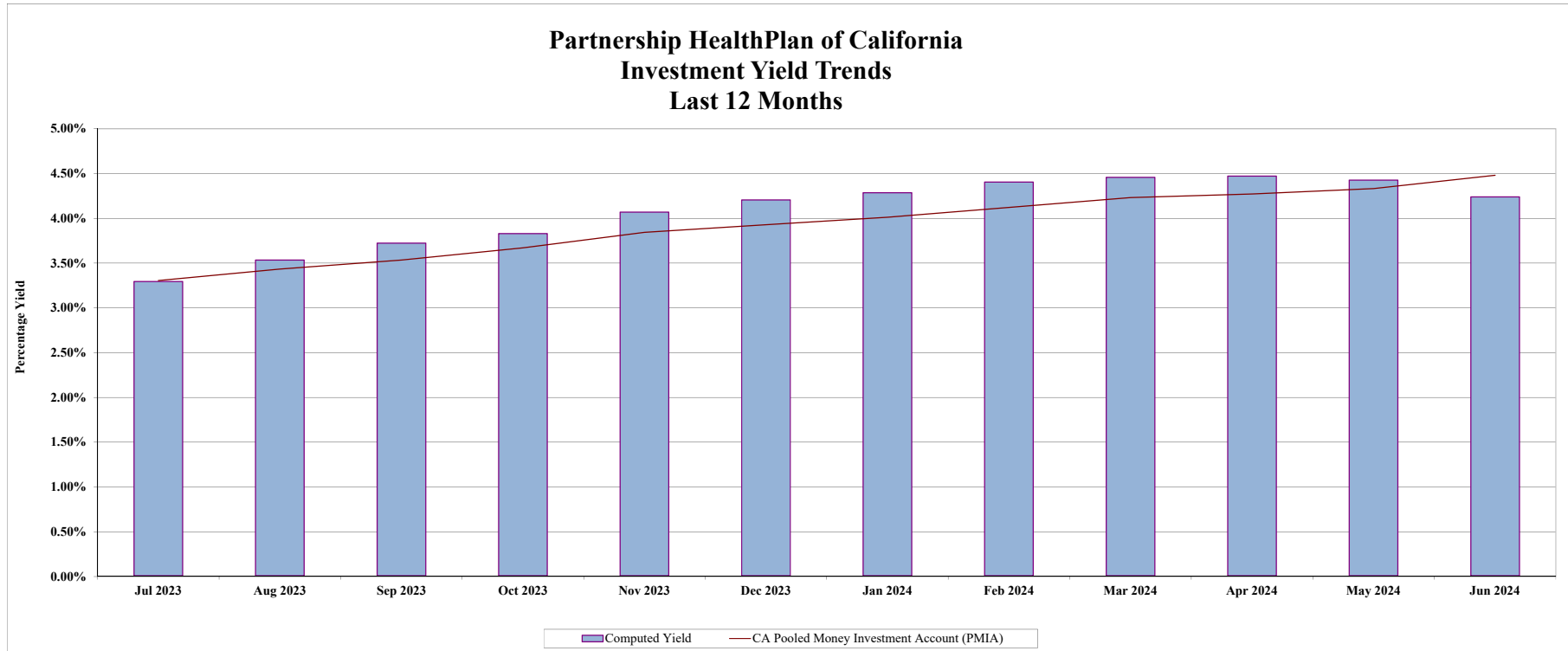
Merrill Lynch Institutional	Cash for Operations	NA	NA	NA	NA	NA	NA	\$ 72,302,855		
Merrill Lynch MMA - Checking	Cash for Operations	NA	NA	NA	NA	NA	NA	\$ 1,931,783		
US Bank - General, MMA, and Sweeps	Cash for Operations	NA	NA	NA	NA	NA	NA	\$ 2,100,799,204		
Government Investment Pools (LAIF)	Cash for Operations	NA	NA	NA	NA	NA	NA	\$ 75,000,000		
Government Investment Pools (County)	Cash for Operations	NA	NA	NA	NA	NA	NA	\$ 43,297,642		
West America Payroll	Cash for Operations	NA	NA	NA	NA	NA	NA	\$ 147,441		
Petty Cash	Cash for Operations	NA	NA	NA	NA	NA	NA	\$ 3,300		

GRAND TOTAL:

\$ 2,295,425,387

**Partnership HealthPlan of California
Investment Yield Trends**

PERIOD		Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024
Interest Income		5,951,214	5,662,667	6,681,800	7,965,260	6,968,741	7,219,959	8,189,594	6,407,270	9,509,112	8,768,057	9,436,106	9,367,229
Cash & Investments at Historical Cost	(1)	1,588,740,621	1,644,124,824	2,054,308,786	1,722,919,248	1,755,658,813	1,834,478,790	1,880,659,210	2,097,319,746	2,404,353,123	2,306,818,656	2,186,519,113	2,295,440,947
Computed Yield	(2)	3.29%	3.53%	3.72%	3.83%	4.07%	4.21%	4.29%	4.40%	4.46%	4.47%	4.43%	4.24%
CA Pooled Money Investment Account (PMIA)	(3)	3.31%	3.43%	3.53%	3.67%	3.84%	3.93%	4.01%	4.12%	4.23%	4.27%	4.33%	4.48%



