PARTNERSHIP HEALTHPLAN OF CALIFORNIA
QUALITY/UTILIZATION ADVISORY COMMITTEE MEETING NOTICE

FROM: Leslie Erickson, Administrative Assistant II
DATE: Aug. 14, 2020
SUBJECT: Quality/Utilization Advisory Committee (Q/UAC) Meeting

In preparation for the upcoming Q/UAC meeting, please carefully review the agenda topics and corresponding materials.

DUE TO COVID-19 AND SOCIAL DISTANCING, ACCESS IS LIMITED; remote attendance is encouraged. Call in information is below and also listed on the agenda.

NOTE: No hard copy packets or laptops will be available in the conference room. Please use your personal electronic device for reviewing the packet during the meeting. Please print your own copy of the packet, if you feel you need it.

Meeting Date: Wednesday, Aug. 19, 2020
Meeting Time: 7:30 – 8:15 a.m.
Meeting Locations: Partnership HealthPlan of California

- **4665 Business Center Drive, Fairfield, CA 94534 |** Napa/Solano Room
- **2525 Airpark Drive, Redding, CA 96002 |** Trinity Alps Conference Room
- **495 Tesconi Circle, Santa Rosa, CA 95401 |** Santa Rosa Conference Room

To Join by Telephone: 1-844-621-3956 Access Code 809 114 256
PHC Offices: Please use the QUAC Partnership HealthPlan's Personal Room in WebEx https://partnershiphp.webex.com/meet/quac | 809114256 (Note: If you need assistance please contact IT a minimum of one (1) day prior to the meeting so that they can provide instructions and testing.)

Physicians and Members:

Borde, Madhusudan, MD
Choudhry, Sara, MD
Gwiazdowski, Steven, MD, FAAP
Hackett, Emma, MD
Lane, Brandy, PHC Consumer Member
Montenegro, Brian, MD
Murphy, John, MD
Quon, Robert, MD
Stockton, Candy, MD
Strain, Michael, PHC Consumer Member
Swales, Chris, MD
Thomas, Randolph, MD
Threlfall, Alexander, MD
Wilson, Jennifer, MD

PHC Staff Members:

Banks, La Rae, Director of Grievance and Appeals
Barresi, Katherine, RN, Director of Care Coordination
Boyd Anderson, Rebecca, RN, Director of Population Health
Cotter, James, MD, Associate Medical Director
Devido, Jeffrey, MD, Behavioral Health Clinical Director
French, Rachael, Associate Director of Quality and Performance Improvement
Glickstein, Mark, MD, Associate Medical Director
Glossbrenner, David, MD, Regional Medical Director
Guillory, Ledra, Senior Provider Relations Rep Manager
Hoover, Peggy, RN, Senior Director of Health Services
Katz, Dave, MD, Associate Medical Director
Kubota, Marshall, MD, Regional Medical Director
Leung, Stan, PharmD., Director of Pharmacy Services
McAllister, Debra, RN, Director of Utilization Management
Moore, Robert, MD, MPH, MBA, Chief Medical Officer – Chairman
Netherda, Mark, MD, Associate Medical Director of Quality
Ribordy, Jeff, MD, Regional Medical Director
Robinson, Erika, Director of Quality and Performance Improvement
Scuri, Lynn, Regional Director
Spiller, Bettina, MD, Associate Medical Director
Steffen, Nancy, NR Director of Quality and Performance Improvement
Townsend, Colleen, MD, Regional Medical Director
Vovakes, Michael, MD, Associate Medical Director

cc:

Brandeburg, Heather, Director of Provider Relations
Brom, Amy, MSW, PsyD., Behavioral Health, Alexander Valley Healthcare
Devan, James, Manager of Performance Improvement
Fries, Bonnie, Project Coordinator II
Garnick, Karen, Project Coordinator II
Hoffman-Spector, Sharon, RN, Manager of Utilization Management
Kerlin, Mary, Senior Director of Provider Relations
Kisliuk, Margaret, Behavioral Health Administrator
Leslie, Liz, Program Manager II, Wellness and Recovery Program
Nakatani, Stephanie, Lead Senior Provider Relations Rep
O'Connell, Lisa, Manager of Provider Education
Peterson, Rachel, RN, Manager of Clinical Quality & Patient Safety
Quichocho, Sue, Manager of Quality Improvement
Santos, Rose, Manager of Quality Assurance/Patient Safety
Schiewe, Janet, Project Coordinator II
Stewart, Melissa, Project Manager
Thomas, Catherine, Senior Health Educator, Population Health Mgmt
Veneracion, Bianca, Provider Education Specialist
Vij, Namita, Education Specialist

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
QUALITY AND UTILIZATION ADVISORY COMMITTEE
MEETING AGENDA

Date: Aug. 19, 2020 **Time: 7:30 – 9:00 a.m.**

Governor Newsom's Executive Order, N-25-20, relating to social distancing measures being taken for COVID-19, authorizes public meetings with Brown Act requirements to be held via teleconference or telephone. It waives the Brown Act requirement for physical presence at the meeting for members, the clerk, and/ or other personnel of the body as a condition of participation for a quorum. However, the Executive Order requires at least one public location consistent with ADA requirements to be made available for members of the public to attend the meeting, so the PHC locales listed below will be available.

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

To Join by Webex:
https://partnershiphp.webex.com/meet/quac Meeting # 809 114 256
To Join by Telephone:
1-844-621-3956 Access Code: 809 114 256

Public Comments		Speaker	2 minutes	
This Brown Act meeting may be recorded. Any audio or video tape record of this meeting, made by or at the direction of PHC, is subject to inspection under the Public Records Act and will be provided without charge, if requested. ***Welcome / Introductions***				
I.	**Approval of Minutes**	**Lead**	**Time**	**Page #**
1	Internal Quality Improvement Meeting Minutes (IQI – 07/07/2020) *Acknowledgement of IQI minutes needed*	Robert Moore, MD	7:32	5 – 12
2	Quality and Utilization Advisory Committee Minutes (QUAC – 07/15/2020) *Approval of Q/UAC minutes needed*	Robert Moore, MD	7:33	13 – 21
II.	**Standing Agenda Items**			
1	Status of open action items – Acknowledgment of Alexander Threlfall, MD		7:34	
2	Quality and Performance Improvement Program Update	Erika Robinson Nancy Steffen	7:36	22 – 26
3	HealthPlan Update	Robert Moore, MD	7:41	
III.	**Old Business (Committee Members as Applicable)**			
	None	N/A		
IV.	**New Business (Committee Members as Applicable)**			
1	Consent Calendar	All	7:45	27
	Quality Improvement			
	MPQG1011 – Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines			28 – 35
	MPQP1002 – Quality/Utilization Advisory Committee (Q/UAC)			36 – 39
	MPQP1004 – Internal Quality Improvement (IQI) Committee			40 – 44
	MPQP1048 – Reporting Communicable Diseases			45 – 46

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<tr><td rowspan="14">1</td><td>Care Coordination</td><td rowspan="14">All</td><td rowspan="14"></td><td></td></tr>
<tr><td>MCCP2014 – Continuity of Care (Medi-Cal)</td><td>47 – 52</td></tr>
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<tr><td>MCCP2023 – New Member Needs Assessment</td><td>77 – 92</td></tr>
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<tr><td>MCUP3012 – Discharge Planning (Non-capitated Members)</td><td>98 – 100</td></tr>
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<tr><td>MCUP3104 – Transplant Authorization Process</td><td>113 – 115</td></tr>
<tr><td>MCUP3125 – Gender Dysphoria/Surgical Treatment</td><td>116 – 119</td></tr>
<tr><td>MCUP3128 – Cardiac Rehabilitation</td><td>120 – 124</td></tr>
<tr><td>MPUP3006 – Appropriate Service and Coverage Policy</td><td>125 – 128</td></tr>
<tr><td>Cultural & Linguistics</td><td></td></tr>
<tr><td>MCLP7002 – Cultural and Linguistic Services
To be archived – refer to New Policy MCND9003</td><td>129 – 136</td></tr>
<tr><td>MPLD7001 – Cultural & Linguistic Program Description
To be archived – refer to New Policy MCND9002</td><td>137 – 142</td></tr>
<tr><td>V.</td><td colspan="4">Discussion</td></tr>
<tr><td></td><td>Synopsis of Changes</td><td></td><td></td><td>143 – 147</td></tr>
<tr><td></td><td>Population Health Management</td><td></td><td></td><td></td></tr>
<tr><td>1</td><td>MCND9002 – Cultural & Linguistic Program Description
New Policy: formerly MPLD7001</td><td rowspan="3">Catherine Thomas</td><td>7:47</td><td>148 – 153</td></tr>
<tr><td>2</td><td>MCNP9003 – Cultural & Linguistic Services
New Policy: formerly MCLP7002</td><td>7:50</td><td>154 – 161</td></tr>
<tr><td>3</td><td>MCNP9004 – Regulatory Required Notice and Taglines
New Policy: formerly internal Member Services policy MC359</td><td>7:53</td><td>162 – 174</td></tr>
<tr><td></td><td>Care Coordination</td><td></td><td></td><td></td></tr>
<tr><td>4</td><td>MCCP2022 – Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services</td><td rowspan="2">Katherine Barresi, RN</td><td>7:57</td><td>175 – 181</td></tr>
<tr><td>5</td><td>MCCP2031 – Private Duty Nursing under EPSDT
New Policy</td><td>8:00</td><td>182 – 185</td></tr>
<tr><td></td><td>Utilization Management</td><td></td><td></td><td></td></tr>
<tr><td>6</td><td>MCUG3007 – Authorization of Ambulatory Procedures and Services</td><td rowspan="5">Peggy Hoover, RN
Debbie McAllister, RN</td><td>8:03</td><td>186 – 201</td></tr>
<tr><td>7</td><td>MCUG3022 – Incontinence Guidelines</td><td>8:06</td><td>202 – 210</td></tr>
<tr><td>8</td><td>MCUP3039 – Special Case Managed Members</td><td>8:09</td><td>211 – 219</td></tr>
<tr><td>9</td><td>MCUP3041 - TAR Review Process</td><td>8:12</td><td>220 – 237</td></tr>
<tr><td>10</td><td>MCUP3124 – Referral to Specialists (RAF) Policy</td><td>8:15</td><td>238 – 241</td></tr>
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VI.	**Presentations – Discussion**			
1	Quarterly Grievance Report	La Rae Banks	8:18	242 – 273
2	PQI/PPC Report – Q1/Q2 2020	Rose Santos	8:24	274 – 280
3	Populations Needs Assessment Update – ***Approval Required*** *PNA Addendum on page 350*	Rebecca Boyd Anderson, RN	8:30	281 – 353
	Quality Improvement Program Documents	Erika Robinson	8:36	
4	Summary of QI Program Documents			354 – 356
5	2019-2020 QI Work Plan Final Update – ***Approval Required***			357 – 390
6	2020-2021 QI Program Description – ***Approval Required*** *Clean Version on page 443*			391 – 485
7	2019-2020 QI Evaluation – ***Approval Required*** *Appendix 1 – HEDIS on page 558* *Appendix 2 – Grand Analysis on page 580*			486 – 588
8	2020-2021 QI Work Plan – ***Approval Required***			589 – 604
	For Information/Consent Only			
1	Offering and Honoring Choices – 2019/2020 Summary	Barb Selig	N/A	605 – 608
VII.	**Additional Business**			
	Next Meeting: Sept. 16, 2020	N/A		
	Adjournment		**9:00**	

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEETING MINUTES

Committee: Internal Quality Improvement (IQI) Meeting
Date/Time: Tuesday, July 7, 2020 / 1:30 PM – 3:30 PM Napa/Solano Conference Room

Members Present:	
Barresi, Katherine, RN, Director of Care Coordination	Kubota, Marshall, MD, Regional Medical Director
Boyd Anderson, Rebecca, RN, Director of Population Health	Leung, Stan, PharmD, Director of Pharmacy Services
French, Rachael, Associate Director of Quality and Performance Improvement	McAllister, Debra, RN, Director of Utilization Management
Gibboney, Elizabeth, MA, Chief Executive Officer	Moore, Robert, MD, Chief Medical Officer
Hoffman-Spector, Sharon, RN, Manager of Utilization Management	Robinson, Erika, Director of Quality and Performance Improvement
Hoover, Peggy, RN, Senior Director, Health Services	Villasenor, Edna, Associate Director of Call Center
Kerlin, Mary, Senior Director of Provider Relations	
Guests:	
Azeltine, Diana, RN, Manager of Utilization Management	O'Donovan, Olevia, Executive Assistant, Finance
Bontrager, Mark, Director of Regulatory Affairs/Program Development	Patel, Vic, Pharm.D., Manager of Clinical Pharmacy
Brandeburg, Heather, Director of Provider Relations	Plascencia, Dolores, Project Manager I
Cabrera, Maria, Supervisor of Member Services	Poncy, Kenzie, Compliance Program Analyst
Campbell, Anna, Administrative Assistant II	Rodekohr, Dianna, Project Manager I
Carino, Arielle, Administrative Assistant I	Rosel, Melissa, Associate Director of Utilization Management
Devan, James, Manager, Performance Improvement Capability	Roepcke, Mei, Senior Project Manager
Devan, Kris, Supervisor of PR Representatives (NR)	Rosel, Melissa, RN, Associate Director of Utilization Management
Devido, Jeffrey, MD, Behavioral Health Clinical Director	Santos, Rose, Manager of Quality Assurance/Patient Safety
Garcia-Hernandez, Margarita, Associate Director of Health Analytics	Schiewe, Janet, Project Coordinator II
Glossbrenner, David, MD, Regional Medical Director	Smith, Lyle, Director of OpEx/PMO
Hightower, Tony, Associate Director of Pharmacy Operations	Townsend, Colleen, MD, Regional Medical Director
Lee, Donna, Manager of Claims	Vij, Namita, Provider Education Specialist
Leslie, Liz, Program Manager II, Wellness and Recovery Program	Williams, Joseph, Project Coordinator II
O'Connell, Lisa, Manager of Provider Education	
Members Absent:	
Banks, La Rae, Director of Grievance and Appeals	Scuri, Lynn, Regional Director
Bjork, Sonja, JD, Chief Operating Officer	Shafer, Chloe, Regional Manager
Daliri Sherafat, Tahereh, NR Director of MS and PR	Steffen, Nancy, RN, Director of Quality and Performance Improvement
Ingram, Jeff, Director of Financial Planning & Analysis	Thomas, Catherine, Senior Health Educator
McCartney, Melissa, Director of Care Coordination Operations	Turnipseed, Amy, Senior Director of External and Regulatory Affairs
Netherda, Mark, MD, Associate Medical Director of Quality	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION	DATE RESOLVED
I. Call to Order Approval of Minutes	Dr. Robert Moore called the meeting to order at 1:30 p.m. Minutes from the June 9, 2020 IQI meeting were reviewed and approved.	Motion to approve as presented: Peggy Hoover, RN Second: Rachael French	07/07/2020

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION	DATE RESOLVED
		Approved with no changes.	
II. Standing Agenda Items			
1. Status of Open Action Items	None	N/A	
III. Old Business			
	None	N/A	
IV. New Business (Committee Members as Applicable)			
Consent Calendar	Member Services MP335 – Special Needs Fund Care Coordination MCCP2016 – Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT) Utilization Management MCUG3008 – Bathroom Equipment Guidelines MCUG3058 – Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-N Facilities MCUP3014 – Emergency Services MCUP3033 – Out-of-Area Emergency Admissions MPUP3026 – Inter-Rater Reliability Policy	Motion to approve as presented: Peggy Hoover, RN Second: Rachael French	07/07/2020
V. Discussion			
1. MCRP4067 – Pharmacy Site of Care *New Policy*	Stan Leung, Pharm.D., presented new policy MCRP4067 found on page 50. The policy states that Partnership Health Plan of CA (PHC) recognizes site of care optimization as a vital program and strategy to improve member experience, reduce provider administrative burden, and reduce healthcare cost associated with medication infusion therapies. This policy establishes the requirement for medication infusion therapies to be rendered at a site of care with the least intensive setting that is clinically appropriate for the delivery of the service. Specialty medications as listed in Attachment A are not all-inclusive and are subject to change. Additions or removal of medications from Attachment A will be determined by the PHC Pharmacy Department throughout the year. Stan said this policy provides for transitioning medication infusion therapies from the hospital outpatient department (HOPD) setting to alternative site of care facilities, including home infusion and non-hospital affiliated outpatient infusion, and will save everyone money because the cost is administered through the pharmacy benefit (unlike in hospital where ancillary charges incur). Section VI policy and procedures do not affect the Treatment Authorization Request (TAR) process. Once therapies are identified, Pharmacy will reach out to both the provider and the member to establish treatment away from hospital. TARs will still be reviewed as needed. The policy allows the provider to give a first dose at clinic or hospital but going forward, therapy may be provided in the home setting. Anna Campbell questioned the policy using the acronym SOC for site of care as everywhere else in Utilization Management the acronym refers to share of cost. Everyone agreed with Dr. Moore	Motion to approve as amended: Rachael French Second: Peggy Hoover, RN • Section X.: delete revision date as this is a new policy. • Section XI.: add C. PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.	07/07/2020

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION	DATE RESOLVED
	that the acronym SOC should be removed from the policy and that site of care should always be spelled out.		
2. MPQP1022 – Site Review Requirements and Guidelines	Rachel Peterson, RN, reported on MPQP1022 found on page 54. Changes made include: • Section I: Addition of MP CR 12 - Credentialing of Independent and Private Duty Nurses under EPSDT • Section IV: Addition of Attachment I. 2019 Private Duty Nursing Site Review Tool and Standards • Section VI.A.2.F: Added section regarding Private Duty Site Reviews • Section VII.D: Added Reference to APL 20-012 Rachel noted that Section VI.F rewords providing patient care according to the new All Plan Letter (APL), replacing "case management" references with "private duty patient care." Anna noted that a new to-be-related policy will be coming in August but all agreed that it can't be related herein before the fact. Dr. Moore said PHC is the first managed care plan in California to come up with such plans, and he thanked Rachel and all involved for their efforts.	Motion to approve as presented: Rachael French Second: Peggy Hoover, RN	07/07/2020
3. MCUP3020 – Hospice Service Guidelines	Debbie McAllister, RN, reported on MCUP3020 found on page 373. • Section VI.A.1: Removed the word "family" to clarify that only the patient is admitted to hospice. • Section VI.A.1.a: Updated language as per Medi-Cal guidelines to say that certification of a terminal illness may be provided by either the patient's physician or the hospice medical director. Also specified that supporting documentation should be provided to certify the terminal illness. • Section VI.D: Rewrote this section to describe "Hospice Periods of Care" using the language from the Medi-Cal provider manual. • Section VI.E: Added a new section to policy based on Medi-Cal guidelines to describe the requirements for hospice Patient Certification and Recertification. There were no questions.	Motion to approve as presented: Rachael French Second: Peggy Hoover, RN	07/07/2020

4. MCUP3131 – Genetic Screening and Diagnostics	Dr. Robert Moore reported on MCUP3131 found on page 378.
	• Section VII. References: Updated formatting of references.
	• Attachment A:
	  ○ Pages 34, 35, 38, 42 Per Medi-Cal guidelines, added statement "Claims without documentation showing the preceding criteria have been met will be denied." to codes **81401, 81402, 81403, 81404**.
	  ○ Page 59 Code **81420** – Updated code description; added notes from Medi-Cal guidelines regarding noninvasive prenatal testing.
	  ○ Pages 60, 61 Code **81432** – This new code was added for multi-gene testing for hereditary breast cancer-related disorders.
		Motion to approve as presented: Peggy Hoover, RN
		Second: Rachael French
			07/07/2020

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION	DATE RESOLVED
	○ Page 65 Code **81507** – Frequency limit updated to no more than once per pregnancy. Note addition that concurrent or repeat use of noninvasive prenatal testing during the same pregnancy is not covered. ○ Page 71 and 72 Code **81541** - This new code was added for a 46 gene expression profiling test for prostate cancer. ○ Page 72 Code **81542** - This new code was added for a 22 gene expression profiling test for prostate cancer. There were no questions.		
5. MCUP3139 – Criteria and Guidelines for Utilization Management *New Policy*	Dr. David Glossbrenner presented new policy MCUP3139 found on page 457. This new policy was created to identify and track the criteria and guidelines that have been approved for use in the utilization management (UM) process at PHC. The policy defines a standard of care and establishes an approved list of UM criteria and guidelines for reviewing TARs and hospitalizations. The Quality and Utilization Advisory Committee (Q/UAC) will review this list annually. The guidelines and criteria can be grouped into the following groups: • Required standards as set forth by the State of California (Department of Health Care Services [DHCS] or other agencies) where PHC is contractually and legally obligated to follow the guidelines. • Industry accepted guidelines that are used by a variety of other managed care organizations (e.g., InterQual® and National Comprehensive Cancer Network [NCCN]). • Guidelines developed through government agencies (e.g., Center for Disease Control [CDC] or Agency for Healthcare Research and Quality [AHRQ]). • Policies developed by PHC. There could be few circumstances where these groups of guidelines conflict. In situations where there is a conflict, the use of the guidelines should not compromise the patient's safety. Anna asked whether the disclaimer before the addenda was necessary. There followed some conversation whether or not the disclaimer should be added to the bottom of all policies. Dr. Moore said that the disclaimer should not be on all policies.	Motion to approve as amended: Rachael French Second: Marshall Kubota, MD • The disclaimer will be removed from the policy. • The embedded Appendix A will be pulled from the policy itself and instead appended to it as Attachment A.	07/07/2020
6. MPNET101 – Wellness and Recovery Access Standards and Monitoring *New Policy*	Heather Brandeburg presented new policy MPNE101 found on page 461. This new policy defines access standards for substance use disorder treatment through the PHC Wellness and Recovery Program. It outlines access to providers, establishing measureable standards for the geographic distribution of each type of wellness and recovery program. It also establishes measureable standards for timely access. Rachael questioned whether the Quality Improvement Director is really responsible for implementing the procedure. Heather said no and agreed to remove that from the policy. Anna questioned including geographic measures of size that do not apply to current enrolled counties but all agreed that leaving the standards as defined enables counties to come in and out without necessitating an amendment of the policy itself.	Motion to approve as amended: Jeff Devido, MD Second: Rachael French • Remove the QI Director from responsibility for implementing the policy. • Remove any reference to NCQA.	07/07/2020

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION	DATE RESOLVED
	Note: the policy was updated between the publication of the agenda packet and the meeting itself. This policy as revised only includes DHCS Access standards for Wellness and Recovery and not those of the National Committee for Quality Assurance (NCQA).		
VI. Presentations			
Quality and Performance Improvement Update	Erika Robinson provided the Quality and Performance Improvement Update. Refer to the update found on page 464 for detailed information. • The Primary Care Provider Quality Improvement Program (PCP QIP) 2021 Measure development is on hold until DHCS announces the final Managed Care Accountability Set (MCAS). • The Perinatal Quality Improvement Program (Perinatal QIP) is no longer a pilot but is an official QIP as of July 1. • Healthcare Effectiveness Data and Information Set (HEDIS) performance improvement work continues. Shasta County Health and Human Services has contacted PHC requesting outreach support to our adolescent members needing immunizations for seventh grade entry. • The Partnership Improvement Academy will be in session again July 14. • Six Potential Quality Issues (PQIs) were received between May 20 and June 17, 2020. Twelve PQI cases were processed and close during the same period. There are currently 25 open cases across PHC. • HEDIS project work and annual performance work too has been completed. Rachael added that all teams achieved 100 percent compliance in all first survey standards relative to FY 19/20 department goals. She acknowledged their hard work and said that PHC is well positioned for NCQA First Survey Accreditation scheduled for Nov. 17.	For information only, no formal action required.	07/07/2020
1. Population Health Management Impact Analysis	Rebecca Boyd Anderson, RN, presented the Population Health Management (PHM) Impact Analysis. Refer to the report found on page 469 for detailed information. This is the first time such an analysis has been brought to this Committee, and Rebecca anticipates doing it annually hereafter. Topics proposed last year and measures identified might not necessarily be looked at again next year. This analysis: • Looked at two well-child cohorts: those under 15 months and adolescents, comparing members who are beneficiaries of the California Children's Services (CCS) program to those who are not. • The goal was attendance at well-child visits by PHC CCS beneficiaries will be better than for those not enrolled. • On aggregate, PHC's CCS population has more frequent pediatric well-child visits for both populations studied than do PHC's non-CCS beneficiaries. The hope is that visits with both primary care providers (PCPs) and specialists will be strengthened going forward. • Adolescents had higher visits, which is consistent with PHC experience. There were no questions regarding clinical quality measures nor cost utilization measurements. Rebecca stated that two years ago post-case management member satisfaction surveys were instituted and that goals have always been met; however, "it is not surprising" that members	Rachael French motioned to accept the report as presented. Peggy Hoover, RN, seconded.	07/07/2020

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION	DATE RESOLVED
	might not feel their health has improved after a hospitalization. In Complex Case Management (CCM), adult members are unlikely to see improved health regardless of intervention. As for children in the CCS population, parents are "extremely diligent" about medications, and Rebecca does not see case management improving that. The next PHM work plan soon will be determined for this next year: outcome measurements will be identified and approved with PHC's NCQA consultant Diane Williams.		
2. HEDIS 2020 Summary of Performance	Rachael French and Sue Quichocho presented the HEDIS 2020 Summary of Performance. Refer to the Powerpoint slides beginning on page 486 for detailed information. Rachael began by introducing and thanking the teams involved. Sue provided on overview of HEDIS as a tool developed by the NCQA, one that is the most used in this country across six domains of care and, as such, drives NCQA accreditation. Our high performance in HEDIS (9-10% improvement in measures where we have year over year data) translates to improved health care outcomes for our members. This year, there was significant change in the Managed Care Accountability Set (MCAS): eight new measures held to the Minimum Performance Level (MPL) 50th percentile were added and three measures were removed (although the latter are still required for NCQA accreditation). The eight new measures are: • ABA – Adult Body Mass Index Assessment • AMM – Antidepressant Medication Management Acute Phase • AMM – Antidepressant Medication Management Continuation Phase • AWC – Adolescent Well-care Visits • CHL – Chlamydia Screening in Women • CIS – Childhood Immunization Status Combo 10 • W15 – Well Child Visits in first 15 months of life (six or more well child visits) • WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents-BMI only The three removed measures – which we must still collect data on for NCQA accreditation – are: • AAB – Antibiotic use for Acute Bronchitis • CDC – Screening for Diabetic Retinopathy • LBP – Imaging for Low Back Pain <u>Covid-19 Impacts</u> – The Department of Health Care Services (DHCS<u>):</u> • Released guidance allowing plans to report prior year hybrid rates but PHC observed zero impact in our ability to retrieve medical record data and chose to report current year hybrid rates. • Removed Managed Care Plans' (MCPs) accountability on hybrid measure performance relative to the new MPL (50th percentile) • Continues to hold MCPs accountable for administrative measures relative to the new MPL (50th percentile).	For information only, no formal action required.	07/07/2020

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION	DATE RESOLVED
	In Measurement Year 2018, we scored 240 points out of 400 across 10 measures, improving to 279 points out of 400 across 10 measures for MY 2019. We earned 448 out of 680 total points across 17 measures for the new HEDIS MY 2019 MCAS. The report broke down by region where we improved and where we declined in rankings relative to prior year. For example, in the Northwest Region, we went from 75th to 90th percentile in both postpartum care and timeliness of prenatal care due to significant changes in specifications expanding the allowable time frames of prenatal and postpartum care. Well-child visits in the 3rd, 4th, 5th and 6th years of life improved across all regions. Key takeaways include that we still have much room for improvement and that COVID-19 will likely cause lower performance in future year reporting, cause DHCS to release accountability on a subset of measures, and change to new measure specifications, including acknowledging telehealth/video visits. There were no questions on this report, which is available within the Partnership Quality Dashboard (PQD) for internal stakeholders.		
3. HEDIS Summary of Performance June 2020	Rachael French and Sue Quichocho presented the HEDIS Summary of Performance June 2020 report. Refer to page 505 for detailed information. The report includes composite performance by reporting year broken out by region and performance relative to Quality Compass® Medicaid Benchmarks both on a county and on a region level. The report goes into greater line item detail that which was earlier covered today by both Erika Robinson's QI Update and Rachael and Sue in their first HEDIS presentation. Dr. Moore asked why the data on the three NCQA Accreditation measures were not included in the Annual Performance Summary Report. Rachael replied that the current summary focused only on measures within our MCAS measure set. All data collected on our NCQA Accreditation measures will be made available through PQD and the 5 Star Room and in the future we will have a separate report for all NCQA Accredited measures. Dr. Moore encouraged everyone to look at the report on the PQD and see how regions do with and without Kaiser in the mix. Rachael noted that in sharing these composite rankings, we try to keep the same measurement sets but changes keep coming, particularly around well child. Telehealth and video health visits too are likely to affect measurements. Dr. Moore concurred, saying that COVID-19-forced changes create almost another report in and of itself. Peggy Hoover thanked everyone for their hard work.	For information only, no formal action required.	07/07/2020
4. Quality Improvement Performance Improvement Activities – 2019/2020	Erika Robinson presented the Quality Improvement Performance Improvement Activities – 2019/2020 report. Refer to page 527 for detailed information. Erika acknowledged that much herein had already been covered in other reports. PHC's QI organization-wide goals for 2019-2020 included three main focus areas: Well Child Visits (W34), Asthma Medication Ratio (AMR), and Prenatal Postpartum Engagement Work Group (PPEW). Each measure was assigned to a cross functional work group including, but not limited to, QI, Care Coordination,	For information only, no formal action required.	07/07/2020

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION	DATE RESOLVED
	Pharmacy, Health Education, Claims, and Analytics. Erika went through each work group's aims, objectives and focus areas and highlighted those accomplishments achieved by June 30, 2020. Dr. Moore praised the "strong work" that went into realizing all the goals for two of the three groups and most goals for the third group.		
5. Hospital QIP Measures Summary	Melissa Stewart presented the Hospital QIP Measures Summary, which kicked off July 1, 2020. Refer to page 530 for detailed information. Melissa went through the 12 measures/targets: • Plan All-Cause Readmissions Rate • Palliative Care Capacity • Rate of Elective Delivery • Exclusive Breastmilk Feeding • NTSV Cesarean Rate • CHPSP Patient Safety Organization Participation • QI Capacity • Hepatitis B Vaccination/CAIR Utilization • Substance Use Disorder (and new this year): • Cal Hospital Compare – Patient Experience • Health Equity • Sexual Orientation/Gender Identity (SOGI) in EHR	For information only, no formal action required.	07/07/2020
Adjournment			
	The next meeting is August 11, 2020.		

Respectfully submitted by: Leslie Erickson, Administrative Assistant II

Signature of Approval: _____ Date: _____
Robert Moore, MD, MPH, MBA Chairman

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEETING MINUTES

Committee: Quality and Utilization Advisory Committee (Q/UAC) Meeting
Date/Time: Wednesday, July 15, 2020 / 7:30 AM – 8:15 AM Napa/Solano Room, 1st Floor

Per Governor Newsom's Executive Order, N-25-20 that relates to social distancing measures being taken for COVID-19: the Executive Order authorizes public meetings with Brown Act requirements to be held via teleconference or telephone. It waives the Brown Act requirement for physical presence at the meeting for members, the clerk, and/ or other personnel of the body as a condition of participation for a quorum. However, the Executive Order requires at least one public location consistent with ADA requirements to be made available for members of the public to attend the meeting, so all PHC offices will be available for the public to attend the meeting in-person.

Members Present:

Lane, Brandy, PHC Consumer Member (via phone)
Montenegro, Brian, MD (via phone)
Murphy, John, MD (via phone)
Quon, Robert, MD (via phone)
Stockton, Candy, MD (via phone)
Thomas, Randolph, MD (via phone)
Threlfall, Alexander, MD (via phone)
Wilson, Jennifer, MD (via phone)

Members Absent:

Borde, Madhusudan, MD
Choudhry, Sara, MD
Gwiazdowski, Steven, MD, FAAP (on PTO)
Strain, Michael, PHC Consumer Member
Swales, Chris, MD

PHC Members Present:

Boyd Anderson, Rebecca, RN, Director of Population Health
DeVido, Jeff, Behavioral Health Clinical Director
French, Rachael, Associate Director of Quality and Performance Improvement
Glickstein, Mark, MD, Associate Medical Director
Glossbrenner, David, MD, Regional Medical Director
Hoover, Peggy, RN, Senior Director of Health Services
Kubota, Marshall, MD, Regional Medical Director
Leung, Stan, PharmD, Director of Pharmacy Services
McAllister, Debra, RN, Director of Utilization Management
Moore, Robert, MD, MPH, MBA Chief Medical Officer – Chairman
Netherda, Mark, MD, Associate Medical Director of Quality
Ribordy, Jeff, MD Regional Medical Director
Robinson, Erika, Director of Quality and Performance Improvement
Scuri, Lynn, Regional Director
Steffen, Nancy, Northern Region Director of Quality and Performance Improvement
Vovakes, Michael, MD, Associate Medical Director

PHC Members Absent:

Banks, La Rae, Director of Grievance and Appeals
Barresi, Katherine, RN, Director of Care Coordination
Cotter, James, MD, Associate Medical Director
Guillory, Ledra, Manager of Provider Relations Representatives
Katz, Dave, MD, Associate Medical Director
Spiller, Bettina, MD, Northern Region Associate Medical Director
Townsend, Colleen, MD, Regional Medical Director

Guests:

Devan, James, Manager of Performance Improvement
Hackett, Emma, MD, Open Door Community Health Center
Hoffman-Spector, Sharon, RN, Manager of Utilization Management
Kisliuk, Margaret, Behavioral Health Administrator
Lee Caron, Manager of Performance Improvement
Leslie, Liz, Program Manager II, Wellness and Recovery Program
Nakatani-Phipps, Stephanie, Lead Senior Provider Relations Rep
O'Connell, Lisa, Manager of Provider Education
Peterson, Rachel, RN, Performance Improvement Clinical Specialist I
Quichocho, Sue, Manager of Quality Improvement
Roepcke, Meagan, Senior Project Manager
Veneracion, Bianca, Provider Education Specialist
Vij, Namita, Provider Education Specialist

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION	DATE RESOLVED
I. Call to Order Public Comment Approval of Minutes	Dr. Robert Moore called the meeting to order at 7:30 a.m. No public comments were made. Internal Quality Improvement (IQI) Minutes from June 9, 2020 were reviewed and accepted with no changes. Quality and Utilization Advisory Committee (Q/UAC) Minutes from June 17, 2020 were reviewed and approved with no changes.	Motion to approve IQI Minutes: Dr. Robert Quon Second: Dr. Jennifer Wilson All members present voted yes with no exceptions. Motion to approve Q/UAC Minutes: Dr. Brian Montenegro Second: Dr. Robert Quon All members present voted yes with no exceptions.	07/15/2020
II. Standing Agenda Items			
1. Status of Open Action Items	None.		07/15/2020
2. Quality Improvement (QI) Department Update	Erika Robinson and Nancy Steffen provided the QI update found on page 23. • Erika acknowledged the Healthcare Effectiveness Data Information Set (HEDIS) project that came to a close June 15 and complimented the team, which managed to succeed in introducing new data sources and completing the project on time. COVID did not impact medical record collection/review. Erika complimented Call Center staff participants as being integral to that success. We are also noting two significant changes in the recent, new HEDIS specifications and continuing to work closely with our internal teams, with those who are part of our advisory groups for QIP. Everyone is anticipating how the state Department of Health Care Services (DHCS) might adapt specifications and expectations. DHCS has allowed greater allowance for virtual visits, which is a great change in view of COVID. But there is also some anticipated issues in terms of new ways that they have combined certain measures that we have become accustomed to, particularly around well-child visits. There are significant new HEDIS expectations. When asked to comment, Rachael French deferred any remarks until her upcoming presentation. • Nancy had two things to highlight in the update: p. 22: on HEDIS Score Improvement, we have been fortunate to have had a good relationship with Shasta County Health and Human Services, in particular their public health group, over the last three or four years, in which we worked together to help reach our adolescent members for immunizations for seventh grade entry. This year because of COVID, the outreach calls began in mid-June (earlier than August as customary), and Shasta is appreciative. We reached out to more than 850 members by phone, and if unable to reach them, we sent postcards. • Additionally, Partnership and Population Health Management Director Rebecca Boyd Anderson opened up some discussions in other counties to see if any would be interested in similar support. Several providers, many in the northern region, are interested and PHC is doing our best to accommodate them in this outreach campaign. • Nancy added that recent changes in HEDIS' Managed Care Accountability Set (MCAS) effectively nullified the Corrective Action Plan (CAP) that DCHS imposed on PHC in September 2018. (We met all our milestones in 2019 for the two-year CAP.) In June,	For information only, no formal action required.	07/15/2020

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION	DATE RESOLVED
	DCHS communicated to us that they would be closing our CAP in July upon receipt of the report that Rachael is about to share. We can anticipate more mandated improvement work, in particular in the Northern Region. We will have a smaller subset of administrative measures and it will not be quite as rigorous in terms of our responsibility in documentation over the next year.		
3. HealthPlan Update	Dr. Moore gave his HealthPlan update. • First, NCQA released its annual changes and will do a final update in October. COVID necessitated allowing quite a number of visits to be performed virtually, including prenatal and well-child visits and attention deficit disorder and depression follow-ups too. This will necessitate a few changes in the (Primary Care Provider Quality Improvement Program) PCP QIP specifications. The changes are for current year and retro back to January. • PHC switched well-child visits from a hybrid measure to an administrative measure: we have to get the claims data in order to account those visits. We're going to have allowance for some entry of updates of visits at the end of the year but those can't be counted for National Committee on Quality Assurance (NCQA) accreditation. We've got to decide how we're going to handle that. • Because of COVID and the need to monitor patients closely at home, Partnership is currently rolling out a pilot which became active just a few days ago: Erika sent out an announcement to her whole team, which included the handout being sent out to providers. We can send that to Committee members after the meeting. This is for distribution of equipment; specifically, in the pilot phase, three types of equipment: oxygen saturation monitors; digital blood pressure monitors, and thermometers. We do recognize that the blood pressure monitors are covered also through the pharmacies, and that pharmacies have more than one variety. We anticipate that the pharmacy carveout, and the number of other devices that we currently distribute through pharmacy, will get PHC into small-scale medical equipment distribution to help our members obtain needed equipment not readily available elsewhere. • NCQA took away most restrictions regarding blood pressure monitoring: patients can be remote, take their blood pressure at home, and submit it. We'll be updating our specs accordingly. • California did reinstate all our benefits that were supposed to be cut by the Governor's proposed budget but they could still be cut if the federal bailout for COVID relief anticipated by the California Legislature doesn't occur.	For information only, no formal action required. Leslie Erickson on July 20 sent the pilot program flyer to Committee members to pass on to their PCP colleagues.	07/15/2020
III. Old Business (Committee Members as Applicable)			
	None		
IV. New Business (Committee Members as Applicable)			
Consent Calendar	<u>Care Coordination</u> MCCP2016 – Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT) *Note:* Approved at the June meeting, subsequent regulatory changes necessitated a revision and so the policy came back in July. <u>Utilization Management</u> MCUG3008 – Bathroom Equipment Guidelines	Motion to approve: Dr. Robert Quon Second: Dr. Jennifer Wilson	07/15/2020

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION	DATE RESOLVED
	MCUG3058 – Utilization Review Guidelines ICF/DD. ICF/DD-H, ICF/DD-N Facilities MCUP3014 – Emergency Services MCUP3033 – Out-of-Area Emergency Admissions MPUP3026 – Inter-Rater Reliability Policy	Approved with no changes. All members present voted yes with no exceptions.	
V. Discussion			
1. MPQP1022 – Site Review Requirements and Guidelines	Rachel Peterson, RN reported on MPQP1022 found on page 63. • Section I: Addition of MP CR 12 - Credentialing of Independent and Private Duty Nurses under EPSDT • Section IV: Addition of Attachment I. 2019 Private Duty Nursing Site Review Tool and Standards • Section VI.A.2.F: Added section regarding Private Duty Site Reviews • Section VII.D: Added Reference to APL 20-012 Rachel noted that PHC can review the site (i.e., the member's home) up to every three years. The Consumer Assessment of Healthcare Providers and Standards (CAPHS) will be due within 30 days of the site review.	Motion to approve: Dr. Candy Stockton Second: Dr. Robert Quon There were no questions and the policy was approved with no changes. All members present voted yes with no exceptions.	07/15/2020
2. MCUP3020 – Hospice Services Guidelines	Debbie McAllister, RN, reported on MCUP3020 found on page 382. • Section VI.A.1: Removed the word "family" to clarify that only the patient is admitted to hospice. • Section VI.A.1.a: Updated language as per Medi-Cal guidelines to say that certification of a terminal illness may be provided by either the patient's physician or the hospice medical director. Also specified that supporting documentation should be provided to certify the terminal illness. • Section VI.D: Rewrote this section to describe "Hospice Periods of Care" using the language from the Medi-Cal provider manual. • Section VI.E: Added a new section to policy based on Medi-Cal guidelines to describe the requirements for hospice Patient Certification and Recertification. Debbie noted that for this purpose, life expectancy is defined as six months or less.	Motion to approve: Dr. Candy Stockton Second: Dr. Robert Quon There were no questions and the policy was approved with no changes. All members present voted yes with no exceptions.	07/15/2020
3. MCUP3131 – Genetic Screening and Diagnostics	Dr. Robert Moore reported on MCUP3131 found on page 387. • Section VII. References: Updated formatting of references. • Attachment A: o Pages 34, 35, 38, 42 Per Medi-Cal guidelines, added statement "Claims without documentation showing the preceding criteria have been met will be denied." to codes **81401, 81402, 81403, 81404**. o Page 59 Code **81420** – Updated code description; added notes from Medi-Cal guidelines regarding noninvasive prenatal testing. o Pages 60, 61 Code **81432** – This new code was added for multi-gene testing for hereditary breast cancer-related disorders. o Page 65 Code **81507** – Frequency limit updated to no more than once per pregnancy. Note addition that concurrent or repeat use of noninvasive prenatal testing during the same pregnancy is not covered.	Motion to approve: Dr. Robert Quon Second: Dr. Jennifer Wilson There were no questions and the policy was approved with no changes. All members present voted yes with no exceptions.	07/15/2020

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION	DATE RESOLVED
	○ Page 71 and 72 Code **81541** - This new code was added for a 46 gene expression profiling test for prostate cancer. ○ Page 72 Code **81542** - This new code was added for a 22 gene expression profiling test for prostate cancer. Dr. Moore noted that with hundreds and hundreds of potential genetic tests referenced in this document, this is the first time we've seen new profiles being added.		
4. MCUP3139 – Criteria and Guidelines for Utilization Management *New Policy*	Dr. David Glossbrenner reported on MCUP3139 found on page 466. This new policy defines a standard of care and establishes an approved list of UM criteria and guidelines for reviewing TARs and hospitalizations. Q/UAC will review this list annually. The guidelines and criteria can be grouped into the following groups: • Required standards as set forth by the State of California (DHCS or other agencies) where PHC is contractually and legally obligated to follow the guidelines. • Industry accepted guidelines that are used by a variety of other managed care organizations (e.g., InterQual® and National Comprehensive Cancer Network [NCCN]). • Guidelines developed through government agencies (e.g., Center for Disease Control [CDC] or Agency for Healthcare Research and Quality [AHRQ]). • Policies developed by PHC. Dr. Glossbrenner noted that Attachment A lists the primarily used guidelines. This will help with NCQA and also let our network of physicians know where to look to see what guidelines are being used to review requests for services. There could be few circumstances where these groups of guidelines conflict. In situations where there is a conflict, the use of the guidelines should not compromise the patient's safety.	Motion to approve: Dr. Robert Quon Second: Dr. Brian Montenegro There were no questions and the policy was approved with no changes. All members present voted yes with no exceptions.	07/15/2020
5. MPNET101 – Wellness and Recovery Access Standards an Monitoring *New Policy*	Dr. Robert Moore reported on MPNET101 found on page 469. This new policy defines access standards for substance use disorder treatment through the PHC Wellness and Recovery Program. It outlines access to providers, establishing measureable standards for the geographic distribution of each type of wellness and recovery program. It also establishes measureable standards for timely access for outpatient opioid treatment services. Specifically, this is our drug Medi-Cal fund benefit in seven of our counties and a major pilot that went live July 1. Rachael French clarified that this policy only includes DHCS Access standards for Wellness and Recovery and not those of the NCQA.	Motion to approve: Dr. John Murphy Second: Dr. Jennifer Wilson There were no questions and the policy was approved with no changes. All members present voted yes with no exceptions.	07/15/2020
VI. Presentations			
1. Population Health Management Impact Analysis	Rebecca Boyd Anderson, RN, presented the PHM department's very first Impact Analysis found on page 472. *Note:* After the meeting, it was discovered that an earlier draft of the report, and not the final, had been included in the meeting packet. The packet was amended with the final report and was emailed to Committee members and internal parties. There are three major categories of program evaluation that PHC needs to perform each year. The first is a clinical measure. The second is a utilization measure. The third is member experience measures. This analysis:	Motion to accept the report as presented: Dr. Robert Quon Second: Dr. John Murphy	07/15/2020

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION	DATE RESOLVED
	• Looked at two well-child cohorts: those under 15 months and adolescents, comparing members who are beneficiaries of the California Children's Services (CCS) program to those who are not. • The goal was attendance at well-child visits by PHC CCS beneficiaries will be better than for those not enrolled. • With the exception of the Northern Region, PHC's CCS population has more frequent pediatric well-child visits for both populations studied than do PHC's non-CCS beneficiaries. The hope is that visits with both primary care providers (PCPs) and specialists will be strengthened going forward. • Adolescents had higher visits, which is consistent with PHC experience. Rebecca noted that children will not be capitated to a local provider but will be encouraged to use the role of a primary care appropriately. The other item noticed through our HEDIS measures is that there is a huge drop-off between pregnant moms and their well babies where pregnant members will get their prenatal/postpartum care (but) their children do not get their wellness visits to the same degree. Thus, the Growing Together program will expand outreach from prenatal/postpartum to making sure they get their children enrolled in insurance immediately after birth. For cost and utilization measures, the report used the two case management programs that have been in effect, the first being complex case management (CCM), a standard of care that we've done for most of Partnership's history. PHM utilized Partnership's proprietary risk adjustment module that assigns risks to all the members and further risk-matched and age-matched population for those people who were not in case management compared to those who were. PHM wanted to determine whether or not CCM enrollees (p. 477) actually had fewer repeat emergency department visits than non-enrollees. The Health Analytics team concluded that, although there are locations where there is a difference, overall it is not statistically significant. The report also lays out the Transitions of Care model using that same methodology. All-cause readmissions for those who were discharged from hospital were compared to those who did not participate in transitions of care: participants actually were readmitted much more frequently than the general population. This is probably a selection artifact because they are more likely to be readmitted to the hospital if they've had one discharge than if they have not. We will be revising our methodology for this particular part of the program evaluation but for this year this satisfies NCQA requirements. Finally, for member experience, PHM implemented post program surveys for adult and pediatric members engaged in transitions of care case management program or CCM. With the adults, we exceeded the goal of 2.5 or higher member satisfaction in all of our survey questions. In the two areas where we might improve, there's a certain amount of selection bias: members who qualify for transitions of care don't feel their health is improving after a hospital stay regardless of a case manager presence. Further, it is likely that many of these members already do have a strong relationship with their provider and case management did not impact that. The results for the pediatric members were very similar. The report contains some anecdotal responses where members expressed their gratitude.		

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION	DATE RESOLVED
	The CCM responses were very similar. They did exceed in every level our targeted goal of 2.5 or greater. Where they showed less agreement is having a better understanding of working with medications after working with CCM. Partnership's Pharmacy team is working with Care Coordination to look at ways of bolstering that communication. We are starting right now to select program evaluations for the coming year. The process is new to our organization as is the Population Health Department. Dr. Moore commented that another way of evaluating the readmissions denominator is to divide readmissions by admissions. That is more standardized and will give better statistics. Rebecca thanked Dr. Moore for the suggestion.		
2. HEDIS 2020 Summary of Performance & 3. HEDIS Summary of Performance June 2020	Rachael French presented the two HEDIS reports found on (amended packet) pages 489 and 503, respectively. HEDIS is a tool that was created by NCQA, a standardized way of measuring quality of care delivered to our members relative to national benchmarks: administrative and hybrid measures within our NCQA quality reporting library. Administrative measures look at the entire eligible population and that is where our encounter service data, our claims data is used to generate eligible population and rate. Hybrid measures are where we look at statistically relevant sample sizes; the sample size usually falls at 411 or lower, depending on the population size. (We have the opportunity to go into the medical record chart and extract data.) HEDIS is important because it helps our provider network understand the quality and care of services that are being delivered and where there is opportunity for improvement and focused interventions. It is required by the State, and as we move into NCQA accreditation first survey, we will then be required to report HEDIS where performance plays a stong role in determining overall healthplan accreditation status. PHC's 14 counties were grouped into four geographic regions for reporting. This year, there was significant change in the MCAS: eight new measures held to the *higher* Minimum Performance Level (MPL) 50th percentile were added and three measures were removed (although the latter are still required for NCQA accreditation). The eight new measures are: • ABA – Adult Body Mass Index Assessment • AMM – Antidepressant Medication Management Acute Phase • AMM – Antidepressant Medication Management Continuation Phase • AWC – Adolescent Well-care Visits • CHL – Chlamydia Screening in Women • CIS – Childhood Immunization Status Combo 10 • W15 – Well Child Visits in first 15 months of life (six or more well child visits) • WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents-BMI only The three removed measures – which we must still collect data on for NCQA accreditation – are: • AAB – Antibiotic use for Acute Bronchitis • CDC – Screening for Diabetic Retinopathy • LBP – Imaging for Low Back Pain	For information only, no formal action required.	07/15/2020

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION	DATE RESOLVED
	These additions occurred mid-year as the national minimum performance level increased from 25th percentile to the 50th percentile. COVID did not impact our ability to collect our data this year. Not all health plans were as lucky, which is why DHCS allowed plans to report hybrid rates from previous year. PHC reported current year due to the minimal to zero impact COVID had on our ability to collect medical record data. We do however anticipate an impact across our quality measure reporting in coming years due to the pandemic and change in healthcare delivery. Rachael went through the average plan-wide scoring methodology and baselines on the new MCAS (pp. 497-498 amended packet) and disclosed that PHC in Reporting Year 2020 (Measurement Year 2019) saw 10% absolute improvement and 18% improvement from baseline. This is significant. In a year-over-year composite based on existing reportable measures, respective improvement was 9% and 14%. Key takeaways: • Overall composite MCAS measures, adjusted for population, improved from the Medi-Cal average composite score of 60% to somewhat above average: adjusted composite score of 67% resulted from multiple interventions cross departmentally; increased provider engagement is likely a major driver. • Overall PCP QIP average score decreased from about 55% to 45% of total points. PHC introduced more rigorous thresholds/performance standards. • There is more work to do improving HEDIS outcomes at the provider level. • COVID may force more DHCS accountability changes: telehealth/video visits will continue through October when the new release is expected. Rachael went briefly into the lengthy report and said Partnership is improving across all four regions. There are a few nuances. Hybrid measures, reported regionally, did not always produce a nice denominator in a particular county, and PHC did not perform any oversampling this year. This is notated in the report where a denominator size is small and should be interpreted with caution. A summary of improvement activities is on pp. 517-521 (amended packet). Dr. Moore said that from his perspective big difference showed in the well-child visits, the postpartum, and the blood pressure measures. He noted that we will share Kaiser specific performance in a future committee meeting. He thanked Rachael for her report. One caller asked if there was one place to see all the HEDIS measures for 2020. Rachael replied that we are still waiting for DCHS to release the measurement set. Dr. Moore said we will be preparing a summary but suggested a more definitive way to see everything is to subscribe to NCQA. Rachael added that an annual NCQA subscription is ~$350 for an electronic copy for 3-5 users.		
For Information Only	**The following presentations were presented for information only to allow the meeting to end early to accommodate a full Peer Review immediately following Q/UAC. For a full discussion on these presentations, please refer to the IQI Committee minutes of June 9, 2020.**		

1. Quality Improvement Performance Improvement Activities 2019/2020		For information only, no formal action required.	07/15/2020
2. Hospital QIP Measures Summary		For information only, no formal action required.	07/15/2020
VI. Additional Business			
	Next Meeting: Aug. 19, 2020	N/A	N/A
Adjournment			

Respectfully submitted by: Leslie Erickson, Administrative Assistant II

Signature of Approval: _____ Date: _____
Robert Moore, MD, MPH, MBA Chairman

PARTNERSHIP HEALTHPLAN of CALIFORNIA

QI Department Update
August 2020
Prepared by Erika Robinson & Nancy Steffen
Directors, Quality and Performance Improvement

Quality Improvement Programs (QIPs) News- Update – High Level

QIP PROGRAM	UPDATE
Primary Care Provider Quality Improvement Program (PCP QIP)	▪ 2021 PCP QIP measure development is underway. The published National Committee for Quality Assurance (NCQA) Volume 2 Preliminary Technical Specifications indicate several measure changes. ▪ The 2019 PCP QIP evaluation resumes and is due to be completed in September. ▪ The Q3 and Q4 2020 requirements under the Extended Office Hours measure were recently released to PCP QIP participants. Each quarter, Primary Care Providers (PCPs) are required to demonstrate eight (8) hours/week of after-hours clinician face-to-face, telephonic or video visits or any combination thereof. These requirements were considered carefully given the ongoing impact of COVID-19. ▪ As a result of COVID-19, there has been a sharp decline in the volume of claims and encounter data on which the PCP Office Visit measure annual target is based. Insufficient volume of data limits our ability to make a determination on an updated 2020 target at this time. We are monitoring this data closely and anticipate a determination will be made in September.
Long Term Care Quality Improvement Program (LTC QIP)	▪ Suspension of the 2020 LTC QIP is underway which includes an early close out the 2020 measurement year as of 08/31/20. A communication was emailed to providers and added to the Provider Relations Newsletter, Important Provider Notices page and LTC QIP page.
Palliative Care Quality Improvement Program (Palliative Care QIP)	▪ No update.
Perinatal Quality Improvement Program (Perinatal QIP)	▪ Provider submission, validation and preliminary reporting is in progress for the Pilot measurement period of 10/1/19 – 06/30/20.
Intensive Outpatient Case Management quality improvement program (IOPCM QIP)	▪ Payment will be sent out to providers at the end of July.
Hospital Quality Improvement Program (HQIP)	▪ The 2019-20 measurement year ended on 06/30/20 and final submissions are due from providers no later than 08/31/20. ▪ The 2020-21 measurement year started on 07/01/20. A kick-off webinar is scheduled for 07/28/20. ▪ The 2021 Hospital Quality Symposium dates will be released when finalized. ▪ The HQIP team will process payments in October 2020.
DATA TOOL UPDATES	
Partnership Quality Dashboard (PQD)	▪ A Partnership Quality Dashboard 2020 Kick-Off webinar was presented to highlight updates to the PCP QIP dashboards 06/25/20. PCP QIP attendees

QIP PROGRAM	UPDATE
	including 36 participants across 18 parent organizations and PHC staff participated in the session. Enhancements to the interface were highlighted as providers were granted their first access to YTD QIP 2020 data visualizations in PQD. A survey of QIP providers was also distributed following this webinar to solicit feedback on how PHC could provide meaningful trainings and technical support in utilizing PQD going forward. Monthly refreshes will continue by the 10th of each month going forward into measurement year 2020.
EREPORTS	▪ No update.

PERFORMANCE IMPROVEMENT (PI)

ACTIVITY	UPDATE
STATE MANDATED WORK: *PERFORMANCE IMPROVEMENT PROJECT (PIP) & PLAN-TO-DO-STUDY-ACT (PDSA) CYCLE*	▪ The Department of Health Care Services (DHCS) ended the 2019-2021 Performance Improvement Projects at the end of June. We are awaiting information about the new PIP cycle that is slated to begin later this year. ▪ The Partnership HealthPlan of California's (PHC) Healthcare Effectiveness Data & Information Set (HEDIS) Corrective Action Plan (CAP) is expected to be formally closed upon DHCS' receipt of our HEDIS Measurement Year (MY) 2019/Reporting Year (RY) 2020 Annual Performance results this month. Per our discussion on the June CAP call, DHCS shared it cannot adopt a new CAP process this year given the impact of COVID-19 and thus is electing an alternative course of action. While PHC should still anticipate mandated improvement activities for administrative measures with below Minimum Performance Level (MPL) rates for Managed Care Availability Set (MCAS) measures reported as part of the HEDIS MY 2019 project, the exact requirements of these activities will be adapted to be sensitive to the ongoing pandemic. Exact details on what will be required of PHC and its partners is still expected by late July. ▪ Similar to the HEDIS CAP, the Health Services Advisory Group (HSAG) and DHCS jointly communicated in late June the suspension of all current Health Equity and Child & Adolescent Health Performance Improvement Projects (PIPs) across Managed Care Plans (MCP). This suspension is only for the short term, while DHCS establishes its new contract with either HSAG or a new PIP oversight organization. DHCS will keep the same priority PIP topics and re-launch the PIP process sometime later this summer. Meanwhile, MCPs can consider adjustments to their PIP approach to date, given ongoing challenges posed by the COVID-19 public health crisis. MCPs will be required to start new PIPs though the new PIPs may be very similar to the prior PIPs. PHC Performance Improvement staff leading these PIPs are meeting with their provider partners and determining how work under these topics will resume when a new timeline is established by DHCS. Both PHC PIPs are anticipated to remain focused on well-child visit measure performance improvements.

ACTIVITY	UPDATE
ACCELERATED LEARNING	▪ The Continuing Medical Education/Continuing Education (CME/CE) approved Accelerated Learning webinar about breast and cervical cancer screening is scheduled for 08/25/20.
HEDIS (HEALTHCARE EFFECTIVENESS DATA INFORMATION SET) SCORE IMPROVEMENT	▪ Last month, we shared a partnership with Shasta County Health and Human Services (SCHHS) in which PHC started early summer outreach of our adolescent members needing immunizations for 7th grade entry. Due to COVID-19 and social distancing requirements, SCHHS has had to adjust its immunization clinic workflow resulting in a 50% reduction in capacity. As a result, PHC agreed to start its outreach much earlier to encourage members to seek these immunization clinics earlier in the summer to assure access. Regional staff started the outreach calls in mid-June for 853 identified members, which has since been completed. As a follow-up PHC solicited other counties and PCP organizations across PHC's service region to see if additional member outreach support would be valuable. This resulted in significant interest expressed by seven provider organizations and an additional 4,527 adolescent members targeted in ongoing immunization outreach.
PARTNERSHIP IMPROVEMENT ACADEMY	▪ Pilot testing of the virtual ABCs of QI occurred over four sessions: 06/16/20, 06/30/20, 07/07/20, and 07/14/20. Evaluation responses indicate an overall positive reception. The sessions will be offered plan-wide in the fall. The topics covered were: - What is Quality Improvement? - Introduction to the Model for Improvement - Creating an "Aim" (project goal) statement. - Using data to measure quality and drive improvement. - Tips for developing change ideas for improvement. - Testing changes via the Plan-Do-Study-Act cycle.
JOINT LEADERSHIP INITIATIVE (JLI)	▪ No update.
HEALTH EQUITY	▪ DHCS ended the 2019-2021 Performance Improvement Projects at the end of June. We are awaiting information about the new PIP cycle that is slated to begin later this year.
OTHER	▪ The 2020-2021 Quality Improvement (QI) Work Plan was updated and is in the final review process. This involved coordinating and compiling the updates by multiple business owners throughout the organization, providing technical assistance, and reviews by QI leadership. ▪ Three Employee Forums were offered on 07/8/20, 07/16/20, and 07/22/20. These sessions provided a safe space for employees to share concerns or personal experiences with prejudice and racial biases. ▪ There were three Asthma Medication Ratio (AMR) Academic Detailing sessions in July for CommuniCare, Solano County Family Health Services and Winters Healthcare.

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

QUALITY ASSURANCE AND PATIENT SAFETY TEAM (CROSS REGIONAL UPDATE)

<table>
<tr><th>ACTIVITY</th><th>UPDATE</th></tr>
<tr><td>POTENTIAL QUALITY ISSUES (PQI) FOR THE PERIOD: 06/17/20 – 07/20/20</td><td>

14 PQI referrals were received from the following referral sources: Grievance and Appeals (9), Regional Medical Director (3), Other (2).
Eight (8) PQI cases were processed and closed to completion. Three PQI cases were presented and reviewed at the Peer Review Committee. There are currently 32 open cases between N/S.

<table>
<tr><th>Region</th><th># of FSR conducted</th><th># of MRR conducted</th><th># of FSR CAP issued</th><th># of MRR CAP issued</th></tr>
<tr><td>North</td><td>2</td><td>2</td><td>1</td><td>1</td></tr>
</table>
New PCP – N/A
</td></tr>
<tr><td>Quality Assurance & Patient Safety</td><td>

PHC continues to conduct virtual site reviews under its pilot process for initial and periodic site reviews across a spectrum of provider types. As of mid-July, six (6) provider sites have successfully completed virtual Medical Record Reviews (MRRs) and Facility Site Reviews (FSRs) within our PCP network. Through the end of August, PHC QI has already scheduled an additional 17 reviews that include Obstetrics (OB), Primary Care Providers (PCP), palliative care, private duty nurse and urgent care sites. PHC plans to continue sharing its observations, conclusions and recommendations with DHCS as these reviews are completed.

</td></tr>
</table>

HEALTHCARE EFFECTIVENESS DATA INFORMATION SET (HEDIS)

ACTIVITY	UPDATE
HEDIS	▪ The HEDIS 2020 season officially concluded on 06/15/20. We recognize and appreciate the impact that our members and providers faced with the onset of COVID-19. As a result of the support and participation from the providers, especially in this new COVID-19 environment, PHC observed minimal to zero impact on the medical record collection process. Many thanks to our providers for partnering with us on the retrieval process and completeness of information contained within the medical records. This translates into the data capture of the quality of care that was provided to our members in 2019. Partnership HealthPlan of California's regional and county level performance for Measurement Year 2019, Reporting Year 2020 is available on our webpage.

QUALITY COMPLIANCE AND ACCREDITATION (NCQA)

ACTIVITY	UPDATE
NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)	▪ PHC's First Survey Accreditation is scheduled for 11/17/20. NCQA has also set 01/19-20/21 for PHC's two-day virtual survey, where NCQA surveyors will conduct file reviews virtually. Due to COVID-19, NCQA is implementing

ACTIVITY	UPDATE
	exceptions applicable to organizations that cannot meet NCQA requirements during the look-back period of March–September 2020. As of June 2020, PHC has indicated minimal to no COVID-19 impacts related to First Survey requirements. ▪ As of 06/30/20, PHC's overall compliance rate is 100%. The scoring is calculated based upon review of evidence that has been approved by PHC's NCQA consultant. PHC is positioned to receive an Accredited Status, based on the estimated points received from each Standard Category and a targeted met status on all Must-Pass Elements. Business owners continue to refresh their evidence, such as data reports, grand analysis and material evidence to meet the required First Survey look-back period. In July, business owners began preparing evidence for formal survey submission.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
QUALITY and UTILIZATION ADVISORY COMMITTEE

CONSENT CALENDAR
Aug. 19, 2020

Items on the Consent Calendar have minor or no changes and are recommended by staff for approval.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

GUIDELINE / PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: MPQG1011</td><td colspan="3">Lead Department: Health Services</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines</td><td colspan="3">☐ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 10/31/1994</td><td colspan="4">Next Review Date: ~~09/11/2020~~ 09/09/2021
Last Review Date: ~~09/11/2019~~ 09/09/2020</td></tr>
<tr><td>Applies to:</td><td colspan="3">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td colspan="2">☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td colspan="2">☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td colspan="2">☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td colspan="2">☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert L. Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: ~~09/11/2019~~09/09/2020</td></tr>
</table>

I. RELATED POLICIES:

MPQP1022 – Site Review Requirements and Guidelines

II. IMPACTED DEPTS.:

A. Provider Relations
B. Health Services

III. DEFINITIONS:

A. Non-Physician Medical Practitioners (NPMP) are defined as: nurse practitioners, physician assistants (PA) and nurse midwives.
B. Nurse Practitioner, by definition, shall be currently licensed as a registered nurse in California and be currently certified by a licensed Nurse Practitioner Program, which has met the requirements set forth and described in Title 16, Section H84 of the California Administrative Code.
C. Physician Assistant; shall be currently licensed by the Physician Assistant Examining Committee/Medical Board of California.
D. Nurse Midwife, by definition, is a registered nurse who is a graduate of a Board-approved nurse-midwifery program and is certified by the California Board of Registered Nurses. Nurse-midwifery practice is the independent, comprehensive management of women's health care in a variety of settings focusing particularly on pregnancy, childbirth, and the postpartum period. It also includes care of the newborn, and the family planning and gynecological needs of women throughout the life cycle.
E. Medical Assistants are unlicensed persons who have received certificates indicating satisfactory completion of training requirements specified in Chapter 13, Title 16 of the California Code of Regulations.
F. "Protocols" means protocols that meet the requirements of the Physician Assistant Practice Act and Regulations of the Physician Assistant Examining Committee for Physician Assistants and standardized procedures for Nurse Practitioners and Nurse Midwives.

IV. ATTACHMENTS:

A. Sample Non-Physician Medical Practitioners Agreement

V. PURPOSE:

To outline general guidelines describing the nature and scope of practice for non-physician medical practitioners (NPMP) and medical assistants at primary care sites.

Policy/Procedure Number: MPQG1011		Lead Department: Health Services
Policy/Procedure Title: Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines		☒External Policy ☐Internal Policy
Original Date: 10/31/1994	**Next Review Date:** ~~09/11/2020~~09/09/2021 **Last Review Date:** ~~09/11/2019~~09/09/2020	
Applies to:	☒ Medi-Cal	☐ Employees

VI. GUIDELINE / PROCEDURE:

A. Credentialing: See Provider Relation Policies: Non-Physician Medical Practitioner Credentialing Criteria & Non-Physician Medical Practitioner Re-Credentialing Criteria

B. Supervision:

1. All NPMP clinicians must practice under the supervision of a licensed physician, either directly, or using medical policies and procedures (e.g., protocols) established by the physician according to the category of the clinician. Any California-licensed physician except those who are expressly prohibited by the Medical Board from supervising a NPMP will be able to supervise a NPMP.
2. At the time of the Site Review, documents requested for review by the Partnership HealthPlan of California (PHC) Department of Health Care Services (DHCS)-certified reviewer will include:
   a. Standardized procedures provided for Nurse Practitioners (NP) and/or Certified Nurse Midwives (CNM)
   b. A Delegation of Services Agreement which defines the scope of services provided by Physician Assistants (PA) and
   c. Supervisory Guidelines that define the method of supervision by the supervising physician.
3. Charts involving care provided by the NPMP will be reviewed and co-signed by the supervising physician within the time frame dictated by practice policy.
4. For physician assistants, the supervising physician must co-sign any chart within seven (7) days when a schedule II medication was ordered, and at least a 5% sample of all charts must be co-signed, and dated within 30 days. The co-signature or the countersignature of the supervising physician for services provided by a Nurse Practitioner or a Certified Nurse Midwife is no longer required.
5. The supervising physician must be available for consultation with the NPMP clinician at all times when the NPMP is providing services, either by physical presence or by electronic communication. At all times, the supervising physician is responsible for the NPMP. The physical presence of the supervising physician for services provided by a Nurse Practitioner or a Certified Nurse Midwife is no longer required. PHC will review compliance with this standard during the Site Review.
6. An individual supervising physician may not supervise or oversee greater than the following full time equivalent NPMP ratios:
   a. Four (4) Nurse Practitioners (with furnishing license)
   b. Four (4) Nurse Midwives
   c. Four (4) Physician Assistants
7. NPMP may participate in the after-hours call network but the supervising physician must also be available for consultation at all times that the NPMP is on call. NPMPs can independently authorize emergency hospitalizations for life threatening conditions only; all other authorizations, denials, or transfer arrangements must occur only after direct consultation with the supervising physician.

C. Scope of Practice:

1. Each physician and/or contracting medical group/affiliate will define the scope of practice for each NPMP working in the practice. The scope of practice may vary depending on the skills of the individual clinician but in all cases shall comply with applicable State laws. Practitioners may substitute their protocols for scope of practice as long as the protocols meet PHC standards and are approved by the PHC Chief Medical Officer or his delegate.
2. Reference books, or parts thereof, may be maintained by the office and adapted for use as protocols by the physician and NPMP to be followed for each type of medical problem that might be encountered. Online protocols may also be used, but should be specified in office documentation of protocols. The supervising physician will determine and specify in writing, as required by protocols, which books or online references, or parts thereof, are to be used by the NPMP.
3. Physician consultation should be obtained as soon as possible for conditions defined as requiring immediate physician consultation or defined in the protocol.~~d~~

4. Consultation is required for referral for hospitalization. For new NPs/PAs, for at least 6 months, consultation is recommended for specialty referral and ordering diagnostic procedures requiring a TAR. The supervising physician may sign off on the accuracy and appropriateness of straightforward specialty referral and diagnostic procedures submitted by a non-physician clinician, such that they can order these without consultation.
5. Whenever necessary, the NPMP shall perform emergency care necessary to sustain life. This includes, but is not limited to establishing and maintenance of airway, control of hemorrhage, CPR, establish an IV line, administer oxygen, splint skeletal injuries, irrigate and/or suture wounds, and administration of emergency drugs such as epinephrine, atropine, naloxone, glucose, or inhalation bronchodilators. Physician consultation shall be obtained as soon as possible and the NPMP shall comply with any applicable backup emergency procedures specified by protocols.
6. The supervising physician may authorize and approve the NPMP to perform certain outpatient procedures without physician consultation.
7. The supervising physician may authorize the NPMP to diagnose and treat common medical problems according to accepted criteria and management as per the references utilized in the practice.
8. Inpatient Care: NPMPs who have been granted hospital privileges may perform procedures consistent with their education, training and legal scope of practice for which they have been granted hospital privileges.

D. Physician/Clinician Agreement:
   1. Each physician/NPMP clinician team will sign an agreement stating that the NPMP will follow the protocols developed for practice by the supervising physician, based on the skills and area of specialty of each clinician. This agreement will be kept on file and will be available for review by PHC upon request. A sample agreement is attached.
   2. In addition to the signed agreement, physician assistants must have protocols that outline and document delegation, responsibility for transport, backup procedures and guidelines for supervision. Practice protocols must be reviewed and approved by the supervising physician.

E. Medication:
   1. The NPMP may furnish drugs and devices in accordance with Federal or State law, whichever is more restrictive.

F. Nurse Midwife Guidelines:
   1. The practice of midwifery constitutes the assistance by a nurse midwife, under the supervision of a physician, of a woman in childbirth so long as the medical situation meets criteria accepted as normal. When a complication develops, the nurse midwife must consult with the supervising physician promptly.
   2. The nurse midwife is able to assume responsibility for the management of normal pregnant women whose medical, surgical and post-obstetrical history and present health status reveal no conditions that would adversely influence the patient's course of pregnancy or be unfavorably affected by it. Such management includes:
      a. Observation, assessment and treatment of patients according to medical protocols, approved by the supervising physician(s)
      b. Implementation of care based upon written policies and procedures (e.g., protocols) to establish a diagnosis when deviation from normal occurs
      c. Management of selected deviations from normal when the diagnosis is clear with a predictable outcome
   3. During the course of care, the nurse midwife will consult with the physician when deviations from normal arise and a course of action is not already specified in the protocol. If a condition requires frequent and/or continuing management by a physician, but certain aspects of care remain within the scope of nurse midwifery management, a situation of collaborative management exists.

Under collaborative management, all patients will be followed by both the physician and the nurse midwife. The nurse midwife may institute those nurse midwifery protocols that do not conflict with the aspect of care under the physician's management. Thus, collaborative management requires careful communication between the nurse midwife and the physician, who assumes responsibility for overall provision of the patient's care.

4. When a patient develops a condition, which requires management by a physician, the patients~~her~~ care must be transferred to a physician for management of antepartum, intrapartum, and/or postpartum care. When a complication develops during the intrapartum period, a transfer order then should be communicated directly from the obstetrician to the nurse in charge of the labor and delivery area. The nurse midwife may continue to provide supportive care
5. The supervising physician will provide supervision as required by the Nurse Practice Act and will provide consultation when needed or requested by the midwife. The supervising physician will assume active intrapartum management or co-management of those women whose conditions are beyond the scope of midwifery practice. The supervising physician will countersign all orders written by the midwife within twenty-four (24) hours and will provide coverage when the midwife is unavailable. Consultation by the supervising physician must be available at all times, either by physical presence or electronic communication (i.e.: phone, fax, Internet). One supervising physician must be available for every four nurse midwives who work in the same area at the same time.

G. Physician Assistant Guidelines:
1. When authorized to do so by the supervising physician, the physician assistant may perform patient-related activities within the scope of practice defined by Title 16 and in accordance with applicable Federal and State laws.
2. The physician assistant may provide medical care that is either based upon direct consultation with the physician or contained within written protocols approved by the supervising physician
3. The physician assistant will seek physician consultation as soon as possible for the following situations, and any others that he/she deems appropriate:
   a. Any conditions which have failed to respond to appropriate management or any unusual symptom
   b. Unexplained physical finding
   c. Potentially serious or life threatening condition where prompt initiation of appropriate care has a substantial impact on outcome
   d. All emergencies arising after initial care has been started
   e. Any patient who desires physician consultation
   f. Before performing any invasive procedures
4. The supervising physician shall be a physician licensed by the State of California.
   a. This physician will review the findings of the patient's history and physical examination and supervise the physician assistant performing approved tasks or procedures.
   b. The physician assistant will be responsible to communicate with the supervising physician regarding patient management and seek assistance or additional instructions in patient management as deemed necessary by the physician assistant, including unusual or non-routine cases.
   c. The supervising physician will be available for consultation or assistance at all times, either by physical presence or by electronic communications (phone, fax, Internet).
   d. One supervising physician will be available for every four physician assistants working in an area at the same time.

H. Nurse Practitioner Guidelines:
   1. When authorized to do so by the supervising physician, the nurse practitioner may perform the patient-related activities within the scope of practice defined by Title 16 and applicable Federal and State laws.
   2. The nurse practitioner may provide medical care which is either based upon direct consultation with the physician or contained within written medical policies and procedures (e.g., protocols) adapted by the supervising physician. The policies and procedures must be reviewed and approved by the supervising physician
   3. The nurse practitioner will seek physician consultation as soon as possible for the following situations, and any others he/she deems appropriate:
      a. Any conditions which have failed to respond to appropriate management or any unusual symptom
      b. Unexplained physical finding
      c. Potentially serious or life threatening condition where prompt initiation of appropriate care has a substantial impact on outcome
      d. All emergencies after initial care have been started
      e. Any patient who desires physician consultation
      f. Before performing any invasive procedures
   4. The supervising physician shall be a physician licensed by the State of California.
      a. This physician will review the findings of the patient's history and physical examination and supervise the nurse practitioner performing approved tasks or procedures.
      b. The nurse practitioner will be responsible to communicate with the supervising physician regarding patient management and seek assistance or additional instructions in patient management as deemed necessary by the nurse practitioner including in unusual or non-routine cases.
      c. The supervising physician will be available for consultation or assistance at all times, either by physical presence or by electronic communications (phone, fax, Internet).
      d. One supervising physician will be available for every four nurse practitioners working in an area at the same time.

I. Medical Assistant:
   1. In agreement with Title 16, CCR, Section 1366, a medical assistant may perform technical supportive services such as those specified in section IX.B. provided that all of the following conditions are met:
      a. The service is a usual and customary part of the medical practice where the medical assistant is employed.
      b. The supervising physician authorized the medical assistant to perform the service and assumed responsibility for the patient's treatment and care
      c. The medical assistant has completed training in the services described in section III.E. and has demonstrated competence in the performance of the service, as ascertained by the supervising physician.
      d. Each technical supportive service performed by the medical assistant is documented in the patient's medical record, indicating the name, date and time, a description of the service performed, and the name of the physician who gave the medical assistant patient-specific authorization to perform the task or who authorized the task under a patient-specific standing order.
   2. A medical assistant, in accord with the provisions in section IX.A, performs technical supportive services such as the following:
      a. Administer medication orally, sublingually, topically, vaginally or rectally, or by providing a single dose to a patient for immediate self-administration. A medical assistant may administer

medication by inhalation if the medications are patient-specific and have been or will be routinely and repetitively administered to that patient. In every instance, prior to administration of medication by the medical assistant, a licensed physician or other person authorized by law to do so shall verify the correct medication and dosage. No anesthetic agent may be administered by a medical assistant.

b. Perform electrocardiogram, electroencephalogram, or plethysmography tests, except full-body plethysmography. The medical assistant may not perform tests involving the penetration of human tissues, except for skin tests, or to interpret test findings or results.
c. Apply and remove bandages and dressings; apply orthopedic appliances such as knee immobilizers, orthotics, and similar devices; remove casts, splints and other external devices; obtain impressions for orthotics and custom molded shoes; select and adjust crutches for the patient and instruct the patient in proper use of crutches.
d. Perform automated visual field testing, tonometry, or other simple or automated ophthalmic testing not requiring interpretation in order to obtain test results.
e. Remove sutures or staples from superficial incisions or lacerations.
f. Perform ear lavage to remove impacted cerumen.
g. Collect specimens for lab testing by utilizing non-invasive techniques, including urine, sputum, semen and stool.
h. Assist patients with ambulation and transfers.
i. Prepare patients for and assist the physician, physician assistant or registered nurse in examinations or procedures including positioning, draping, shaving and disinfecting treatment sites.
j. As authorized by the supervising physician, provide patient information and instruction.
k. Collect and record patient data including height, weight, temperature, pulse, respiration rate and blood pressure, and basic information about the presenting and previous conditions.
l. Perform simple laboratory and screening tests customarily performed in a medical office.
m. Cut the nails of otherwise healthy patients.
n. Administer first aid or cardiopulmonary resuscitation in an emergency.
o. A medical assistant may also fit prescription lenses or use any optical device in connection with ocular exercises, visual training, vision training, or orthoptics.

J. Patient Choice:
1. The patient must be informed that the provider is a NPMP, and be granted the opportunity to see a physician if they choose.

K. Monitoring Compliance:
1. PHC monitors compliance with this policy through the Facility Site Review. Corrective action plans are required when deficiencies are identified and any uncorrected deficiencies may be reported to the Chief Medical Officer, Provider Relations Department and Credentialing Committee for further action.

VII. REFERENCES:
N/A

VIII. DISTRIBUTION:
A. PHC Department Directors
B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer

Policy/Procedure Number: MPQG1011		Lead Department: Health Services
Policy/Procedure Title: Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines		☒**External Policy** ☐**Internal Policy**
Original Date: 10/31/1994	**Next Review Date:** ~~09/11/2020~~09/09/2021 **Last Review Date:** ~~09/11/2019~~09/09/2020	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

X. REVISION DATES:

Medi-Cal

10/14/95; 05/17/00; 08/15/01; 09/18/02; 10/20/04; 04/20/05; 04/19/06; 06/20/07; 07/16/08; 07/15/09; 09/15/10; 01/16/13; 01/15/14; 01/21/15; 08/17/16; 08/16/17; *08/08/18; 09/11/19; 09/09/20

*Through 2017, Approval Date reflective of the Quality Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:

Partnership*Advantage*:

MPQG1011 - 06/20/2007 to 01/01/2015

Healthy Families:

MPQG1011 - 10/01/2010 to 03/01/2013

Healthy Kids (Program ended 12/01/2016)

06/20/07, 07/16/08, 07/15/09, 09/15/10, 01/16/13, 01/15/14, 01/21/15, 08/17/16 to 12/01/16

(S A M P L E)

Non-Physician Medical Practitioners Agreement

The following is an agreement between _____ and
(Clinician Name)

_____.
(Supervisory MD or Medical Director)

The undersigned Non-Physician Medical Practitioners (NPMP) acknowledges the following:

I agree to follow the protocols established by _____
(Name of Practice or Organization)

for NPMP practice.

I understand that failure to follow these protocols may result in disciplinary action.

I agree to consult with my supervising physician for all cases as outlined in the protocols and for any case if I am unsure about the diagnosis or management.

I understand that I must maintain my current state license and must participate in Continuing Medical Education relating to my specialty, in accordance with the license and certification requirements applicable to my specialty.

I understand that a supervising physician will be available either on-site or by electronic communication at all times while I am treating patients.

I understand that I am expected to stabilize clients during life-threatening emergencies and to contact a physician as soon as possible and/or arrange for emergency transport to the nearest hospital.

I understand that my charts will be reviewed by the supervising physician who will discuss cases with me on a regular basis.

I understand that medications must be ordered pursuant to applicable provisions of applicable California and Federal laws relating to the practice of NPMPs.

I understand that _____ is the provider for purposes of delivering medical services, determining fees, billing patients and setting office practices and procedures. I further agree that the salary or wages I receive from said provider constitutes payment in full to me for the services rendered to said provider's patients.

This agreement is effective until amended in writing or terminated by the supervising physician, and shall automatically terminate when the NPMP no longer provides services in the practice.

_____ _____
Non-Physician Medical Practitioner Date

_____ _____
Primary Supervising Physician or Medical Director Date

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="3">Policy/Procedure Number: MPQP1002 (previously QP100102)</td><td colspan="3">Lead Department: Health Services</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Quality/Utilization Advisory Committee</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 12/1998</td><td colspan="4">Next Review Date: 093/0911/2021
Last Review Date: 093/0911/2020</td></tr>
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<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 093/0911/2020</td></tr>
</table>

I. RELATED POLICIES:

A. MPQP1016 – Potential Quality Issue Investigation and Resolution
B. CMP36 – Delegation Oversight and Monitoring
C. MPQP1053 – Peer Review Committee
D. MPQP1003 – Physician Advisory Committee (PAC)
E. CMP10 – Confidentiality

II. IMPACTED DEPTS:

Health Services

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

The Quality/Utilization Advisory Committee (Q/UAC) is responsible for monitoring the quality of medical care and service provided to Partnership HealthPlan of California's (PHC's) members. The committee's goals are to ensure quality improvement efforts are prioritized, resources are appropriate, and processes are in place for providing quality, appropriate and safe healthcare to members. The Q/UAC reviews the quality improvement and utilization management activities of the health plan, makes recommendations, and serves as an appeal body on certain medical care issues. The Q/UAC may establish inpatient and ambulatory review subcommittees as needed to accomplish its responsibilities. A subcommittee of the Q/UAC serves as the Peer Review Committee (PRC).

The Q/UAC provides recommendations to our Physician Advisory Committee (PAC). PAC is responsible for oversight and monitoring of the quality and cost-effectiveness of medical care provided to Partnership HealthPlan members and is comprised of the Chief Medical Officer and participating clinician representatives from primary and specialty care, including at least one behavioral health provider.

VI. POLICY / PROCEDURE:

A. Committee Structure
    1. Composition
        a. The Q/UAC is chaired by the Chief Medical Officer (CMO) and comprised of formal voting representatives from community primary and specialty care practices and consumer

representative(s). Licensed physicians and non-physician advanced practice clinicians (such as nurse practitioners, physician assistants and certified nurse midwives) may serve on the committee. These clinician members of the committee represent licensed providers of hospitals, medical groups, and practice sites in geographic sections of PHC's service area. The consumer representative(s) must be a consumer from one of the counties served by PHC.

1) Committee members serve open terms and may submit resignation to the PHC Q/UAC.
2) Voting members with annual attendance of <50% are evaluated for termination from the Q/UAC.

b. The following PHC staff, excluding the CMO and Medical Directors, serve as ex-officio members:

PHC Quality/Utilization Advisory Committee Standing Members	
Department Represented	**Position Title**
Administration	~~Associate~~ Director~~,~~ ~~of~~ Grievance and Appeals
	Clinical Director of Behavioral Health
Health Services (Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Chief Medical Officer – Committee Chairman
	Director~~,~~ ~~of~~ Quality and Performance Improvement (SR)
	~~Northern Region~~ Director~~,~~ ~~of~~ Quality and Performance Improvement (NR)
	Associate Director of Quality and Performance Improvement
	Director, Care Coordination
	Associate Director(s), Utilization Management
	Director, Population Health
	Senior Director, Health Services
	Northern Region Director of Care Coordination Operations~~, Health Services~~
	Director, Pharmacy Services
	Regional Medical Director(s)
	Associate Medical Director(s)
Provider Relations	Senior Provider Relations Rep Manager

2. Minutes: Minutes are recorded at all meetings. Minutes are maintained according to the Confidentiality policy. Minutes are submitted through the Delegation Oversight Reporting Subcommittee (DORS) inbox monthly and submitted quarterly, by DORS, to the Department of Healthcare Services (DHCS).
3. Chair: The Chief Medical Officer chairs the Q/UAC. When the Chief Medical Officer is unavailable, one of the Regional or Associate Medical Directors or a non-PHC clinician member of the Q/UAC acts as temporary chair.
4. Meetings: The Q/UAC meets at least ten (10) times a year with the option to add additional meetings if needed.
5. Compensation: Clinician members who are not PHC staff and consumer members of the committee are eligible to receive a financial stipend for each meeting attended (unless otherwise compensated by PHC for management responsibilities). This stipend may be in addition to other compensation when the member serves as a clinical consultant/physician adviser.
6. Voting: Only Consumer and non-PHC clinician members constitute the voting membership, with the Chief Medical Officer or acting chair serving in a tie breaking capacity as necessary. A quorum is greater than 50% of the total voting members.
7. Confidentiality: To preserve an atmosphere promoting free and open discussion between and among committee members, each committee member signs a Confidentiality Agreement prepared by PHC.