NOTES:

- (1) Investment balances include Restricted Cash and Board Designated Reserves
- (2) Computed yield is calculated by dividing the past 12 months of interest by the average cash balance for the past 12 months.
- (3) LAIF limits the amount a single government entity can deposit into LAIF; currently that amount is set at \$75 million.

As the Legislature approaches the end of the two-year session, the majority of priority or urgent bills that Partnership has been engaged on, have either been held in committee (on the Appropriations suspense file) or have been amended to a watch position. Below are the bills that Partnership is continuing to monitor as we approach the August 31 legislative deadline to pass bills for the Governor's signature.

Bills of Focus

AB 3275 (Soria) Health care coverage: claim reimbursement.

Commencing January 1, 2026, this bill would require a health care service plan or health insurer to reimburse a clean claim or a portion thereof within 30 calendar days after receipt of the claim, or, if a claim does not meet the criteria for a clean claim, to notify the claimant within 30 calendar days that the claim is contested or denied. The bill would require the DMHC and the Department of Insurance to determine the criteria for a clean claim, as specified, no later than July 31, 2025. The bill would authorize the departments to issue guidance and amend regulations related to these provisions. The bill would exempt the guidance and amendments from the Administrative Procedure Act until December 31, 2027.

Position: LHPC – Oppose

Bill Status: From Senate APPR: Do pass (7-0) 08/15/2024

SB 516 (Skinner) Health care coverage: prior authorization.

This bill would require the Department of Managed Health Care, beginning July 1, 2025, to issue instructions to health care service plans to report specified information relating to prior authorization, as defined, including all covered health care services (services), items, and supplies subject to prior authorization and the percentage at which health care service plans approved those services, items, and supplies.

Position: Watch

Bill Status: In Assembly APPR: Do pass (14-0) 08/15/2024

AB 236 (Holden) Health care coverage: provider directories. (Held on Suspense)

This bill would require a plan or insurer to annually verify and delete inaccurate listings from its provider directories, and would require a provider directory to be 60% accurate on July 1, 2025, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before July 1, 2028. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks.

Position: LHPC – Oppose

Bill Status: In Senate APPR: Held under submission 08/15/2024

AB 2466 (Carrillo) Medi-Cal managed care: Network adequacy standards (Held on Suspense)

Under this bill, a Medi-Cal managed care plan would be deemed to be not in compliance with the appointment time standards if either (1) fewer than 85% of the network providers had an appointment available within the standards or (2) the department receives information establishing that the plan was unable to deliver timely,

available, or accessible health care services to enrollees. Additionally, the bill would instead require a plan that has a previously approved alternative access standard to submit a renewal request on an annual basis, explaining which efforts the plan has made in the previous 12 months to mitigate or eliminate circumstances that justify the use of an alternative access standard.

Position: LHPC – Oppose

Bill Status: In Assembly APPR: Held under submission 05/16/2024

AB 3260 (Pellerin) Health care coverage: reviews and grievances (Held on Suspense)

This bill would require that utilization review decisions be made within 72 hours from the health care service plan's receipt of the clinical information reasonably necessary to make the determination when the enrollee's condition is urgent. This bill would require a plan's grievance system to include expedited review of urgent grievances, as specified. The bill would require a plan to communicate its final grievance determination within 72 hours of receipt if urgent and 30 days if nonurgent. If a plan fails to make a utilization review decision within the applicable timelines, the bill would require a grievance to be automatically resolved in favor of the enrollee, except in specified circumstances.

Position: LHPC – Oppose

Bill Status: In Senate APPR: Held under submission 08/15/2024

Hospital Seismic Legislation

AB 869 (Wood) Hospitals: seismic safety compliance.

Gives first priority for Small and Rural Hospital Relief Program (SRHR) planning grants to single- and two story general acute care hospitals (GACHs) that meet specified criteria. Creates an additional grant program for rural hospitals with a seismic safety compliance assessment to apply for grants to come into compliance with 2030 seismic safety requirements. Delays the requirement to meet those and other building standards for specified GACHs until January 1, 2035.

Bill Status: In Senate APPR: Amend and pass as amended (6-0). Read second time and amended. Ordered to second reading. 08/15/2024

SB 1119 (Newman) Hospitals: seismic compliance.