This agreement signifies the intent to protect individuals against misuse of information and to ensure all information, medical or otherwise, regarding patients, practitioners and providers is handled in a confidential manner.

B. Committee Responsibilities
   1. Annually review, recommend, and approve the Utilization Management Program Description submitted by the Utilization Management section of the Health Services Department.
   2. Annually review, recommend, and approve the Quality Improvement Program Description submitted by the Quality Improvement section of the Health Services Department.
   3. Annually review, recommend and approve the Quality Improvement Program Evaluation and the Quality Improvement Work plan.
   4. Annually review, recommend and approve status reports for care coordination and case management activities.
   5. A subcommittee of the Q/UAC serves as a peer review body for medical care issues. Peer Review Committee (PRC) members include physician members of the Q/UAC and PHC staff. Policy and procedures for the PRC are included in the Potential Quality Issue Investigation and Resolution (MPQP1016) policy/procedure.
   6. Review annually and make recommendations for medical policy, new technology, and protocol changes based on guidelines and standards of practice; make recommendations on Clinical Practice Guidelines (CPG's) and preventive health guidelines to the Physician Advisory Committee (PAC).
   7. Make recommendations and approve PHC policies addressing, but not limited to, quality improvement, utilization management, and care coordination activities.
   8. Identify, review, and recommend improvements in all areas pertaining to the quality and appropriateness of medical care. Advise staff on selection and prioritization of quality improvement activities.
   9. Develop and/or approve clinical criteria used by UM staff to perform prospective and concurrent inpatient, ambulatory review or other utilization activities.
   10. Review utilization, financial, and other staff reports which display the utilization of services and outcomes of quality within the delivery system.
   11. Serve as a review body to assist in the interpretation of medical benefit coverage based on medical necessity and appropriateness issues.
   12. Provide oversight of delegated utilization management and quality improvement activities.
   13. Review performance dashboards and make recommendations for corrective action on indicators that fall below established thresholds; ensure follow-up on corrective actions where identified.
   14. Review and provide recommendations for member-related activities including Consumer Assessment of Healthcare Providers and Systems (CAHPS), grievances, telephone access, appointment access, availability and other member satisfaction surveys.

C. Committee Accountability
   1. The Q/UAC has oversight responsibility for the development, implementation, and effectiveness of the quality improvement and utilization management programs. The Q/UAC is accountable to the PAC, and through this body, to the PHC Board of Commissioners on Medical Care.

D. Delegation Oversight and Monitoring
   1. PHC delegates Quality Improvement activities, responsibilities and committee structure.
   2. A formal agreement is maintained and inclusive of all delegated functions.
   3. PHC conducts an audit not less than annually to ensure the appropriate policy and procedures are in place.
   4. Review and audit the quality committee minutes quarterly.
   5. Results from Oversight and Monitoring activities shall be presented to the Delegation Oversight Review Sub-Committee (DORS) for review and approval.

Policy/Procedure Number: MPQP1002 (previously QP100102 & MPQP1002)		**Lead Department: Health Services**
Policy/Procedure Title: Quality/Utilization Advisory Committee		☒**External Policy** ☐**Internal Policy**
Original Date: 12/1998	**Next Review Date: 093/0911/2021** **Last Review Date: 093/0911/2020**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

VII. REFERENCES:
N/A

VIII. DISTRIBUTION:
A. PHC Department Directors
B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer/Committee Chairman

X. REVISION DATES:
Medi-Cal
06/21/00; 03/21/01; 05/15/02; 10/16/02; 09/15/04; 03/15/06; 03/21/07; 02/20/08; 03/18/09; 04/21/10; 09/19/12; 09/18/13; 04/16/14; 04/15/15; 04/20/16; 04/19/17; *06/13/18; 05/08/19; 09/11/19; 03/11/20; 09/09/20

*Through 2017, Approval Date reflective of the Quality Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:
PartnershipAdvantage
MPQP1002 - 03/21/2007 to 01/01/2015

Healthy Families
MPQP1002 - 10/01/2010 to 03/01/2013

Health Kids
MPQP1002- 03/21/2017 to 12/01/2016 (Healthy Kids program ended 12/01/2016)

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: MPQP1004 (previously QP100104)</td><td colspan="3">Lead Department: Health Services</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Internal Quality Improvement Committee</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 05/17/2000</td><td colspan="4">Next Review Date: 049/089/2021
Last Review Date: 049/089/2020</td></tr>
<tr><td>Applies to:</td><td colspan="3">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td colspan="2">☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td colspan="2">☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td colspan="2">☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td colspan="2">☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 049/089/2020</td></tr>
</table>

I. RELATED POLICIES:

A. CMP10 – Confidentiality
B. CMP36 – Delegation Oversight and Monitoring
C. MPQP1002 – Quality/Utilization Advisory Committee
D. MPQP1003 – Physician Advisory Committee (PAC)

II. IMPACTED DEPTS:

All

III. DEFINITIONS:

A. IQI – Internal Quality Improvement Committee
B. PAC – Physician Advisory Committee
C. UM – Utilization Management
D. P&T – Pharmacy and Therapeutics
E. Q/UAC – Quality/Utilization Advisory Committee
F. QI – Quality Improvement
G. NCQA – National Committee for Quality Assurance

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

The Internal Quality Improvement (IQI) Committee is responsible for advising Partnership HealthPlan of California (PHC) on quality activities at the health plan, with a goal of improving overall quality of care and service for members, providers and internal operations. Since quality activities are implemented through multiple departments, the IQI Committee consists of a multi-departmental team that reviews new or revised policies, delegation reports, activities, and other reports specific to quality improvement and utilization management initiatives. The committee makes recommendations for improvement areas and continuously monitors the progress of the Quality Improvement (QI) and Utilization Management (UM) programs. The committee reports to the Quality/Utilization Advisory Committee (Q/UAC), which ensures that plan activities comply with all state and regulatory requirements, and, meets current National Committee for Quality Assurance (NCQA) standards and guidelines.

Policy/Procedure Number: MPQP1004 (previously QP100104)		**Lead Department: Health Services**
Policy/Procedure Title: Internal Quality Improvement Committee		☒**External Policy** ☐**Internal Policy**
Original Date: 05/17/2000	**Next Review Date: 049/0889/2021** **Last Review Date: 049/0889/2020**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

VI. POLICY / PROCEDURE:

A. Committee Structure

1. Membership:

a. The IQI Committee is comprised of the following PHC staff: (Standing committee members are required to appoint and send a designee if unable to attend)

PHC Internal Quality Improvement Committee Standing Members	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Senior Director, Regulatory Affairs
	~~Associate~~ Director~~, of~~ Grievance and Appeals
	Regional Manager
	Grievance and Appeals Compliance Manager
Claims	Claims Department Leadership
Finance	Director, Financial Planning and Analysis
Health Services (Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Chief Medical Officer – Committee Chairman
	Director~~, of~~ Quality and Performance Improvement (SR)
	~~Northern Region~~ Director~~, of~~ Quality and Performance Improvement (NR)
	Associate Director of Quality and Performance Improvement
	Director, Care Coordination
	Associate Director(s), Utilization Management
	Director, Population Health
	Senior Director, Health Services
	Northern Region Director~~, Health Services~~ of Care Coordination Operations
	Director, Pharmacy Services
	Senior Health Educator
	Associate Medical Director(s)
	Regional Medical Director(s)
Member Services	Associate Director, Member Services
Provider Relations	Senior Director, Provider Relations
	Northern Region Director, Provider Relations and Member Services

b. Standing members are responsible for maintaining an annual attendance rate of 75% or greater. Committee members may appoint a designee to attend.

2. Minutes: Minutes of all meetings are maintained according to the Confidentiality policy/procedure. Minutes are submitted through the Delegation Oversight Reporting Subcommittee (DORS) inbox monthly and submitted quarterly, by DORS, to the Department of Healthcare Services (DHCS).
3. Chair: The Chief Medical Officer (CMO) chairs the committee. When absent, the committee Chair will appoint a designee.
4. Meetings: The Committee meets at least 10 times a year with the option to add additional meetings if needed.

5. Voting: Standing Member(s)/Designee(s) will vote and the committee Chair will acknowledge consensus.

B. Committee Responsibilities
1. Reviews policies and makes recommendations or revisions for effective monitoring and achievement of Quality Improvement (QI) objectives.
2. Monitors quality improvement projects across the organization that impact patient care, focusing on areas such as clinical outcomes, patient experience including access and service, and cost efficiency.
3. Monitor utilization management activities for both medical and pharmacy management – denials, authorizations, appeals, etc.
4. Review policies and clinical guidelines that relate to health services or service for our members – also includes credentialing; performance improvement initiatives, etc.
5. Review delegation reports for quality, utilization management, credentialing where concerns exists.
6. Review findings from regulatory audits and monitor progress on corrective action plans.
7. Review performance metrics (i.e. dashboards and indicator reports) and make recommendations for corrective action for indicators that are below established thresholds; assure appropriate follow-up on corrective actions that relate to quality of care and service concerns.
8. Makes recommendations in implementation of the QI and UM Programs, the QI Work Plan and Evaluation; in addition to PHC's care coordination activities, Cultural and Linguistic Program, and Complaints/Grievances/Appeals.

C. Committee Accountability
1. The IQI is accountable to the Q/UAC, and through this body, to the PAC and the PHC Board of Commissioners.

D. Delegation Oversight and Monitoring
1. PHC delegates Quality Improvement activities, responsibilities and committee structure
2. A formal agreement is maintained and inclusive of all delegated functions
3. PHC conducts an audit not less than annually to ensure the appropriate policy and procedures are in place
4. Review and audit the quality committee minutes quarterly
5. Results from Oversight and Monitoring activities shall be presented to the Delegation Oversight Review Sub-Committee (DORS) for review and approval

VII. REFERENCES:
N/A

VIII. DISTRIBUTION:
A. PHC Department Directors
B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer/Committee Chairman

X. REVISION DATES:
Medi-Cal
06/20/01; 09/18/02; 09/15/04; 03/15/06; 03/21/07; 02/20/08; 03/18/09; 04/21/10; 09/19/12; 10/16/13; 04/16/14; 04/15/15; 04/20/16; 04/19/17; *06/13/18; 05/08/19; 09/11/19; 04/08/20; 09/09/20

*Through 2017, Approval Date reflective of the Quality Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

Policy/Procedure Number: MPQP1004 (previously QP100104)		**Lead Department: Health Services**
Policy/Procedure Title: Internal Quality Improvement Committee		☒**External Policy** ☐**Internal Policy**
Original Date: 05/17/2000	**Next Review Date: 049/089/2021** **Last Review Date: 049/089/2020**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

Policy/Procedure Number: MPQP1004 (previously QP100104)		**Lead Department: Health Services**
Policy/Procedure Title: Internal Quality Improvement Committee		☒**External Policy** ☐**Internal Policy**
Original Date: 05/17/2000	**Next Review Date: 049/089/2021** **Last Review Date: 049/089/2020**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

PREVIOUSLY APPLIED TO:
PartnershipAdvantage
MPQP1004 – 03/21/2007 to 01/01/2015

Healthy Kids- 3/21/20017 to 12/01/2016 (Healthy Kids program ended 12/01/2016)

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

<table>
<tr><td colspan="3">Policy/Procedure Number: MPQP1048</td><td colspan="3">Lead Department: Health Services</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Reporting Communicable Diseases</td><td colspan="3">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 06/17/2009</td><td colspan="4">Next Review Date: ~~09/11/2020~~09/09/2021
Last Review Date: ~~09/11/2019~~09/09/2020</td></tr>
<tr><td>Applies to:</td><td colspan="2">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
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<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: ~~09/11/2019~~09/09/2020</td></tr>
</table>

I. RELATED POLICIES:
N/A

II. IMPACTED DEPTS:
Health Services

III. DEFINITIONS:
N/A

IV. ATTACHMENTS:
A. N/A

V. PURPOSE:
To specify reporting requirements for communicable diseases mandated by California state law (California Code of Regulations, Title 17, § 2500).

VI. POLICY / PROCEDURE:
A. Requirement
1. California state law requires that health care providers report diseases of public health importance to the local public health department. *Health care provider* is defined as "a physician or surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist" (CAC, Title 17, § 2500, (a)(14)).
2. A list of reportable diseases, reporting timeframes, and reporting method are available from the California Department of Public Health website at: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf

B. Where to Report
1. California Local Health Department-Communicable Disease Reporting Contact Information for Health Care Providers/Labs To Report Communicable Diseases and Submit Confidential Morbidity Report forms can be accessed at https://www.cdph.ca.gov/Programs/CCLHO/CDPH%20Document%20Library/LHD_CD_Contact_Info_ADA.pdf.

VII. REFERENCES:
N/A

Policy/Procedure Number: MPQP1048		Lead Department: Health Services
Policy/Procedure Title: Reporting Communicable Diseases		☒ **External Policy** ☐ **Internal Policy**
Original Date: 06/17/2009	**Next Review Date: 09/11/202009/09/2021** **Last Review Date: 09/11/201909/09/2020**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

VIII. DISTRIBUTION:

A. PHC Department Directors
B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer

X. REVISION DATES:

Medi-Cal
05/19/10; 10/17/12; 10/16/13; 10/15/14; 10/21/15; 10/19/16; 09/20/17; *09/12/18; 09/11/19; 09/09/20

*Through 2017, Approval Date reflective of the Quality Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:

Healthy-Kids - MPQP1048 (Healthy Kids program ended 12/01/2016)
05/19/10; 10/17/12; 10/16/13; 10/15/14: 10/21/15; 10/19/16 to 12/01/16

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="3">Policy/Procedure Number: MCCP2014</td><td colspan="3">Lead Department: HS Department</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Continuity of Care (Medi-Cal)</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 08/19/2015
Effective Date: 12/29/2014 per DHCS</td><td colspan="4">Next Review Date: ~~11/13/2020~~ 09/09/2021
Last Review Date: ~~11/13/2019~~ 09/09/2020</td></tr>
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</table>

I. RELATED POLICIES:

A. MCUP3039 – Special Case Managed Members
B. MPUP3126 – Behavioral Health Treatment (BHT) for Members Under the Age of 21
C. MCCP2007 – Complex Case Management
D. MCCP2024 – Whole Child Model for California Children's Services (CCS)
E. MCUP3028 – Mental Health Services
F. CGA-024 – Medi-Cal Member Grievance System

II. IMPACTED DEPTS:

A. Health Services
B. Member Services
C. Claims
D. Administration

III. DEFINITIONS:

A. **Existing Relationship with Provider (for services other than Behavioral Health Treatment [BHT])** is defined as the situation where a member has seen an out of network Primary Care Provider (PCP) or specialist at least once during the 12 months prior to the date of their initial enrollment into Partnership HealthPlan of California (PHC) for a non-emergency visit. This does not apply to services that are not covered by Medi-Cal, and does not extend to the following providers: Durable Medical Equipment, Transportation, Ancillary Services and/or Carved-Out Services.
B. **Existing Relationship with Provider (for individuals receiving BHT)** is defined as the situation where a member has seen the out-of-network BHT provider at least one time during the six months prior to either the transition of responsibility for BHT services from the Regional Center to PHC, or the date of the member's initial enrollment with PHC if enrollment occurred on, or after, July 1, 2018. This does not apply to services that are not covered by Medi-Cal, and does not extend to the following providers: Durable Medical Equipment, Transportation, Ancillary Services and/or Carved-Out Services.
C. **Whole Child Model (WCM)** is to provide comprehensive treatment of the whole child and care coordination in the areas of primary, specialty, and behavioral health for all PHC children.
D. **California Children's Services (CCS)** is a state program for children up to 21 years of age, who have certain diseases or health problems.
E. **Risk of Harm** is defined as an imminent and serious threat to the health of the member.

IV. ATTACHMENTS:

A. N/A

Policy/Procedure Number: MCCP2014		Lead Department: Health Services
Policy/Procedure Title: Continuity of Care (Medi-Cal)		☒External Policy ☐Internal Policy
Original Date: 08/19/2015 **Effective Date:** 12/29/2014 per DHCS	**Next Review Date:** ~~11/13/2020~~09/09/2021 **Last Review Date:** ~~11/13/2019~~09/09/2020	
Applies to:	☒ Medi-Cal	☐ Employees

V. PURPOSE:

The purpose of this guideline is to define the process by which a member may request to be allowed to continue to receive services by an out-of-network provider in the event that the member has an established relationship with the provider who is providing ongoing care to the member prior to their enrollment or re-enrollment into Partnership HealthPlan of California. This policy applies to the following populations:

A. Medi-Cal members assigned a mandatory aid code that transitions them from Medi-Cal fee-for-service into a Medi-Cal managed care plan (Partnership HealthPlan of California).
B. Members newly enrolled directly into Partnership HealthPlan of California
C. Members newly enrolled and eligible for the Seniors and Persons with Disabilities aid code
D. Members receiving Behavioral Health Treatment (BHT) services
E. Members with CCS-eligible conditions transitioning into Whole Child Model
F. Members receiving mild-to-moderate mental health services
G. Denied Medical Exemption Requests

VI. POLICY/ PROCEDURE:

A. Medi-Cal members assigned a mandatory aid code who are transitioning into a Medi-Cal managed care plan have the right to request continuity of care in accordance with California law and managed care plan (MCP) contracts with some exceptions. All PHC members with pre-existing provider relationships who make a continuity of care request to PHC must be given the opportunity to continue treatment for up to 12 months with an out-of-network Medi-Cal provider. These eligible members may require continuity of care for services they have been receiving through Medi-Cal FFS or through another MCP.
B. PHC is not required to provide continuity of care for services that are not covered by Medi-Cal.
C. Provider continuity of care requests do not extend to the following providers: durable medical equipment (unless the item is specialized or customized for CCS-eligible members), transportation, other ancillary services, and/or carved-out service providers.
D. PHC will provide continuity of care with an out-of-network provider when the following criteria are met:
    1. PHC is able to determine that the member has an ongoing relationship with the provider. Self-attestation is not sufficient to provide proof of an established relationship with a provider.
    2. The provider is willing to accept the higher of PHC's contract rates or Medi-Cal Fee For Service (FFS) rates, and
    3. The provider meets PHC's applicable professional standards and has no disqualifying quality of care issues and,
    4. The provider is a California State Plan approved provider, and
    5. The provider supplies PHC with all relevant treatment information, for the purposes of determining medical necessity, as well as a current treatment plan, as long as it is under federal and state privacy laws and regulations.
E. If a member changes managed care plans, the 12-month continuity of care period may start over one time. If the member changes managed care plans a second time or more, the continuity of care period does not start over and the member does not have the right to a new 12-month period of continuity of care. If the member returns to Medi-Cal fee-for-service and later re-enrolls in PHC, the continuity of care period does not start over. If the member changes managed care plans, the continuity of care policy does not extend to providers that the member accessed through their previous managed care plan.
    1. PHC will inform members of their continuity of care protections through the member welcome packet and the PHC provider website. This information will include how the member and/or provider initiate continuity of care requests with PHC. All information provided will be made available in threshold languages and alternative formats upon request.
    2. PHC will also provide on-going training regarding continuity of care to both the Care Coordination and Member Services staff who interact regularly with members and/or providers.

F. Behavioral Health Treatment
   1. For members under 21 years of age transitioning from a Regional Center, PHC must automatically generate a continuity of care request. Members do not have to independently request continuity of care from PHC. The State of California Department of Health Care Services (DHCS) will provide PHC with a list of transitioning members whose services will transfer from the Regional Center to PHC. PHC will make a good faith effort to proactively contact the current treating provider(s) to begin the continuity of care process. For all members assigned to PHC on or after July 1, 2018, who were not receiving BHT services from a Regional Center, PHC will offer the same continuity of care as outlined below.
   2. Continuity of Care for an out-of-network BHT provider can be granted for a member for up to 12 months when all of the following DHCS criteria is met:
      a. The member has an existing relationship with a qualified provider of BHT services. An existing relationship means the member has seen the out-of-network BHT provider at least one time during the six months prior to either the transition of services from the Regional Center (RC) to PHC or the date of the member's initial enrollment with PHC if enrollment occurred on or after July 1, 2018.
      b. The provider and PHC can agree to a rate, with the minimum rate offered by PHC being the established Medi-Cal Fee for Service (FFS) rate for the applicable BHT service.
      c. The provider does not have any documented quality of care concerns that would cause him/her to be excluded from the PHC's network.
      d. The provider is a California State Plan approved provider.
      e. The BHT provider supplies PHC with relevant treatment information for the purpose of determining medical necessity, as well as current treatment plan, as long as it is allowable under federal and state privacy laws and regulations.
   3. If PHC and the existing member's provider are unable to reach a continuity of care agreement by the date of transition to PHC, PHC will reach out to the member to transition through a warm handoff to an in-network BHT provider to ensure no gaps in services will apply.
   4. Additionally, if a member has an existing relationship (as defined above) with an in-network BHT service provider, PHC will allow the member to continue BHT services with that provider.
   5. BHT services will not be discontinued or changed during the continuity of care period until a new behavioral treatment plan has been completed and approved by PHC, regardless of whether the services are provided by the RC provider under continuity of care or a new, in-network PHC provider.
   6. Retroactive requests for BHT service continuity of care reimbursement are limited to services that were provided after a member's transition date to PHC, or the date of the member's enrollment into PHC, if the enrollment date occurred after the transition.

G. Non-Specialty Mental Health Services
   1. PHC provides outpatient mental health services for members with mild to moderate impairment of mental, emotional, or behavioral functioning resulting from a mental health condition as defined by the current Diagnostic and Statistical Manual.
   2. County Mental Health Plans (MHPs) are required to provide specialty mental health services (SMHS) for members who meet the medical necessity criteria for SMHS services; this criteria is less stringent for members under the age of 21 under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit so children with a lower level of impairment may meet medical necessity for SMHS services.
   3. PHC will provide continuity of care with an out-of-network SMHS provider in instances where a member's mental health condition has stabilized such that the member no longer qualifies for SMHS service from the county MHP. Continuity of Care for SMHS services applies only to psychiatrists and/or mental health provider types permitted though California's Medicaid State Plan to provide outpatient non-specialty mental health services.

4. Continuity of care requests for non-specialty mental health services must meet all criteria outlined in section VI. A-E.
5. If the member later requires additional SMHS services from the county MHP to treat a serious mental illness and subsequently experiences sufficient improvement to be referred back to PHC for non-specialty mental health services, the 12 month continuity of care period may start over one time.
6. If the member requires subsequent SMHS services from the county MHP after the continuity of care period has ended, the continuity of care period does not start over when the member returns to PHC or changes managed care plans. (i.e. the member does not have the right to a new 12 months of continuity of care).

H. Health Homes Program
1. PHC will provide continuity of care with an out-of-network provider for Medi-Cal FFS beneficiaries who voluntarily transition to PHC to participate in the Health Homes Program.
2. Members cannot request continuity of care for Health Home Program (HHP) services with an out-of-network provider.

I. Whole Child Model and CCS members:
1. Please see policy MCCP2024 Whole Child Model for California Children's Services for continuity of care guidelines.

J. Pregnancy and Post-Partum Members:
1. Pregnant and post-partum Medi-Cal members who are assigned a mandatory aid code and who are transitioning from Medi-Cal FFS into a MCP have the right to request out-of-network provider continuity of care for up to 12 months. Per H&S Code §1373.96, at the request of the member, PHC will provide for the completion of covered services relating to pregnancy during pregnancy and immediately after the delivery (the postpartum period) and care of a new born child between birth and 36 months by a terminated or non-participating health plan provider. These requirements will apply for pregnant and postpartum members and newborn children who transition from Covered California to Medi-Cal due to eligibility requirements.

K. Continuity of Care Process:
1. Members, their authorized representative, or their provider may make a direct request to PHC for continuity of care. PHC will begin to process the request within 5 business days of receipt of the request. The continuity of care process begins when PHC starts the process to determine if the member has a pre-existing relationship with the provider. PHC will complete the request within 30 calendar days from the date PHC receives the request, or 15 calendar days if the member's medical condition requires more immediate action such as upcoming appointments or other pressing care needs, or 3 calendar days if there is risk of harm to the member (as defined above).
2. PHC will accept requests for continuity of care over the telephone according to the requester's preference and will not require that the requester complete and/or submit paper or computer form if the requester prefers to make the request by telephone. PHC will collect any necessary information from the requester over the telephone. PHC will consider any Medical Exception Request (MER) that has been denied as an automatic continuity of care request.
3. PHC will utilize the following criteria to determine if a relationship exists:
   a. Fee-for-service utilization data provided by DHCS, or
   b. Documentation from the member and/or provider which demonstrates a pre-existing relationship, or
   c. PHC claims data
4. If a pre-existing relationship has been established with an out-of-network provider, PHC will contact the provider and make a good faith effort to enter into a contract, letter of agreement, single-case agreement, or other form of relationship to establish a continuity of care relationship for the member.

5. PHC will accept and review retroactive continuity of care requests for services that were already provided if the request meets all of the continuity of care requirements in VI. (A-J) and the services that are subject to the request meet the following requirements:
   a. Have dates of service that occur after the member's assignment to PHC or dates of service that occur after 3/2/2018
   b. Have dates of services within 30 calendar days of the first date of service for which the provider is requesting, or the date from which they have previously requested continuity of care retroactive reimbursement, and
   c. Are submitted to PHC within 30 calendar days of the first date of service for which retroactive continuity of care is being requested
6. Each Continuity of Care request is considered complete when:
   a. The member is informed of their right of continued access
   b. PHC and the out-of-network FFS or prior MCP provider are unable to agree to a rate
   c. PHC has documented quality of care issues; or
   d. PHC makes a good faith effort to contact the provider and the provider is non-responsive for 30 calendar days
7. DENIAL
   a. Each Continuity of Care request is considered complete and a denial will be issued when one or more of the following has been met:
      1) PHC and the out-of-network FFS or prior MCP provider are unable to agree to a rate
      2) PHC has documented quality of care issues
      3) PHC makes a good faith effort to contact the provider and the provider is non-responsive for 30 calendar days
   b. When a continuity of care request is denied and/or a member disagrees with the result of the process, a letter will be generated to the member advising them of the right to pursue a grievance and/or appeal (please see policy CGA-024 – Medi-Cal Member Grievance System). When a continuity of care request is denied, the member will be offered an in-network alternative. If the member does not make an alternate choice, the member will be referred or assigned to an in-network provider.
8. APPROVAL
   a. If a provider meets all the necessary requirements including agreeing to a letter of agreement or contract with PHC, PHC will grant the continuity of care request to allow access to that provider for the length of the continuity of care period unless the provider is only willing to work with PHC for a shorter time frame. Upon approval, PHC will notify the member in writing within 7 calendar days. The approval request shall include the following:
      1) The duration of the continuity of care (COC) agreement
      2) The process that will occur to transition the member's care at the end of the continuity of care period and
      3) The member's right to choose a different provider from PHC's provider network
   b. 60 days prior to the expiration of the COC approval, PHC will mail a letter encouraging the member to establish care and utilize in-network services. This letter serves as the notification that continuity of care will not be extended past the expiration date unless the member reaches out to PHC prior to the date on the COC approval letter.
   c. Any request for extension of a COC request may be subject to Medical Director Review.
   d. Although not required by DHCS, PHC may continue to work with the member's out-of-network provider past the 12 month continuity of care period.

9. REFERRALS
   An approved out-of-network provider must work with PHC and its contracted network and cannot refer the member to another out-of-network provider without authorization from PHC. In such cases, PHC will make the referral, if medically necessary, and if PHC does not have an appropriate provider within its network.

VII. REFERENCES:

A. DHCS All Plan Letter 18-008 *Revised*: Continuity of Care for Medi-Cal Managed Care Members Who Transition into Medi-Cal Managed Care (12/07/2018)
B. DHCS All Plan Letter 18-006: Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21 (3/2/2018)
C. Welfare and Institutions Code Sections 14132.03 and 14189
D. Health and Safety (H&S) Code §1373.96
E. DHCS All Plan Letter 18-023: California Children's Services Whole Child Model Program (12/23/2018)

VIII. DISTRIBUTION:

A. PHC Department Directors
B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Health Services

X. REVISION DATES: 8/19/15 effective 12/29/14 per DHCS; 11/18/15; 08/17/16; 08/16/17; *06/13/18; 11/14/18; 11/13/19; 09/09/20

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: N/A

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

<table>
<tr><td colspan="3">Policy/Procedure Number: MCCP2019 (previously MCUP3117)</td><td colspan="3">Lead Department: Health Services</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children's Services</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: Approved by DHCS 04/11/2013, First Committee Review 08/20/2014 (MCUP3117)</td><td colspan="4">Next Review Date: ~~11/13/2020~~09/09/2021
Last Review Date: ~~11/13/2019~~09/09/2020</td></tr>
<tr><td>Applies to:</td><td colspan="3">☒ Medi-Cal</td><td colspan="2">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td>☒ IQI</td><td>☐ P & T</td><td colspan="3">☒ QUAC</td></tr>
<tr><td>☐ OPERATIONS</td><td>☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td>☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: ~~11/13/2019~~09/09/2020</td></tr>
</table>

I. RELATED POLICIES:

A. MCUP3012 – Discharge Planning (Non-capitated Members)
B. MCUP3039 – Special Case Managed Members
C. MCCP2007 – Complex Case Management
D. MCCP2023 – New Member Needs Assessment
E. MCCP2024 – Whole Child Model for California Children's Services (CCS)
F. MPCD2013 – Care Coordination Program Description

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Members Services

III. DEFINITIONS:

A. Health Risk Assessment (HRA): An assessment form mailed to newly enrolled adult members (ages 21 and over) with corresponding Seniors and Persons with Disabilities (SPD) aid codes who may be at risk for adverse health outcomes without support from an Individualized Care Plan (ICP).
B. Pediatric Health Risk Assessment (PHRA): An assessment form mailed to newly enrolled pediatric members (under age 21) with corresponding Seniors and Persons with Disabilities (SPD) aid codes and/or California Children's Services (CCS) identifiers who may be at risk for adverse health outcomes without support from an Individualized Care Plan (ICP).
C. Health Care Guide (HCG): A non-clinical Care Coordination staff member who provides support and guidance to members, families, providers community agencies and the interdisciplinary care team to assist in coordination of benefits in a timely and cost-effective manner while connecting members to available internal and external resources.
D. Case Manager (CM): A registered nurse in Care Coordination who works with the multidisciplinary team in order to facilitate coordination of the comprehensive medical, behavioral, and psychosocial needs of the member while promoting quality and cost-effective outcomes.
E. Medical Social Worker (MSW): A master's prepared social worker in Care Coordination who provides members and/or their families with the supports needed to cope with chronic, acute and/or terminal illnesses, often complicated by other social/environmental or historical factors.

IV. ATTACHMENTS:

A. HRA
B. PHRA

C. HRA Stratification Matrix
D. PHRA Stratification Matrix

V. PURPOSE:

This policy describes the process Partnership Health Plan of California (PHC) will follow to assess new enrollees who are designated as Seniors and Persons with Disabilities (SPD) and/or California Children's Services (CCS) upon enrollment and at least annually thereafter. The purpose of the assessment is to identify those SPD/CCS members at high risk for adverse health outcomes and to initiate appropriate individualized care plans to reduce that risk and optimize health.

VI. POLICY / PROCEDURE:

A. Member Risk Stratification
In accordance with section A.3of The Department of Health Care Services (DHCS) All Plan Letter (APL) 17-013 Requirements For Health Risk Assessment of Medi-Cal Seniors And Persons With Disabilities (07/11/2017), PHC considers all newly enrolled SPD/CCS members as higher risk and are comprehensively assessed via the Health Risk Assessment (HRA) or Pediatric Health Risk Assessment (PHRA) form to determine their current health risk.

B. HRA/PHRA Process
1. All newly enrolled members designated with an SPD aid code and/or CCS identifier are sent the HRA (Attachment A) or PHRA (Attachment B) via mail within 10 calendar days of enrollment into the plan.
2. The HRA/PHRA forms are reviewed by the Chief Medical Officer, the Health Services (HS) Health Educator, and by the Consumer or Family Advisory Committee prior to implementation by the health plan, as are any and all revisions to the HRA/PHRA.
3. All newly enrolled SPD/CCS members are contacted telephonically within 45 days of enrollment in order to encourage the member to return the HRA/PHRA.
4. All questions on the HRA/PHRA forms are sent to each SPD/CCS beneficiary according to age upon enrollment. In no instance are any questions in the HRA/PHRA forms sent to a subset of the SPD/CCS population.
5. For those HRA/PHRAs completed, the member's responses will be captured and evaluated as follows:
   a. Adult member responses will be captured and evaluated utilizing the HRA Stratification Matrix (Attachment C) for adult members. Adult members will be placed in low or high risk categories.
      1) Low Risk – members will benefit from basic case management; or
      2) High Risk – member requires complex care management through an individualized care plan (ICP) to prevent adverse health outcomes.
   b. All pediatric members who complete a PHRA are treated as high risk according to policy MCCP2024 Whole Child Model For California Children's Services (CCS).

C. Care Coordination
1. Low Risk Members
   a. Adult members who are stratified as low risk based on their responses to the HRA will be contacted by a Health Care Guide (HCG) within 30 calendar days of the returned HRA.
   b. The role of the Health Care Guide is to identify barriers to care and safety and to carry out non-clinical interventions to eliminate those barriers. Examples include, but are not limited to:
      1) Work with the primary care provider and/or specialist's offices to coordinate appointments

2) Contact durable medical equipment vendors to facilitate timely delivery of appropriate medical equipment
3) Work with community-based organizations to assist member with access to psychosocial services
4) Arrange transportation as appropriate
5) Resolve any claims issues
6) Provide support and encouragement to the member and caregiver
7) Evaluate the member for need for additional case management services available through the health plan.
8) Facilitate referrals for Long Term Support Services (LTSS) needs identified

c. The HCG, Case Manager (CM), and Medical Social Worker (MSW) work together. Any clinical issues will be the responsibility of a licensed clinician.

2. High Risk Members
   a. Adult Members stratified as high risk, as well as all pediatric members who complete a PHRA, will be contacted by a Case Manager (CM) or Medical Social Worker (MSW) within 14 days of the returned HRA/PHRA, and the member will be offered enrollment into Complex Case Management (see policy MCCP2007 Complex Case Management). The CM/MSW collaborates with a member's interdisciplinary care team and is responsible for the development of the individualized care plan (ICP) for a member stratified as high risk. He/she is also responsible for providing education and clinical support, facilitating appropriate communication among the interdisciplinary care team, and working closely with outside agencies and available community resources.
   b. The CM/MSW will discuss the HRA/PHRA results with the member and develop an ICP with interventions tailored to the particular needs of the member. The care plan will include, but is not limited to, needs such as:
      1) The member's identified medical care needs
      2) Access to Primary and Specialty Care
      3) Durable medical equipment and/or medications
      4) Assessment of member's current use of community resources as well as provision of referrals to appropriate resources and/or services outside of the Plan's benefits (i.e. mental health and behavioral health services, personal care, housing, meal delivery programs, energy assistance programs and services for individuals with intellectual and developmental disabilities)
      5) Identification of the member's caregiver and need for his/her involvement in the care plan
      6) Identification of an action plan to assist the member with other activities or services needed to optimize his/her health status, including:
         a) Process/Plan for coordination of care across all settings, including those outside the provider network
         b) Process/Plan for referrals to resolve any physical or cognitive barriers to access care
         c) Process/Plan for helping to facilitate communication among the member's health care providers
         d) Process/Plan for identifying a member's need for other activities/services that would optimize his or her health status (i.e. self-management skills, health education classes, etc.)
         e) For the member in a facility, a plan to ensure discharge planning and coordination is implemented

f) Designated date of follow-up and reassessment as often as necessary but not less than annually
g) Referrals to LTSS services where applicable

D. Reassessment
1. Each month, PHC leverages age-based algorithms to capture emerging risk in the entire population including, but not limited to SPDs or CCS members, to promote timely reassessment for member's whose risk level demonstrates need for intervention.
   a. The Monthly Utilization Report analyzes claims data and other predictive modeling factors for members based upon age – adults (ages 21 and over) and pediatrics (under age 21).
   b. Any member who shows as high risk on one of these reports will be contacted by PHC Care Coordination staff for telephonic reassessment, unless the member is currently enrolled in care coordination. Members recently closed to care coordination will be reassessed if their case was closed more than 30 calendar days prior to new risk identification for pediatric members, and 90 days prior to new risk identification for adult members.
   c. In addition, if the Monthly Utilization Report reveals a potential CCS condition in a pediatric member, that case will be referred to the CCS County program for CCS eligibility determination according to policy MCCP2024 Whole Child Model For California Children's Services (CCS).

E. Extended Continuity of Care
1. Newly enrolled SPD/CCS members who request continued access to a provider who is not part of PHC's network will be permitted to remain with that provider for up to 12 months as long as the following conditions are met:
   a. The member has had an ongoing relationship to the provider.
   b. There are no quality of care issues with the provider.
   c. Provider accepts PHC's or Medi-Cal's fee for service rates, whichever is higher, in accordance with W&I Code 14182(b) (13) and (14).
   d. The link between a newly enrolled SPD/CCS member and the out-of-network provider shall be determined by PHC using Fee for Services (FFS) utilization data provided by DHCS.
   e. Further details regarding Continuity of Care are described in policy MCCP2014 Continuity of Care (Medi-Cal).
2. PHC will begin processing requests for extended continuity of care within five business days from receipt of the request. The provider will be contacted to confirm that a current relationship exists and that the provider is willing to accept the rate of reimbursement. The request will be completed within 30 calendar days from the date the health plan receives the request, or sooner, if the member's medical condition requires immediate attention.

F. Competency and Sensitivity Training
1. PHC provides DHCS-developed cultural awareness and sensitivity training to PHC staff at least annually.
2. PHC also provides the training to providers and their staff who serve seniors and individuals living with disabilities. This training is done via webinar.
3. Documentation of trainings is maintained and is available upon request as required in Medi-Cal Managed Care Division (MMCD) APL 11-010 "Competency and Sensitivity Training Required in Serving the Needs of Seniors and Persons with Disabilities" dated 05/11/2011.

VII. REFERENCES:

A. Welfare and Institutions Code Section 14182
B. DHCS MMCD All Plan Letter (APL) 11-010 "Competency and Sensitivity Training Required in Serving the Needs of Seniors and Persons With Disabilities" dated 05/11/2011

Policy/Procedure Number: MCCP2019 (previously MCUP3117)		**Lead Department: Health Services**
Policy/Procedure Title: Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children's Services		☒ **External Policy** ☐ **Internal Policy**
Original Date: Approved by DHCS 04/11/2013, First Committee Review 08/20/2014 (MCUP3117)	**Next Review Date:** ~~11/13/2020~~09/09/2021 **Last Review Date:** ~~11/13/2019~~09/09/2020	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

C. DHCS APL 17-013 "Requirements for Health Risk Assessment of Medi-Cal Seniors and Persons with Disabilities" dated 07/11/2017
D. DHCS APL 18-023 "California Children's Services Whole Child Model Program" dated 12/23/2018

VIII. DISTRIBUTION:
A. PHC Department Directors
B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Health Services

X. REVISION DATES:
MCCP2019 (effective 02/15/17)
10/18/17; *11/14/18; 11/13/19; 09/09/20

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:
MCUP3117 (04/11/2013 to 02/15/2017)
05/20/15; 04/20/16 to 02/15/17

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

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- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.

Partnership HealthPlan of California
Health Risk Assessment Form
Seniors and Persons with Disabilities (SPD)

This form will help Partnership HealthPlan of CA (PHC) learn about your health and wellness needs and find ways we can help you. Please take a few minutes to fill out this form and send it back as soon as possible.

If you think you need to see a doctor before PHC calls you, you should go to the doctor or hospital at that time.

If you have questions, please call PHC at **(800) 809-1350** Monday through Friday, between 8 a.m. – 5 p.m.
TDD/TTY users should dial:
(800) 735-2929

Please return your completed form in the (yellow) envelope.
Partnership HealthPlan of California
4665 Business Center Drive
Fairfield, CA 94534

Filling out this form is voluntary.
We will not deny your care because of how you respond.

Name of PHC Member: _____

Date of Birth: _____ **Medi-Cal ID Number:** _____

1. What is your preferred language?
   ☐ English ☐ Spanish ☐ Russian ☐ Mandarin ☐ Tagalog ☐ Other

2. What was your gender at birth?
   ☐ Male ☐ Female ☐ Other

3. What do you like to be called??
   ☐ He/Him/His ☐ She/Her/Hers ☐ They/Them/Their ☐ Other

4. Do you have trouble communicating due to hearing, vision, or speech problems? ☐ Yes ☐ No
   If yes, do you need special materials/equipment? ☐ Yes ☐ No

5. Do you have a regular doctor? ☐ Yes ☐ No

6. Do you see a Specialist (a doctor who specializes in health problems, like heart, kidney, cancer or other health problems)? ☐ Yes ☐ No

7. Do you feel your doctor(s) understand your medical needs? ☐ Yes ☐ No

8. Do you need to see a doctor in the next 60 days? ☐ Yes ☐ No
   If yes, do you have the appointment scheduled? ☐ Yes ☐ No

9. Do you get services or care from a Regional Center that cares for people with developmental disabilities? ☐ Yes ☐ No

10. Are you pregnant? ☐ Yes ☐ No

11. Have you been to the emergency room 2 or more times in the last 12 months? ☐ Yes ☐ No

12. Have you been admitted to the hospital in the last 12 months? ☐ Yes ☐ No

13. Are you using medical equipment or supplies such as a hospital bed, wheelchair, walker, or ostomy bags? ☐ Yes ☐ No
    If yes, do you need help getting more supplies? ☐ Yes ☐ No

14. Do you smoke or use tobacco products? ☐ Yes ☐ No
    If yes, would you like help quitting? ☐ Yes ☐ No

15. Do you use home oxygen? ☐ Yes ☐ No

16. How many prescription medicines do you take each day?
    ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 or more

17. Have you ever been told you have any of these health problems? (check yes or no for each of the problems below)
    California Children's Services (CCS) condition ☐ Yes ☐ No
    Asthma/Lung problems ☐ Yes ☐ No
    Heart problems ☐ Yes ☐ No
    Diabetes ☐ Yes ☐ No
    HIV or AIDS ☐ Yes ☐ No
    Kidney Disease ☐ Yes ☐ No

Seizures ☐ Yes ☐ No
Cancer ☐ Yes ☐ No
Medical Therapy Program or Unit (MTP/MTU) condition ☐ Yes ☐ No
If yes to any, do you see a doctor or specialist for any of these problems? ☐ Yes ☐ No
If yes to any, have you ever had any surgeries for these problems? ☐ Yes ☐ No
Do you need help finding a doctor to help you with these problems? ☐ Yes ☐ No

18. Have you ever been told you have a mental or behavioral health problem such as depression, bipolar disorder, or schizophrenia? ☐ Yes ☐ No
If yes, do you need help finding a doctor to help you with a mental or behavioral health problem? ☐ Yes ☐ No

19. Would like more information about how to improve your health or stay healthy? ☐ Yes ☐ No

20. Do you need help with any of these actions? (**Yes** or **No** to each individual action, choose **N/A** if this is something you have never done)

Taking a bath or shower	☐ Yes	☐ No	☐ N/A
Going up stairs	☐ Yes	☐ No	☐ N/A
Eating	☐ Yes	☐ No	☐ N/A
Getting dressed	☐ Yes	☐ No	☐ N/A
Brushing teeth, brushing hair, shaving	☐ Yes	☐ No	☐ N/A
Making meals or cooking	☐ Yes	☐ No	☐ N/A
Getting out of a bed or a chair	☐ Yes	☐ No	☐ N/A
Shopping and getting food	☐ Yes	☐ No	☐ N/A
Using the toilet	☐ Yes	☐ No	☐ N/A
Making it to the toilet on time/without an "accident"	☐ Yes	☐ No	☐ N/A
Walking	☐ Yes	☐ No	☐ N/A
Washing dishes or clothes	☐ Yes	☐ No	☐ N/A
Writing checks or keeping track of money	☐ Yes	☐ No	☐ N/A
Getting a ride to the doctor or to see your friends	☐ Yes	☐ No	☐ N/A
Doing house or yard work	☐ Yes	☐ No	☐ N/A
Going out to visit family or friends	☐ Yes	☐ No	☐ N/A
Using the phone	☐ Yes	☐ No	☐ N/A
Keeping track of appointments	☐ Yes	☐ No	☐ N/A

If yes, are you getting all the help you need with these actions? ☐ Yes ☐ No ☐ N/A

21. Can you live safely and move easily around your home?
☐ Yes ☐ No ☐ N/A

*If **no***, does the place where you live have:
(Yes, No, or N/A to each individual item)

Good lighting	☐ Yes	☐ No	☐ N/A
Good heating	☐ Yes	☐ No	☐ N/A
Good cooling	☐ Yes	☐ No	☐ N/A
Rails for any stairs or ramps	☐ Yes	☐ No	☐ N/A
Hot water	☐ Yes	☐ No	☐ N/A
Indoor toilet	☐ Yes	☐ No	☐ N/A
A door to the outside that locks	☐ Yes	☐ No	☐ N/A
Stairs to get into your home or stairs inside your home	☐ Yes	☐ No	☐ N/A
Elevator	☐ Yes	☐ No	☐ N/A
Space to use a wheelchair	☐ Yes	☐ No	☐ N/A
Clear ways to exit your home	☐ Yes	☐ No	☐ N/A

22. I would like to ask you about how you think you are managing your health conditions

Do you need help taking your medications?	☐ Yes	☐ No	☐ N/A
Do you need help filling out health forms?	☐ Yes	☐ No	☐ N/A
Do you need help answering questions during a doctor's visit?	☐ Yes	☐ No	☐ N/A

23. Which of the following answers best describes how you feel with your medical needs? (check all that apply)
☐ I sometimes forget what I am supposed to do for my health
☐ I can't afford all of things I need to take care of myself
☐ It's hard to read or understand directions at times
☐ I'm confused about what I really need to do for my health
☐ I don't think it is necessary to do what my doctor says all of the time
☐ I don't understand my medical needs
☐ I feel confident that I know how to take care of what I need

24. Do you have family members or others willing and able to help you when you need it? ☐ Yes ☐ No ☐ N/A

25. Do you ever think your caregiver has a hard time giving you all the help you need? ☐ Yes ☐ No ☐ N/A

26. Are you afraid of anyone or is anyone hurting you? ☐ Yes ☐ No ☐ N/A

27. Is anyone using your money without your ok? ☐ Yes ☐ No ☐ N/A

28. Have you had any changes in thinking, remembering, or making decisions? ☐ Yes ☐ No ☐N/A

29. Have you fallen in the last month? ☐ Yes ☐ No ☐ N/A
Are you afraid of falling? ☐ Yes ☐ No ☐ N/A

30. Do you sometimes run out of money to pay for food, rent, bills, and medicine? ☐ Yes ☐ No ☐ N/A

31. Over the past month (30 days), how many days have you felt lonely?
- ☐ None – I never feel lonely
- ☐ Less than 5 days
- ☐ More than half the days (more than 15)
- ☐ Most days – I always feel lonely

32. In general, would you say that your health is
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Signature of Person Filling Out the Form: _____

Date Signed: _____

If not signed by member, what is your relationship to the member:
Parent/ Guardian Other Representative

Thank you for your time filling out this form.

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Partnership HealthPlan of California
Pediatric Health Risk Assessment Form

Please take a few minutes to complete this form to help us learn about your child's health and wellness needs. We want to use these answers to help you get the right care as soon as possible.

If you think you need to see a doctor before PHC calls you, you should go to the doctor or hospital at that time.

Filling out this form is voluntary. We will not deny your care because of how you respond.

If you have questions, please call PHC at: **(800) 809-1350** Monday through Friday, between 8 a.m. – 5 p.m.
TDD/TTY users should dial: (800) 735-2929

Please return this completed form in the (yellow) envelope
To: Partnership HealthPlan of California
4665 Business Center Drive
Fairfield, CA 94534

Name of Partnership CCS Member: _____

Date of Birth: _____ **Medi-Cal ID Number:** _____

1. Who is answering the questions on this survey?
   ☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Self
   ☐ Other Family Member: _____ ☐ Other: _____

2. What is your preferred language?
   ☐ English ☐ Spanish ☐ Tagalog ☐ Russian ☐ Other: _____

3. Does your child have difficulty with any of the following? (Choose **N/A** if you would not expect other children of this age to be able to do this on his/her own)

Taking care of him/herself, such as:			
Feeding him/herself (feeding)	☐ Yes	☐ No	☐N/A
Taking a bath or shower (bathing)	☐ Yes	☐ No	☐N/A
Getting dressed (dressing)	☐ Yes	☐ No	☐N/A
Going to the toilet (toileting)	☐ Yes	☐ No	☐N/A
Making it to the toilet on time/without an "accident" (continence)	☐ Yes	☐ No	☐N/A
Being active, like:			
Walking (mobility)	☐ Yes	☐ No	☐N/A
Getting out of a bed or a chair (transferring)	☐ Yes	☐ No	☐N/A
Going up or down stairs	☐ Yes	☐ No	☐N/A
Showing independence by:			
Going out to visit family or friends	☐ Yes	☐ No	☐N/A
Going to school or work	☐ Yes	☐ No	☐N/A
Making doctor or dentist appointments	☐ Yes	☐ No	☐N/A
Using the phone, tablet, or computer	☐ Yes	☐ No	☐N/A
Other _____	☐ Yes	☐ No	☐N/A

4. Does your child get services or care from a Regional Center that provides care for people with developmental disabilities? ☐ Yes ☐ No ☐ Not sure
   What is the name of the center where you go?_____

5. Does your child receive any of the following services? (Check all that apply)
   - ☐ SpeechTherapy
     Where is this received? ☐ Home ☐ School ☐ MTP/MTU
     ☐ Other _____
   - ☐ Physical Therapy
     Where is this received? ☐ Home ☐ School ☐ MTP/MTU
     ☐ Other _____
   - ☐ Occupational Therapy
     Where is this received? ☐ Home ☐ School ☐ MTP/MTU
     ☐ Other _____
   - ☐ Respiratory Therapy
     Where is this received? ☐ Home ☐ School
     ☐ Other _____
   - ☐ Nursing Services
     Where is this received? ☐ Home School Hours/days per week?_____
     ☐ Other _____
   - ☐ Mental or Behavioral Therapy
     Where is this received? ☐ Home ☐ School
     ☐ Other _____
   - ☐ Individualized Education Plan (IEP) or 504 Plan or other learning support?
     Which one(s)? ☐ IEP ☐ 504
     ☐ School Name _____
   - ☐ Other supportive services (Respite Care, Palliative Care, etc.)
     Please explain _____
     Where is this received? ☐ Home ☐ School
     ☐ Other_____

6. In general, would you say that your child's health is
   ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

7. Does your child have any allergies?
   - ☐ Food(s) (please specify) _____
   - Environmental (seasonal, dust, pollution, etc.)
     (please specify) _____
   - ☐ Medication(s) (please specify) _____
   - ☐ No Known Allergies

8. Does your child use medical equipment (DME) or supplies that were ordered for your child's specific needs?
   - ☐ Yes (check all that apply)
     - ☐ Glasses
     - ☐ Hearing Aids
     - ☐ Cochlear Implant
     - ☐ Wheelchair
     - ☐ Brace
     - ☐ Orthotics
     - ☐ Walker
     - ☐ Car Seat

- ☐ Bed
- ☐ Ventilator/breathing machine
- ☐ Oxygen
- ☐ Percussion Vest
- ☐ Insulin Pump/CGM
- ☐ IV pump/Infusion device
- ☐ Feeding pump/GT/JT/GJT
- ☐ Other (please specify) _____

Who ordered it? _____

Date of last order _____

Who was the vendor? _____

Vendor Phone:_____

9. What is your child's current:
   Height _____ Weight _____

10. Has your child ever had surgery?
    ☐ Yes ☐ No ☐ Don't Know

Please list each surgery	**Date or Year**
☐ More than can fit here	

11. Has your child been to the emergency room (ER) in the last 6 months?
    ☐ Yes ☐ No ☐ Don't Know
    i. How many times?_____
    ii. When?_____

12. Has your child been in the hospital overnight in the last 6 months?
☐ Yes ☐ No ☐ Don't Know
i. How many times?_____
ii. When?_____

13. What medications does your child take? Please include prescriptions, over-the-counter medications, vitamins, herbal supplements and other remedies. **Start with the medications your child is taking now, and then add medications your child has taken in the past**.

Medication/Vitamin/Supplement Name	**Current**	**Past**
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
☐ More than can fit here	☐	☐

14. Have you ever been told by a medical professional you that your child has any of the following problems? For each problem, check whether it is a problem now or was a problem in the past.

	Current	**Past**
Asthma	☐	☐
Cystic Fibrosis	☐	☐
Ventilator Dependent	☐	☐
Other Lung Conditions	☐	☐
What is/are the conditions(s)?	☐	☐
_____		
Congenital Heart Disease	☐	☐
Heart Murmur	☐	☐

	Current	Past
Other Heart Conditions	☐	☐
What is/are the conditions(s)?	☐	☐
_____		
Para/Quadriplegia	☐	☐
Seizures/Epilepsy	☐	☐
Cerebral Palsy	☐	☐
Other Neurological Conditions	☐	☐
What is/are the conditions(s)?	☐	☐
_____		
Muscular Dystrophy	☐	☐
Broken bone(s)	☐	☐
Scoliosis	☐	☐
Other bone or muscle disorders	☐	☐
What is/are the conditions(s)?	☐	☐
_____		
Ostomy/G-tube/Colostomy/Urostomy	☐	☐
Crohn's Disease/Ulcerative Colitis	☐	☐
Celiac Disease	☐	☐
Other GI/stomach/digestion conditions	☐	☐
What is/are the conditions(s)?	☐	☐
_____		
Sickle Cell Anemia	☐	☐
Hemophilia	☐	☐
Other Blood Conditions	☐	☐
What is/are the conditions(s)?	☐	☐
_____		
Diabetes	☐	☐
Immune Disorder	☐	☐
What is/are the conditions(s)?	☐	☐
_____		
Kidney Disease	☐	☐
Is your child on dialysis?	☐	☐
Liver Condition	☐	☐
Genetic Conditions, i.e. Down Syndrome	☐	☐
What is/are the conditions(s)?	☐	☐
_____		
Growth / Developmental Delays	☐	☐
Birth Defects	☐	☐
What is/are the conditions(s)?	☐	☐
_____		
Underweight / Failure to Thrive	☐	☐
Hearing Problems	☐	☐

	Current	Past
Vision Problems	☐	☐
Speech Problems	☐	☐
Migraines / Headaches	☐	☐
Poisoning	☐	☐
Other	☐	☐
What is/are the conditions(s)?	☐	☐
	☐	☐

_____

15. Does your child need a specialist to provide care for any of these conditions?
    - ☐ Yes
        - ☐ Which condition(s) _____
    - ☐ No – my child already has provider(s) for all his/her needs
        - ☐ Name/Specialty _____
        - ☐ Name/Specialty _____
        - ☐ Name/Specialty _____
    - ☐ No – my child does not need a specialist for his/her condition
16. Who are your child's medical providers?
    - ◊ Primary Care Provider (PCP) in your community
        - ☐ Do not have one
        - ☐ Provider Name: _____
        - ☐ Provider Phone: _____
        - ☐ Last Appointment: Date:_____
        - ☐ Next Appointment: Date:_____
    - ◊ Specialty Care Center
        - ☐ N/A
        - ☐ Facility Name: _____
        - ☐ Facility Phone: _____
        - ☐ Last Appointment: Date:_____
        - ☐ Next Appointment: Date:_____
    - ◊ Regular Dental Care
        - ☐ Do not have one
        - ☐ Provider Name: _____
        - ☐ Provider Phone: _____
        - ☐ Last Appointment: Date:_____
    - ◊ Regular Vision Care
        - ☐ Do not have one
        - ☐ Provider Name: _____
        - ☐ Provider Phone: _____
        - ☐ Last Appointment: Date:_____
    - ◊ Ongoing care from Mental or Behavioral Health Specialist
        - ☐ N/A
        - ☐ Provider Name: _____
        - ☐ Provider Phone: _____
        - ☐ Condition(s) being treated for:

_____

☐ My child does not get regular care from any provider
- ◊ Do you need help choosing a provider for your child?
  ☐ Yes ☐ No ☐ Don't Know

17. Have your child's medical conditions caused him/her to miss activities, work, or school in the past year? If yes, please describe:
_____
_____
_____

18. What is the best time of day (Monday to Friday, 7:30 am to 5:30 pm) to call you to discuss your child's needs in more detail?
_____

Signature of Person
Filling Out the Form: _____ Date Signed:_____

Thank you for your time filling out this form.
CONFIDENTIAL

Adult Health Risk Assessment (HRA) Stratification Matrix

All questions in the HRA are asked to each new member with a Seniors and Persons with Disabilities (SPD) aid code and/or California Children's Services (CCS) identifier. All SPD/CCS beneficiaries are treated as high risk initially, per policy MCCP2019. The responses noted below are used to determine if an SPD/CCS member should be referred to a Social Worker (MSW); or Nurse Case Manager (NCM) for development of an individualized care plan (ICP). If there is any uncertainty, then the referral should be sent to a NCM. If the member identifies all "no" answers, please send a "Welcome Letter".

(Question #)	Response	High Risk (MSW)	High Risk (CM)
(1) What is your preferred language?	English		
	Spanish		
	Russian		
	Mandarin		
	Tagalog		
	Other		
(2) What was your gender at birth?	Male		
	Female		
	Other		
(3) What do you prefer to be called	he/him/his	(if different)	
	she/her/hers	(if different)	
	they/them/theirs	(if different)	
	other		
(4) Do you ever have trouble communicating due to hearing, vision, or speech problems?	Yes		
	No		
If yes, do you need special materials/equipment?	Yes		X
	No		
(5) Do you have a regular doctor?	No		
	Yes		
(6) Do you see a Specialist (a doctor that specializes in certain health conditions, like a cardiologist, nephrologist, oncologist, or other doctor)?	No	X	X
	Yes		
(7) Do you feel your doctor(s) understand(s) your overall medical needs?	No		
	Yes		

(Question #)	Response	High Risk (MSW)	High Risk (CM)
(8) Do you need to see a doctor within the next 60 days? If yes, do you already have an appointment scheduled?	No		~~X~~
	Yes		X
	Yes		
	No		X
(9) Do you get services or care from a Regional Center?	No		
	Yes	X	
(10) If you are **female**, are you pregnant?	No		
	Yes		X
(11) Have you been to the emergency room two (2) or more times in the last twelve (12) months?	No		
	Yes		X
(12) Have you been admitted to the hospital in the last twelve (12) months?	No		
	Yes		X
(13) Are you using medical equipment or supplies such as a hospital bed, wheelchair, walker, or ostomy bags?	No		
	Yes		
If yes, do you need help obtaining more supplies?	No		
	Yes		X
(14) Do you smoke or use tobacco products?	No		
	Yes		
If yes, would you like help quitting?	No		
	Yes	X	
(15) Do you use home oxygen?	No		
	Yes		X
(16) How many prescription medications do you take each day?	~~> 8~~ ~~No~~		X
(17) Have you ever been diagnosed with any of the following health conditions? (check yes or no for each of the conditions below)	~~> 8~~ ~~X~~		
California Children's Services (CCS) condition	Yes		X
	~~Yes~~No		~~X~~
Asthma/Lung Problems	Yes~~No~~		
	~~Yes~~No		
Heart Problems	Yes~~No~~		
	~~Yes~~No		
Diabetes	~~No~~Yes		
	~~Yes~~No		
HIV or AIDs	~~No~~Yes		
	~~Yes~~No		
Kidney Disease	~~No~~Yes		
	~~Yes~~No		

(Question #)	Response	High Risk (MSW)	High Risk (CM)
Seizures	~~No~~Yes		
	No~~Yes~~		
Cancer	~~No~~Yes		
	~~Yes~~No		
Medical Therapy Program or Unit (MTP/MTU)	~~No~~Yes		X
	~~Yes~~No		~~X~~
If yes to any, do you see a doctor or specialist or any of the condition(s) above?	No		
	Yes		
If yes to any, have you ever had any surgeries for these conditions?	~~No~~Yes		X~~X~~
	~~Yes~~No		~~X~~
Do you need help finding a doctor to help you with any of the condition(s) above?	~~No~~Yes		X
	~~Yes~~No		~~X~~
(18) Have you ever been told you have a mental or behavioral health condition such as depression, bipolar disorder, or schizophrenia?	No		
	Yes	X	X
Do you need help finding a doctor to help you with a mental or behavioral health condition?	No		
	Yes	X	X
(19) Would like more information about how to improve your health or stay healthy?	No		
	Yes		X
(20) Do you need help with any of these Actions? (list follows)	No		
	Yes		
If yes, are you getting all the help you need?	No	X	
	Yes		
(21) Can you live safely and move easily around your home? (list follows)	No to any	X	X
	Yes		
(22) I would like to ask you about how you think you are managing your health conditions	No	X	
	Yes to any	X	
Do you need help taking your medications	No		
	Yes		X
Do you need help filling out health forms?	No		
	Yes	X	
Do you need help answering questions during a doctor's visit?	No		
	Yes		X
(23) Which of the following answers best describes how you feel with your medical needs? (check all that apply)	No		
I sometimes forget what I am supposed to do for my health			
I can't afford all of the things I need to take care of myself	Yes		X
It's hard to read or understand directions at times	Yes	X	
I'm confused about what I really need to do for my health	Yes		X
I don't think it is necessary to do what my doctor says all of the time	Yes		X
I don't understand my medical needs	Yes		X
I feel confident that I know how to take care of what I need	Yes		X

(Question #)	Response	High Risk (MSW)	High Risk (CM)
(24) Do you have family members or others willing and able to help you when you need it?	Yes		X
	~~Yes~~No		
(26) Do you ever think your caregiver has a hard time giving you all the help you need?	No	X	
	Yes	X	
(26) Are you afraid of anyone or is anyone hurting you?	No		
	Yes	X	
(27) Is anyone using your money without your okay?	No		
	Yes	X	
(28) Have you had any changes in thinking, remembering, or making decisions?	No		
	Yes	X	X
(29) Have you fallen in the last month?	No		
	Yes		X
Are you afraid of falling?	No		
	Yes	X	X
(30) Do you sometimes run out of money to pay for food, rent, bills, and medicine?	No		
	Yes	X	
(31) Over the past month (30 days), how many days have you felt lonely?	No		
None – I never feel lonely			
Less than 5 days			
More than half the days (more than 15)			
Most days – I always feel lonely		X	
(32) In general, would you say that your health is?		X	
	Excellent		
	Very Good		
	Good		X
	Fair		X
	Poor		X

Pediatric Health Risk Assessment (PHRA) Stratification Matrix

All questions in the HRA are asked to each new member with a Seniors and Persons with Disabilities (SPD) aid code and/or California Children's Services (CCS) identifier. All SPD/CCS beneficiaries are treated as high risk initially, per policy MCCP2019. The responses noted below are used to determine if an SPD/CCS member should be referred to a Social Worker (MSW); or Nurse Case Manager (NCM) for development of an individualized care plan (ICP). If there is any uncertainty, then the referral should be sent to a NCM. If the member identifies all "no" answers, please send a "Welcome Letter".

(Question #)	Response	High Risk (MSW)	High Risk (NCM)
(1) Who is answering the questions on this survey?	Self		
	Other		
(2) What is your preferred language?	English		
	Spanish		
	Russian		
	Mandarin		
	Tagalog		
	Other		
(3) Does your child have difficulty with any of the following? (Choose N/A if you would not expect other children at this age to be able to this this on their own)	Yes		
	No		
If yes to any of the above, does your child get all the help they need?	Yes		
	No		X
(4) Does your child get services from a Regional Center that provides care for people with developmental disabilities?	Yes	X	
	No		
	Not Sure	X	
(5) Does your child receive any of the following services?			
Speech Therapy	Yes		X
Physical Therapy	Yes		X
Occupational Therapy	Yes		X
Respiratory Therapy	Yes		X
Nursing Services	Yes		X
Mental or Behavioral Therapy	Yes	X	
Individualized Education Plan (IEP) or 504 Plan or other learning support	Yes		X
Other supportive services			X

(Question #)	Response	High Risk (MSW)	High Risk (NCM)
(6) In general, would you say that your child's health is	Excellent		
	Very Good		
	Good		X
	Fair		X
	Poor		X
(7) Does your child have any allergies? (list follows)	Yes		X
	No		
(8) Does your child use medical equipment (DME) or supplies that were ordered for your child's specific needs? (list follows)	Yes		X
	No		
(9) What is your child's current height/weight?			
(10) Has your child ever had surgery?	Yes		X
	No		
	Don't Know	X	
(11) Have you been to the emergency room (ER) in the last 6 months?	Yes		X
	No		
	Don't know	X	
(12) Has your child been in the hospital overnight in the past 6 months?	Yes		X
	No		
	Don't know	X	
(13) What medications does your child take? Please include prescriptions, over-the-counter medications, vitamins, herbal supplements and other remedies. Start with the medications your child is taking now, and then add medications your child has taken in the past.	Medications Listed		X
	No Medications Listed		
(14) Have you ever been told by a medical professional you that your child has any of the following problems? For each problem, check whether it is a problem now or was a problem in the past. (check yes for any conditions marked)	Yes		X
	No		
(15) Does your child need a specialist to provide care for any of these conditions?	Yes		X
	No – has a provider		
	No – Specialist Not Needed		
(16) Who are your child's medical providers?			
Primary Care Provider			
Specialty Care Center			

(Question #)	Response	High Risk (MSW)	High Risk (NCM)
Regular Dental Care			
Regular Vision Care			
Ongoing care from Mental or Behavioral Health Specialist			
My child does not get regular care from any provider – do you need help choosing a provider for your child?	Yes		X
	No		
	Don't Know		X
(17) Have your child's medical conditions caused him/her to miss activities, work, or school in the past year?	Yes	X	
	No		

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

Policy/Procedure Number: MCCP2023				**Lead Department: Health Services**	
Policy/Procedure Title: New Member Needs Assessment				☒ **External Policy** ☐ **Internal Policy**	
Original Date: 08/16/2017			**Next Review Date:** ~~11/13/2020~~09/09/2021 **Last Review Date:** ~~11/13/2019~~09/09/2020		
Applies to:	☒ **Medi-Cal**			☐ **Employees**	
Reviewing Entities:	☒ **IQI**		☐ **P & T**	☒ **QUAC**	
	☐ **OPERATIONS**		☐ **EXECUTIVE**	☐ **COMPLIANCE**	☐ **DEPARTMENT**
Approving Entities:	☐ **BOARD**		☐ **COMPLIANCE**	☐ **FINANCE**	☒ **PAC**
	☐ **CEO**	☐ **COO**	☐ **CREDENTIALING**	☐ **DEPT. DIRECTOR/OFFICER**	
Approval Signature: *Robert Moore, MD, MPH, MBA*				**Approval Date:** ~~11/13/2019~~09/09/2020	

I. RELATED POLICIES:

A. MPCD2013 – Care Coordination Program Description
B. MCCP2019 – Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children's Services
C. MCCP2024 – Whole Child Model for California Children's Services (CCS)

II. IMPACTED DEPTS:

A. Health Services
B. Information Technology
C. Member Services

III. DEFINITIONS:

A. Health Information Form (HIF)/Member Evaluation Tool (MET): – Screening tool sent to newly enrolled members to identify members needing expedited care.
B. Health Risk Assessment (HRA): An assessment form mailed to newly enrolled adult members (ages 21 and over) with corresponding Seniors and Persons with Disabilities (SPD) aid codes who may be at risk for adverse health outcomes without support from an Individualized Care Plan (ICP).
C. Pediatric Health Risk Assessment (PHRA): An assessment form mailed to newly enrolled pediatric members (under age 21) with corresponding Seniors and Persons with Disabilities (SPD) aid codes and/or California Children's Services (CCS) identifiers who may be at risk for adverse health outcomes without support from an Individualized Care Plan (ICP).
D. Care Coordination Staff: PHC's Care Coordination staff members have either experience in health care fields (i.e. Medical Assistant, Emergency Medical Technician, etc.) or are licensed and possess the appropriate skills and training to assist members. All staff are trained in care coordination and motivational interviewing.

IV. ATTACHMENTS:

A. HIF Form
B. HRA Form
C. PHRA Form

V. PURPOSE:

This policy describes the process Partnership HealthPlan of California (PHC) will follow to assess new plan enrollees in order to identify those members who may need expedited services.

Policy/Procedure Number: MCCP2023		Lead Department: Health Services
Policy/Procedure Title: New Member Needs Assessment		☒ **External Policy** ☐ **Internal Policy**
Original Date: 08/16/2017	**Next Review Date: 11/13/202009/09/2021** **Last Review Date: 11/13/201909/09/2020**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

VI. POLICY / PROCEDURE:

A. New Member Outreach Process

1. All newly enrolled members designated with an SPD aid code and/or CCS identifier are sent the HRA (Attachment B) or PHRA (Attachment C) via mail within 10 calendar days of enrollment into the plan along with a postage-paid envelope for response. The HRA includes both questions from the HIF tool as well as additional questions appropriate for assessing the need for expedited services for high-risk members. (See policy MCCP2019 for the full process of screening of Seniors and Persons with Disabilities and/or California Children's Services beneficiaries, and risk assignment process.)
2. For more information on the assessment, outreach and case management activities for CCS members, please see PHC policy MCCP2024 Whole Child Model for California Children's Services.
3. All newly enrolled members who are designated with neither an SPD aid code nor a CCS identifier are sent the HIF/MET form (Attachment A) via mail within 10 days of enrollment into the plan along with a postage-paid envelope for response.
4. Each new member will also receive up to two telephone calls reminding them to review and return the assessment form. This telephonic outreach can be made to head of household for Members under the care of parents or other authorized representatives. At least two attempts will be made to contact the member within 45 days of enrollment.

B. Initial Screening

1. Returned forms will be reviewed to determine if the member requires expedited care within 30 days of receipt of a completed HRA form for SPD/CCS members, or within 90 days of return of the HIF/MET for all other newly enrolled members. If the member is found to require expedited care, a Care Coordination staff member will contact the member or member's authorized representative.
    a. The role of Care Coordination staff member in the HRA or HIF/MET process is to expedite access to care for new members. Examples include, but are not limited to:
        1) Facilitate referrals for Long Term Services and Supports (LTSS) needs identified
        2) Contact durable medical equipment vendors to facilitate timely delivery of appropriate medical equipment
        3) Work with the primary care provider and/or specialists' offices to coordinate appointments
        4) Arrange transportation as appropriate
        5) Provide support and encouragement to the member and caregiver
        6) Identify members who may benefit from mental health services and refer to appropriate agencies for services
        7) Work with member to identify any psychosocial needs and refer to community-based organizations as appropriate
        8) Assist with facilitating referrals to appropriate resources and/or services outside of the Plan's benefits (i.e. personal care, housing, meal delivery programs, and/or energy assistance programs)
        9) Screen and refer new members who may benefit from Basic Care Management or Complex Case Management Services

C. Disenrollment

1. Upon disenrollment from PHC and when requested, PHC will make the results of the HRA or HIF/MET assessment available to the new Medi-Cal Managed Care Health Plan.

VII. REFERENCES:

Title 42 Code of Federal Regulations (CFR) 438.208(b)

Policy/Procedure Number: MCCP2023		Lead Department: Health Services
Policy/Procedure Title: New Member Needs Assessment		☒ **External Policy** ☐ **Internal Policy**
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Applies to:	☒ **Medi-Cal**	☐ **Employees**

VIII. DISTRIBUTION:
A. PHC Department Directors
B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Health Services

X. REVISION DATES: 10/18/17; *11/14/18; 11/13/19; 09/09/20
*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: N/A

Health Information Form

You are receiving this form because you are newly assigned to Partnership HealthPlan of California. Partnership HealthPlan of California will use this form to make sure you get the care that you may need.

Please circle each answer that applies to you. Complete one form for each person in your family who is newly assigned to Partnership HealthPlan of California.

If you have questions, please call Partnership HealthPlan of California at: **1-800-863-4155**
Monday through Friday, between 8:00am - 5:00pm
TDD/TTY users should dial: 1-800-735-2929

Please return this completed form in the (yellow) envelope provided or mail separately
To: Q & A Research, Inc.
22052 W 66th Street #357
Shawnee, KS 66226-9905

Filling out this form is voluntary. You will not be denied care based on your confidential answers.

Name of Partnership Member:_____

Date of Birth: _____ **Medi-Cal ID Number:**_____

1. Do you need to see a doctor within the next 60 days?	YES	NO
2. Do you take 3 or more prescription medications each day?	YES	NO
3. Do you see a doctor regularly for a mental health condition such as depression, bipolar disorder, or schizophrenia?	YES	NO
4. Have you been to the emergency room two (2) or more times in the last twelve (12) months?	YES	NO
5. Have you been admitted to the hospital in the last twelve (12) months?	YES	NO
6. Have you needed help with personal care such as bathing, getting dressed, or changing bandages in the last six (6) months?	YES	NO
7. Are you using medical equipment or supplies such as a hospital bed, wheelchair, walker, oxygen or ostomy bags?	YES	NO
8. Do you have a condition that limits your activities or what you can do?	YES	NO
9. Are you pregnant?	YES	NO
9a. *If yes, are you currently seeing a doctor for this pregnancy*?	YES	NO
10. Do you see a doctor for a chronic medical condition?	YES	NO

If yes, circle all that apply:

a. Asthma / Lung Problems b. Heart Problems c. Diabetes

d. HIV or AIDS e. Kidney Disease f. Seizures

g. Other _____

These answers will be sent to Partnership HealthPlan of California.

If you think you need to see a doctor before Partnership contacts you, you should go to the doctor or hospital at that time.

Please note, if you change to another health plan and we get a request, Partnership will share this health information form with your new plan.

Signature of Person Filling Out the Form:_____ Date Signed: _____

If not signed by beneficiary, specify relationship: Parent/ Guardian Other Representative

CONFIDENTIAL

Partnership HealthPlan of California
Health Risk Assessment Form
Seniors and Persons with Disabilities (SPD)

This form will help Partnership HealthPlan of CA (PHC) learn about your health and wellness needs and find ways we can help you. Please take a few minutes to fill out this form and send it back as soon as possible.

If you think you need to see a doctor before PHC calls you, you should go to the doctor or hospital at that time.

If you have questions, please call PHC at **(800) 809-1350** Monday through Friday, between 8 a.m. – 5 p.m.
TDD/TTY users should dial:
(800) 735-2929

Please return your completed form in the (yellow) envelope.
Partnership HealthPlan of California
4665 Business Center Drive
Fairfield, CA 94534

Filling out this form is voluntary.
We will not deny your care because of how you respond.

Name of PHC Member: _____

Date of Birth: _____ **Medi-Cal ID Number:** _____

1. What is your preferred language?
   ☐ English ☐ Spanish ☐ Russian ☐ Mandarin ☐ Tagalog ☐ Other

2. What was your gender at birth?
   ☐ Male ☐ Female ☐ Other

3. What do you like to be called??
   ☐ He/Him/His ☐ She/Her/Hers ☐ They/Them/Their ☐ Other

4. Do you have trouble communicating due to hearing, vision, or speech problems? ☐ Yes ☐ No
   If yes, do you need special materials/equipment? ☐ Yes ☐ No

5. Do you have a regular doctor? ☐ Yes ☐ No

6. Do you see a Specialist (a doctor who specializes in health problems, like heart, kidney, cancer or other health problems)? ☐ Yes ☐ No

7. Do you feel your doctor(s) understand your medical needs? ☐ Yes ☐ No

8. Do you need to see a doctor in the next 60 days? ☐ Yes ☐ No
   If yes, do you have the appointment scheduled? ☐ Yes ☐ No

9. Do you get services or care from a Regional Center that cares for people with developmental disabilities? ☐ Yes ☐ No

10. Are you pregnant? ☐ Yes ☐ No

11. Have you been to the emergency room 2 or more times in the last 12 months? ☐ Yes ☐ No

12. Have you been admitted to the hospital in the last 12 months? ☐ Yes ☐ No

13. Are you using medical equipment or supplies such as a hospital bed, wheelchair, walker, or ostomy bags? ☐ Yes ☐ No
    If yes, do you need help getting more supplies? ☐ Yes ☐ No

14. Do you smoke or use tobacco products? ☐ Yes ☐ No
    If yes, would you like help quitting? ☐ Yes ☐ No

15. Do you use home oxygen? ☐ Yes ☐ No

16. How many prescription medicines do you take each day?
    ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 or more

17. Have you ever been told you have any of these health problems? (check yes or no for each of the problems below)
    California Children's Services (CCS) condition ☐ Yes ☐ No
    Asthma/Lung problems ☐ Yes ☐ No
    Heart problems ☐ Yes ☐ No
    Diabetes ☐ Yes ☐ No
    HIV or AIDS ☐ Yes ☐ No
    Kidney Disease ☐ Yes ☐ No

Seizures ☐ Yes ☐ No
Cancer ☐ Yes ☐ No
Medical Therapy Program or Unit (MTP/MTU) condition ☐ Yes ☐ No
If yes to any, do you see a doctor or specialist for any of these problems? ☐ Yes ☐ No
If yes to any, have you ever had any surgeries for these problems? ☐ Yes ☐ No
Do you need help finding a doctor to help you with these problems? ☐ Yes ☐ No

18. Have you ever been told you have a mental or behavioral health problem such as depression, bipolar disorder, or schizophrenia? ☐ Yes ☐ No
If yes, do you need help finding a doctor to help you with a mental or behavioral health problem? ☐ Yes ☐ No

19. Would like more information about how to improve your health or stay healthy? ☐ Yes ☐ No

20. Do you need help with any of these actions? (**Yes** or **No** to each individual action, choose **N/A** if this is something you have never done)

Taking a bath or shower	☐ Yes	☐ No	☐ N/A
Going up stairs	☐ Yes	☐ No	☐ N/A
Eating	☐ Yes	☐ No	☐ N/A
Getting dressed	☐ Yes	☐ No	☐ N/A
Brushing teeth, brushing hair, shaving	☐ Yes	☐ No	☐ N/A
Making meals or cooking	☐ Yes	☐ No	☐ N/A
Getting out of a bed or a chair	☐ Yes	☐ No	☐ N/A
Shopping and getting food	☐ Yes	☐ No	☐ N/A
Using the toilet	☐ Yes	☐ No	☐ N/A
Making it to the toilet on time/without an "accident"	☐ Yes	☐ No	☐ N/A
Walking	☐ Yes	☐ No	☐ N/A
Washing dishes or clothes	☐ Yes	☐ No	☐ N/A
Writing checks or keeping track of money	☐ Yes	☐ No	☐ N/A
Getting a ride to the doctor or to see your friends	☐ Yes	☐ No	☐ N/A
Doing house or yard work	☐ Yes	☐ No	☐ N/A
Going out to visit family or friends	☐ Yes	☐ No	☐ N/A
Using the phone	☐ Yes	☐ No	☐ N/A
Keeping track of appointments	☐ Yes	☐ No	☐ N/A

If yes, are you getting all the help you need with these actions? ☐ Yes ☐ No ☐ N/A

21. Can you live safely and move easily around your home?
☐ Yes ☐ No ☐ N/A

*If **no***, does the place where you live have:
(Yes, No, or N/A to each individual item)

Good lighting	☐ Yes	☐ No	☐ N/A
Good heating	☐ Yes	☐ No	☐ N/A
Good cooling	☐ Yes	☐ No	☐ N/A
Rails for any stairs or ramps	☐ Yes	☐ No	☐ N/A
Hot water	☐ Yes	☐ No	☐ N/A
Indoor toilet	☐ Yes	☐ No	☐ N/A
A door to the outside that locks	☐ Yes	☐ No	☐ N/A
Stairs to get into your home or stairs inside your home	☐ Yes	☐ No	☐ N/A
Elevator	☐ Yes	☐ No	☐ N/A
Space to use a wheelchair	☐ Yes	☐ No	☐ N/A
Clear ways to exit your home	☐ Yes	☐ No	☐ N/A

22. I would like to ask you about how you think you are managing your health conditions

Do you need help taking your medications?	☐ Yes	☐ No	☐ N/A
Do you need help filling out health forms?	☐ Yes	☐ No	☐ N/A
Do you need help answering questions during a doctor's visit?	☐ Yes	☐ No	☐ N/A

23. Which of the following answers best describes how you feel with your medical needs? (check all that apply)
☐ I sometimes forget what I am supposed to do for my health
☐ I can't afford all of things I need to take care of myself
☐ It's hard to read or understand directions at times
☐ I'm confused about what I really need to do for my health
☐ I don't think it is necessary to do what my doctor says all of the time
☐ I don't understand my medical needs
☐ I feel confident that I know how to take care of what I need

24. Do you have family members or others willing and able to help you when you need it? ☐ Yes ☐ No ☐ N/A

25. Do you ever think your caregiver has a hard time giving you all the help you need? ☐ Yes ☐ No ☐ N/A

26. Are you afraid of anyone or is anyone hurting you? ☐ Yes ☐ No ☐ N/A

27. Is anyone using your money without your ok? ☐ Yes ☐ No ☐ N/A

28. Have you had any changes in thinking, remembering, or making decisions? ☐ Yes ☐ No ☐N/A

29. Have you fallen in the last month? ☐ Yes ☐ No ☐ N/A
Are you afraid of falling? ☐ Yes ☐ No ☐ N/A

30. Do you sometimes run out of money to pay for food, rent, bills, and medicine? ☐ Yes ☐ No ☐ N/A

31. Over the past month (30 days), how many days have you felt lonely?
- ☐ None – I never feel lonely
- ☐ Less than 5 days
- ☐ More than half the days (more than 15)
- ☐ Most days – I always feel lonely

32. In general, would you say that your health is
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Signature of Person Filling Out the Form: _____

Date Signed: _____

If not signed by member, what is your relationship to the member:
Parent/ Guardian Other Representative

Thank you for your time filling out this form.

CONFIDENTIAL

Partnership HealthPlan of California
Pediatric Health Risk Assessment Form

Please take a few minutes to complete this form to help us learn about your child's health and wellness needs. We want to use these answers to help you get the right care as soon as possible.

If you think you need to see a doctor before PHC calls you, you should go to the doctor or hospital at that time.

Filling out this form is voluntary. We will not deny your care because of how you respond.

If you have questions, please call PHC at: **(800) 809-1350** Monday through Friday, between 8 a.m. – 5 p.m.
TDD/TTY users should dial: (800) 735-2929

Please return this completed form in the (yellow) envelope
To: Partnership HealthPlan of California
4665 Business Center Drive
Fairfield, CA 94534

Name of Partnership CCS Member: _____

Date of Birth: _____ **Medi-Cal ID Number:** _____

1. Who is answering the questions on this survey?
   ☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Self
   ☐ Other Family Member: _____ ☐ Other: _____

2. What is your preferred language?
   ☐ English ☐ Spanish ☐ Tagalog ☐ Russian ☐ Other: _____

3. Does your child have difficulty with any of the following? (Choose **N/A** if you would not expect other children of this age to be able to do this on his/her own)

Taking care of him/herself, such as:			
Feeding him/herself (feeding)	☐ Yes	☐ No	☐N/A
Taking a bath or shower (bathing)	☐ Yes	☐ No	☐N/A
Getting dressed (dressing)	☐ Yes	☐ No	☐N/A
Going to the toilet (toileting)	☐ Yes	☐ No	☐N/A
Making it to the toilet on time/without an "accident" (continence)	☐ Yes	☐ No	☐N/A
Being active, like:			
Walking (mobility)	☐ Yes	☐ No	☐N/A
Getting out of a bed or a chair (transferring)	☐ Yes	☐ No	☐N/A
Going up or down stairs	☐ Yes	☐ No	☐N/A
Showing independence by:			
Going out to visit family or friends	☐ Yes	☐ No	☐N/A
Going to school or work	☐ Yes	☐ No	☐N/A
Making doctor or dentist appointments	☐ Yes	☐ No	☐N/A
Using the phone, tablet, or computer	☐ Yes	☐ No	☐N/A
Other _____	☐ Yes	☐ No	☐N/A

4. Does your child get services or care from a Regional Center that provides care for people with developmental disabilities? ☐ Yes ☐ No ☐ Not sure
   What is the name of the center where you go?_____

5. Does your child receive any of the following services? (Check all that apply)
   - ☐ Speech Therapy
     Where is this received? ☐ Home ☐ School ☐ MTP/MTU
     ☐ Other _____
   - ☐ Physical Therapy
     Where is this received? ☐ Home ☐ School ☐ MTP/MTU
     ☐ Other _____
   - ☐ Occupational Therapy
     Where is this received? ☐ Home ☐ School ☐ MTP/MTU
     ☐ Other _____
   - ☐ Respiratory Therapy
     Where is this received? ☐ Home ☐ School
     ☐ Other _____
   - ☐ Nursing Services
     Where is this received? ☐ Home School Hours/days per week?_____
     ☐ Other _____
   - ☐ Mental or Behavioral Therapy
     Where is this received? ☐ Home ☐ School
     ☐ Other _____
   - ☐ Individualized Education Plan (IEP) or 504 Plan or other learning support?
     Which one(s)? ☐ IEP ☐ 504
     ☐ School Name _____
   - ☐ Other supportive services (Respite Care, Palliative Care, etc.)
     Please explain _____
     Where is this received? ☐ Home ☐ School
     ☐ Other_____

6. In general, would you say that your child's health is
   ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

7. Does your child have any allergies?
   - ☐ Food(s) (please specify) _____
   - Environmental (seasonal, dust, pollution, etc.)
     (please specify) _____
   - ☐ Medication(s) (please specify) _____
   - ☐ No Known Allergies

8. Does your child use medical equipment (DME) or supplies that were ordered for your child's specific needs?
   - ☐ Yes (check all that apply)
     - ☐ Glasses
     - ☐ Hearing Aids
     - ☐ Cochlear Implant
     - ☐ Wheelchair
     - ☐ Brace
     - ☐ Orthotics
     - ☐ Walker
     - ☐ Car Seat

- ☐ Bed
- ☐ Ventilator/breathing machine
- ☐ Oxygen
- ☐ Percussion Vest
- ☐ Insulin Pump/CGM
- ☐ IV pump/Infusion device
- ☐ Feeding pump/GT/JT/GJT
- ☐ Other (please specify) _____

Who ordered it? _____

Date of last order _____

Who was the vendor? _____

Vendor Phone:_____

9. What is your child's current:
   Height _____ Weight _____

10. Has your child ever had surgery?
    ☐ Yes ☐ No ☐ Don't Know

Please list each surgery	**Date or Year**
☐ More than can fit here	

11. Has your child been to the emergency room (ER) in the last 6 months?
    ☐ Yes ☐ No ☐ Don't Know
    i. How many times?_____
    ii. When?_____

12. Has your child been in the hospital overnight in the last 6 months?
☐ Yes ☐ No ☐ Don't Know
i. How many times?_____
ii. When?_____

13. What medications does your child take? Please include prescriptions, over-the-counter medications, vitamins, herbal supplements and other remedies. **Start with the medications your child is taking now, and then add medications your child has taken in the past**.