This bill would add Providence St. Joseph Hospital and Providence Eureka General Hospital in the City of Eureka, Providence St. Jude Medical Center in the City of Fullerton, and Providence Cedars-Sinai Tarzana Medical Center in the City of Tarzana to the hospitals for which the department may waive the requirements of the act.

Bill Status: In Assembly APPR: Do pass as amended (11-0) 08/15/2024

SB 1432 (Caballero) Health facilities: seismic standards.

The bill would authorize the department to grant an extension of the deadline for substantial compliance with seismic safety regulations or standards to January 1, 2033, for any hospital building for which the hospital owner submits specified items to the department by specified dates. The bill also authorizes HCAI to grant an additional extension, for up to five years, if the hospital owner meets specified requirements.

Bill Status: In Assembly APPR: Do pass as amended (14-0) 08/15/2024

SB 1447 (Durazo) Hospitals: seismic compliance: Children's Hospital Los Angeles

This bill would extend the deadline to January 1, 2033, and would create a specified extension process, to no later than January 1, 2038, for the Children's Hospital Los Angeles.

Bill Status: In Assembly APPR: Do pass (14-0) 08/15/2024

Additional Bills We Are Watching

SB 1423 (Dahle) Medi-Cal: critical access hospitals

This bill requires DHCS to convene a Rural Hospital Technical Advisory Group, with a certain composition of stakeholders, at least bimonthly during the 2025 calendar year. The bill would set forth the purposes of the advisory group, including, among other things, analyzing the continued ability of small, rural, or critical access hospitals, as defined, to remain financially viable under existing Medi-Cal reimbursement methodologies, to provide related recommendations, and to identify key contributors to the financial challenges of those hospitals, as specified.

Bill Status: In Assembly APPR: Do pass (14-0) 08/15/2024

AB 1895 (Weber) Public Health: Maternity Ward Closures

Requires a general acute care hospital (GACH) that provides maternity services and determines those services are at risk of closing in the next six months to report specified information to the State Department of Health Care Services, the Department of Health Care Access and Information (HCAI), the State Department of Public Health (DPH), and the Chairs of the Senate and Assembly Committees on Health.

Position: LHPC – Support

Bill Status: In Senate APPR: Do pass (4-2) 08/15/2024

AB 1975 (Bonta) Medi-Cal: Medically Supportive Food and nutrition interventions

Establishes medically supportive food and nutrition interventions as a Medi-Cal covered benefit when medically necessary in treating a patient's medical condition, subject to specifications and utilization controls, starting no sooner than July 1, 2026, upon appropriation.

Position: LHPC – Support

Bill Status: In Senate APPR: Amend and pass as amended. (5-0) Read second time and amended. Ordered to second reading.

AB 2110 (Arambula) Medi-Cal: Adverse Childhood Experiences trauma screenings: providers (Held on Suspense)

Allows douglas, as well as community-based organizations (CBOs) and local health jurisdictions (LHJs) that provide health services through community health workers (CHWs), to provide Adverse Childhood Experiences trauma screenings (ACEs screening) and makes them eligible for Medi-Cal reimbursement for the screening.

Position: LHPC – Support

Bill Status: In Assembly APPR: Held under submission 05/16/2024

AB 2200 Guaranteed Health Care for All.

Would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state.

Bill Status: In Assembly APPR: Held under submission 05/16/2024

AB 3156 Patterson. Medi-Cal managed care plans: regional center services: beneficiaries with other primary coverage.

AB 3156 would impose requirements on Medi-Cal managed care plans to ensure that enrollees who have other health coverage are able to better coordinate their care. The bill would require a Medi-Cal managed care plan to provide assistance to Medi-Cal providers and beneficiaries, upon request, on options for maintaining health care relationships between beneficiaries and existing providers that are contracted with, or have agreements with, a beneficiary's primary form of health care coverage, if the beneficiary transitions from receiving services under the Medi-Cal fee-for-service delivery system to being an enrollee of the managed care plan. The bill would also prohibit a Medi-Cal fee-for-service provider from being required to contract with a Medi-Cal managed care plan in order to provide services to an enrollee who fits the above-described criteria and to bill the Medi-Cal managed care plan.

Bill Status: In Senate APPR: Do pass (7-0) 08/15/2024



News Updates August 2024

Partnership Press Releases:

[Your Partner in Health: Vaccine Education](#)

Partnership HealthPlan of California – Mohamed “Moe” Jalloh, PharmD

June 24, 2024

Vaccines are one of our greatest medical success stories.

Partnership Mentioned:

[Maternity Care Deserts on the Rise in California](#)

KQED

July 12, 2024

In the last decade California hospitals have shut down nearly 50 maternity wards, leaving pregnant people in large swaths of the state without a place to deliver their babies.