Medication/Vitamin/Supplement Name	**Current**	**Past**
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
☐ More than can fit here	☐	☐

14. Have you ever been told by a medical professional you that your child has any of the following problems? For each problem, check whether it is a problem now or was a problem in the past.

	Current	**Past**
Asthma	☐	☐
Cystic Fibrosis	☐	☐
Ventilator Dependent	☐	☐
Other Lung Conditions	☐	☐
What is/are the conditions(s)?	☐	☐
_____		
Congenital Heart Disease	☐	☐
Heart Murmur	☐	☐

	Current	Past
Other Heart Conditions	☐	☐
What is/are the conditions(s)?	☐	☐
_____		
Para/Quadriplegia	☐	☐
Seizures/Epilepsy	☐	☐
Cerebral Palsy	☐	☐
Other Neurological Conditions	☐	☐
What is/are the conditions(s)?	☐	☐
_____		
Muscular Dystrophy	☐	☐
Broken bone(s)	☐	☐
Scoliosis	☐	☐
Other bone or muscle disorders	☐	☐
What is/are the conditions(s)?	☐	☐
_____		
Ostomy/G-tube/Colostomy/Urostomy	☐	☐
Crohn's Disease/Ulcerative Colitis	☐	☐
Celiac Disease	☐	☐
Other GI/stomach/digestion conditions	☐	☐
What is/are the conditions(s)?	☐	☐
_____		
Sickle Cell Anemia	☐	☐
Hemophilia	☐	☐
Other Blood Conditions	☐	☐
What is/are the conditions(s)?	☐	☐
_____		
Diabetes	☐	☐
Immune Disorder	☐	☐
What is/are the conditions(s)?	☐	☐
_____		
Kidney Disease	☐	☐
Is your child on dialysis?	☐	☐
Liver Condition	☐	☐
Genetic Conditions, i.e. Down Syndrome	☐	☐
What is/are the conditions(s)?	☐	☐
_____		
Growth / Developmental Delays	☐	☐
Birth Defects	☐	☐
What is/are the conditions(s)?	☐	☐
_____		
Underweight / Failure to Thrive	☐	☐
Hearing Problems	☐	☐

	Current	Past
Vision Problems	☐	☐
Speech Problems	☐	☐
Migraines / Headaches	☐	☐
Poisoning	☐	☐
Other	☐	☐
What is/are the conditions(s)?	☐	☐
	☐	☐

_____

15. Does your child need a specialist to provide care for any of these conditions?
    - ☐ Yes
        - ☐ Which condition(s) _____
    - ☐ No – my child already has provider(s) for all his/her needs
        - ☐ Name/Specialty _____
        - ☐ Name/Specialty _____
        - ☐ Name/Specialty _____
    - ☐ No – my child does not need a specialist for his/her condition
16. Who are your child's medical providers?
    - ◊ Primary Care Provider (PCP) in your community
        - ☐ Do not have one
        - ☐ Provider Name: _____
        - ☐ Provider Phone: _____
        - ☐ Last Appointment: Date:_____
        - ☐ Next Appointment: Date:_____
    - ◊ Specialty Care Center
        - ☐ N/A
        - ☐ Facility Name: _____
        - ☐ Facility Phone: _____
        - ☐ Last Appointment: Date:_____
        - ☐ Next Appointment: Date:_____
    - ◊ Regular Dental Care
        - ☐ Do not have one
        - ☐ Provider Name: _____
        - ☐ Provider Phone: _____
        - ☐ Last Appointment: Date:_____
    - ◊ Regular Vision Care
        - ☐ Do not have one
        - ☐ Provider Name: _____
        - ☐ Provider Phone: _____
        - ☐ Last Appointment: Date:_____
    - ◊ Ongoing care from Mental or Behavioral Health Specialist
        - ☐ N/A
        - ☐ Provider Name: _____
        - ☐ Provider Phone: _____
        - ☐ Condition(s) being treated for:

_____

☐ My child does not get regular care from any provider
- ◊ Do you need help choosing a provider for your child?
  ☐ Yes ☐ No ☐ Don't Know

17. Have your child's medical conditions caused him/her to miss activities, work, or school in the past year? If yes, please describe:
_____
_____
_____

18. What is the best time of day (Monday to Friday, 7:30 am to 5:30 pm) to call you to discuss your child's needs in more detail?
_____

Signature of Person
Filling Out the Form: _____ Date Signed:_____

Thank you for your time filling out this form.
CONFIDENTIAL

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="3">Policy/Procedure Number: MPCP2006 (previously CP100206)</td><td colspan="3">Lead Department: Health Services</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Coordination of Services for Members with Special Health Care Needs (MSHCNs) and Persons with Developmental Disabilities</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 06/20/2001</td><td colspan="4">Next Review Date: ~~11/13/2020~~ 09/09/2021
Last Review Date: ~~11/13/2019~~ 09/09/2020</td></tr>
<tr><td>Applies to:</td><td colspan="2">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td>☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td>☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: ~~11/13/2019~~ 09/09/2020</td></tr>
</table>

I. RELATED POLICIES:

A. MCCP2024 – Whole Child Model for California Children's Services
B. MCQG1015 – Pediatric Preventive Health Guidelines
C. MPUP3126 – Behavioral Health Treatment (BHT) for Members Under the Age of 21
D. MCCP2019 – Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children's Services
E. MCUP3039 – Special Case Managed Members
F. MCCP2022 – Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services
D. Provider Relations

III. DEFINITIONS:

Members with Special Health Care Needs (MSHCNs) are those who have, or are at increased risk for, chronic physical, developmental, behavioral or emotional conditions.

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To outline a process for the identification, assessment, case management and coordination of care for Members with Special Health Care Needs (MSHCNs) and Persons with Developmental Disabilities that encourages access to specialties, sub specialties, ancillary providers, and community resources.

VI. POLICY / PROCEDURE:

Partnership HealthPlan of California (PHC) has a process for the identification, assessment, case management and coordination of care for MSHCNs and Persons with Developmental Disabilities. PHC encourages timely access to specialties, sub specialties, ancillary providers, and community resources. The effectiveness of PHC's processes in serving MSHCNs is monitored on an annual basis to ensure best practices and identify opportunities for improvement. This quality review may be accomplished by utilizing Healthcare Effectiveness Data Information Set (HEDIS) measures, member satisfaction surveys, member grievances, input from community agencies, and data-driven measures that analyze clinical trends, access to

care and specific utilization questions.

A. Identification
   1. PHC identifies MSHCNs in multiple ways including, but not limited to, the following:
      a. Primary Care Providers (PCP) may identify children with special needs, including California Children's Services (CCS) eligible conditions, and facilitate timely referrals to appropriate services/agencies.
      b. PHC Health Services staff screen Treatment Authorization Requests (TARs) routinely to assess and identify members with potential special needs/conditions; collaborating when necessary with providers, PHC Case Managers, CCS, and/or other community agencies to ensure members are connected and referred appropriately.
      c. Nurse Coordinators review all hospitalizations concurrently for early interventional opportunities.
      d. Health Services Care Coordination staff respond to requests from providers, families, and other agencies for case coordination assistance, and/or other intended departments.
      e. PHC downloads the list of Regional Center enrollees from the California Department of Health Care Services (DHCS) monthly.
      f. Risk stratification reports include protocols for both adult and pediatric members whereby PHC's membership is screened monthly for emergence of new conditions that may qualify for these benefits.
   2. Assessment
      Primary Care Providers (PCPs) are trained by PHC's Provider Relations Department for the identification of MSHCN when they contract with PHC. Our review concerns the following assessment:
      a. A History & Physical (H&P) is completed within 120 calendar days of the member's effective date of enrollment into the HealthPlan, or documented within the 12 months prior to the plan enrollment. The H&P will assess and diagnose acute and chronic conditions.
      b. Health assessments containing Child Health and Disability Program (CHDP) age-appropriate content requirements are provided according to the most recent American Academy of Pediatrics (AAP) periodicity schedule for pediatric preventive health care. Assessments and identified problems are documented in the progress notes. Follow-up care or referral is provided for identified physical health problems as appropriate.
   3. Direct Access to Specialists
      PHC allows certain populations of MSHCNs to be placed in a special member category, which allows direct access to care without requiring a referral from a primary care provider. These include, but are not limited to, clients of CCS, youth in Foster Care and members in the Genetically Handicapped Persons Program (GHPP).

B. Case Management and Care Coordination
   PHC coordinates care with other agencies that provide services for MSHCNs:
   1. California Children Services (CCS) Birth to age 21 years
   2. PHC members who have a CCS eligible condition participate in the Whole Child Model. As part of this model, PHC provides the case management and utilization management services for these members. For more information, please see policy MCCP2024 Whole Child Model for California Children's Services (CCS).
   3. High Risk Infant Follow-Up (HRIF) Services – Birth to age 3 years. In accordance with APL 18-023: California Children's Services Whole Child Model Program (12/23/2018), PHC is responsible for determining HRIF program eligibility, coordinating and authorizing HRIF services for members, and ensuring the provision of HRIF case management services.

a. Members who are identified through the HRIF program as potentially eligible for CCS benefits will be directed to county CCS eligibility programs for CCS eligibility determination.

4. Early Intervention (EI) Services - Birth to age 3 years
   a. The PHC provider network has primary responsibility for the identification of children less than 3 years of age who may be eligible to receive services from the Early Start Program and to make the referral to the Regional Center, which coordinates those services. These include children where a developmental delay in either cognitive, communication, social, emotional, adaptive, physical or motor development is suspected, or whose early health history places them at risk for delay.
   b. PHC Health Services (HS) staff assist in identifying and referring children who may qualify for the Early Start Program.
   c. PHC Health Services (HS) staff collaborate with providers, Regional Center(s), and/ or the Early Start Program in resolving problems, determining medically necessary services including diagnostic and preventive services and provide input to be considered in the treatment plans for members participating in the Early Start Program. Children under age 21 who may benefit from Behavioral Health Treatment (BHT) services can be referred for screening and services. BHT services must be determined to be medically necessary to correct or ameliorate any physical or behavioral conditions and based on medical necessity. Please see PHC policy MPUP3126 Behavioral Health Treatment for Members Under the Age of 21 for details.
   d. PHC's Care Coordination Department and primary care providers provide case management and care coordination to the member to ensure the provision of all medically necessary covered diagnostic, preventive and treatment services that are identified in the Individual Family Service Plan developed by the Early Start Program.
5. Services for Persons with Developmental Disabilities
   a. PHC provides all screening, preventive, medically necessary, and therapeutic covered Medi-Cal services to Members with developmental disabilities. Children under 21 may be eligible for behavioral health treatment (BHT) services. Please see PHC policy MPUP3126 Behavioral Health Treatment (BHT) for Members Under the Age of 21 for details.
   b. PHC members who are also clients of a Regional Center are advised to contact the Regional Center for evaluation and access to non-Medi-Cal services provided through the Regional Centers including, but not limited to, respite, day care, out-of-home placement vocational training, financial management and supportive living.
   c. PHC members who are not clients of a Regional Center but who may meet their eligibility criteria for developmental disability are advised to contact the Regional Center for assessment and evaluation. PHC is not able to make a direct referral to a Regional Center without written consent of the member or legal representative.
   d. Upon request to PHC by the member, Regional Center staff or other entities, PHC Health Services (HS) staff will assist with identification and coordination of appropriate services for the member.
6. Local Education Agency Services (LEA)
   a. PHC has the primary responsibility to provide all carved-in medically necessary services that exceed the amount provided by the Local Education Agency (LEA), Regional Centers or local government health programs. However, these entities must continue to meet their own requirements regarding provision of services.
   b. PHC assures a PCP is available to provide primary care management and care coordination to the member to ensure the provision of all medically necessary Medi-Cal covered diagnostic, preventive and treatment services. PHC encourages the member's PCP to collaborate and share pertinent medical and treatment information with the LEA to assist in the development of the Individual Education Plan (IEP) or Individual Family Service Plan (IFSP). For more

information, see PHC policy MCCP2022 – Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services.

c. LEA assessment services are services provided by the LEA as specified in Title 22 CCR Section 51360(b) and are provided to students who qualify based on Title 22 CCR Section 51190.1 and are provided pursuant to an IEP as set forth in Education Code, Section 56340 et seq. or an ISFP as set forth in Government Code, Section 95020.

7. School Linked Children's Health and Disability Prevention (CHDP) Services.
PHC does not currently have a school linked CHDP program in its county service area. If a school linked CHDP program site establishes within its county service area, PHC will do the following:
   a. Maintain a "medical home" and ensure the overall coordination of care and case management of members who obtain CHDP services through the local school districts or school sites.
   b. Establish guidelines for the following:
      1) Sharing of critical medical information
      2) Coordination of services
      3) Reporting requirements
      4) Quality standards
      5) Processes to ensure services are not duplicated
      6) Processes for notification to Member/student /parent on where to receive initial and follow-up services
      7) Referral protocols/guidelines for the school sites which conduct CHDP screening only, to assure those Members who are identified at the school site as being in need of CHDP services receive those services within the required state and federal time frames
      8) Assure processes for appropriate follow-up and documentation of services provided to the member
      9) Provide resources to support the provision of school linked CHDP services

VII. REFERENCES:

A. Department of Health Care Services (DHCS) Contract 2009 Section A11.7-11.11
B. Title 22, California Code of Regulations (CCR) Sections 51360(b) and 51190.1
C. DHCS All Plan Letter (APL) 18-006 Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21 (03/02/2018)
D. DHCS APL 18-023: California Children's Services Whole Child Model Program (12/23/2018)
E. DHCS APL 19-010: Requirements for Coverage of Early and Periodic Screening, Diagnostic and Treatment Services for Medi-Cal Members Under the Age of 21 (08/14/2019)
F. National Committee for Quality Assurance (NCQA) Health Plan Standards 2020. Population Health Management 5 Complex Case Management
G. DHCS High Risk Infant Follow Up https://www.dhcs.ca.gov/services/ccs/pages/hrif.aspx

VIII. DISTRIBUTION:

A. PHC Department Directors
B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Health Services

X. REVISION DATES:

Medi-Cal
08/20/03; 04/20/05; 01/16/08; 05/19/10; 10/01/10; 09/19/12; 10/15/14; 09/16/15; 09/21/16; 09/20/17; *06/13/18; 11/14/18; 03/13/19; 11/13/19; 09/09/20

Policy/Procedure Number: MPCP2006 (previously CP100206)		**Lead Department: Health Services**
Policy/Procedure Title: Coordination of Services for Members with Special Health Care Needs (MSHCNs) and Persons with Developmental Disabilities		☒**External Policy** ☐**Internal Policy**
Original Date: 06/20/2001	**Next Review Date:** ~~11/13/2020~~09/09/2021 **Last Review Date:** ~~11/13/2019~~09/09/2020	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:
Healthy Kids MPCP2006 (Healthy Kids program ended 12/01/2016)
01/16/08; 05/19/10; 10/01/10; 09/19/12; 10/15/14; 09/16/15; 09/21/16 to 12/01/16
Healthy Families:
MPCP2006 - 10/01/2010 to 03/01/2013

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="3">Policy/Procedure Number: MCUP3012 (previously UP100312)</td><td colspan="3">Lead Department: Health Services</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Discharge Planning (Non-capitated Members)</td><td colspan="3">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 05/27/1999</td><td colspan="4">Next Review Date: ~~09/11/2020~~09/09/2021
Last Review Date: ~~09/11/2019~~09/09/2020</td></tr>
<tr><td>Applies to:</td><td colspan="2">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td>☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td>☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: ~~09/11/2019~~09/09/2020</td></tr>
</table>

I. RELATED POLICIES:

A. MCUP3020 - Hospice Services Guidelines
B. MCUG3038 ~~--~~ Review Guidelines for Member Placement in Long Term Care (LTC) Facilities~~y Review Guidelines~~
C. MCCP2019 - Identification and Care Coordination for Seniors and Persons with Disabilities
D. MCUG3024 - Inpatient Utilization Management
E. MCCP2024 ~~--~~ Whole Child Model for California Children's Services (CCS)
F. MCUG3011 – Criteria for Home Health Services
~~E.~~G. MCCP2031 - Private Duty Nursing under EPSDT

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services

III. DEFINITIONS:

Discharge Planning is the coordinated process that evaluates a patient's needs and ensures that each patient has an individualized plan for continuing care, follow-up and/or rehabilitation. It can also be defined as planning for the appropriate continuing care of the patient upon discharge from an acute care facility.

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To define the process for Discharge Planning. Discharge Planning is part of admission certification and an integral part of daily inpatient utilization management.

VI. POLICY / PROCEDURE:

A. OBJECTIVES OF DISCHARGE PLANNING
   1. To identify prior to or on admission, "high risk" patients with medical, surgical, or psychosocial problems which have potential for increased lengths of stay or possible readmission. Examples of "high risk" patients include Seniors and Persons with Disabilities, children in the California Children's Services (CCS) program, or other populations as identified by Partnership HealthPlan of California (PHC).
   2. To coordinate post discharge needs and alternative care
   3. To ensure continuity of care throughout inpatient confinement and following discharge

4. To ensure appropriate utilization of inpatient facilities and services
5. To prevent iatrogenic complications that may require hospital readmission
6. To reduce length of stay by preventing unnecessary inpatient days

B. PROCESS
1. Assessment
   a. Discharge planning begins **prior** to admission by assessing the following areas:
      1) The patient's living arrangements prior to hospitalization
      2) The expected living arrangements post-discharge
      3) Any significant others who would be available to provide assistance at home
      4) The assessment of patient/family psychosocial status
      5) Family, support group status
      6) The patient's socio-economic status
      7) Available community resources and the estimated cost and benefits
      8) The patient's ability to perform activities of daily living
      9) Special nursing procedures, medication administration, other special ancillary care services required
   b. Determination of the need for discharge planning is also determined through use of goal-based criteria. Discharge planning should be considered for all patients admitted to an acute care facility.
   c. The need of all patients for discharge planning should be identified and should commence at the time of admission.
2. Ongoing Assessment
   a. Throughout the patient's confinement, the Nurse Coordinator, facility discharge planner, and/or social worker assess the following:
      1) The patient/family psychosocial, and emotional status
      2) Any change in the patient's physical status that may affect post-discharge well-being (i.e., physical progress or deterioration, new diagnosis, disease or procedure)
   b. Once the alternate care setting has been selected and transfer has taken place, a request is made to the agency or provider for a written progress report when necessary.
3. Identification of Alternate Medical Services
   a. Home health care, pediatric day nursing care, hospice, or a skilled nursing facility is for patients who may require intermittent professional nursing care outside the acute care facility. See Partnership HealthPlan of California's (PHC's) policies MCUG3011 Criteria for Home Health Services, MCCP2031 Private Duty Nursing under EPSDT, MCUP3020 Hospice Services Guidelines and MCUG3038 Review Guidelines for Member Placement in Long Term Care Facilitiesy ~~Review Guidelines~~ for authorization of these services.
4. Attending physician or hospital discharge planner must notify the Nurse Coordinator prior to patient discharge for precertification of that service as part of a patient's discharge plan.
5. An alternate notification process is for the service provider to call and request precertification of services for the patient being discharged.

VII. REFERENCES:
A. Centers for Medicare & Medicaid Services (CMS) Standards
B. Medi-Cal Guidelines

VIII. DISTRIBUTION:
A. PHC Department Directors
B. PHC Provider Manual

Policy/Procedure Number: MCUP3012 (previously UP100312)		**Lead Department: Health Services**
Policy/Procedure Title: Discharge Planning (Non-capitated Members)		☒ **External Policy** ☐ **Internal Policy**
Original Date: 05/27/1999	**Next Review Date: 09/11/202009/09/2021** **Last Review Date: 09/11/201909/09/2020**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Health Services

X. REVISION DATES: 05/05/00; 05/16/01; 05/15/02; 10/20/04; 10/19/05; 10/17/07; 10/15/08; 11/18/09; 05/18/11; 10/15/14; 01/20/16; 08/17/16; 08/16/17; *09/12/18; 09/11/19; 09/09/20

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: N/A

****

In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

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PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: MCUP3013 (previously UP100313)</td><td colspan="2">Lead Department: Health Services</td></tr>
<tr><td colspan="4">Policy/Procedure Title: DME Authorization</td><td colspan="2">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 04/25/1994</td><td colspan="3">Next Review Date: ~~05/13/2021~~09/09/2021
Last Review Date: ~~05/13/2020~~09/09/2020</td></tr>
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I. RELATED POLICIES:

A. MCUP3041 – TAR Review Process
B. MCUP3124 – Referral to Specialists (RAF) Policy
C. MCUP3133 – Wheelchair Mobility, Seating and Positional Components
D. MCUG3134 – Hospital Bed/ Specialty Mattress Guidelines

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services

III. DEFINITIONS:

A. DME – Durable Medical Equipment
B. TAR – Treatment Authorization Request
C. RAF – Referral Authorization Request
D. MTU – Medical Therapy Unit - Outpatient clinics located in designated public schools where Medical Therapy Program (MTP) services are provided.
E. MTP – Medical Therapy Program – A special program within California Children's Services (CCS) that provides physical therapy (PT), occupational therapy (OT) and medical therapy conference (MTC) services for children who have disabling conditions, generally due to neurological or musculoskeletal disorders. Services are provided at Medical Therapy Units (MTUs).

IV. ATTACHMENTS:

A. DME Rental Only
B. PHC Rent-Special Circumstances-DME
C. Oxygen O_2 Request Verification Form
D. Certificate of Medical Necessity for all Durable Medical Equipment (DME)
E. MTU DME Review Process and Example Form

V. PURPOSE:

To describe the process of authorizing durable medical equipment (DME) for Partnership HealthPlan of California (PHC) members.

VI. POLICY / PROCEDURE:

PHC covers certain durable medical equipment when prescribed by a licensed prescriber. PHC will authorize items of DME in accordance with this policy and PHC's MCUP3124 Referral to Specialists (RAF)

Policy and MCUP3041 TAR Review Process policy, as well as Title 22, Medi-Cal Provider Bulletins and InterQual® Criteria to meet the member's needs for medically necessary equipment. These needs are limited to services or devices necessary to protect life, to prevent significant illness or disability, or to alleviate severe pain. PHC covers durable medical equipment that is the lowest cost to meet the patient's medical needs.

A. When the need for new or modified equipment is identified, the patient's PCP or treating physician must confirm the medical necessity of the DME. A written prescription for rental or purchase must clearly contain the following information:
   1. Full name, address and telephone number of the prescribing provider
   2. Date of prescription (must be current - written within one year of today's date)
   3. Item(s) being prescribed. If multiple or custom items are prescribed, they must be separately specified. Specific billing codes and modifiers MUST be requested.
   4. Medical condition necessitating the particular DME item
   5. Duration of medical necessity stated as precisely as possible (i.e. "3 months" or "permanent")

B. PHC follows the guidelines as set forth in Title 22 Div 3 Sub 1 Chap 3 Article 3 51224.5 that when previously paid rental charges equal the maximum allowable purchase price of the rented item, the item is considered to have been purchased and NO FURTHER reimbursement to the provider shall be made for the beneficiary's use of the item UNLESS repair and maintenance is separately authorized.

C. PHC Health Services Department will refer to Attachment A "DME Rental Only" to determine the list of items that will ONLY be rented, and will refer to Attachment B "DME Limited to Special Circumstances" for a list of items that are authorized for specific categories of members.

D. Modifications of Equipment – If a piece of equipment is provided to a member whose medical condition has not changed since the time the equipment was provided, and the item does not meet the patient's needs when in actual use, then the provider is responsible for adjusting or modifying the equipment as necessary to meet the patient's medical needs.

E. DME for Disabled Parent - DME items may be covered to assist a disabled beneficiary in caring for a child for whom the disabled beneficiary is a parent, stepparent, foster parent, or legal guardian.
   1. The recipient's need for DME items must be reviewed annually by a physician.
   2. DME items cannot include common household items such as strollers, wraps, slings, or soft-structured carriers.
   3. A TAR is required for DME for a disabled parent, stepparent, foster parent, or legal guardian. The following documentation must be submitted with each TAR:
      a. A prescription from the physician for the specific DME item, and
      b. Documentation from the parent's/guardian's physician, nurse practitioner, clinical nurse specialist or physician assistant of the parent's/guardian's medical disability that justifies the need for the DME item.
   4. Claims for DME for a disabled parent, stepparent, foster parent, or legal guardian must be submitted using HCPCS code A9999, ICD-10 code Z73.6 (Limitation of activities due to disability) and modifier SC (medically necessary service/supply).

F. Specific Equipment Requirements
   1. Portable ramps are a covered benefit under PHC. Prior authorization is required.
      a. Portable ramps are those that meet the following conditions:
         1) Foldable or collapsible
         2) Not attached
         3) Suitcase types, which can be easily and readily carried and transported by the recipient for use in multiple locations.
      b. Ramps are not considered portable when they are fixed or modular or in any way attached. Non-portable ramps are not a Medi-Cal benefit.

c. Criteria for authorization are as follows:
   1) The member utilizes a manual or power wheelchair for home and/or community access (see policy MCUP3133 Wheelchair Mobility, Seating and Positional Components).
   2) Access to variable height surfaces at home, to a vehicle, and in the community is needed.
   3) The weight of the member and wheelchair does not exceed the manufacturer's recommended weight limit for the ramp.
   4) Caretaker / member must demonstrate the ability to safely use the ramp.
   5) Based on the member's needs, the portable ramp is safer and more efficacious than permanent structural modifications to the member's residence.
      a) PHC reimburses for a maximum of one vehicle ramp and one home access ramp. If the ramp is needed for employment, the benefit is to be provided through the Department of Rehabilitation.

d. If the Treatment Authorization Request (TAR) includes all information required, the request is reviewed by a PHC Nurse Coordinator (and the Chief Medical Officer or physician designee if needed.) If the medical necessity of the request is uncertain or questionable, all information is sent to an independent consultant with expertise in the area of the equipment requested. The consultant evaluates all information and may schedule an appointment with the member, perform an independent evaluation of the request and submit a report to PHC with recommendations as to the medical appropriateness of the request.

2. Knee Scooters require a TAR and may be billed with code E0118 under the following guidelines:
   a. Knee scooters may be billed when a member is expected to be non-weight bearing for 3 weeks or longer and one of the following criteria are met:
      1) Member has fracture, dislocation, tendon rupture or surgery which requires absolute non-weight bearing to maximize chances for optimal healing and recovery. The member is unable to utilize crutches effectively, or is unable to perform tasks of daily living with crutches.
      2) Member has an ulcer or infection which requires absolute non-weight bearing to maximize chances for optimal healing and recovery. This patient is unable to utilize crutches effectively, or is unable to perform tasks of daily living with crutches.
      3) Member has a neurologic or musculoskeletal condition which makes him/her unable to effectively or safely bear weight on one foot. The knee scooter will greatly increase this person's ability to function independently.
   b. Wheelchairs will not be authorized in conjunction with knee scooters.
   c. The resale of the knee scooter is prohibited. PHC recommends the equipment be donated to a charitable organization when no longer in use.
3. Augmentative and Alternative Communication Devices – PHC considers authorization for Augmentative and Alternative Communication (AAC) Devices as a benefit for eligible members with speech, language and hearing disorders if the following conditions have been met:
   a. The request must be accompanied by an assessment acceptable to PHC, conducted by a licensed speech and language pathologist.
   b. Additional assessments will be considered from other appropriately licensed providers, such as physical or occupational therapists, if the member has physical limitations which could impact his/her ability to use the AAC device.
   c. A signed prescription from the member's physician must accompany the request.
   d. The PHC Chief Medical Officer or physician designee will apply current Medi-Cal criteria when making a determination.
4. Defibrillator Vests – PHC reviews authorization requests for defibrillator vests on a case-by-case basis based on InterQual® criteria.

5. Home Oxygen Therapy – PHC reviews authorization requests for home oxygen therapy based on the criteria as stated in Attachment C of this policy – "Oxygen (O_2) Request Verification Form." Please submit form with TAR.
6. Ventilators – PHC reviews authorization requests for non-invasive ventilators on a case-by-case basis based on InterQual criteria. Initial TARs are approved for 3 months rental. Reauthorizations can be approved in up to 12 month increments. Authorization requests for invasive ventilators are reviewed on a case by case basis based on Medi-Cal criteria.
7. Tumor Treating Field Devices – PHC reviews authorization requests for tumor treating field devices (electrical stimulation devices used for cancer treatment) on a case-by-case basis based on Medi-Cal criteria. Initial TARs are approved for 3 months rental. Re-authorization may be granted when all of the following criteria are met:
   a. An MRI scan has been performed not more than 2 months prior to date of renewal request and documents no evidence of disease progression, and
   b. The Karnofsky Performance Status score is 60 or higher, and
   c. The patient has been wearing the device at least 18 hours daily.
8. Pediatric Adaptive Equipment – Requests for pediatric adaptive equipment (e.g. specialty strollers, adaptive car seats, floor sitters/activity chairs, stair climbers, etc.) will be reviewed on a case by case basis using criteria described in CCS Numbered Letter (N.L.) 09-0703 Revised CCS Guidelines for Recommendation and Authorization of Rental or Purchase of Durable Medical Equipment-Rehabilitation (DME-R) *08/08/2003*. For members enrolled in the Medical Therapy Program, medical appropriateness of devices and/or equipment will be determined and recommended by the Medical Therapy Unit providing services. The MTU must submit a TAR with an MTU DME form and all required information as per the process described in Attachment E - MTU DME Review Process and Example Form.

G. Reauthorization
   1. All authorizations which may recur are subject to the following requirements:
      a. Assessment and demonstration of continued need for treatment/service
      b. Reevaluation of plan of treatment, appropriateness of level care and physician orders
      c. ~~Determination~~ Documentation of patient compliance with treatment/service

H. Non Covered Items - The following DME items are not included as Medi-Cal or PHC benefits:
   1. Books or other items of a primarily educational nature
   2. Air conditioners/air filters or heaters
   3. Food blenders
   4. Reading lamps or other lighting equipment
   5. Bicycles, tricycles or other exercise equipment
   6. Television sets
   7. Orthopedic mattresses, recliners, recliners with lift system, rockers, seat lift chairs or other furniture items
   8. Waterbeds
   9. Household items
   10. Modifications of automobile or other highway motor vehicles
   11. Other items not used primarily for health care and which are regularly and primarily used by persons who do not have a specific medical need for them

I. Monitoring of DME Authorizations
   1. A periodic random sample of authorization requests for DME may be audited by the UM staff or Chief Medical Officer or physician designee for appropriateness and accuracy. Medical record audits may also include survey for proper use and documentation of DME.

Policy/Procedure Number: MCUP3013 (previously UP100313)		**Lead Department: Health Services**
Policy/Procedure Title: DME Authorization		☒ **External Policy** ☐ **Internal Policy**
Original Date: 04/25/1994	**Next Review Date: 05/13/202109/09/2021** **Last Review Date: 05/13/202009/09/2020**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

VII. REFERENCES:

A. DHCS MCOD Standard Operating Procedures Manual
B. DHCS All Plan Letter 15-018 dated July 9, 2015
C. DHCS Operating Instruction Letter (OIL) 122-04
D. DHCS Operating Instruction Letter (OIL) 156-18
E. Title 22 California Code of Regulations (CCR)
F. InterQual Criteria®
G. Medi-Cal Guidelines
H. CCS Numbered Letter (N.L.) 09-0703 Revised CCS Guidelines for Recommendation and Authorization of Rental or Purchase of Durable Medical Equipment-Rehabilitation (DME-R) (08/08/2003)

VIII. DISTRIBUTION:

A. PHC Department Directors
B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Health Services

X. REVISION DATES: 03/23/95; 10/10/97 (name change only); 02/09/00; 05/17/00; 09/19/01; 09/18/02; 10/15/03; 02/18/04; 10/20/04; 10/19/05; 08/16/06; 04/16/08; 07/15/09; 07/21/10; 06/20/12; 02/18/15; 02/17/16; 02/15/17; *03/14/18; 09/12/18; 04/10/19; 05/13/20; 09/09/20

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: N/A

****

In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.

DME RENTAL ONLY

Decubitus Care Equipment

E0193	Powered air flotation bed (low air loss therapy)
E0194	Air fluidized bed
E0277	Powered pressure-reducing air mattress

Infusion Equipment and Supplies

K0455	Infusion pump used for uninterrupted parenteral admin of medications

Oxygen and Related Equipment

E0431	Portable Gas Oxygen
E0442	Portable liquid oxygen system; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adapter.
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)
E0471	Respiratory assist device, bi-level pressure capability, with back-up feature, used with noninvasive interface (intermittent assist device with continuous positive airway pressure device
E0472	Respiratory assist device, bi-level pressure capability, with back-up feature, used with invasive interface (intermittent assist device with continuous positive airway pressure device)
E0483	High frequency chest wall oscillation air-pulse generator system
E0618/19	Apnea Monitor
E1390	Oxygen concentrator, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate (includes accessories and set up)

Hospital Beds

E0297	Hospital bed, total electric (head, foot and height adjustment)

Miscellaneous

E0604	Breast Pump, heavy duty, hospital grade
E2402	Negative pressure wound therapy electrical pump, stationary or portable
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type

PARTNERSHIP HEALTHPLAN of CALIFORNIA

DME LIMITED TO SPECIAL CIRCUMSTANCES

Restricted to Mastectomy patients ONLY

Pneumatic Compressors and Appliances

E0650	Pneumatic Compressors, non-segmental home model
E0652	Pneumatic Compressors segmental home model with calibrated gradient pressure
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm

Limited to recipients OVER age 12

Cervical Traction Device

E0840	Traction frame, attached to headboard, cervical traction
E0850	Traction stand, free standing, cervical traction

Limited to CCS ONLY

A0606	Oximeter replacement probe
~~E0445~~	~~Pulse oximeter~~
E0463	Pressure Support Ventilator invasive
E0464	Pressure Support Ventilator non-invasive interface
E0481	Intrapulmonary percussive ventilation system
E0482	Cough stimulating device
E0635	Electric patient lift
E0639	Movable patient lift
E0640	Fixed patient lift

Limited to Recipients Who Are Disabled Parents, Stepparents, Foster Parents, or Legal Guardians

Please see section VI.~~G~~ E of this policy MCUP3013 DME Authorization

Items Requiring Initial Rental Prior to PHC's Consideration for Purchase

Hospital Beds
Manual Wheelchairs

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Oxygen ($O_{2)}$ REQUEST VERIFICATION FORM

Please attach patient reports verifying this information. The oxygen saturation testing time must be at least 20 minutes with documentation of activity level and/or sleep during the exam.

Member Name: _____ PHC ID Number:_____

Date of Birth: _____ Physician: _____

1. What is the diagnosis for which the Oxygen is requested? _____

2. Is the O_2 request

Continuous use? _____

Supplemental use with activity? _____

Nocturnal use? _____

	YES	NO
3. For Continuous Requests:		
Is the Oxygen Saturation <89% at rest? (*Testing must show that this is the usual resting saturation for the patient*.)	____	____
4. For Supplemental Requests:		
Is the Oxygen Saturation <89% during the 6-minute walk test? (*Testing must show that the patient has an Oxygen Saturation over 89% at rest that drops to under this value with exercise*.)	____	____
5. For Nocturnal Requests:		
Is Oxygen Saturation >89% while awake?	____	____
Is Oxygen Saturation <89% for at least 5 minutes during sleep?	____	____

(*Testing must show that during sleep there is at least one continuous period of Oxygen Saturation <89% for at least 5 minutes. Cases where there are frequent drops of Oxygen Saturation to <89% but not in a continuous 5 minute period will be reviewed individually*.)

I have reviewed and concur with this information._____

Requesting Physician Signature/Please Also Print Name

State of California - Health and Human Services Agency

Department of Health Care Services

CERTIFICATE OF MEDICAL NECESSITY FOR ALL DURABLE MEDICAL EQUIPMENT (DME)

(EXCEPT WHEELCHAIRS AND SCOOTERS)

The provider must complete all applicable areas not completed by the clinician or therapist.

Dear Clinician/DME Provider: Cooperation in completing this form will ensure that the beneficiary receives full Medi-Cal consideration regarding the request for Durable Medical Equipment. Medi-Cal reimbursement is based on the least expensive medically appropriate equipment that meets the patient's medical need.

Incomplete information will result in a deferral, denial or delay in payment of the claim.

REQUIRES THE ATTENDING CLINICIAN TO COMPLETE AND SIGN

SECTION 1—Clinician's Information:

Clinician Name *(Print)* Last	First	Phone Number ( )	License Number

Address Street	City	State	ZIP

Clinician's description of the patient's current functional status and need for the requested equipment: _____

SECTION 2—Patient's Information: New Rx *(For Rx Renewal, please also complete 2A below)*

Patient Name *(Print)* Last	First	Phone Number ( )	Date of Birth mm / dd / yy	Medi-Cal Number

Address Street	City	State	ZIP

Date of last face-to-face visit with the beneficiary: _____

Is this beneficiary expected to be institutionalized within the next 10 months? Yes ❒ No ❒ Explain "Yes" answer: _____

Equipment required for:

❒ Less than 10 months *(code the TAR for a rental)*

❒ More than 10 months *(code the TAR for a purchase)*

SECTION 2A—For Renewal:

Verification of continued medical necessity and continued usage by the beneficiary must be done at each TAR renewal.

SECTION 3—Equipment Requested:

a) _____

b) STANDARD: _____ BARIATRIC: _____

c) Replacing existing equiment? Yes ❒ No ❒ If yes, explain why: _____

d) Attach repair estimate if replacement with similar equipment is requested.

e) Other DME the beneficiary has: _____

f) How many hours per day of usage? _____

g) Accessories requested and why: _____

h) Custom features requested and why: _____

i) Other equipment currently in the home: Cane ❒ Walker ❒ Crutches ❒ Prosthesis ❒ Manual Wheelchair ❒ Power Wheelchair ❒ Hospital Bed ❒ Oxygen ❒ POV (scooter) ❒ Other: _____

j) Patient currently using the following equipment: _____

k) When/How often: _____

l) State specific reason for accessories requested: _____

SECTION 4—Diagnosis Information

Diagnoses: _____ Date of onset: _____

Prognosis: _____

SECTION 5—Pertinent History:

_____

_____

SECTION 6—Functional Status:

Beneficiary's height: _____ Beneficiary's weight: _____

a) Ambulation: Independent ❒ Walker/Cane ❒ Assisted ❒ Unassisted ❒ Unable ❒ Bed confined ❒
Recent fall(s) ❒ Dizziness/Vertigo ❒ Incoordination ❒ Ataxia ❒ Severe shortness of breath ❒

b) Transfer: Self ❒ Self, but with great dificulty ❒ Self with a transfer device ❒
Stand by assistant ❒ With assistance ❒ Mechanical or person lift ❒

c) Pertinent physical findings: Edema (location):
Pressure sore(s), state and location: Amputee ❒ Cast ❒ Ataxia ❒

Paralysis/weakness (location): _____ Sitting Posture/Deformity: _____

Cognitive status: _____ Vision: Impaired ❒ Normal ❒

Contractures:

SECTION 7—Living Environment:

House/condominium ❒ Apartment ❒ Stairs ❒ Elevator ❒ Ramp ❒ Hills ❒ SNF ❒ ICF/DD ❒ B&C ❒

Other: _____

Living Assistance: Lives alone ❒ With other person(s) ❒ Alone most of the day ❒ Alone at night ❒

Attendant care: Live in attendant ❒ or _____ Hours/day Homemaker ❒ Hours _____

Transportation:

SECTION 8—Hospital Bed:

Document that this beneficiary requires positioning not feasible in an ordinary bed: _____

_____

Is frequent repositioning required throughout the day? Yes ❒ No ❒ Explain: _____

Is frequent repositioning required throughout the night? Yes ❒ No ❒

Can the beneficiary or caretaker use a "manual" bed? Yes ❒ No ❒

If no, explain why: _____

_____

For any anti-decubitus bed, please attach to the TAR, photos and explanation of previous therapies attempted, the nutritional status, and the latest hemoglobin and hematocrit of the beneficiary.

SECTION 9—DME provider/Therapist attestation and signature/date:

By my signature below, I certify to the best of my knowledge that the information contained in this Certificate of Medical Necessity is true, accurate and complete and I understand that any falsification, omission or concealment may subject me to criminal liability under the laws of the State of California.

Name of therapist answering these sections, if other than prescribing clinician or DME provider (please print):

Name: _____ *(Please print)* Title: _____ *(OT, PT, RESNA, etc.)* DME Provider Name: _____ *(Please print)*

✍ _____ *(Use Ink - A signature stamp is not acceptable)* Date: _____

✍ _____ *(Use Ink - A signature stamp is not acceptable)*

SECTION 10—Clinician attestation and signature/date:

I certify that I am the clinician identified in this document. I have reviewed this Certificate of Medical Necessity and I certify to the best of my knowledge that the medical information is true, accurate, current and complete, and I understand that any falsification, omission, or concealment may subject me to criminal liability under the laws of the State of California.

Clinician's Signature:

✍ _____ *(Use Ink - A signature stamp is not acceptable)* Date: _____

Medical Therapy Unit (MTU)/ Durable Medical Equipment (DME) Review Process

- Member is seen at the MTU
- MTU therapists and physicians agree on the need for DME
- Physician writes prescription for medically appropriate equipment or device(s)
- MTU staff reach out to DME provider/vendor to request quote

When quote is agreed upon,

- MTU therapists complete an MTU DME Request form (see example below)
- Rx and MTU DME Request form are forwarded to the DME provider/vendor
- DME provider/vendor submits a packet of information to PHC including the following:
  - Signed Rx
  - MTU DME Request form (*Specifying any items in quote that were not approved by the MTU*)
  - Treatment Authorization Request (TAR) – (may be submitted electronically)
  - Agreed upon quote
- TAR reviewed (*additional documentation may be required if packet submission was not complete*)

The spirit of this procedure is to allow the MTU and PHC to work seamlessly on DME approvals in replication of legacy CCS process and to minimize delays in care while avoiding unnecessary or unapproved DME from being ordered by another clinic without MTU knowledge.

Notes:

- Vendors are to submit the TAR.
- If the MTU DME Request form is used (see sample below), no "Certificate of Medical Necessity for DME" form 6181 is required.

Medical Therapy Unit (MTU)/ Durable Medical Equipment (DME) Request Form

Client Name		**CCS#**		**CIN#**	
DOB		**Program end date**			
Approved by		**Date of review**			

☐ 9K CCS ☒ MediCal ☒ Partnership ☐ 9N M/C ONLY ☐OTLICP ☐ MTP only ☐ HMO

Requested Item(s)				
Vendor				
Vendor Mailing address				
Vendor Physical address				
Vendor contact	**Phone**		**Fax**	
Provider Number				

☐ Signed prescription attached

☐ Therapist assessment complete

☐ CCS Numbered Letter 09-0703 or 09-0514 criteria reviewed and met

☐ Quote reviewed

☐ The following codes/items are not approved:

Vendor to submit this form along with TAR/eTAR, prescription and quote from DME provider (including CCS approved HCPCS codes) to Partnership HealthPlan of California for payment.

MTU Approval Date:

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

Policy/Procedure Number: MCUP3104				**Lead Department: Health Services**	
Policy/Procedure Title: Transplant Authorization Process				☒**External Policy** ☐ **Internal Policy**	
Original Date: 04/21/2010			**Next Review Date:** ~~09/11/2020~~09/09/2021 **Last Review Date:** ~~09/11/2019~~09/09/2020		
Applies to:	☒ **Medi-Cal**			☐ **Employees**	
Reviewing Entities:	☒ **IQI**		☐ **P & T**	☒ **QUAC**	
	☐ **OPERATIONS**		☐ **EXECUTIVE**	☐ **COMPLIANCE**	☐ **DEPARTMENT**
Approving Entities:	☐ **BOARD**		☐ **COMPLIANCE**	☐ **FINANCE**	☒ **PAC**
	☐ **CEO**	☐ **COO**	☐ **CREDENTIALING**	☐ **DEPT. DIRECTOR/OFFICER**	
Approval Signature: *Robert Moore, MD, MPH, MBA*				**Approval Date:** ~~09/11/2019~~09/09/2020	

I. RELATED POLICIES:

A. MCUP3124 – Referral to Specialists (RAF)
B. MCUP3041 – TAR Review Process
C. MCUP3137 – Palliative Care: Intensive Program (Adult)
D. MCUP3140 – Palliative Care: Pediatric Program for Members Under the Age of 21
E. MCUP3039 – Special Case Managed Members
F. MCUP3138 – External Independent Medical Review
G. MCCP2024 – Whole Child Model for California Children's Services (CCS)

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services
D. Provider Relations

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

A. The purpose of this policy is to describe the Partnership HealthPlan of California (PHC) treatment authorization process for transplants including the following:
   1. Bone Marrow
   2. Heart
   3. Liver
   4. Lung
   5. Pancreas
   6. Heart/lung
   7. Kidney
   7. Combined liver/kidney
   8. Combined liver/small bowel
   9. Combined pancreas/kidney
   10. Small Bowel Transplant
   11. Chimeric Antigen Receptor T-Cell (CAR T-cell) therapy

Policy/Procedure Number: MCUP3104		Lead Department: Health Services
Policy/Procedure Title: Transplant Authorization Process		☒ **External Policy** ☐ **Internal Policy**
Original Date: 04/21/2010	**Next Review Date: 09/11/202009/09/2021** **Last Review Date: 09/11/201909/09/2020**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

VI. POLICY / PROCEDURE:

A. Members Age 21 and Over
   1. When a member is identified as a potential candidate for a transplant, the member should be referred to a PHC-contracted Medi-Cal approved Transplant Center for evaluation.
   2. Members remain assigned to their primary care provider (PCP) during the evaluation process.
   3. Upon completion of the evaluation, if the Transplant Center Team confirms the member is appropriate for transplant, then a Treatment Authorization Request (TAR) must be submitted to PHC. The request may be submitted electronically through PHC's online Provider Portal, or by fax to 707-863-4118. The complete medical record including the member's medical and treatment history (including, starting in January 2020, either a palliative care consultation or equivalent documentation of discussion of options, prognosis, goals of care, and completion of advance care planning documents) pertinent lab studies, current condition and treatment, and requested procedure must accompany the TAR.
   4. PHC uses InterQual® criteria. Transplant requests are reviewed by PHC's Chief Medical Officer (CMO) or Physician designee and may be sent for external independent medical review as appropriate.
   5. Once the TAR is approved, the member, physician and facility are notified in writing.
   6. When the TAR for a transplant is approved, PHC assigns the member to a special member status, Health Plan 5, for an initial period of 12 months to ensure continuity of care. Re-evaluation of the continued need for special member status will be reviewed at the end of the 12 month period.

B. Members Under Age 21
   1. For members under age 21, the procedures noted in section VI.A.1, A.2, and A.4 remain the same.
   2. If the member has not already been determined eligible under the California Children's Services (CCS) program, PHC will work with the member's physician, parents/legal guardians and refer the case to the designated County CCS office for a financial and residential eligibility determination.
   3. If the member is determined eligible for CCS, PHC will review the transplant request for medical necessity using a combination of the most up-to-date InterQual® criteria and the medical and procedural guidelines as directed in the Department of Health Care Services (DHCS) "Numbered Letters" for CCS (some of which have not been updated for current standards of medical care). Medical Directors may obtain outside expert advice for complex cases or those where the Numbered Letters seem to conflict with current standards of care.
   4. Members under age 21 with coverage under CCS are assigned to a PHC special member status called "Whole Child Model" (WCM) where they remain until they reach their 21st birthday as long as they retain residential, financial and medical eligibility with CCS. (See policy MCCP2024 Whole Child Model for California Children's Services).
   5. PHC will provide ongoing case management services and continue to coordinate care and transition of services for these members regardless of age for as long as they remain eligible for coverage under PHC. In the event that a WCM member moves outside of PHC's services area, PHC will collaborate with the receiving county CCS staff to facilitate continuity of care.

C. Donors
   1. Per DHCS policy, PHC will cover designated donor related hospital services associated with the transplant, if not covered by other insurance.

VII. REFERENCES:

A. In compliance with the California Department of Health Care Services (DHCS) contract
B. In compliance with DHCS "Numbered Letters" for California Children's Services (CCS)
C. InterQual® Criteria

Policy/Procedure Number: MCUP3104		Lead Department: Health Services
Policy/Procedure Title: Transplant Authorization Process		☒ **External Policy** ☐ **Internal Policy**
Original Date: 04/21/2010	**Next Review Date: 09/11/202009/09/2021** **Last Review Date: 09/11/201909/09/2020**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

VIII. DISTRIBUTION:
A. PHC Department Directors
B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Health Services

X. REVISION DATES:
01/18/12; 02/18/15; 02/17/16; 02/15/17; *03/14/18; 09/11/19; 09/09/20

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:
N/A

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- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="3">Policy/Procedure Number: MCUP3125</td><td colspan="4">Lead Department: Health Services</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Gender Dysphoria/Surgical Treatment</td><td colspan="4">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 08/21/2013</td><td colspan="5">Next Review Date: ~~09/11/2020~~09/09/2021
Last Review Date: ~~09/11/2019~~09/09/2020</td></tr>
<tr><td>Applies to:</td><td colspan="3">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td colspan="2">☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
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<tr><td>☐ CEO</td><td>☐ COO</td><td colspan="2">☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: ~~09/11/2019~~09/09/2020</td></tr>
</table>

I. RELATED POLICIES:

A. MCUP3041 - TAR Review Process
B. MCUP3039 - Special Case Managed Members

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services

III. DEFINITIONS:

Gender Dysphoria is a formal diagnosis used by psychologists and physicians to describe persons who experience significant dysphoria, describing the emotional distress over a marked incongruence between one's experienced/expressed gender and assigned gender. These individuals are commonly referred to as transgender or gender nonconforming (TGNC).

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To define the criteria and process by which Partnership HealthPlan of California (PHC) will provide benefits for the surgical treatment of gender dysphoria.

VI. POLICY / PROCEDURE:

A. A Treatment Authorization Request (TAR) is required for all procedures related to gender dysphoria.
B. Continuity of care requests will be reviewed by the PHC Medical Director or Physician Designee for medical necessity and continued care. There must be a clearly established relationship with the provider and the willingness of the provider to continue care. See policy MCUP3039 Special Case Managed Members.
C. When reviewing a request for the surgical treatment of gender dysphoria, Partnership HealthPlan of California utilizes the criteria as outlined by the World Professional Association for Transgender Health (WPATH) and as defined as a covered benefit according to the All Plan Letter (APL) 16-013 issued by the California Department of Health Care Services (DHCS). All requests will be reviewed by the Chief Medical Officer or Physician Designee.

Policy/Procedure Number: MCUP3125		Lead Department: Health Services
Policy/Procedure Title: Gender Dysphoria/Surgical Treatment		☒ **External Policy** ☐ **Internal Policy**
Original Date: 08/21/2013	**Next Review Date: 09/11/202009/09/2021** **Last Review Date: 09/11/201909/09/2020**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

1. According to the APL 16-013 (excerpted):
   a. Managed care health plans (MCPs) must also provide reconstructive surgery to all Medi-Cal beneficiaries, including transgender or gender nonconforming beneficiaries. Reconstructive surgery is "surgery performed to correct or repair abnormal structures of the body… to create a normal appearance to the extent possible." In the case of transgender or gender nonconforming beneficiaries, normal appearance is to be determined by referencing the gender with which the beneficiary identifies.
   b. MCPs are not required to cover cosmetic surgery. Cosmetic surgery is "surgery that is performed to alter or reshape normal structures of the body in order to improve appearance."
2. Gender reassignment surgery is a covered benefit when the WPATH criteria for the surgery have been met and is a covered benefit according to APL 16-013.
   a. Persistent, well-documented gender dysphoria
   b. Capacity to make a fully informed decision and consent for treatment
   c. Age of majority (or if younger, following the standard of care for children and adolescents)
   d. An assessment of the member by qualified mental health professionals within the past year that is in agreement with the surgery.
      1) If significant medical or mental health concerns are present, they must be reasonably well controlled
   e. Documented collaboration with, and agreement to, surgery by the beneficiary's primary care provider or provider of transgender or gender nonconforming care
   f. The list of surgical procedures may include:
      1) For Male to Female (MtF, also known as transwomen) patients or gender nonconforming patients desiring surgery for de-masculinization
         a) Breast / chest surgery: augmentation mammoplasty (implants / lipofilling)
         b) Genital surgery: penectomy, orchiectomy, vaginoplasty, clitoroplasty, vulvoplasty
      2) For Female to Male (FtM, also known as transmen) patients or gender nonconforming patients desiring surgery for de-feminization
         a) Breast/ chest surgery: subcutaneous mastectomy, creation of a male chest (excluding pectoral implants)
         b) Genital surgery: hysterectomy/salpingo-oophorectomy, reconstruction of the fixed part of the urethra, which can be combined with metoidioplasty or with a phalloplasty (employing a pedicled or free vascularized flap), vaginectomy, scrotoplasty, and implantation of erection and/or testicular prostheses
   g. Specific considerations:
      1) For mastectomy and creation of a male chest – no hormone therapy is required. Pectoral implants are considered cosmetic, not reconstructive and not a covered benefit.
      2) For breast augmentation – a minimum of 12 months of feminizing hormone therapy prior to breast augmentation surgery to maximize breast growth that may be acceptable without the need for surgery and to obtain better surgical (aesthetic) results.
      3) For hysterectomy, oophorectomy, salpingo-oophorectomy and for orchiectomy – 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual) – to introduce a period of reversible estrogen or testosterone suppression before the patient undergoes irreversible surgical intervention. Other surgery specific preauthorization criteria must be met.
      4) For metoidioplasty or phalloplasty (including testicular prostheses) and for vaginoplasty:
         a) 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual).

b) 12 continuous months of living in a gender role that is congruent with the patient's identity as documented by the member's primary care provider (PCP) or transgender care clinician.

5) Non-genital, Non-breast surgery or treatments that may be considered non-reconstructive and may be considered cosmetic surgery and therefore not a covered benefit will be considered on a case by case basis including: facial feminization surgery, thyroid cartilage reduction, hair reconstruction/removal.
6) Rhinoplasty may be considered using the guidelines noted in Section VI. C.1.a. and b. above. In order to determine medical necessity, submit the following information:
   a) Photos of the member's face and nose (two views) are required.
7) Liposuction, lipofilling (with the exception of breast augmentation), voice surgery, gluteal augmentation (implants/liposuction/lipofilling), facelift, facial lip augmentation/ reduction, blepharoplasty are commonly considered cosmetic surgery and therefore would not be a covered benefit unless an integral portion of an already covered and approved procedure.
8) Repeat reconstructive surgery in the absence of physiologic dysfunction (e.g. second breast enhancement) is considered cosmetic and not a benefit.

3. Speech therapy for voice training and modulation is not a covered benefit.
4. Pharmaceutical treatment for gender dysphoria – refer to pharmacy formulary for authorization criteria: http://www.partnershiphp.org/Providers/Pharmacy/Pages/Formularies.aspx

D. Treatment Authorization Review (TAR)
1. TARs must be submitted prior to any surgical procedure referenced in section VI.B.2.f. Requests received will be forwarded to the Chief Medical Officer or Physician Designee for review to determine if the member has met the standard of care and medical necessity requirements.

E. Claims Submission
1. Intersex surgery should not be requested or billed using CPT code 55970 (intersex surgery; male to female) or CPT code 55980 (intersex surgery; female to male). Due to the serial nature of surgery for the gender transition, CPT coding should be specific for the procedures performed during each operation.

F. Statement of Non-Discrimination
1. PHC will not deny or limit coverage, deny or limit coverage of a claim, or impose additional cost sharing or other limitations or restrictions on coverage, for any health services that are ordinarily or exclusively available to individuals of one sex, to a transgender or gender nonconforming individual based on the fact that an individual's sex assigned at birth, gender identity, or gender otherwise recorded is different from the one to which such health services are ordinarily are exclusively available.
2. PHC will not otherwise deny or limit coverage, deny or limit coverage of a claim, or impose additional cost sharing or other limitations or restrictions on coverage, for specific health services related to gender transition if such denial, limitation, or restriction results in discrimination against a transgender individual.

VII. REFERENCES:

A. World Professional Association for Transgender Health (WPATH) criteria, version 7. https://www.wpath.org/publications/soc
B. DHCS All Plan Letter (APL) 16-013: Ensuring Access to Medi-Cal Services for Transgender Beneficiaries (10/06/2016)
C. Title 45 Code of Federal Regulation (CFR) Sections 92.207 (b) (3) and (5)

VIII. DISTRIBUTION:

A. PHC Department Directors

B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Health Services

X. REVISION DATES: 01/20/16; 02/15/17; 04/19/17; *06/13/18; 09/11/19; 09/09/20

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:
N/A

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

<table>
<tr><td colspan="3">Policy/Procedure Number: MCUP3128</td><td colspan="3">Lead Department: Health Services</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Cardiac Rehabilitation</td><td colspan="3">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 02/18/2015
Effective Date: 08/01/2015</td><td colspan="3">Next Review Date: <s>09/11/2020</s>09/09/2021
Last Review Date: <s>09/11/2019</s>09/09/2020</td></tr>
<tr><td>Applies to:</td><td colspan="2">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
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<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: <s>09/11/2019</s>09/09/2020</td></tr>
</table>

I. RELATED POLICIES:

A. MCUP3052 – Medical Nutrition Services
B. MCUP3041 – TAR Review Process

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services

III. DEFINITIONS:

A. Cardiac rehabilitation is a medically supervised program that helps improve the health and well-being of people who have heart problems.
   1. Phase I cardiac rehabilitation takes place during the acute hospitalization or in an acute rehabilitation setting, of the index diagnosis.
   2. Phase II cardiac rehabilitation takes place in a monitored, supervised outpatient setting.
   3. Phase III cardiac rehab takes place in an outpatient setting, in a supervised environment without cardiac monitoring, including organized group classes.
   4. Phase IV cardiac rehab is a lifetime maintenance of physical conditioning, fitness and wellness, either at home, or other community-based setting.
B. Cardiac rehabilitation programs provide cardiac rehabilitation, including exercise training, education on heart healthy living, and counseling to reduce stress and help you return to an active life.

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

This policy defines covered services and medical necessity criteria for cardiac rehabilitation services. Cardiac rehabilitation services have been found to reduce morbidity and mortality from cardiovascular disease.

VI. POLICY / PROCEDURE:

A. Eligibility
   1. Appropriately identified adults with full-scope Medi-Cal are eligible for Phase II Cardiac Rehabilitation services, with the following diagnoses:
      a. Heart attack (myocardial infarction) within the past 12 months
      b. Coronary artery bypass surgery in the past 12 months

c. Current stable angina pectoris
d. Heart valve repair or replacement in the past 12 months
e. Coronary angioplasty performed or coronary stent placed in the last 12 months
f. A heart or heart-lung transplant in the last 12 months
g. Intermittent claudication due to atherosclerotic disease, with current symptoms.
h. Stable chronic heart failure with an ejection fraction of less than 35% and New York Heart Association (NYHA) class II to IV symptoms in spite of optimal therapy for at least 6 weeks.
i. Other cardiac or major pulmonary surgery, in the past 12 months

2. Phase II services are only covered when ordered by a licensed physician and when performed in a facility/program meeting Medicare's standards for cardiac rehabilitation programs. These standards include:
   a. The facility meets the definition of a hospital outpatient department or a physician-directed facility.
   b. The facility has available for immediate use all the necessary cardio-pulmonary emergency and therapeutic life-saving equipment to perform defibrillation, administer oxygen and perform cardiopulmonary resuscitation.
   c. The program is conducted in an area set aside for the exclusive use of the program while it is in session.
   d. The program is staffed by personnel necessary to conduct the program safely and effectively, who are trained in both basic and advanced life support techniques and in exercise therapy for coronary disease.
   e. Services of non-physician personnel must be furnished under the direct supervision of a physician. Direct supervision means that a physician must be in the exercise program area or immediately available and accessible for an emergency at all times the exercise program is conducted. It does not require that a physician be physically present in the exercise room itself, provided the contractor does not determine that the physician is too remote from the patients' exercise area to be considered immediately available and accessible. The examples below are for illustration purposes only. They are not meant to limit the discretion of the contractor to make determinations in this regard.
   f. The non-physician personnel are employees of either the physician, hospital, or facility conducting the program and their services are "incident-to" a physician's professional services.
3. Prior to referral for Phase II cardiac rehabilitation services, a cardiologist or primary care physician with experience and training in evaluation and assessment of cardiovascular disease must complete a diagnostic evaluation of the prospected cardiac rehabilitation participant. This will include:
   a. Evaluation of chest pain and atypical chest pain. This may include performance of a cardiac stress test or review of a recent stress test
   b. Pre or post-operative evaluation of cardiac operations (if applicable)
   c. Review and reconciliation of all medications
   d. Review of medical history, including social history, medical history, surgical history
   e. Specific recommendations for the exercise regimen to be used in the cardiac rehabilitation program. This can lead to either a prescription or a referral to cardiac rehabilitation. Partnership HealthPlan of California (PHC) does not requires submission of a Referral Authorization Form (RAF), but may audit medical records for evidence of this documentation.
4. Requests for pediatric cardiac rehabilitation are reviewed on a case by case basis in accordance with our TAR Review Process described in policy MCUP3041. Pediatric cases require consultation with an appropriate specialist (e.g. pediatric cardiologist) and must take place at an appropriate facility for pediatric rehabilitation.
5. **A Treatment Authorization Request (TAR) is required for Phase II cardiac rehabilitation services.**

a. Current Procedural Terminology (CPT)-4 codes 93797 and 93798 may not be reimbursed in the same calendar month as Healthcare Common Procedure Coding System (HCPCS) codes G0422 and G0423, for any provider. Similarly, HCPCS codes G0422 and G0423 may not be reimbursed in the same calendar month as CPT-4 codes 93797 and 93798, for any provider.
b. Modifiers SA, U7, 24, 25 and 99 are all allowable for CPT-4 codes 93797 and 93798, as well as HCPCS codes G0422 and G0423.
c. Qualified Practitioners
   1) Licensed practitioners who are eligible for reimbursement of CPT-4 codes 93797 and 93798 include physicians, physician assistants, nurse practitioners and physical therapists.
   2) Licensed practitioners who are eligible for reimbursement of HCPCS codes G0422 and G0423 include physicians, physician assistants, nurse practitioners, psychologists, licensed clinical social workers, marriage and family therapists and physical therapists.

6. PHC considers cardiac rehabilitation experimental and investigational and therefore not a benefit for all other indications (individuals who are too debilitated to exercise, and secondary prevention after transient ischemic attack or mild, non-disabling stroke) because of insufficient evidence in the peer-reviewed information

B. Covered Services
1. Phase I cardiac rehabilitation services are performed while the PHC member is in the acute hospital or acute rehab setting. They are integral to the inpatient care provided to PHC members for appropriate indications.
2. Phase II cardiac rehabilitation services are performed in an outpatient setting. Services may include:
   a. medically-supervised exercise program
   b. nutritional counseling
   c. stress management
   d. smoking cessation counseling and support services
3. Phases III and IV cardiac rehabilitation, by themselves, are not covered.
4. Phase II cardiac rehabilitation services do not include the diagnostic evaluation that is required prior to referral to cardiac rehabilitation, which is covered separately.
5. The medically necessary frequency and duration of cardiac rehabilitation is determined by the member's level of cardiac risk stratification:
   a. High-risk members have any of the following:
      1) Decrease in systolic blood pressure of 15 mm Hg or more with exercise; or
      2) Exercise test limited to less than or equal to 5 metabolic equivalents (METS); or
      3) Marked exercise-induced ischemia, as indicated by either anginal pain or 2 mm or more ST depression by electrocardiography (ECG); or
      4) Recent myocardial infarction (less than 6 months) which was complicated by serious ventricular arrhythmia, cardiogenic shock or congestive heart failure; or
      5) Resting complex ventricular arrhythmia; or
      6) Severely depressed left ventricular function (ejection fraction less than 30 %); or
      7) Survivor of sudden cardiac arrest; or
      8) Ventricular arrhythmia appearing or increasing with exercise or occurring in the recovery phase of stress testing.
   b. Program Description for High-Risk Members:
      1) 36 one-hour sessions (e.g., 3 times per week for 12 weeks) of supervised exercise with continuous telemetry monitoring
      2) Create an individual out-patient exercise program that can be self-monitored and maintained
      3) Educational program for risk factor/stress reduction; classes listed below covered for up to 3 months.

4) If no clinically significant arrhythmia is documented during the first 3 weeks of the program, the provider may have the member complete the remaining portion without telemetry monitoring.

c. Intermediate-risk members have any of the following:
   1) Exercise test limited to 6-9 METS; or
   2) Ischemic ECG response to exercise of less than 2 mm of ST depression~~; or~~
   ~~3) Uncomplicated myocardial infarction, coronary artery bypass surgery, or angioplasty and has a post-cardiac event maximal functional capacity of 8 METS or less on ECG exercise test.~~

d. Program Description for Intermediate-Risk Members:
   1) 24 one-hour sessions or less of exercise training without continuous ECG monitoring
   2) Geared to define an ongoing exercise program that is "self-administered."
   3) Educational program for risk factor/stress reduction; classes listed below in VI.B.6. c. – f. covered for up to 3 months.

e. Low-risk members have exercise test limited to greater than 9 METS

f. Program Description for Low-Risk Members:
   1) Six 1-hour sessions involving risk factor reduction education and supervised exercise to show safety and define a home program (e.g., 3 times per week for a total of 2 weeks or 2 sessions per week for 3 weeks).
   2) Educational program for risk factor/stress reduction; classes listed below covered for up to 3 months.

g. Intensive Cardiac Rehabilitation (ICR)
   1) ICR is a Centers for Medicare & Medicaid Services (CMS) designation (through the National Coverage Determination [NCD] process) for certain programs demonstrated to have:
      a) Accomplished one or more of the following for its patients:
         i. Positively affected the progression of coronary heart disease
         ii. Reduced the need for coronary bypass surgery, OR
         iii. Reduced the need for percutaneous coronary interventions; AND
      b) Accomplished a statistically significant reduction in five or more of the following measures for patients from their levels before CR services to after CR services:
         i. Low density lipoprotein
         ii. Triglycerides
         iii. Body mass index
         iv. Systolic blood pressure
         v. Diastolic blood pressure
         vi. The need for cholesterol, blood pressure, and diabetes medications
   2) Proof of CMS designation should accompany the TAR
   3) ICR sessions are limited to 72 one-hour sessions, up to 6 sessions per day, over a period of up to 18 weeks.

6. Procedure codes covered:
   a. 93797 – Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG Monitoring (For intermediate-risk and low-risk members)
   b. 93798 – Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG Monitoring (for high-risk members)
   c. G0422 – Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session (This code will only be paid to programs approved by CMS, as described above).

d. G0423 – Intensive cardiac rehabilitation; with or without continuous ECG monitoring without exercise, per session (This code will only be paid to programs approved by CMS, as described above).
e. S9449 – Weight management classes, non-physician provider, per session
f. S9451 – Exercise classes, non-physician provider, per session
g. S9453 – Smoking cessation classes, non-physician provider, per session
h. S9454 – Stress management, non-physician provider, per session
i. Nutrition Therapy services are also covered, as defined in policy MCUP3052 Medical Nutrition Services.

VII. REFERENCES:

A. Medi-Cal Provider Manual/ G~~g~~uidelines: Rehabilitative Services (*rehab*)
B. Department of Health Care Services (DHCS) Operating Instruction Letters (OILs) 029-18 (01/12/2018) and 029a-18 (03/16/2018)

VIII. DISTRIBUTION:

A. PHC Provider Manual
B. PHC Department Directors

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Health Services

X. REVISION DATES: 06/17/15; 05/18/16; 05/17/17; *08/08/18; 09/11/19; 09/09/20

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: N/A

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PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: MPUP3006 (previously UP100306)</td><td colspan="3">Lead Department: Health Services</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Appropriate Service and Coverage Policy</td><td colspan="3">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 06/21/2000</td><td colspan="4">Next Review Date: ~~11/13/2020~~09/09/2021
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</table>

I. RELATED POLICIES:

A. MPQP1002 – Quality/ Utilization Advisory Committee
B. CMP36 – Delegation Oversight and Monitoring

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

The purpose of this policy is to define the method by which Partnership Health Plan of California (PHC) facilitates the delivery of appropriate care, and to identify mechanisms to detect and correct potential under- and over-utilization of services.

VI. POLICY / PROCEDURE:

A. Over/Under Utilization Workgroup Composition & Function
   1. The Over/Under Utilization Workgroup (O/U UW) meets on a regular basis and at least three (3) times per year. The Workgroup is composed of, but not limited to, the Chief Medical Officer, the Director of Quality and Performance Improvement, the Directors of Health Services, the Utilization Management Directors, the Care Coordination Managers, representatives from the Behavioral Health team, the Manager of Health Analytics, the Quality Improvement Coordinator, and representatives from the Management Information Systems Department, the Provider Relations Department and the Claims Department. The purpose of the O/U UW is to monitor utilization data for the organization as a whole to detect potential under and over-utilization. The committee monitors data across practices and provider sites for primary care providers (PCPs), substance use treatment providers, and high-volume specialists. The O/U UW analyzes the data collected and recommends appropriate interventions whenever it identifies under or over-utilization. The O/U UW reports all analysis to the Internal Quality Improvement Committee (IQI) and then to the Quality/ Utilization Advisory Committee (Q/UAC).

B. Quality/Utilization Advisory Committee Role
   1. The Q/UAC reviews the analysis and recommendations from the O/U UW and implements appropriate interventions whenever it identifies possible under or over-utilization. The Q/UAC directs the O/U UW to measure whether the interventions have been effective at an appropriate interval and then implement strategies to achieve appropriate utilization.

C. Monitoring
   1. PHC routinely monitors, tracks and analyzes both non-behavioral and behavioral health services as well as substance use treatment services.
   2. The O/U UW may monitor several additional types of data when looking for potential under- or over-utilization problems. It may monitor the following:
      a. HEDIS measures
      b. Physician practice profiles from Utilization Management (UM) data
      c. Data from member complaints and PCP change requests
      d. Information on referrals to specialists
      e. Data on inpatient days and discharges
      f. Pharmacy utilization
      g. Data on outpatient visits
      h. Emergency Room visits
      i. Admission and length of stay in acute rehabilitation units
      j. Compliance with Preventive Care Guidelines are routinely assessed by practice site to detect over and under-utilization
      k. Top 10 diagnoses for inpatient, outpatient and the Emergency Department settings
      l. Top 25 members based on utilization and/or cost
      m. Selected procedures performed by high volume specialists are monitored and compared to other organization's rates or national data to detect under or over-utilization.
      n. Services performed by substance use treatment providers are monitored to detect over-use, under-use, and misuse of services.
      o. The workgroup monitors the accuracy, timeliness, and completeness of data submitted by providers to PHC.

D. Access to All Covered Services
   1. Unless prohibited by law, PHC or its subcontractor will arrange for the timely referral and coordination of any Covered Services to which PHC or its subcontractor has religious or ethical objections to perform or otherwise support and will arrange, coordinate and ensure provision of services.
   2. Providers who are unwilling to perform, provide or otherwise support a covered service are obligated to notify PHC's Care Coordination Department. Once notified, a PHC Case Manager will assist the member in obtaining timely access to the covered service.

E. Triage and Referral for Behavioral Health and Substance Use Disorder Services
   1. PHC monitors the triage and referral protocols for its delegated behavioral health care providers to assure that they are appropriately implemented, monitored and professionally managed. Protocols utilized by delegates must be based on sound clinical evidence and be accepted industry practice. They must define the level of urgency and appropriateness of the care setting.
   2. Triage and referral decisions not requiring clinical judgment are made by staff with relevant knowledge, skills and professional experience.
   3. Triage and referral decisions requiring clinical judgment are made by a licensed behavioral health care practitioner with appropriate qualified experience.
   4. Supervision of triage and referral staff is done by a licensed behavioral health care practitioner with a minimum of a master's degree and five years of post-master's clinical experience.

5. Oversight of triage and referral decisions is done by a licensed psychiatrist or an appropriately licensed doctoral level psychologist experienced in clinical risk management.

F. Decisions Made on Medical Appropriateness
1. On an annual basis, PHC distributes a statement to all its practitioners, providers, members and employees alerting them to the need for special concern about the risks of under-utilization. It requires employees who make utilization-related decisions and those who supervise them to sign a statement, which affirms that UM decision making is based only on appropriateness of care and service. Furthermore, PHC does not ~~specifically~~ reward practitioners, or other individuals conducting utilization reviews, for issuing denials of coverage. There are no financial incentives for UM decision makers to deny care; and PHC does not encourage decisions which would result in under-utilization,~~;~~ but rather, bases decisions solely on the appropriateness of care or service and the existence of coverage.

G. Delegation Oversight and Monitoring
1. PHC delegates the administration of certain mental health services ~~and the triage and referral to substance use disorder treatment services~~ to managed behavioral health organization(s) and contracted globally capitated health plan(s).
2. A formal agreement is maintained and inclusive of all delegated functions.
3. Oversight/Regular monitoring activities include, but are not limited to, an audit conducted no less than annually.
4. Results from the annual delegation oversight audit shall be presented to PHC's Delegation Oversight Review Sub-Committee (DORS) for review and approval and reviewed by the Chief Medical Officer (CMO) or physician designee.

VII. REFERENCES:

A. Department of Health Care Services (DHCS) contract, Exhibit A, Attachment 4
B. National Committee for Quality Assurance (NCQA) Guidelines (Effective July 1, 2020)
UM 1 Program Structure Element A Written Program Description Factors 3 and 4 Involvement of a Designated Senior Level Physician and a Designated Behavioral Healthcare Practitioner;
Front Matter: Policies and Procedures –Section 2
C. Department of Health Care Services (DHCS) Intergovernmental Agreement for Drug Medi-Cal Organized Delivery System (DMC-ODS) Services

VIII. DISTRIBUTION:

A. PHC Department Directors
B. PHC Q/UAC members
C. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Health Services

X. REVISION DATES:

Medi-Cal
05/16/01; 05/15/02; 10/16/02; 10/20/04; 10/19/05; 10/18/06; 08/20/08; 06/17/09; 07/21/10; 10/01/10; 05/16/12; 08/20/14; 06/17/15; 04/20/16; 04/19/17; *06/13/18; 04/10/19; 11/13/19; 09/09/20

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Original Date: 06/21/2000	**Next Review Date: 11/13/202009/09/2021** **Last Review Date: 11/13/201909/09/2020**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

PREVIOUSLY APPLIED TO:
Healthy Kids - MPUP3006 (Healthy Kids program ended 12/01/2016)
10/18/06; 08/20/08; 06/17/09; 07/21/10; 10/01/10; 05/16/12; 08/20/14; 06/17/15; 04/20/16 to 12/01/2016

PartnershipAdvantage:
PA UM302 - 06/21/2006 to 08/20/2014
MPUP3006 – 08/20/2014 to 01/01/2015

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PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

Policy/Procedure Number: MCLP7002 (previously MP 302)			**Lead Department: Health Services**	
Policy/Procedure Title: Cultural and Linguistic Services			☒ **External Policy** ☐ **Internal Policy**	
Original Date: 02/26/1999 (MP 302)		**Next Review Date:** ~~03/11/2021~~ **Last Review Date:** 03/11/2020		
Applies to:	☒ **Medi-Cal**		☐ **Employees**	
Reviewing Entities:	☒ **IQI**	☐ **P & T**	☒ **QUAC**	
	☐ **OPERATIONS**	☐ **EXECUTIVE**	☐ **COMPLIANCE**	☐ **DEPARTMENT**
Approving Entities:	☐ **BOARD**	☐ **COMPLIANCE**	☐ **FINANCE**	☒ **PAC**
	☐ **CEO** ☐ **COO**	☐ **CREDENTIALING**	☒ **DEPT. DIRECTOR/OFFICER**	
Approval Signature: *Robert Moore, MD, MPH, MBA*			~~**Approval**~~ **Archived Date:** ~~**03/11/2020**~~**09/09/2020**	

I. RELATED POLICIES:

A. HR509 - Bilingual Standards
B. CMP-10 - Confidentiality
C. CGA022 - Member Discrimination Grievance Procedure
D. MPLD7001 - Cultural and Linguistic Program Description
E. MP PR 200 - PHC Provider Contracts
F. MPHP8001 - Health Education Program
G. MPQP1022 - Site Review Requirements and Guidelines
H. CMP36 – Delegation and Oversight Monitoring
I. MPQD1001 – Quality and Performance Improvement Program Description

II. IMPACTED DEPTS:

A. Member Services
B. Health Services
C. Provider Relations
D. Administration

III. DEFINITIONS:

A. CAC – Consumer Advisory Committee
B. DHCS – Department of Health Care Services
C. EOC – Evidence of Coverage
D. ICE – Industry Collaboration Effort (ICE)
E. IQI – Internal Quality Improvement
F. LEP – Limited English Proficiency
G. MMCD – Medi-Cal Managed Care Division
H. OHC – Other Health Coverage
I. SPD – Seniors and Persons with Disabilities
J. TJC – The Joint Commission
K. LGBTQ – Lesbian, Gay, Bisexual, Transgender and Queer/Questioning
L. Qualified interpreter – interpreter who adheres to generally accepted interpreter ethics, principles, and confidentiality. Has demonstrated proficiency in speaking and understanding both spoken English and at least one non-English language, and is able to interpret effectively, accurately, and impartially, both receptively and expressively, to and from such language(s) and English, using any necessary specialized vocabulary and phraseology.
M. Qualified translator – translator who adheres to generally accepted translator ethics, principles, and confidentiality. Has demonstrated proficiency in writing and understanding both written English and at

least one non-English language, and is able to translate effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary, terminology, and phraseology.

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To ensure effective communication regarding treatment, diagnosis, medical history and health education by providing cultural, linguistic, and sensory appropriate services to Members, taking into consideration Members' beliefs, traditions, customs, and individual differences. Partnership HealthPlan of California (PHC) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

VI. POLICY / PROCEDURE:

A. Demographic Profile
   1. Medi-Cal - The language code provided on the 834 file is used to determine primary languages.
   2. In accordance with PHC Policy CMP-10 Confidentiality, this information is collected, summarized and documented in a manner that enables PHC to maintain confidentiality of personal information and to disclose the information to Department of Health Care Services (DHCS), upon request for regulatory purposes, and to contracting providers on request for lawful purposes, including language assistance purposes and health care quality improvement purposes.
   3. Standards for Determining Threshold Languages and Requirements for Section 1557 of the Affordable Care Act is determined by DHCS All Plan Letter (APL) 17-011, which supersedes APL 14-008. Managed Care Plans (MCP) are required to provide translated member information to the following groups within their service areas as determined by DHCS using:
      a. Threshold Standard Language: A population group of mandatory eligible beneficiaries residing in the service area who indicate their primary language as other than English, and that meet a numeric threshold of 3,000 or five percent (5%) of the eligible beneficiary population whichever is lower; and,
      b. Concentration Standard Language: A population group of mandatory eligible beneficiaries residing in the MCP's service area who indicate their primary language as other than English and who meet the concentration standards of 1,000 in a single zip code or 1,500 in two contiguous zip codes.

B. Notification to Members and the Public of the Availability of Linguistic Services for California's top 16 non-English languages spoken by LEP individuals and PHC's compliance with non-discrimination and applicable Federal civil rights laws.
   1. PHC notifies members and the public of the availability of linguistic services by publishing language assistance taglines and notice of non-discrimination with all major member correspondence including but not limited to:
      a. PHC Member Handbook/Evidence of Coverage (EOC)
      b. Notices in Provider Offices
      c. PHC External Website at www.partnershiphp.org
      d. Member newsletter
      e. PHC Provider Directory

C. Staff Training
1. Per MMCD APL 11-010 (Competency and Sensitivity Training Required in Serving the Needs of Seniors and Persons with Disabilities), PHC provides an annual training to all staff who have direct contact with members. This training includes the following topics:
   a. Review of PHC Cultural and Linguistic Services Policy
   b. Understanding the needs of Limited English Proficiency (LEP) members
   c. Understanding cultural differences of LEP members
   d. Interpreter Services Criteria
   e. How to access interpreter services
   f. How to effectively use and interact with available interpretation services
   g. Seniors and Persons with Disabilities sensitivity awareness training (State Approved)
2. Other internal departmental trainings include:
   a. Cultural awareness and sensitivity
   b. Identifying and communicating with LEP members
   c. Interpreting and translations policies and procedures
   d. Using the TTY and California Relay Systems

D. Services Provided
1. In accordance with 42 CFR 438.10(d), PHC shall provide the following linguistic services at no cost to members:
   a. Access to qualified oral interpreters, signers, or bilingual providers and staff at key points of contact (medical and non-medical) for members whose language proficiency is any of California's top 16 non-English languages spoken by LEP individuals. Medical points of contact include face-to-face or telephonic encounters with providers (physicians, physician extender, registered nurses, pharmacists (at a minimum - telephonic interpreter), or other personnel who provide medical or health care advice to members.
   b. Written Materials - All written member informing materials, including those required by the DHCS, as outlined in DHCS APL 18-016 are translated by a qualified translator in the threshold languages of PHC's service areas and when requested by a member in any of California's top 16 non-English languages. These materials are also available in audio, large print, and electronically for members with hearing and/or visual disabilities. Braille versions are available for members with visual disabilities. Members can make a standing request to receive all informing materials in the specific format.
      1) All written member-informing materials must be approved by Senior Health Educator, Communications Department, External and Regulatory Affairs Department, and DHCS prior to being submitted for translation services. Materials submitted for translation must be in Microsoft Word format with no images.
2. Language Line Services - PHC contracts with Language Line services. In accordance with Title 22 CCR Section 53853(c), this service provides real time interpreting services and is available on a 24-hour basis. The Language Line is used by PHC staff for languages not spoken by staff for LEP members. This service is also available to contracted providers at key points of contact, including pharmacies.
3. As outlined in the DHCS contract, PHC shall distribute this member information no later than seven (7) calendar days following notification of enrollment. PHC shall also distribute this member information annually to each member or family unit.
4. To ensure the quality of written translation, PHC conducts testing for bilingual staff to qualify them to review and approve documents that have been translated by a contracted vendor.
5. To ensure the written Member information is in a format that is easily understood, the Senior Health Educator and Communications Department will review all documents. The Communications Department is responsible for sending materials to the External and Regulatory Affairs Department

for review. The External and Regulatory Affairs Department is responsible for sending materials to DHCS for review and approval. The External and Regulatory Affairs Department will send DHCS response to the Senior Health Educator, Communications Department and the developer of the written member information.

6. In accordance with DHCS APL 18-016 (Readability and Suitability of Written Health Education Materials), all written Member information is provided to Members at a sixth grade or lower reading level and approved by DHCS. The written Member information shall ensure the Member's understanding of the health plan Covered Services processes and ensure the Member's ability to make informed health decisions.
7. In accordance with MMCD Policy Letter 99-003 (Cultural and Linguistics), the member material must include information regarding the member's rights.
   a. Member has the right to request and receive documents translated into any of California's top 16 non-English languages.
8. Member has the right to file grievances if linguistic needs are not met. Interpreter services are available on a 24-hour basis and at no charge when accessing health care.
   a. Discourage the use of family members or friends as interpreters, unless specifically requested by the member.
   b. Request face-to-face or telephonic interpreter services during discussion of complex medical information such as diagnoses of complex medical conditions and accompanying proposed treatment options.
9. Grievances and Appeals
   a. The EOC provides a detailed summary of the process of filing a grievance or appeal. In addition to this, PHC:
      1) Includes a bi-annual Member Newsletter article advising members to contact the Member Services Department to file a grievance or appeal.
      2) Provides grievance and appeal forms in the threshold languages of PHC's services area on the PHC website at www.partnershiphp.org.
      3) Maintains Grievance Policies that instruct staff and providers of the requirement of providing members with appropriate grievance and appeal forms.
      4) During regularly scheduled Facility Site Review, PHC will use the Site Review Survey Tool to ensure and document that appropriate grievance and appeal forms and information on how to receive language assistance service, including how to receive these materials in an alternate format, are available to members. These forms shall be made available in all PHC threshold languages and California's top 16 non-English languages spoken by LEP individuals upon request in compliance with requirements described under DHCS APL 17-011.
10. Face-to-Face Medical Interpreter Services – LEP members are entitled to language or sign language interpreters when accessing medically necessary health care services. Refer to the section of this policy titled Criteria and Authorization Requirements for Interpreting Services. PHC is not required to provide face-to-face interpreter services for a member when the provider has made provision for an on-site interpreter.
11. Inpatient and Outpatient Hospital Services – The Joint Commission (TJC) requires interpretation services be available at hospitals. It is the responsibility of hospitals to arrange for and provide these services. Hospitals are also required to provide appropriate services for hearing and visually impaired patients. If a hospital does not meet its obligation of providing interpretation services, PHC will arrange for the service to be provided.
12. PHC <u>will not</u> reimburse providers who chose to provide face-to-face interpreter services or services for the hearing or visually impaired members without making arrangements for the provision of services through PHC's Member Services Department.