[Medi-Cal Bridges Rural Divide in Tulelake](#)

Ethnic Media Services

June 25, 2024

At the entrance to the SOAR event, Partnership Health, the managed care network that covers Siskiyou and some 24 other counties in the north part of the state, set up an information table with a Spanish-speaking representative who had just come from presenting a workshop four hours' drive west in Del Norte County... According to [Amy] Turnipseed, Partnership Health has enrolled 70 new patients in Tulelake since Medi-Cal's adult expansion phase began January 1.



**Healthcare Effectiveness Data and
Information Set
(HEDIS®)
MY2023 / RY2024
Summary of Performance**

*Measuring quality of care and services
provided to our members!*

Presented by:
Dr. Robert Moore, MD MPH MBA
Chief Medical Officer

Nancy Steffen
Senior Director Quality & Performance Improvement



Objectives

- Annual HEDIS Projects – Overview of MY2023
- NCQA Health Plan Accreditation (HPA) Results & Projected Star Rating
- DHCS Managed Care Accountability Set (MCAS) Results

Why is HEDIS Important?

- People: Real people behind the data, which reflects their personal healthcare outcomes.
- Finances: Starting in MY2024, approximately \$17M will be at risk based on HEDIS/CAHPS Performance
 - DHCS will increase significantly in subsequent years.
- Reputation: A key factor in our publicly reported NCQA Health Plan Rating. Measure performance assessed by DHCS as below average results in publicly disclosed sanctions.

MY2023 vs. MY2024 Reporting Populations

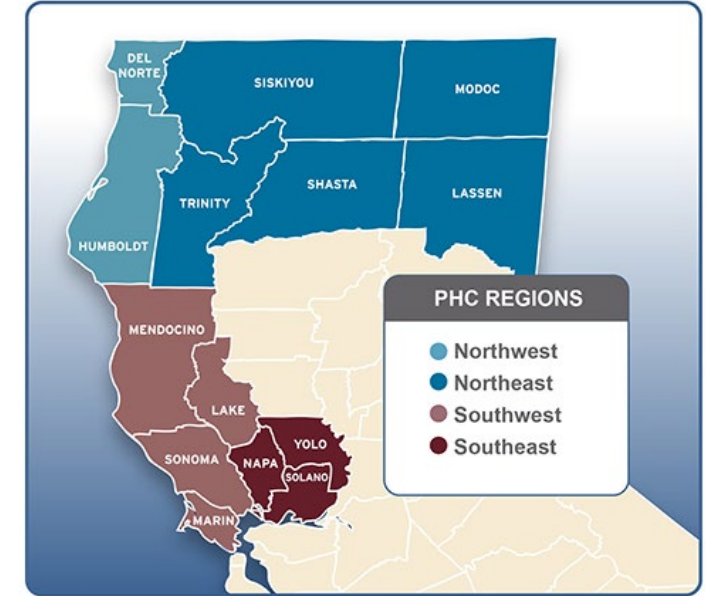
MY2023

Managed Care Accountability Set (MCAS) Reporting

Northwest	Humboldt, Del Norte
Northeast	Lassen, Modoc, Siskiyou, Trinity, Shasta
Southwest	Sonoma, Marin, Mendocino, Lake
Southeast	Solano, Yolo, Napa

NCQA Health Plan Accreditation (HPA) Reporting

Plan-Wide	All 14 Legacy Partnership Counties
-----------	------------------------------------



MY2024

Managed Care Accountability Set (MCAS) Reporting

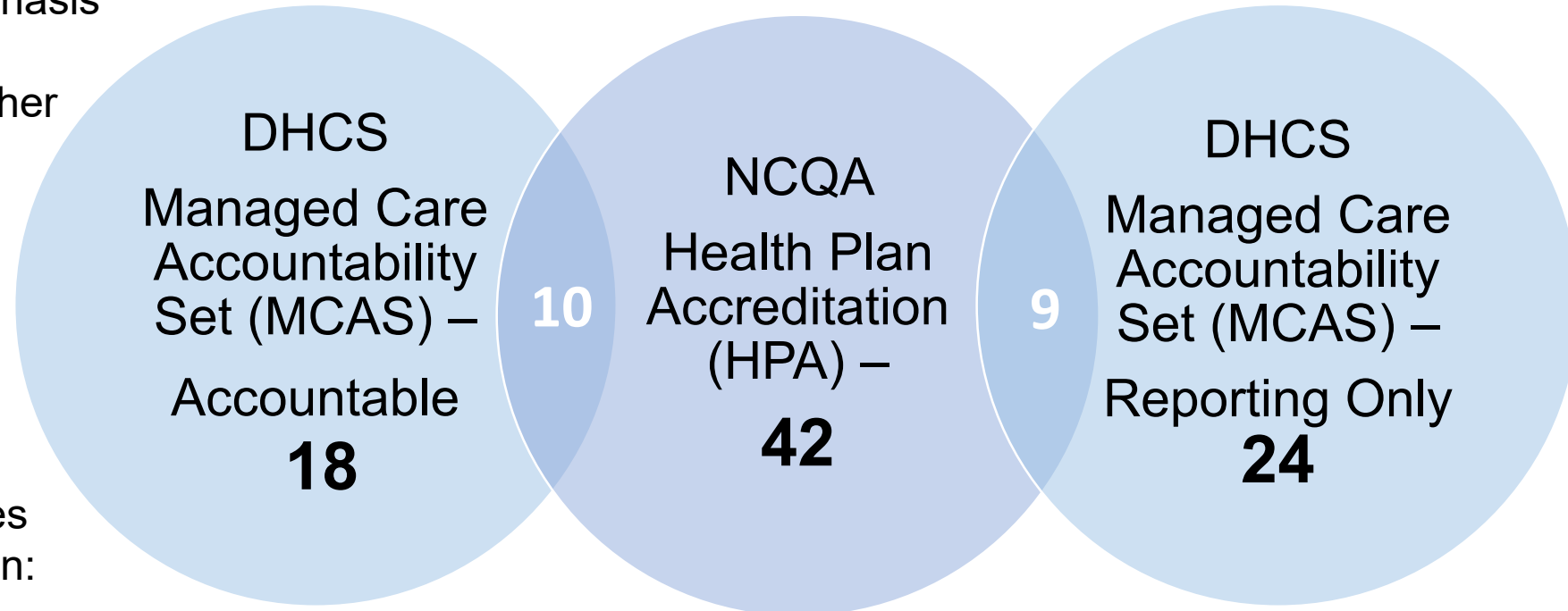
Plan-Wide	All 24 Counties – Legacy + Expansion Counties
-----------	---

NCQA Health Plan Accreditation (HPA) Reporting

Plan-Wide	All 24 counties – Legacy + Expansion Counties
-----------	---

Measure Sets: NCQA HPA vs DHCS MCAS

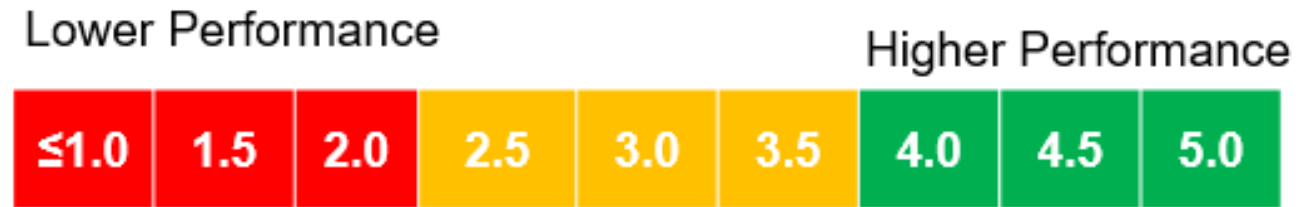
- DHCS MCAS has greater emphasis on Childhood and Adolescent Preventive Care measures. Other (smaller) domains include:
 - Cancer Prevention
 - Reproductive Health
 - Chronic Disease
 - Behavioral Health
- In contrast, NCQA HPA includes additional measures focused on:
 - Adult Immunizations
 - Respiratory Treatment
 - Diabetes
 - Heart Disease
 - Behavioral Health





NCQA Health Plan Accreditation (HPA) – Health Plan Rating Methodology

The overall Health Plan Rating (HPR) is assessed on a 0-5 point scale in half points.



The HPR is the weighted average of a plan's HEDIS and CAHPS measure ratings plus bonus points for plans with current Accreditation status.

- 1. Patient Experience:** CAHPS measure performance in the selected survey
- 2. Rates for Clinical Measures:** HEDIS measures, grouped in sub-categories
1) Prevention and Equity and 2) Treatment
- 3. NCQA Health Plan Accreditation:** 0.5 bonus points are added to the calculated overall score before rounding to the nearest half point





Projected HPR for MY2023

- The *projected* HPR rating for MY2023 is **3.5 Stars**. Our *best estimate* using available benchmarks.
- This *projected* HPR reflects our decision to submit Adult CAHPS vs. Child CAHPS.