13. Auxiliary aids, Telecommunication Devices for the Deaf (TDD), Telephone Typewriters (TTY) and California Relay Service. These services are available to hearing impaired members.
14. Primary Care Assignment – To assist all LEP members in choosing a primary care provider that speaks their language, the languages spoken at each Provider office are published in the PHC Provider Directory. Member Services bilingual staff are also available to assist LEP members with the selection process. The Provider Directory also reflects provider offices, which are wheelchair accessible.
15. Auto Assignment – The auto assignment process is configured to use the member's language code and resident address.
16. PHC Member Services Staff – PHC's goal is to staff the Member Services Department with employees who are reflective of the cultural and linguistic diversity of PHC membership.
17. Testing Linguistic Proficiency of PHC Staff – In accordance with Human Resources policy #509, Bilingual Standards, the oral linguistic proficiency of all employees who provide interpreting services to members are tested. This is done to ensure that all the necessary linguistic requirements are met. Only those employees who pass the test are allowed to provide oral interpretation to members. A copy of the test is maintained by PHC's Human Resources Department.
18. Provider Network – PHC's goal is to maintain a provider network with a sufficient number of bilingual and multilingual providers and provider staff who speak threshold languages. PHC requires that providers document the request or refusal of language/interpreter services by LEP members in their medical records.
19. On an annual basis, PHC verifies non-English languages spoken by primary care practitioners and makes updates to the provider directories to reflect new information.
20. As provider office staff changes are communicated to PHC, linguistic capabilities of the new staff are added to the directory.
21. PHC continuously monitors issues related to provider interpreter capabilities through member grievance and appeal logs. Through tracking and trending, PHC will work with provider offices and when appropriate a Corrective Action Plan will be implemented.
22. PHC uses a variety of formats and tools to ensure providers are aware of interpreter service options and cultural and linguistic (C&L) educational opportunities for their staff. Examples: Quarterly provider newsletter articles, PHC Provider Cultural and Linguistic Toolkit, links to Industry Collaboration Effort (ICE) on the PHC website, reminders at provider site in-services, and publish a list of on-line courses and community colleges that offer bilingual educational courses.

E. Provider Training & Education
1. PHC educates and trains providers and their staff on the following:
   a. Cultural competence
   b. Patient communication
   c. Member satisfaction and/or grievance
   d. Federal and state regulations and contract requirements relating to language access and anti-discriminatory practices
   e. Procedures for accessing PHC Interpreter Services; the Language Line; the importance of using qualified interpreters; discouraging the use of minors, friends or family members as interpreters; documenting the member's preferred language in their chart; and documenting the offer, acceptance or refusal of interpreter services.
2. Seniors and Persons with Disabilities (SPD) competency and sensitivity training is provided to providers, their staff and health plan staff utilizing the curriculum developed by Medi-Cal Managed Care Division (MMCD).
3. Documentation of trainings is maintained by PHC and is available upon request in accordance to DHCS MMCD APL 11-010.

F. Consumer Advisory Committee (CAC) - The PHC CAC provides information and recommendations with respect to PHC's C&L Services.

G. Criteria and Authorization Requirements for Interpreting Services

1. Telephonic Interpreter Services
   a. Member or patient (non-member) is being seen at a PHC contracted provider site.
   b. Member or patient does not have other health coverage (OHC) that covers the requested/required interpreting service.
   c. Telephonic Interpreter Services do not require prior authorization through PHC's Member Services.
2. Sign Language Interpreters
   a. Member is enrolled in PHC at the point the service is required.
   b. Member does not have OHC that is primary to PHC that covers the requested/required interpreting service.
   c. Appointment is for a service that is covered by PHC.
   d. Member is hearing and/or speech impaired.
   e. Sign Language Interpretation services require prior authorization through PHC's Member Services Department.
3. Face-to-Face Interpreter Services
   a. Member is enrolled in PHC at the point the service is required.
   b. Member does not have OHC that is primary to PHC that covers the requested/required interpreting service.
   c. The appointment is for a service that is covered by PHC.
   d. Face-to-face interpretation services require prior authorization through PHC's Member Services Department.
   e. Behavioral Health Treatment (BHT) services for members under 21 years of age, such as evaluations and Applied Behavior Analysis, in a therapeutic and/or home setting are a PHC benefit and fall under PHC responsibility to arrange and schedule face-to-face interpreter services.
   f. If face-to-face interpreter services are being requested at a hospital, PHC staff contacts the Patient Services Department at the hospital for these services. If the hospital refuses to provide these services, PHC arranges the service. The Provider Relations Department is notified of the hospital's refusal to provide service.
   g. If face-to-face interpreter services are being requested for PHC Medi-Cal covered mental health services, the caller is referred to Beacon at (855) 765-9703. Beacon is responsible to provide face-to-face interpreting services. Members are advised to contact Beacon three (3) business days in advance of their appointment to arrange the service.

H. Scheduling the Interpreting Services

1. Requests for face-to-face interpreting services and invoicing are processed by Member Services at (800) 863-4155.

I. Evaluation

1. The following methods are used to assess the linguistic capacity of the PHC primary care network and the level of member satisfaction with linguistic services.
   a. PHC membership is surveyed. The results are reviewed by C&L and Health Education committee to determine if a corrective action plan is necessary.
   b. As outlined in CGA022 Member Discrimination Grievance Procedure, PHC documents and monitors Member Grievances and Appeals related to Cultural and Linguistic and discrimination issues, in accordance with Section 1557 of the Affordable Care Act (ACA)

of 2010. Grievance and reports that include cultural and linguistic issues are presented to the Internal Quality Improvement (IQI) Committee on a quarterly basis for appropriate action.

c. PHC will collect data regarding cultural, ethnic, racial and linguistic needs of its members and conduct a quantitative analysis to determine unmet needs. Data sources may include but are not limited to, US Census data, enrollment data, member surveys, member grievances, other published health statistics as well as data provided by Plan sponsors or other sources. An analysis of the data collected will be done annually. The goal is to ensure that PHC and its providers deliver services to our members that meet the needs of our culturally diverse population.

d. In addition, every year, the Health Education team, under the direction of the C&L and Health Education committee, prepares a Population Needs Assessment (PNA) that documents member cultural and linguistic needs. The PNA includes language preferences, reported ethnicity, use of interpreters, traditional health beliefs and beliefs about health and health care utilization. The results are summarized and a report is submitted to the California Department of Health Care Services per regulatory requirements.

e. Appropriate PHC staff drafts a corrective action plan and presents it to the appropriate committee for recommendation and approval. The corrective action plan is then returned to the appropriate person(s) for implementation or incorporation of committee recommendations.

J. Delegation Oversight and Monitoring

1. PHC delegates some functions related to cultural and linguistic services.
2. A formal agreement is maintained and inclusive of all delegated functions
3. PHC conducts an audit not less than annually to ensure the appropriate policy and procedures are in place
4. Results from Oversight and Monitoring activities shall be presented to the Delegation Oversight Review Sub-Committee (DORS) for review and approval

VII. REFERENCES:

A. DHCS MMCD Policy Letter PL 99-003 Linguistic Services (04/02/1999)
B. DHCS MMCD All Plan Letter (APL) 11-010 Competency and Sensitivity Training Required In Serving the Needs of Seniors and Persons With Disabilities (05/11/2011)
C. DHCS MMCD All Plan Letter (APL) 17-011 Standards for Determining Threshold Languages and Requirements for Section 1557 of The Affordable Care Act (06/30/2017)
D. DHCS MMCD All Plan Letter (APL) 19-011 Health Education and Cultural and Linguistic Population Needs Assessment (09/30/2019)
E. DHCS MMCD All Plan Letter (APL) 18-016 Readability and Suitability of Written Health Education Materials (10/05/2018)
F. Document A (APL 18-016): Review and Approval Guidance for Written Health Education and Member Information Materials
G. Title 42 Code of Federal Regulations (CFR) Section 438.10(d)
H. Title 22 CCR Section 53853(c)
I. Section 1557 of the Affordable Care Act (ACA) of 2010
J. National Committee for Quality Assurance (NCQA) Guidelines (Effective July 1, 2020)
NET 1 Availability of Practitioners, Element A, Factors 1, 2

VIII. DISTRIBUTION:

A. PHC Department Directors
B. PHC Provider Manual

Policy/Procedure Number: MCLP7002 (previously MP 302)		**Lead Department: Health Services**
Policy/Procedure Title: Cultural and Linguistic Services		☒**External Policy** ☐**Internal Policy**
Original Date: 02/26/1999 (MP 302)	**Next Review Date: ~~03/11/2021~~** **Last Review Date: 03/11/2020**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:
Senior Director, Health Services

X. REVISION DATES:
Medi-Cal (MCLP7002)
01/18/17, *02/14/18; 08/08/18; 04/10/19; 03/11/20; ARCHIVED 09/09/2020

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:
Medi-Cal (MP 302)
02/26/99; 04/09/02; 09/09/04; 05/12/05; 06/21/06; 03/12/08; 09/09/08; 09/19/09; 09/14/10; 12/21/10; 01/10/12; 05/15/13; 01/07/14; 05/13/14; 09/02/14; 11/8/16; MP 302 ARCHIVED 01/18/2017

Healthy Kids (MP 302) Healthy Kids program ended 12/01/2016
06/21/06; 03/12/08; 09/09/08; 09/19/09; 09/14/10; 12/21/10; 01/10/12; 05/15/13; 01/07/14; 05/13/14; 09/02/14; 11/8/16 to 12/01/2016

PartnershipAdvantage:
MP 302 – 06/2006 to 01/01/2015

Cultural & Linguistic Program Description

MPLD7001

June 2020

Original Date: 02/19/2014
Revision Date(s): 02/18/15; 01/20/16; 02/15/17; *02/14/18; 09/12/18; 09/11/19; 06/10/20; ARCHIVED 09/09/20

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

Program Purpose

Partnership HealthPlan of California (PHC) is committed to delivering culturally and linguistically appropriate services (CLAS) to all eligible members with limited English proficiency (LEP) or sensory impairment. PHC's Cultural and Linguistic Services comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, and 45 C.F.R. Part 80) and the Cultural and Linguistic Services requirements in accordance to the contractual agreement with the Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), and the Centers for Medicare and Medicaid Services (CMS).

The goal of the Cultural and Linguistic Services Program is to ensure that PHC members, expressly members with limited English proficiency (LEP) or sensory impairment, receive equal access to health care services that are culturally and linguistically appropriate. PHC does not discriminate against its members because of race, color, creed, religion, ancestry, marital status, sexual orientation, national origin, age, sex or physical or mental disability.

Program objectives include:

- Comply with state and federal guidelines related to caring for LEP and sensory impaired members.
- Improve the quality of health care services for all PHC members at medical and non-medical points of contact.
- Promote a culturally competent health care and work environment for PHC.
- Promote CLAS "best practices" for implementation by PHC, its network providers and subcontractors.
- Use outcomes, processes and structure measures to monitor and continuously improve PHC activities aimed at achieving cultural competence and reducing health care disparities.

PHC's Population Health unit is responsible for developing, implementing and evaluating PHC's Cultural and Linguistic Program in coordination with Quality, Provider Relations, Member Services, Communications, Compliance, Information Technology, Health Analytics, Regional Leadership, and Administration.

The Quality and Health Analytics team analyze quality improvement data by race, ethnicity and language to identify health disparities and utilization patterns as it relates to Cultural and Linguistic Services.

Provider Relations is responsible for ensuring that provider network composition continuously meets members' ethnic, cultural and linguistic needs. Language capabilities of clinicians and other provider office staff are identified during the credentialing process and through an annual, self-reported survey of our primary care provider sites to update PHC's provider directory.

Member Services record members' cultural and linguistic capability upon enrollment using data acquired from DHCS. Members are informed that they have access to free oral interpretation in their language and written materials translated into PHC's threshold languages or provided in alternative formats. Member Services is responsible for supporting PHC's Consumer Advisory

Committee (CAC) in accordance with Title 22, CCR, Section 53876 (c). The CAC meetings are chaired by designated PHC staff. The purpose of the CAC is to provide a link between PHC and the community. CAC advises PHC on the development and implementation of its cultural and linguistic accessibility standards and procedures. The committee responsibilities include advising on cultural competency, educational and operational issues affecting members, including seniors, persons with LEP, and persons with disabilities. The CAC is composed of PHC members and community advocates.

Communications and Compliance are responsible for ensuring that policies and materials for eligible beneficiaries or potential enrollees do not discriminate due to race, color, creed, religion, ancestry, marital status, sexual orientation, national origin, age, sex or physical or mental disability. Regional Leadership provide insight into the unique needs of their member population, and maintain relationships with regional providers, counties, and community leaders to ensure the cultural and linguistic needs of PHC's membership are addressed equitably.

Administration, along with PHC's executive oversight, ensures that PHC's policies and procedures comply with standards and performance requirements for the delivery of culturally and linguistically appropriate health care services. PHC has systems and processes to:

- Assess, identify and track linguistic capability of interpreters, bilingual employees and contracted staff in medical and non-medical settings.
- Conduct a Population Needs Assessment (PNA) with corresponding actions every year for Medi-Cal in order to:
    - Identify member health education and cultural and linguistic needs. Submit PNA report to DHCS as stated in the contract.
    - Continuously develop and improve contractually required health education, cultural and linguistic services, and educational materials
    - Monitor and evaluate the Cultural and Linguistic Services and the performance of individuals providing linguistics services.
- Provide cultural competence, sensitivity, or diversity training for staff, providers or subcontractors at key points of contact.

Linguistic services are provided by PHC to monolingual, non-English speaking or LEP Medi-Cal beneficiaries for population groups as determined by contract. These services include the following:

- No cost linguistic services:
    - Oral interpreters, sign language interpreters or bilingual providers and provider staff at key points of contact available in all languages spoken by Medi-Cal beneficiaries. Written informing materials (to include notice of action, grievance acknowledgement and resolution letters) fully translated into threshold languages, upon request
    - Use of California Relay Services for hearing impaired.

Through the PNA, PHC regularly assesses and documents member cultural and linguistic needs to determine and evaluate the cultural and linguistic appropriateness of its services. Assessments cover language preferences, reported ethnicity, use of interpreters, traditional health beliefs and beliefs about health and health care utilization. Activities include:

- Document reported ethnicity, preferred language, and use of interpreters in PHC's information system.
- Document member requests to change their reported ethnicity or preferred language.
- Track and analyze face-to-face and telephonic interpreter service usage rates for all points of contact.
- Instruct providers to record members' language needs in the medical record and document member requests or refusal of language/interpreter services.
- Utilize the results of Facility Site and Medical Record Review audits to validate provider compliance with documentation requirements.
- Utilize the findings and conclusions from the Population Needs Assessment to continuously develop and improve the cultural and linguistic services program.
- Gather additional member input through member surveys, focus groups and grievance analysis.

Core content of the PNA

DHCS – PNA goals:

- Evaluating beneficiary health risks
- Identifying member health needs
- Prioritizing health education and C&L services
- Prioritizing QI programs and resources.

PNA Identifies:

- Member health status and behaviors
- Member health education and C&L needs
- Community health education and C&L programs and resources
- Health disparities and gaps in services

PHC continuously assesses the linguistic capabilities of its employees, providers and subcontractors to reduce language barriers, to increase the quality of care LEP members receive, and ensure the plan's ability to meet members' ethnic, cultural and linguistic needs. Activities that contribute to the assessment process include:

- Employees
    - Hire staff that demonstrates appropriate bilingual proficiency at medical and non-medical points of contact.
    - Use a contracted vendor to test PHC employee positions that require bilingual language proficiency.
    - Maintain human resource records on staff linguistic skills and relevant training, certification and/or proficiency results.
    - Maintain the community health resources page on PHC website showing the services offered in the counties we serve, including the language(s) in which the programs are offered.

- Providers
    - Primary Care Providers (PCP) and Specialists are required to ensure access to care for members with LEP through the provider's own multilingual staff or through cultural and linguistic services facilitated by PHC.

    - Identify language proficiency of bilingual primary care providers and office staff through a standard self-assessment tool.
    - Reporting provider and office staff language capabilities in the Provider Directory.
- Subcontractors
    - Execute agreements with subcontractors that include compliance with all product lines of business requirements.
    - Execute agreements with contracted translators and interpreters that require staff to be tested for proficiency and experience.

PHC ensures access to interpreter services for all LEP and sensory impaired members through several mechanisms:

- Inform new enrollees of available linguistic services during a welcome call and in welcome packets.
- Provide a Quick Reference Guide to demonstrate to providers how to access our interpreter services.
- Provide an interpreter for scheduled appointments when requested by the provider or member.
- Ensure that members can use face-to-face language and sign language interpreters with advance notice.
- Make 24-hour access to telephonic interpreter services available for all medical and non-medical points of contact as defined in the contract or regulations.
- Monitor the interpreter request process to avoid unreasonable or unnecessary delays when the service is requested by the member or provider.
- Encourage the use of qualified interpreters rather than family members or friends. (The member may choose an alternative interpreter at his/her cost after being informed of the no cost service.)
- Discouraging the use of minors as interpreters except in extraordinary circumstances.
- Maintain records in the Member Services department of the languages available from the interpreter services.
- Translate all written member informing materials into PHC's threshold languages and make materials available in alternative formats as requested, such as Braille, large print, CD, or audio cassette.
- Maintain records in the Member Services department of translated member informing materials.
- Ensure members are made aware that they have the right to file a complaint or grievance if their linguistic needs are not met.

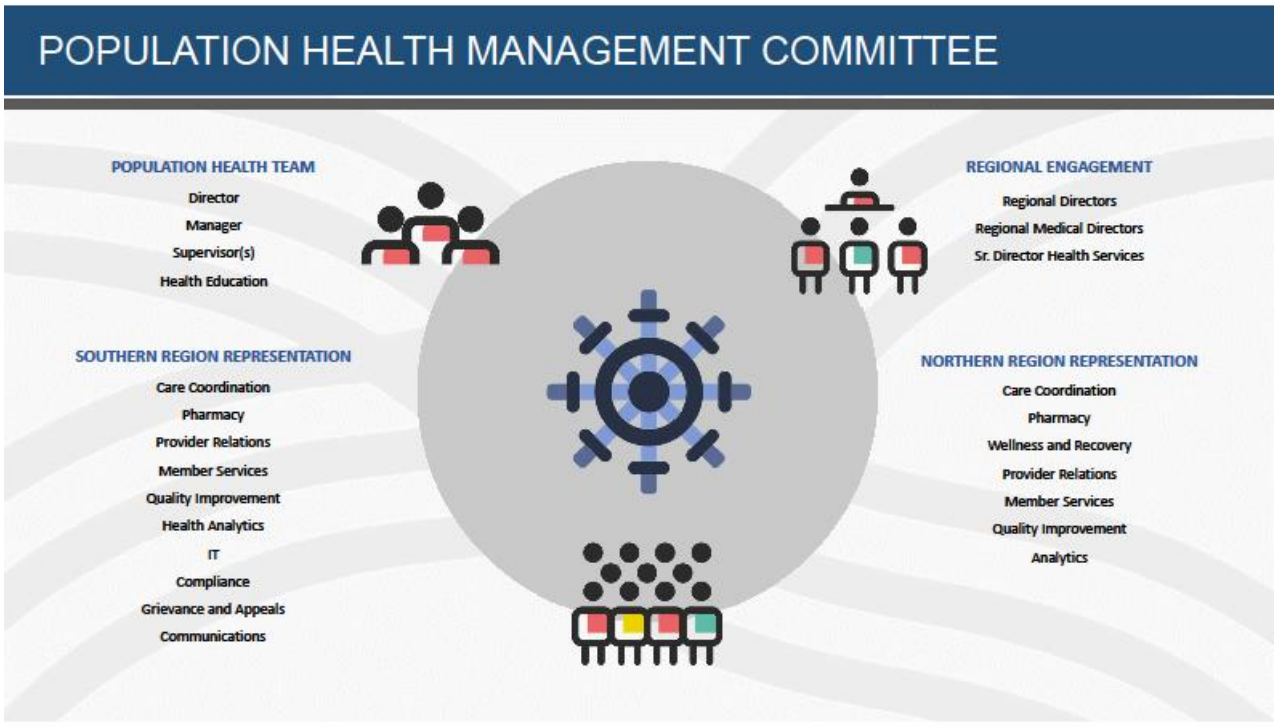
PHC has internal systems to meet members' cultural and linguistic needs. Examples of activities that support these internal systems include:

- Initial and continuing training on cultural competency, sensitivity, or diversity for PHC staff, providers and subcontractors.
- Regular communication and/or training ensuring that staff and providers are informed and aware of PHC's policies and procedures regarding provision of CLAS.
- Training and educational materials and tools on different cultures and CLAS are made available to PHC staff, and network providers.

- Monitor and evaluate the effectiveness of PHC's Cultural and Linguistic Services in delivering CLAS is accomplished by review of:
    - Member satisfaction surveys
    - Member complaints and grievances
    - Reports of utilization of interpreter service by language
    - Provider assessments and site reviews
    - Findings from the Health Education and Cultural and Linguistic Population Needs Assessment and Population Health Program Evaluation.
    - Feedback on services from the Consumer Advisory Committee (CAC), the Internal Quality Improvement Committee, PHC staff, network providers, community-based organization partners, community health fairs, outreach and other sources.

As part of the PNA, health disparities and utilization patterns by race, ethnicity, and language are investigated and, when needed, appropriate interventions are implemented.

MPLD7001 Appendix A



Synopsis of Changes to Discussion Policies

Below is an overview of the 10 policies that will be discussed at the Aug. 19, 2020 Quality & Utilization Advisory Committee (Q/UAC) meeting. It is recommended that you look over the changes to each and note any questions or comments you may have to help keep a progressive meeting agenda.

Policy Number	Policy Name	Page Number	Summary of Revisions (Please include why the change was made, e.g., NCQA, APL, Medi-Cal guidelines, clarification, etc.)	External Documentation (Notice required outside of originating department)	Policy Owner
MCND9002	Cultural & Linguistics Program Description	148 – 153	Formerly identified as MPLD7001 in the Health Ed/ C&L policy section, this policy has now been moved to the Population Health policy section with new policy number MCND9002. No other changes were made to the policy at this time except to update policy number and to add references to the prior policy number.	N/A	Catherine Thomas
MCNP9003	Cultural & Linguistics Services (policy)	154 – 161	Formerly identified as MCLP7002 in the Health Ed/ C&L policy section, this policy has now been moved to the Population Health policy section with new policy number MCNP9003. Minor edits include updates to policy number, hyperlinks added to All Plan Letter (APL) references, and change of name for two references to C&L and Health Education Committee which is now called the Population Health Steering Committee. Reference to the prior policy number was added in the Previously Applied To: section at the end.	N/A	Catherine Thomas
MCNP9004	Regulatory Required Notices and Taglines	162 – 174	This policy is being transferred from the Member Services department where it existed as an internal policy MC359, over to the Population Health Management (PHM) department with new number MCNP9004 and external status. In addition to the transfer, the following updates were made: **Section I.** Four Related Policies were added. **Section II.** Four Impacted Departments added. **Section III.** Added Definitions for Adverse Benefit Determination (ABD), COVID-19 Exception, Notice of Action (NOA), and Notice of Appeal Resolution (NAR). **Section IV**. Added Attachment D for COVID-19 version of "Your Rights under Medi-Cal Managed Care." **Section V.** – Simplified Purpose statement.	Member Services	Catherine Thomas

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			Section VI.A.1. and VI.B.1. – Removed references to Member Services and replace with "PHC." **Section VI.D.1.** – Added language to specify that NOA letters inform Members of ABDs. **Section VI.E.1.** – This new section was added to describe the new Attachment D for COVID-19 "Your Rights under Medi-Cal Managed Care" which now allows 240 days instead of 120 days for filing State Hearing requests. **Section VII.** – References to two Member Services desktops were removed. Four new references were added for Department of Health Care Services (DHCS) contract, Affordable Care Act (ACA), APL 17-006 and National Committee for Quality Assurance (NCQA) UM 7. **Section VIII.** – Distribution was updated to say PHC Dept. Directors and PHC Provider Manual. **Section IX.** - Position Responsible for Implementing Reference to the prior policy number was added in the **Previously Applied To**: section at the end.		
MCCP2022	Early & Periodic Screening, Diagnostic and Treatment (EPSDT) Services	175 – 181	**Section I.I.** – Added new policy as related: MCCP2031 Private Duty Nursing Under EPSDT **Section VI. M.**- Deleted section on Pediatric Shift Nursing because this information was transferred into the new policy MCCP2031 referenced above.	Provider Relations	Katherine Barresi, RN
MCUP2031	Private Duty Nursing Under EPSDT	182 – 185	New policy created to better define PHC's responsibility to provide EPSDT Supplemental Service Benefit for shift nursing and case management assistance to appropriate members under the age of 21. For some members under the age of 21, Private Duty Nursing (PDN) services may be medically necessary. This policy describes how requests for private duty nursing will be authorized and how case management will be provided for members with approved PDN services.	Provider Relations Providers Grievance	Katherine Barresi, RN

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MCUG3007	Authorization of Ambulatory Procedures and Services	186 – 201	**Section I.** – Added new policy MCUP3139 Criteria and Guidelines for Utilization Management as a Related Policy. **Section III.** – Added definition for ABD. **Section VI.B.6.** – Added "Covered Benefit" as one of the objectives to be evaluated during Treatment authorization Request (TAR) review. **Section VI.C.1. and 2.** – Added further description of the criteria used in medical necessity determinations as per new policy MCUP3139. **Section VI.D.4. and 5.c.** – changed "few or all" to "any" because there were only three options and "few" was redundant. **Section VI.D.5**. – changed "Denial" to "Adverse Benefit" Determination. **Section VI.D.5** – changed "attending physician" to "requesting provider" throughout this section to allow for nurse practitioners. **Section VI.D.5.c. and d**. – changed "denial determination letter " to "Notice of Action letter." **Section VI.D.7.** – updated language about Reauthorizations to match recent updates on same topic made to DME policy MCUP3013. **Section VII.** – updated references to 2020 **Attachment B** – TAR Requirement list updated as specified under synopsis for MCUP3041 in this document.	N/A	Peggy Hoover, RN Debbie McAllister, RN
MCUG3022	Incontinence Guidelines	202 – 210	To improve efficiency of claims process, this policy was updated to require a TAR for all incontinence supplies. **Section III.B.** – Added definition of acronym for CMN form as the Incontinence Supplies Medical Necessity Certification Form *DHCS 6187*. **Section VI.A.1.** – Specified that a TAR is required for all incontinence supplies with two code exceptions as described in VI.A.3.	Claims Configuration Provider Relations Provider Notification	Peggy Hoover, RN Debbie McAllister, RN

Policy Number	Policy Name	Page Number	Summary of Revisions (Please include why the change was made, e.g., NCQA, APL, Medi-Cal guidelines, clarification, etc.)	External Documentation (Notice required outside of originating department)	Policy Owner
			Section VI.A.2. – Specified that a CMN form must be submitted with the TAR for incontinence supplies over $165 per month. **Section VI.A.3.** – Specified that while a TAR is not required for codes A4335 and A4665 (skin wash and cream), providers are encouraged to include these items on the incontinence supply TAR as the authorization will be good for one year and the provider will be able to submit claims electronically without attaching the prescription each month. Otherwise providers must submit paper claims with the prescription form attached. Also removed statement requiring history of skin breakdown from a physician to justify medical necessity for skin washes and creams. **Section VI.A.7.** – Specified that a CMN form must be submitted with the TAR for incontinence supplies over $165 per month. **Section VI.A.8.** – Specified that incontinence supplies $165 per month or less do not require submission of a CMN form with the TAR. **Attachment A** – Removed references to quantities that require a TAR because all supplies now require a TAR with only 2 code exceptions. Added note to recommend a TAR for codes A4335 and A4665 even though it is not required, because the claims process will be more efficient for the provider.		
MCUP3039	Special Case Managed Members	211 – 219	This policy was updated to add 3 new Health Plans for Wellness & Recovery benefit to our grid: **WELLNESS 0001** -W&R SUD Treatment Services Only **WELLNESS 0011** - W&R Deceased **WELLNESS 0026** - W&R with SOC Health Plans no longer in use were also deleted from the grid.	Member Services Provider Relations	Peggy Hoover, RN Debbie McAllister, RN

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Policy Number	Policy Name	Page Number	Summary of Revisions (Please include why the change was made, e.g., NCQA, APL, Medi-Cal guidelines, clarification, etc.)	External Documentation (Notice required outside of originating department)	Policy Owner
			HP 7 – was updated to include aid code 5L. Note was added to say it is "OK to move all FC and other special needs DDS members to HP 7 upon request." **HP 8** – language was added to specify that Members in a residential treatment facility for substance use disorders will be temporarily placed in HP 8 for the length of their stay. Reference to "inpatient Drug/Rehab" was removed because that was specified incorrectly before.		
MCUP3041	TAR Review Process	220 – 237	**Section VI. C.8.a**. - Changed time frame for correction TARs from 6 months to 12 months. **Attachment A TAR Requirements List** – on page 3 changed Incontinence Supplies language to specify that all supplies require a TAR except for two codes where it is not required but recommended. On page 4 added a HCPCS code for platelet rich plasma units to require a TAR because we are getting a lot of TARs for orthopedic plasma injections which require review.	Configuration Provider Relations	Peggy Hoover, RN Debbie McAllister, RN
MCUP3124	Referral to Specialists (RAF) Policy	238 – 241	**Paragraph added as VI.D.4** to satisfy DHCS AIR. "PHC will coordinate services when an out of network provider is medically necessary. Coordination may include, but is not limited to, entering into a single case agreement with the provider and coordinating transportation if the member meets criteria as per Welfare and Institutions Code (WIC) 14197.04 and/or PHC policy MCCP2016 Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT)."	Compliance	Peggy Hoover, RN Debbie McAllister, RN

Cultural & Linguistic Program Description

~~MPLD7001~~MCND9002

~~June~~ August 2020

Original Date: 02/19/2014

Revision~~(s)~~ Date~~(s)~~: Previously Applied to MPLD7001 02/19/2014 to 09/09/2020 ~~02/18/15; 01/20/16; 02/15/17; *02/14/18; 09/12/18; 09/11/19; 06/10/20~~

~~*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.~~
MCND9002 (09/09/20): N/A

Program Purpose

Partnership HealthPlan of California (PHC) is committed to delivering culturally and linguistically appropriate services (CLAS) to all eligible members with limited English proficiency (LEP) or sensory impairment. PHC's Cultural and Linguistic Services comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, and 45 C.F.R. Part 80) and the Cultural and Linguistic Services requirements in accordance to the contractual agreement with the Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), and the Centers for Medicare and Medicaid Services (CMS).

The goal of the Cultural and Linguistic Services Program is to ensure that PHC members, expressly members with limited English proficiency (LEP) or sensory impairment, receive equal access to health care services that are culturally and linguistically appropriate. PHC does not discriminate against its members because of race, color, creed, religion, ancestry, marital status, sexual orientation, national origin, age, sex or physical or mental disability.

Program objectives include:

- Comply with state and federal guidelines related to caring for LEP and sensory impaired members.
- Improve the quality of health care services for all PHC members at medical and non-medical points of contact.
- Promote a culturally competent health care and work environment for PHC.
- Promote CLAS "best practices" for implementation by PHC, its network providers and subcontractors.
- Use outcomes, processes and structure measures to monitor and continuously improve PHC activities aimed at achieving cultural competence and reducing health care disparities.

PHC's Population Health unit is responsible for developing, implementing and evaluating PHC's Cultural and Linguistic Program in coordination with Quality, Provider Relations, Member Services, Communications, Compliance, Information Technology, Health Analytics, Regional Leadership, and Administration.

The Quality and Health Analytics team analyze quality improvement data by race, ethnicity and language to identify health disparities and utilization patterns as it relates to Cultural and Linguistic Services.

Provider Relations is responsible for ensuring that provider network composition continuously meets members' ethnic, cultural and linguistic needs. Language capabilities of clinicians and other provider office staff are identified during the credentialing process and through an annual, self-reported survey of our primary care provider sites to update PHC's provider directory.

Member Services record members' cultural and linguistic capability upon enrollment using data acquired from DHCS. Members are informed that they have access to free oral interpretation in their language and written materials translated into PHC's threshold languages or provided in alternative formats. Member Services is responsible for supporting PHC's Consumer Advisory

Committee (CAC) in accordance with Title 22, CCR, Section 53876 (c). The CAC meetings are chaired by designated PHC staff. The purpose of the CAC is to provide a link between PHC and the community. CAC advises PHC on the development and implementation of its cultural and linguistic accessibility standards and procedures. The committee responsibilities include advising on cultural competency, educational and operational issues affecting members, including seniors, persons with LEP, and persons with disabilities. The CAC is composed of PHC members and community advocates.

Communications and Compliance are responsible for ensuring that policies and materials for eligible beneficiaries or potential enrollees do not discriminate due to race, color, creed, religion, ancestry, marital status, sexual orientation, national origin, age, sex or physical or mental disability. Regional Leadership provide insight into the unique needs of their member population, and maintain relationships with regional providers, counties, and community leaders to ensure the cultural and linguistic needs of PHC's membership are addressed equitably.

Administration, along with PHC's executive oversight, ensures that PHC's policies and procedures comply with standards and performance requirements for the delivery of culturally and linguistically appropriate health care services. PHC has systems and processes to:

- Assess, identify and track linguistic capability of interpreters, bilingual employees and contracted staff in medical and non-medical settings.
- Conduct a Population Needs Assessment (PNA) with corresponding actions every year for Medi-Cal in order to:
    - Identify member health education and cultural and linguistic needs. Submit PNA report to DHCS as stated in the contract.
    - Continuously develop and improve contractually required health education, cultural and linguistic services, and educational materials
    - Monitor and evaluate the Cultural and Linguistic Services and the performance of individuals providing linguistics services.
- Provide cultural competence, sensitivity, or diversity training for staff, providers or subcontractors at key points of contact.

Linguistic services are provided by PHC to monolingual, non-English speaking or LEP Medi-Cal beneficiaries for population groups as determined by contract. These services include the following:

- No cost linguistic services:
    - Oral interpreters, sign language interpreters or bilingual providers and provider staff at key points of contact available in all languages spoken by Medi-Cal beneficiaries. Written informing materials (to include notice of action, grievance acknowledgement and resolution letters) fully translated into threshold languages, upon request
    - Use of California Relay Services for hearing impaired.

Through the PNA, PHC regularly assesses and documents member cultural and linguistic needs to determine and evaluate the cultural and linguistic appropriateness of its services. Assessments cover language preferences, reported ethnicity, use of interpreters, traditional health beliefs and beliefs about health and health care utilization. Activities include:

- Document reported ethnicity, preferred language, and use of interpreters in PHC's information system.
- Document member requests to change their reported ethnicity or preferred language.
- Track and analyze face-to-face and telephonic interpreter service usage rates for all points of contact.
- Instruct providers to record members' language needs in the medical record and document member requests or refusal of language/interpreter services.
- Utilize the results of Facility Site and Medical Record Review audits to validate provider compliance with documentation requirements.
- Utilize the findings and conclusions from the Population Needs Assessment to continuously develop and improve the cultural and linguistic services program.
- Gather additional member input through member surveys, focus groups and grievance analysis.

Core content of the PNA

DHCS – PNA goals:

- Evaluating beneficiary health risks
- Identifying member health needs
- Prioritizing health education and C&L services
- Prioritizing QI programs and resources.

PNA Identifies:

- Member health status and behaviors
- Member health education and C&L needs
- Community health education and C&L programs and resources
- Health disparities and gaps in services

PHC continuously assesses the linguistic capabilities of its employees, providers and subcontractors to reduce language barriers, to increase the quality of care LEP members receive, and ensure the plan's ability to meet members' ethnic, cultural and linguistic needs. Activities that contribute to the assessment process include:

- Employees
    - Hire staff that demonstrates appropriate bilingual proficiency at medical and non-medical points of contact.
    - Use a contracted vendor to test PHC employee positions that require bilingual language proficiency.
    - Maintain human resource records on staff linguistic skills and relevant training, certification and/or proficiency results.
    - Maintain the community health resources page on PHC website showing the services offered in the counties we serve, including the language(s) in which the programs are offered.

- Providers
    - Primary Care Providers (PCP) and Specialists are required to ensure access to care for members with LEP through the provider's own multilingual staff or through cultural and linguistic services facilitated by PHC.

    - Identify language proficiency of bilingual primary care providers and office staff through a standard self-assessment tool.
    - Reporting provider and office staff language capabilities in the Provider Directory.
- Subcontractors
    - Execute agreements with subcontractors that include compliance with all product lines of business requirements.
    - Execute agreements with contracted translators and interpreters that require staff to be tested for proficiency and experience.

PHC ensures access to interpreter services for all LEP and sensory impaired members through several mechanisms:

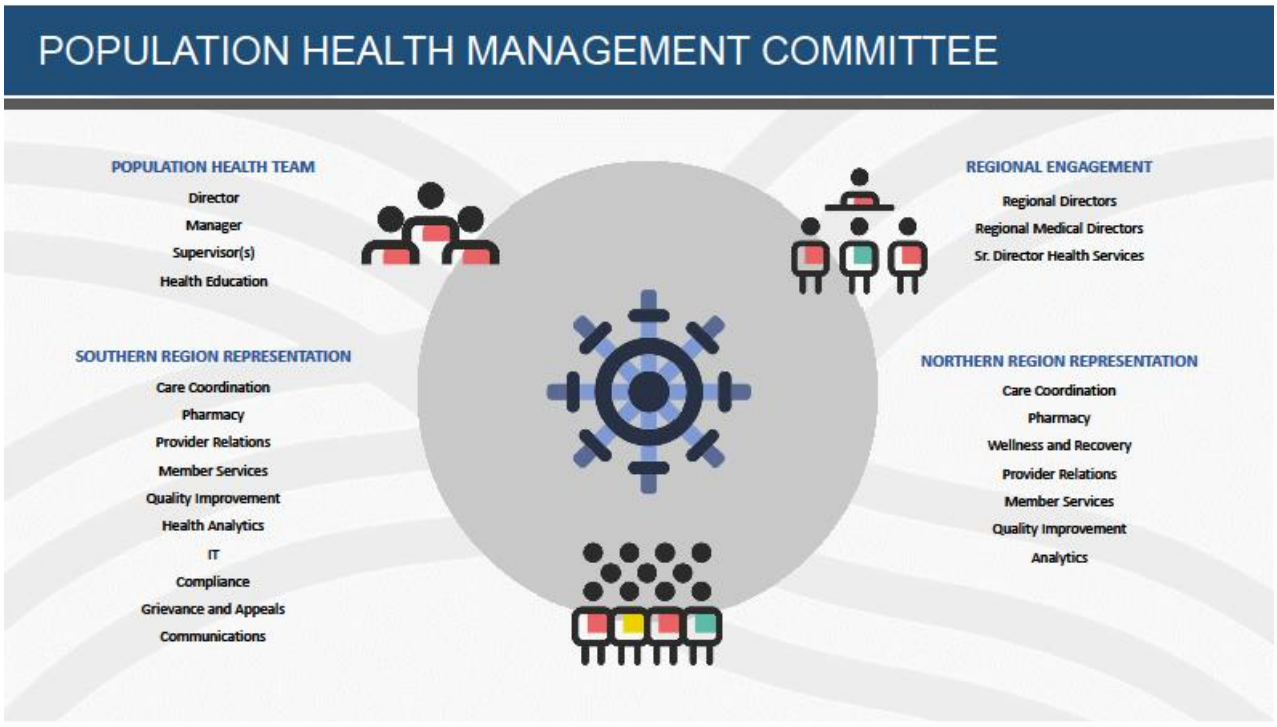
- Inform new enrollees of available linguistic services during a welcome call and in welcome packets.
- Provide a Quick Reference Guide to demonstrate to providers how to access our interpreter services.
- Provide an interpreter for scheduled appointments when requested by the provider or member.
- Ensure that members can use face-to-face language and sign language interpreters with advance notice.
- Make 24-hour access to telephonic interpreter services available for all medical and non-medical points of contact as defined in the contract or regulations.
- Monitor the interpreter request process to avoid unreasonable or unnecessary delays when the service is requested by the member or provider.
- Encourage the use of qualified interpreters rather than family members or friends. (The member may choose an alternative interpreter at his/her cost after being informed of the no cost service.)
- Discouraging the use of minors as interpreters except in extraordinary circumstances.
- Maintain records in the Member Services department of the languages available from the interpreter services.
- Translate all written member informing materials into PHC's threshold languages and make materials available in alternative formats as requested, such as Braille, large print, CD, or audio cassette.
- Maintain records in the Member Services department of translated member informing materials.
- Ensure members are made aware that they have the right to file a complaint or grievance if their linguistic needs are not met.

PHC has internal systems to meet members' cultural and linguistic needs. Examples of activities that support these internal systems include:

- Initial and continuing training on cultural competency, sensitivity, or diversity for PHC staff, providers and subcontractors.
- Regular communication and/or training ensuring that staff and providers are informed and aware of PHC's policies and procedures regarding provision of CLAS.
- Training and educational materials and tools on different cultures and CLAS are made available to PHC staff, and network providers.

- Monitor and evaluate the effectiveness of PHC's Cultural and Linguistic Services in delivering CLAS is accomplished by review of:
    - Member satisfaction surveys
    - Member complaints and grievances
    - Reports of utilization of interpreter service by language
    - Provider assessments and site reviews
    - Findings from the Health Education and Cultural and Linguistic Population Needs Assessment and Population Health Program Evaluation.
    - Feedback on services from the Consumer Advisory Committee (CAC), the Internal Quality Improvement Committee, PHC staff, network providers, community-based organization partners, community health fairs, outreach, and other sources.

As part of the PNA, health disparities and utilization patterns by race, ethnicity, and language are investigated and, when needed, appropriate interventions are implemented.



PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="3">Policy/Procedure Number: MCNP9003 (previously MP 302, MCLP7002)</td><td colspan="3">Lead Department: Health Services</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Cultural and Linguistic Services</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 02/26/1999 (MP 302)</td><td colspan="4">Next Review Date: 09/09/2021
Last Review Date: 09/09/2020</td></tr>
<tr><td>Applies to:</td><td colspan="2">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td>☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td>☐ BOARD</td><td></td><td>☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALING</td><td colspan="2">☒ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 09/09/2020</td></tr>
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I. RELATED POLICIES:

A. HR509 - Bilingual Standards
B. CMP10 - Confidentiality
C. CGA022 - Member Discrimination Grievance Procedure
D. MCND9002 - Cultural and Linguistic Program Description
E. MP PR 200 - PHC Provider Contracts
F. MPHP8001 - Health Education Program
G. MPQP1022 - Site Review Requirements and Guidelines
H. CMP36 – Delegation and Oversight Monitoring
I. MPQD1001 – Quality and Performance Improvement Program Description

II. IMPACTED DEPTS:

A. Member Services
B. Health Services
C. Provider Relations
D. Administration

III. DEFINITIONS:

A. CAC – Consumer Advisory Committee
B. DHCS – Department of Health Care Services
C. EOC – Evidence of Coverage
D. ICE – Industry Collaboration Effort (ICE)
E. IQI – Internal Quality Improvement
F. LEP – Limited English Proficiency
G. MMCD – Medi-Cal Managed Care Division
H. OHC – Other Health Coverage
I. SPD – Seniors and Persons with Disabilities
J. TJC – The Joint Commission
K. LGBTQ – Lesbian, Gay, Bisexual, Transgender and Queer/Questioning
L. Qualified interpreter – interpreter who adheres to generally accepted interpreter ethics, principles, and confidentiality. Has demonstrated proficiency in speaking and understanding both spoken English and at least one non-English language, and is able to interpret effectively, accurately, and impartially, both receptively and expressively, to and from such language(s) and English, using any necessary specialized vocabulary and phraseology.
M. Qualified translator – translator who adheres to generally accepted translator ethics, principles, and

confidentiality. Has demonstrated proficiency in writing and understanding both written English and at least one non-English language, and is able to translate effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary, terminology, and phraseology.

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To ensure effective communication regarding treatment, diagnosis, medical history and health education by providing cultural, linguistic, and sensory appropriate services to Members, taking into consideration Members' beliefs, traditions, customs, and individual differences. Partnership HealthPlan of California (PHC) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

VI. POLICY / PROCEDURE:

A. Demographic Profile
   1. Medi-Cal - The language code provided on the 834 file is used to determine primary languages.
   2. In accordance with PHC Policy CMP-10 Confidentiality, this information is collected, summarized and documented in a manner that enables PHC to maintain confidentiality of personal information and to disclose the information to Department of Health Care Services (DHCS), upon request for regulatory purposes, and to contracting providers on request for lawful purposes, including language assistance purposes and health care quality improvement purposes.
   3. Standards for Determining Threshold Languages and Requirements for Section 1557 of the Affordable Care Act is determined by DHCS All Plan Letter (APL) 17-011, which supersedes APL 14-008. Managed Care Plans (MCP) are required to provide translated member information to the following groups within their service areas as determined by DHCS using:
      a. Threshold Standard Language: A population group of mandatory eligible beneficiaries residing in the service area who indicate their primary language as other than English, and that meet a numeric threshold of 3,000 or five percent (5%) of the eligible beneficiary population whichever is lower; and,
      b. Concentration Standard Language: A population group of mandatory eligible beneficiaries residing in the MCP's service area who indicate their primary language as other than English and who meet the concentration standards of 1,000 in a single zip code or 1,500 in two contiguous zip codes.

B. Notification to Members and the Public of the Availability of Linguistic Services for California's top 16 non-English languages spoken by LEP individuals and PHC's compliance with non-discrimination and applicable Federal civil rights laws.
   1. PHC notifies members and the public of the availability of linguistic services by publishing language assistance taglines and notice of non-discrimination with all major member correspondence including but not limited to:
      a. PHC Member Handbook/Evidence of Coverage (EOC)
      b. Notices in Provider Offices
      c. PHC External Website at www.partnershiphp.org
      d. Member newsletter
      e. PHC Provider Directory

C. Staff Training
1. Per MMCD APL 11-010 (Competency and Sensitivity Training Required in Serving the Needs of Seniors and Persons with Disabilities), PHC provides an annual training to all staff who have direct contact with members. This training includes the following topics:
   a. Review of PHC Cultural and Linguistic Services Policy
   b. Understanding the needs of Limited English Proficiency (LEP) members
   c. Understanding cultural differences of LEP members
   d. Interpreter Services Criteria
   e. How to access interpreter services
   f. How to effectively use and interact with available interpretation services
   g. Seniors and Persons with Disabilities sensitivity awareness training (State Approved)
2. Other internal departmental trainings include:
   a. Cultural awareness and sensitivity
   b. Identifying and communicating with LEP members
   c. Interpreting and translations policies and procedures
   d. Using the TTY and California Relay Systems

D. Services Provided
1. In accordance with 42 CFR 438.10(d), PHC shall provide the following linguistic services at no cost to members:
   a. Access to qualified oral interpreters, signers, or bilingual providers and staff at key points of contact (medical and non-medical) for members whose language proficiency is any of California's top 16 non-English languages spoken by LEP individuals. Medical points of contact include face-to-face or telephonic encounters with providers (physicians, physician extender, registered nurses, pharmacists (at a minimum - telephonic interpreter), or other personnel who provide medical or health care advice to members.
   b. Written Materials - All written member informing materials, including those required by the DHCS, as outlined in DHCS APL 18-016 are translated by a qualified translator in the threshold languages of PHC's service areas and when requested by a member in any of California's top 16 non-English languages. These materials are also available in audio, large print, and electronically for members with hearing and/or visual disabilities. Braille versions are available for members with visual disabilities. Members can make a standing request to receive all informing materials in the specific format.
      1) All written member-informing materials must be approved by Senior Health Educator, Communications Department, External and Regulatory Affairs Department, and DHCS prior to being submitted for translation services. Materials submitted for translation must be in Microsoft Word format with no images.
2. Language Line Services - PHC contracts with Language Line services. In accordance with Title 22 CCR Section 53853(c), this service provides real time interpreting services and is available on a 24-hour basis. The Language Line is used by PHC staff for languages not spoken by staff for LEP members. This service is also available to contracted providers at key points of contact, including pharmacies.
3. As outlined in the DHCS contract, PHC shall distribute this member information no later than seven (7) calendar days following notification of enrollment. PHC shall also distribute this member information annually to each member or family unit.
4. To ensure the quality of written translation, PHC conducts testing for bilingual staff to qualify them to review and approve documents that have been translated by a contracted vendor.
5. To ensure the written Member information is in a format that is easily understood, the Senior Health Educator and Communications Department will review all documents. The Communications Department is responsible for sending materials to the External and Regulatory Affairs Department

for review. The External and Regulatory Affairs Department is responsible for sending materials to DHCS for review and approval. The External and Regulatory Affairs Department will send DHCS response to the Senior Health Educator, Communications Department and the developer of the written member information.

6. In accordance with DHCS APL 18-016 (Readability and Suitability of Written Health Education Materials), all written Member information is provided to Members at a sixth grade or lower reading level and approved by DHCS. The written Member information shall ensure the Member's understanding of the health plan Covered Services processes and ensure the Member's ability to make informed health decisions.
7. In accordance with MMCD Policy Letter 99-03 (Cultural and Linguistics), the member material must include information regarding the member's rights.
    a. Member has the right to request and receive documents translated into any of California's top 16 non-English languages.
8. Member has the right to file grievances if linguistic needs are not met. Interpreter services are available on a 24-hour basis and at no charge when accessing health care.
    a. Discourage the use of family members or friends as interpreters, unless specifically requested by the member.
    b. Request face-to-face or telephonic interpreter services during discussion of complex medical information such as diagnoses of complex medical conditions and accompanying proposed treatment options.
9. Grievances and Appeals
    a. The EOC provides a detailed summary of the process of filing a grievance or appeal. In addition to this, PHC:
        1) Includes a bi-annual Member Newsletter article advising members to contact the Member Services Department to file a grievance or appeal.
        2) Provides grievance and appeal forms in the threshold languages of PHC's services area on the PHC website at www.partnershiphp.org.
        3) Maintains Grievance Policies that instruct staff and providers of the requirement of providing members with appropriate grievance and appeal forms.
        4) During regularly scheduled Facility Site Review, PHC will use the Site Review Survey Tool to ensure and document that appropriate grievance and appeal forms and information on how to receive language assistance service, including how to receive these materials in an alternate format, are available to members. These forms shall be made available in all PHC threshold languages and California's top 16 non-English languages spoken by LEP individuals upon request in compliance with requirements described under DHCS APL 17-011.
10. Face-to-Face Medical Interpreter Services – LEP members are entitled to language or sign language interpreters when accessing medically necessary health care services. Refer to the section of this policy titled Criteria and Authorization Requirements for Interpreting Services. PHC is not required to provide face-to-face interpreter services for a member when the provider has made provision for an on-site interpreter.
11. Inpatient and Outpatient Hospital Services – The Joint Commission (TJC) requires interpretation services be available at hospitals. It is the responsibility of hospitals to arrange for and provide these services. Hospitals are also required to provide appropriate services for hearing and visually impaired patients. If a hospital does not meet its obligation of providing interpretation services, PHC will arrange for the service to be provided.
12. PHC will not reimburse providers who chose to provide face-to-face interpreter services or services for the hearing or visually impaired members without making arrangements for the provision of services through PHC's Member Services Department.

13. Auxiliary aids, Telecommunication Devices for the Deaf (TDD), Telephone Typewriters (TTY) and California Relay Service. These services are available to hearing impaired members.
14. Primary Care Assignment – To assist all LEP members in choosing a primary care provider that speaks their language, the languages spoken at each Provider office are published in the PHC Provider Directory. Member Services bilingual staff are also available to assist LEP members with the selection process. The Provider Directory also reflects provider offices, which are wheelchair accessible.
15. Auto Assignment – The auto assignment process is configured to use the member's language code and resident address.
16. PHC Member Services Staff – PHC's goal is to staff the Member Services Department with employees who are reflective of the cultural and linguistic diversity of PHC membership.
17. Testing Linguistic Proficiency of PHC Staff – In accordance with Human Resources policy #509, Bilingual Standards, the oral linguistic proficiency of all employees who provide interpreting services to members are tested. This is done to ensure that all the necessary linguistic requirements are met. Only those employees who pass the test are allowed to provide oral interpretation to members. A copy of the test is maintained by PHC's Human Resources Department.
18. Provider Network – PHC's goal is to maintain a provider network with a sufficient number of bilingual and multilingual providers and provider staff who speak threshold languages. PHC requires that providers document the request or refusal of language/interpreter services by LEP members in their medical records.
19. On an annual basis, PHC verifies non-English languages spoken by primary care practitioners and makes updates to the provider directories to reflect new information.
20. As provider office staff changes are communicated to PHC, linguistic capabilities of the new staff are added to the directory.
21. PHC continuously monitors issues related to provider interpreter capabilities through member grievance and appeal logs. Through tracking and trending, PHC will work with provider offices and when appropriate a Corrective Action Plan will be implemented.
22. PHC uses a variety of formats and tools to ensure providers are aware of interpreter service options and cultural and linguistic (C&L) educational opportunities for their staff. Examples: Quarterly provider newsletter articles, PHC Provider Cultural and Linguistic Toolkit, links to Industry Collaboration Effort (ICE) on the PHC website, reminders at provider site in-services, and publish a list of on-line courses and community colleges that offer bilingual educational courses.

E. Provider Training & Education
   1. PHC educates and trains providers and their staff on the following:
      a. Cultural competence
      b. Patient communication
      c. Member satisfaction and/or grievance
      d. Federal and state regulations and contract requirements relating to language access and anti-discriminatory practices
      e. Procedures for accessing PHC Interpreter Services; the Language Line; the importance of using qualified interpreters; discouraging the use of minors, friends or family members as interpreters; documenting the member's preferred language in their chart; and documenting the offer, acceptance or refusal of interpreter services.
   2. Seniors and Persons with Disabilities (SPD) competency and sensitivity training is provided to providers, their staff and health plan staff utilizing the curriculum developed by Medi-Cal Managed Care Division (MMCD).
   3. Documentation of trainings is maintained by PHC and is available upon request in accordance to DHCS MMCD APL 11-010.

F. Consumer Advisory Committee (CAC) - The PHC CAC provides information and recommendations with respect to PHC's C&L Services.

G. Criteria and Authorization Requirements for Interpreting Services
   1. Telephonic Interpreter Services
      a. Member or patient (non-member) is being seen at a PHC contracted provider site.
      b. Member or patient does not have other health coverage (OHC) that covers the requested/required interpreting service.
      c. Telephonic Interpreter Services do not require prior authorization through PHC's Member Services.
   2. Sign Language Interpreters
      a. Member is enrolled in PHC at the point the service is required.
      b. Member does not have OHC that is primary to PHC that covers the requested/required interpreting service.
      c. Appointment is for a service that is covered by PHC.
      d. Member is hearing and/or speech impaired.
      e. Sign Language Interpretation services require prior authorization through PHC's Member Services Department.
   3. Face-to-Face Interpreter Services
      a. Member is enrolled in PHC at the point the service is required.
      b. Member does not have OHC that is primary to PHC that covers the requested/required interpreting service.
      c. The appointment is for a service that is covered by PHC.
      d. Face-to-face interpretation services require prior authorization through PHC's Member Services Department.
      e. Behavioral Health Treatment (BHT) services for members under 21 years of age, such as evaluations and Applied Behavior Analysis, in a therapeutic and/or home setting are a PHC benefit and fall under PHC responsibility to arrange and schedule face-to-face interpreter services.
      f. If face-to-face interpreter services are being requested at a hospital, PHC staff contacts the Patient Services Department at the hospital for these services. If the hospital refuses to provide these services, PHC arranges the service. The Provider Relations Department is notified of the hospital's refusal to provide service.
      g. If face-to-face interpreter services are being requested for PHC Medi-Cal covered mental health services, the caller is referred to Beacon at (855) 765-9703. Beacon is responsible to provide face-to-face interpreting services. Members are advised to contact Beacon three (3) business days in advance of their appointment to arrange the service.

H. Scheduling the Interpreting Services
   1. Requests for face-to-face interpreting services and invoicing are processed by Member Services at (800) 863-4155.

I. Evaluation
   1. The following methods are used to assess the linguistic capacity of the PHC primary care network and the level of member satisfaction with linguistic services.
      a. PHC membership is surveyed. The results are reviewed by the Population Health Steering Committee to determine if a corrective action plan is necessary.
      b. As outlined in policy CGA022 Member Discrimination Grievance Procedure, PHC documents and monitors Member Grievances and Appeals related to cultural and linguistic and discrimination issues, in accordance with Section 1557 of the Affordable Care Act (ACA) of 2010. Grievance and reports that include cultural and linguistic issues are

presented to the Internal Quality Improvement (IQI) Committee on a quarterly basis for appropriate action.

c. PHC will collect data regarding cultural, ethnic, racial and linguistic needs of its members and conduct a quantitative analysis to determine unmet needs. Data sources may include but are not limited to, US Census data, enrollment data, member surveys, member grievances, other published health statistics as well as data provided by Plan sponsors or other sources. An analysis of the data collected will be done annually. The goal is to ensure that PHC and its providers deliver services to our members that meet the needs of our culturally diverse population.

d. In addition, every year, the Health Education team, under the direction of the Population Health Steering Committee, prepares a Population Needs Assessment (PNA) that documents member cultural and linguistic needs. The PNA includes language preferences, reported ethnicity, use of interpreters, traditional health beliefs and beliefs about health and health care utilization. The results are summarized and a report is submitted to the California Department of Health Care Services per regulatory requirements.

e. Appropriate PHC staff drafts a corrective action plan and presents it to the appropriate committee for recommendation and approval. The corrective action plan is then returned to the appropriate person(s) for implementation or incorporation of committee recommendations.

J. Delegation Oversight and Monitoring

1. PHC delegates some functions related to cultural and linguistic services.
2. A formal agreement is maintained and inclusive of all delegated functions.
3. PHC conducts an audit not less than annually to ensure the appropriate policy and procedures are in place
4. Results from Oversight and Monitoring activities shall be presented to the Delegation Oversight Review Sub-Committee (DORS) for review and approval.

VII. REFERENCES:

A. DHCS MMCD Policy Letter PL 99-03 Linguistic Services (04/02/1999)
B. DHCS MMCD All Plan Letter (APL) 11-010 Competency and Sensitivity Training Required In Serving the Needs of Seniors and Persons With Disabilities (05/11/2011)
C. DHCS MMCD All Plan Letter (APL) 17-011 Standards for Determining Threshold Languages and Requirements for Section 1557 of The Affordable Care Act (06/30/2017)
D. DHCS MMCD All Plan Letter (APL) 19-011 Health Education and Cultural and Linguistic Population Needs Assessment (09/30/2019)
E. DHCS MMCD All Plan Letter (APL) 18-016 Readability and Suitability of Written Health Education Materials (10/05/2018)
F. Document A (APL 18-016): Review and Approval Guidance for Written Health Education and Member Information Materials
G. Title 42 Code of Federal Regulations (CFR) Section 438.10(d)
H. Title 22 CCR Section 53853(c)
I. Section 1557 of the Affordable Care Act (ACA) of 2010
J. National Committee for Quality Assurance (NCQA) Guidelines (Effective July 1, 2020) NET 1 Availability of Practitioners, Element A, Factors 1, 2

VIII. DISTRIBUTION:

A. PHC Department Directors
B. PHC Provider Manual

Policy/Procedure Number: MCNP9003 (previously MP 302, MCLP7002)		**Lead Department: Health Services**
Policy/Procedure Title: Cultural and Linguistic Services		☒**External Policy** ☐**Internal Policy**
Original Date: 02/26/1999 (MP 302)	**Next Review Date: 09/09/2021** **Last Review Date: 09/09/2020**	
Applies to: ☒ **Medi-Cal**		☐ **Employees**

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:
Senior Director, Health Services

X. REVISION DATES:
MCNP9003 (09/09/2020)
N/A

PREVIOUSLY APPLIED TO:
Medi-Cal (MCLP7002)
01/18/17, *02/14/18; 08/08/18; 04/10/19; 03/11/20; ARCHIVED 09/09/2020

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

Medi-Cal (MP 302)
02/26/99; 04/09/02; 09/09/04; 05/12/05; 06/21/06; 03/12/08; 09/09/08; 09/19/09; 09/14/10; 12/21/10; 01/10/12; 05/15/13; 01/07/14; 05/13/14; 09/02/14; 11/8/16; MP 302 ARCHIVED 01/18/2017

Healthy Kids (MP 302) Healthy Kids program ended 12/01/2016
06/21/06; 03/12/08; 09/09/08; 09/19/09; 09/14/10; 12/21/10; 01/10/12; 05/15/13; 01/07/14; 05/13/14; 09/02/14; 11/8/16 to 12/01/2016

PartnershipAdvantage:
MP 302 – 06/2006 to 01/01/2015

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: MCNP9004 (previously MC359)</td><td colspan="4">Lead Department: Health Services</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Regulatory Required Notices and Taglines</td><td colspan="4">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 07/01/2017</td><td colspan="5">Next Review Date: 09/09/2021
Last Review Date: 09/09/2020</td></tr>
<tr><td>Applies to:</td><td colspan="3">☒ Medi-Cal</td><td colspan="4">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td colspan="2">☐ P & T</td><td colspan="2">☒ QUAC</td><td></td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td colspan="2">☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td colspan="2">☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td colspan="2">☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="4">Approval Date: 09/09/2020</td></tr>
</table>

I. RELATED POLICIES:

A. MCNP9003 – Cultural and Linguistic Services
B. MCUP3064 – Communication Services
C. MCUP3037 – Appeals of Utilization Management/ Pharmacy Decisions
D. CGA024 – Medi-Cal Member Grievance System

II. IMPACTED DEPTS:

A. Member Services
B. Grievance
C. Provider Relations

III. DEFINITIONS:

A. Adverse Benefit Determination (ABD): The definition of an Adverse Benefit Determination encompasses all previously existing elements of an "Action" as defined under federal regulations with the addition of language that clarifies the inclusion of determinations involving medical necessity, appropriateness, setting, covered benefits, and financial liability. An ABD is defined to mean any of the following actions taken by a Managed Care Plan (i.e. Partnership HealthPlan of California):
   1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
   2. The reduction, suspension, or termination of a previously authorized service.
   3. The denial, in whole or in part, of payment for a service.
   4. The failure to provide services in a timely manner.
   5. The failure to act within the required timeframes for standard resolution of Grievances and Appeals.
   6. The denial of the member's request to obtain services outside the network.
   7. The denial of a member's request to dispute financial liability.

B. Affordable Care Act (ACA) 1557 Nondiscrimination Notice and Language Assistance Taglines:
   1. Nondiscrimination Notice states that PHC follows federal civil rights laws and does not discriminate because of race, color, national origin, age, disability or sex
   2. Language Assistance Taglines explains the availability of written member information translated in the member's spoken language or oral interpretation to understand the information provided

C. COVID-19 Exception: Refers to the COVID-19 pandemic and the exceptions the Department of Health Care Services (DHCS) made during this time period.
D. Notice of Action (NOA): A formal letter informing a member of an Adverse Benefit Determination.
E. Notice of Appeal Resolution (NAR): A formal letter informing a beneficiary that an Adverse Benefit Determination has been overturned or upheld.

F. Regulatory Required Notices and Taglines: As applicable, state and federal laws and regulations may require that specific informational notices and/or taglines be dispersed with major member correspondence.

IV. ATTACHMENTS:
A. Nondiscrimination Notice
B. Language Assistance Taglines
C. "Your Rights under Medi-Cal Managed Care"
D. "COVID-19 Your Rights under Medi-Cal Managed Care"

V. PURPOSE:
To define criteria for sending regulatory required notices and taglines included as Attachments A – D of this policy.

VI. POLICY / PROCEDURE:
A. Regulatory Required Notices and Taglines
   1. As required by all applicable state and federal laws and regulations, Partnership HealthPlan of California (PHC) encloses regulatory required notices and tagline inserts with all written major member correspondence.
B. Affordable Care Act (ACA) 1557 Notices and Taglines
   1. As required by ACA 1557, PHC encloses the Nondiscrimination Notice (Attachment A) and Language Assistance Tagline (Attachment B) inserts with all written major member correspondence.
C. ACA 1557 Exceptions
   1. ACA 1557 notice and tagline inserts are not required if the notice or taglines are embedded within the member material e.g. PHC Medi-Cal Member Handbook.
D. "Your Rights under Medi-Cal Managed Care"
   1. The "Your Rights under Medi-Cal Managed Care" document (Attachment C) is required when the member has been sent a Notice of Action (NOA) informing the member of an Adverse Benefit Determination (ABD).
E. COVID-19 Exception "Your Rights under Medi-Cal Managed Care"
   1. In response to the state and federal emergency regarding COVID-19, DHCS extended the regular timeframe to request a State Hearing from 120 days from the date of the Notice of Appeal Resolution (NAR) to 240 days. The "Your Rights under Medi-Cal Manage Care" document (Attachment D) was revised for COVID-19 to reflect the new State Hearing filing timeframe. This change is effective March 1, 2020 and until further notice,

VII. REFERENCES:
A. In compliance with the California Department of Health Care Services (DHCS) contract
B. Affordable Care Act (ACA) Section 1557
C. DHCS All Plan Letter (APL) 17-006 Grievance and Appeal Requirements and Revised Notice Templates and "Your Rights" Attachments (05/09/2017)
D. National Committee for Quality Assurance (NCQA) Guidelines (Effective July 1, 2020) UM 7 Denial Notices

VIII. DISTRIBUTION:
A. PHC Department Directors
B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Health Services

Policy/Procedure Number: MCNP9004 (previously MC359)		**Lead Department: Health Services**
Policy/Procedure Title: Regulatory Required Notices and Taglines		☒ **External Policy** ☐ **Internal Policy**
Original Date: 07/01/2017	**Next Review Date: 09/09/2021** **Last Review Date: 09/09/2020**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

X. REVISION DATES:

MCNP9004 (09/09/2020)
N/A

PREVIOUSLY APPLIED TO:

Medi-Cal (MC359 07/01/2017 to 09/09/2020)
09/09/18; 11/20/19; ARCHIVED 09/09/2020

NONDISCRIMINATION NOTICE

Discrimination is against the law. Partnership HealthPlan of California follows Federal civil rights laws. Partnership HealthPlan of California does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

Partnership HealthPlan of California provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - ✓ Qualified sign language interpreters
  - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - ✓ Qualified interpreters
  - ✓ Information written in other languages

If you need these services, contact Partnership HealthPlan of California between 8 a.m. – 5 p.m. by calling (800) 863-4155. Or, if you cannot hear or speak well, please call (800) 735-2929 or 711.

NONDISCRIMINATION NOTICE

HOW TO FILE A GRIEVANCE

If you believe that Partnership HealthPlan of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Partnership HealthPlan of California. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact Partnership HealthPlan of California between 8 a.m. – 5 p.m. by calling (800) 863-4155. Or, if you cannot hear or speak well, please call (800) 735-2929 or 711.
- In writing: Fill out a complaint form or write a letter and send it to:

Partnership HealthPlan of California
ATTN: Grievance
4665 Business Center Drive
Fairfield, CA 94534

Or

Partnership HealthPlan of California
ATTN: Grievance
3688 Avtech Parkway
Redding, CA 96002

- In person: Visit your doctor's office or Partnership HealthPlan of California and say you want to file a grievance.
- Electronically: Visit website Partnership HealthPlan of California at www.partnershiphp.org

OFFICE OF CIVIL RIGHTS

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **(800) 368-1019**. If you cannot speak or hear well, please call **TTY/TDD (800) 537-7697**.
- In writing: Fill out a complaint form or send a letter to:

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

  Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
- Electronically: Visit the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

LANGUAGE ASSISTANCE

English
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call (800) 863-4155 (TTY: (800) 735-2929 or 711).

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 863-4155 (TTY: (800) 735-2929 or 711).

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (800) 863-4155 (TTY: (800) 735-2929 or 711).

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (800) 863-4155 (TTY: (800) 735-2929 or 711).

Tagalog (Tagalog – Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (800) 863-4155 (TTY: (800) 735-2929 or 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

(800) 863-4155 (TTY: (800) 735-2929 or 711) 번으로 전화해 주십시오.

繁體中文(Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (800) 863-4155

(TTY: (800) 735-2929 or 711)。

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք (800) 863-4155 (TTY (հեռատիպ)՝ (800) 735-2929 or 711):

LANGUAGE ASSISTANCE

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (800) 863-4155 (TTY: (800) 735-2929 or 711) تماس بگیرید.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
(800) 863-4155 (TTY: (800) 735-2929 or 711) まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 863-4155 (TTY: (800) 735-2929 or 711).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। (800) 863-4155 (TTY: (800) 735-2929 or 711) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (800) 863-4155 (رقم هاتف الصم والبكم: 735-2929 (800) or 711).

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
(800) 863-4155 (TTY: (800) 735-2929 or 711) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (800) 863-4155 (TTY: (800) 735-2929 or 711).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, បសវាជំនួយខ្នកភាសា ដោយមិនគិតឈ្ល
គឺអាចមានសំវារ៉ំបើអ្នក។ ចូរ ទូរស័ព្ទ (800) 863-4155 (TTY: (800) 735-2929 or 711) ។

ພາສາລາວ (Laotian)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ (800) 863-4155 (TTY: (800) 735-2929 or 711)

YOUR RIGHTS UNDER MEDI-CAL MANAGED CARE

IF YOU DO NOT AGREE WITH THE DECISION MADE FOR YOUR MEDICAL TREATMENT, YOU CAN FILE AN APPEAL. THIS APPEAL IS FILED WITH YOUR HEALTH PLAN.

HOW TO FILE AN APPEAL

You have **60 days** from the date of this Notice of Action (NOA) letter to file an appeal. But, **if you are currently getting treatment and you want to continue getting treatment, you must ask for an appeal within 10 days** from the date this letter was postmarked or delivered to you, OR before the date your health plan says services will stop. You must say that you want to keep getting treatment when you file the appeal.

You can file an appeal by phone, in writing, or electronically:

- By phone: Contact Partnership HealthPlan of California between 8 a.m. – 5 p.m. by calling (800) 863-4155. Or, if you cannot hear or speak well, please call (800) 735-2929 or 711.
- In writing: Fill out an appeal form or write a letter and send it to:

Partnership HealthPlan of California
ATTN: Grievance
4665 Business Center Drive
Fairfield, CA 94534

OR

Partnership HealthPlan of California
ATTN: Grievance
3688 Avtech Parkway
Redding, CA 96002

Your doctor's office will have appeal forms available. Your health plan can also send a form to you.

- Electronically: Visit your health plan's website. Go to www.partnershiphp.org

You may file an appeal yourself. Or, you can have someone like a relative, friend, advocate, doctor, or attorney file the appeal for you. You can send in any type of information you want your health plan to review. A doctor who is different from the doctor who made the first decision will look at your appeal.

Your health plan has 30 days to give you an answer. At that time, you will get a Notice of Appeal Resolution (NAR) letter. This letter will tell you what the health plan has decided. **If you do not get a letter within 30 days, you can ask for a State Hearing and a judge will review your case**.

Please read the section below for instructions on how to ask for a State Hearing.

YOUR RIGHTS UNDER MEDI-CAL MANAGED CARE

EXPEDITED APPEALS

If you think waiting 30 days will hurt your health, you might be able to get an answer within 72 hours. When filing your appeal, say why waiting will hurt your health. Make sure you ask for an expedited appeal.

STATE HEARING

If you filed an appeal and received a Notice of Appeal Resolution (NAR) letter telling you that your health plan will still not provide the services, or **you never received a letter telling you of the decision and it has been past 30 days,** you can ask for a State Hearing and a judge will review your case. You will not have to pay for a State Hearing.

You must ask for a State Hearing within **120 days** from the date of the Notice of Appeal Resolution (NAR) letter. You can ask for a State Hearing by phone or in writing:

- By phone: Call **(800) 952-5253**. This number can be very busy. You may get a message to call back later. If you cannot speak or hear well, please call **TTY/TDD (800) 952-8349**.
- In writing: Fill out a State Hearing form or send a letter to:

  California Department of Social Services
  State Hearings Division
  P.O. Box 944243, Mail Station 9-17-37
  Sacramento, CA 94244-2430

  Be sure to include your name, address, telephone number, Social Security Number, and the reason you want a State Hearing. If someone is helping you ask for a State Hearing, add their name, address, and telephone number to the form or letter. If you need an interpreter, tell us what language you speak. You will not have to pay for an interpreter. We will get you one.

After you ask for a State Hearing, it could take up to 90 days to decide your case and send you an answer. If you think waiting that long will hurt your health, you might be able to get an answer within 3 working days. Ask your doctor or health plan to write a letter for you. The letter must explain in detail how waiting for up to 90 days for your case to be decided will seriously harm your life, your health, or your ability to attain, maintain, or regain maximum function. Then, make sure you ask for an **expedited hearing** and provide the letter with your request for a hearing.

You may speak at the State Hearing yourself. Or, someone like a relative, friend, advocate, doctor, or attorney can speak for you. If you want another person to speak for you, then you must tell the State Hearing office that the person is allowed to speak for you. This person is called an authorized representative.

YOUR RIGHTS
UNDER MEDI-CAL MANAGED CARE

LEGAL HELP

You may be able to get free legal help. California Department of Consumer Affairs at (800) 952-5210, or TTY (800) 326-2297. You may also call the local Legal Aid Society in your county at (888) 804-3536.

YOUR RIGHTS UNDER MEDI-CAL MANAGED CARE

IF YOU DO NOT AGREE WITH THE DECISION MADE FOR YOUR MEDICAL TREATMENT, YOU CAN FILE AN APPEAL. THIS APPEAL IS FILED WITH YOUR HEALTH PLAN.

HOW TO FILE AN APPEAL

You have **60 days** from the date of this Notice of Action (NOA) letter to file a routine or expedited appeal. But, **if you are currently getting treatment and you want to continue getting treatment, you must ask for an appeal within 10 days** from the date this letter was postmarked or delivered to you, OR before the date your health plan says services will stop. You must say that you want to keep getting treatment when you file the appeal.

You can file a routine or expedited appeal by phone, in writing, or electronically:

- By phone: Contact Partnership HealthPlan of California between 8 a.m. – 5 p.m. by calling (800) 863-4155. Or, if you cannot hear or speak well, please call (800) 735-2929 or 711.
- In writing: Fill out an appeal form or write a letter and send it to:

Partnership HealthPlan of California
ATTN: Grievance
4665 Business Center Drive
Fairfield, CA 94534

OR

Partnership HealthPlan of California
ATTN: Grievance
3688 Avtech Parkway
Redding, CA 96002

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UNDER MEDI-CAL MANAGED CARE

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Normally, you have 120 days from the date of Notice of Appeal Resolution (NAR) to ask for a State Hearing. However, because of the national emergency due to coronavirus (COVID-19), you have **240 days** from the date of the NAR to ask for a hearing. We will update this notice when the timeframe changes back to 120 days. You can ask for a State Hearing by phone or in writing:

- By phone: Call **(800) 952-5253**. This number can be very busy. You may get a message to call back later. If you cannot speak or hear well, please call **TTY/TDD (800) 952-8349**.
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YOUR RIGHTS
UNDER MEDI-CAL MANAGED CARE

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PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: MCCP2022 (previously MCUP3065; UP100365)</td><td colspan="3">Lead Department: Health Services</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 03/16/2005 (MCUP3065)</td><td colspan="5">Next Review Date: ~~02/12/2021~~09/09/2021
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<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: ~~02/12/2020~~09/09/2020</td></tr>
</table>

I. RELATED POLICIES:

A. MCUP3041 – TAR Review Process
B. MCCP2024 – Whole Child Model for California Children's Services (CCS)
C. MPUP3126 – Behavioral Health Therapy (BHT) for Members Under the Age of 21
D. MCCP2016 – Transportation Guidelines for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT)
E. MCQG1015 – Pediatric Preventive Health Guidelines
F. MPCP2006 – Coordination of Services for Members with Special Health Care Needs (MSHCNs) and Persons with Developmental Disabilities
G. MPUP3048 – Dental Services (including Dental Anesthesia)
H. MCUG3019 – Hearing Aid Guidelines
~~H.~~I. MCCP2031 – ~~Pediatric Shift~~Private Duty Nursing Under EPSDT

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services
D. Provider Relations

III. DEFINITIONS:

A. CCS: California Children's Services
B. DHCS: Department of Health Care Services
C. EPSDT: Early and Periodic Screening, Diagnostic, and Treatment
D. Medical Necessity for EPSDT Services: For individuals under 21 years of age, a service is medically necessary or a medical necessity if the service meets the standards set for in Section 1396d(r)(5) of Title 42 of the United States Code and is necessary to correct or ameliorate defects and physical and mental illnesses that are discovered by screening services
E. FFS: Fee-for-Service
F. LEA: Local Education Agency
G. PHC: Partnership HealthPlan of California
H. TCM: Targeted Case Management
I. WCM: Whole Child Model
J. Ameliorate: To make more tolerable
K. Maintenance Services: Services that sustain or support rather than cure or improve health problems.

Policy/Procedure Number: MCCP2022 (previously MCUP3065, UP100365)		**Lead Department: Health Services**
Policy/Procedure Title: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		☒ **External Policy** ☐ **Internal Policy**
Original Date: 03/16/2005 (MCUP3065)	**Next Review Date: 02/12/202109/09/2021** **Last Review Date: 02/12/202009/09/2020**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To define Partnership HealthPlan of California's (PHC's) responsibility to cover medically necessary services not covered under the Medi-Cal Program for individuals under the age of 21 under the Early and Periodic Screening Diagnostic, and Treatment (EPSDT) supplemental services benefit.

VI. POLICY / PROCEDURE:

A. PHC will cover and ensure the provision of screening, preventative and medically necessary diagnostic and treatment for members under the age of 21 in accordance with the EPDST program benefit.

B. PHC provides information regarding EPSDT services for members which can be found in the PHC Medi-Cal Member Handbook. In addition, PHC provides information annually to all members, their families and/or caregivers on available EPSDT services through PHC's website and Member Newsletter.

C. Section 1905(r) of the Social Security Act (SSA) defines the EPSDT benefit to include a comprehensive array of preventative, diagnostic, and treatment services for low-income individuals under the age of 21. Title 42 of the United States Code (USC), Section 1396d(r), defines EPSDT services to include the following:

1. Early and Periodic Screening, Diagnostic and Treatment services: These are services that are provided at intervals, which meet reasonable standards of medical and dental practice, as determined by the State after consultation with recognized medical and dental organizations involved in child health care, and at such other intervals indicated as medically necessary to determine the existence of physical or mental illnesses or conditions. Screening services, at a minimum, must include a comprehensive health and developmental history (including assessment of both physical and mental health development); a comprehensive unclothed exam; appropriate immunizations (according to Title 42 of USC Section 1396s(c)(2)(B)(i) for pediatric vaccines for age and health history); laboratory tests (including blood lead level assessment appropriate for age and risk factors); and health education (including anticipatory guidance).
2. Vision services provided at intervals which meet reasonable standards of medical practice, as determined by the State after consultation with recognized medical organizations involved in child health care, and at other intervals indicated as medically necessary to determine the existence of a suspected illness or condition. Vision services must include, at a minimum, diagnosis and treatment for defects in vision, including eyeglasses.
3. Dental services provided at intervals which meet reasonable standards of dental practice, as determined by the state after consultation with recognized medical organizations involved in child health care, and other intervals indicated as medically necessary to determine the existence of a suspected illness or condition. Dental services must include, at a minimum, treatment of relief of pain and infections, restoration of teeth, and maintenance of dental health. Dental services are carved out to the state, with the exception of medically necessary dental anesthesia.
4. Hearing services provided at intervals which meet reasonable standards of medical practice, as determined by the state after consultation with recognized medical organizations involved in child health care , and at other intervals indicated as medically necessary to determine the existence of a suspected illness or condition. Hearing services must include, at a minimum, diagnosis and treatment for defects in hearing, including hearing aids. For more information see PHC policy MCUG3019 Hearing Aid Guidelines.
5. Other necessary health care, diagnostic services, treatment and other measures as described in 42 USC 1396d(a), to correct or ameliorate defects and physical and mental illnesses and conditions

discovered by the screening services, whether or not such services or items are listed in the state plan or are covered for adults.

6. PHC ensures that members have timely access to all medically necessary EPSDT services and that appropriate diagnostic and treatment services are initiated as soon as possible, but no later than 60 calendar days following either a preventative screening or other visit that identifies a need for follow-up.

D. The EPSDT benefit in California is established in the Medi-Cal Schedule of Benefits set forth in Welfare and Institutions Code (WIC) Section 14132(v), which states that "Early and periodic screening, diagnosis and treatment for any individual under the age of 21 years of age is covered, consistent with the requirements of Subchapter XIX (commencing with Section 1396) of Chapter 7 of Title 42 of the United States Code."

E. For members under the age of 21, PHC will provide the EPSDT benefit in accordance with the AAP/Bright Futures periodicity schedule. For more information, see PHC policy MCQG1015 - Pediatric Preventive Health Guidelines.

F. For PHC members under the age of 21, PHC will provide and cover all medically necessary EPSDT service that meets the standards set forth in Title 42 of the USC Section 1396d(r)(5), unless otherwise carved out of PHC's contract, regardless of whether such services are covered under California's Medicaid State Plan for adults, when the services are determined to be medically necessary to correct or ameliorate defects and physical and mental illnesses or conditions.

G. An EPSDT service need not cure a condition in order to be covered. Services that maintain or improve the child's current health condition are also covered under EPSDT because they 'ameliorate' a condition. Services are covered when they prevent a condition from worsening or prevent development of additional health problems.

H. Medical necessity determinations for services requested under EPSDT are individualized and reviewed on a case-by-case basis and take into account the particular needs of the member.

1. Children with mild to moderate mental health issues or conditions are the responsibility of PHC and services for them are available through Beacon Health Options as PHC's subcontractor. If a member is assigned to Kaiser Permanente as his/her Primary Care Provider (PCP), mental health services are available through Kaiser Permanente.
2. The supplies, items or equipment to be provided are medical in nature.
3. The services are not requested solely for the convenience of the member, family, physician or other provider of service(s).
4. The services are not unsafe for the individual, and are not experimental.
5. The services are neither primarily cosmetic in nature nor primarily for the purpose of improving the member's appearance. The correction of severe or disabling disfigurement shall not be considered to be primarily cosmetic nor primarily for the purpose of improving the member's appearance.
6. Where alternative medically accepted modes of treatment are available, the services are the most cost-effective.

I. EPSDT services must meet all of the following criteria:

1. Must be generally accepted by the professional medical community as effective and proven treatments for the conditions for which they are proposed to be used. Such acceptance shall be demonstrated by scientific evidence consisting of well-designed and well-conducted investigations published in peer-review journals and have opinions and evaluations published by national medical and dental organizations, consensus panels, and other technology evaluation bodies. Such evidence shall demonstrate that the services can screen, diagnose, correct or ameliorate the conditions for which they are prescribed.
2. Are within the authorized scope of practice of the provider, and are an appropriate mode of treatment for the health condition of the member.
3. The predicted beneficial outcome of the services outweighs the potential harmful effects.

4. Available scientific evidence demonstrates that the services improve the overall health outcomes as much as, or more than, established alternatives.
5. The total cost of providing services and all other medically necessary Medi-Cal services to the beneficiary is not greater than the costs incurred in providing medically necessary equivalent services at the appropriate institutional level of care as outlined by State and Federal law.

J. Upon adequate evidence that a member has a California Children's Services (CCS) eligible condition, PHC will refer the member to the local county CCS office for determination of CCS program eligibility. If the local CCS program does not approve eligibility, PHC remains responsible for the provision of all medically necessary covered services for the member. For more information see PHC policy MCCP2024 - Whole Child Model for California Children's Services (CCS).

K. PHC is responsible for providing medically necessary Behavioral Health Treatment (BHT) under EPSDT. For more information, see PHC policy MPUP3126 - Behavioral Health Therapy (BHT) for Members Under the Age of 21.

L. Where another entity, such as a Local Education Agency (LEA), Regional Center or local governmental health program has overlapping responsibility for providing services to a member under the age of 21, PHC will:
1. Assess what level of EPSDT medically necessary services the member requires
2. Determine what level of service (if any) is being provided by the other entities, and
3. Coordinate the provision of services with the other entities to ensure that PHC and the other entities are not providing duplicative services, and that the member is receiving all medically necessary services in a timely manner.

~~M. PEDIATRIC SHIFT NURSING~~

~~PHC will review and authorize medically necessary shift nursing services for members under the age of 21 in accordance with CCR, Title 22, section 51340(e) and the following criteria:~~

~~1. All requests are subject to prior authorization requirements.~~
~~2. The services must be prescribed by the member's primary care provider or provider of record for the diagnosed condition(s).~~
~~3. Members must have FULL SCOPE Medi-Cal Benefits. In instances where members have other health coverage or benefits available for shift nursing care; those benefits and resources must be utilized first in accordance with Medi-Cal program guidelines.~~
~~4. Respite services are included in the provision of shift nursing services.~~
~~5. Requests for services are made through licensed and Medi-Cal certified home health agencies.~~
~~6. Services must be provided in the home, which has been assessed to be a safe, healthy environment by the requesting home health provider.~~
~~7. The family and/or primary caregiver should be proficient in the tasks necessary to care for the member at home to ensure care is not interrupted should an unforeseen event occur. This proficiency may be satisfied by active participation and training as necessary to safely carry out the plan of care, and by the caregiver(s) providing four or more hours of direct care to the member per week. In keeping with this requirement, PHC reserves the right to limit skilled nursing care to a maximum of 22 hours/day to enable the primary caregiver(s) to maintain their skills.~~
~~8. The Treatment Authorization Request (TAR) and required documentation is submitted to PHC Health Services within 15 days from the date of service. The following documentation is required at the time of the request for shift nursing services:~~
~~a. Completed TAR Form~~
~~b. Current Nursing Plan of Care~~
~~c. Current Physician Progress Notes~~
~~d. Home Safety Assessment~~
~~e. Emergency Plan~~
~~f. Report(s) of initial assessment~~

~~9. Other documentation that may be requested to clarify specific issues and/or medical necessity include but are not limited to:~~
~~a. Current History and Physical with full systems review~~
~~b. Social Worker Assessment~~
~~c. Regional Center Assessment~~
~~d. A Needs Assessment completed by an Independent Nurse Consultant~~
~~e. Staff timesheets~~
~~f. Evidence or denial or exhaustion of any shift nursing benefit from other health coverage, if applicable.~~

~~10. Upon receipt of the TAR with supporting documentation for medical necessity, PHC shall authorize initial requests for shift nursing services for up to 90 days. Subsequent authorizations will be 180 days or as appropriate.~~

~~N.~~M. TARGETED CASE MANAGEMENT

The EPSDT benefit includes case management and Targeted Case Management (TCM) services designed to assist the member in gaining access to necessary medical, social and educational and other services. When the need for TCM services is identified, PHC shall:

1. Determine whether a member requires Case Management or Targeted Case Management (TCM) services under EPSDT.
2. For members who are eligible for Case Management or TCM services, PHC will either provide services or refer and collaborate with the appropriate agency, Regional Center or local government health program where applicable.
3. If a member is currently receiving TCM services, PHC will coordinate the member's health care needs and EPSDT services with the TCM provider.
4. If PHC determines that an eligible member is not accepted for TCM services, PHC will ensure that the member has access to services comparable to EPSDT TCM services.

~~O.~~N. TRANSPORTATION

1. Under the EPSDT benefit, for members under the age of 21, PHC:
   a. May provide medical (NEMT) and non-medical (NMT) transportation, meals and/or lodging to and from any medically necessary covered EPSDT appointment as outlined by Title 42 Code of Federal Regulations (CFR) Section 440.17 (a)(3).
   b. Shall provide appointment scheduling assistance to and from medical appointments for the medically necessary EPSDT services covered by PHC.
2. For more information see PHC policy MCCP2016 - Transportation Guidelines for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT).

~~P.~~O. DENTAL SERVICES

Most dental services are carved-out of PHC's contract with DHCS. Under EPSDT, for member under the age of 21 PHC will:

1. Cover and ensure that dental screenings/oral health assessments for all members are included as part of the initial health assessment.
2. Encourage providers to make annual dental referrals no later than 12 months of age or when referral is indicated.
3. Cover and ensure that fluoride varnish and oral fluoride supplementation assessment and provision is consistent with AAP/Bright Futures periodicity schedule and anticipatory guidance.
4. Cover and ensure the provision of covered medical services related to dental services that are not provided by dentists or dental anesthetists.
5. Ensure that providers refer members to appropriate Medi-Cal dental providers.

For more information see PHC policy MPUP3048 – Dental Services.

~~Q.~~P. EXCLUDED SERVICES

For members under the age of 21, PHC is required to cover all medically necessary EPSDT services

except those services that are specifically carved out of PHC's contract with DHCS. Carved-out services vary and can include, but are not limited to, dental services, specialty mental health services, non-medical services provided by the Regional Center(s), etc. In addition, PHC does not reimburse families or caregiver for care.

~~R.~~Q. For services to be considered under the EPSDT benefit, a Treatment Authorization Request (TAR) must be, accompanied by the following information:

1. The principle diagnosis and significant associated diagnoses
2. Prognosis
3. Date of onset of the illness or condition; and etiology if known
4. Clinical significance or functional impairment caused by the illness or condition
5. Specific types of services to be rendered by each discipline, and anticipated time for achievement of the goals
6. The extent to which health care services have been previously provided to address the illness or condition, and results demonstrated by prior care
7. Any other documentation available which may assist PHC in making determinations related to medical necessity.

VII. REFERENCES:

A. Title 42 United States Code (USC) Sections 1396, 1396d(a) and (r), 1396s(c)(2)(B)(i)
B. Title 22 California Code of Regulation (CCR) Section51340(e)
C. Title 9, California Code of Regulation (CCR), Section 1810.247, 1820.205, 1830.210
D. Welfare and Institutions Code (WIC) Section 14132(v)
E. Mental Health Parity and Addiction Equity Act
F. Social Security Act Section 1905 (a) and (r)
G. Department of Health Care Services All Plan Letter (APL) 19-010: Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (08/14/2019)

VIII. DISTRIBUTION:

A. PHC Provider Manual
B. PHC Department Directors

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Health Services

X. REVISION DATES:

MCCP2022 - (as of 02/15/17)
08/16/17; *06/13/18; 02/13/19; 11/13/19; 02/12/20; 09/09/20

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:

MCUP3065 (03/16/2005 to 02/15/2017)
10/18/06; 07/15/09; 01/18/12; 02/18/15; 02/17/16 to 02/15/2017

****

Policy/Procedure Number: MCCP2022 (previously MCUP3065, UP100365)		**Lead Department: Health Services**
Policy/Procedure Title: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		☒ **External Policy** ☐ **Internal Policy**
Original Date: 03/16/2005 (MCUP3065)	**Next Review Date: 02/12/202109/09/2021** **Last Review Date: 02/12/202009/09/2020**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="3">Policy/Procedure Number: MCCP2031</td><td colspan="4">Lead Department: Health Services</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Private Duty Nursing under EPSDT</td><td colspan="4">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 09/09/2020</td><td colspan="4">Next Review Date: 09/09/2021
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I. RELATED POLICIES:

A. MCCP2022 – Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
B. MCCP2024 – Whole Child Model for California Children's Services (CCS)
C. MP CR 12 – Credentialing of Independent and Private Duty Nurses under EPSDT
D. MCUP3041 – TAR Review Process

II. IMPACTED DEPTS:

A. Health Services
B. Provider Relations
C. Member Services
D. Claims

III. DEFINITIONS:

A. California Children's Services (CCS): - A state program for children up to 21 years of age, who have been determined eligible for the CCS program due to the presence of certain diseases or health problems.
B. DHCS: Department of Health Care Services
C. EPSDT: Early and Periodic Screening, Diagnostic, and Treatment
D. Home Health Agency (HHA): An HHA is a state-licensed public or private organization that provides in-home skilled nursing services.
E. Independent Nurse Provider (INP): An individually enrolled Medi-Cal provider acting within their scope of practice (Registered Nurse or Licensed Vocational Nurse) to provide private duty nursing services.
F. Medical Necessity for EPSDT Services: For individuals under 21 years of age, a service is medically necessary or a medical necessity if the service meets the standards set forth in Section 1396d(r)(5) of Title 42 of the United States Code and is necessary to correct or ameliorate defects and physical and mental illnesses that are discovered by screening services
G. Private Duty Nursing (PDN): Nursing services provided in a member's home by a registered nurse (RN) or licensed vocational nurse (LVN) for a member who requires more individual and continuous care than what would be available from a visiting nurse.
H. PHC: Partnership HealthPlan of California
I. Whole Child Model (WCM): - A comprehensive program for the whole child encompassing care coordination in the areas of primary, specialty, and behavioral health for any pediatric member insured by PHC.

IV. ATTACHMENTS:

A. N/A

Policy/Procedure Number:		Lead Department: Health Services
Policy/Procedure Title: Private Duty Nursing under EPSDT		☒ **External Policy** ☐ **Internal Policy**
Original Date: 09/09/2020	**Next Review Date: 09/09/2021** **Last Review Date: 09/09/2020**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

V. PURPOSE:

To define Partnership HealthPlan of California's (PHC's) responsibility to provide Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Supplemental Service Benefit for shift nursing and case management assistance to appropriate members under the age of 21. Under the Federal EPSDT Supplemental Services Program, Federal law [(Title 42, USC, Section 1396(a)(43) and 1396d(r)] requires that state Medicaid plans provide coverage for any service that is medically necessary to correct or ameliorate a defect, physical and mental illness, or a condition for beneficiaries under 21 years of age even if the service or item is not otherwise included in the state's Medicaid plan. For some members under the age of 21, Private Duty Nursing (PDN) services may be medically necessary.

VI. POLICY / PROCEDURE:

A. PHC will cover and ensure the provision of screening, preventive and medically necessary diagnostic health care services and treatment for members under the age of 21 in accordance with the EPSDT program benefit. For more information on EPSDT services, please see PHC policy: MCCP2022 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services.

B. Requests for private duty nursing (PDN) services are authorized through licensed and Medi-Cal certified Home Health Agencies (HHAs) or an individually enrolled Medi-Cal provider known as an Independent Nurse Provider (INP) acting within their scope of practice (registered nurses and/or vocational nurses). INPs must meet PHC's credentialing policy guidelines. For more information, see PHC policy: MP CR 12 Credentialing of Independent and Private Duty Nurses Under EPSDT.

C. PHC participates in the California Children Services (CCS) Whole Child Model (WCM) program. As such, PDN services for CCS eligible conditions are reviewed and approved by PHC under EPSDT. For more information on the Whole Child Model, see PHC policy: MCCP2024 Whole Child Model for California Children's Service (CCS).

D. Requests for Private Duty Nursing:
PHC will review and authorize medically necessary shift nursing services for members under the age of 21 in accordance with CCR, Title 22, section 51340(e) and the following criteria:

1. All requests are subject to prior authorization requirements.
2. The services must be prescribed by the member's primary care provider or provider of record for the diagnosed condition(s).
3. Members must have FULL SCOPE Medi-Cal Benefits. In instances where members have other health coverage or benefits available for shift nursing care; those benefits and resources must be utilized first in accordance with Medi-Cal program guidelines.
4. Respite services are included in the provision of shift nursing services.
5. Requests for services are made through licensed and Medi-Cal certified HHA or a PHC credentialed INP.
6. Services must be provided in the home, which has been assessed to be a safe, healthy environment by the requesting home health provider.
7. Requests for the use of Home Health Aide services must be made through a licensed home health agency, and are subject to documented physician orders and medical necessity. The Home Health Aide must be an employee of the agency, and as such, is subject to appropriate oversight in the care of the member.
8. The family and/or primary caregiver should be proficient in the tasks necessary to care for the member at home to ensure care is not interrupted should an unforeseen event occur. This proficiency may be satisfied by active participation and training as necessary to safely carry out the plan of care, and by the caregiver(s) providing four (4) or more hours of direct care to the member per week in order to maintain their skills. In keeping with this requirement, PHC reserves the right to limit hours as follows:
   a. Limit approved skilled nursing care provided by a Home Health Agency (HHA) to a maximum

of 22 hours/day, and/or
   b. Limit approved skilled nursing care provided by an Independent Nurse Provider (INP) to a maximum of 11 hours/day per INP
9. The Treatment Authorization Request (TAR) and required documentation must be submitted to PHC Health Services within 15 days from the date of service, please see PHC Policy MCUP3041 for more information. The following documentation is required at the time of the request for shift nursing services:
   a. Completed TAR form
   b. Current Nursing Plan of Care
   c. Current Physician Progress Notes
   d. Home Safety Assessment
   e. Emergency Plan
   f. Report(s) of initial assessment
   g. Daily notes for Home Health Aid/ RN oversight (when applicable)
10. Other documentation that may be requested to clarify specific issues and/or medical necessity include, but are not limited to the following:
   a. Current History and Physical (H&P) with full system review
   b. Social Worker Assessment
   c. Regional Center Assessment
   d. A Needs Assessment completed by an Independent Nurse Consultant
   e. Staff timesheets
   f. Evidence or denial or exhaustion of any shift nursing benefit from other health coverage, if applicable.
11. Upon receipt of the TAR with supporting documentation for medical necessity, PHC may authorize initial requests for shift nursing services for up to 90 days. Subsequent authorizations will be 180 days or as appropriate.

E. Case Management
1. PHC is responsible for providing case management services to our members.
2. For members under the age of 21, PHC provides comprehensive case management under EPSDT for medically necessary services, whether those services are the responsibility of PHC or not.
3. For members with approved PDN services, comprehensive case management activities include the following:
   a. Providing the member with information about the number of PDN hours the member is approved to receive
   b. Contacting enrolled HHAs and/or enrolled and credentialed INPs to seek and coordinate services on behalf of the member
   c. Providing and arranging for all approved PDN services and hours
   d. Identifying, referring and connecting an HHA or INP with PHC's Provider Relations department for assistance in navigating the process to become a Medi-Cal certified or enrolled provider, and assistance with PHC's credentialing process
   e. Documentation of the member/parent/caregiver's request for case management assistance and all efforts to locate, collaborate with providers for PDN services
   f. If applicable, documentation of the member/parent/caregiver's declination of case management assistance, including the member's desire to not utilize all of the approved PDN hours.

VII. REFERENCES:

A. Title 42 United States Code (USC) Sections 1396, 1396d(a) and (r), 1396s(c)(2)(B)(i)
B. Title 22 California Code of Regulation (CCR) Section51340(e)
C. Title 9, California Code of Regulation (CCR), Section 1810.247, 1820.205, 1830.210

D. Welfare and Institutions Code (WIC) Section 14132(v)
E. Mental Health Parity and Addiction Equity Act
F. Social Security Act Section 1905 (a) and (r)
G. Department of Health Care Services All Plan Letter (APL) 19-010: Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (08/14/2019)
H. Department of Health Care Services All Plan Letter (APL) 20-012: Private Duty Nursing Case Management Responsibilities for Medi-Cal Eligible Members Under the Age of 21 (05/15/2020).

VIII. DISTRIBUTION:
A. PHC Department Directors
B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Health Services

X. REVISION DATES: N/A

PREVIOUSLY APPLIED TO:

Medi-Cal (CP100205; MCCP2005: 04/18/2001 to 02/13/2019 when Archived)
04/17/02; 08/20/03; 04/20/05; 01/18/06; 01/16/08; 09/19/12; 01/20/16; 09/21/16; 08/16/17 to 02/13/2019

Please reference MCCP2022 for coverage of services between 02/13/2019 and 09/09/2020

Medi-Cal (UP100365; MCUP3065; MCCP2022) 03/16/2005 to 09/09/2020)
08/16/17; *06/13/18; 02/13/19; 11/13/19; 02/12/20; 09/09/20

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

GUIDELINE / PROCEDURE

Guideline/Procedure Number: MCUG3007 (previously UG100307)			**Lead Department: Health Services**	
Guideline/Procedure Title: Authorization of Ambulatory Procedures and Services			☒ **External Policy** ☐ **Internal Policy**	
Original Date: 08/1998		**Next Review Date:** ~~09/11/2020~~09/09/2021 **Last Review Date:** ~~09/11/2019~~09/09/2020		
Applies to:	☒ **Medi-Cal**		☐ **Employees**	
Reviewing Entities:	☒ **IQI**	☐ **P & T**	☒ **QUAC**	
	☐ **OPERATIONS**	☐ **EXECUTIVE**	☐ **COMPLIANCE**	☐ **DEPARTMENT**
Approving Entities:	☐ **BOARD**	☐ **COMPLIANCE**	☐ **FINANCE**	☒ **PAC**
	☐ **CEO** ☐ **COO**	☐ **CREDENTIALING**	☐ **DEPT. DIRECTOR/OFFICER**	
Approval Signature: *Robert Moore, MD, MPH, MBA*			**Approval Date:** ~~09/11/2019~~09/09/2020	

I. RELATED POLICIES:

A. MCUP3139 – Criteria and Guidelines for Utilization Management
~~A.~~B. MCUP3037 – Appeals of Utilization Management/ Pharmacy Decisions
~~B.~~C. MCUP3041 – TAR Review Process
~~C.~~D. MCUP3049 – Pain Management Specialty Services
~~D.~~E. MCUG3024 – Inpatient Utilization Management
~~E.~~F. CMP26 – Verification of Caller Identity and Release of Information

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services

III. DEFINITIONS:

A. ~~NC: Nurse Coordinator~~Adverse Benefit Determination (ABD): The definition of an Adverse Benefit Determination encompasses all previously existing elements of an "Action" as defined under federal regulations with the addition of language that clarifies the inclusion of determinations involving medical necessity, appropriateness, setting, covered benefits, and financial liability. An ABD is defined to mean any of the following actions taken by a Managed Care Plan (i.e. Partnership HealthPlan of California):
1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
2. The reduction, suspension, or termination of a previously authorized service.
3. The denial, in whole or in part, of payment for a service.
4. The failure to provide services in a timely manner.
5. The failure to act within the required timeframes for standard resolution of Grievances and Appeals.
6. The denial of the member's request to obtain services outside the network.
7. The denial of a member's request to dispute financial liability.

~~A.~~B. Authorized Representative: An adult Member has the right to designate a friend, family member, or other person to have access to certain protected health information (PHI) to assist the member with making medical decisions. The member will need to provide appropriate legal documentation as defined in CMP26 Verification of Caller Identity and Release of Information and submit to Partnership HealthPlan of California (PHC) for review prior to releasing PHI. Until the form has been submitted and validated by PHC staff, the Member can give verbal consent to release non-sensitive PHI to a designated person. Verbal consent expires at close of business the following business day. The member can give

additional Verbal Consent when the prior Verbal Consent window of time has expired.

C. NC: Nurse Coordinator

IV. ATTACHMENTS:

A. Treatment Authorization Request (TAR) form ~~reference~~
B. PHC TAR Requirements (including Outpatient Surgical Procedures CPTs Requiring TAR list and Pain Management CPTs Requiring TAR list)
C. PHC –Supplemental PHC requirements for medical necessity for Pain Management Procedures

V. PURPOSE:

To provide guidelines for certification of ambulatory procedures and services. Certain outpatient procedures and tests must be prior authorized to evaluate and confirm the appropriateness of the proposed treatment plan along with the appropriateness of the location and level of care prior to the delivery of care. The process also allows the health plan to determine that the requested service is a covered benefit and that the patient is an eligible member.

VI. GUIDELINE / PROCEDURE:

A. Outpatient services~~,~~ which require authorization~~,~~ are defined in Attachment B.
B. Review Objectives
   1. Medical necessity
   2. Appropriate level of care
   3. Network eligibility of provider(s)
   4. Referral from primary care provider
   5. Member eligibility
   ~~5.~~6. Covered Benefit
C. Criteria used in medical necessity determinations
   1. The Nurse Coordinator (NC) compares the medical information against ~~guidelines. T~~the following criteria ~~/policies~~and guidelines which are used to evaluate the appropriate use of services, matching medical needs and treatment plans.
      a. InterQual® ~~Procedural~~ Criteria~~-~~
         ~~1) Adult and Pediatric~~
      ~~b. PHC Utilization Management Guidelines~~
      b. Medi-Cal ~~Criteria~~Provider Manual/ Guidelines
      c. Department of Health Care Services (DHCS) All Plan Letters (APLs)
      ~~c.~~d. California Children's Services (CCS) Numbered Letters
      e. PHC Health Services Policies and Guidelines
      ~~d.~~f. Other government or specialty society guidelines as noted in PHC policies
   2. If a request is received for authorization of services for which review criteria are not available, the NC, in conjunction with the Chief Medical Officer or Physician Designee, uses clinical judgment and noted documentation from authorized medical references~~texts~~, journals, and articles to make a determination regarding the request. ~~determine certification of the proposed service.~~(See MCUP3139 Criteria and Guidelines for Utilization Management)
D. Authorization Process
   1. The provider of the service completes a Treatment Authorization Request (TAR) and submits it to PHC's Health Services Department. This process should be initiated by the ordering physician a minimum of five business days prior to the procedure or test.
   2. An authorization number is issued by the NC if the case meets established criteria and is determined to be medically necessary. A decision to authorize is based on:
      a. The appropriateness of the proposed place of treatment

b. The number of treatments or services
c. The treatment plan
d. The appropriateness of the proposed treatment

3. The provider should verify that the TAR has been approved prior to rendering services.
4. Confirmation documents and/or telephone confirmation ~~may~~ will be provided to ~~a few or all~~ any of the following depending on the service request (i.e. inpatient or outpatient)
   a. Requesting physician
   b. Facility
   c. Member
5. ~~Denial~~ Adverse Benefit Determinations
   a. If a request for treatment does not meet established criteria, the NC may request more information or refer the request for review to the Chief Medical Officer or Physician Designee. The Chief Medical Officer or Physician Designee may consult with the ~~attending physician~~requesting provider to evaluate the request.
   b. If the Chief Medical Officer or Physician Designee determines the requested service is not medically necessary, the Chief Medical Officer or Physician Designee or NC will:
      1) Notify the ~~attending physician~~requesting provider and member
      2) Provide objective criteria for the decision
      3) Document reasons for the decision
         ~~a) If the Physician Designee is off site, the Physician Designee will document rationale and submit the information electronically to PHC. This information will include the patient's name, identification number, reference number, and diagnosis/procedure.~~
      4) Notify the ~~attending physician~~requesting provider and member of rights to an appeal
   c. A Notice of Action ~~denial determination~~ (NOA) letter from the Physician Designee and/or telephone confirmation ~~may~~ will be forwarded to ~~a few or all~~any of the following listed below depending on the service request (i.e. inpatient or outpatient). ~~The denial determination letter will clearly state the reason for the denial in terms specific to the member's condition and in language that a layperson would understand.~~
      1) Requesting ~~physician~~provider
      2) Provider of service
      3) Member
   d. The NOA letter will clearly state the reason for the denial or modification in terms specific to the member's condition and in language that a layperson would understand.
6. Appeals
   a. A member, a member's authorized representative, or a provider acting on behalf of a member may appeal an adverse benefit decision as described in PHC's policy MCUP3037 Appeals of Utilization Management/ Pharmacy Decisions.
7. Reauthorization
   a. All authorizations which may recur ~~such as apnea monitors (1 month), short term oxygen therapy (3 months), chronic or lifetime oxygen (12 months), home health care, including rehab services per 2 week plan of care,~~ are subject to the following requirements:
      1) Assessment and demonstration of continued need for treatment/service
      2) ~~Reevaluate~~ Reevaluation of plan of treatment, appropriateness of level of care and physician orders
      3) ~~Determine~~ Documentation of patient compliance with treatment/service

VII. REFERENCES:

A. Medi-Cal Provider Manual/ Guidelines
B. InterQual® Criteria 2020

C. DHCS All Plan Letter (APL) 17-006 Grievance and Appeal Requirements and Revised Notice Templates and "Your Rights" Attachments (05/09/2017)
D. National Committee for Quality Assurance (NCQA) Guidelines (Effective July 1, ~~2019~~2020) UM 7 Denial Notices Element B

VIII. DISTRIBUTION:
A. PHC Department Directors
B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Health Services

X. REVISION DATES: 06/01/00; 09/19/01; 10/20/04; 10/19/05; 10/17/07; 08/20/08; 05/19/10; 05/16/12; 10/15/14; 05/20/15; 03/16/16; 04/19/17; *06/13/18; 05/08/19; 09/11/19; 09/09/20

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

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The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

MEDI-CAL TREATMENT AUTHORIZATION REQUEST FORM (TAR)

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
4665 Business Center Drive
Fairfield CA 94534
(707) 863-4133 or (800) 863-4144
FAX # (707) 863-4118
www.partnershiphp.org

(PLEASE TYPE) (FOR PROVIDER USE) (PLEASE TYPE)

REQUEST IS RETROACTIVE ? YES ☐ NO ☐

PROVIDER PHONE NO.

PROVIDER NAME AND ADDRESS

PLEASE TYPE YOUR NAME AND ADDRESS HERE

FAX #

PROVIDER NPI#

PATIENT'S AUTHORIZED REPRESENTATIVE (IF ANY) ENTER NAME AND ADDRESS:

NAME AND ADDRESS OF PATIENT
PATIENT NAME (LAST, FIRST, M.I.)

PATIENT IDENTIFICATION NO.

STREET ADDRESS

SEX

AGE

DATE OF BIRTH M M D D Y Y

CITY, STATE, ZIP CODE

PHONE NUMBER AREA

☐ HOME ☐ BOARD & CARE ☐ SNF/ICF ☐ ACUTE HOSPITAL

FOR PHC USE ONLY

PROVIDER: YOUR REQUEST IS:

☐ APPROVED AS REQUESTED ☐ DENIED ☐ DEFERRED

☐ APPROVED AS MODIFIED

BY: _____
PHC CONSULTANT'S NAME

DATE M M D D Y Y

REVIEW COMMENT INDICATOR ☐

COMMENTS / EXPLANATION

DIAGNOSIS DESCRIPTION:

CURRENT ICD-CM CODE

MEDICAL JUSTIFICATION:

LINE NO.	AUTHORIZED YES	AUTHORIZED NO	APPROVED UNITS	SPECIFIC SERVICES REQUESTED	UNITS OF SERVICE	NDC / UPC OR PROCEDURE CODE	QUANTITY	CHARGES
1								
2								
3								
4								
5								
6								

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT.

SIGNATURE OF PHYSICIAN OR PROVIDER | NAME/ TITLE | DATE

AUTHORIZATION IS VALID FOR SERVICES PROVIDED

FROM DATE M M D D Y Y TO DATE M M D D Y Y

TAR CONTROL NUMBER

OFFICE | SEQUENCE NUMBER | PI

NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBLITY. BE SURE THE IDENTIFICATION CARD IS CURRENT BEFORE RENDERING SERVICE.

PHC TAR REQUIREMENTS

(TAR to be submitted by the provider performing the service) **Revised** ~~06/10/2020~~09/09/2020

A. **Acupuncture** *(see policy MCUG3002 Acupuncture Service Guidelines)*
RAF authorizes one visit only. Requests for additional visits require the ancillary service provider to submit copies of initial evaluation and treatment plan attached to TAR. TAR must include total visits requested including initial visit.

B. **Dental Anesthesia** *(see policy MPUP3048 Dental Services (including Dental Anesthesia)*

C. **Diagnostic Studies**
1. CT Scans (Except 76497)
2. MRI (Except 76494, 76380, 76506)
3. Cardiac MRI - 75561 only (effective 08/01/2017)
4. MRA
5. PET scan *(see policy MPUP3116 Positron Emission Tomography Scans (PET Scans)*
6. Transcranial Doppler
7. Sleep Studies / Polysomnography *(see policy MCUG3110 Evaluation and Management of Obstructive Sleep Apnea in Adults (Medi-Cal)*

D. **Drugs and Pharmaceuticals** – A TAR is required for all prescription drugs, over-the-counter drugs and injectable drugs (including drugs compounded for IV infusion therapy) not on the PHC formulary.
PLEASE REFER TO PHC FORMULARY

E. **EPSDT** (Early and Periodic Screening, Diagnosis and Treatment) Supplemental Services *(see policy MCCP2022 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services)*

F. **Fecal Microbiota Transplant (FMT)** A TAR is required for all procedures related to fecal microbiota transplant. *(see policy MCUP3136 Fecal Microbiota Transplant)*

G. **Gender Dysphoria** – A TAR is required for all procedures related to gender dysphoria. *(see policy MCUP3125 Gender Dysphoria/ Surgical Treatment)*

H. **Genetic Testing** – A TAR is required for certain genetic testing as outlined in Attachment A of policy *MCUP3131 Genetic Screening and Diagnostics*

I. **Home Health Care** *(see policy MCUG3011 Criteria for Home Health Services)*

J. **Home Infusion Therapy**

K. **Hysterectomy**

L. **Hospice Care (Inpatient Only)** *(see policy MCUP3020 Hospice Service Guidelines)*

M. **Hospitalization**
1. The hospital must notify PHC of any admission within 24 hours of the admission.
2. Authorization for elective admission must be requested by the admitting physician prior to the admission.

N. **Hyperbaric Oxygen Pressurization**

O. **Long Term Care**
The LTC facilities must notify PHC of any admissions, transfer, bed hold/ leave of absence, or change in

payor status within one working day. (Examples include Medicare non-coverage or exhaustion of benefits/ hospice election.) *See policy MCUG3051 Coordination of Services for Members Requiring Long Term Care.*

P. **Non-Emergency Medical Transportation** [*see policy MCCP2016 Transportation Guidelines for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT)*]

Q. **Occupational Therapy** *(see policy MCUP3114 Physical, Occupational and Speech Therapies)* PHC members can be referred by a licensed clinician for one consultation visit through a physician order. PHC's referral authorization system need not be used. Following the initial evaluation, the service provider must submit a TAR for the requested services.

R. **Outpatient Hemo / Peritoneal Dialysis** *(see policy MCUP3027 Members with Limited Benefits)* (Note: initial authorization will be limited to 90 days and a lifetime TAR will be granted only after submission of Medicare determination.)

S. **Outpatient Surgical Procedures** – see **CPTs Requiring TAR** list (page 4)

T. **Pain Management** – see **CPTs Requiring TAR** list (page 7) and policy *MCUP3049 Pain Management Specialty Services*

U. **Phototherapy** for dermatological condition

V. **Physical Therapy** *(see policy MCUP3114 Physical, Occupational and Speech Therapies)* PHC members can be referred by a licensed clinician for one consultation visit through a physician order. PHC's referral authorization system need not be used. Following the initial evaluation, the service provider must submit a TAR for the requested services.

W. **Pulmonary Rehabilitation** *(see policy MCUP3111 Pulmonary Rehabilitation)*

X. **Speech Therapy** *(see policy MCUP3114 Physical, Occupational and Speech Therapies)* PHC members can be referred by a licensed clinician for one consultation visit through a physician order. PHC's referral authorization system need not be used. Following the initial evaluation, the service provider must submit a TAR for the requested services.

Y. **Supplies / Equipment**

1. Orthotics – Cumulative costs for repair/maintenance or purchase exceeds $250 / item (see policy MCUG3032 Orthotic and Prosthetic Appliances Guidelines)
2. Prosthetics – Cumulative costs for repair / maintenance or purchase exceeds $500 / item (see policy MCUG3032 O*rthotic and Prosthetic Appliances Guidelines)*. ***Also any unlisted / miscellaneous code and any custom made item that does not have a Medi-Cal rate (by-report or by-invoice)***
3. Ostomy Supplies – If **monthly** cumulative cost for all related supplies exceeds $150
4. Hearing Aid – All purchases, rentals or repairs exceeding $50 /item (Batteries are non-covered except for some CCS / EPSDT cases, in which case a TAR is required (*see policy MCUG3019 Hearing Aid Guidelines*).
5. Cochlear Implant Replacement Supplies: (*see policy MCUG3019 Hearing Aid Guidelines*).
   a. L8615 Headset/headpiece for use with cochlear implant device, replacement
   b. L8616 Microphone for use with cochlear implant device, replacement
   c. L8617 Transmitting coil for use with cochlear implant device, replacement
   d. L8618 Transmitter cable for use with cochlear implant or auditory osseointegrated device, replacement

(TAR to be submitted by the provider performing the service) **Revised** ~~06/10/2020~~09/09/2020

e. L8619 Cochlear implant external speech processor and controller, integrated system, replacement
f. L8627 Cochlear implant; external speech processor, component, replacement
g. L8628 Cochlear implant; external controller component, replacement
h. L8629 Transmitting coil and cable, integrated, for use with cochlear implant device, replacement

6. Oxygen and related supplies *(see policy MCUP3013 DME Authorization)*
7. Diabetic Supplies are to be provided by Pharmacies ONLY
8. Nebulizers – When the billed price including tax is $100 or more (see policy MPUG3031 Nebulizer Guidelines)
9. Medical Supplies – ***If dispensed by PHARMACY, please refer to formulary***
10. DME –*(see policy MCUP3013 DME Authorization)* ***If dispensed by PHARMACY, please refer to formulary***
    a. Repairs or maintenance over $250.00 / item (Out of guarantee repairs are to be guaranteed for at LEAST three (3) months from the date of repair. Reimbursement will NOT be allowed for parts or labor during a guarantee period if due to a defect in material or workmanship)
    b. No TAR is required for CPAP supplies for a CPAP machine owned by the member (as per Medi-Cal guidelines for ordering/quantity limits).
    c. Purchase items when the cumulative cost of items within a group exceeds $100.00 within the calendar month. Providers may refer to the *Durable Medical Equipment (DME): Billing Codes and Reimbursement Rates* section in the Medi-Cal manual to determine if items are related within a group. Items grouped together under specific headings, such as "Hospital Beds" or "Bathroom Equipment," are considered within the same group. (Vendor to guarantee for a MINIMUM of six (6) months from the date of purchase)
    d. Rental items when the cumulative cost of rental for items within the group exceeds $50.00 within a 15-month period. This includes any daily amount that an individual item, or a combination of a similar group of DME items, exceeds the $50 threshold. The 15-month period begins on the date the first item is rented. (Rental rate includes equipment related supplies.)
    e. Purchase of any wheelchairs for Medi-Medi members
    f. Purchase of knee scooters with appropriate criteria met. Invoice is required and maximum payable benefit amount is $200. (*see policy MCUP3013 DME Authorization*)
11. Incontinence Supplies *(see policy MCUG3022 Incontinence Guidelines)*
    a. ~~Incontinence supplies if monthly cumulative cost for all related supplies exceeds $165.00~~Note that codes A4335 for skin wash and~~Washes and~~ A4665 for skin creams for members with incontinence do not require a TAR unless claim quantity exceeds ~~the~~ normal frequency limits. ~~of 2,880 ml in an 81 day period for A4335 and 1,620 gm/ml in an 81 day period for A6250. If a TAR is required, it will only be authorized if the physician justifies medical necessity.~~However, providers are encouraged to include these items on the incontinence supply TAR as the authorization will be good for one year and the provider will be able to submit claims electronically without attaching the prescription each month. If these items are not included on the incontinence supply TAR, then the provider must submit a paper claim and attach a prescription form with each submission.
12. Nutritional Supplements (Submit TAR to Pharmacy) *(see policy MCUP3052 Medical Nutrition Services)*
13. **ANY UNLISTED OR MISCELLANEOUS CODE**

PHC TAR REQUIREMENTS

(TAR to be submitted by the provider performing the service) **Revised** ~~06/10/2020~~09/09/2020

HCPCS Code	Description
P9020	Platelet rich plasma unit

Outpatient Surgical Procedures CPTs Requiring TAR	
CPT Code	**Description**
10040	Acne Surgery
15769	Graft of Autologous Soft Tissue, Other, Direct Excision
15771	Graft of Autologous Fat Harvested by Liposuction; 50cc or less injectate
15772	Graft of Autologous Fat Harvested by Liposuction; each additional 50cc
15773	Graft of Autologous Fat Harvested by Liposuction; 25cc or less injectate
15774	Graft of Autologous Fat Harvested by Liposuction; each additional 25cc
15788 Thru 15793	Chemical Peel, Facial Et Al
15820 Thru 15823	Revision Of Lower Or Upper Eyelid
15845	Skin And Muscle Repair, Face
17360	Skin Peel Therapy
17999	Skin Tissue Procedure
19300	Mastectomy For Gynecomastia
19316	Mastopexy
19318	Reduction Mammoplasty
19324/25	Breast Augment; W/O Prosthetic Implant
19499	Correction Of Inverted Nipples
19380	Revise Breast Reconstruction
19396	Design Custom Breast Implant
19499	Unlisted Procedure, Breast
20999	Musculoskeletal Surgery
21208	Augmentation Of Facial Bones
22899	Spine Surgery Procedure
22999	Abdomen Surgery Procedure
28291, 28296, 28292, 28899	Correction Of Bunion
28300 Thru 28345	Osteotomy / Repair / Reconstruction
30400, 30410, 30420, 30430, 30435, 30450, 30460, 30465, 30520	Reconstruct Of Nose
30520	Repair Nasal Septum
32999	Chest Surgery Procedure
36299	Vessel Injection Procedure

PHC TAR REQUIREMENTS

(TAR to be submitted by the provider performing the service) **Revised** ~~06/10/2020~~09/09/2020

Outpatient Surgical Procedures CPTs Requiring TAR	
CPT Code	**Description**
37700	Ligation And Division Of Long Saphenous Vein At Saphenofemoral Junction, Or Distal Interruptions
37718	Ligation, Division, And Stripping, Short Saphenous Vein
37722	Ligation, Division, And Stripping, Long (Greater) Saphenous Veins From Saphenofemoral Junction To Knee Or Below
37735	Ligation And Division And Complete Stripping Of Long Or Short Saphenous Veins With Radical Excision Of Ulcer And Skin Graft And/or Interruption Of Communicating Veins Of Lower Leg, With Excision Of Deep Fascia
37760	Ligation Of Perforator Veins, Subfascial, Radical (Linton Type) Including Skin Graft, When Performed, Open, 1 Leg
37761	Ligation Of Perforator Vein(S), Subfascial, Open, Including Ultrasound Guidance, When Performed, 1 Leg
37765	Stab Phlebectomy Of Varicose Veins, 1 Extremity; 10-20 Stab Incisions
37766	More Than 20 Incisions
37780	Ligation and Division Of Short Saphenous Vein at Saphenopopliteal Junction (Separate
37785	Ligation, Division, And/or Excision Of Varicose Vein Cluster(S) 1 Leg
38205, 38206	Stem Cell Harvesting
38230	Bone Marrow Harvesting
36511	Therapeutic Apheresis Of WBC 's
36512	Therapeutic Apheresis Of RBCs
38204	Unrelated Harvesting Of Cells
38205	Stem Cell Harvesting From Siblings
38207	Stem Cell Storage
41899	Gum Surgery Procedure
43770	Laparoscopy, Surgical, Gastric Restrictive Procedure
43771	Laparoscopy, Surgical, Revision Of Adjust Gastric Band
43772	Laparoscopy, Surgical, Removal Of Adjustable Gastric Band
43773	Laparoscopy, Surgical, Removal & Placement Of Adj Gastric Band
43774	Laparoscopy, Surgical, Removal Of Adjustable Gastric Band
43775	Lap Sleeve Gastrectomy
43842	Gastroplasty, Vertical Banded, For Morbid Obesity
43843	Gastroplasty, Other Than Vertical-Banded, For Morbid Obesity
43845	Gastroplasty
43846	Gastric Bypass For Obesity
43847	Gastric Restrictive Procedure With Gastric Bypass
43848	Revision Of Gastric Restrictive
43886	Gastric Restrictive Procedure
43887	Gastric Restrictive Procedure, Removal Of Subcutaneous Port Component
43888	Gastric Restrictive Proc, Removal & Replacement Of Subcutaneous Port
43999	Stomach Surgery Procedure

PHC TAR REQUIREMENTS

(TAR to be submitted by the provider performing the service) **Revised** ~~06/10/2020~~09/09/2020

Outpatient Surgical Procedures CPTs Requiring TAR	
CPT Code	**Description**
49999	Abdomen Surgery Procedure
54161	Circumcision –TAR not required if patient < 4 months of age (See policy MCUP3121 Neonatal Circumcision)
54360	Penis Plastic Surgery
54400, 54406 - 54440	Penile Prosthesis / Plastic Procedure For Penis
55175/80	Revision Of Scrotum
55200	Incision Of Sperm Duct
56800	Repair Of Vagina
58150 Thru 58294, 58570	Hysterectomy
58350	Reopen Fallopian Tube
58550 Thru 58554	Laparoscopy, Surgical; With Vaginal Hysterectomy With Or Without Removal Of Tube(S), With
58578/79	Unlisted Procedure, Uterus
58999	Unlisted procedure, female genital system
61867, 61868, 61880, 61885,	Insertion, Revision Or Removal Of Cranial Neurostimulator
62290 thru 62291	Discography, Lumbar
63650, 63655, 63658, 63661-	Insertion, Revision Or Removal Of Spinal Neurostimulator
66987	Extracapsular Cataract Removal W/ Insertion Of Intraocular Lens Prosth complex
66988	Extracapsular Cataract Removal W/ Insertion Of Intraocular Lens Prosth
67900 Thru 67924	Repair Brow, Ptosis, Blepharoptosis, Lid
67950 Thru-66	Revision Of Eyelid
67971-75	Reconstruction Of Eyelid
67999	Unlisted Eyelid Procedure
69300	Revise External Ear
69399	Outer Ear Surgery Procedure
72285	Cervical and Thoracic Discography
72295	Lumbar discography

PHC TAR REQUIREMENTS

(TAR to be submitted by the provider performing the service) **Revised** ~~06/10/2020~~09/09/2020

Pain Management CPTs Requiring TAR	
CPT Code	**Description**
27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid
22511, 22515	Percutaneous vertebroplasty and percutaneous vertebral augmentation
62287	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumber (e.g. manual or automated percutaneous discectomy, percutaneous laser discectomy)
62263	Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiological localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days
62264	Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiological localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day
62360 thru 62362	Implantable or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
63650, 63655, 63658, 63661-63664, 63685, 63688	Insertion, revision or removal of spinal neurostimulator
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
64480	Cervical or thoracic, each additional level
64483	Lumbar or sacral, single level
64484	Lumbar or sacral, each additional level
64490	Injection(s), diagnostic or therapeutic agent, Paravertebral facet (zygapophyseal) joint with image guidance (fluoroscopy or CT), cervical or thoracic; single level.
64491	Second level (List separately in addition to code for primary procedure)
64492	Third level (List separately in addition to code for primary procedure
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT, lumbar or sacral; single level)
64494	Second level (List separately in addition to code for primary procedure)
64495	Third level (List separately in addition to code for primary procedure)
64633	Destruction by neurolytic agent, paravertebral facet joint nerve. cervical or thoracic, single level
64634	Cervical or thoracic, each additional level
64635	Destruction by neurolytic agent, paravertebral facet joint nerve. single level lumbar or sacral

(TAR to be submitted by the provider performing the service) **Revised** ~~06/10/2020~~09/09/2020

64636	Lumbar or sacral, each additional level

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Medical Necessity Criteria for Pain Management Procedures

MCUG3007 Authorization of Ambulatory Procedures and Services - Attachment C
MCUP3049 Pain Management Specialty Services – Attachment B
05/13/2020

22510 – 22515 Percutaneous vertebroplasty and percutaneous vertebral augmentation	Approval will only be considered in patients with 1. Acute vertebral compression fracture (less than 3 months), debilitated and unable to tolerate conservative therapy (minimum of 3 weeks of conservative therapy should be tried first), or 2. Vertebral hemangioma failing conservative therapy, or 3. Malignancy related compression fracture with no neurologic symptoms and pain interfering with activities of daily living. Recent well controlled study shows no benefit over placebo for longstanding vertebral fractures/pain. (Reference: Treatment of Symptomatic Osteoporotic Spinal Compression Fractures, *Journal of the American Academy of Orthopedic Surgeons*, March 2011; Spine J. 2012 Nov; 12(11): 998-1005)
27096 SI joint injection	1. Activity modification for 4 weeks required, unless pain is very severe. 2. Repeat injections only approved if at least 50% decrease in pain lasting at least 8 weeks. 3. Maximum of 3 SI joint injections with steroid covered per 12 months.
62290 to 62291 Discography, Lumbar and Cervical	Current medical evidence is that harm outweighs benefit for this procedure. It will only be covered if new and better studies are submitted demonstrating a benefit. Physician review required. (Reference: New York Medicaid redesign team: Basic Benefit review workgroup final recommendations, Nov. 1, 2011)
62360 to 62362 Implantable or replacement device for intrathecal or epidural drug infusion; subcutaneous reservoir	1. Treatment of severe, chronic or intractable pain and disability of malignant or nonmalignant origin as choice of last resort after patient has been unresponsive to opioid medications, appropriate nerve blocks, epidural injections and 2. Evaluation by a multidisciplinary team which should include physical, functional and psychological evaluation. 3. Preliminary trial of opioids by a temporary catheter substantiates acceptable pain relief with minimal side effects.

63650, 63655, 63658, 63661-63664, 63685, 63688 Insertion, revision, or removal of spinal neurostimulator	Covered for the following conditions after a temporary stimulator in the epidural space demonstrates at least 50% relief of pain documented by a pain log for a minimum 48 hour trial: 1. Failed back syndrome with low back pain and significant radicular pain; 2. Complex regional pain syndrome 3. Last resort treatment for severe chronic neuropathic pain resulting from actual damage to peripheral nerves, lumbosacral arachnoiditis and radiculopathies, phantom limb/stump pain, peripheral neuropathy, or incomplete spinal cord injury that is refractory to 12 or more months of standard therapy.
64479 to 64484 Transforaminal epidural injection	Same as InterQual® except: remove requirement for documentation of trial of NSAIDS; 1. Progress note must document a history of radicular symptoms and imaging must document nerve root impingement. If MRI shows spinal stenosis with no significant impingement, epidural injection is not medically indicated. 2. A minimum of 30 days conservative treatment before eligible for epidural steroid injection. 3. For repeat injections, a minimum of 50% improvement in pain symptoms lasting 8 weeks from the prior epidural injection is required. 4. Maximum of 2 levels of transforaminal epidural injections of the spine per 3 months. This may be 2 levels on the same side or 1 level bilaterally. 5. The interval between injections per site must be no more frequently than every 3 months, and the maximum number of injections per site is 3 per year.
64490 to 64495 Paravertebral facet injections and medial branch blocks	Initial injection: Same as InterQual® criteria, except documentation of physical therapy for 6 weeks and NSAIDs are not needed. 1. Patient must have a minimum of 12 weeks of symptoms consistent with facet joint pain. 2. The progress note should document a physical examination of the back, including pain elicited with movement. 3. No more than 3 levels will be approved, either 3 levels unilaterally or 3 levels bilaterally. 4. Maximum of 2 MBB per level per year. Repeat Injections: A pain log must be submitted showing that the pain relief from the previous injection was consistent with the anesthetic agent used, with documentation of at least 50% reduction in pain. For example, for a pure bupivacaine block, this is about 2-3 hours; bupivacaine plus minimal dose steroid block could be up to 3-4 days for medial branch blocks versus a month to several months for facet joint block.

64633 to 64636 Destruction by neurolytic agent, paravertebral facet joint	InterQual® criteria followed. For repeat procedures, the minimal interval between radioablation procedures at the same level is every 6 months.
72285, 72295 Cervical, Thoracic, Lumbar discography	Same as 62290 and 62291 above.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

GUIDELINE / PROCEDURE

Guideline/Procedure Number: MCUG3022 (previously UG100322)			**Lead Department: Health Services**	
Guideline/Procedure Title: Incontinence Guidelines			☒ **External Policy** ☐ **Internal Policy**	
Original Date: 07/24/1994		**Next Review Date:** ~~06/10/2021~~09/09/2021 **Last Review Date:** ~~06/10/2020~~09/09/2020		
Applies to:	☒ **Medi-Cal**		☐ **Employees**	
Reviewing Entities:	☒ **IQI**	☐ **P & T**	☒ **QUAC**	
	☐ **OPERATIONS**	☐ **EXECUTIVE**	☐ **COMPLIANCE**	☐ **DEPARTMENT**
Approving Entities:	☐ **BOARD**	☐ **COMPLIANCE**	☐ **FINANCE**	☒ **PAC**
	☐ **CEO** ☐ **COO**	☐ **CREDENTIALING**	☐ **DEPT. DIRECTOR/OFFICER**	
Approval Signature: *Robert Moore, MD, MPH, MBA*			**Approval Date:** ~~06/10/2020~~09/09/2020	

I. RELATED POLICIES:
MCUP3041 - TAR Review Process

II. IMPACTED DEPTS:
A. Health Services
B. Claims
C. Member Services
D. Provider Relations

III. DEFINITIONS:
A. Medical Practitioner – For the purposes of this policy, the medical practitioner is a physician, nurse practitioner or physician assistant.
~~A.~~B. CMN Form: Incontinence Supplies Medical Necessity Certification Form *DHCS 6187*

IV. ATTACHMENTS:
A. PHC Maximum/ Average Benefit Incontinence Guidelines
B. Incontinence Supplies Medical Necessity Certification form (DHCS 6187)

V. PURPOSE:
Incontinence supplies are a Medi-Cal benefit that must be prescribed by the physician, nurse practitioner, or physician assistant (medical practitioner) who is currently responsible for the care of the member and has evaluated the member's bladder and bowel incontinence within the past year. All members with a diagnosis of incontinence should be evaluated by the current medical practitioner to determine whether consultation with a specialist is indicated.

VI. GUIDELINE / PROCEDURE:
A. TREATMENT AUTHORIZATION REQUEST (TAR) PROCESS
1. A TAR is required for all incontinence supplies*. The TAR must contain documentation regarding the member's history of incontinence, along with information regarding the medical necessity for the supplies ordered.
2. For incontinence supplies over $165 per month (including sales tax), a~~A~~ state mandated ~~copy of the completed~~ Incontinence Supplies Medical Necessity Certification Form *DHCS 6187* (Attachment B) must accompany the TAR and will~~, which~~ include~~s~~ the following information:
   a. Medical condition / diagnosis causing bowel and bladder incontinence
   b. Type of urinary / bowel incontinence

*See VI.A.3 for two code exceptions.

c. Evaluation and treatments attempted and outcomes (including urologist assessment or reports)
d. Documentation of the reasons why other options (pharmacologic, drugs, behavioral techniques or surgical interventions) are not appropriate to decrease or eliminate incontinence
e. Prognosis for controlling incontinence
f. Brief summary of the incontinence therapeutic intervention plan
g. Explanation if medical practitioner orders supplies in **excess** of the thresholds listed ~~below~~ in Attachment A and information regarding medical necessity for the additional use

3. Codes A4335 and A4665 for s~~S~~kin wash and skin cream ~~requests~~ do not require a TAR unless they are ordered above normal supply limit. (See Attachment A for supply limits.) However, providers are encouraged to include these items on the incontinence supply TAR as ~~If a TAR~~ the authorization will be good for one year and the provider will be able to submit claims electronically without attaching the prescription each month. If these items are not included on the incontinence supply TAR, then the provider must submit a paper claim and attach a prescription form with each submission.

~~3. is required, a documented history of skin breakdown from a physician must be included with the TAR to justify medical necessity.~~

4. The requested item must be the lowest cost item to meet the member's medical needs.
5. If the member has chronic, non-treatable incontinence as confirmed by the primary care practitioner or a urologist, the TAR can be approved up to one (1) year.
6. If the approval is granted for an interval greater than 30 days, the provider of service has the responsibility to verify that the member remains eligible with Partnership HealthPlan of California (PHC) on a monthly basis and in NO instance will PHC reimburse for supplies in excess of a 60 day supply dispensed at any one time. (For Example: If PHC approves supplies for a one year time frame, the provider will NOT be reimbursed for the entire year at one time. Billings are to occur incrementally on a monthly basis as the member's eligibility status may change.) See Attachment A for supply limits.
7. Incontinence supplies such as diapers, liners, chux, etc. over $165 per month (including sales tax) require a completed Incontinence Supplies Medical Necessity Certification Form *DHCS 6187* (CMN form) (see Attachment B) submitted with the TAR. ~~Note that creams and washes do not require a TAR regardless of the cost for orders within normal supply limits. (See Attachment A for supply limits).~~
8. Incontinence supplies ~~*under*~~ $165 per month or less ~~DO NOT~~ require a TAR with the prescription attached, but do not require the CMN form. ~~a copy of the prescription must accompany the claim.~~

B. Incontinence supplies for members in a skilled nursing facility (SNF) and Intermediate Care Facility (ICF)/Developmentally Disabled (DD) or ICF are part of the facility per diem rate and are not billable separately to PHC. Incontinence supplies for members in ICF/DD- Habilitative (H) or ICF/DD- Nursing (N) are not part of the facility per diem and are separately billable to PHC. Incontinence supplies for members in ICF/DD-H or ICF/DD-N can be approved for up to one (1) year. The same requirements as per VI.A.7~~5~~ apply.
C. Incontinence supplies for members under age five may be covered under the Early & Periodic Screening, Diagnostic and Treatment (EPSDT) Services benefit where the incontinence is due to a chronic physical or mental condition, including cerebral palsy and developmental delay, and at an age when the child would normally be expected to achieve continence.
D. The CMN form ~~Incontinence Supplies Medical Necessity Certification Form~~ (Attachment B) must be dated within 12 months of the date of service on the claim and must be signed by the member's current medical practitioner.

VII. REFERENCES:

A. Medi-Cal Guidelines - Incontinence Medical Supplies (*incont*)

B. Kaiser Incontinence Supplies Guidelines
C. Welfare & Institutions Code, Section 14125.4

VIII. DISTRIBUTION:
A. PHC Department Directors
B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Health Services

X. REVISION DATES: 01/01/96; 04/28/00; 06/20/01; 04/21/04; 02/16/05; 03/15/06; 08/20/08; 11/18/09; 07/21/10; 06/20/12; 08/20/14; 01/20/16; 09/21/16; 09/20/17; *10/10/18; 11/13/19; 02/12/20; 06/10/20; 09/09/20

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.

Partnership HealthPlan of California
4665 Business Center Drive
Fairfield, California 94534

PHC MAXIMUM/AVERAGE BENEFIT- INCONTINENCE GUIDELINES

DESCRIPTION OF PRODUCTS	HCPCS	MCL QTY
Disposable Diapers:		
Youth	T4533	200/Month
Small	T4521	200/Month
Medium	T4522	192/Month
Regular	T4522	192/Month
Large	T4523	216/Month
Extra Large and XXL	T4524	192/Month
Bariatric XXXL	T4543	~~TAR~~N/A
Children's Diapers / Pull-Ups:		
Pediatric Diaper Small/Medium	T4529	~~TAR~~N/A
Pediatric Diaper Large	T4530	~~TAR~~N/A
Pediatric Pull-Up Small/Medium	T4531	~~TAR~~N/A
Pediatric Pull-Up Large	T4532	~~TAR~~N/A
Youth Sized Pull-Up	T4534	~~TAR~~N/A
Disposable Protective Underwear:		
Adult Small	T4525	120/Month
Adult Medium	T4526	120/Month
Adult Large	T4527	120/Month
Adult Extra Large and XXL	T4528	120/Month
Adult Bariatric XXXL	T4544	~~TAR~~N/A
Liners/Pads/Undergarments:		
Disposable Liners	T4535	180/Month
Disposable Pads	T4535	180/Month
Beltless Undergarments	T4535	180/Month
Belted Undergarments	T4535	180/Month
Note: Specific qty. limits apply to each product type. Liners, pads & undergarments may be mixed and matched as long as no single product type exceeds 180 units AND the combined total does not exceed 300 units~~, without a TAR~~.		
Disposable Underpads:		
Large Underpad	T4541	120/Month
Small Underpad	T4542	120/Month
Incontinent Reusable Pants:	T4536	2/Month
Reusable Waterproof Sheeting:	T4537	2/Year

Cont'd

Partnership HealthPlan of California
4665 Business Center Drive
Fairfield, California 94534

PHC MAXIMUM/AVERAGE BENEFIT- INCONTINENCE GUIDELINES

DESCRIPTION OF PRODUCTS	HCPCS	MCL QTY
Incontinence Skin Care:		
Skin Cream	A6250	540 gm/Month *
Skin Wash	A4335	960 ml/Month *
Enter in the system in cc's (8 oz. tube = 270 cc)		
Gloves:		
Non-Sterile Gloves Note: These are not routinely approved, and there must be a clear need for the item. Diagnosis of quad/paraplegia, AIDS, hepatitis, etc., is considered appropriate reasons for gloves. We will also consider approval if the caregiver of an adult is not a family member.	A4927	200/Month

Note: Kimberly Products are not a Medi-Cal Benefit

*For Skin Cream and Skin Wash: Codes A4335 and A4665 do not require a TAR unless they are ordered above normal frequency limit. ~~A TAR is not required unless claim quantity exceeds the frequency limits of 2,880 ml in an 81-day period for A4335 and 1,620 gm/ml in an 81-day period for A6250.~~ However, providers are encouraged to include these items on the incontinence supply TAR as the authorization will be good for one year and the provider will be able to submit claims electronically without attaching the prescription each month. If these items are not included on the incontinence supply TAR, then the provider must submit a paper claim and attach a prescription form with each submission. ~~If a TAR is required, a documented history of skin breakdown from the physician must be included with the TAR to justify medical necessity.~~

State of California - Health of Human Services Agency | Department of Health Care Services

INCONTINENCE SUPPLIES MEDICAL NECESSITY CERTIFICATION

SECTION A: Incontinence Provider Information

1. Contact Person	2. Contact Telephone Number	3. Contact Fax Number

SECTION B: Patient Information

4. Patient Name– Last, First, Middle (as appears on card)

5. Medi-Cal ID Number	6. Gender	7. Date of Birth (mm/dd/yy)	8. Age
	Male ☐ Female ☐		

9. Type of Residence
☐ Home ☐ Board and Care ☐ ICF/DD-H ☐ ICF/DD-N ☐ Other _____

SECTION C: Documentation Supporting Medical Necessity

Note: If necessary, include supporting documentation on an attachment

10. Does the patient **meet the Code 1 Restriction**? Yes ☐ No ☐
If yes, indicate the primary and secondary diagnosis name and ICD-10-CM codes.

_____

_____

_____

If no, provide clinical evidence and describe in detail the medical conditions and/or extenuating circumstances to support the medical necessity.

_____

_____

_____

_____

11. Have any **previous treatments** (for example, drug therapy, behavioral techniques, and/or surgical intervention) to manage symptoms of incontinence been tried and failed or been partially successful? Yes ☐ No ☐
If yes, describe treatment(s), treatment results, and patient's responsiveness.

_____

_____

_____

_____

If no, explain reasons why other treatments are not appropriate to decrease or eliminate incontinence.

_____

_____

_____

_____

SECTION C: Documentation Supporting Medical Necessity (Continued)

12. Is this patient **prescribed multiple absorbent product types** to be used during the same time period? Yes ☐ No ☐
If yes, explain in detail the need for multiple varieties of supplies.

13. Does this request include a billing code that **requires prior authorization?** Yes ☐ No ☐
If yes, list billing code(s) and supporting documentation of medical need.

14. Does the patient require a quantity that **exceeds the quantity limits** for any of the supplies needed? Yes ☐ No ☐
If yes, list billing code(s), provide clinical evidence and describe in detail the acute medical condition and/or extenuating circumstances for increased need for additional quantities.

15. Does the patient require supplies (except creams and washes) that **exceed the $165 per month allowable**? Yes ☐ No ☐
If yes, provide a detailed explanation to support the need for supplies exceeding $165 per month.

16. Does this request have an attachment for additional supporting documentation? Yes ☐ No ☐

NOTE: Medical justification must be complete and thorough to process this request. If necessary, provide the supporting documentation and any additional information on an attachment.

SECTION D: List All Prescribed Product Types (For example, briefs, protective underwear, etc.)

17. Complete the table below for the supplies prescribed. Enter the last date of service (DOS) if previously billed.

Billing Code	Product Type	Last DOS	Daily Usage	Unit Cost	Monthly Usage	Monthly Cost	Total Units

18. This prescription is valid for _____ months. **NOTE:** The maximum allowed is 12 months. The physician's signature date below must be within 12 months of the date of service on the claim.

SECTION E: Physician's Attestation, Signature and Date (Physician's Use Only)

By my signature below, I verify that I have physically examined the patient within the last 12 months and certify to the best of my knowledge that the information contained in this form is true, accurate and complete. I have prescribed the items on this form and will maintain a copy of this prescription in the beneficiary's medical record to meet Medi-Cal documentation requirements.

19. Physician's Name	20. Physician's National Provider Identifier

21. Physician's Business Address (number, street)	City	ZIP Code

22. Physician Telephone Number	23. Physician's Signature	24. Date

INCONTINENCE SUPPLIES MEDICAL NECESSITY CERTIFICATION INSTRUCTIONS

SUBMISSION REQUIREMENTS: This form must accompany each Treatment Authorization Request (TAR) and must contain <u>all</u> supplies needed for the time period, not just supplies needing a TAR.

SECTION A: Incontinence Provider Information

1. Enter the name of the individual to contact for TAR questions.
2. Enter the phone number where the contact person can be reached.
3. Enter the fax number to receive information.

SECTION B: Patient Information

4. Enter the patient's last name, first name and middle initial.
5. Enter the Medi-Cal Identification Number.
6. Check the appropriate box.
7. Enter the complete date as 2-digit month, 2-digit day, and 2-digit year.
8. Enter the patient's current age.
9. Check the appropriate box.

SECTION C: Documentation Supporting Medical Necessity

10. – 15. An answer to each question is required. Depending on the response further explanation to support medical justification is required and if needed may be included on an attachment.
    NOTE: Medical justification must be complete and thorough in order to process the request.
16. Indicate if an attachment is included with this form.

SECTION D: List All Prescribed Product Types

17. This table must include **<u>all</u> supplies prescribed** for this patient's use during the number of months covered by this prescription.
    - Billing Code - Enter the HCPCS billing code for each supply item. Refer to the *List of Incontinence Medical Supplies Billing Codes*
    - Product Type – For each billing code enter the corresponding product type name (for example, cream, wash, disposable brief, protective underwear, pad, liner and underpad). Do not list brand name.
    - Last DOS – Enter the last date of service if product type was previously billed.
    - Daily Usage – Enter the estimated number of units the patient will use daily
    - Monthly Usage – Enter the estimated number of units the patient will use monthly.
    - Monthly Cost – Enter the estimated monthly cost for this supply, including markup and sales tax (unit cost multiplied by the monthly usage plus markup and sales tax)
    - Total units – Enter the total number of units for each supply item prescribed (monthly usage multiplied by the total number of months covered by this prescription).
18. Enter the number of months covered by this prescription. The maximum allowed is twelve (12) months.

SECTION E: Physician's Attestation, Signature and Date (Physician's Use Only)

NOTE: This section must be completed by the attending physician. The physician's personal signature in ink and date of signature is required. Signatures stamped, printed or initials are not acceptable.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

<table>
<tr><td colspan="3">Policy/Procedure Number: MCUP3039 (previously UP100339)</td><td colspan="3">Lead Department: Health Services</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Special Case Managed Members</td><td colspan="3">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 04/25/1994</td><td colspan="4">Next Review Date: ~~03/11/2021~~09/09/2021
Last Review Date: ~~03/11/2020~~09/09/2020</td></tr>
<tr><td>Applies to:</td><td colspan="2">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
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<tr><td>☒ CEO</td><td>☐ COO</td><td>☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: ~~03/11/2020~~09/09/2020</td></tr>
</table>

I. RELATED POLICIES:

A. MCUP3041 – ~~-~~TAR Review Process
B. MCCP2024 – Whole Child Model for California Children's Services (CCS)
C. MCUP3104 – ~~Major Organ~~ Transplant Authorization Process~~s~~
D. MCUP3020 – Hospice Service Guidelines
E. MCUP3103 – Coordination of Care for Members in Foster Care
F. MCUP3033 – Out of Area Emergency Admissions
G. MCUP3051 – Long Term Care SSI Regulation
H. CGA024 – Medi-Cal Member Grievance System

II. IMPACTED DEPTS:

A. Health Services
B. Member Services
C. Claims

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To define criteria for members who meet special case managed status.

VI. POLICY / PROCEDURE:

A. Special case managed members are those whose service needs are such that inclusion in the Partnership HealthPlan of California (PHC) capitated case management system would be inappropriate. Assignment to special case managed status may be based on the member's medical condition, prime insurance, demographics or administrative eligibility status.
B. As of January 1, 2019, PHC assumed responsibility for authorizing and coordinating care for California Children's Services (CCS) eligible conditions under the Whole Child Model (WCM). To maximize the patient-provider relationship and to best coordinate care, these members are assigned to a medical home. The provider identified as the child's medical home is responsible for managing the child's primary care needs and coordinating specialty services. WCM/CCS children do not require a Referral Authorization Form (RAF) to see a specialist.

C. Services for special case managed members will be paid on a fee-for-service basis based upon prevailing PHC rates. The Treatment Authorization Request (TAR) system will be in place for all PHC services that require the use of a TAR.
D. Generally, members become eligible for special case managed status either due to a specific clinical condition or due to a specific administrative service category.

PHC Special Member Designation	Special Member Type	Criteria
Default1	New Member	Upon becoming eligible to PHC, new members will have up to 30 calendar days to select a primary care provider (PCP). During the interim, the member will not be assigned to a PCP or a case managed pool unless the member has selected a PCP in advance.
Default2	Member no longer eligible for a Health Services (HS) special member designation.	Members who no longer qualify for Health Services special member status such as CCS, LTC or HP 5 are placed in Default 2 for one month if the member cannot be relinked, family-linked or assigned based on claims data.
Default4	Members who no longer have prime insurance status (HP 12, 20, 21, 24)	Members who no longer qualify for prime insurance coverage status are placed in Default 4 for one month if the member cannot be relinked, family linked or assigned based on claims data.
WELLNESS 0001	W&R Substance Use Treatment Services Only	Wellness & Recovery - Substance Use Treatment Services Only As of 7/1/2020 – Full Scope Medi-Cal residents of Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, or Solano Counties. SUBSTANCE USE TREATMENT SERVICES ONLY Members will have a pseudo aid code of 99 (internal use only)
WELLNESS 0011	W&R Deceased	Wellness & Recovery – Deceased W&R Member As of 7/1/2020 – Full Scope Medi-Cal residents of Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, or Solano Counties. Members will have a pseudo aid code of 99 (internal use only)
WELLNESS 0026	W&R with SOC	Wellness & Recovery – with Share of Cost (SOC) As of 7/1/2020 – Full Scope Medi-Cal residents of Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, or Solano Counties. Members will have a pseudo aid code of 99 (internal use only)
HP 1	Emergency & Pregnancy Only OBRA Aid codes	The member is assigned the first day of the month the member becomes eligible for limited services (OBRA) related to pregnancy and/or emergency treatment. Members have aid code 58, 5F, 5G, 5N, C1, C3, C5, C7, C9, or D8. Dialysis may be covered, TAR required. The member is removed on the first day of the month following loss of OBRA status. OBRA aid codes apply to Solano, Napa and Yolo Counties only.
HealthWCM 0001 – 0004	CCS Members Who Do Not Have a Medical Home	If a WCM child has not been assigned to a medical home, they will be assigned as follows: HEALTHWCM 0001- Solano, Marin and Sonoma Counties HEALTHWCM 0002- Lake, Mendocino and Northern Region Counties HEALTHWCM 0003- Napa County

Policy/Procedure Number: MCUP3039 (previously UP100339)		**Lead Department: Health Services**
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Applies to:	☒ **Medi-Cal**	☐ **Employees**

PHC Special Member Designation	Special Member Type	Criteria
HealthWCM 0001 – 0004 *cont'd*		HEALTHWCM 0004- Yolo County • Kaiser prime members assign to Kaiser MH and place on review. • CCS members with other health coverage are placed in HealthWCM and placed on review.
HP 3	Acquired Immune Deficiency Syndrome (AIDS)	Members approved when the 2008 CDC criteria for AIDS is met. Effective date is the day of PHC notification. For Kaiser members, PHC does not remove from Kaiser assignment, however, a change in affiliation is made. The affiliation will change on the first day of the month if PHC is notified by the 15th day of the previous month. If PHC is notified after the 15th day of the month the affiliation will commence on the first day of the month after the next month. *cont'd* Exception: Kaiser prime members that meet the HIV criteria are not moved to the Kaiser HIV affiliation until the member's Kaiser prime insurance is no longer active. Assignment to the Kaiser HIV affiliation would occur the month following PHC's notification of the termination of the Kaiser prime insurance.
~~HP 4~~	~~*Not in use for the Medi-Cal program.*~~	
HP 5	Continuity of Care, Transplants, and Sonoma Members approved	**CONTINUITY of CARE:** The PHC Medical Director has the discretion to place members with complex medical conditions into special member status because of the member's need for continuity of care. Criteria for inclusion as a special member, for continuity of care, is based upon: 1. The member's eligibility to PHC should be relatively recent. 2. The member requires ongoing care from out-of-area specialist(s) for appropriate management of his (her) complex medical conditions and discontinuation of this care from the out-of-area specialist(s) would be detrimental for the member's health. 3. Referrals to specialty care by an in-plan PCP does not meet the member's health care needs. 4. The out-of-area specialist accepts the additional responsibility of Primary Care Provider. 5. Transgender member or member with gender dysphoria requiring primary care with clinician with expertise in this area. 6. The member's need for special member status under Health Plan 5 is generally required for 12 months or less. 7. Member will be removed when the member's needs for continuity of care have been met. **Sonoma Members Approved for House Calls** Sonoma Members approved for House Calls (a St. Joseph's System Provider Group) House Calls is a provider group that provides care for home bound patients.

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PHC Special Member Designation	Special Member Type	Criteria
HP 5 *cont'd*		**TRANSPLANTS** SOLID ORGAN TRANSPLANTS: Member is approved upon notification from a Medi-Cal designated transplant facility that the member has completed the evaluation process and is currently listed and waiting a solid organ transplant. Exception: See HP 38. Members on dialysis awaiting a kidney will stay in HP 38 until transplanted. Heart transplant recipients are granted HP 5 for plan lifetime. BONE MARROW TRANSPLANT: Member is approved upon notification from a Medi-Cal designated transplant facility that the member has completed the evaluation process, a donor match has been found and is currently listed and waiting transplant. Member becomes eligible for assignment to a PCP one year after receiving the transplant but may qualify for continued HP 5 based on continuity of care criteria above.
HP 6	Hospice	Members are approved the day the member signs the hospice election form and continues in this category as long as their care is provided by a hospice program.
HP 7	Foster Care (FC) and Special Needs (DDS) children.	All foster care (FC) and other special needs. California Department of Developmental Services (DDS) members in or out of county that have one of the following aid codes: 03, 04, 06, 07, 2P, 2R, 2S, 2T, AND 2U, 40, 42, 43, 45, 46, 49, 4A, 4F, 4G, 4H, 4K, 4L, 4M, 4N, 4S, 4T, 4U (eff. 11/01/15), 4W and 5K) 5L (eff.4/1/19) (Special needs DDS A/C 6W and 6V). All foster care (FC) members in or out of county. Solano, Napa or Yolo county FC members assigned to PCP prior to September 1, 2011 remained assigned to a PCP and have the option to move to a special member status. OK to move all FC and other special needs DDS members to HP 7 upon request.
HP 8	Out of Area	Members are approved the day the member establishes residence out-of-county for a 3 month period~~.~~ except ~~i~~If the member is an inpatient in an out-of-county hospital, then the member can be placed in HP 8 the day after discharge. ~~member is eligible the day the member moved out of county.~~ **Exception:** Members in a ~~n inpatient~~ residential treatment facility for substance use disorders ~~Drug/Rehab facility~~ will be temporarily placed in HP 8 if the facility is out of the resident's county for the length of their stay.
HP 9	Long Term Care (LTC) AND	**LTC:** Member approved the day of admission to SNF or LTC facility. **Kaiser** members, assignment remains to Kaiser for the month of admission and the following month. If at the end of this time frame the member remains

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PHC Special Member Designation	Special Member Type	Criteria
HP 9 *cont'd*	Long Term Care Psychiatric Patients	in Skilled Nursing Facility (SNF) and meets PHC criteria for LTC, the member will then be taken out of Kaiser cap and placed into this category. Kaiser members with Kaiser prime insurance are not moved to HP 9. • Kaiser Commercial members are moved to HP 24 the 3rd month following admission. • Kaiser Senior Advantage members are placed in HP 24 3rd month following admission if member is not at a skilled level of care. • Kaiser Senior Advantage members receiving skilled level of care are placed in HP 24 on the 101 day of placement or any time after the 3rd month of placement that they no longer qualify for a skilled level of care. **LTC Psychiatric**: The member is approved on the date the member is admitted to a long term care psychiatric facility. The member is removed on the first day of the month following discharge and is re-linked to the previously assigned PCP at this time.
HP 10	Retroactive Members	The member is approved the first day of the month, the member becomes retroactively eligible with PHC. The member is removed and assigned to a PCP on the first day of the month after the retroactive period.
HP 11	Deceased	The member is approved on the date of death plus one day.
HP 12	EFMP/Tricare/ Champus	The member is approved on the first day of the month that PHC is notified that the member is Exceptional Family Member Program (EFMP)/Tricare/Champus eligible. The member is removed from HP 12 on the first day of the month following the date the member's EFMP/Tricare/Champus eligibility ends.
HP 13	Newborn (mother not capitated)	The member is approved on the date of birth. The member is removed on the first day of the third month following the date of birth.
HP 14	Administrative	Members placed in HP 14 for any of the reasons below: • Have a Pope Valley, Potter Valley, or a Sea Ranch address or • Qualify for special member status due to a state fair hearing decision, or • County expansion Members that exceed a 30 mile radius from the nearest PCP
~~HP 15~~	~~*NO LONGER IN USE as of 9/1/03*~~	~~Merged with HP 5~~
HP 16	~~Napa~~ State Hospitals for Mental Health Services	The member is approved on the date of admission to ~~Napa~~ a State Hospital for Mental Health Services. The member is removed on the first day of the month following discharge from ~~Napa~~ the State Hospital.
~~HP 17~~	~~*Not in use*~~	
HP 18	Native Americans - Redding	Native American Indian – Redding Rancheria Liberty Site As of 9/1/2019:

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PHC Special Member Designation	Special Member Type	Criteria
	Rancheria Liberty site	• Healthrurl 0018 is used only for Native American Members and/or their family members receiving services at Redding Rancheria Liberty site. • Assignment to Healthrurl 0018 requires Redding Rancheria approval. • All other HP 18 i.e. Healthplan 0018, Healthnapa 0018 etc. are no longer used.
HP 19	General Member Service AND Prenatal Care 28+ weeks	GMS The member is approved on the first day of the month of assignment to this category, at the discretion of the PHC Member Services Director, under the following circumstances: 1. The member has an appointment with a physician for primary care services other than the member's assigned PCP, and 2. The member was assigned to a PCP inappropriately due to an error in the assignment process. 3. Other criteria making special member status appropriate (must be approved by the PHC Member Services Director and the Chief Medical Officer or physician designee.) The member is removed when the member no longer qualifies, based on the criteria listed above. Prenatal Care The member is approved the first of the month that PHC is notified of eligibility with PHC under the following conditions: 1. The member is 28 weeks pregnant or more on the date of eligibility with PHC, 2. The member has been regularly cared for by an obstetrical provider prior to eligibility with PHC, and; 3. The member wishes to continue her care and requests during her pregnancy to continue with her established obstetrical provider for the duration of her pregnancy. The member is removed on the first day of the month following 60 calendar days from the delivery date. If the member is not made HP 19, the member would be required to change OB providers due to PCP and hospital linkages.
HP 20	Sonoma, Marin, Mendocino, and Shasta Medi-Medi members	Effective the date member has Medicare Part A or Part B or both Part A and Part B status. Moved out of HP 20 the day they no longer have any Medicare status. *Exception: Medi-Medi members can be assigned to Kaiser with or without Kaiser Prime with Kaiser approval.*
HP 21	Continuous Insurance Premium Program (CIP)	The member is approved on the first day of the month of notification that the member is eligible for CIP and the Health Services Department determines that the member's medical condition warrants continued eligibility for this program. If the member is in HP 21, the member's health insurance premium is paid by PHC. The HS Director monitors HP 21 members periodically. The

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PHC Special Member Designation	Special Member Type	Criteria
		member is removed on the first day of the month after the member no longer meets criteria for eligibility.
HP 22	Genetically Handicapped Persons Program (GHPP)	The member is approved on the date PHC is notified from the state that the member has been included on the GHPP list. The member is removed on the first day of the month that the member is no longer eligible for GHPP.
~~HP 23~~	~~*NO LONGER IN USE as of 9/1/03*~~	~~Merged with HP 9~~
HP 24	Other Insurance	The member is approved on the first of the month of notification or identification that the member has other health insurance. The member is removed on the first day of the month that the other insurance ends. In this situation, since PHC is the "payer of last resort", the other insurance is always the primary payer. Includes members who have prime insurance and are placed in an LTC. Also includes Kaiser prime members in counties that do not have a PHC contracted facility or live in a Kaiser excluded zip code.
~~HP 25~~	~~*No longer in use*~~	
HP 26	Unmet Share of Cost (SOC)	INELIGIBLE SHARE OF COST MEMBERS. When the member is in HP 26, the member is <u>not</u> eligible for services under PHC and PHC is <u>not</u> financially responsible for this member. When the member has met the share of cost, the member is removed from HP 26 and becomes eligible for HP 10 (retroactive eligibility).
HP 27	Long Term Care Resident with aid code 53, 55, D2 through D7 aid codes.	The member is approved on the day the member is admitted to a long term care facility. The member is removed on the first day of the month that the member is discharged from the LTC facility <u>or</u> the member no longer has aid code 53. Aid codes 55 and D2 - D7 limited to LTC, ER, and pregnancy related services. These aid codes apply to Solano, Napa and Yolo County members.
HP 28	Long Term Care aid code not in LTC (13, 23, 63)	Member with long term care (LTC) aid code, but not in LTC facility. Members that have Kaiser prime are placed in HP 24.
HP 29	Duplicates	The member is approved on the day the member becomes eligible under more than one name or membership number. PHC pays for services under the valid member number.
~~HP 30~~	~~*No longer in use*~~	
~~HP 31~~	~~*No longer in use*~~	
HP 32	Holderman Patients	The member is approved on the date of admission to Holderman facility. The member is removed on the first day of the month following discharge from the Holderman facility.
~~HP 33~~	~~*No longer in use*~~	
~~HP 34~~	~~*No longer in use*~~	
~~HP 35~~	~~*No longer in use*~~	
~~HP 36~~	~~*No longer in use*~~	
~~HP 37~~	~~*No longer in use*~~	

PHC Special Member Designation	Special Member Type	Criteria
HP 38	End Stage Renal Disease (ESRD)	Members approved when the Medicare definition for ESRD is met. Effective date is the actual date of the first outpatient hemo/ peritoneal dialysis treatment. Exception: See HP 9
HP 39	Breast / Cervical Cancer	A member is placed in HP 39 when the member has Single aid code of: 0U, 0T, 0R or member has multiple aid codes and one of them is: 0U, 0T, 0R, 0P, 0N, 0W
HP 40	Continuity of Care due to large PCP contract termination	• Used at the discretion of HS and Large Provider Term Workgroups. • As of 2/5/2020 only available for HEALTHYOLO 0040 & HEALTHRURL 0040
HP 41	Continuity of Care due to large PCP contract termination for WCM	• Used at the discretion of HS and LG Provider Term Workgroups. • As of 2/5/2020 only available for HEALTHYOLO 0041 & HEALTHRURL0041

E. Other Considerations

1. When conversion to special case managed status is approved, it will be done so for a time-limited or condition-limited (e.g., pregnancy) interval. After the interval has elapsed, the case will be reconsidered, and the member removed from special case managed status if circumstances warranting this status no longer exist.
2. The Medical Director may review other cases where the circumstances of the clinical condition may warrant consideration of the status change by the HealthPlan. The Chief Medical Officer or Physician Designee will consult with other specialty physicians as needed to complete the review.
3. Members or their physicians may request consideration for special case managed status. Member requests will be processed through Member Services and reviewed by the Health Services staff. Physicians must complete a Special Case Management Provider Request for Status Change form on behalf of their members. The HS staff will contact the providers as necessary to obtain medical documentation. Each case will be reviewed by the Chief Medical Officer or Physician Designee. Members may appeal the decision by the process in policy CGA-024 Medi-Cal Member Grievance System.
4. Appeals submitted only for determination regarding HP 5 Continuity of Care status will go through the physician review process.
5. The Health Services staff will notify the provider and the member of the decision. If the request is denied, the reasons will be outlined in the letter to the provider. If the request is approved, an alternate provider will be identified and notified concerning the PHC procedures for obtaining TAR services. The member will be encouraged to obtain all care from the alternate provider.
6. The Health Services Department will encourage all special members to utilize the PHC network.
7. The special member will receive a letter with his/her new ID card from the Member Services Department. The Member I.D. Card will reflect Partnership HealthPlan of California as PCP and an alternate provider, if indicated.
8. Agencies/facilities will continue to provide the direct case management activities as mandated by state, federal and regulatory agencies.

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VII. REFERENCES:
Medi-Cal Aid Codes Master Chart

VIII. DISTRIBUTION:
A. PHC Department Directors
B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Health Services

X. REVISION DATES:
Medi-Cal 03/01/95; 10/10/97 (name change only); 6/14/00; 8/15/00; 11/20/00; 03/07/01; 10/17/01; 11/11/03; 03/10/04; 02/08/05; 10/10/06; 11/19/08; 08/18/10, 06/19/13; 03/18/15; 03/16/16; 01/18/17; *02/14/18; 03/13/19; 03/11/20; 09/09/20

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: N/A

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

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<tr><td colspan="3">Policy/Procedure Number: MCUP3041 (previously UP100341)</td><td colspan="3">Lead Department: Health Services</td></tr>
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☐ Internal Policy</td></tr>
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(Effective 06/19/2013 - TAR/RAF Review Policy split)</td><td colspan="4">Next Review Date: ~~04/08/2021~~09/09/2021
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I. RELATED POLICIES:

A. MCUP3124 – Referral to Specialists (RAF) Policy
B. MPUP3026 – Inter-Rater Reliability Policy
C. MCUP3033 – Out of Area Emergency Admissions
D. MPUD3001 – Utilization Management Program Description
E. MCRO4018 – Pharmacy TAR Procedure
F. MCUP3037 – Appeals of Utilization Management/ Pharmacy Decisions
G. CMP36 – Delegation Oversight and Monitoring
H. CMP26 – Verification of Caller Identity and Release of Information
I. CMP30 – Records Retention and Access Requirements

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services

III. DEFINITIONS:

A. Medical Necessity: Medical Necessity means reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury.
B. Authorized Representative: An adult Member has the right to designate a friend, family member, or other person to have access to certain protected health information (PHI) to assist the member with making medical decisions. The member will need to provide appropriate legal documentation as defined in CMP26 Verification of Caller Identity and Release of Information and submit to Partnership HealthPlan of California (PHC) for review prior to releasing PHI. Until the form has been submitted and validated by PHC staff, the Member can give verbal consent to release non-sensitive PHI to a designated person. Verbal consent expires at close of business the following business day. The member can give additional Verbal Consent when the prior Verbal Consent window of time has expired.
C. Cosmetic Surgery: Surgery that is performed to alter or reshape normal structures of the body in order to improve appearance.
D. Urgent Request: A request for medical care or services where application of the timeframe for making routine or non-life threatening care determinations:
   1. Could seriously jeopardize the life, health or safety of the member or others, due to the member's psychological state, ***or***

2. In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.

E. Non-urgent Request: A request for medical care or services for which application of the time periods for making a decision does not jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain.

F. Concurrent Request: A request for coverage of medical care or services made while a member is in the process of receiving the requested medical care or services, even if PHC did not previously approve the earlier care.

G. Pre-service Request: A request for coverage of medical care or services that the organization must approve in advance, in whole or in part.

H. Post-service Request: A request for coverage of medical care or services that have been received (e.g., retrospective review).

IV. ATTACHMENTS:

A. PHC TAR Requirements list (including Outpatient Surgical Procedures CPTs Requiring TAR list and Pain Management CPTs Requiring TAR list

V. PURPOSE:

To describe the procedure used by the Partnership HealthPlan of California (PHC) Utilization Management (UM) Department to process Referral Authorization Forms (RAFs) and Treatment Authorization Requests (TARs) based upon the medical necessity of the request.

VI. POLICY / PROCEDURE:

A. GENERAL PROCEDURES

1. Partnership HealthPlan of California pays for authorized services according to the specific terms of each physician, hospital, or other provider contract. PHC will reimburse only if individuals are eligible at the time the service is rendered.
2. Resources necessary to help in determining review decisions, include, but are not limited to the published, current, InterQual® criteria; Medi-Cal (State of California) criteria, Medicare criteria, and PHC internally developed and approved guidelines. Determinations also take into account individual member needs and characteristics of the local delivery system.
   a. The Provider of service must verify eligibility of the member via PHC systems at the time of service. This verification is necessary for all service authorizations.
   b. PHC's Eligibility and Interactive Voice Response (IVR) Systems are available to verify eligibility and determine the member's assigned primary care provider (PCP). Information required to verify the eligibility of an individual is as follows:
      1) Name
      2) Date of Birth
      3) Sex
      4) Social Security Number
      5) Medi-Cal number/Client Index Number (CIN)
      6) PHC member number
      7) Address and name of parent may be necessary in some cases.
3. TARs are not processed by PHC until the TAR form is complete and includes all member information and all attachments noted on the TAR are received. When completing information fields for the provider of service and service(s) being requested, the correct and valid codes must be utilized.

4. Authorizations are only valid for the timeframe approved by PHC. If the timeframe is exceeded due to an unforeseen delay, the Provider may submit a request for an extension of the time period, noting the reason for the delay.
5. All TARs and related materials including worksheets, letters, and other documentation, are kept on site for 12 months and then archived off site as noted:
   a. For members over the age of twenty-one (21), archived materials are kept for a minimum of 10 years.
   b. For members under the age of twenty-one (21), archived materials are kept until the member reaches the age of twenty-one (21) or for ten (10) years, whichever is longer.