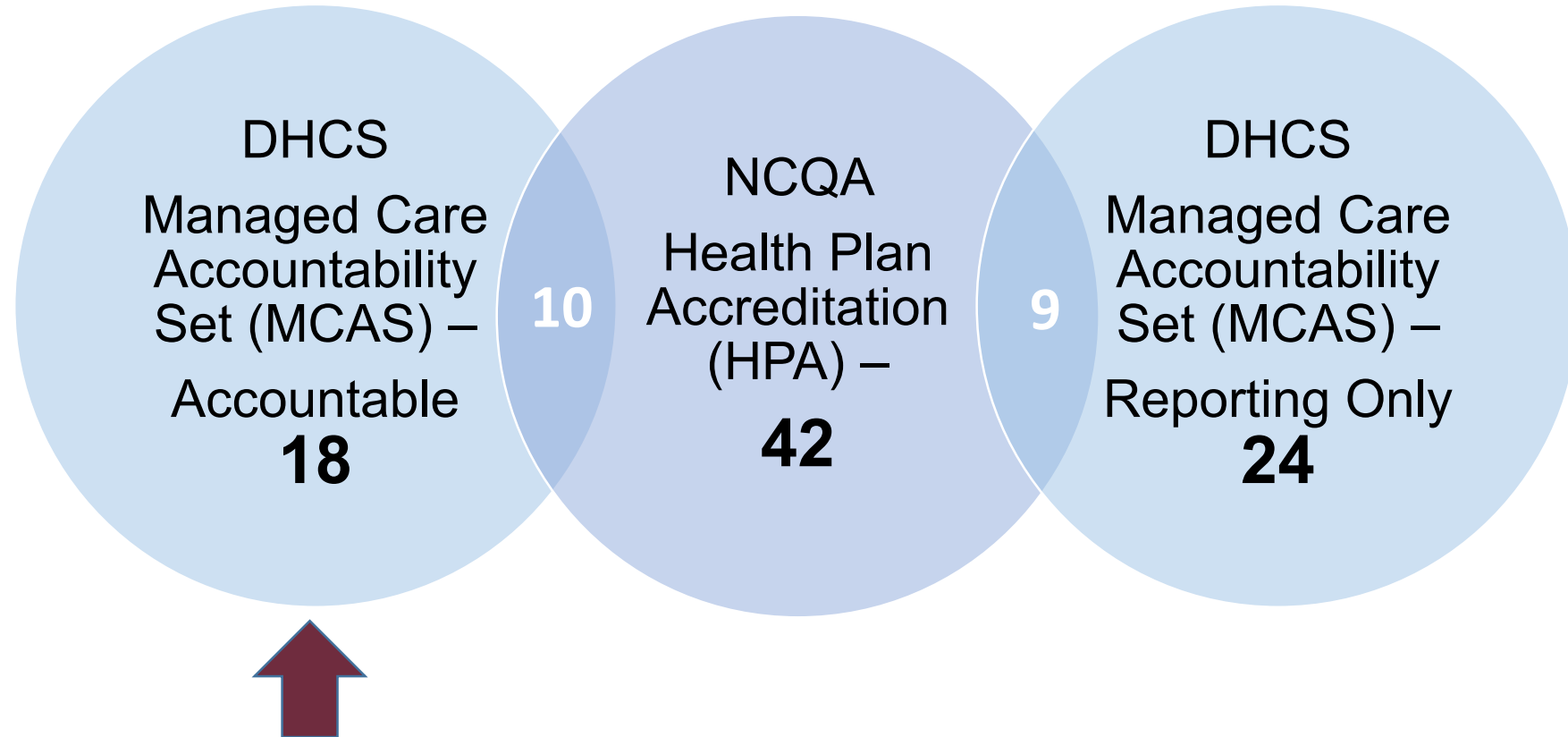
	MY2022 – Final, Used Child CAHPS	MY2023 – Projected, Used Adult CAHPS	MY2023 – If we had Selected Child CAHPS *
Patient Experience (CAHPS)	2.0	1.5	2.0
Prevention and Equity (HEDIS domain)	3.5	3.5	3.5
Treatment (HEDIS domain)	3.5	3.5	3.5
Bonus for Accreditation	0.5	0.5	0.5
Overall HPR	3.5	3.5	4.0

*For reference only

- The projected HPR is *only* 0.043 pts. from rounding up to a 4.0 Star Rating!



Measure Sets: NCQA HPA vs DHCS MCAS



Accountable measures must meet or exceed the Minimum Performance Level (MPL) (i.e. 50th national Medicaid percentile) or Partnership is subject to enforcement actions



DHCS MCAS: Accountable Measures MY2023

Domain	Measure	Domain	Measure
Pediatric	Well Child Visits: 0-15 Months**	Cancer Prevention	Breast Cancer Screening
	Well Child Visits: 15-30 Months**		Cervical Cancer Screening
	Child & Adolescent Well Care Visits**	Reproductive Health	Chlamydia Screening
	Childhood Immunizations**		Timeliness of Prenatal Care**
	Immunizations for Adolescents**		Postpartum Care**
	Lead Screening in Children	Chronic Disease	Hemoglobin A1c Poor Control (>9%)**
	Topical Fluoride for Children (New)		Controlling High BP**
	Developmental Screening in 0-3yrs (New)		Asthma Med Ratio (Re-instated)
	Behavioral Health	F-Up after ED Visit for Substance Use	
		F-Up after ED Visit for Mental Illness	

** Designates a Quality Withhold measure

- 18 measures in MY2023 vs 15 measures in MY2022
 - All 15 measures from MY2022 continue in MY2023
 - 1 measure re-instated
 - 2 new measures are CMS Core Measures, with no national benchmarks available for scoring





DHCS MCAS Trend Analysis: By Measure Domain

Quality Compass Benchmarks	Reproductive Health (12 measures scored)	Chronic Disease (12 measures scored)	Cancer Prevention (8 measures scored)
Met 75th or greater	42%	25%	13%
Met 50th (MPL) to 75th	33%	50%	50%
Met 25th to 50th (MPL)	17%	8%	13%
Met less than 25th	8%	17%	25%

- **Reproductive Health:** Prenatal and Postpartum Care measures are Quality Withhold measures and strong plan-wide performers
 - **Opportunities:** Addressing low Chlamydia Screening rates in more rural regions
- **Chronic Disease:** Controlling High Blood Pressure and Diabetes Hemoglobin A1c Control measures are Quality Withhold measures and represent strong plan-wide performance since 2018
 - **Opportunities:**
 - Protecting Diabetes Care given recent declines in NE and SW regions
 - Partnering with providers to re-invest in Asthma Care focused improvement activities in rural regions
- **Cancer Prevention:** Breast Cancer and Cervical Cancer Screening measures significantly stronger in southern vs northern regions, largely reflecting provider access and member engagement constraints





DHCS MCAS Trend Analysis: By Measure Domain (continued)

Quality Compass Benchmarks	Pediatric (24 measures scored)	Behavioral Health (8 measures scored)
Met 75th or greater	13%	0%
Met 50th (MPL) to 75th	17%	13%
Met 25th to 50th (MPL)	33%	38%
Met less than 25th	38%	50%

- **Pediatric:** Domain includes several Quality Withhold measures; Performance driven by:
 - High rates of missing immunization doses & parental refusals in rural regions
 - Access constraints limit Well Child/Care Visits
 - Data Incompleteness in Well Child Visits due to gaps in newborn data
 - Data Incompleteness and Measure Limitations → *new* measures in oral health and developmental screening
 - Lead Screening in Children rates are *significantly improved* over prior year

Opportunities: Continuing portfolio of improvement activities plus new solutions to expedite newborn enrollment and qualify supplemental data sources

- **Behavioral Health:** Low performance due to Incomplete Data and Measure Limitations.

Opportunities:

 - Pursuing new data agreements with counties given drops in DHCS supplied data
 - Interventions with large PCPs underway, focused on timely referrals and follow-ups post ED visits





DHCS MCAS Composite Scoring Methodology

- Partnership’s composite scoring methodology is based on DHCS methodology applied annually to determine Quality Factor Scores (QFS).
- QFS includes aggregate scoring of MCAS performance across Medi-Cal health plans and ranks each Managed Care Plan reporting unit.
- Because Partnership reports in 4 regions, Partnership is ranked 4x in QFS annually.
- In composite scoring, points are awarded per measure per reporting region based on that measure’s performance relative to Quality Compass 2023 (i.e. national Medicaid) benchmarks.
 - **4 Reporting Units X 16 Scored Measures = 64 Total Scores**