B. SERVICES REQUIRING TREATMENT AUTHORIZATION
1. Certain procedures, services, and medications require prior authorization from PHC before reimbursement is made. Those services requiring a Treatment Authorization Request (TAR) are listed as attachments to this policy. The attachment consists of:
   a. PHC TAR Requirements List
   b. Outpatient Surgical Procedures Requiring TAR
   c. Pain Management CPTs Requiring TAR
2. For those providers contracting with PHC, if a member has primary coverage through Medicare Part A, a TAR is not required until the member exhausts the benefits available under Medicare. Once benefits have been exhausted, the TAR must be submitted along with written verification from Medicare that the benefits have been exhausted. The TAR must be submitted within 15 business days of the date the benefits exhausted or within 60 calendar days of retrospective eligibility.
3. Exception: If the provider receives a denial from Medicare or any other primary payor source, they must submit a TAR to PHC's Health Services Department, along with a copy of the Medicare denial and the medical record documentation. The TAR must be received by PHC within 60 calendar days of the issue date of the denial from Medicare or the other payor source.
4. TARs are not required for services related to emergency services, minor consent, family planning and preventive services, basic prenatal care, sexually transmitted disease services and human immunodeficiency virus (HIV) testing.

C. TAR SUBMISSION PROCESS

TARs for members who require services should be submitted electronically via PHC's Online Services portal. TARs must be received by PHC within fifteen (15) business days of the date of service or within 60 calendar days of either a denial from the primary insurance carrier or retrospective eligibility. Electronic submission will allow for more expedient processing. If online submission is not possible, the TAR may be submitted via fax (707) 863 - 4118 or mail to PHC's Health Services Department for review.

1. Urgent TAR Requests

   Urgent TAR submission is available for requests in which the provider indicates or PHC determines that the standard timeframe could seriously jeopardize the Member's life or health or ability to attain, maintain, or regain maximum function. Requests for an urgent determination should be submitted by the provider and clearly marked "Urgent" or "Expedited" and should indicate reason there is an urgent need for authorization. A TAR for an elective (non-emergent) surgery submitted urgently due only to an imminent date of service is NOT considered to be urgent. TARs submitted under these circumstances will be reviewed as a non-urgent pre-service request.
2. Non-urgent Elective Requests
   a. All elective inpatient hospital admissions require prior authorization EXCEPT anticipated two (2) day post vaginal delivery stays and four (4) day post C-Section stay. Obstetrical admissions do not require a TAR prior to admission, for obstetrical delivery. The hospital must notify PHC if the mother and/or baby require additional days of acute care. The Nurse

Coordinator concurrently reviews the case within 24 hours (1 calendar day) of receipt of clinical information.

b. A service being provided that is not pregnancy related requires the admitting physician to submit the TAR for the elective procedure prior to the actual hospital admission. Although an approved TAR will assign a specified number of initial days approved, the hospital is required to notify PHC within one business day of the actual date of admission. Please note that PHC will assign a number of initially approved days, however, it is the hospital's responsibility to notify PHC within one business day of the date of the actual admission. If the patient's condition necessitates hospitalization beyond the pre-approved timeframe, PHC will perform concurrent review on the remainder of the stay.

c. Authorization for non-obstetric elective hospital admissions must be submitted by the admitting physician and include the following:
   1) Procedure code or service being performed
   2) Facility where procedure will be performed
   3) Anticipated date of procedure
   4) Number of days being requested if inpatient admission
   5) Diagnosis

d. Managed care plans are not required to cover cosmetic surgery (see definition in III.C).

3. Emergency Admissions
   a. For all emergency and obstetrical admissions, the hospital or long term care (LTC) facility must notify PHC and the member's PCP of the admission as soon as possible, but not later than the first business day following the date of admission.
   b. The case is reviewed by the Nurse Coordinator and a decision on length of stay is authorized based on PHC established criteria within 24 hours (1 calendar day).
4. Dialysis Services
   a. Initial TAR requests for Dialysis services for members who have no other insurance will be authorized for a 90 day period only.
   b. Per CCR Title 22 section 50763, "Medi-Cal beneficiaries must apply for any available health care coverage when no cost is involved." All members receiving dialysis must submit an application to Social Security for Medicare benefits.
   c. The provider must submit a denial from Medicare for PHC to approve services beyond the initial 90 days.
   d. Once a Medicare determination of denial of coverage is received, PHC will issue a TAR that will remain valid for the member's lifetime or until the member receives a kidney transplant.
5. Hospice Services
   Hospice services require a TAR ONLY for inpatient services (i.e. acute or [skilled nursing facility] SNF/LTC facility). However, a Hospice election form signed by the member or his/her legal representative must accompany any initial claim for hospice services (all outpatient and inpatient services).
6. Long Term Care/Skilled Nursing Services
   All Skilled Nursing or Long Term Care facility admissions require approval prior to the admission, and throughout the length of stay.
   a. When a member is admitted for custodial care, a TAR submission may be approved for an initial six (6) month period. Member's condition will be re-evaluated at six (6) month increments up to a two (2) year maximum with Nurse Coordinator review.
   b. At the end of two (2) years, the original TAR will expire. For continued custodial care, a new two (2) year TAR must be submitted within 15 days of the expiration date of the original TAR.

7. Post-service (Retro) Requests
   Retrospective (Retro) TARs must be received by PHC within fifteen (15) business days of the date of service or within 60 calendar days of a denial from the primary insurance carrier. (Note that if a provider incorrectly submits a TAR for a PHC member to the State Medi-Cal field office, PHC will apply these timeliness requirements beginning on the date the request is received in our office). Retro TARs received after that timeframe are considered for review only under the following conditions:
   a. When a member does not identify himself/herself to the provider as a PHC member by deliberate concealment or because of physical or mental incapacity to so identify himself/herself.
   b. If a member has obtained retroactive eligibility. The TAR must be received by PHC within 60 calendar days of the members obtaining Medi-Cal eligibility.
8. Correction TAR Requests
   a. The provider has up to ~~6~~ 12 months from the approved date of the ORIGINAL authorized TAR to submit modifications of approved services. A new TAR must be submitted with the requested modifications and MUST reference the ORIGINAL TAR number and code(s) or date(s) to be modified. Modifications will be accepted or made only on approved TARS for the following:
      1) Types of service. For example, only similar items or procedures may be modified (e.g. micropore tape versus paper tape, right wheels versus left wheels, etc.).
      2) Minor extension or change of dates may be requested (e.g. start of service May 15 versus May 20).
      3) Units of service (e.g. 9 visits versus 6 visits). This usually coincides with a change of, or extension of, dates of service requested.
9. Note that if a provider incorrectly submits a TAR for a PHC member to the State Medi-Cal field office, PHC applies timeliness requirements to that request. If the member was eligible with PHC at the time of the request, TARs submitted beyond the 15 business day requirement are considered late but will still be reviewed for medical necessity.

D. UM REVIEW PROCESS
1. Nurse Coordinator Review
   A Nurse Coordinator can approve, modify, defer (pend) or deny the TAR for non-medical necessity determinations. The Nurse Coordinator reviews the information received from the provider utilizing PHC approved review guidelines. The Nurse Coordinator approves the request if it meets medical necessity criteria. Requests that do not meet review guidelines are referred to the Chief Medical Officer (CMO) or Physician Designee for further evaluation. TARs that require clinician review due to questions of medical necessity are pended to the Chief Medical Officer/ Physician Designee. The Nurse Coordinator attaches all relevant documentation, InterQual® criteria and the Medical Director Worksheet. ONLY the Chief Medical Officer or Physician Designee can deny TARs for reasons of medical necessity.
2. Chief Medical Officer / Physician Designee Review
   a. The Chief Medical Officer or Physician Designee must be available physically or by telephone during business hours to assist with evaluating TAR requests.
   b. The Chief Medical Officer or Physician Designee review is done in all cases of potential denial due to medical necessity, interpretation issues, or other issues as requested by the UM staff. PHC's Chief Medical Officer or Physician Designee reviews all TARs referred to him/her, taking the action deemed appropriate.
   c. The Chief Medical Officer or Physician Designee may contact involved providers or consultants for additional information as required to assist him/her in rendering a decision about the case. He/She may contact the requesting provider for further information. The Chief Medical Officer

or Physician Designee documents the rationale for any decision on the Medical Director Worksheet. Once the Chief Medical Officer or Physician Designee approves or modifies the request, the TAR will be returned to the Nurse Coordinator for completion.

d. The Chief Medical Officer or Physician Designee is the only person authorized to sign denials for medical necessity or to make any exceptions or modifications to the established PHC medical criteria. Denials for medical necessity are made only by the Chief Medical Officer or Physician Designee.

e. PHC makes available to physicians a physician reviewer (Chief Medical Officer or Physician Designee) to discuss by telephone determinations based on medical necessity.

f. For information on the process for a member, member's authorized representative, or a provider on behalf of a member, to appeal PHC UM decisions, see PHC policy MCUP3037 Appeals of Utilization Management/ Pharmacy Decisions.

3. Delegated Entity Review
   a. PHC uses delegated entities to perform some aspects of utilization management. They make determinations on service requests for their assigned members. All delegates will follow the decision making and notification timeframes set out below in section VI.D.6. for medical and behavioral health services.
   b. PHC's Senior Health Services Director is responsible for monitoring the Utilization Management activities of delegated entities. On a daily basis (during business days), the UM Associate Director and the Delegation Program Coordinator monitor authorizations performed by delegated entities through PHC's electronic authorization system. On a weekly basis, they generate timeliness reports for all delegated entities and analyze trends. Delegated entities are notified immediately of any areas of concern. On a quarterly basis, timeliness data reports are prepared for review and audit with each delegated entity. Reports are also reviewed by the CMO or physician designee at least annually or more often as needed if areas of concern are noted.
   c. Multi-specialty medical groups do not require pre-authorization from PHC for services for which they are delegated. All elective hospital admissions must be pre-authorized by the medical group and reported to PHC at the time of admission.
4. Non-Contracted Hospital Review
   a. Elective admissions to non-contracted hospitals require approval of a TAR, which is subject to PHC's timeline policies. When the admission is elective and has been given prior authorization, no further communication is required until the approved number of days is nearing expiration and the member is expected to remain hospitalized beyond the days previously approved. The facility is required to provide to the Nurse Coordinator appropriate clinical information supporting the medical necessity of continued stay.
   b. As most admissions to non-contracted hospitals are for emergency conditions, the procedure for non-contracting hospital review is as follows:
      1) If the admission does not meet admission criteria, it is referred to the Chief Medical Officer (CMO) or Physician Designee for review. The Nurse Coordinator notifies the non-contracting hospital of the Chief Medical Officer or Physician Designee's decision and provides the process for appeal or the opportunity to discuss the determination with the CMO/Physician Designee.
      2) Until the member is medically stable for discharge or transfer to a lower level of care, clinical review should be sent to PHC's Nurse Coordinator.
      3) For a member capitated to an in-plan hospital who is admitted to a non-capitated hospital, please refer to the MCUP3033 Out-of-Area Emergency Admissions policy.

5. Post Stabilization Services
   Upon receipt of an authorization request from an emergency services provider, UM shall render a decision within 30 minutes or the request is deemed approved, pursuant to Title 28 CCR Section 1300.71.4.
6. UM Decision and Notification Timelines
   a. Urgent Concurrent Review
      1) For urgent concurrent review, PHC will render a decision (approve, modify, defer/pend, deny) within 72 hours.
      2) If the request to extend urgent concurrent care was not made prior to 24 hours before the expiration of the authorized period of time or number of treatments, the request will be reviewed as an urgent pre-service and a decision will be rendered within 72 hours from the original date of receipt.
      3) If the request to approve additional days for urgent concurrent care is related to care not approved by PHC previously, PHC will attempt to obtain necessary information related to the request within 24 hours. The decision will be rendered no later than 72 hours from the original date of receipt of the request. For urgent concurrent denials, PHC may inform the hospital Utilization Review (UR) department staff of the decision, with the understanding that staff will inform the attending/treating prescriber.
      4) If it is determined that additional information is required or if a member requests an extension, PHC will extend the time frame one time by up to 14 calendar days. The provider is notified immediately in writing of the extension and what additional information is required to complete the review.
      5) Electronic or written notification will be provided to the provider at the time of decision, but no later than 72 hours after receipt of the request. If the time frame was extended, the provider will be notified at the time of decision, but no later than 14 calendar days from the receipt of the request. PHC is not required to notify the member of an urgent concurrent decision as the member is not at financial risk for the services being requested.
   b. Urgent Pre-service Review
      1) For urgent pre-service review, PHC will render a decision (approve, modify, defer/pend, deny) within 72 hours.
      2) If it is determined that additional information is required or if a member requests an extension, PHC will extend the time frame one time by up to 14 calendar days. The member and the provider are notified immediately in writing of the extension and what additional information is required to complete the review. Any decision delayed beyond the time limits will be escalated to a Physician Designee for review of medical necessity. PHC will re-review the request if the clinical information requested is received after a decision has been made.
      3) Electronic or written notification of the decision and how to initiate a routine or expedited appeal, if applicable, will be provided to the provider and member at the time of decision and no later than 72 hours from the receipt of the request. If the time frame was extended, the notification will be provided at the time of decision, but no later than 14 calendar days from the receipt of the request.
   c. Non-urgent Concurrent and Non-urgent Pre-service Review
      1) For non-urgent pre-service review, PHC will render a decision (approve, modify, defer/pend, deny) within 5 (five) business days from the receipt of the request, but no later than 14 calendar days from the receipt of the request.
      2) For non-urgent concurrent review (inpatient care), PHC will render a decision (approve, modify, defer/pend, deny) within 72 hours of receipt of the request and will continue

concurrently reviewing the authorization within 1 business day of receipt each time clinical information is received.

3) If the request is received during non-business hours, PHC will process the request the next business day.
4) If the TAR lacks clinical information necessary to render a decision, the TAR may be deferred/pended up to 14 calendar days from the date of the original receipt of the request. In the event that a member requests an extension on a deferred/pended TAR with PHC's grievance department, or if PHC determines an extension of the pended request is in the best interest of the member after the initial 14 calendar days are exhausted, PHC may extend the deferred/pended period up to an additional 14 calendar days, for a total of 28 calendar days from the original date of receipt of the request. Any decision delayed beyond the time limits will be escalated to a Physician Designee for review of medical necessity. PHC will re-review the request if the clinical information requested is received after a decision has been made.
5) Electronic or written notification of the decision and how to initiate a routine or expedited appeal, if applicable, will be provided to the provider and member at the time of decision, but no later than 24 hours from the date of decision. In addition to electronic or written notification, the UM Staff will contact the Provider and/or designated office staff member to remind him/her of the specific information requested and the regulatory timeframe for submission. PHC is not required to notify members of non-urgent concurrent review decisions as the member is not at financial risk for the services being requested.

d. Post-service Review
   1) For post-service review, PHC will render a decision (approve, modify, defer/pend, deny) no longer than 30 calendar days from the receipt of the request.
   2) Electronic or written notification of the decision and how to initiate a routine or expedited appeal will be provided to the provider within 24 hours of decision, but no longer than 30 calendar days from the date of the receipt of the request. PHC is not required to notify members of post-service review decisions as the member is not at financial risk for the services being requested.

E. MONITORING OF THE TAR PROCESS

1. Aggregate TAR data is subject to retrospective analysis by PHC's UM Department. This review is designed to:
   a. Identify individual provider practice patterns relative to standards of medical practice.
   b. Evaluate over and under-utilization of services.
2. PHC monitors turnaround times of internal processing for compliance with standards.
3. Denials or modifications for medical necessity are monitored weekly to ensure accuracy in regulatory requirements, review processes, and correspondence.
4. PHC performs inter-rater reliability audits as outlined in policy MPUP3026 Inter-Rater Reliability Policy, at least biannually on both physician and nurse reviewers.
5. Member & provider grievances, as well as PHC's member and provider satisfaction survey responses, serve as an evaluation tool.
6. Administrative denials (as defined in policy MCUP3037 Appeals of Utilization Management/ Pharmacy Decisions) are reviewed monthly by the Chief Medical Officer. A summary is presented to the Internal Quality Improvement Committee (IQI) at least annually or more often as needed.
7. In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

a. Consistent with sound clinical principles and processes
b. Evaluated and updated at least annually
c. If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request
d. The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.
e. PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.

F. COMMUNICATION SERVICES

1. PHC provides access to staff for members and practitioners seeking information about the UM process and the authorization of care in the following ways:
   a. Calls from members are triaged through member services staff who are accessible to practitioners and members to discuss UM issues during normal working hours when the health plan is in operation (Monday - Friday 8 a.m.- 5 p.m.).
   b. Members and Providers may contact the PHC voice mail service to leave a message which is communicated to the appropriate person on the next business day. Calls received after normal business hours are returned on the next business day and calls received after midnight on Monday - Friday are returned on the same business day.
   c. After normal business hours, members may contact the advice nurse line for clinical concerns.
   d. Practitioners may contact UM staff directly either through secure email or voicemail. Each voice mailbox is confidential and will accept messages after normal business hours. Calls received after normal business hours are returned on the next business day and calls received after midnight on Monday - Friday are returned on the same business day.
   e. PHC has a toll free number (800) 863-4155 that is available to either members or practitioners.
   f. UM staff identify themselves by name, title and organization name when initiating or returning calls regarding UM issues. For a list of UM Program Staff and Assigned Responsibilities, please refer to policy MPUD3001 Utilization Management Program Description.
2. Linguistic services to discuss UM issues are provided by PHC to monolingual, non-English speaking or limited English proficiency (LEP) Medi-Cal beneficiaries for population groups as determined by contract. These services include the following:
   a. No cost linguistic services
      1) Oral interpreters, sign language interpreters or bilingual providers and provider staff at key points of contact available in all languages spoken by Medi-Cal beneficiaries
      2) Written informing materials (to include notice of action, grievance acknowledgement and resolution letters) fully translated into threshold languages, upon request
      3) Use of California Relay Services for hearing impaired.
3. PHC regularly assesses and documents member cultural and linguistic needs to determine and evaluate the cultural and linguistic appropriateness of its services. Assessments cover language preferences, reported ethnicity, use of interpreters, traditional health beliefs and beliefs about health and health care utilization.

VII. REFERENCES:

A. DHCS Contract Exhibit A, Attachment 5 Utilization Management
B. D~~C~~HCS All Plan Letter (APL) 17-006 Grievance and Appeal Requirements and Revised Notice Templates and "Your Rights" Attachments (05/09/2017)

C. National Committee for Quality Assurance (NCQA) Guidelines (Effective July 1, 2020) UM 5 Timeliness of UM Decisions Elements A and E

VIII. DISTRIBUTION:

A. PHC Department Directors
B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Health Services

X. REVISION DATES: TAR Procedure [UM-2]: 11/19/96; 12/15/99; 01/12/00 – RAF Procedure [UM-1]: 12/27/95; 05/27/99); (TAR/RAF [UP100341] - 06/21/00; 04/18/01; 03/20/02, 05/21/03 attachments revised 10/01/03; 04/21/04; 01/19/05; 04/20/05; 09/21/05, 10/18/06, 08/20/08, 07/15/09; 05/19/10; 07/20/11); 06/19/13; 06/17/15; 09/16/15; 05/18/16; 04/19/17; *06/13/18; 02/13/19; 05/08/19; 09/11/19; 04/08/20; 09/09/20

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: N/A

****

Administrative denials are reviewed monthly by the Chief Medical Officer and monitored quarterly to identify trends and/or the need for additional provider education, outreach, or other intervention. A summary is presented to the Internal Quality Improvement Committee every six months. In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.

PHC TAR REQUIREMENTS

(TAR to be submitted by the provider performing the service) **Revised** ~~06/10/2020~~09/09/2020

A. **Acupuncture** *(see policy MCUG3002 Acupuncture Service Guidelines)*
RAF authorizes one visit only. Requests for additional visits require the ancillary service provider to submit copies of initial evaluation and treatment plan attached to TAR. TAR must include total visits requested including initial visit.

B. **Dental Anesthesia** *(see policy MPUP3048 Dental Services (including Dental Anesthesia)*

C. **Diagnostic Studies**
1. CT Scans (Except 76497)
2. MRI (Except 76494, 76380, 76506)
3. Cardiac MRI - 75561 only (effective 08/01/2017)
4. MRA
5. PET scan *(see policy MPUP3116 Positron Emission Tomography Scans (PET Scans)*
6. Transcranial Doppler
7. Sleep Studies / Polysomnography *(see policy MCUG3110 Evaluation and Management of Obstructive Sleep Apnea in Adults (Medi-Cal)*

D. **Drugs and Pharmaceuticals** – A TAR is required for all prescription drugs, over-the-counter drugs and injectable drugs (including drugs compounded for IV infusion therapy) not on the PHC formulary.
PLEASE REFER TO PHC FORMULARY

E. **EPSDT** (Early and Periodic Screening, Diagnosis and Treatment) Supplemental Services (*see policy MCCP2022 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services)*

F. **Fecal Microbiota Transplant (FMT)** A TAR is required for all procedures related to fecal microbiota transplant. *(see policy MCUP3136 Fecal Microbiota Transplant)*

G. **Gender Dysphoria** – A TAR is required for all procedures related to gender dysphoria. *(see policy MCUP3125 Gender Dysphoria/ Surgical Treatment)*

H. **Genetic Testing** – A TAR is required for certain genetic testing as outlined in Attachment A of policy *MCUP3131 Genetic Screening and Diagnostics*

I. **Home Health Care** *(see policy MCUG3011 Criteria for Home Health Services)*

J. **Home Infusion Therapy**

K. **Hysterectomy**

L. **Hospice Care (Inpatient Only)** *(see policy MCUP3020 Hospice Service Guidelines*)

M. **Hospitalization**
1. The hospital must notify PHC of any admission within 24 hours of the admission.
2. Authorization for elective admission must be requested by the admitting physician prior to the admission.

N. **Hyperbaric Oxygen Pressurization**

O. **Long Term Care**
The LTC facilities must notify PHC of any admissions, transfer, bed hold/ leave of absence, or change in

payor status within one working day. (Examples include Medicare non-coverage or exhaustion of benefits/ hospice election.) *See policy MCUG3051 Coordination of Services for Members Requiring Long Term Care.*

P. **Non-Emergency Medical Transportation** [*see policy MCCP2016 Transportation Guidelines for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT)*]

Q. **Occupational Therapy** *(see policy MCUP3114 Physical, Occupational and Speech Therapies)* PHC members can be referred by a licensed clinician for one consultation visit through a physician order. PHC's referral authorization system need not be used. Following the initial evaluation, the service provider must submit a TAR for the requested services.

R. **Outpatient Hemo / Peritoneal Dialysis** *(see policy MCUP3027 Members with Limited Benefits)* (Note: initial authorization will be limited to 90 days and a lifetime TAR will be granted only after submission of Medicare determination.)

S. **Outpatient Surgical Procedures** – see **CPTs Requiring TAR** list (page 4)

T. **Pain Management** – see **CPTs Requiring TAR** list (page 7) and policy *MCUP3049 Pain Management Specialty Services*

U. **Phototherapy** for dermatological condition

V. **Physical Therapy** *(see policy MCUP3114 Physical, Occupational and Speech Therapies)* PHC members can be referred by a licensed clinician for one consultation visit through a physician order. PHC's referral authorization system need not be used. Following the initial evaluation, the service provider must submit a TAR for the requested services.

W. **Pulmonary Rehabilitation** *(see policy MCUP3111 Pulmonary Rehabilitation)*

X. **Speech Therapy** *(see policy MCUP3114 Physical, Occupational and Speech Therapies)* PHC members can be referred by a licensed clinician for one consultation visit through a physician order. PHC's referral authorization system need not be used. Following the initial evaluation, the service provider must submit a TAR for the requested services.

Y. **Supplies / Equipment**

1. Orthotics – Cumulative costs for repair/maintenance or purchase exceeds $250 / item (see policy MCUG3032 Orthotic and Prosthetic Appliances Guidelines)
2. Prosthetics – Cumulative costs for repair / maintenance or purchase exceeds $500 / item (see policy MCUG3032 O*rthotic and Prosthetic Appliances Guidelines).* ***Also any unlisted / miscellaneous code and any custom made item that does not have a Medi-Cal rate (by-report or by-invoice)***
3. Ostomy Supplies – If **monthly** cumulative cost for all related supplies exceeds $150
4. Hearing Aid – All purchases, rentals or repairs exceeding $50 /item (Batteries are non-covered except for some CCS / EPSDT cases, in which case a TAR is required (*see policy MCUG3019 Hearing Aid Guidelines*).
5. Cochlear Implant Replacement Supplies: (*see policy MCUG3019 Hearing Aid Guidelines*).
   a. L8615 Headset/headpiece for use with cochlear implant device, replacement
   b. L8616 Microphone for use with cochlear implant device, replacement
   c. L8617 Transmitting coil for use with cochlear implant device, replacement
   d. L8618 Transmitter cable for use with cochlear implant or auditory osseointegrated device, replacement

e. L8619 Cochlear implant external speech processor and controller, integrated system, replacement
f. L8627 Cochlear implant; external speech processor, component, replacement
g. L8628 Cochlear implant; external controller component, replacement
h. L8629 Transmitting coil and cable, integrated, for use with cochlear implant device, replacement

6. Oxygen and related supplies *(see policy MCUP3013 DME Authorization*)
7. Diabetic Supplies are to be provided by Pharmacies ONLY
8. Nebulizers – When the billed price including tax is $100 or more (see policy MPUG3031 Nebulizer Guidelines)
9. Medical Supplies – ***If dispensed by PHARMACY, please refer to formulary***
10. DME –*(see policy MCUP3013 DME Authorization*) ***If dispensed by PHARMACY, please refer to formulary***
    a. Repairs or maintenance over $250.00 / item (Out of guarantee repairs are to be guaranteed for at LEAST three (3) months from the date of repair. Reimbursement will NOT be allowed for parts or labor during a guarantee period if due to a defect in material or workmanship)
    b. No TAR is required for CPAP supplies for a CPAP machine owned by the member (as per Medi-Cal guidelines for ordering/quantity limits).
    c. Purchase items when the cumulative cost of items within a group exceeds $100.00 within the calendar month. Providers may refer to the *Durable Medical Equipment (DME): Billing Codes and Reimbursement Rates* section in the Medi-Cal manual to determine if items are related within a group. Items grouped together under specific headings, such as "Hospital Beds" or "Bathroom Equipment," are considered within the same group. (Vendor to guarantee for a MINIMUM of six (6) months from the date of purchase)
    d. Rental items when the cumulative cost of rental for items within the group exceeds $50.00 within a 15-month period. This includes any daily amount that an individual item, or a combination of a similar group of DME items, exceeds the $50 threshold. The 15-month period begins on the date the first item is rented. (Rental rate includes equipment related supplies.)
    e. Purchase of any wheelchairs for Medi-Medi members
    f. Purchase of knee scooters with appropriate criteria met. Invoice is required and maximum payable benefit amount is $200. (*see policy MCUP3013 DME Authorization*)
11. Incontinence Supplies *(see policy MCUG3022 Incontinence Guidelines*)
    a. ~~Incontinence supplies if monthly cumulative cost for all related supplies exceeds $165.00~~Note that codes A4335 for skin wash and~~Washes and~~ A4665 for skin cream~~s~~ for members with incontinence do not require a TAR unless claim quantity exceeds ~~the~~ normal frequency limits. ~~of 2,880 ml in an 81-day period for A4335 and 1,620 gm/ml in an 81-day period for A6250. If a TAR is required, it will only be authorized if the physician justifies medical necessity.~~However, providers are encouraged to include these items on the incontinence supply TAR as the authorization will be good for one year and the provider will be able to submit claims electronically without attaching the prescription each month. If these items are not included on the incontinence supply TAR, then the provider must submit a paper claim and attach a prescription form with each submission.
12. Nutritional Supplements (Submit TAR to Pharmacy) *(see policy MCUP3052 Medical Nutrition Services*)
13. **ANY UNLISTED OR MISCELLANEOUS CODE**

PHC TAR REQUIREMENTS

(TAR to be submitted by the provider performing the service) **Revised** ~~06/10/2020~~09/09/2020

HCPCS Code	Description
P9020	Platelet rich plasma unit

Outpatient Surgical Procedures CPTs Requiring TAR	
CPT Code	**Description**
10040	Acne Surgery
15769	Graft of Autologous Soft Tissue, Other, Direct Excision
15771	Graft of Autologous Fat Harvested by Liposuction; 50cc or less injectate
15772	Graft of Autologous Fat Harvested by Liposuction; each additional 50cc
15773	Graft of Autologous Fat Harvested by Liposuction; 25cc or less injectate
15774	Graft of Autologous Fat Harvested by Liposuction; each additional 25cc
15788 Thru 15793	Chemical Peel, Facial Et Al
15820 Thru 15823	Revision Of Lower Or Upper Eyelid
15845	Skin And Muscle Repair, Face
17360	Skin Peel Therapy
17999	Skin Tissue Procedure
19300	Mastectomy For Gynecomastia
19316	Mastopexy
19318	Reduction Mammoplasty
19324/25	Breast Augment; W/O Prosthetic Implant
19499	Correction Of Inverted Nipples
19380	Revise Breast Reconstruction
19396	Design Custom Breast Implant
19499	Unlisted Procedure, Breast
20999	Musculoskeletal Surgery
21208	Augmentation Of Facial Bones
22899	Spine Surgery Procedure
22999	Abdomen Surgery Procedure
28291, 28296, 28292, 28899	Correction Of Bunion
28300 Thru 28345	Osteotomy / Repair / Reconstruction
30400, 30410, 30420, 30430, 30435, 30450, 30460, 30465, 30520	Reconstruct Of Nose
30520	Repair Nasal Septum
32999	Chest Surgery Procedure
36299	Vessel Injection Procedure

PHC TAR REQUIREMENTS

(TAR to be submitted by the provider performing the service) **Revised**
~~06/10/2020~~09/09/2020

Outpatient Surgical Procedures CPTs Requiring TAR	
CPT Code	**Description**
37700	Ligation And Division Of Long Saphenous Vein At Saphenofemoral Junction, Or Distal Interruptions
37718	Ligation, Division, And Stripping, Short Saphenous Vein
37722	Ligation, Division, And Stripping, Long (Greater) Saphenous Veins From Saphenofemoral Junction To Knee Or Below
37735	Ligation And Division And Complete Stripping Of Long Or Short Saphenous Veins With Radical Excision Of Ulcer And Skin Graft And/or Interruption Of Communicating Veins Of Lower Leg, With Excision Of Deep Fascia
37760	Ligation Of Perforator Veins, Subfascial, Radical (Linton Type) Including Skin Graft, When Performed, Open, 1 Leg
37761	Ligation Of Perforator Vein(S), Subfascial, Open, Including Ultrasound Guidance, When Performed, 1 Leg
37765	Stab Phlebectomy Of Varicose Veins, 1 Extremity; 10-20 Stab Incisions
37766	More Than 20 Incisions
37780	Ligation and Division Of Short Saphenous Vein at Saphenopopliteal Junction (Separate
37785	Ligation, Division, And/or Excision Of Varicose Vein Cluster(S) 1 Leg
38205, 38206	Stem Cell Harvesting
38230	Bone Marrow Harvesting
36511	Therapeutic Apheresis Of WBC ‘s
36512	Therapeutic Apheresis Of RBCs
38204	Unrelated Harvesting Of Cells
38205	Stem Cell Harvesting From Siblings
38207	Stem Cell Storage
41899	Gum Surgery Procedure
43770	Laparoscopy, Surgical, Gastric Restrictive Procedure
43771	Laparoscopy, Surgical, Revision Of Adjust Gastric Band
43772	Laparoscopy, Surgical, Removal Of Adjustable Gastric Band
43773	Laparoscopy, Surgical, Removal & Placement Of Adj Gastric Band
43774	Laparoscopy, Surgical, Removal Of Adjustable Gastric Band
43775	Lap Sleeve Gastrectomy
43842	Gastroplasty, Vertical Banded, For Morbid Obesity
43843	Gastroplasty, Other Than Vertical-Banded, For Morbid Obesity
43845	Gastroplasty
43846	Gastric Bypass For Obesity
43847	Gastric Restrictive Procedure With Gastric Bypass
43848	Revision Of Gastric Restrictive
43886	Gastric Restrictive Procedure
43887	Gastric Restrictive Procedure, Removal Of Subcutaneous Port Component
43888	Gastric Restrictive Proc, Removal & Replacement Of Subcutaneous Port
43999	Stomach Surgery Procedure

PHC TAR REQUIREMENTS

(TAR to be submitted by the provider performing the service) **Revised** ~~06/10/2020~~09/09/2020

Outpatient Surgical Procedures CPTs Requiring TAR	
CPT Code	**Description**
49999	Abdomen Surgery Procedure
54161	Circumcision –TAR not required if patient < 4 months of age (See policy MCUP3121 Neonatal Circumcision)
54360	Penis Plastic Surgery
54400, 54406 - 54440	Penile Prosthesis / Plastic Procedure For Penis
55175/80	Revision Of Scrotum
55200	Incision Of Sperm Duct
56800	Repair Of Vagina
58150 Thru 58294, 58570	Hysterectomy
58350	Reopen Fallopian Tube
58550 Thru 58554	Laparoscopy, Surgical; With Vaginal Hysterectomy With Or Without Removal Of Tube(S), With
58578/79	Unlisted Procedure, Uterus
58999	Unlisted procedure, female genital system
61867, 61868, 61880, 61885,	Insertion, Revision Or Removal Of Cranial Neurostimulator
62290 thru 62291	Discography, Lumbar
63650, 63655, 63658, 63661-	Insertion, Revision Or Removal Of Spinal Neurostimulator
66987	Extracapsular Cataract Removal W/ Insertion Of Intraocular Lens Prosth complex
66988	Extracapsular Cataract Removal W/ Insertion Of Intraocular Lens Prosth
67900 Thru 67924	Repair Brow, Ptosis, Blepharoptosis, Lid
67950 Thru-66	Revision Of Eyelid
67971-75	Reconstruction Of Eyelid
67999	Unlisted Eyelid Procedure
69300	Revise External Ear
69399	Outer Ear Surgery Procedure
72285	Cervical and Thoracic Discography
72295	Lumbar discography

PHC TAR REQUIREMENTS

(TAR to be submitted by the provider performing the service) **Revised** ~~06/10/2020~~09/09/2020

Pain Management CPTs Requiring TAR	
CPT Code	**Description**
27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid
22511, 22515	Percutaneous vertebroplasty and percutaneous vertebral augmentation
62287	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumber (e.g. manual or automated percutaneous discectomy, percutaneous laser discectomy)
62263	Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiological localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days
62264	Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiological localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day
62360 thru 62362	Implantable or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
63650, 63655, 63658, 63661-63664, 63685, 63688	Insertion, revision or removal of spinal neurostimulator
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
64480	Cervical or thoracic, each additional level
64483	Lumbar or sacral, single level
64484	Lumbar or sacral, each additional level
64490	Injection(s), diagnostic or therapeutic agent, Paravertebral facet (zygapophyseal) joint with image guidance (fluoroscopy or CT), cervical or thoracic; single level.
64491	Second level (List separately in addition to code for primary procedure)
64492	Third level (List separately in addition to code for primary procedure
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT, lumbar or sacral; single level)
64494	Second level (List separately in addition to code for primary procedure)
64495	Third level (List separately in addition to code for primary procedure)
64633	Destruction by neurolytic agent, paravertebral facet joint nerve. cervical or thoracic, single level
64634	Cervical or thoracic, each additional level
64635	Destruction by neurolytic agent, paravertebral facet joint nerve. single level lumbar or sacral

(TAR to be submitted by the provider performing the service) **Revised**
~~06/10/2020~~09/09/2020

64636	Lumbar or sacral, each additional level

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

Policy/Procedure Number: MCUP3124			**Lead Department: Health Services**	
Policy/Procedure Title: Referral to Specialists (RAF) Policy			☒ **External Policy** ☐ **Internal Policy**	
Original Date: (UM-1) 12/27/1995 (Effective 08/21/2013 - RAF Review Policy split from TAR/RAF Review)		**Next Review Date:** ~~02/12/2021~~09/09/2021 **Last Review Date:** ~~02/12/2020~~09/09/2020		
Applies to:	☒ **Medi-Cal**		☐ **Employees**	
Reviewing Entities:	☒ **IQI**	☐ **P & T**	☒ **QUAC**	
	☐ **OPERATIONS**	☐ **EXECUTIVE**	☐ **COMPLIANCE**	☐ **DEPARTMENT**
Approving Entities:	☐ **BOARD**	☐ **COMPLIANCE**	☐ **FINANCE**	☒ **PAC**
	☐ **CEO** ☐ **COO**	☐ **CREDENTIALING**	☐ **DEPT. DIRECTOR/OFFICER**	
Approval Signature: *Robert Moore, MD, MPH, MBA*			**Approval Date:** ~~02/12/2020~~	

I. RELATED POLICIES:

A. MCUP3041 – TAR Review Process
B. MCUP3039 – Special Case Managed Members
C. MCCP2016 – Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT)~~.~~

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services

III. DEFINITIONS:

A. Referral Authorization Form (RAF) process is defined as the process by which the primary care provider (PCP) submits a request to Partnership HealthPlan of California (PHC) to refer a PHC enrollee to a specialist for evaluation and/or treatment.
B. Medical Necessity - Medical Necessity means reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury.
C. Tertiary Medical Care is specialized consultative care, usually on referral from primary or secondary medical care personnel, by specialists working in a center that has personnel and facilities for special investigation and treatment.
D. PHC Provider Network – Providers that are contracted with Partnership HealthPlan.

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To describe the procedure used by the PHC Utilization Management (UM) Department to process Referral Authorization Forms (RAFs) based upon the medical necessity of the request.

VI. POLICY / PROCEDURE:

A. Members assigned to a primary care provider (PCP) must have an approved RAF on file for the PHC Claims Department to reimburse the specialist for elective/scheduled services rendered. RAFs are not required for members who have another insurance plan as the primary carrier or are assigned a PHC special member status (see policy MCUP3039 Special Case Managed Member).

B. Specialist to Specialist Referral
   1. A specialist may request a referral to another specialist from the primary care provider ONLY under the following circumstances:
      a. Referral must be within the same specialty field as the specialist
      b. Referrals must be for emergent or urgent conditions only
      c. Referral must be sent to the member's PCP to submit to PHC

C. Obstetric/Gynecological (OB/GYN) Services
   1. OB/GYN services do not require a RAF. During obstetrical care, the member may be referred to another provider without a RAF for medically necessary obstetrical subspecialty services (e.g. amniocentesis, perinatology services, etc.)

D. Referral to a Specialist Outside of PHC's Network
   1. PCPs are expected to make every effort to direct the member to an in-network specialist within PHC's service area. PHC also may have contracting specialists outside its service area. The PCP and/or their referral coordinator can find contracting provider information on PHC's Provider Online Services Portal.
   2. A referral request to an out of network specialist requires additional documentation and clinical review. The following must be submitted:
      a. Evidence of exhaustion of PHC's contracted specialists in the provider network (e.g. denial letters, referral denials) within the member's county of residence or 60 miles driving distance (whichever is greatest). PHC may provide transportation if the referral is approved and member meets criteria for transportation benefit. See policy MCCP2016 Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT).
      b. Clinical documentation supporting the medical necessity for a referral to a non-contracting provider such as History and Physical, PCP progress notes, letter from PCP.
   3. When a PCP requests a referral to an out of network specialist, PHC's clinical staff will review the request to determine if an in-network specialist is available. If so, the case is reviewed by PHC's Chief Medical Officer (CMO) or Physician Designee to determine if redirection to the in-network specialist is medically necessary; in this context, this means that the out of network specialist has demonstrated a specialized skill or training that contracted, in-network specialists do not have. If the determination is made that the member should be redirected to an in-network specialist, the PCP is notified and provided with possible alternative in-network specialist(s). The member is also notified of the determination and both the member and PCP are provided the right to file a grievance or appeal.
   ~~3.~~4. PHC will coordinate services when an out of network provider is medically necessary. Coordination may include, but is not limited to, entering into a single case agreement with the provider and coordinating transportation if the member meets criteria as per Welfare and Institutions Code (WIC) 14197.04 and/or PHC policy MCCP2016 Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT).

E. Referral to a Tertiary Care Center Outside of PHC's Network
   1. If a PCP submits a request to refer a member to an out of network tertiary care center, the medical records are reviewed by PHC's Chief Medical Officer (CMO) or Physician Designee to evaluate the medical necessity for the tertiary level of care.
   2. If the CMO or Physician Designee determines that the services could be provided at an alternative level of care, the PCP is notified of the determination and the right to request a peer to peer discussion with the reviewing physician. The member is notified of the determination and provided information on how to file a grievance or appeal.

F. Standing Referrals
   1. A member with a condition or disease that requires an extended access referral for specialized

medical care may receive an extended referral to a specialist or specialty care center that has expertise in treating the condition or disease.

G. Referral Authorization Process
   1. A PCP should submit the RAF electronically using PHC's On Line Services portal. Electronic submission will allow for more expedient processing. If online submission is not possible, the RAF may be submitted via fax or mail to PHC's Health services department for review.
   2. Referrals to contracted specialists are auto adjudicated and written approval is generated to the requesting PCP and specialist within one working day of the receipt of the request.
   3. All referrals to non-contracted providers will be reviewed for medical necessity as described in section VI. D above.
   4. An electronic copy of the RAF determination is sent via electronic fax to the referring PCP.
   5. If a RAF is determined to be pended, modified, or denied, a notification letter is mailed to the Member and also faxed to the PCP.
   6. In general, there are no limits to the number of visits, but in certain circumstances, such as transitioning care back to local specialist or if a pattern of over-utilization is noted on retrospective review, then PHC may impose limits on the number of visits or time period covered by the RAF. At the end of approved time period, a new RAF from the PCP will be required.

H. Treatment Authorization Requirements
   1. If the services to be rendered require a Treatment Authorization Request (TAR) from PHC, it is the responsibility of the rendering provider (specialist and/or facility) to submit a TAR to PHC for review. See policy MCUP3041 TAR Review Process.

I. Monitoring Referrals
   1. PHC monitors referrals to specialists, including open or unused referrals, using data from PHC's electronic referral system and claims. This information is submitted to the Internal Quality Improvement (IQI) Committee at least annually or more often as needed.
   2. PHC audits the referral completion rate for a subset of high volume. This becomes part of the annual report of their referral completion rate which is reviewed by the specialty access workgroup and by the IQI Committee.

VII. REFERENCES:

A. InterQual® Criteria
B. Medi-Cal Guidelines
~~B.~~C. Welfare and Institutions Code (WIC) 14197.04

VIII. DISTRIBUTION:

A. PHC Department Directors
B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Health Services

X. REVISION DATES: RAF Procedure [UM-1]: 12/27/95; 05/27/99; (TAR/RAF [UP100341] - 06/21/00; 04/18/01; 03/20/02, 05/21/03 attachments revised 10/01/03; 04/21/04; 01/19/05; 04/20/05; 09/21/05, 10/18/06, 08/20/08, 07/15/09; 5/19/10; 07/20/11, 08/21/13; 03/19/14; 04/15/15; 09/16/15; 06/15/16; 04/19/17; 09/20/17; *11/14/18; 02/12/20; 09/09/20

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

Policy/Procedure Number: MCUP3124		**Lead Department: Health Services**
Policy/Procedure Title: Referral to Specialists (RAF) Policy		☒**External Policy** ☐**Internal Policy**
Original Date: (UM-1) 12/27/1995 (Effective 08/21/2013 - RAF Review Policy split from TAR/RAF Review)	**Next Review Date:** ~~02/12/2021~~09/09/2021 **Last Review Date:** ~~02/12/2020~~09/09/2020	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

PREVIOUSLY APPLIED TO: N/A

****

In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

Quality Utilization Advisory Committee (QUAC)

Grievance & Appeals

August 19, 2020

La Rae Banks, MBA-HM
Director of Grievance & Appeals

DISCUSSION TOPICS

Reporting Period: 2Q20

STATISTICS

How many members were dissatisfied?

DRIVERS

Why were members dissatisfied?

IMPROVEMENTS

What's new internally?

QUALITY REVIEW

Did we meet our goals?

Data can fluctuate depending on the date accessed, source, and method. Therefore, statistics are presented with a 95% confidence level. Also statistics exclude G&A trends from our delegate partners such as Kaiser Permanente and Beacon.

STATISTICS

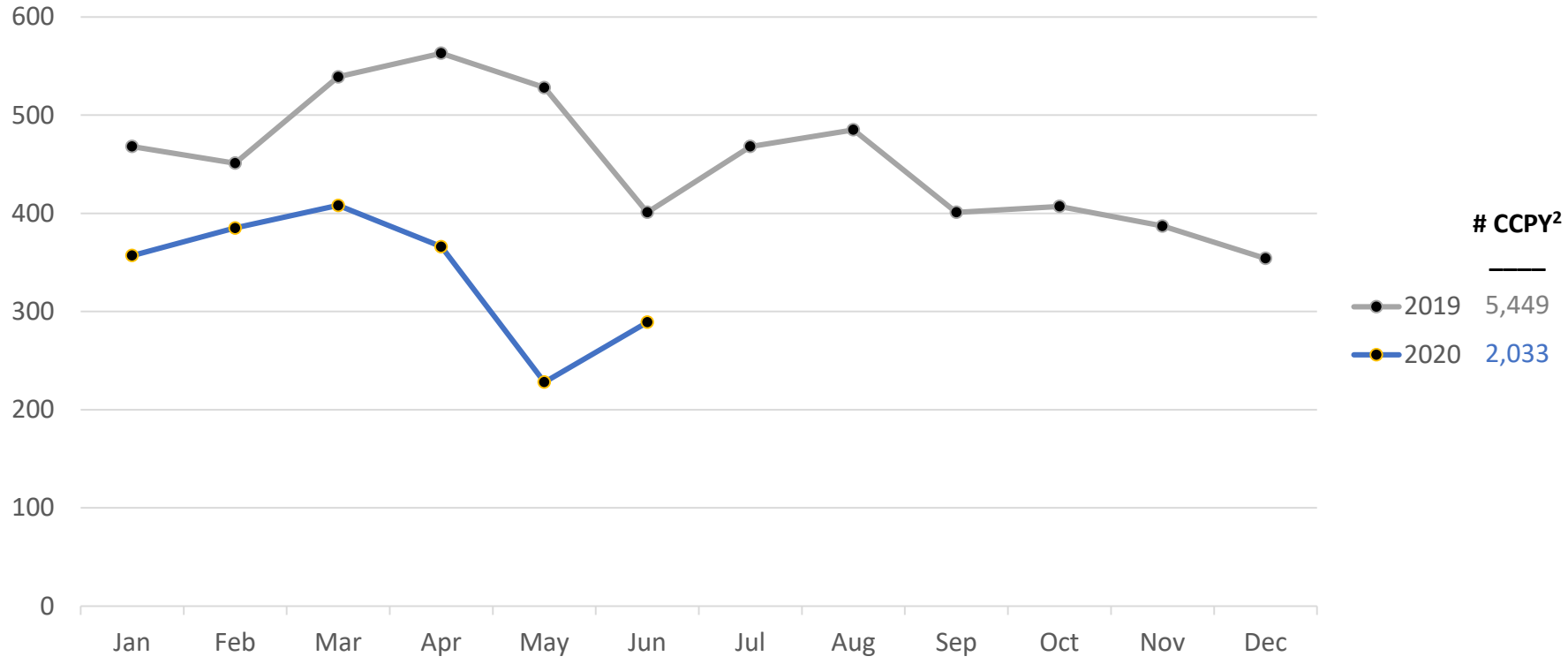
STATISTICS

Multi-Year View

Anticipating Trend Increase

- ✓ Increasing Unemployment Rate
- ✓ 7/1/20 New W&R Benefit
- ✓ 1/1/21 Rx Carve Out

CCPM[1]: All Case Types
2019 vs. 2020



[1]CCPM refers to closed cases per month. [2]CCPY refers to closed cases per year.

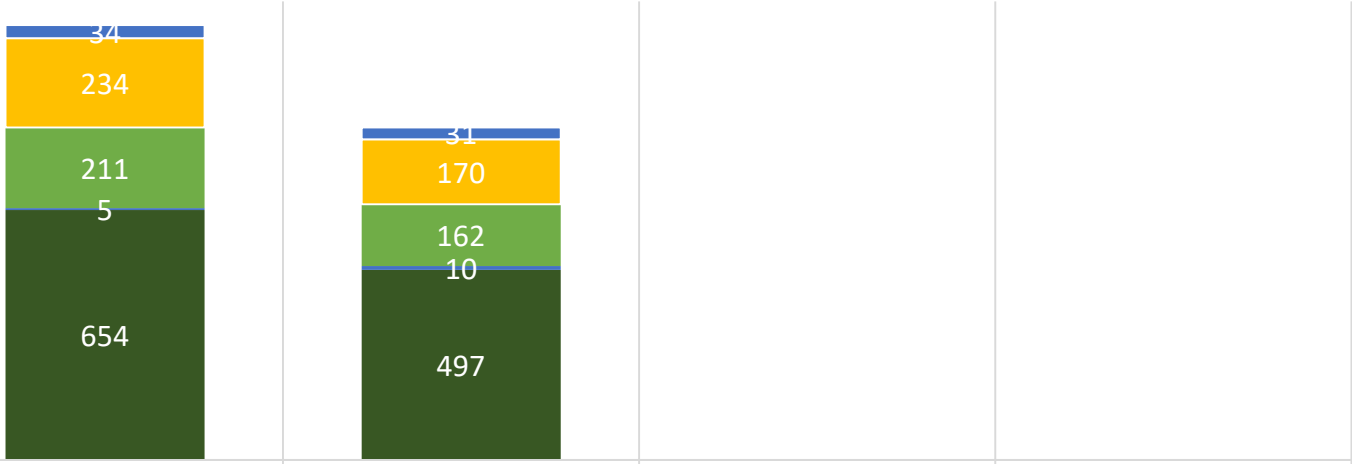
STATISTICS

2020 CCPQ[1] by Quarter

2Q20 Highlights

- 1 overturned State Hearing
- 43 COVID-19 cases
- 23.4% reduction in case volume
- 4 Late cases
- 11 Expedited
- 20 CCS cases

PHC Mship[2]: 533,566	PHC Mship[2]: 543,570
PHC- KP Mship[2]: 471,211	PHC- KP Mship[2]: 478,479
# p/1,000 MBRs: 0.81	# p/1,000 MBRs: 0.61



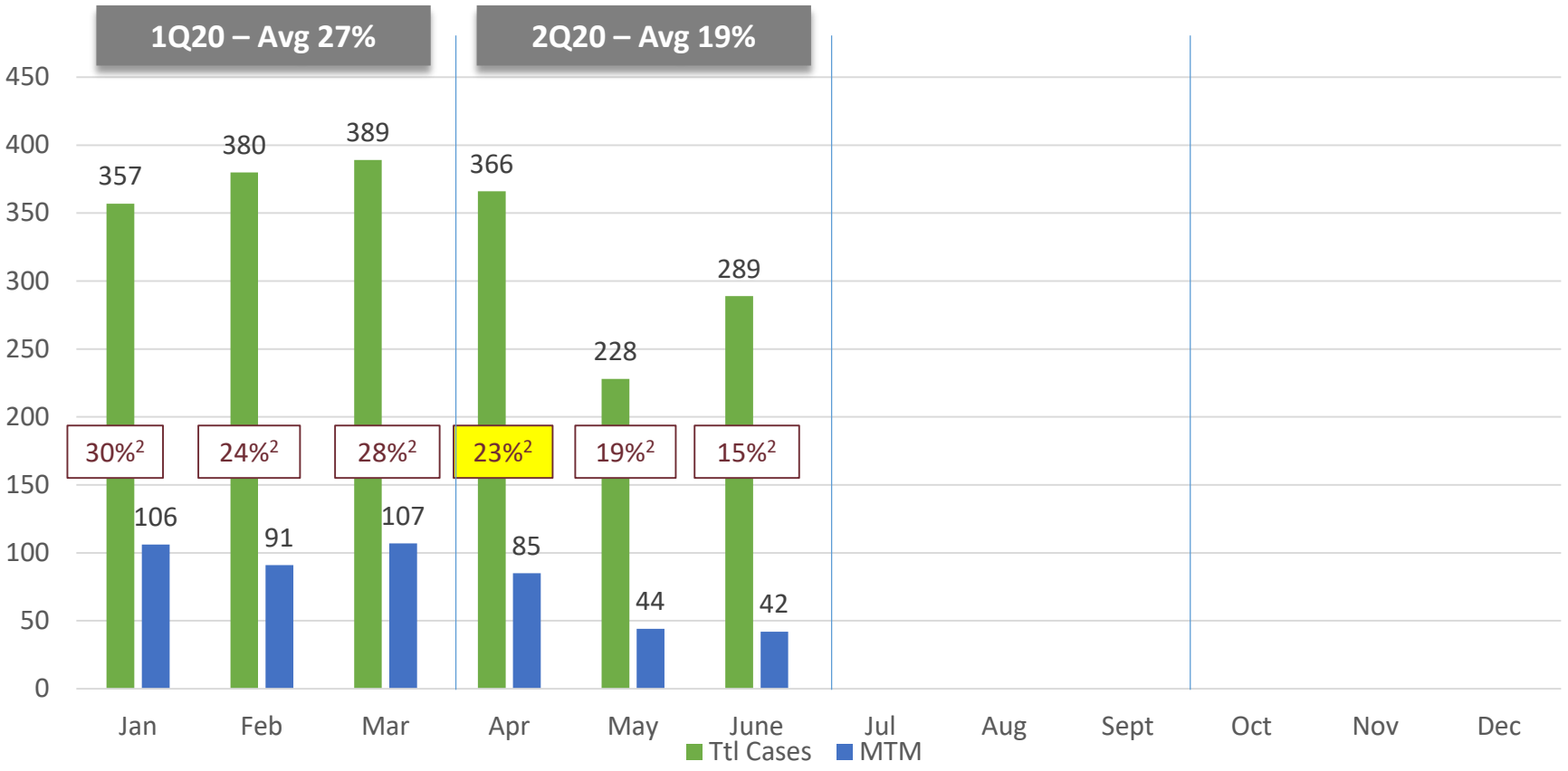
		1Q20	2Q20	3Q20	4Q20
3%	State Hearings	34	31		
20%	Appeals	234	170		
19%	Exempts	211	162		
1%	2nd Grievances	5	10		
57%	Grievances	654	497		
	TOTALS	**1,137**	**870**		

Note: [1]Refers to Closed Cases per Quarter. [2] Membership calculation are based on PHC's total average membership during the respective quarter(s) minus members assigned to Kaiser Permanente. The data source for membership was Tableau system: 1Q20 retrieved 4/28/2020. 2Q20 retrieved. 7/26/2020.

STATISTICS

2Q20 MTM Trends

TTL CCPM[1] vs. MTM CCPM[1]

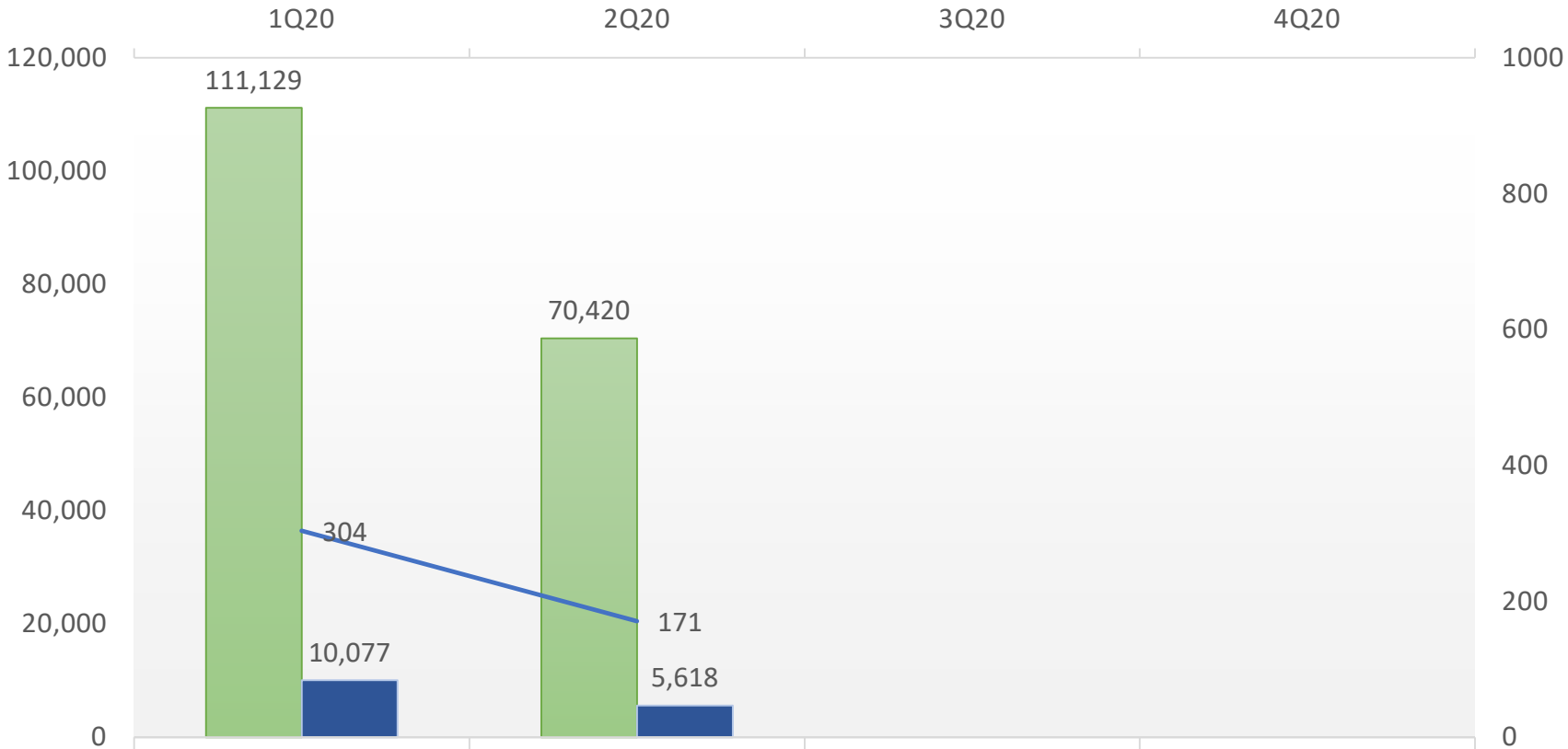


[1] CCPM refers to closed cases per month

[2] % value represents the percentage of Medical Transportation Management (MTM) cases compared to total cases in the stated month

STATISTICS

2Q20 NMT[1] Trends



	1Q20	2Q20	3Q20	4Q20
Trip Legs	111,129	70,420		
# Unique Mbrs	10,077	5,618		
MTM Cases	304	171		

[1] *NMT refers to Non-Medical Transportation*

Note: Actual scheduled MTM rides maybe slightly higher

DRIVERS

DRIVERS

Top Member-Reported Concerns

Benefit Disputes

Medication

MTM Gas Mileage Reimbursement

Experience & Service

Treatment Plan Disputes with Provider

MTM Missed Rides

Long Wait Times with Provider Offices

DRIVERS

Non-Medical Transportation Benefit

Missed/failed Rides | Taxi Co Preference

- Missed/Failed Rides in West Sacramento, Sebastopol, and Vallejo resolved
- MTM to provide solutions on new trending cities reporting missed/failed rides
  - ✓ Redding
  - ✓ Fairfield
  - ✓ Arcata
  - ✓ Eureka
  - ✓ Crescent City
  - ✓ Anderson

Gas Mileage Reimbursement

- Members reporting no notification received when credentials missing or claim form incomplete. MTM reports corrections implemented in February 2020
- Members reporting claim denied even when evidence is presented of timely submission (e.g., email confirmation)

Discouraging Claim Filing

- Members reporting MTM Customer Service advising members that completed GMR will be denied when trip log not approved prior to date of service

MTM Investigation Responses Delayed

- Contractually, 10 days to respond to G&A. Delayed responses impacting preferred 30-day DHCS/NCQA Turnaround Times, triggering formal 14-day case extensions

DRIVERS
Treatment Plans

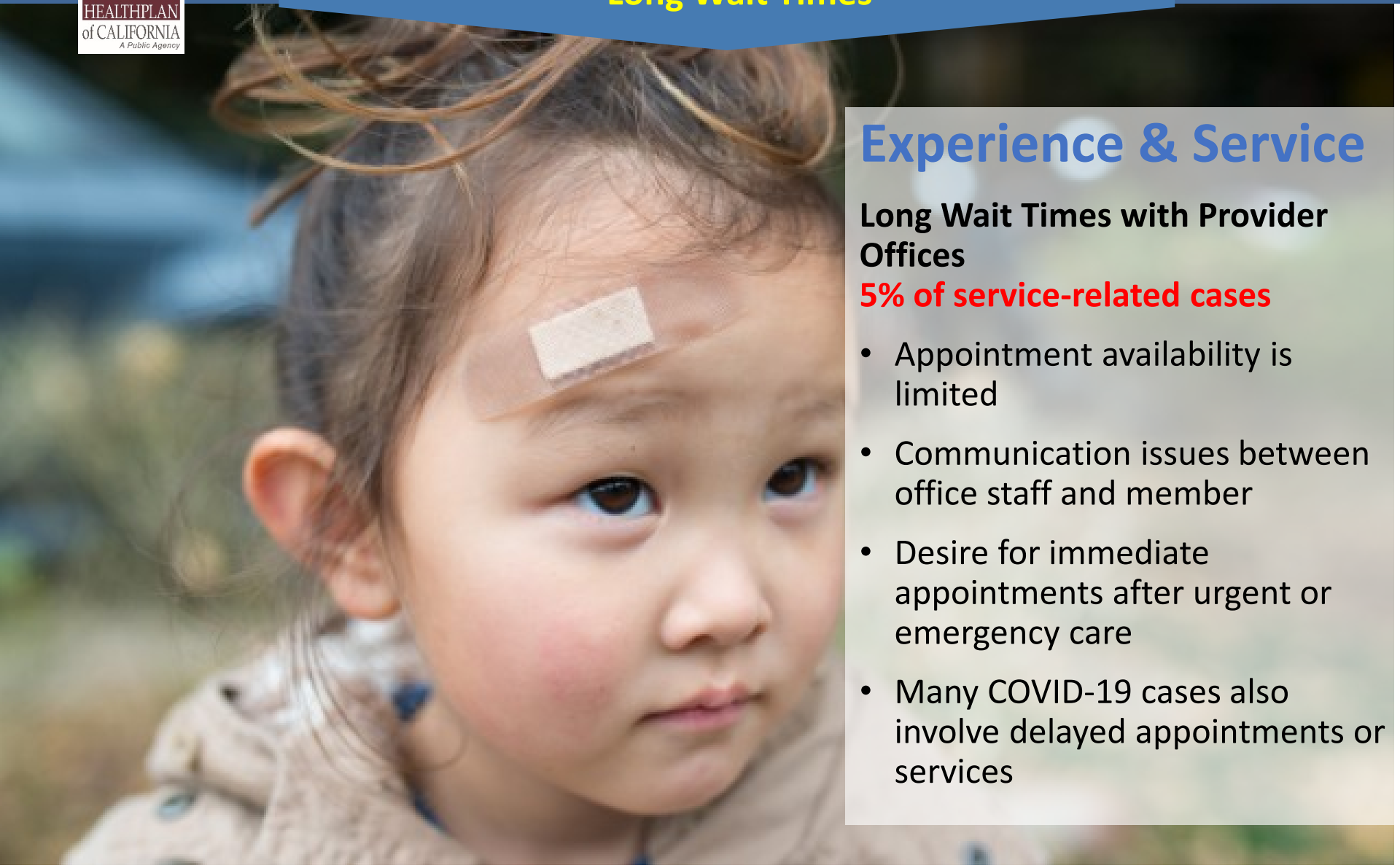
Experience & Service

Member disagreement with Provider's plan for their health

- #1 reported concern regarding services by providers **17% of service-related cases**
- Concerns are often related to pain medication disputes when member changes PCPs
- Often coupled with poor communication and attitude
- Frequently coupled with an Appeal

DRIVERS

Long Wait Times



Experience & Service

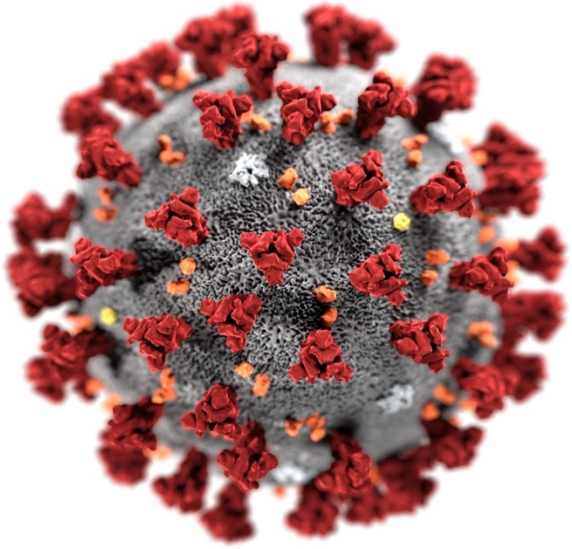
Long Wait Times with Provider Offices

5% of service-related cases

- Appointment availability is limited
- Communication issues between office staff and member
- Desire for immediate appointments after urgent or emergency care
- Many COVID-19 cases also involve delayed appointments or services

DRIVERS

COVID-19



How does COVID-19 impact members?

43 Total Cases 4% of cases

- 3 Appeal
- 9 Exempts
- 31 Grievances

Members reporting issues with access

- Barriers to COVID-19 Testing
- Delayed or rescheduled appointments or services
- Access to specialty provider

DRIVERS

CCS Members

20 Total Cases

Benefit Disputes

TAR-Medications

MTM Gas Mileage Reimbursement Issues

Experience & Service

Transportation – meals/lodging

Treatment Plan Disputes

IMPROVEMENTS

Discrimination

Process Revisions

PHC follows Section 1557 of the Affordable Care Act, Federal and State civil rights laws. PHC does not discriminate, exclude people, or treat them differently as protected by law.

- Revisions to PHC Policy CGA022 in process (annual renewal delayed)
  - Purpose is to ensure all PHC Members are aware of their discrimination rights and the process for reporting violations
  - Defines discrimination categories as identified by law
  - Will define how PHC practices non-discrimination
  - Describes the investigation process for discrimination cases
- Workflow Improvements
  - Formal certification for 1557 Civil Rights Coordinators
  - Investigation process
  - Referring cases to DHCS/OCR
  - Everest enhancements
  - Feedback process to implement change
- New DHCS-approved Discrimination Letters

QUALITY REVIEW

QUALITY REVIEW

2Q20 Clinical Assessments

Inter Rater-Reliability (IRR)

Internal audit methodology to assess clinical accuracy of Grievance Clinical Nurses

- Sample methodology revised to assess **clinical accuracy** of completed cases that were **not** previously reviewed by a Physician Reviewer
- Provides clinical oversight on cases at higher risk for errors
- Assessment completed by the Chief Medical Officer

The Review

Volume: 19 Grievances & 1 SLG
Timeframes: 17 Standards, 3 Extensions
Types: 11 Quality of Service
8 Member Discrimination
1 Denied Care

The Results

- ✓ Accurate clinical assessments
- ✓ 1 incorrect categorization

Operational Lessons Learned

- Gift Card program approved if Member applied within 21-56 days, not 7-84 days
- HIPAA violation identified
- Confirming when Discrimination occurred
- Employee coaching - when to offer SLG
- Continue work on categorization of cases

Note: SLG refers to a Second Level Grievance

QUALITY REVIEW

DHCS Compliance

	Case Turnaround Times (TAT)[1]					Timely Mailing of Ack-Letters[2]			
	# Closed	#Late	Goal	Performance	Status	# TTL	#Late	Performance	Status
1Q20	1,104	1	≤ 3 Late	99.91%		893	8	99.10%	
2Q20	834	4	≤ 3 Late	99.52%		677	3	99.56%	
3Q20									
4Q20									
YTD Totals	1,938	5	≤ 3 Late	99.71%		1,570	11	99.33%	

Late Cases

- Assesses compliance to various DHCS-mandated TAT for Grievances, Appeals, Exempts, and Second Level Grievances
- Initial deployment and impact of COVID-19 on staff resulted in late cases in April
- Zero (0) late cases since May 2020

Acknowledgment Letters

- Assesses DHCS-mandated TAT for Appeals, Grievances, and Second Level Grievances
- 2Q20 results show workflow improvements working to reduce late Ack-Letters[3]
- Monitoring continues

Notes: [1] Excludes State Hearing cases. [2]Excludes State Hearings and Exempt cases. [3]Ack-letter refers to acknowledgement letters

REFERENCES

REFERENCE

2Q20 – Trending Issues by Case Type

State Hearings
TAR-DME
TAR-Wheelchair/ Accessories
TAR-Surgery
MTM-DMR
Treatment Plan Disputes

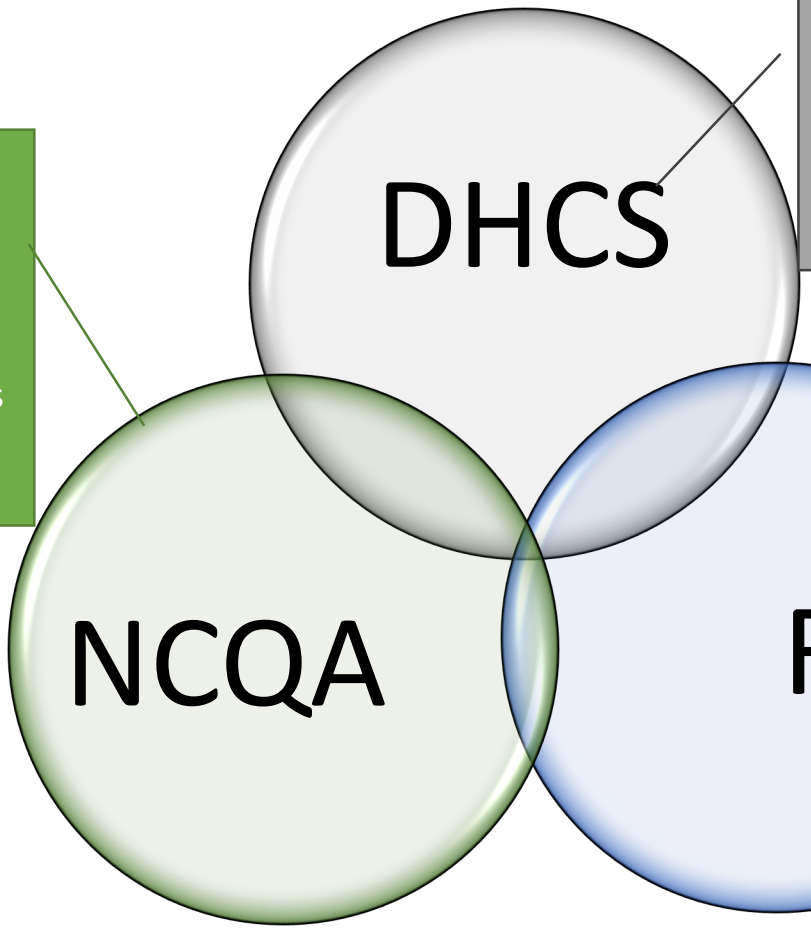
Appeals
TAR-Opioids
TAR-MRI
MTM Mileage Reimbursement
TAR-DME
RAF-Out of Network

Grievances
Treatment Plan Disputes
MTM Missed Rides
Scheduling Appointments
Communication with Providers
MTM-Mode of Transportation

Exempts
Treatment Plan Disputes
Communication with Provider
Long Wait Time
TAR Process-Delayed by Provider
PHC Service

REFERENCE

Definitions of Reporting Types



- CA Department of Healthcare Services (DHCS)
- State-Mandated Reporting
- 5 Reporting Categories/24 sub-categories
- Does not align with NCQA

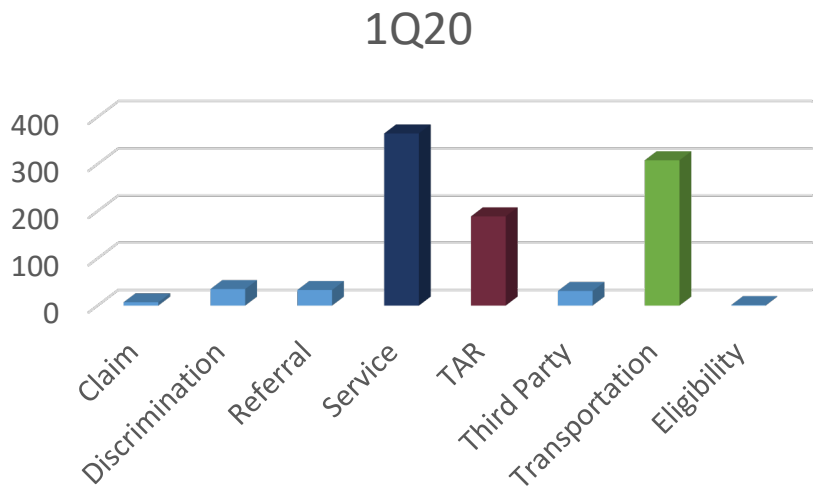
- National Committee for Quality Assurance (NCQA)
- Supports NCQA Accreditation
- 5 Reporting Categories
- Only 1 category aligns with DHCS

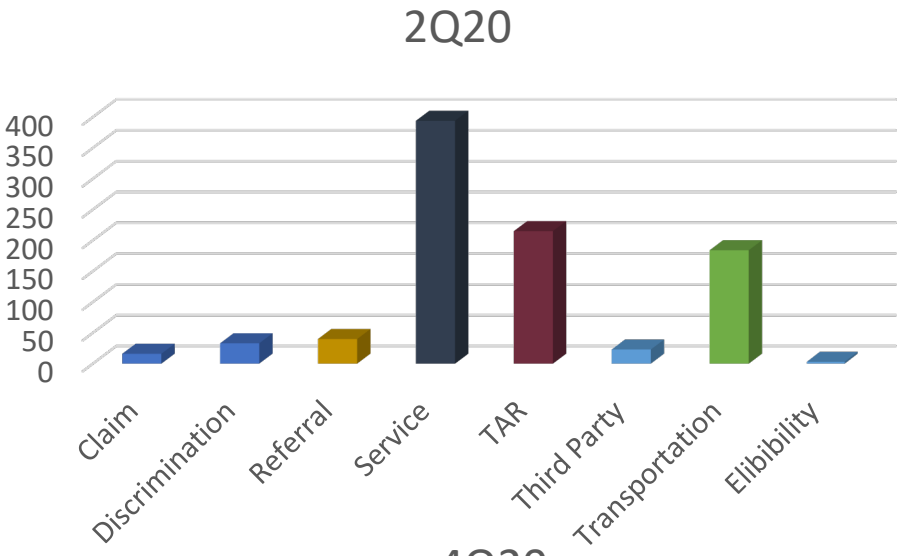
- Reporting Interest (RI) Categories
- Internal/Managerial Reporting
- 156 Reporting Categories

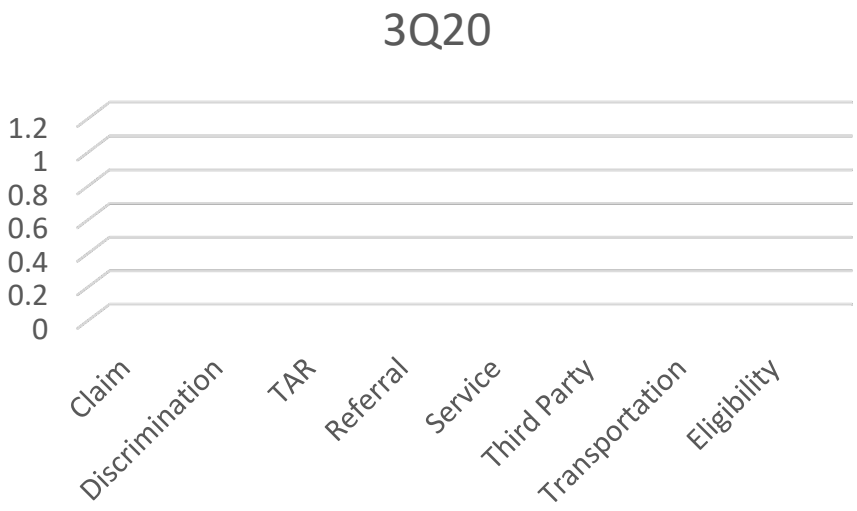
Note: Cases are reported in multiple reporting categories. Therefore, the total number of report trends will not equal the actual number of total closed cases.

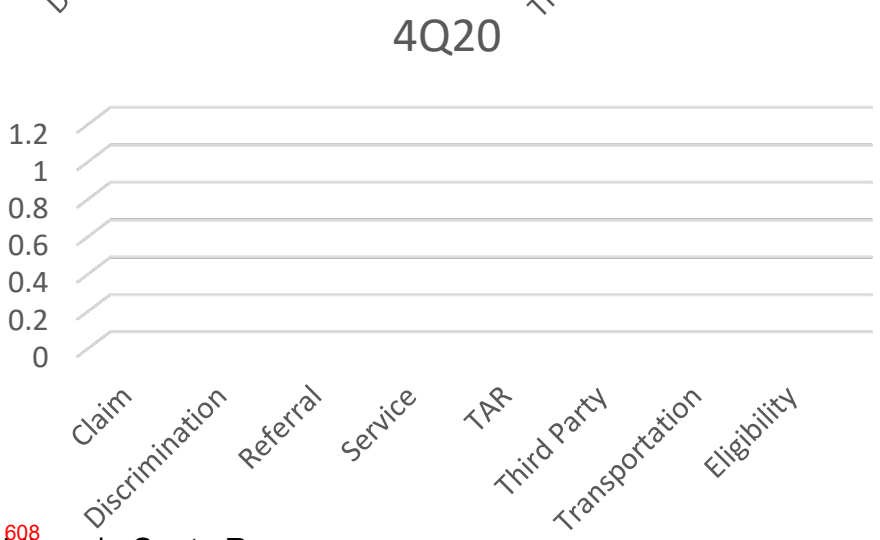
REFERENCE

2020 Trending RIs by Quarter for All Case Types





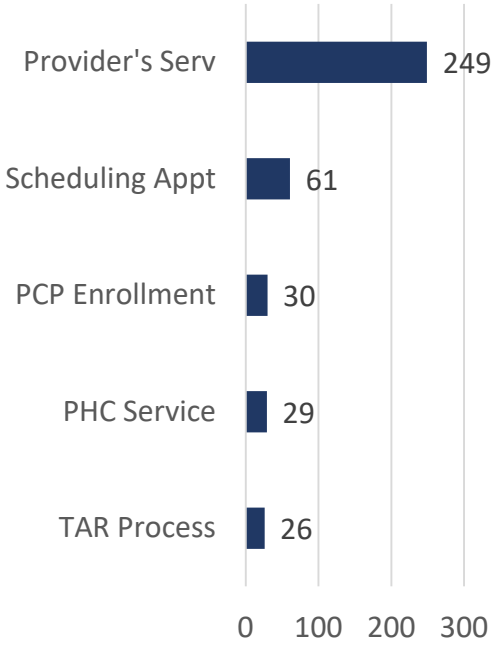




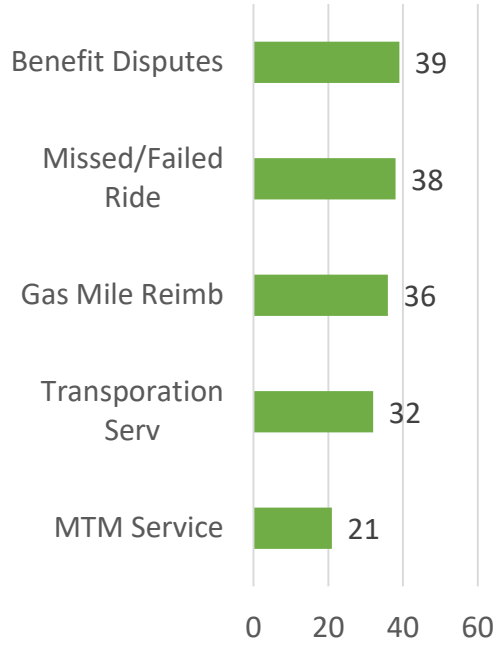
REFERENCE

Top Issues within Trending RIs for 2Q20

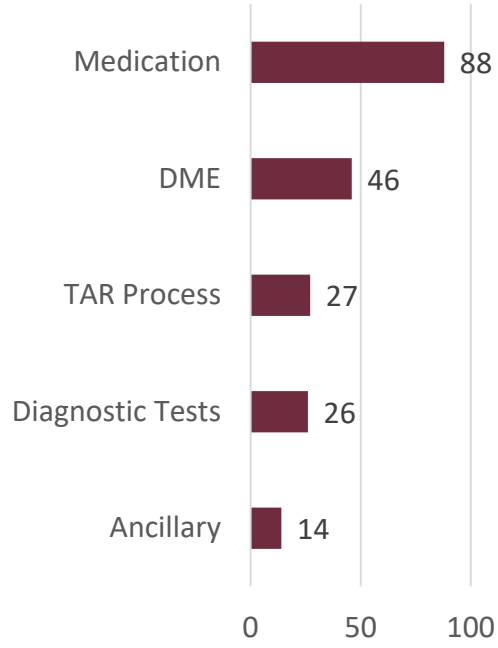
Service



Transportation



TAR



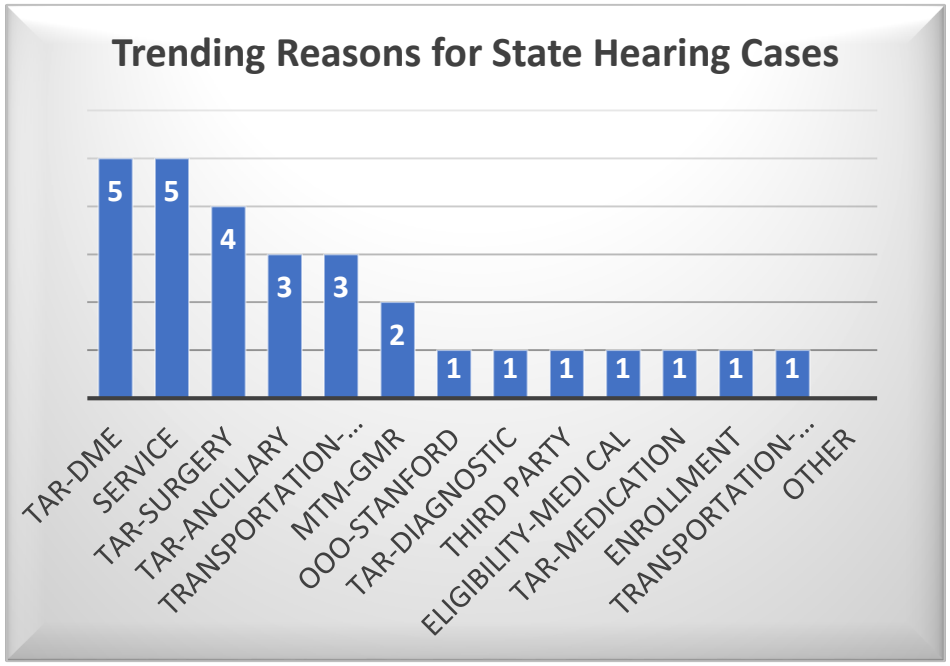
REFERENCE

2Q20 State Hearings

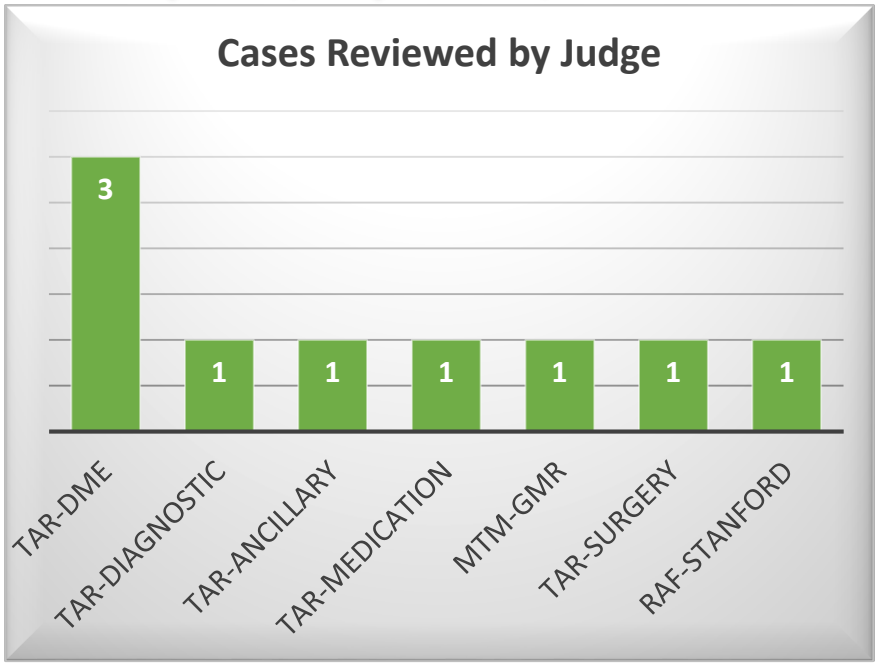
31 Cases

		73%			27%		
	Total	Withdrawn	Dismissed	Redirect	Upheld	Stipulated	Overturned
# Cases	31	9	12	1	8	0	1
% Cases	100%	29%	39%	3%	26%	0.0%	3%

State Hearings
All Cases



State Hearings
Upheld, Stipulated, Overturned

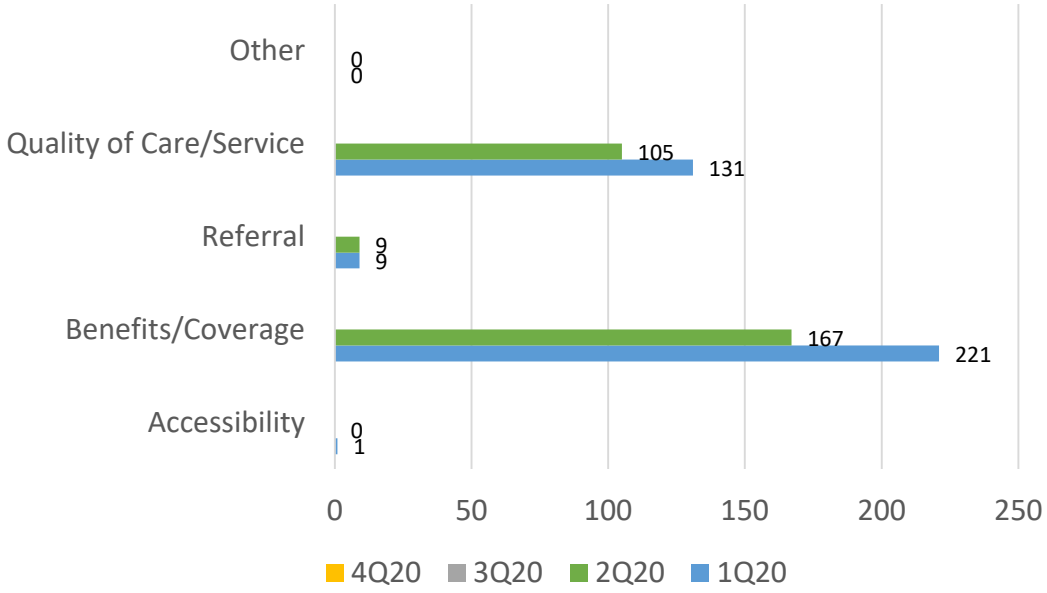


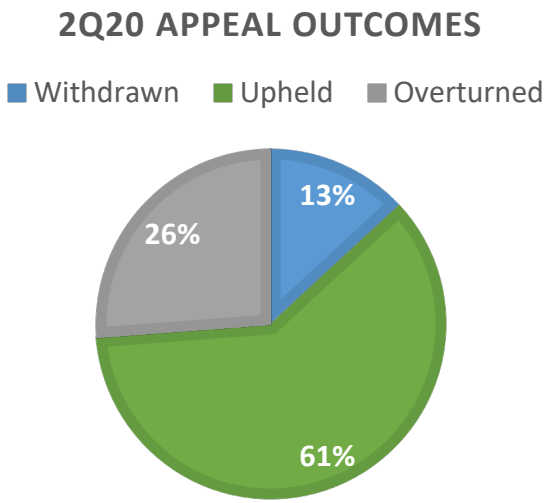
REFERENCE

2Q20 Appeal Cases

170 Cases

DHCS





NCQA

NCQA Category	1Q20 471,211 Members		2Q20 478,479 Members		3Q20		4Q20	
	Appeals	Case per 1,000 Members	Appeals	Case per 1,000 Members	Appeals	Case per 1,000 Members	Appeals	Case per 1,000 Members
Quality of Care	0		0					
Access	10		14					
Attitude / Service	93		73					
Billing / Financial	227		166					
Quality of Practitioner Office Site	0		0					
Total / Number Per 1000:	**330**	**0.17**	**253**	**0.12**				

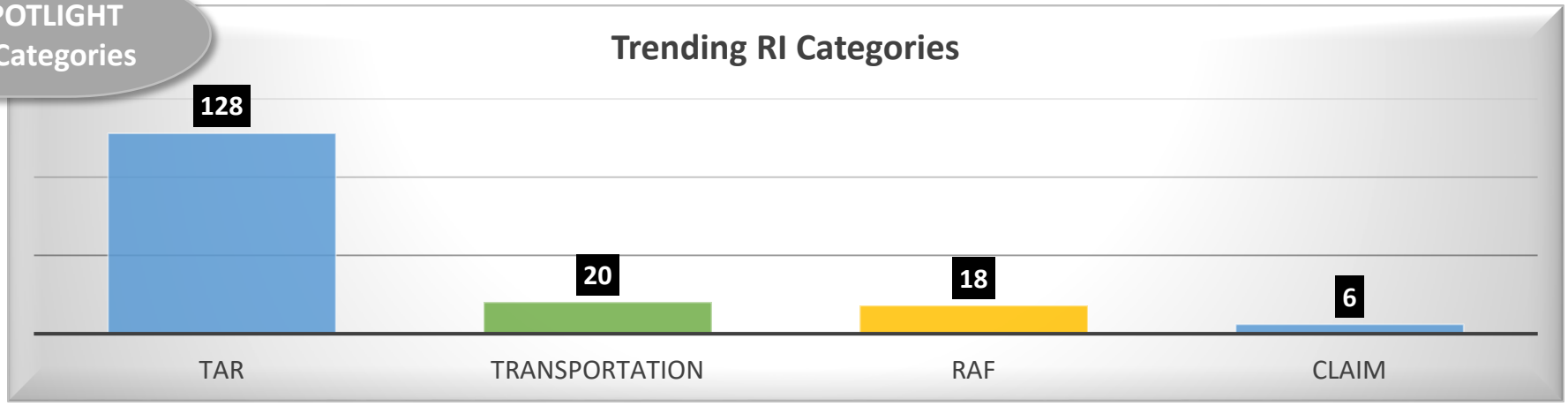
Note: Appeals and Second Level Grievance (a.k.a., Appealed Grievances). Reported cases may be captured within multiple NCQA categories. Calculated by subtracting total PHC members minus KP assigned. Case per 1,000 counts corrected from previously reported.