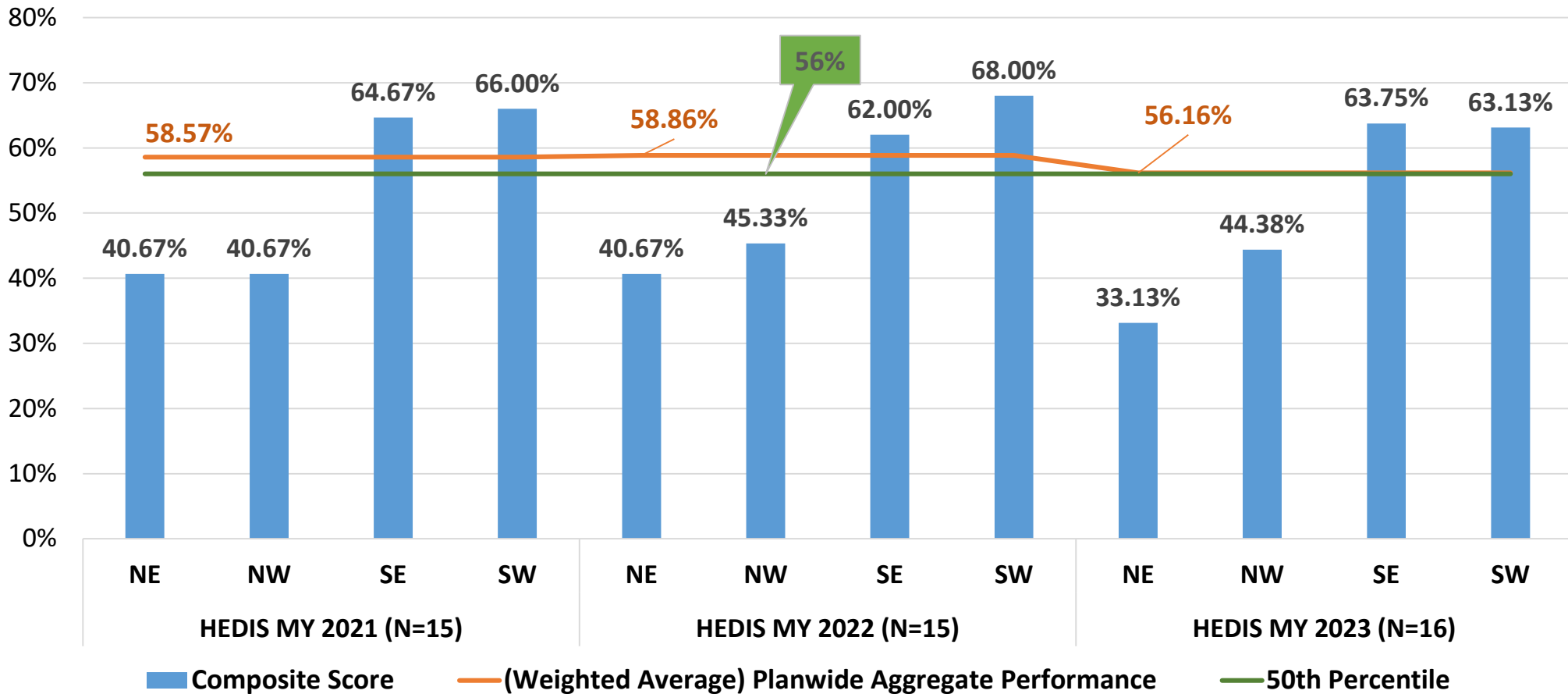
Quality Compass Benchmark	Points Awarded per Measure's Performance
90th	10
82.5th	9
75th	8
62.5th	7
50th - MPL	6
37.5th	5
25th	4
17.5th	3
10th	2
<10th	1





DHCS MCAS Composite Scoring & Year-over-Year Trends

Partnership calculates its plan-wide aggregate score across all four DHCS MCAS reporting regions by factoring in eligible populations by region, given membership is significantly greater in the Southern region reporting populations than Northern.



Change vs Prior Year	
NE	-7.54%
NW	-0.95%
SE	+1.75%
SW	-4.87%
Plan-Wide	-2.70%




DHCS MCAS Trend Analysis: Performance to MPL

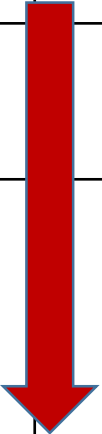
Quality Compass Benchmarks	MY2022 Measures	MY2023 Measures
Met 75th or greater	29 (48%)	31 (48%)
Met 50th (MPL) to 75th		
Met 25th to 50th (MPL)	31 (52%)	33 (52%)
Met less than 25th		
	60	64

- No improvement in Accountable Measures performing Above vs Below the MPL
- In MY2023, measures improving to reach/exceed the MPL were off-set by measures declining below the MPL.

DHCS MCAS Trend Analysis: Shifts in Scoring



Quality Compass Benchmarks	MY2022 Measures	MY2023 Measures
Met 75th or greater	32%	19%
Met 50th (MPL) to 75th	37%	53%
Met 25th to 50th (MPL)		
Met less than 25th	32%	28%



- **Measures scored** across the national benchmarks indicate a **downward progression** vs MY2022
- 67% of measures (43 of the total 64 measures) demonstrated less than a 5% change in rate versus MY2022.
- **Overall increasing trend in national benchmarks**

Next Steps

- NCQA will finalize Health Plan Ratings (HPR) nationally and publicly post HPRs in September.
- DHCS will report Quality Factor Scoring later this year and assess mandated performance improvement activities and sanctions thereafter.
- Adapting Quality Measure Score Improvement strategies and tactics in 2024-2025, as noted in the solutions outlined throughout this presentation.
- Partnership to strengthen existing and add new supplemental data sources to improve data completeness.
- In the SE and SW, where a delegated arrangement once existed between Kaiser and Partnership, the impact on DHCS accountable measure performance is being analyzed.

HEDIS MY2023 Annual Summary Reports

Refer to the more detailed DHCS MCAS and NCQA Health Plan Accreditation (HPA) MY2023 Annual Summary of Performance Reports in your packet or as posted on Partnership's website under Quality Improvement – HEDIS

- Plan-wide Measure Performance
- County Level Measure Performance
- Overall HPA Star Rating - Scoring