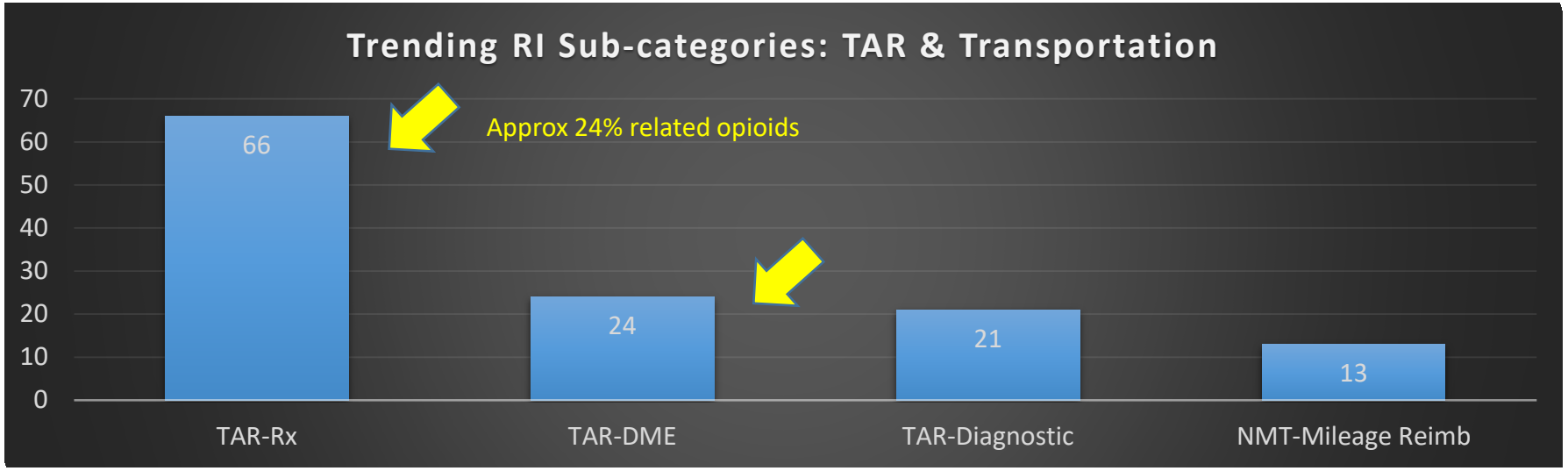
REFERENCE

2Q20 Appeal Cases

170 Cases

SPOTLIGHT
RI Categories



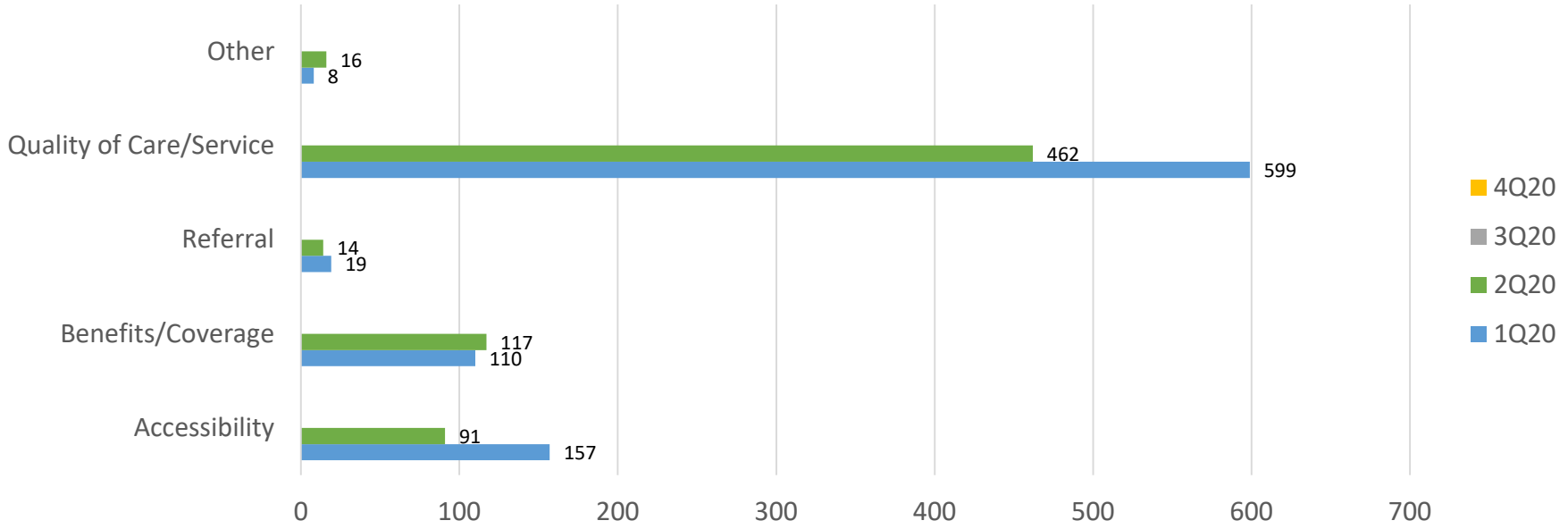


REFERENCE

2Q20 Grievance Cases

497 Cases

DHCS



NCQA

	1Q20 471,211 Members		2Q20 478,479 Members		3Q20		4Q20	
NCQA Category	**Grievances**	**Case per 1,000 Members**	**Grievances**	**Case per 1,000 Members**	**Grievances**	**Case per 1,000 Members**	**Grievances**	**Case per 1,000 Members**
Quality of Care	159		151					
Access	182		110					
Attitude / Service	524		398					
Billing / Financial	147		160					
Quality of Practitioner Office Site	4		3					
Total / Number Per 1000:	**1016**	**0.46**	**822**	**0.35**				

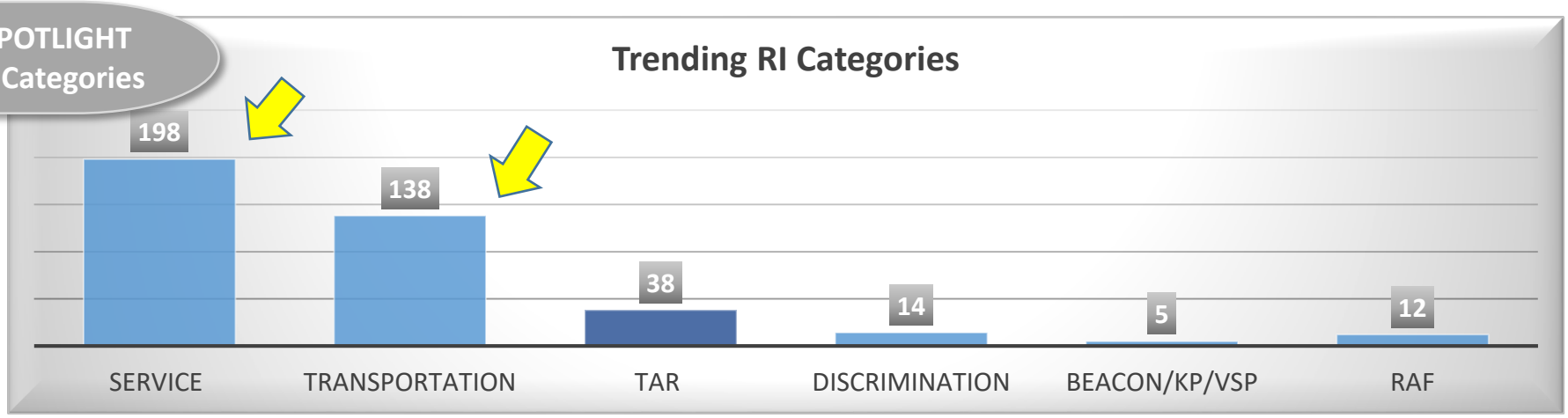
Note: Grievances only (Excludes Second Level Grievances). Reported cases may be captured within multiple NCQA categories. Calculated by subtracting total PHC members minus KP assigned. Case per 1,000 counts corrected from previously reported.

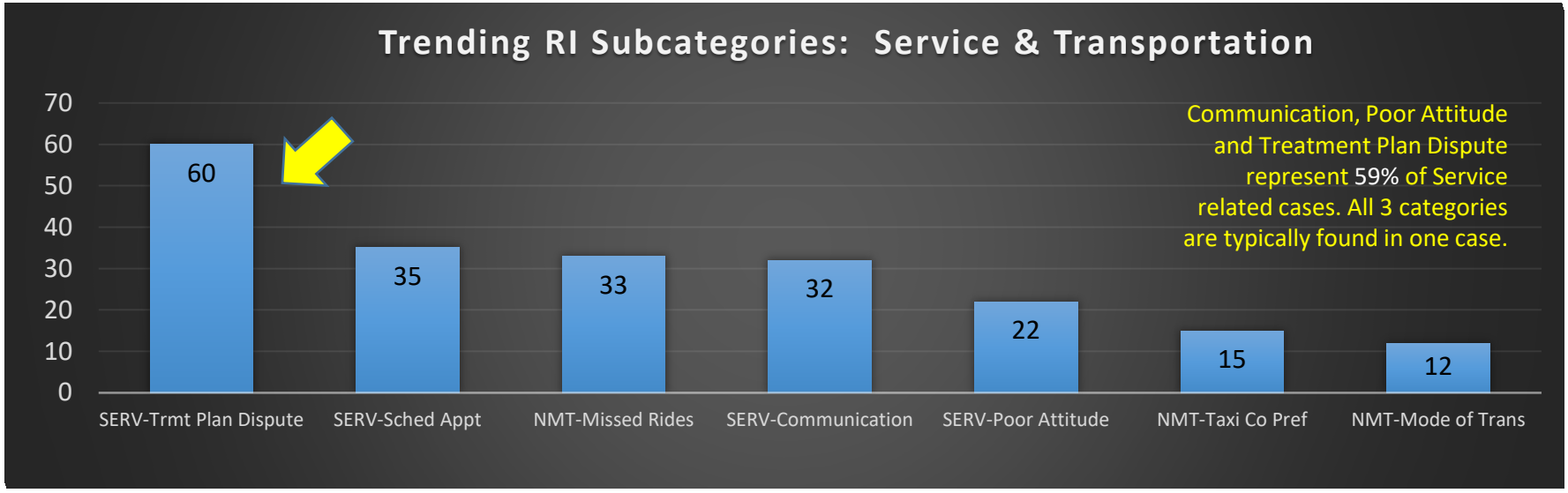
REFERENCE

2Q20 Grievance Cases

497 Cases

SPOTLIGHT
RI Categories



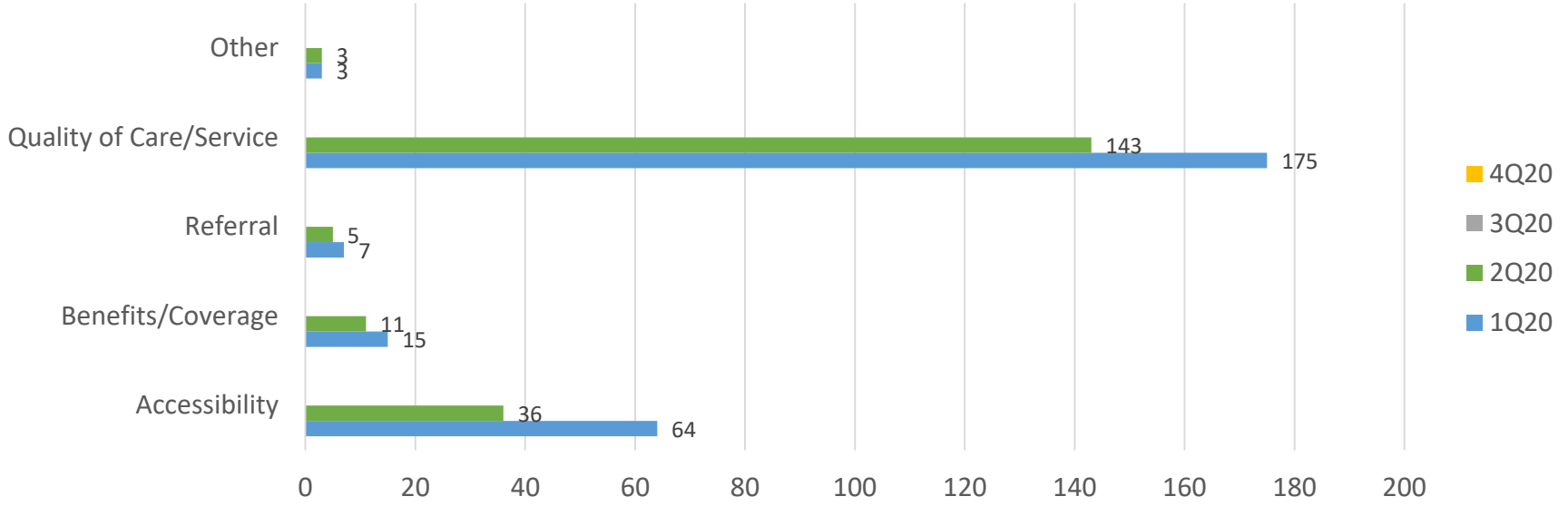


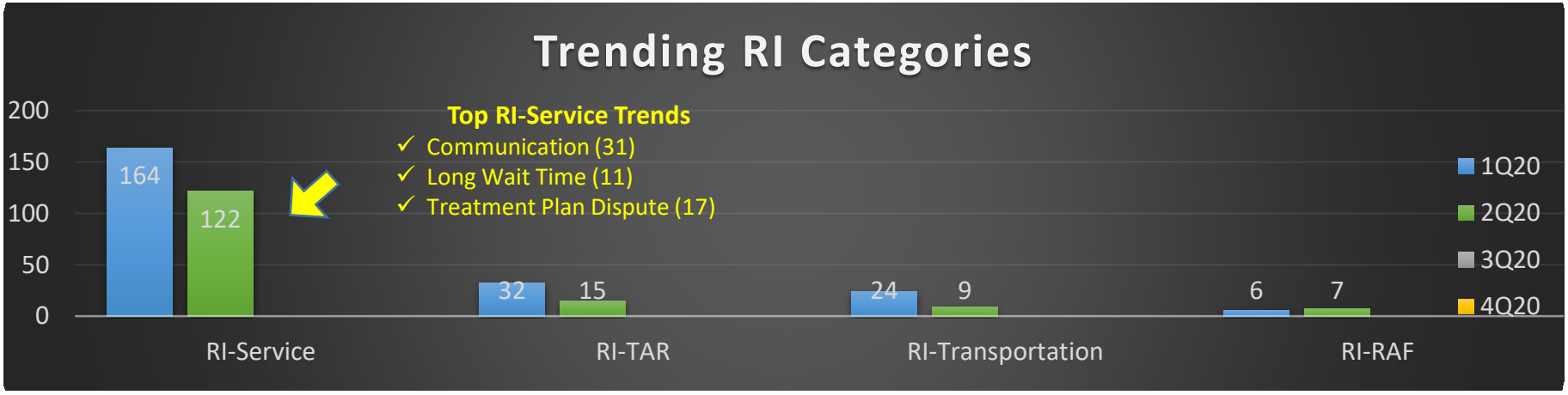
REFERENCE

2Q20 Exempt Cases

162 Cases

DHCS





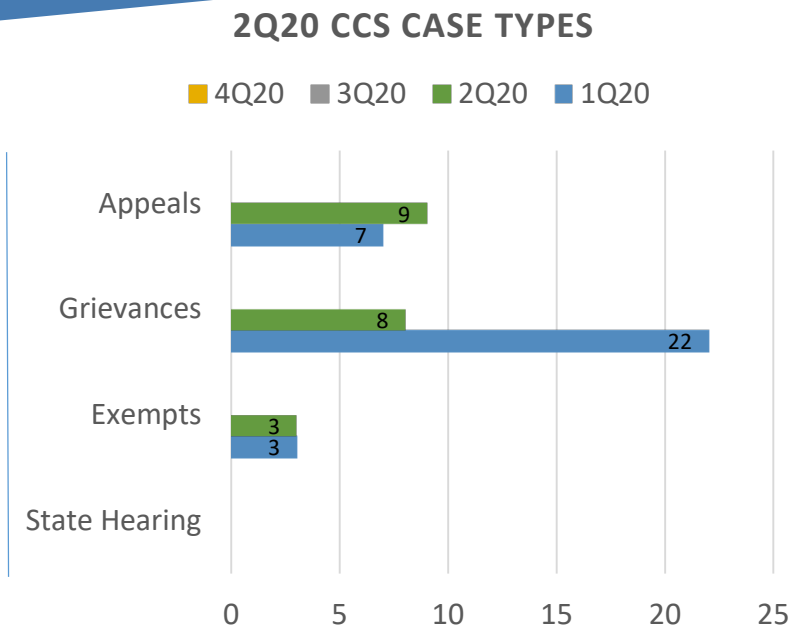
REFERENCE

2Q20 CCS Cases

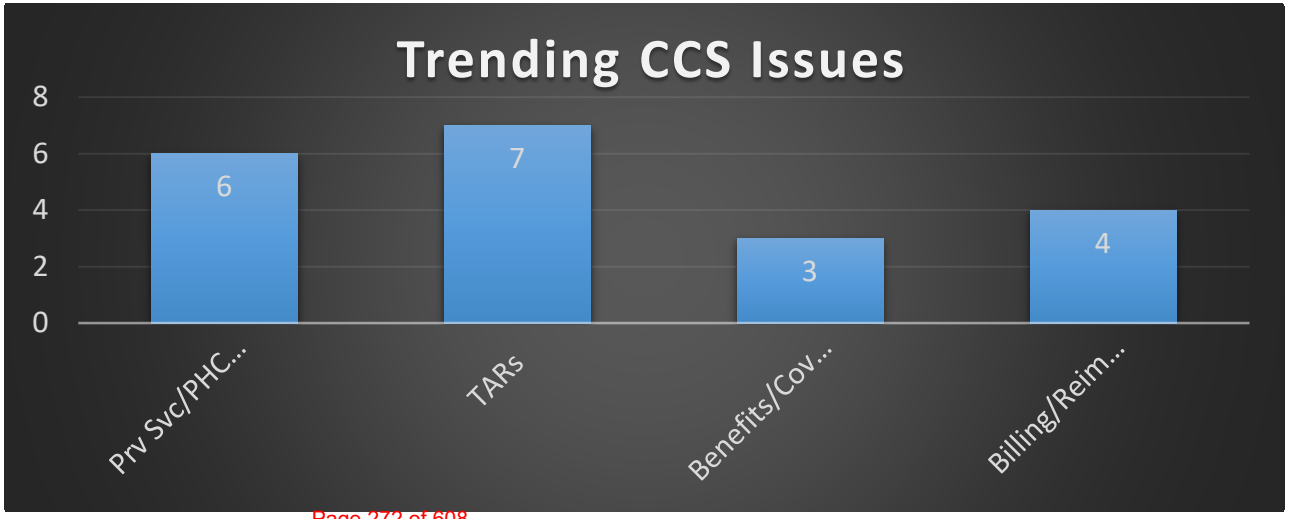
20 Cases

What is CCS?

California Children Services (CCS) offered through PHC Whole Child Model (WCM), eff 1/1/2019. Provides coverage for children under 21 years old with certain diseases, physical limitations, or chronic health problems. Offers improved coordination of care for CCS & non-CCS services. County determines CCS eligibility.



2Q20 = 20 TTL Cases
YTD = 52 TTL Cases

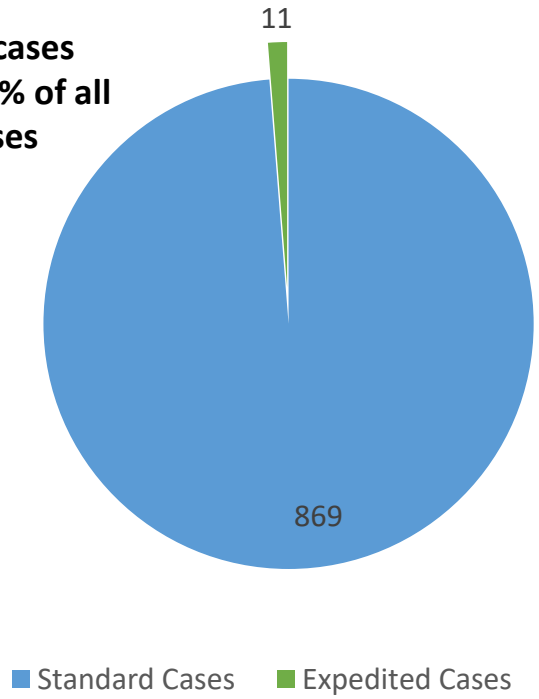


REFERENCE

2Q20 Expedited Cases

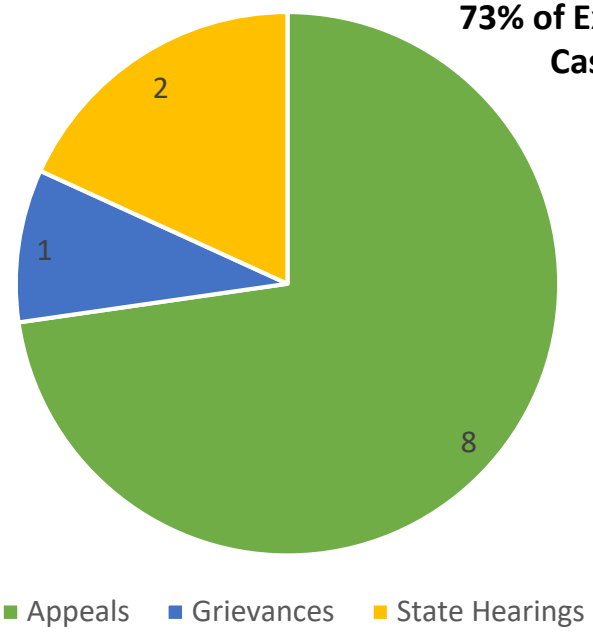
Expedited vs. Standard Cases

Expedited cases represent 1.2% of all 2Q20 cases



Types of Expedited Cases

Appeals represent 73% of Expedited Cases



POTENTIAL QUALITY ISSUE (PQI) REPORT
Q1 & Q2 2020

PQI is defined as a possible adverse variation from expected clinician performance, clinical care, or outcome of care. PQI requires further investigation to determine whether an actual quality issue or opportunity for improvement exists.

PQI is referred internally to the Quality Department via the PQI Referral Intake System found on PHC4me and external referrals are sent via the PQI@partnershiphp.org inbox using the PQI referral form.

PQI Referrals received: 54

Region	Q1 2020	Q2 2020	Grand Total
South	18	11	29
North	15	10	25
Grand Total	33	21	**54**

Top 3 referral sources: Grievance & Appeal (24); Utilization Management (11); Medical Directors (10)
Top 3 PQI count by Referral Type: Assessment/Treatment/Diagnosis (19); Pharmacy (8); Safety (8)
Top 3 PQI count by Provider Type: Hospital (26); PCP (22); Specialist (3)

PQI Referral trend

Year	2018		2019		2020	
Quarter	Q1/Q2	Q3/Q4	Q1/Q2	Q3/Q4	Q1/Q2	Q3/Q4
PQI Referral Count	174	105	109	100	**54**	TBD

The decreased number of PQI referrals could be attributed by the following: PHC departments (Grievance & Appeals; UM; Care Coordination; PR) received PQI education and training in 2019 and are now more knowledgeable of the PQI referral criteria; the Grievance & Appeals department developed a more structured PQI referral process including a robust MD oversight. In addition, the Covid-2019 event created a decrease in member-provider contacts plan wide, potentially contributing to the decline in PQI events.

PQI Closed cases: Timeframe for case completion is 120 days from the date the PQI referral is received

Region	Q1 2020	Q2 2020	Grand Total
South	28	24	52
North	19	13	32
Grand Total	47	13	**84**

PQI Closed cases trend

Year	2018		2019		2020	
Quarter	Q1/Q2	Q3/Q4	Q1/Q2	Q3/Q4	Q1/Q2	Q3/Q4
PQI Closed Count	144	170	89	88	**84**	TBD

SUMMARY OF CLOSED CASES - COUNT BY PROVIDER COUNTY AND PROVIDER TYPE

Although 84 PQI cases were closed, there were 130 practitioners/providers involved. The following is a breakdown of the types of providers and total per Provider County:

PROVIDER COUNTY	PCP	SPECIALIST	HOSPITAL	SNF/LTC	OTHER	TOTAL
SHASTA (N)	9	4	12	0	3	28
SOLANO (S)	6	5	12	3	2	28
MARIN (S)	5	2	5	0	0	12
SONOMA (S)	3	0	4	0	2	9
DEL NORTE (N)	5	0	2	0	0	7
MENDOCINO (S)	1	0	4	0	0	5
YOLO (S)	1	1	3	0	0	5
LAKE (N)	2	0	1	0	2	5
HUMBOLDT (N)	1	1	2	0	0	4
NAPA (S)	2	1	1	0	0	4
SISKIYOU (N)	1	1	2	0	0	4
TRINITY (N)	2	0	0	0	0	2
LASSEN (N)	0	0	2	0	0	2
MODOC (N)	1	0	0	0	0	1
*OTHER	1	4	7	0	2	14
TOTAL	**40**	**19**	**57**	**3**	**11**	**130**

** Provider County: OTHER (Non-PHC Counties* *N- Northern region* *S- Southern region*

Comparison: 1) In 2019, the top 3 Provider Counties in Southern region are Solano, Sonoma; Marin
2) In 2019, the top 3 Provider Counties in Northern region are Shasta, Humboldt; Siskiyou
3) Hospital, PCP and Specialist remain to be the top (provider type) sources of PQIs

Assignment of Practitioner Performance and Systems Severity Scores

Practitioner Performance (P Score)	Systems Issue (S Score)	Definition and Action
P0	S0	Care is appropriate, no action required
P1	S1	Minor opportunity for improvement. An informal letter to the provider may be sent at reviewer's discretion.
P2	S2	Moderate opportunity for improvement and/or care deemed inappropriate. Potential for minor or moderate adverse outcome to member. Letter is sent to provider of concern, response requested. May recommend CAP and/or other interventions.
P3	S3	Significant opportunity for improvement and/or care deemed inappropriate. Potential for significant adverse outcome to member. Immediate communication to provider of concern requesting a response. May recommend CAP and/or other interventions. May be referred to Credentialing Committee with recommendations for PRC.
PUTD	SUTD	Use whenever PQI cannot be leveled/Unable to make a determination due to several factors. Letters will be sent to the facility/provider of concern with recommendation to process case in their own internal QI/Peer Review process/Peer Review Organization.

Q1/Q2 2020 SUMMARY OF CLOSED CASES by Severity Rating

Severity Score	Q1 2020	Q2 2020	Grand Total
P0	20	18	38
P1	6	4	10
P2	4	2	6
P3	2	1	3
S0	14	14	28
S1	10	6	16
S2	4	0	4
S3	2	4	6
P0/S0	4	8	12
P0/S1	1	0	1
P0/S2	1	0	1
P1/S1	1	3	4
P3/S3	0	1	1
Total	**69**	**61**	**130**

Comparison:

Year	2019		2020	
Quarter	Q1/Q2	Q3/Q4	Q1/Q2	Q3/Q4
# of PQI closed cases	89	88	**84**	TBD
# of Practitioners/Providers involved	105	112	**130**	TBD
# of cases with severity rating higher than P1/S1	10	10	**21**	TBD

PQI Rounds: A weekly PQI rounds are attended by the QI Performance Improvement Clinical Specialist (PICS RNs), and Medical Directors. Cases are presented by the PICS RNs, and severity ratings are determined by Medical Directors.

Peer Review Committee: All cases designated a severity level higher than P1/S1 are referred to the Peer Review Committee (PRC) for review and final determination. 17 PQI cases were reviewed (PQI#'s 124; 129; 136; 157; 158; 125; 150; 200; 201; 160; 162; 169; 167; 180; 171; 190; 209).

Focused Review: Dr. Netherda conducted a Focus Review related to PQ150. Findings were reported at the Peer Review Committee meeting.

Referral to Credentialing: PQ150

Provider Track and Trend Summary: There are 2 individual practitioners who were involved in multiple PQIs, however, there is no significant trend to report at this time.

PROVIDER PREVENTABLE CONDITIONS (PPC) - Specified and defined as Health Care Acquired Condition (HCAC or HAC) or Other Provider Preventable Condition (OPPC), which are medical conditions or complications that a patient develops during a hospital stay, or ambulatory surgical encounter that was not present at admission.

Potential PPC:_An incident or activity reported to Partnership HealthPlan of California (PHC), or flagged during internal PHC encounter data audits, as a possible PPC, before it has been investigated and confirmed. Provider must report potential PPCs directly via online reporting to the DHCS Audits & Investigations Unit (A&I) after discovery of the event and confirmation that the patient is a Medi-Cal beneficiary and also reported directly to PHC through PQI@partnershiphp.org.

Q1/ Q2 2020 PROVIDER PREVENTABLE CONDITIONS (PPC)

PQI	Brief Synopsis	Findings	Confirmed PPC □ yes □ no
PQ200 Reported to DHCS	Health Care Acquired Condition (HCAC): Vascular Catheter Associated Infection (CLABSI w/ LCBI)	System Issue	Yes
PQ201 Reported to DHCS	Health Care Acquired Condition (HCAC): Vascular catheter associated infection	System Issue	Yes

Supporting documentation:

1) *Attachment A-PQI Data Analysis*

Reported by: R G Santos, RN BSN
Manager, Quality Assurance & Patient Safety
Quality Improvement (QI)/Health Services
IQI/QUAC August 2020

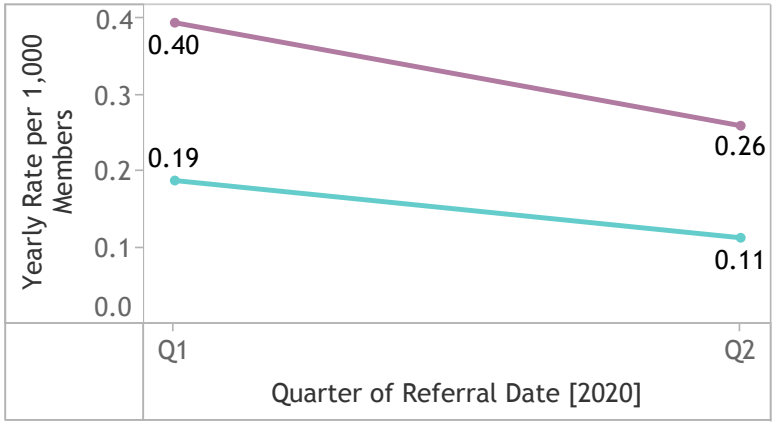
PQI Data Analysis

Potential Quality Issues
Referral Dates: 2020 Q1, Q2

PQI Rate, Count and Membership

	2020 Q1		2020 Q2		Total
	SOUTHERN	NORTHERN	SOUTHERN	NORTHERN	
PQI Count	18	15	11	10	54
Member Months	1,148,819	455,591	1,168,993	461,639	3,235,042
Yearly Rate per 1,000 Members	0.19	0.40	0.11	0.26	0.20

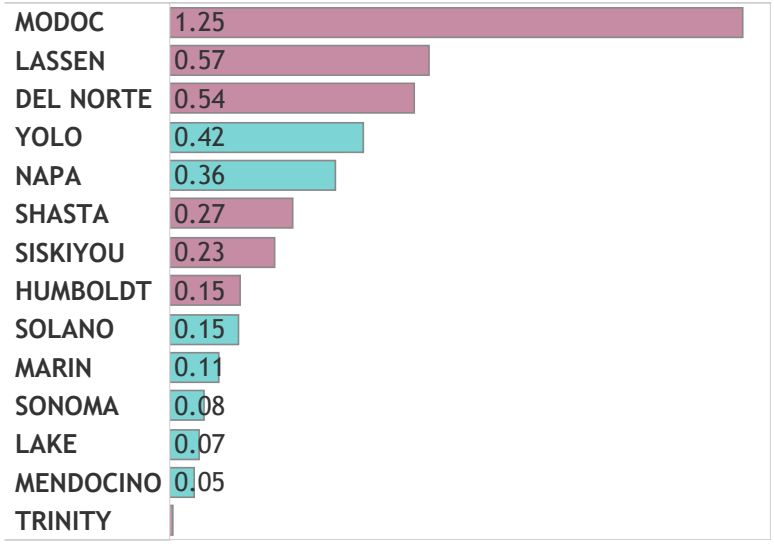
Trend of PQI Rate



Count, Membership and Rate per 1,000 Members by County

	Grand Total		
	Number of PQIs	Member Months	Yearly Rate per 1,000 Members
MODOC	2	19,177	1.25
LASSEN	2	42,183	0.57
DEL NORTE	3	67,189	0.54
YOLO	11	311,488	0.42
NAPA	5	165,106	0.36
SHASTA	8	355,228	0.27
SISKIYOU	2	104,024	0.23
HUMBOLDT	4	312,947	0.15
SOLANO	8	644,077	0.15
MARIN	2	223,388	0.11
SONOMA	4	633,914	0.08
LAKE	1	180,828	0.07
MENDOCINO	1	228,813	0.05
TRINITY		25,541	

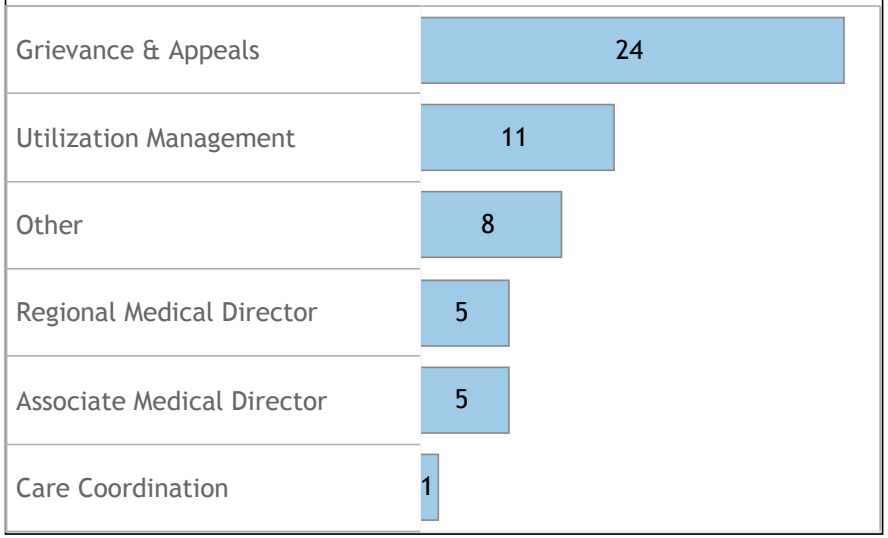
PQI Rate per 1,000 Members by County



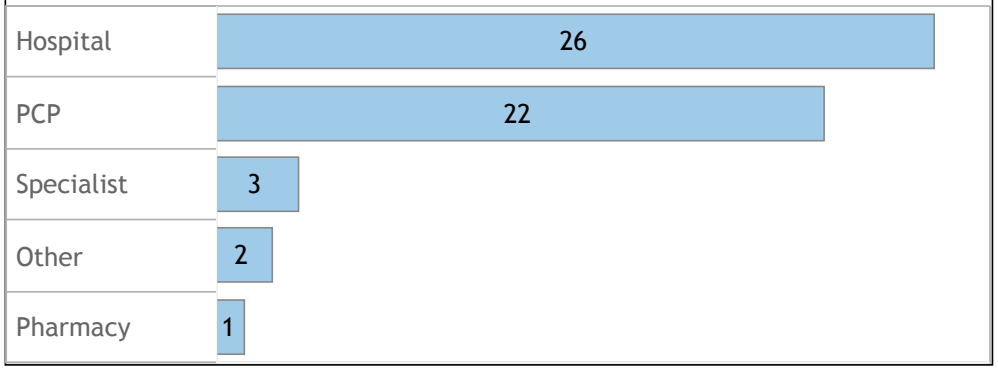
Yearly Rate per 1,000 is defined as: [(Number of PQIs)/(Membermonths)]*12,000
Created by: Liat Vaisenberg (lvaisenberg@partnershiphp.org)

Potential Quality Issues
Referral Dates: 2020 Q1, Q2

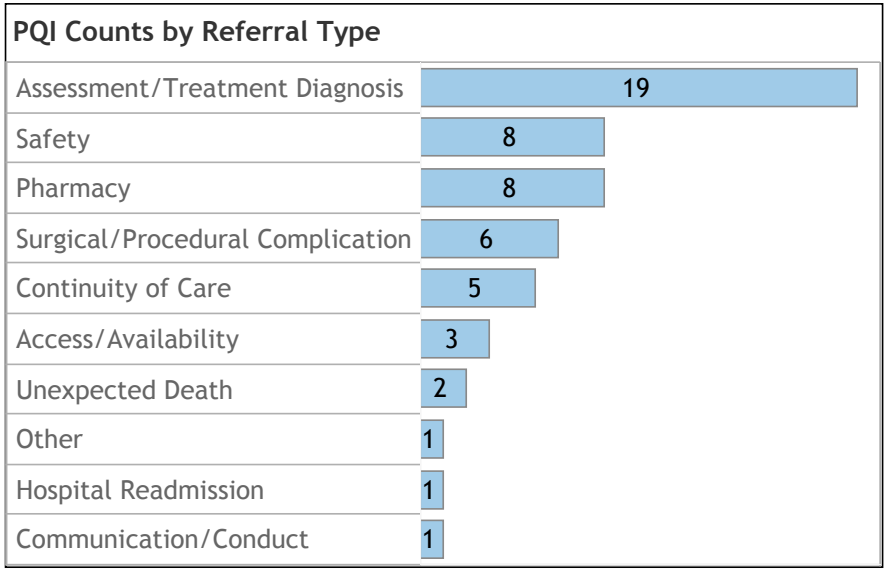
PQI Counts by Referral Source



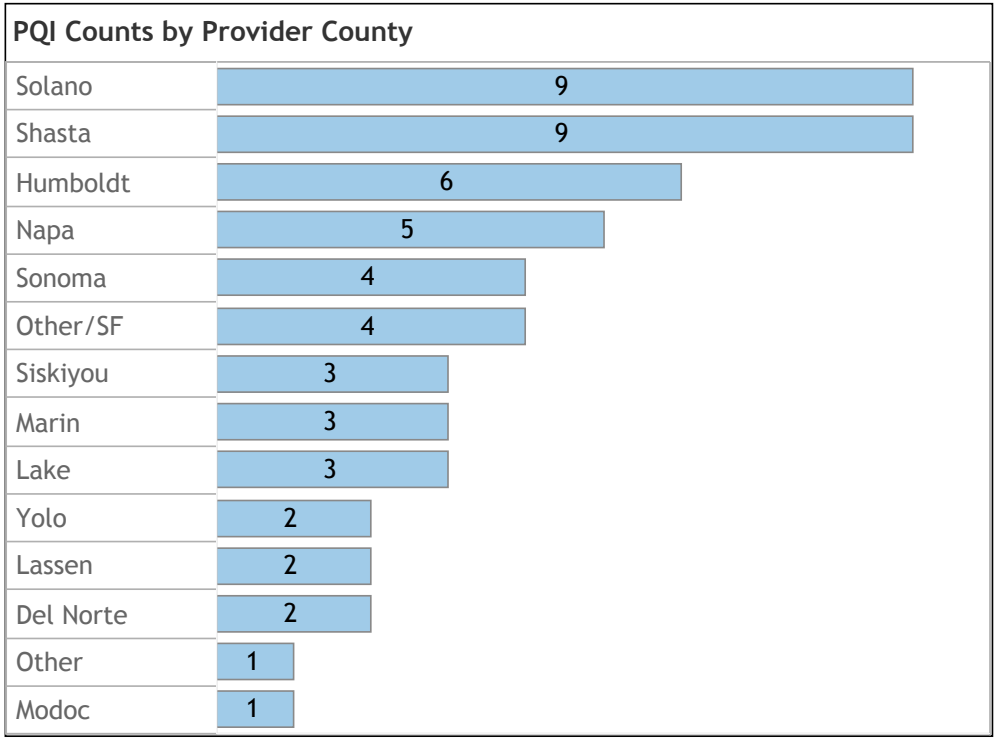
PQI Counts by Provider Type



PQI Counts by Referral Type



PQI Counts by Provider County



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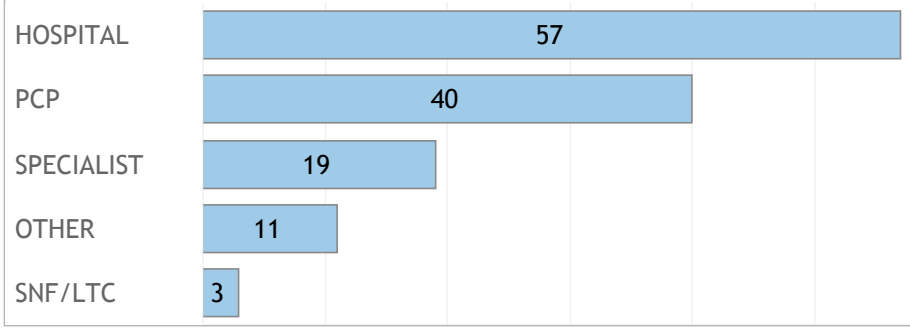
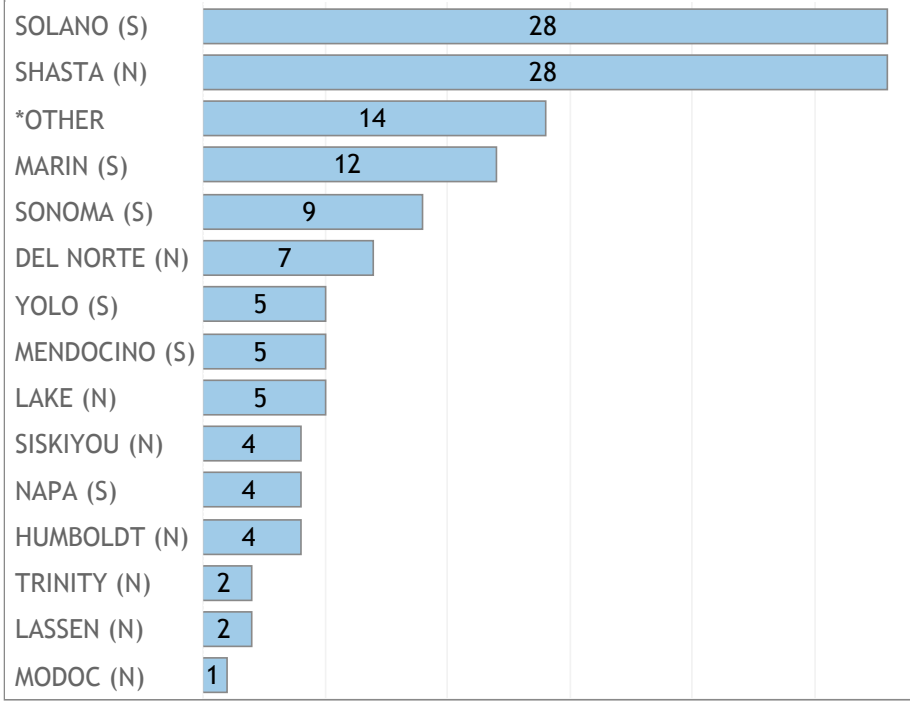
Potential Quality Issues
Closed Cases: 2020 Q1, Q2

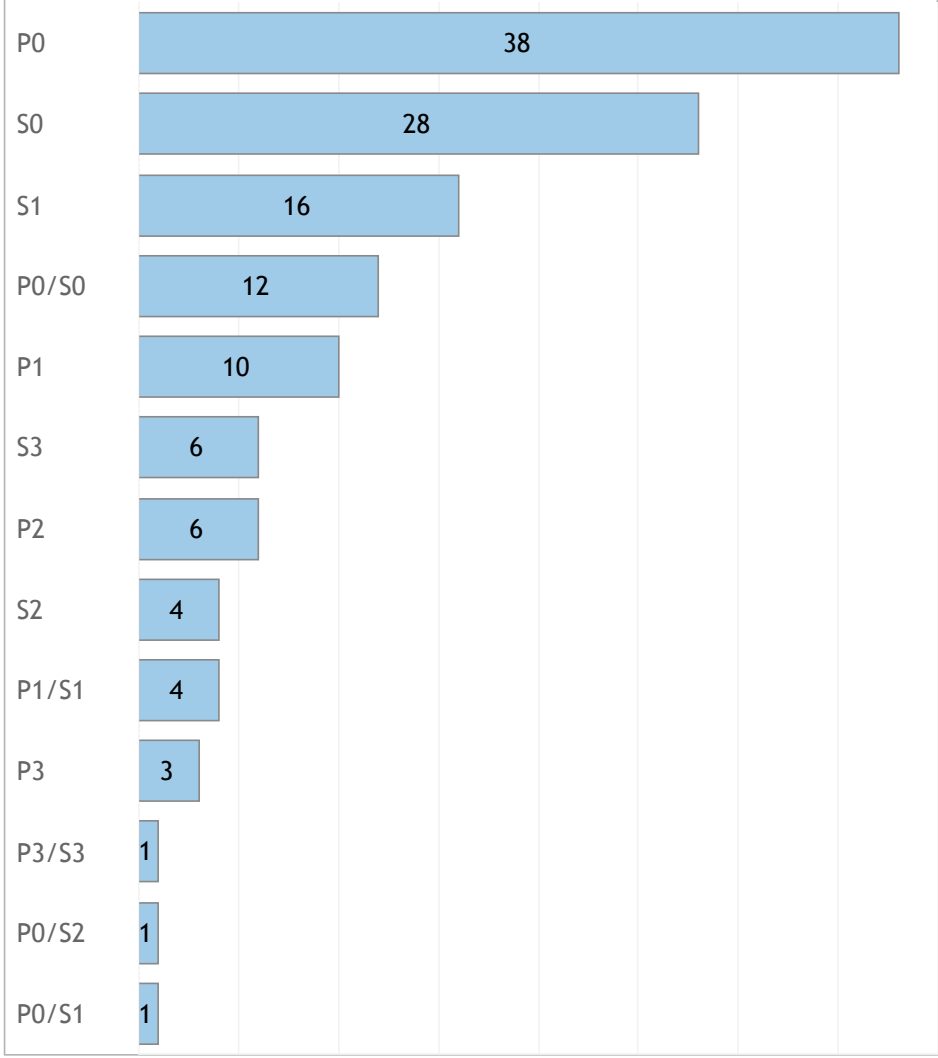
SUMMARY OF CLOSED CASES
By Provider Type



SUMMARY OF CLOSED CASES
By Provider County



SUMMARY OF CLOSED CASES
By Severity Rating



Created by: Liat Vaisenberg (lvaisenberg@partnershiphp.org)
Date: 7/22/2020

Population Needs Assessment
July 2020
Submission Date: July 9, 2020

Action Plan Revised: August 11, 2020

Contents

Executive Summary

Partnership HealthPlan of California (PHC) is a not-for-profit, Medi-Cal managed care plan (MCP), which currently serves fourteen (14) counties in Northern California with a membership size of about 535,309 (as of February, 2020). As one of the six (6) County Organized Health System (COHS) managed care models established by the Counties Board of Supervisors, PHC operates under a contract by the California Department of Health Care Services (DHCS) to provide health services to members in their designated counties. Most Medi-Cal beneficiaries are assigned automatically to PHC, including dual-eligible Medicare-Medicaid, Seniors and Persons with Disabilities (SPDs), California Children's Services (CCS) beneficiaries, and beneficiaries in skilled nursing facilities. PHC provides primary and specialty health services through a contracted network of community physicians, medical groups, an integrated HMO (Kaiser Permanente), Federally-Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), Indian Health Centers, local hospitals (acute and other), pharmacies, and ancillary providers[1].

The Health Education and Cultural and Linguistic (C&L) Population Needs Assessment (PNA) is conducted by MCPs to fulfill the contractual obligations of DHCS, Medi-Cal Managed Care Division (MMCD) and concomitant All Plan Letter 19-011[2]. The PNA identifies member health status and gaps in services related to these issues. MCP contractual requirements related to the PNA are based on Title 22 of the California Code of Regulations (CCR), sections 53876(a)(4), 53876(c), 53851(b)(2), 53851(e), 53853(d), and 53910.5(a)(2), and Title 42 of the Code of Federal Regulations (CFR), sections 438.206(c)(2), 438.330(b)(4), 438.242(b)(2)[3,4].

PHC conducts an annual PNA to assess and identify the health status and needs of the member population in order to continue to provide high quality health care. This PNA looks at primary and secondary quantitative data to investigate the social determinants of health of PHC members, member health status and behaviors, health education and cultural and linguistic needs, health disparities, and gaps in services. The overall goal is to use the results of the PNA to inform PHC's strategy for improving the health outcomes of our members by evaluating their health risks, identifying their health needs, and prioritizing organizational programs and resources to improve health outcomes.

The 2020 PNA provides insight into PHC's key community health issues, which include chronic conditions, poor health maintenance behaviors including very low rates of pediatric wellness visits and immunizations, behavioral health concerns including substance use disorder and mental illness, and severe housing problems. The PNA also identified health disparities for PHC's population showing poor access to well-child visits for the Hispanic member population in PHC's Southwest Region, lack of engagement of pregnant members in perinatal care, and a broad

[1] (Medi-Cal Managed Care Plan, 2020)
[2] (All Plan Letter 19-011, 2019)
[3] (California Code of Regulations, 2019)
[4] (Code of Federal Regulations, 2011)

knowledge gap both within PHC and throughout the community on the needs and concerns of transgender members.

Introduction

PHC is a County-Organized Health System (COHS) model of Medi-Cal managed care contracted to provide health care services in Solano, Napa, Yolo, Sonoma, Marin, Mendocino, Lake, Del Norte, and Humboldt, Lassen, Modoc, Shasta, Siskiyou, and Trinity counties. As one of the six (6) County Organized Health System (COHS) managed care models established by the Counties Board of Supervisors, PHC operates under a contract by the California Department of Health Care Services (DHCS) to provide health services to members in their designated counties.

Membership Profile

PHC currently serves over 530,000 Medi-Cal beneficiaries in these counties. Out of the 535,309 PHC members served in the 14 counties during the assessment period, PHC primarily serves children and adults under age 65. In 2018, there were 9,261,018 children living in the state of California. PHC serves 2% of the state's child population. During the same year, PHC served 56% of the 216,006 children living in PHC's 14 county service area[5]. Out of the entire PHC member population, approximately 23% are ages 0-10, 18% are ages 11-19, 31% are ages 20-44, 19% are ages 45-64, 10% are ages 65 and older, and 47% of all members are male and 53% are female. There were approximately 4,375 babies born within PHC network during CY 2019. The largest ethnicity categories of our membership are Whites (43%) and Hispanics (29%). The graph in Appendix A illustrates the racial and ethnic composition of PHC members as of December 31, 2019, based on enrollment data. The Hispanic membership represents the largest non-White ethnic group across all 14 counties. English continues to be the primary language spoken by members. Currently, 79% of members identify as English-speaking and 18% of members are identified as Spanish speaking. The other two DHCS threshold languages include Russian (less than 1% of the population), and Tagalog (1%). (See Appendix A for PHC Demographics per location)

[5] (Child Population, 2018)

FIGURE 1: Map of PHC Counties with Location of Regional Offices

Source: Partnership HealthPlan Website, 2020

Service Area

PHC's service area includes Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity and Yolo counties. PHC's four (4) regional offices are centrally located in Fairfield, Redding, Santa Rosa and Eureka.

TABLE 1: PHC Counties with Estimated Members Served in Each County

Counties	Total Population	PHC Members
Del Norte	27,788	11,138
Humboldt	136,373	51,652
Lake	64,562	29,330
Lassen	32,645	7,124
Marin	259,666	37,072
Mendocino	87,606	34,686
Modoc	9,184	3,249
Napa	139,417	27,515
Shasta	178,942	57,840
Siskiyou	45,069	16,717
Solano	434,981	103,971
Sonoma	499,942	101,426
Trinity	13,037	4,158
Yolo	220,408	49,431

Distribution of PNA

To satisfy DHCS regulations (APL 19-011, MMCD are required to ensure that the PNA is approved through each Health Plan's internal review committees and by members of their Consumer Advisory Committee (CAC). In keeping with these requirements, this PNA was reviewed and

approved by PHC's internal review committees [Internal Quality Improvement Committee (IQI), Quality/Utilization Advisory Committee (Q/UAC), and Physician Advisory Committee (PAC)] from March through May. This report was also shared and approved during PHC quarterly CAC meetings in June.

Data Sources

Multiple and reliable data sources and methodologies were used to assess the needs of PHC's member population. Data collection began in November, 2019. In November, during PHC's bi-annual meeting with Public Health Directors and County Health Officers, the Health Education team reached out to the County Public Health Departments and Critical Access Hospitals (CAH) within our network requesting them to share their most recent Community Health Needs Assessment (CHNA) or Community Health Assessment (CHA). These assessments were utilized to gather county specific information to inform the overall report.

Member feedback was gathered through the health education team focus groups discussion with PHC's Consumer Advisory Committee (CAC) and Family Advisory Committee (FAC). We also gathered information through key informant interviews at health fairs and county collaborative meetings.

The final element was the 2019 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results and the 2018-2019 Health Disparity data which were shared by the Department of Health Care Services (DHCS) based on a state-wide survey.

PHC Member Enrollment Data

PHC demographic data is based on the Medi-Cal enrollment data received as of January 2019. This data includes the total number of individuals enrolled in Medi-Cal by eligibility group. The Department of Health Care Services (DHCS) submits eligibility and enrollment data to Medi-Cal Managed Care plans monthly based on their service areas. This data reflects the race/ethnicity, age, gender, and language distribution by members. The data was also compared with the 2019 Network Adequacy Report on Providers' Cultural and Linguistic Needs and Preferences.

PHC Claims and Encounter Data

PHC's analytics department maintains an integrated data set including medical and pharmacy claims data. This data set is gathered from information submitted by health care providers, such as doctors and hospitals, that documents both the clinical conditions they diagnose as well as the services and items delivered to beneficiaries to treat these conditions. PHC utilized this information prepared based on the analysis of data from HEDIS reporting, providing insight into gaps in care.

CMS Adults and Child Core sets

The Center for Medicare and Medicaid Services (CMS) Adults and Child Core sets are national standardized processes and best practices to improve patient care. These processes are designed to provide the right care at the right time for common conditions such as stroke or

childhood asthma. CMS core sets are additional set of care standards which describe the expectations of care provided to patients in both outpatient and inpatient settings. These processes are proven to reduce complications and lead to better patient outcomes. The Joint Commission and the Centers for Medicare and Medicaid Services periodically redefine the core measures based on the latest evidence and nationwide hospital performance. The Joint Commission tracks compliance with core measures and each year recognizes the top performing hospitals for key quality metrics[6].

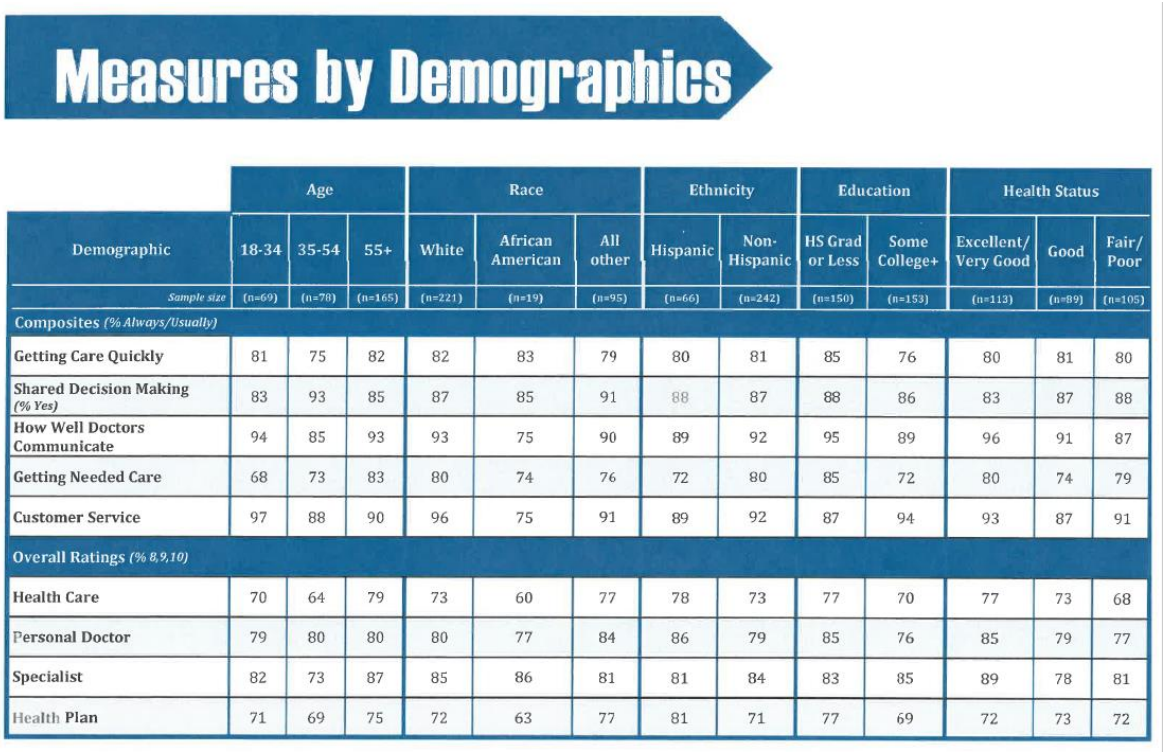
Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The Center of Medicare and Medicaid Services (CMS) develops, implements and administers several different patient experience surveys. These surveys inform health care organizations about patients' or their families' experiences with their health care providers and plans, including hospitals, home health agencies, doctors, and health and drug plans, among others. Many of the CMS surveys are embedded in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) family of surveys. The CAHPS surveys are designed to reliably assess the experiences of a large sample of patients and serve as an integral part of CMS efforts to improve healthcare in the United States. All CAHPS surveys are approved by the CAHPS Consortium with oversight from the Agency of Healthcare Research and Quality (AHRQ). This data help health plans understand their members' experiences with receiving care and provide information on key areas to prioritize.

Results from the CAHPS survey in 2019 addressed questions related to getting needed care quickly and timely, shared decision-making, experiences with personal doctors, and availability of specialists when needed. Below is a summary of the PHC key CAHPS survey results.

[6] (CMS Core Sets, 2019)

FIGURE 2: 2019 CAHPS Results By Demographics



	Age			Race			Ethnicity		Education		Health Status		
Demographic	18-34	35-54	55+	White	African American	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/ Very Good	Good	Fair/ Poor
Sample size	(n=69)	(n=78)	(n=165)	(n=221)	(n=19)	(n=95)	(n=66)	(n=242)	(n=150)	(n=153)	(n=113)	(n=89)	(n=105)
Composites *(% Always/Usually)*													
Getting Care Quickly	81	75	82	82	83	79	80	81	85	76	80	81	80
Shared Decision Making *(% Yes)*	83	93	85	87	85	91	88	87	88	86	83	87	88
How Well Doctors Communicate	94	85	93	93	75	90	89	92	95	89	96	91	87
Getting Needed Care	68	73	83	80	74	76	72	80	85	72	80	74	79
Customer Service	97	88	90	96	75	91	89	92	87	94	93	87	91
Overall Ratings *(% 8,9,10)*													
Health Care	70	64	79	73	60	77	78	73	77	70	77	73	68
Personal Doctor	79	80	80	80	77	84	86	79	85	76	85	79	77
Specialist	82	73	87	85	86	81	81	84	83	85	89	78	81
Health Plan	71	69	75	72	63	77	81	71	77	69	72	73	72

Source: 2019 CAHPS 5.0 Adult Medicaid Survey, Partnership HealthPlan of California

Health Disparities Report

The California Department of Health Care Services (DHCS) contracted with Health Services Advisory Group (HSAG) to help assess and improve health disparities in California through a health disparity study. The sole purpose of HSAG is to improve healthcare services in order to achieve the best possible patient outcomes. In order to conduct this study, HSAG utilizes the external accountability set (EAS) performance indicators reported by Medi-Cal managed care health plans for reporting year 2019 with data derived from calendar year 2018. EAS indicators reflect clinical quality, timeliness, and access to care provided by MCPs to their beneficiaries; and each MCP is required to report audited EAS results to DHCS annually. The goal of the health disparity report is to improve health care for Medi-Cal beneficiaries by evaluating health care disparities affecting members enrolled in Medi-Cal MCPs.

PHC Members' Feedback

PHC conducted a series of focus group discussions with the Consumer Advisory Committee (CAC) and the Family Advisory Committee (FAC) members. The CAC advocates for members by ensuring that PHC is responsive to the diversity of health care needs of all members. One of the responsibilities of this group is to provide feedback on the readability and cultural appropriateness of member newsletters and others educational materials sent to members. The FAC advocates for CCS members based on the Whole Child Model (WCM). These meetings serve as a platform to share information and connect with others members who share similar concerns.

PHC also collects member's feedback and concerns through key informant interviews at health fairs and community baby showers to seek information on member concerns, challenges and barriers to accessing care. Questions used to gather information at health fairs were crafted based on the target populations at these events and the HEDIS measures impacted. Information gathered from the different committee platforms and health fairs are analyzed and results are shared at our regular Population Health Management Committee (PHMC) meetings and strategies are discussed to help address concerns. PHC utilizes the member's feedback to help direct policies and inform programmatic decisions.

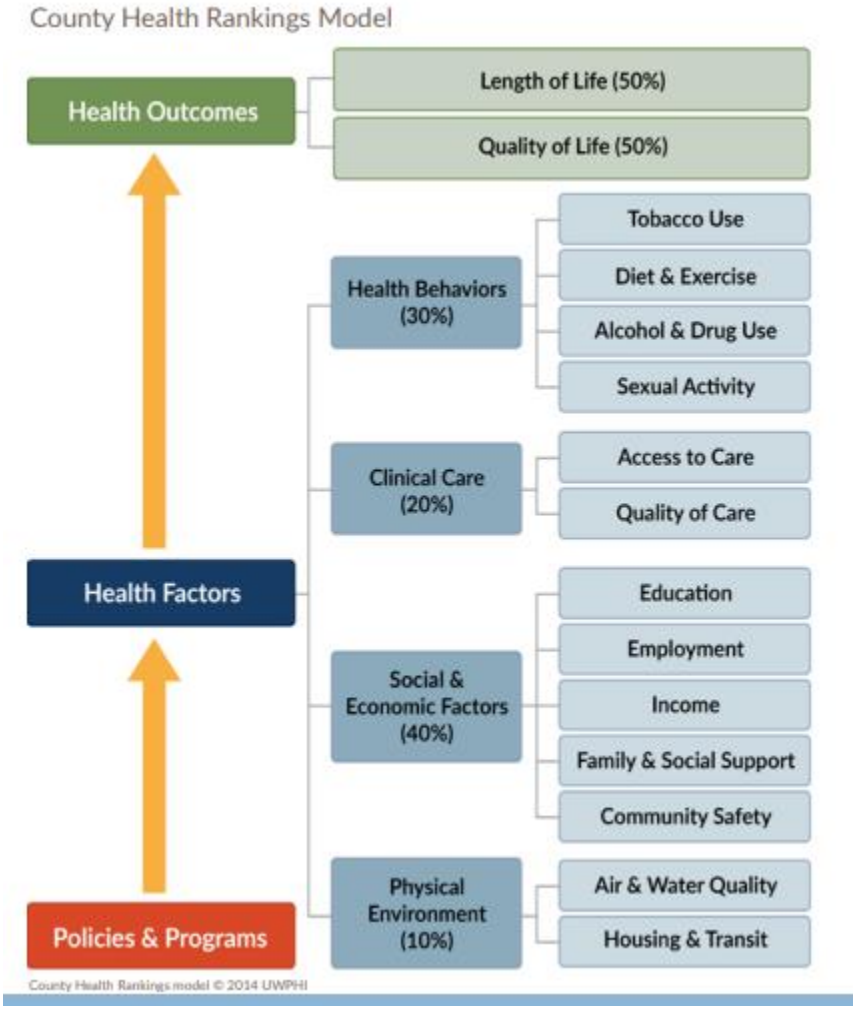
County Health Rankings and Roadmaps

County Health Ranking and Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The annual County Health Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy food, the quality of air and water, income inequality and teen births. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work, play and improved the overall wellbeing of an individual. The rankings are determined by the following factors:

Health Outcomes: The overall ranking in health outcomes represent how healthy a county is right now. They reflect the physical and mental well-being of residents within a community through measures representing length of life and quality of life.

Health Factors: The overall ranking in health factors represent many things that influence how well and how long we live. Health factors represent those things we can modify to improve the length and quality of life for residents. They are predictors of how healthy our communities can be in the future.

FIGURE 3: County Health Rankings Model



Source: County Health Rankings, 2019

Community Health Needs Assessment (CHNA)

A Community Health Needs Assessment (CHNA) is a systematic process involving the community to identify and analyze community health needs. The process provides a way for communities to prioritize health needs, and to plan and act upon unmet community health needs. CHNAs are conducted by a variety of organizations. Each Critical Access Hospital (CAH) must conduct a CHNA every three years, as mandated by the Affordable Care Act, enacted on March 23, 2010. Local public health units seeking to gain or maintain accreditation must conduct a Community Health Assessment (CHA) every five years.

The LGBTQ Divide

The LGBTQ Divide is an interactive report that explores and analyzes the social climate, demographics, economic and health indicators among LGBTQ and non-LGBTQ people. This report highlights the increased disparities that occur in the 29 states without state non-discrimination laws inclusive of sexual orientation and gender identity ("the non-state law states") and the

South, Midwest and Mountain states. While slightly higher percentages of people identify as LGBTQ in the 21 states with statewide discrimination prohibitions ("the state law states"), in terms of raw numbers, more LGBTQ adults live in the 29 non-state law states and more than six out of 10 LGBTQ Americans live in the South, Midwest and Mountain states. The divide between the 21 state law states and the 29 non-state law states is consistently an indicator of greater disparities in the non-state law states between LGBTQ people and their non-LGBTQ counterparts across economic, family and health indicators. This report brings to light the disparities that exist within this population and strategies to mitigate its impact with specific emphasis to California.

Key Data Assessment

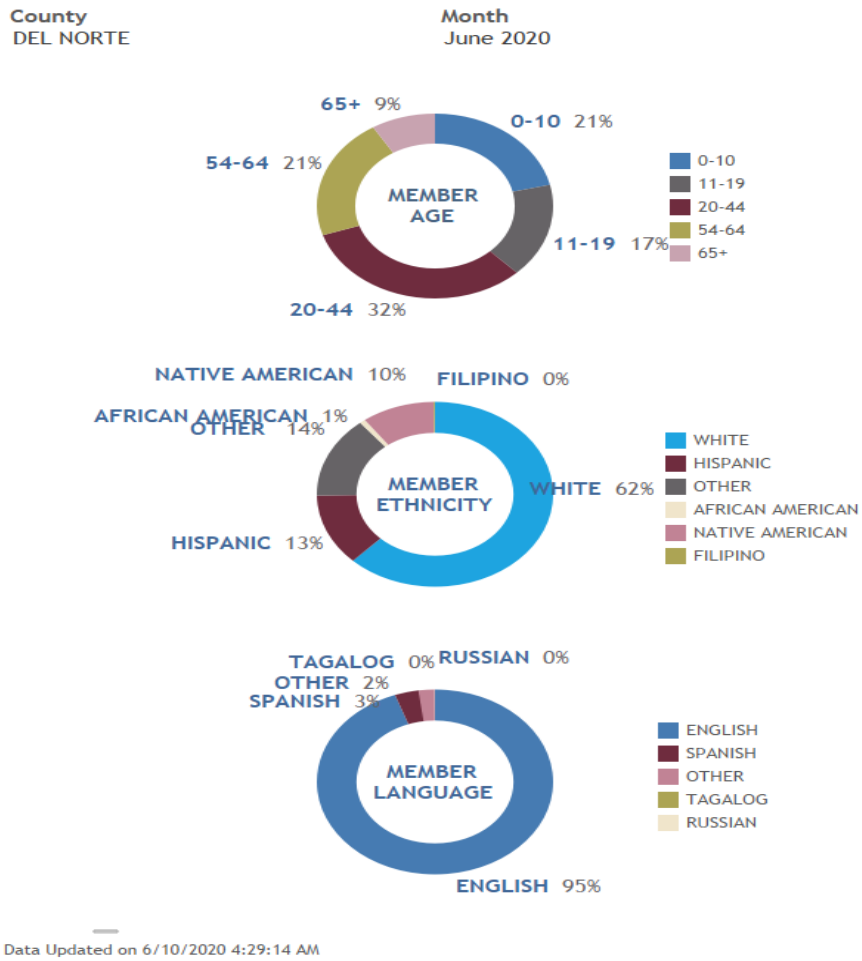
County-Specific Demographics

County-specific demographics described below are based upon county population analyses and publically available documents. In addition, PHC incorporates the county-specific information into broader based analyses that includes demographic and claims information available for PHC members.

Del Norte County

Del Norte is a rural county located in the far northwestern region of California, with 27,788 residents[7] and borders Oregon to the north, the Pacific Ocean to the west, Humboldt County to the south, and Siskiyou to the east. 40% of this population receive Medi-Cal benefits through PHC. The 11,048 members account for 2.1% of PHC members. Of the PHC member population in this county, 21% are ages 0- 10, 17% are ages 11-19, 32% are ages 20-44, 21% are ages 54-64, and 9% are aged 65 and over. 95% of PHC members in this county primarily speak English, while 3% are Spanish speaking. The ethnicity for PHC members in this population includes 62% White, 13% Hispanic, and 10% Native American, 1% African American and 14% other.

FIGURE 4: Del Norte County Member Demographics Data



Source: PHC Members Enrollment Data, 2020

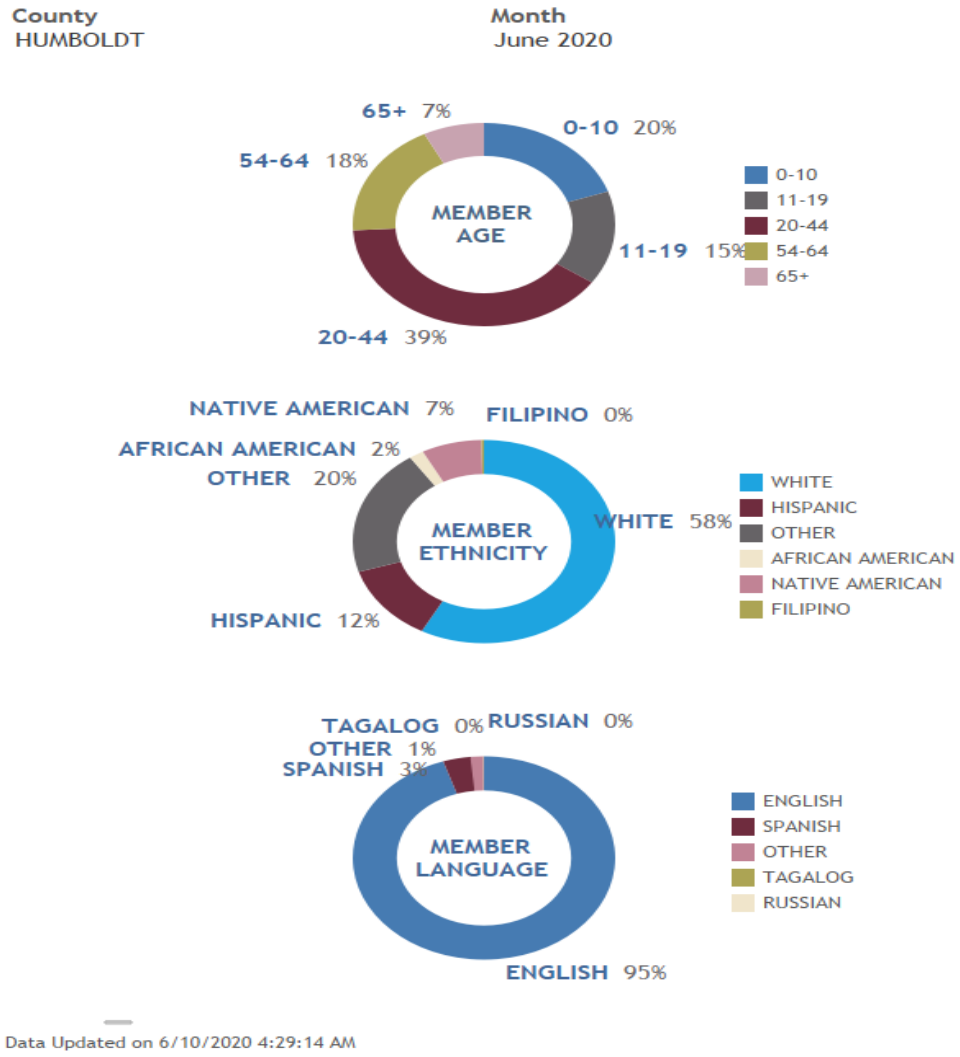
Humboldt County

Humboldt County is a mostly rural county located in northwest California, that borders Siskiyou and Trinity counties to the east, Del Norte County to the north, Mendocino County to the south

[7] (Annual PIT Report, 2019)

and the Pacific Ocean to the west. According to the US Census Bureau 2018, Humboldt County has 136,373 residents with 38% of this population receiving Medi-Cal benefits through PHC[8]. The 51,280 members accounts for 9.7% of PHC members. Of the PHC member population in this county, 22% are ages 0- 10, 15% are ages 11-19, 38% are ages 20-44, 19% are ages 54-64, and 7% are aged 65 and over. 95% of residents primarily speak English, while 3% are Spanish speaking. The ethnicity for this population includes 61% White, 12% Hispanic, 8% Native American, 2% African American, 17% other, and under 1% Asian/Pacific Islander.

FIGURE 5: Humboldt County Member Demographics Data



Source: PHC Members Enrollment Data, 2020

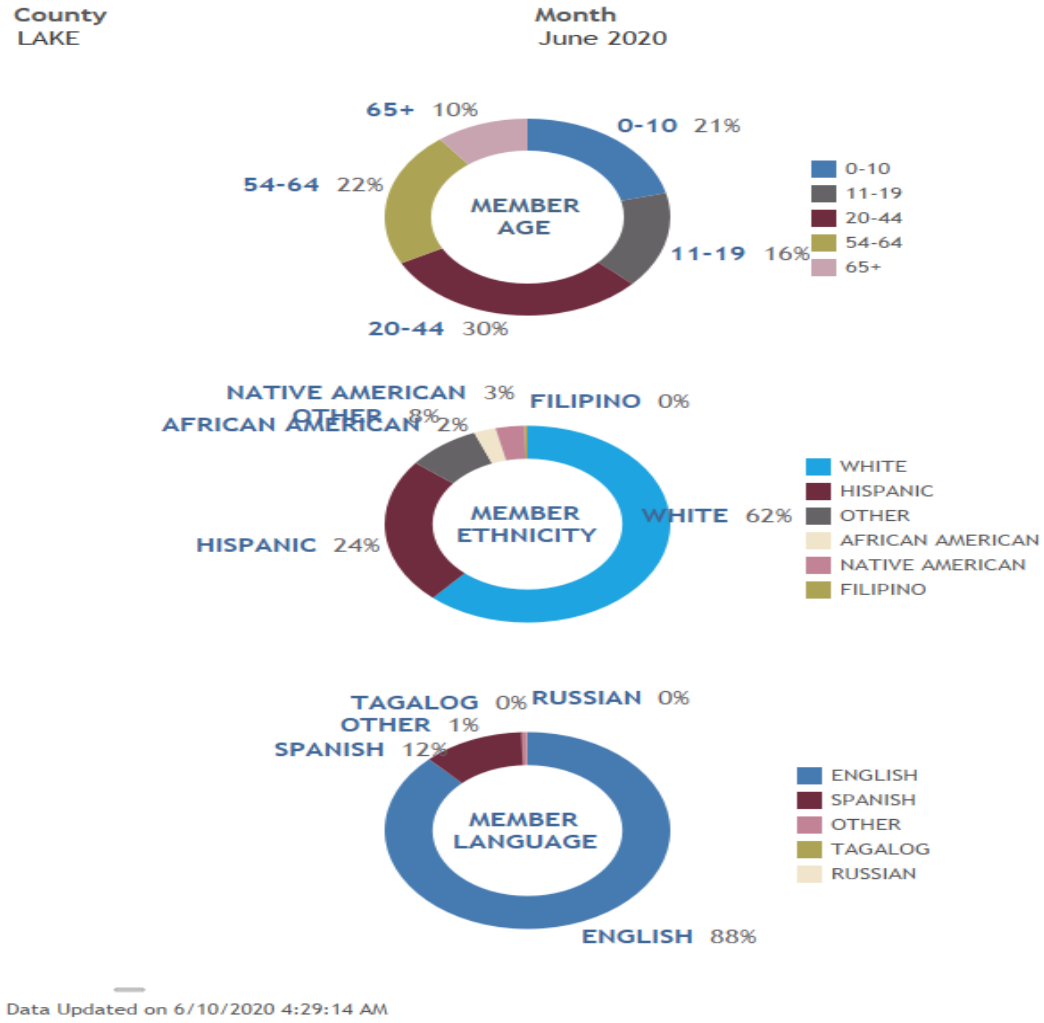
Lake County

Lake County is located in the Southwest region of the counties PHC serves and is bounded by Mendocino and Sonoma counties on the west, Glenn County on the north, Colusa County on

[8] (QuickFacts Humboldt County, 2018)

the east, and Napa County on the south. This county has 64,562 residents with 45% of this population receiving Medi-Cal benefits through PHC[9]. The 29,267 members account for 5.5% of PHC members. Of the PHC member population in this county, 21% are ages 0-10, 16% are ages 11-19, 30% are ages 20-44, 22% are ages 54-64, and 10% are aged 65 and over. 88% of PHC members primarily speak English, while 12% are Spanish speaking. The ethnicity for this population includes 62% White, 24% Hispanic, 3% Native American, 2% African American, and 8% others.

FIGURE 6: Lake County Member Demographics Data



Source: PHC Members Enrollment Data, 2020

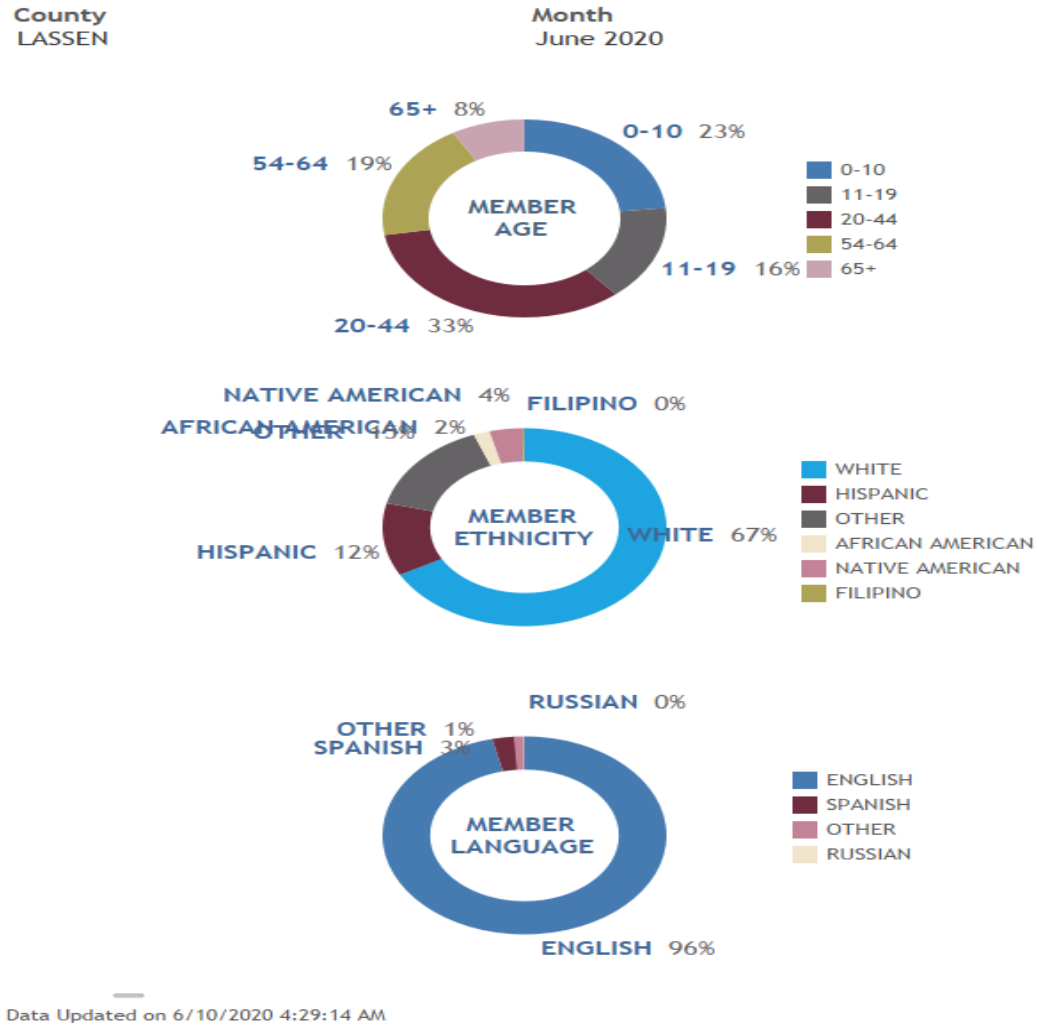
Lassen County

Lassen County is a rural county in far northern California. It borders Nevada to the east, Modoc County to the north, Plumas County to the south, and Shasta County to the west. The 2019 Annual PIT report estimate 32,645 residents with 21% of this population receiving Medi-Cal

[9] (Lake County Community Health Needs Assessments, 2019)

benefits through PHC[10]. The 7,018 members account for 1.3% of PHC members. Of the PHC member population in this county, 23% are ages 0- 10, 16% are ages 11-19, 33% are ages 20-44, 19% are ages 54-64, and 8% are aged 65 and over. 96% of PHC members in this county primarily speak English, while 3% are Spanish speaking. The ethnicity for this population includes 67% White, 12% Hispanic, 4% Native American, 2% African American, and 15% other.

FIGURE 7: Lassen County Member Demographics Data



Source: PHC Members Enrollment Data, 2020

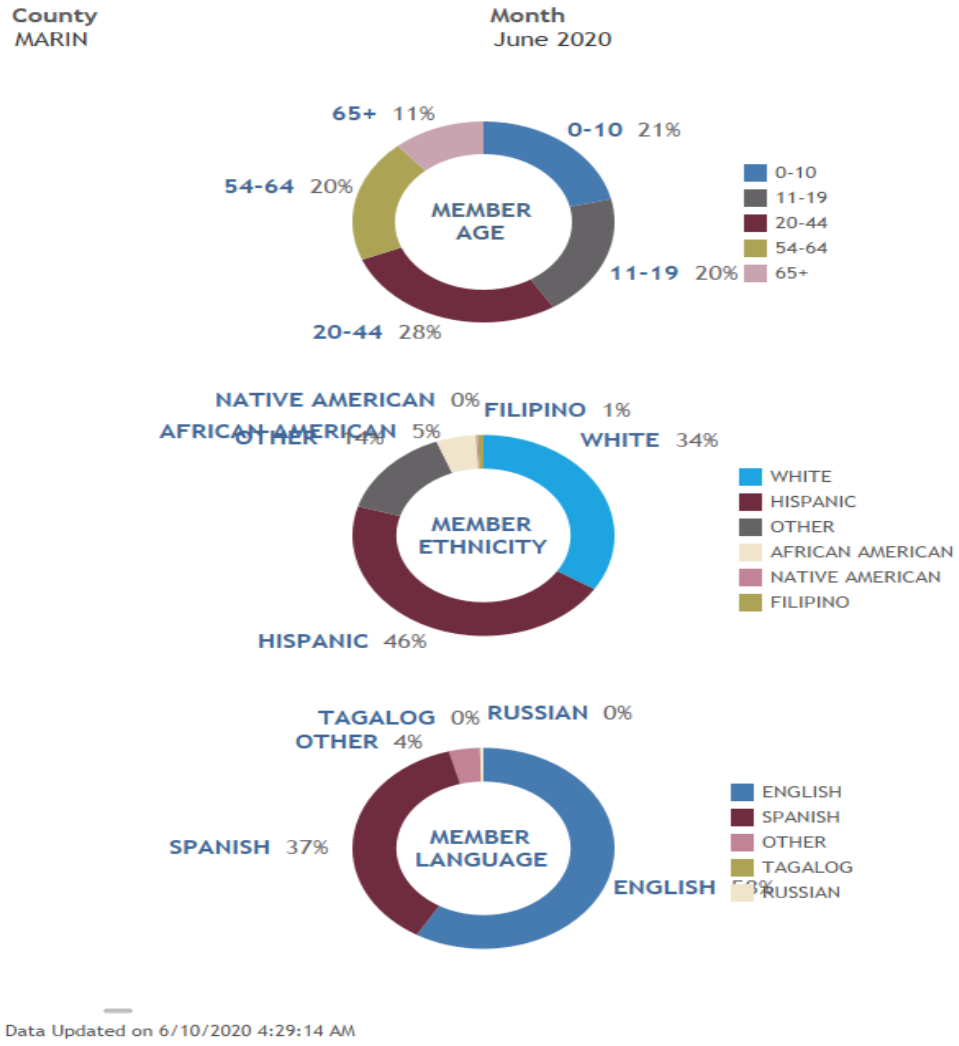
Marin County

Marin County is located in the Southwest region of PHC coverage area. The Pacific Ocean lies to the west of Marin County, Sonoma County is to the north, and the San Francisco Bay forms the southern and eastern county boundaries. The county has an estimated population of 259,666 residents with 14% of this population receiving Medi-Cal benefits through PHC[11]. The

[10] (Annual PIT Report, 2019)
[11] (QuickFacts Marin County, 2020)

36,624 members account for 6.9% of PHC members. Of the PHC member population in this county, 21% are ages 0- 10, 20% are ages 11-19, 28% are ages 20-44, 20% are ages 54-64, and 11% are aged 65 and over. 63% of PHC members in this county primarily speak English, while 37% are Spanish speaking. The ethnicity within this population includes 46% Hispanic, 34% White, 5% African American, and 14% other.

FIGURE 8: Marin County Member Demographics Data



Source: PHC Members Enrollment Data, 2020

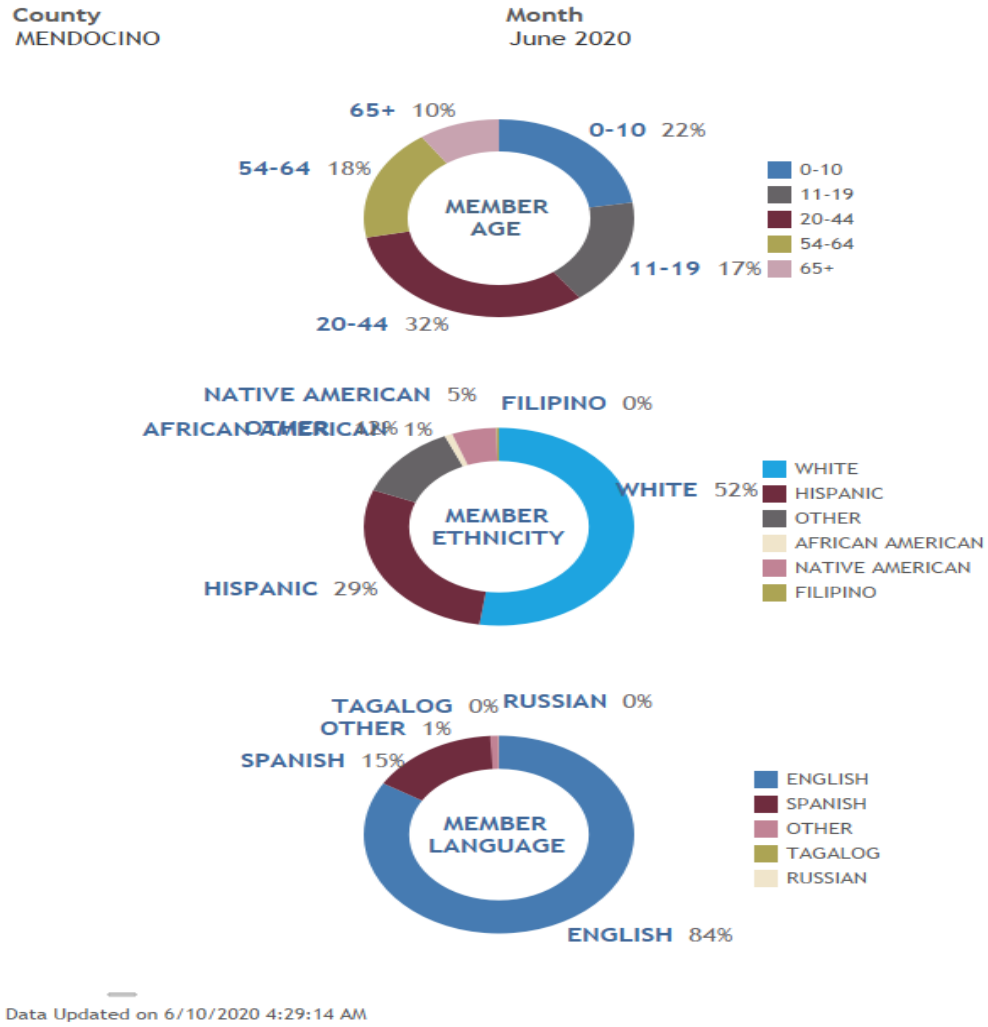
Mendocino County

Mendocino County is located in the southwest region of PHC coverage area; Humboldt and Trinity counties are north, to the east are Tehama, Glenn, and Lake counties, and Sonoma county is south of Mendocino. The County has an estimated population of 87,606 with 44% of this population receiving Medi-Cal benefits through PHC[12]. The 38,430 members account for 7%

[12] (QuickFacts Mendocino County, 2020)

of PHC members. Of the PHC member population in this county, 22% are ages 0- 10, 17% are ages 11-19, 32% are ages 20-44, 18% are ages 54-64, and 10% are aged 65 and over. 84% of PHC members in Mendocino County primarily speak English, while 15% are Spanish speaking. The ethnicity for this population includes 52% White, 29% Hispanic, 5% Native American, and 12% other.

FIGURE 9: Mendocino County Member Demographics Data



Source: PHC Members Enrollment Data, 2020

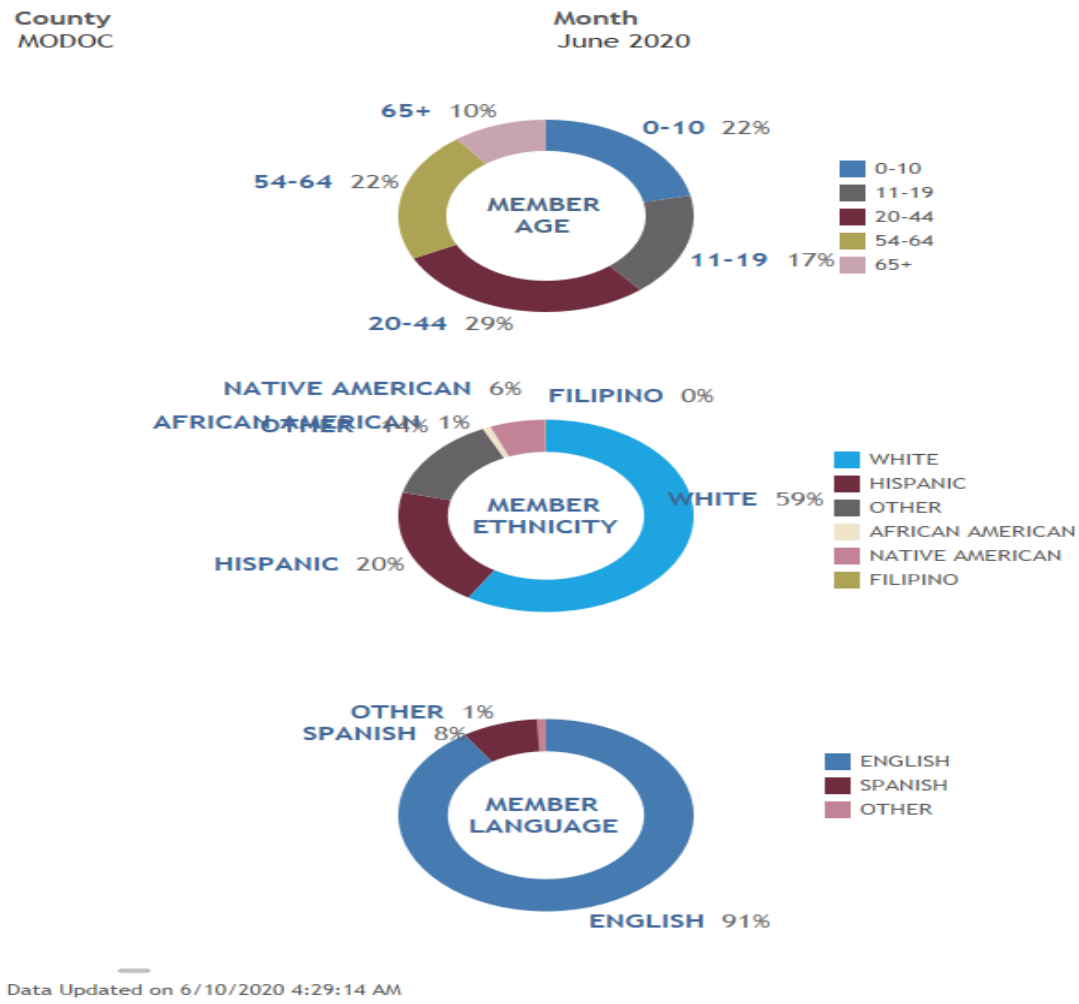
Modoc County

Modoc County is a frontier county (defined as having fewer than 7 persons per square mile) located in far northeastern California, bordering Oregon to the north, Nevada to the east, Siskiyou County to the west, and Lassen County on the south. The County has an estimated population of 9,184, with 35% of this population receiving Medi-Cal benefits through PHC[13].

[13] (Annual PIT Report, 2019)

The 3,230 members account for 0.6% of PHC members. Of the PHC member population in this county, 22% are ages 0-10, 17% are ages 11-19, 29% are ages 20-44, 22% are ages 54-64, and 10% are aged 65 and over. 91% of PHC members in Modoc County primarily speak English, while 8% are Spanish speaking. The ethnicity for this population includes 59% White, 20% Hispanic, 6% Native American, and 14% other.

FIGURE 10: Modoc County Member Demographics Data



Source: PHC Members Enrollment Data, 2020

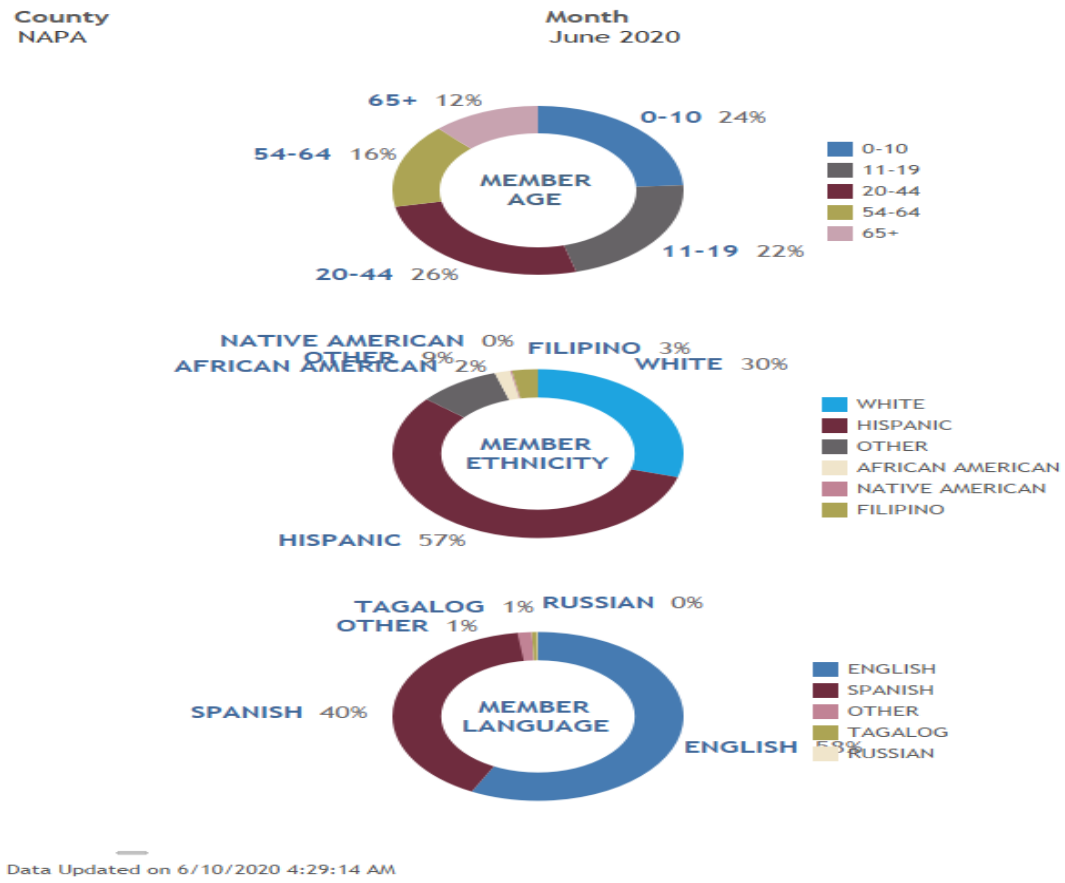
Napa County

Napa County is located in the southeastern region of PHC coverage area, surrounded by Lake county on the north, Yolo and Solano counties on the east and south, and Sonoma county on the west. The county has an estimated population of 139,417, with 19.4% of this population receiving Medi-Cal benefits through PHC[14]. The 27,113 Napa County members account for 5.1%

[14] (QuickFacts Napa County, 2019)

of all PHC members. Of the PHC member population in this county, 24% are ages 0- 10, 22% are ages 11-19, 26% are ages 20-44, 16% are ages 54-64, and 12% are aged 65 and over. 58% of PHC members in Napa County primarily speak English, while 40% are Spanish speaking and 1% are Tagalog speaking. The ethnicity for this population includes 57% Hispanic, 30% White, 2% African American, 9% other, and 3% Filipino.

FIGURE 11: Napa County Member Demographics Data

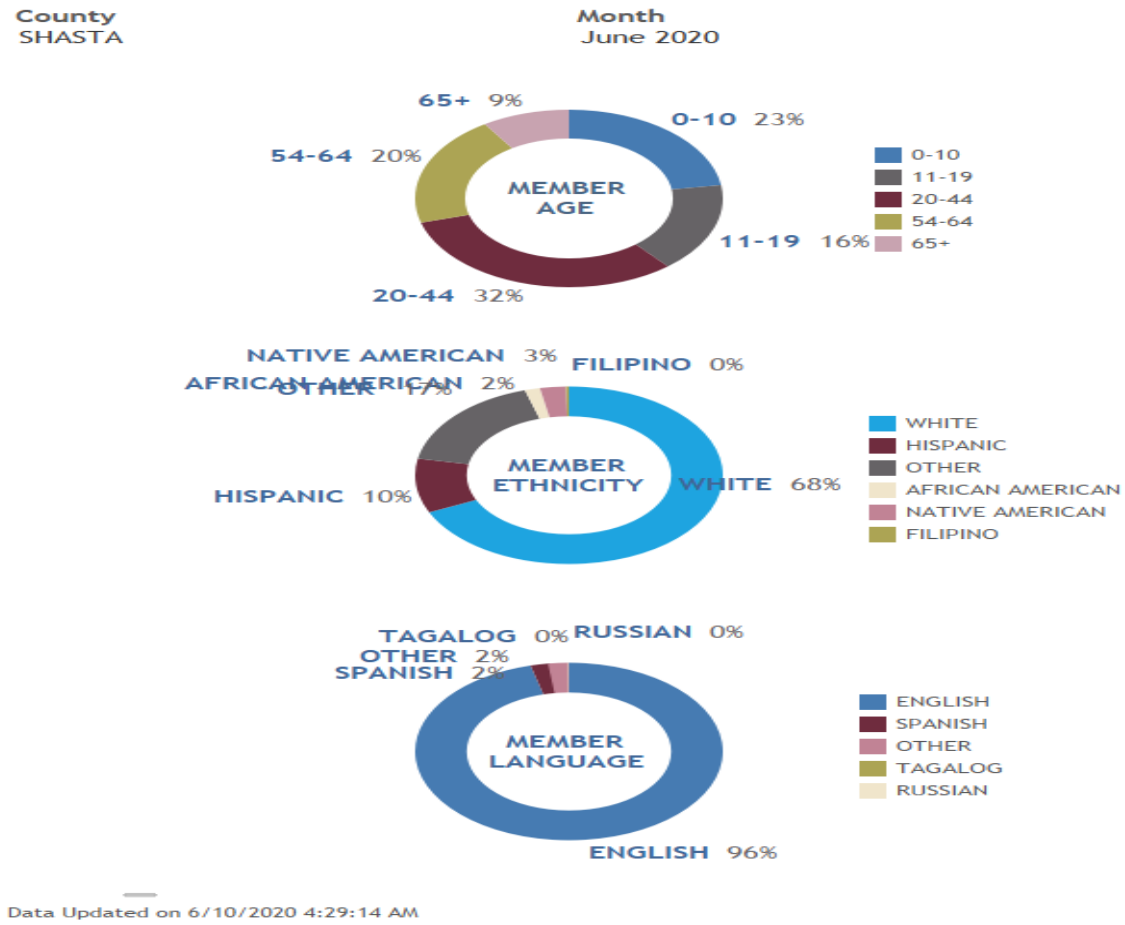


Source: PHC Members Enrollment Data, 2020

Shasta County

Shasta County is situated in the northern Sacramento valley and surrounded by Trinity County to the west, Siskiyou and Modoc counties to the north, Lassen County to the east, and Plumas and Tehama counties to the south. The county has an estimated population of 178,942, with 33% of this population receiving Medi-Cal benefits through PHC[15]. The 59,749 members account for 11% of PHC members. Of the PHC member population in this county, 23% are ages 0-10, 16% are ages 11-19, 32% are ages 20-44, 20% are ages 54-64, and 9% are aged 65 and over. 96% of PHC members in the county primarily speak English, while 2% are Spanish speaking. The ethnicity for this population includes 68% White, 10% Hispanic, 2% African American, 17% other and 3% Native American.

FIGURE 12: Shasta County Member Demographics Data



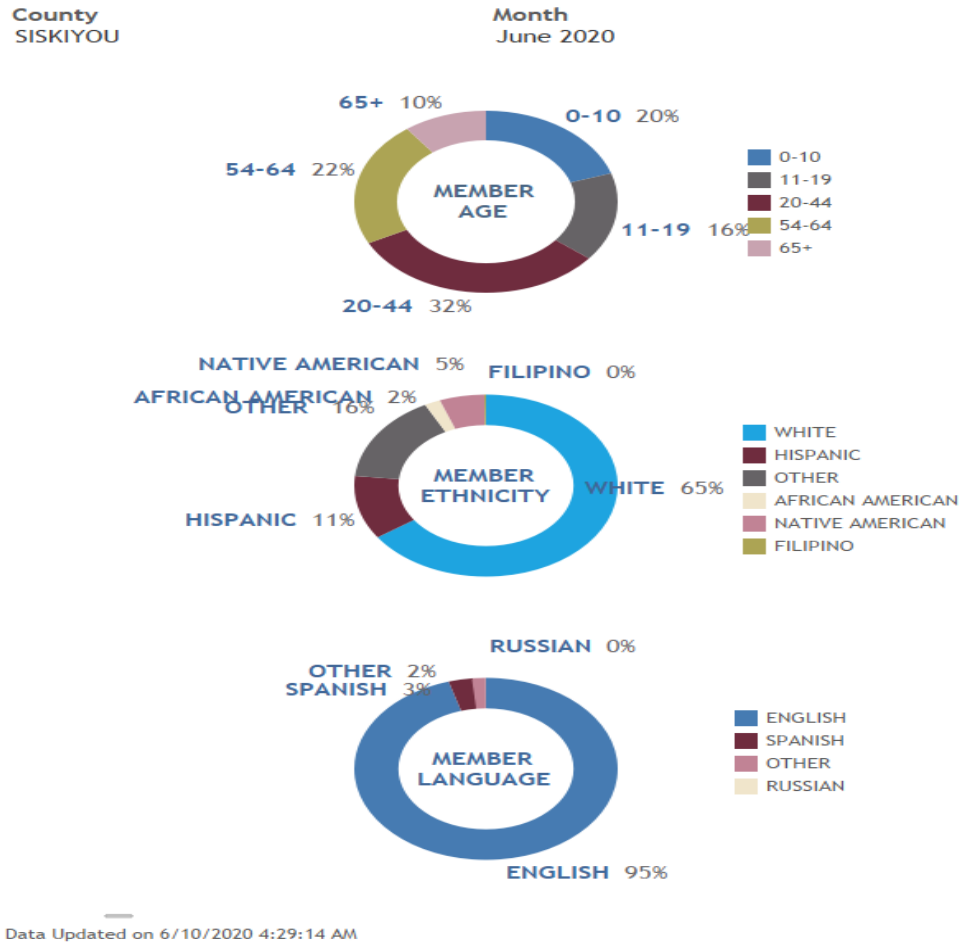
Source: PHC Members Enrollment Data, 2020

[15] (Annual PIT Report, 2019)

Siskiyou County

Siskiyou County is a rural county in far northern California, bordered by Del Norte and Humboldt counties on the west, Trinity and Shasta counties to the south, Modoc County to the east, and the Oregon border to the north. The 2019 Siskiyou Well CHNA estimated the county population at 45,069 with 40% of this population receiving Medi-Cal benefits through PHC[16]. The 17,474 members account for 3% of PHC members. Of the PHC member population in this county, 20% are ages 0- 10, 16% are ages 11-19, 32% are ages 20-44, 22% are ages 54-64, and 10% are aged 65 and over. 95% of residents primarily speak English, while 3% are Spanish speaking. The ethnicity for this population includes 65% White, 11% Hispanic, 2% African American, 5% Native American, and 16% other.

FIGURE 13: Siskiyou County Member Demographics Data



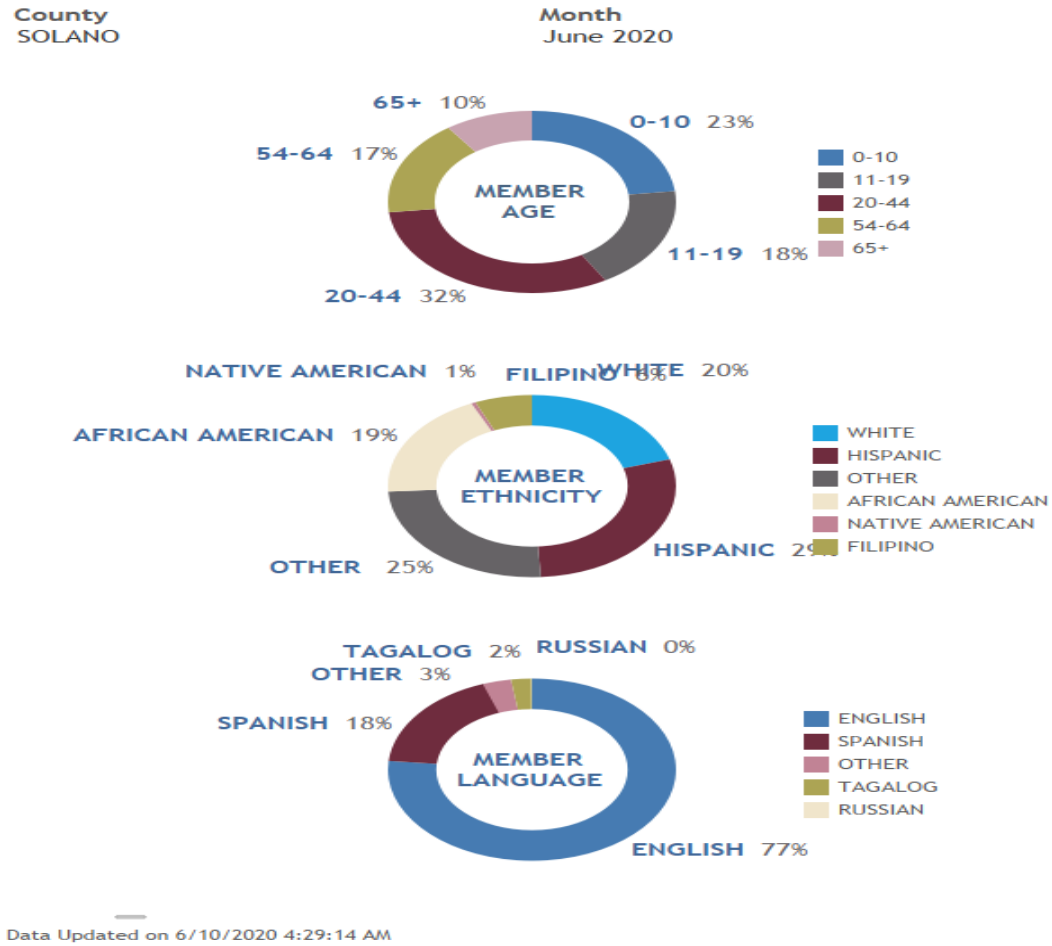
Source: PHC Members Enrollment Data, 2020

[16] (Siskiyou County Community Health Needs Assessment, 2019)

Solano County

Solano County is located between two major Northern California cities, Sacramento and San Francisco. Its borders are Napa County to the west, Yolo County to the north, Sacramento County to the east, and the Delta to the south. The county has an estimated population of 434, 981, with 24% of this population receiving Medi-Cal benefits through PHC[17]. The 107,755 members account for 19% of PHC members. Of the PHC member population in this county, 23% are ages 0-10, 18% are ages 11-19, 32% are ages 20-44, 17% are ages 54-64, and 10% are aged 65 and over. 77% of PHC members in Solano County speak English while 18% are Spanish speaking. Tagalog is an identified DHCS threshold language for this county with 2% of PHC members identifying this as their preferred language. The ethnicity for this population includes 29% Hispanic, 20% White, 19% African American, 25% other, 6% Filipino, and 1% Native American.

FIGURE 14: Solano County Member Demographics Data



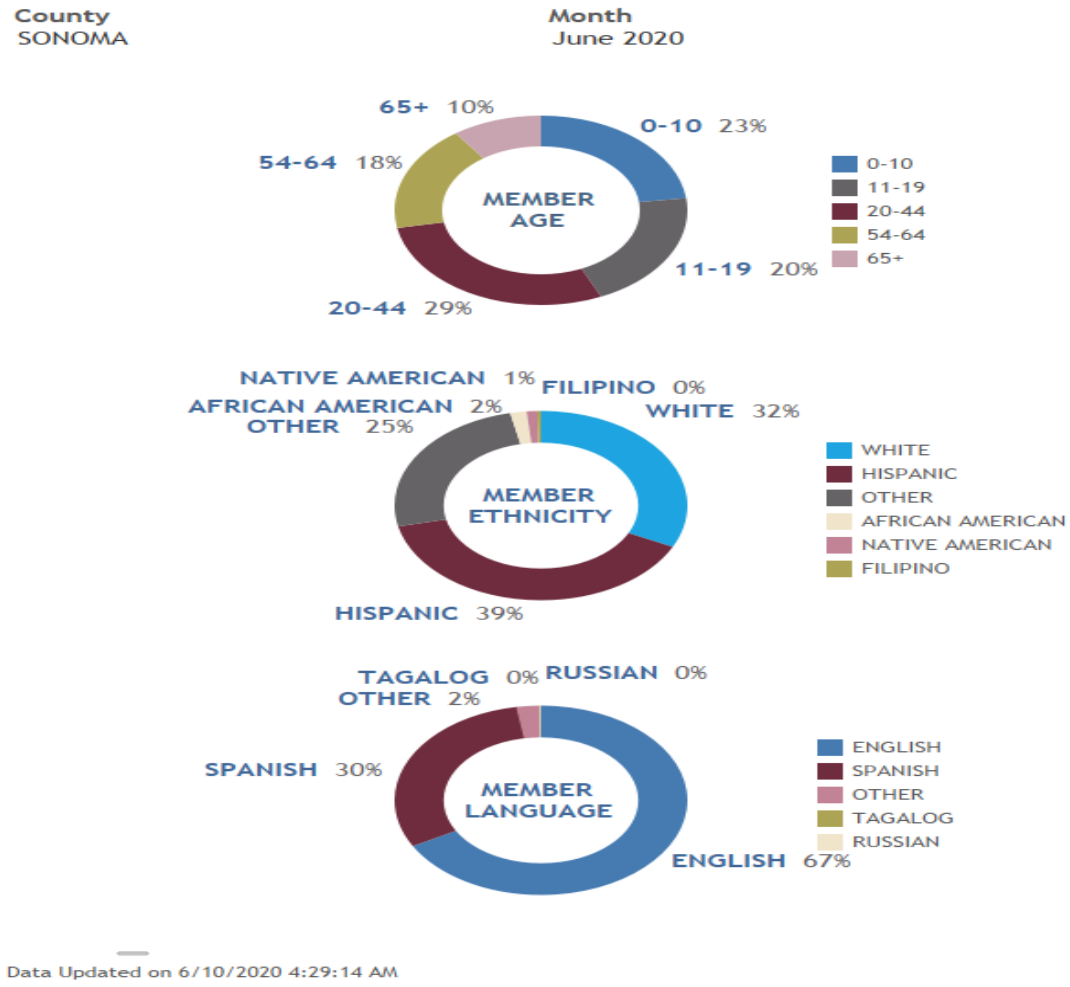
Source: PHC Members Enrollment Data, 2020

[17] (Hard to Count Fact Sheet, 2020)

Sonoma County

Sonoma County is located in the Southwest region of PHC coverage area, surrounded by Mendocino County to the north, Lake and Napa counties on the east, Marin County on the south, and the Pacific Ocean to the west. This county has an estimated population of 499,942, with 21% of this population receiving Medi-Cal benefits through PHC[18]. The 106,237 members account for 19% of PHC members. Of the PHC member population in this county, 23% are ages 0-10, 20% are ages 11-19, 29% are ages 20-44, 18% are ages 54-64, and 10% are aged 65 and over. 67% of PHC members in Sonoma County primarily speak English, while 30% are Spanish speaking. The ethnicity for this population includes 39% Hispanic, 32% White, 2% African American, 25% other, and 1% Native American.

FIGURE 15: Sonoma County Member Demographics Data



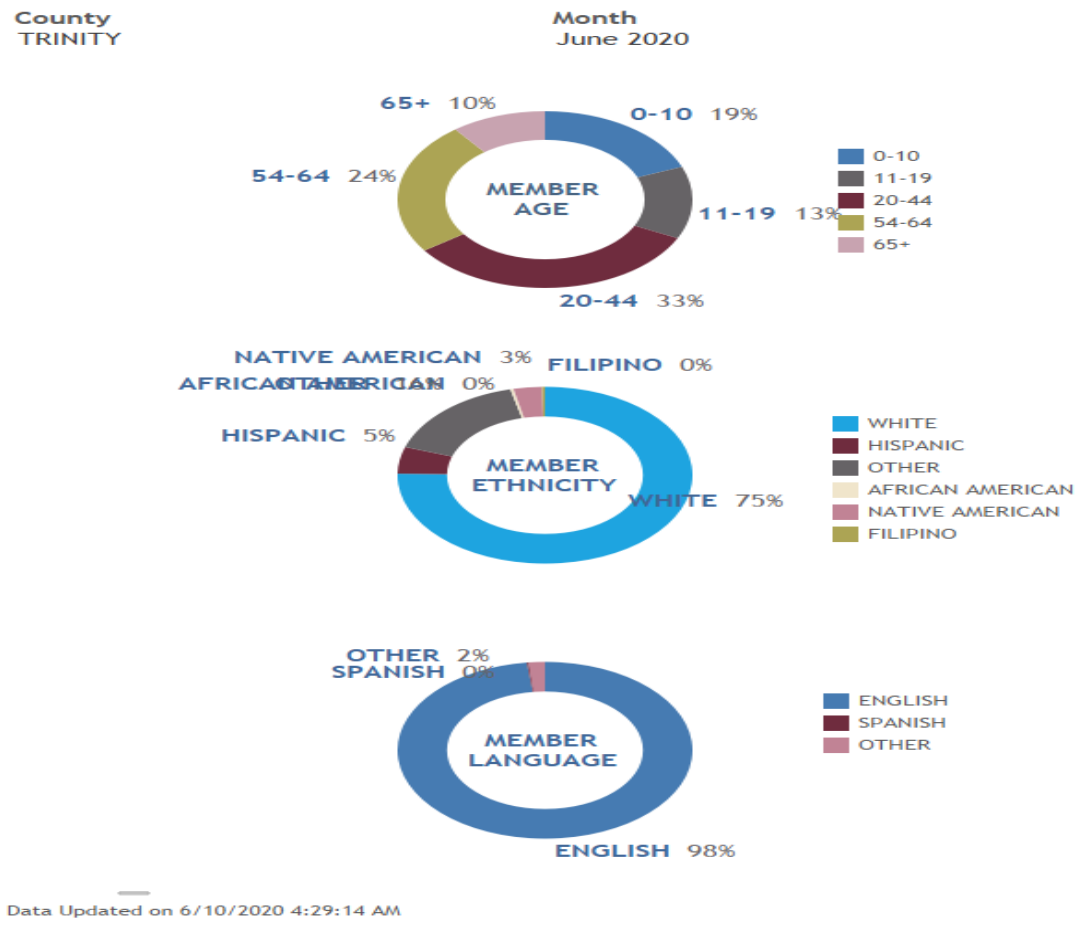
Source: PHC Members Enrollment Data, 2020

[18] (QuickFacts Sonoma County, 2020)

Trinity County

Trinity County is a rural county in northern California with Humboldt County to the west, Siskiyou County to the north, Shasta and Tehama counties on the east, and Mendocino County to the south. The County has an estimated population of 13,037, with 34% of this population receiving Medi-Cal benefits through PHC[19]. The 4,131 members account for 0.8% of PHC members. Of the PHC member population in this county, 19% are ages 0-10, 13% are ages 11-19, 33% are ages 20-44, 24% are ages 54-64, and 10% are aged 65 and over. 98% of PHC member in this county primarily speak English. The ethnicity for this population includes 75% White, 5% Hispanic, 3% Native American, and 16% other.

FIGURE 16: Trinity County Member Demographics Data



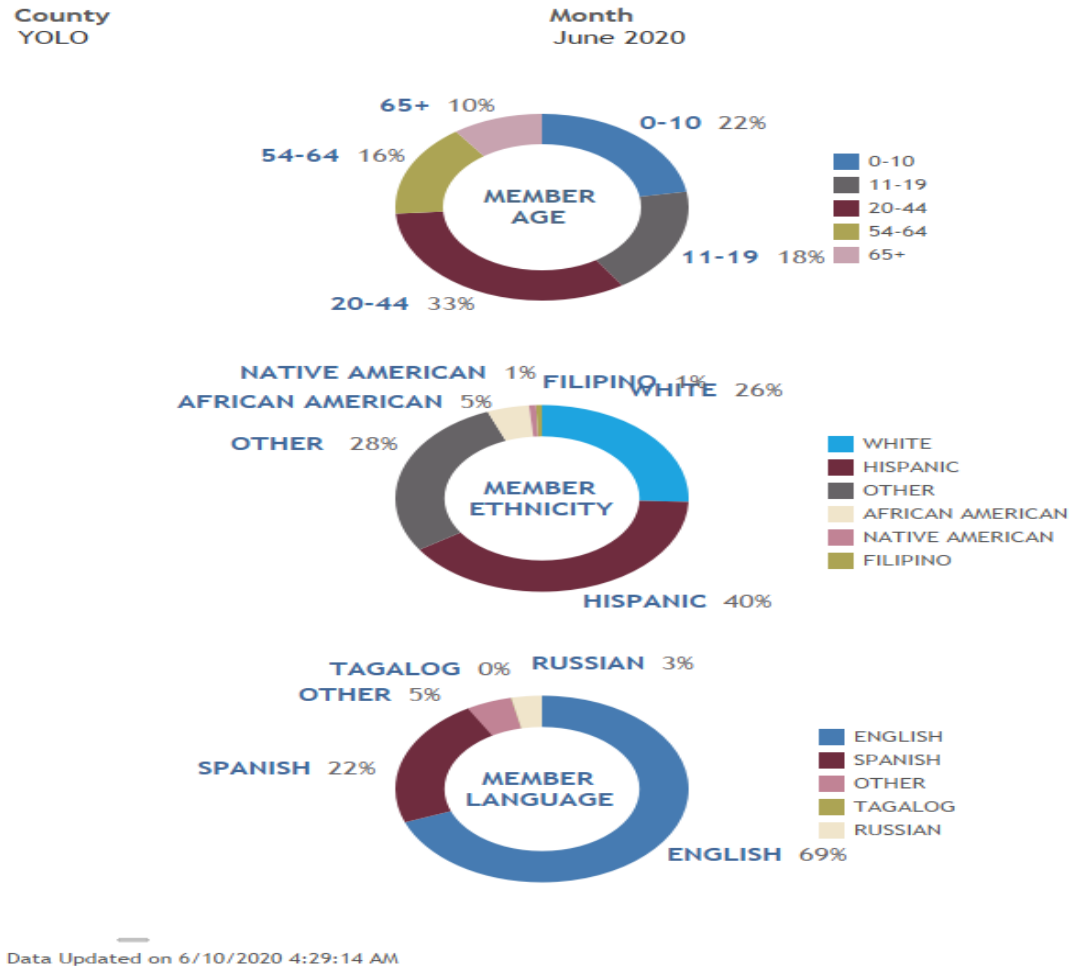
Source: PHC Members Enrollment Data, 2020

[19] (Hard-to-Count Fact Sheet, 2020)

Yolo County

Yolo County has 220,408 residents with 22.4% of this population receiving Medi-Cal benefits through PHC[20]. It is surrounded by Colusa County on the north, Sutter and Sacramento counties on the east, Solano County on the south, and Napa and Lake Counties to the west. The 48,731 members account for 9.2% of PHC members. Of the PHC member population in this county, 25% are ages 0-10, 18% are ages 11-19, 30% are ages 20-44, 16% are ages 54-64, and 10% are aged 65 and over. 69% of residents primarily speak English, while 23% are Spanish speaking. Russian is an identified DHCS threshold language for this county with 4% of PHC members identifying this as their preferred language. The ethnicity for this population includes 41% Hispanic, 29% White, 5% African American, 24% other, 1% Native American and 1% Filipino.

FIGURE 17: Yolo County Member Demographics Data



Source: PHC Members Enrollment Data, 2020

[20] (QuickFacts Yolo County, 2020)

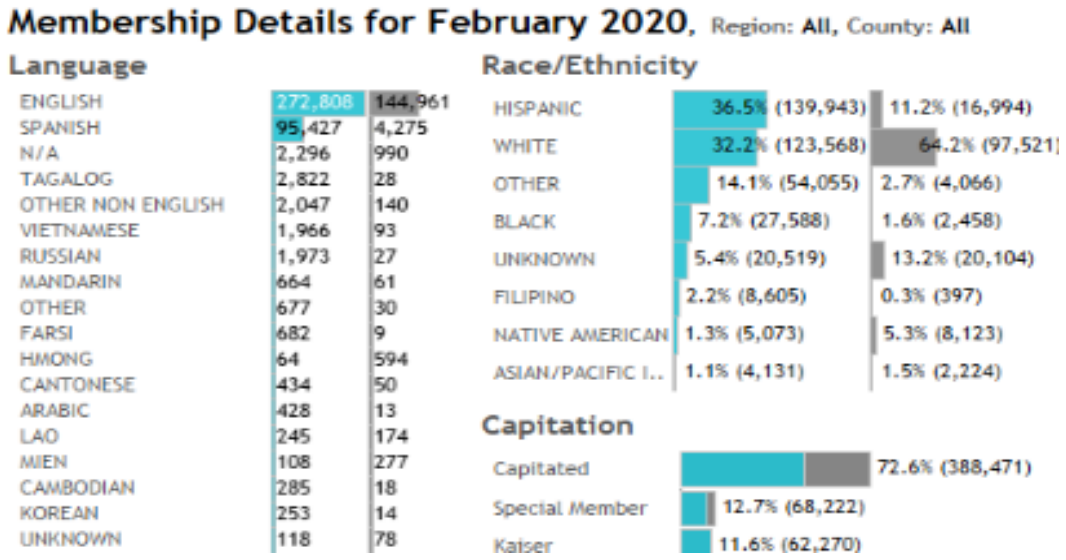
Vulnerable Population

Vulnerable populations are groups and communities at a higher risk for poor health as a result of the barriers they experience to social, economic, political and environmental resources, as well as limitations due to illness or disability[21]. The vulnerability of these population can be measured based on racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, those with human immunodeficiency virus (HIV), and those with other chronic health conditions, including severe mental illness.

Limited English Proficiency (LEP)

Non-English speaking populations are disproportionately among the low socioeconomic status populations, have poor health and disabilities, are often linguistically and culturally isolated, and live with less income and lower education than do their English-speaking counterparts. The language barrier makes it difficult for this population to understand, interpret, and implement preventive recommendations. For CY 2019, 309,368 (58%) of PHC members identified as having an ethnicity other than White. In addition, 116,398 (38 %) of PHC members identified as speaking another language other than English. The HEDIS Measure Exploratory Data, RY 2019 (Appendix B) shows that Spanish speakers consistently receive HEDIS-measured services more frequently than do other populations. The Chinese-speaking population scores 100% on many HEDIS measures, while scoring less than threshold values in Annual Monitoring for Patients on Persistent Medications and for Comprehensive Diabetes Care. Other non-English speaking populations are below threshold for Childhood Immunization Status, Comprehensive Diabetes Care, and Prenatal/Postpartum Care. Of interest is the observation that the English-speaking population does not score as highly as any non-English speaking group in nearly every measure.

FIGURE 18: PHC Member Ethnicity and Language Data



[21] (National Collaborating Centre for Determinants of Health, 2020)

Source: PHC Members Enrollment Data, 2020

Homelessness

PHC has developed a method of assigning a status of likely homelessness at a member level, based on demographic and claims information. PHC estimated its homeless population in 2019 to be 22,402, with 12,759 male members and 9,643 female members having either a physical address or diagnosis code to indicate homelessness. 18,615 of these members were adults, and 3,787 were children. Shasta and Humboldt counties had the largest prevalence of homelessness (over 8%), and 13,988 of these members are white. Appendix C show a graphical presentation of PHC members indicating homelessness in 2019.

There are fewer PHC members facing severe housing problems, characterized as overcrowding, high housing costs, and lack of kitchen or plumbing facilities, than there are in some areas of the state. Nevertheless, 27% of Mendocino County's population has severe housing problems, which is at the state average, while both Humboldt and Lake Counties have 26% of their populations facing severe housing problems creeping towards the state average as well. Individuals who live in poor quality or inadequate housing face increased possibility for having issues such as infectious and chronic diseases, injuries, and poor childhood development[22]. In future analyses, PHC intends to stratify HEDIS and CAHPS database with indicators for homelessness to identify specific disparities in care these members may experience.

LGBTQ Community Analysis

PHC does not have health plan-level data on health disparities for individuals who identify as a non-dominant sexual orientation/gender identity, often referred to collectively as Lesbian, Gay, Bisexual, Transgender, Questioning/Queer with additional option identities (LGBTQ). Our larger providers (especially Kaiser and larger federally qualified health centers) have started collecting such data within their electronic health record systems and are addressing the issues they identify with specific sensitivity training and clinical programs.

To get a sense of the disparity landscape for LGBTQ members, we look to state-wide data analysis. California accounts for an estimated 77% of all LGBTQ adults living in the Pacific states. Overall, California LGBTQ individuals are progressing on indicators such as educational attainment, income, money and healthcare as compared the national estimates. San Francisco and Los Angeles are two large urban areas known to be particularly supportive environments for LGBTQ people. One of the measures used to assess the level of LGBTQ acceptance is the support for same-sex marriage. The 2016 LGBTQ+ Divide in California report states that the Central/Southern farm regions report the lowest level of acceptance for same-sex marriage (40%), while the Bay area reports the highest (67%)[23].

The Williams Institute 2016 report notes that 218,400 individuals in California identified as Transgender accounting for 0.76% of the adults in the state; ranking second in the United

[22] (County Health Rankings and Roadmaps, 2019)
[23] (The LGBT Divide in California, 2016)

States[24]. A report from the 2015 Transgender Survey from California respondents indicated disparities/inequalities in access to health care. 25% of respondents experienced a problem with their insurance related to being transgender, 33% also reported having at least one negative experience while accessing care. 22% did not see their doctor when they needed to because of fear of being mistreated as a transgender person. 36% experienced serious psychological distress and 13% reported that a professional tried to stop them from being transgender[25]. Such bias and discrimination can lead to a physiological toxic stress response, with resulting higher rates of depression, anxiety, substance use disorder, hypertension, diabetes etc.

In 2016, a report was submitted to the US Department for Health and Human Services (HHS) LGBTQ Policy Coordinating Committee addressing policy to prohibit discrimination against LGBTQ individuals and to improve access to healthcare through the Affordable Care Act (ACA). The report proposed improving data collection and supporting research on the LGBTQ communities, building the knowledge base, improving cultural competency and expanding the capacity to serve LGBTQ communities[26]. As the state collects such member-level data and conveys it with member eligibility files in the future, it will become possible to analyze the disparities in clinical quality and member experience outcomes for this population in more detail.

PHC has conducted educational programs for providers and PHC staff in order to better understand the LGTBQ population, and follow state policy on transgender-specific care. PHC is currently updating IT systems to collect self-identified gender identity information volunteered by our members, so that PHC staff may address these members correctly when communicating with them. To implement section 1557 of the Affordable Care Act (ACA) and to address health disparity among LGBTQ members, PHC has recognized its lack of direct intervention strategies to improve the health outcomes of their LGBTQ members.

In an effort to promote health equity amongst its staff and members, PHC's Health Equity workgroup, comprised of members from the Population Health team, the Health Education team and Quality department, and executive leadership. This workgroup performed a baseline survey to assess whether PHC Staff have the support needed to express their culture, ethnicity, sexual orientation and gender identity and how comfortable they are in working with members who have these differences. The workgroup recognized that member experience reflects PHC staff attitudes and awareness, and this awareness begins with sensitive interactions between PHC employees. 253 staff participated in the survey, with 250 staff responding to this question "I feel my work environment is supportive of my culture, ethnicity, sexual orientation and

[24] (The LGBT Divide in California, 2016)
[25] (US Transgender Survey, 2015)
[26] (LGBTQ Coordinating Committee Report, 2016)

gender identity." The goal was to have 60% of survey respondents to strongly agree/Agree with the survey question.

TABLE 2: Result from Health Equity Survey

Survey Question	Overall % Strongly Agree / Agree	Overall% Strongly Disagree/ Disagree	Overall % N/A / Did Not Understand Question	Goal Met
"I feel my work environment is supportive of my culture, ethnicity, sexual orientation and gender identity".	48.8%	5.2%	47%	NO

Source: PHC Health Workforce Survey Results, 2020

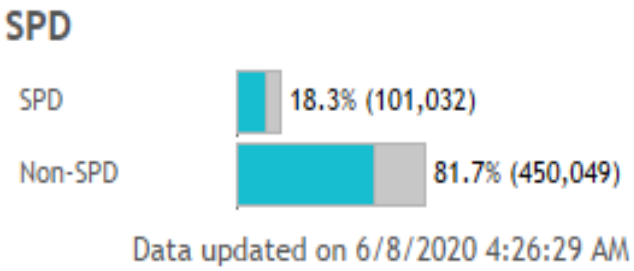
The results of this survey did not meet the goal of 60% agreement and highlighted the concern that nearly half the respondents did not understand how to respond to the question. The Health Equity workgroup has identified this as an opportunity for staff education and training.

Seniors and Person with Disabilities (SPD)

There are 101,032 (18.3 %) Seniors and Persons with Disabilities (SPD) enrolled in PHC's counties. Sonoma, Solano, and Shasta have the highest number of SPD members. Out of the 101,292 SPD members, 32,426 are ages 75 years or older and 68,866 identify as living with a disability. Of the population living with a disability, 73% meet the federal definition of disability, 1% requires developmentally disabled services and 1% of this population are living with the disability of blindness. 14% of these members living with a disability identify as non-English speaking.

The SPD population is at a higher risk of isolation, chronic health conditions and illness, and having a lack of transportation. Some seniors live in long-term care facilities and face additional health concerns, such as impaired mobility or memory loss.

FIGURE 19: PHC Data for Seniors and Persons with Disabilities



Source: PHC Members Enrollment Data, 2020

Children and Youth with Special Health Care Needs (CYSHCN)

In 2018, there were 5,951 (0.8%) children with special health care needs enrolled within PHC's 14 counties. In January 2019, PHC added 7,703 California Children's Services (CCS) beneficiaries to PHC's CYSHCN enrollment under DHCS' Whole Child Model (WCM) Program. The WCM shifted responsibility to provide program management, case management, utilization management, and payment for services for the CCS population from counties to PHC. The most common CCS conditions are premature infants requiring NICU stays, diabetes, hearing loss, cerebral palsy, and sickle cell disease[27].

Serious and Persistent Mental Illness (SPMI)

National data show that individuals with SPMI have a lower life expectancy and higher rates of chronic medical conditions, especially diabetes. Substance use disorder, including tobacco addiction, is more prevalent among those with SPMI. Members having serious and persistent mental illness (SPMI) do not receive care for these conditions through PHC's benefit package. DHCS has assigned care for these conditions to the County Mental Health Plan (CMHP) in the county in which the member lives (see APL 17-018 Medi-Cal Managed Care Health Plan Responsibilities for Outpatient Mental Health Services). To develop greater understanding of PHC's SPMI population, PHC uses filled prescriptions of anti-psychotropic medications as a surrogate measure to approximate the number of members diagnosed with SPMI. In 2019, 15,646 PHC members filled prescriptions for psychotropic medications; 69.3% of these members were treated in Emergency Rooms, 17.6% of them were hospitalized, and 44.9% received care through PHC's contracted provider for mental health services, Beacon. (See Appendix G&H for 2019 SPMI Data)

Any member with SPMI has access to all other PHC benefits. Upon enrollment into the plan, PHC sends an assessment form to gather information about the member's health status. Each month thereafter, risk stratification and case finding reports identify members with escalating needs or risk levels. PHC engages the member according to the need the reporting tool identified. In the coming year, PHC will look at the rates of screening for diabetes among those

[27] (Department of HealthCare Services, 2019)

members taking second-generation antipsychotic medications, as well as the diabetes control in those individuals with SPMI who have a diagnosis of diabetes to assess the care of members with comorbid SPMI. Furthermore, PHC has identified members with severe eating disorders as having serious emotional disturbance (SED) and comorbid medication complications that often involve frequent hospitalizations. Specialized care teams are engaged when these members are identified to promote communication and care planning between the various agencies supporting the affected member and family.

Health Profile

The key metric for assessing a population health is based on life expectancy. Life expectancy captures the mortality along the entire life course which is broader than the narrow metric of the infant and child mortality which focuses solely at mortality at a young age. It tells us the average age of death in a population considering multiple factors[28]. Californians live an average of 81.6 years. Life expectancy takes into account the number of deaths in a given time period and the average number of people at risk of dying during that period, allowing a comparison of data across counties with different population sizes. Of PHC counties, Marin, Sonoma, Napa, and Yolo have a high life expectancy of 85.4, 82.0, 81.8 and 81.6 years of age, respectively. These counties' averages are higher than the State average of 81.6[29].

Chronic Conditions

Chronic health conditions in a population are a concern not only because they affect the quality of life, but also because they carry significant economic costs. Most of these chronic conditions are preventable. Access to health care, physical activity, and healthy foods can add years to a person's life. With many of our communities being rural, there are some areas with few grocery store options and limited access to farmers' markets, leading people to live on unhealthy foods from convenience stores and fast food restaurants. Despite the structural and environmental barriers prevalent in the region, addressing chronic conditions will increase PHC members' quality of health and preventative care. (See Appendix D for the Prevalence of Pediatric Chronic Conditions in 2019, and Appendix E for the Prevalence of Adult Chronic Conditions in 2019)

PHC Pediatric Top Chronic Medical Conditions

Childhood Obesity

Obesity affects 8,213 PHC children (34.7 of every 1,000). According to the CDC, the prevalence of obesity is affecting about 13.7 million children and adolescents in the United States (US). Obesity is higher among adolescents aged 12-19 years[30]. Obesity is often associated with lack of exercise and poor nutrition, both of which may have correlation to living in poverty. This is an important health concern as obesity can continue into adulthood and increases the risk of chronic diseases such as type 2 diabetes, cancer, and heart disease. Key prevention opportunities include

[28] (Max Roser, 2019)
[29] (Rober Wood Johnson Foundation, 2016-2018)
[30] (Childhood Obesity Facts, 2019)

increasing access to high quality physical activity in schools, increasing high quality nutrition education on a population level, and policy changes including sugar-sweetened beverage taxes.

Asthma

Asthma affects 3,728 PHC children (21.13 of every 1,000). According to the Centers for Disease Control (CDC), 1 in 14 people have asthma, or about 24 million Americans. This is 7.4% of adults and 8.6% of children[31]. Asthma is more common in children than adults and more common in boys than girls. Chronic disorders such as asthma can have a long lasting effect on children. Asthma, which affects the lungs and breathing, can lead to hospitalization and school absenteeism. Asthma has many triggers and can be managed properly with medication and by reducing contact with triggers such as animal fur, tobacco smoke, dust, and household cleaners. This health concern reaches across social economic levels affecting the child, their family, peers and school staff. There is much work required at a systems level in order to decrease both hospitalizations and school absenteeism for children with asthma. Opportunities include training providers, schools' staff and community health workers on asthma education and management.

PHC Adults Top Chronic Medical Conditions

PHC adult members have high prevalence rates of hypertension and obesity. In addition, the regions with a high percentage of residents having hypertension coincide with a high percentage of diabetes cases. In California, heart disease was rated the leading cause of death in 2013. The risk factors that increase heart disease include hypertension, high cholesterol, high blood pressure, diabetes mellitus, smoking, and substance use disorder, all of which are prevalent in PHC members.

Hypertension

Hypertension affects 27% (86,452) of adult PHC members. According to the CDC, 1 in 3 US adults have high blood pressure. This health concern raises the risk for heart disease and stroke which are the leading causes of death in the US[32].

Adult Obesity

Obesity affects 14% (44,988) of adult PHC members. According to the CDC, the prevalence of obesity affected 93.3 million adults in the US in 2015 - 2016. This is a concern because it increases the risk of diabetes, heart disease, stroke and some cancers. It is also associated with poor mental health outcomes and reduced quality of life.

Preventive Health Services

Immunization

A growing health concern among children and adolescents is low immunization rates. PHC has four reporting regions for HEDIS measure: the Northeast (Shasta, Siskiyou, Lassen, Trinity, Modoc) Northwest (Humboldt, Del Norte), Southeast (Solano, Yolo, Napa), and Southwest

[31] (Most Recent Asthma Data, 2020)
[32] (High Blood Pressure, 2020)

(Sonoma, Mendocino, Marin, Lake). The HEDIS Childhood Immunization Status (CIS-Combo 3) rates in 2018 Measurement Year (2019 Reporting Year) for children ages 0-2 who received all recommended immunizations by the time they turned 2 years old were below the National Medicaid Benchmarks of the 25th minimum performance level (MPL) of 65.25% in the Northeast (52.55%) and Northwest (53.53%). The Southwest region (68.86) was below the 50th performance level (70.80%), and the Southeast Region (73.48) scored above the 50th performance level, yet did not achieve the 75th performance level (74.70%). Adolescents receiving the recommended DTaP and meningococcal vaccines by age 13 was below the MPL (26.28%) in the Northeast (17.52) and Northwest (25.55) regions. The Southeast (46.96%) and Southwest (39.42%) regions met the 90th benchmark for HEDIS 2019 (37.71%). However, coming HEDIS measures will include the HPV vaccine, resulting in a more challenging vaccination schedule to achieve.

There are many reasons parents choose not to vaccinate their children within PHC's 14 counties. In 2016, PHC held member focus groups to gain a better understanding of vaccine hesitancy. Some reasons to decline immunizations include access, varying opinions, beliefs, values, fears and distrust. PHC also assessed network providers and found that doctors believe parents are hesitant to comply with vaccination schedules due to the anti-vaccination movements. With low immunization rates, children exposed to and infected with preventable illnesses can suffer overwhelming health impacts, such as developing respiratory conditions, compromised immune systems, and damage to internal organs. Partnering with schools, community organizations, and medical providers will help build trusting relationships in the communities and better educate parents in an effort to overcome concerns about immunizations. (See Appendix E for Missed Vaccines in 2019)

Behavioral Health Concerns

Mental Health Illness

Mental illness has gained significance in the national landscape of healthcare discussions due to the deleterious effects on an individual's health, relationships, and well-being. As shown in Appendices F and G, mental and behavioral health concerns have greater impact on PHC members than do medical conditions. Both adults and children suffer from mental illnesses that range from those considered mild to moderate (trauma and stressor-related disorders) to neurodevelopmental disorders (such as autism) to diagnoses considered more severe or persistent conditions like schizophrenia. In 2019, 40,414 unique PHC members sought treatment through PHC's delegated managed behavioral healthcare organization, Beacon Health Options, for mild to moderate mental health services resulting in a total of 356,122 visits. Of the members who sought treatment, 11,211 were pediatric members and the remaining 29,353 were adults.

In addition, PHC selected members who filled psychotropic medications as a surrogate measure for identifying members with serious and persistent mental illness (SPMI). Using this proxy, there were 15,646 PHC members who filled prescriptions for psychotropic medications. Of these

members presumed to have SPMI, 69.3% were treated in Emergency Rooms, 17.6% of them were hospitalized, and 44.9% received mental health care through Beacon services.

Traumatic Events

In 2019, 47,394 members sought treatment for trauma and stressor-related disorders of which 15,816 were children and 31,578 were Adults. Traumatic events can have a lasting affect leading to mental health concerns. There is extensive research into the long- term effects of adverse childhood events (ACEs), and California's newly appointed Surgeon General has made prevention and early intervention for ACEs and toxic stress a priority for the state. Trauma will affect a person with an overpowering threat to well-being. Examples of a traumatic event include loss of a loved one, domestic violence, abuse, and natural disasters, to name a few. These events can lead to loss of home, disrupted communities, loss of a business and income, and even loss of life. Such events often lead to various stress-related psychological symptoms such as posttraumatic stress disorder, depression and anxiety, as well as neuroendocrine changes (collectively known as the toxic stress response) that affect the health of the individual both immediately and over time.

Wildfires devastated Sonoma, Napa, and Lake Counties in 2017 as well as Shasta, Lake, and Mendocino Counties in 2018. All of these counties faced destructive wildfires that destroyed homes, buildings, and businesses. Healthcare facilities were lost or shut down due to the impact of the fires, leaving many without healthcare services. The wildfire in Sonoma County destroyed 6,600 structures including 5,130 homes and killed 23 people. The wildfire in Shasta County destroyed 1,079 residences, 22 commercial structures and 503 outbuildings. Other counties faced similar destruction and loss. Even in regions without active fires, the wider PHC population was exposed to high levels of respiratory particulate matter for several weeks, exacerbating and provoking respiratory and allergic symptoms.

As a Health Plan, PHC has the unique opportunity to assist our members to prepare for these natural disasters which have been affecting our counties for the past few years. Emergency preparedness is essential during times of natural disasters such as floods, earthquakes, storm surges, wildfires, severe winter storms and drought. In order to create a resilient community, planning is critical to prepare for, respond to, and recover from these types of emergencies.

Substance Use Disorder (SUD)

43,069 PHC members had a claim with at least one code related to SUD in 2019. Of these members, 22,652 were male (with 5.7 average claims per member per year), 20,417 were female (with 5.0 average claims per member per year). 64% (27,637) of the members with SUD claims were white, 5,960 were homeless, and the majority of members (58.6%) were between 18 and 50 years of age. The substance most frequently used was alcohol, followed by stimulants, opioids, and cannabis. With the legalization of marijuana in California, the state has seen an increase in use among pregnant members; 330 members had an SUD diagnosis during pregnancy in 2019. Research shows that marijuana use during pregnancy may affect the health of the child, including low birth weight, as the substance crosses the placenta. Marijuana may also impact brain

development, adversely affecting attention and learning capabilities later in life. SUD has become a serious concern to most residents of California and some cities and communities have started taking steps to address these issues. Recently, the city of Benicia in Solano County passed a law prohibiting the sale of flavored tobacco products, electronic smoking devices and fluid, and instituted stringent measures for eligibility of a tobacco retailer license[33]. Communities with an increase in SUD cases have also seen a rise in drug overdose related deaths and violent crimes[34]. (See Appendix I for PHC data on SUD).

Access to Care

Access to care is the most important factor in determining health outcomes and includes coverage, physical access, health literacy, and relationships of trust with physicians[35]. The 2019 CAHPS result show that PHC scores 80% and over with members expressing their satisfaction in getting care quickly, getting an appointment with a specialist and being able to comfortably communicate with their doctors. However, PHC scores poorly with members aged 18-54 expressing their dissatisfaction with getting needed care, getting care quickly (ages 35-54), and the overall rating of health care and health plan.

Access to Primary Care Providers increases the likelihood that community members will have routine checkups and screenings. It is important both for preventive health care and also for identifying the need for specialty care services. Moreover, those with access to primary care are more likely to know where to go for treatment in acute situations. As shown in Appendix I, the counties that have a higher population to primary care provider ratio including Trinity, Lassen, Lake, Humboldt, Del Norte, Shasta; Modoc, Solano and Siskiyou counties are approaching the state average with a ratio of 1,270 patients: 1 provider[36]. Communities that lack a sufficient number of primary care providers typically have members who delay necessary care when sick and conditions can become more severe and complicated. Various workgroups within PHC perform detailed analyses into access challenges for PHC members, and the workgroups report their findings, opportunities, and planned interventions to regulating bodies.

[33] (Benicia Municipal Code, 2019)
[34] (Substance Use in California, 2018)
[35] (ODFHP, 2019)
[36] (County Health Rankings and Roadmaps, 2019)

FIGURE 20: PHC Members to Practitioners Ratio

Number of Practitioners, Primary Care – Standards and Performance Goals						
Practitioner Type	Provider Count	Membership	Measure: Ratio	Results	Standard/ Performance Goal	Goal Met?
Primary Care Provider overall	1409	562,572	Primary care provider to member (adult and children)	1:399	1:≤ 2,000 (DHCS standard)	**MET**
Family Practice/General Practice	857	562,572	Family or General practice practitioner to member (adult and children)	1:656	1:≤ 2,000	**MET**
Pediatrics	293	210,352	Pediatricians to members (children)	1:718	1:≤ 2,000	**MET**
Internist	259	352,220	Internists to members (adult)	1:1360	1:≤ 2,000	**MET**

Source: PHC Network Adequacy report, 2019

Preventable Hospital Days

Members unfamiliar with primary care, or disenfranchised from the health care system, often seek care through a hospital, even though this level of care is preventable. Healthcare systems use preventable hospital days as a surrogate indicator for the need for good outpatient care, assuming that members access hospitals as a source of primary care. Lassen, Lake, and Solano counties are all higher than the state average of 3,507 preventable hospital stays. Shasta County is also approaching the state average[37]. (See Appendix I for 2019 County Health Rankings Data in PHC Counties).

Health Disparities

Health disparity is defined as preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations, and defined by factors such as race, ethnicity, gender, education, income, disability, geographic location or sexual orientation[38]. To better understand the context of disparities, it is

[37] (County Health Rankings and Roadmaps, 2019)
[38] (Center for Disease Control, 2019)

important to understand the various social and economic factors that are well known to be strong determinants of health outcomes in communities.

Index of Disparity

The Index of Disparity summarizes the absolute difference in the average health status between several social groups and a reference group. In assessing the needs of a community, there are critical components to consider which help in identifying barriers and disparities in health care. Identification of barriers and disparities help to inform and direct strategies for addressing and prioritizing health needs for PHC counties.

The table below identifies health indicators with racial/ethnic disparities across PHC counties. This is reference to the 2019 health disparities data received from Health Services Advisory Group (HSAG). Table 4 lists the health indicators showing the greatest, statistically significant race/ethnicity disparities and highlights the groups that are impacted.

TABLE 3: Indicators with Significant Race/Ethnic Disparities, 2018-2019

SUBGROUPS WITH MOST HEALTH DISPARITIES	
Health Indicator	**Groups with Health Disparities**
Ambulatory Care	Hispanic, Black/African American, Asian, American Indian/Alaskan Native, Other
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)	Hispanic/Latino, Black/African American
Annual Monitoring for Patients on Persistent Medications (MPM)	Hispanic/Latino, Black/African American, Asian, American Indian/Alaskan Native, Other
HEDIS	
Asthma Medication Ratio (AMR)	Hispanic/Latino, Black/African American, Asian, Other
Breast Cancer Screening (BCS)	Hispanic/Latino, Black/African American, Asian, American Indian/Alaskan Native, Other
Cervical Cancer Screening (CCS)	Hispanic/Latino, Asian, Other
CIS-3	Hispanic/Latino, Asian, American Indian/Alaskan Native, Other
Adolescents Immunization (IMA)	Hispanic/Latino, Black/African American, Asian, American Indian/Alaskan Native, Other
Well Child Visits (W34)	Hispanic/Latino
Children and Adolescents Access to Primary Care Practitioner (CAP)	Hispanic/Latino, Black/African American, Asian, American Indian/Alaskan Native, Other
Comprehensive Diabetes Care (CDC)	Hispanic/Latino, American Indian/Alaskan Native, Other
Prenatal and Postpartum Care (PPC)	Hispanic/Latino, American Indian/Alaskan Native, Other

SUBGROUPS WITH MOST HEALTH DISPARITIES	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Hispanic/Latino, Black/African American, Other
Controlling High Blood Pressure (CBP)	American Indian/Alaskan Native
Use of Imaging Studies for Low Back Pain (LBP)	Hispanic/Latino, Black/African American, American Indian/Alaskan Native
Plan All-Cause Readmissions (PCR)	Black/African American, Asian,

TABLE 4: Count of Disparities Per Population Subgroup. 2018-2019

SUBGROUP WITH MOST DISPARITIES	
Race/Ethnicity	**Health Indicator Count**
Hispanic/Latino	14
American Indian/Alaska Native	11
Other Races	11
Black/African American	10
Asian	9

Social Determinants of Health (SDOH)

Social Determinants of Health (SDOH), also sometimes called "social influencers of health," as defined by the World Health Organization, are "the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics." Examples of SDOH include employment, housing, food security, literacy, access to transportation, and education level[39]. Understanding the different social determinants in a service area can lead to identification of drivers or "root cause" of health conditions and potential services that work to improve disparities within that community.

While the highest quality of care is an important contributor to community health, research shows the social influencers of health play a critical role in health outcomes for both populations and individual well-being. PHC's claims data provides little insight into member-level SDOH, except for homelessness. Therefore, PHC identifies other key factors that have an impact on the health of local communities by assessing County Health Rankings, Healthy Places Index, and State data. PHC shares the information gathered with local providers and organizations in order to build collaborative partnerships aimed at addressing health concerns within the population. PHC's role in promoting improvements in SDOH will vary over time, depending on the nature of the program, community priorities, and the relative engagement and involvement of other community stakeholders.

[39] (WHO, 2020)

Social and Economic Factors

Poverty

In January 2020, the federal poverty guideline was $25,750 for a family of four[40]. These guidelines are used for federal assistance programs (or percentage multiples of the guidelines – for instance, 125 percent or 185 percent of the guidelines) in determining eligibility for Head Start, the Supplemental Nutrition Assistance Program (SNAP), the National School Lunch Program, the Low-Income Home Energy Assistance program, Medicaid, and the Children's Health Insurance Program (CHIP).

As shown in figure 20, PHC counties with a higher rate of poverty than the state average of 15.1% are Yolo (19.9%), Lake and Mendocino (19.3%), Humboldt (18.9%), Shasta (18.3%), Trinity (17.9%), Sonoma (15.8%) and Del Norte, Lassen, Modoc, & Siskiyou (15.6%).

FIGURE 20: Percentage of People Living in Poverty 2015-2017

POVERTY RATES ACROSS PHC COUNTIES			
County	**Poverty rate(%)**	**County**	**Poverty rate (%)**
Trinity	17.9	Marin	17.9
Del Norte	15.6	Mendocino	19.3
Lassen	15.6	Napa	15.5
Modoc	15.6	Shasta	18.3
Siskiyou	15.6	Solano	14.6
Humboldt	18.9	Sonoma	15.8
Lake	19.3	Yolo	19.9

Source: Public Policy Institute of California, 2020

[40] (U.S. Department of Health and Human Services, 2019)

Figure 21 shows the percentage of people living below 100% poverty level by race and ethnicity. The race/ethnicity group with the greatest percentage of its population living in poverty is the Black/African American population, with 20%.

FIGURE 21: Percentage of People Living in Poverty Based on Race/Ethnicity 2018

Location	White	Black	Hispanic	Asian/Native Hawaiian and Pacific Islander	American Indian/Alaska Native
United States [1]	**9%**	**22%**	**19%**	**11%**	**24%**
Alabama	11%	27%	34%	9%	18%
Alaska	7%	N/A	5%	21%	21%
Arizona	9%	19%	19%	12%	34%
Arkansas	14%	31%	26%	19%	14%
California	9%	20%	17%	10%	16%
Colorado	7%	18%	15%	10%	25%
Connecticut	6%	18%	23%	9%	N/A
Delaware	8%	18%	22%	8%	N/A
District of Columbia	6%	27%	12%	N/A	N/A

Source: Kaiser Family Foundation, 2018

Children Living in Poverty

According to 2017 data, 18% of all California children were living in poverty (below 100% of the federal poverty level). Because California has such a high cost of living, those who live under 138% of the federal poverty level are considered to be living in extreme poverty. Furthermore, any child covered by Medicaid (40% of California children) is in a low-income household according to Medicaid income thresholds.

California families often spend more than half of their income on housing costs, leaving little money available for healthy food, transportation and medical care. A child growing up in poverty has a greater chance of experiencing health problems from birth, as well as physical and mental health problems throughout their life, due to social and economic inequalities which can negatively impact health and wellbeing outcomes. Appendix J display the number of children living in poverty in PHC's counties. The counties with the highest child poverty are Del Norte, Modoc, Trinity, and Lake, with an incidence above 30%, well above the state average of 18%[41].

[41] (County Health Rankings and Roadmaps, 2019)

High School Graduation

Educational attainment is one of the key factors that affects the health status of a community. Education influences employment and income, health behavior and health seeking, and determine the ease with which a person can access and navigate the health system. People with lower levels of education are more likely to be unemployed which can lead to poor health outcomes. Risk for poor health behaviors such as smoking decrease with higher education. Adults with higher education attainment are more likely to exercise and have better physical health. Appendix J displays the percentage of members who are high school graduates or higher. These rates are highest in Shasta, Marin, Napa, Yolo, Modoc, Lassen and Humboldt counties, all above the state average of 81.8%. High school graduation rates in Del Norte, Siskiyou, Trinity, Lake, Solano, and Sonoma counties are below the state average, with the lowest rate of 74% in Trinity County[42].

Chronic School Absenteeism

Chronic School Absenteeism varies between communities and schools with significant disparities based on income, race, and ethnicity. Chronic school absenteeism puts the student at risk for poor school performance as well as unhealthy behaviors, which in turn increases risk for poor health outcomes in adulthood.

Appendix J displays chronic school absenteeism is higher within the African American population in Marin and Solano counties showing 2 in 10 students absent from school. Trinity County shows the Filipino population having 2 in 10 students missing school. Humboldt County shows the Pacific Islander population having 2 in 10 students missing school. American Indian or Alaska Native show a rate of 2 in 10 missing school in Del Norte, Lassen, Modoc, Napa, Shasta, Siskiyou, Sonoma, and Yolo counties. It is important to note that Mendocino and Lake Counties show the American Indian or Alaska Native population having 3 in 10 students missing school which is the highest rate of absenteeism in the PHC region[43].

Employment

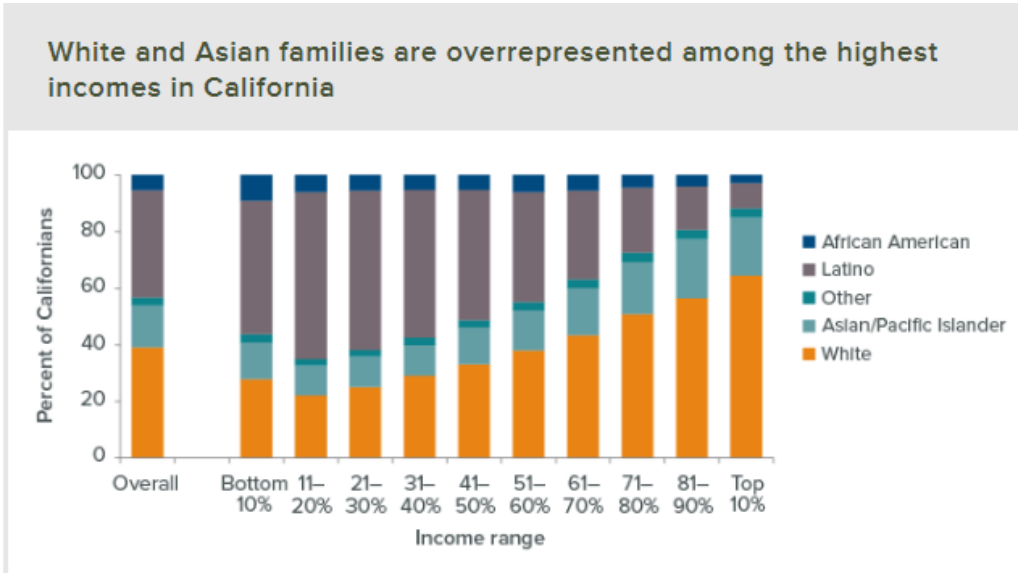
Employment is an important determinant of health and wellbeing within the population. A high rate of unemployment has personal and societal effects. Long-term unemployment can have a profound effect upon both the mental and physical wellbeing of an individual in many ways. These can include not being able to afford healthy food, lack of economic security, and low quality housing. High unemployment rate places strain on financial support systems, as unemployed persons qualify for unemployment benefits and food assistance programs. Appendix J displays the unemployment rate within PHC's counties. Unemployment is highest in Modoc and Siskiyou Counties being above 7%. Other PHC counties above the state average of 4.8% are Del Norte, Trinity, Shasta, Lake, Lassen, and Yolo counties[44].

[42] (County Health Rankings and Roadmaps, 2019)
[43] (Chronic Absenteeism Data, 2019)
[44] (County Health Rankings and Roadmaps, 2019)

Income

Median household income reflects the relative affluence and prosperity of an area. As of January 2020, the Median household income for California residents is situated at $71, 228. Areas with higher median household incomes are likely to have greater share of educated residents and lower unemployment rates. The gap between rich and poor is especially wide in California. While California's economy outperforms the nation's economy, its level of income inequality exceeds that of all but five states. Families at the top of the income distribution in California have 12.3 times the income of families at the bottom, measured before taxes and safety net programs. The disparity is present throughout the state. Current government policies substantially narrow the gap between rich and poor. However, Californians expressed grave concern according to the Public Policy Institute of California (PPIC) Statewide Survey, two-thirds of respondents think the gap between rich and poor is expanding, and 52% think the state government should do more to ensure all Californians have equal opportunities to get ahead[45].

FIGURE 22: Compares Income Level of Californians Based On Race/Ethnicity



Source: Public Policy Institute of California, 2020

Access to Food

Food Environment Index is a measurement of the food environment, taking into account availability (distance to grocery stores or supermarkets) of healthy foods and income. Another term used to describe the lack of availability of healthy foods is a food desert. With a decreased ability to purchase healthy foods, there is an increased prevalence of overweight, obesity, and premature death. Appendix J displays Napa County's food environment index is higher (9.0) than the state average of 8.9 out of 10, which indicates members have good access to healthy food choices. Marin, Mendocino, Solano, Sonoma, and Yolo counties are approaching the state

[45] (Sarah Bohn and Tess Thorman, 2020)

average[46]. The remaining PHC counties have fewer choices when it comes to healthy, affordable food making it much more challenging to maintain healthy eating habits.

Violent Crime

Violent crimes such as sexual assault, robbery, or aggravated assault have socio-emotional impact on people. Physical and emotional symptoms can occur such as trouble sleeping, increase in feelings of distress, anger, depression, inability to trust, and significant problems with family, friends or coworkers. Violent crimes can hinder the pursuit of healthy behaviors such as outdoor physical activities. Chronic stress has been associated with violent crimes and increased prevalence of certain illnesses such as upper respiratory illness and asthma. This can have life-long impact on the health of the individual.

The number of violent crimes reported in PHC counties are above the state average of 421 violent crime offenses per 100,000 population, including Del Norte with 609 per 100,000, Shasta with 726 per 100,000, and Mendocino with 640 per 100,000. Lassen, Modoc, Lake, Solano and Humboldt Counties are also above the state average[47]. (See Appendix J for the Violent Crimes Rate in PHC Counties).

Injury Deaths

Injury deaths are highest in Lake, Trinity and Modoc Counties, with over 125 per 100,000 in the population. All PHC counties have a higher than state average of 49 per 100,000[48]. Research has shown that death due to injury is more common among low-income families. Injuries are one of the leading causes of death with unintentional injuries being the third leading cause of death. Most injury deaths are preventable through community-wide education and awareness. (See Appendix J for the Injury Deaths Rate in PHC Counties).

Physical Environment

Air Pollution

Health also requires that all environments, including homes, schools, communities and worksites, have clean air and water and are free from toxins and physical hazards. A healthy environment gives people the opportunity to make healthy choices and decrease their risk of cancer, low birth weight, premature deaths and respiratory diseases such as asthma.

Air Pollution (average daily density of particulate matter in micrograms per cubic meter) in PHC regions is above the state average of 9.50 per cubic meter in the following counties: Solano, Napa, Marin, Sonoma, Yolo, and Siskiyou[49].

Over the past 2 years, Northern California has experienced several major forest fires. Smoke from fires, gases emitted from refineries and automobile exhaust, increase the possibility of

[46] (County Health Rankings and Roadmaps, 2019)
[47] (County Health Rankings and Roadmaps, 2019)
[48] (County Health Rankings and Roadmaps, 2019)
[49] (County Health Rankings and Roadmaps, 2019)

adverse pulmonary effects such as chronic bronchitis, asthma, and decreased lung function. (See Appendix J for the Air Pollution Rates in PHC Counties).

Health Behaviors

Adult Smoking

Cigarettes smoking has an adverse impact on health. As the leading cause of preventable deaths and diseases in the United States, cigarette smoking is responsible for more than 480,000 deaths every year. Smokers live 10 years less than non-smokers, on average. Smoking damages nearly every organ and is associated with heart disease, stroke, diabetes and respiratory diseases such as chronic obstructive pulmonary disease (COPD) and multiple types of cancer.

Appendix J displays adult smoking is the highest in Del Norte, Humboldt, Siskiyou, Lake, Trinity, Lassen, Shasta, Mendocino, Modoc, Solano, and Yolo Counties, with Napa and Sonoma Counties sitting at the state average of 11% of adults being current smokers[50]. Exposure to secondhand smoke increases non-smoker's risks to these same conditions. Additional concerns related to vaping and marijuana smoking have increased every year.

Access to Physical Activity

Physical activity can help reduce multiple health related conditions, such as diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality. Members in Modoc, Lassen, Lake, Mendocino, Siskiyou, Shasta, Humboldt, Trinity, Del Norte, and Napa Counties (ranging from lowest to highest) have less access to exercise opportunities than the state average of 93%; Sonoma County is at the state average of adequate access to locations for physical activity[51].

Appendix J shows physical inactivity is higher than the state average of 17% in Solano, Lassen, Lake, Trinity, Shasta, Del Norte, Modoc and Siskiyou counties[52]. This includes adults 20 years of age and older who report no leisure time physical activity. Nationally, physical inactivity is attributed to 11% of the premature mortality cases.

Impaired Driving

Driving under the influence is a crime or offense attributed to driving or operating a motor vehicle while impaired by alcohol or other drugs, to a level that renders the driver incapable of operating a motor vehicle safely. Appendix J displays Alcohol-Impaired Driving Deaths is the highest in Modoc, Napa, Shasta, Trinity, Lake, Siskiyou, Sonoma, Humboldt, Lassen, and Solano; with Marin County at the state average of 30% of driving deaths with alcohol involvement[53].

[50] (County Health Rankings and Roadmaps, 2019)
[51] (County Health Rankings and Roadmaps, 2019)
[52] (County Health Rankings and Roadmaps, 2019)
[53] (County Health Rankings and Roadmaps, 2019)

The total cost of alcohol-involved crashes totals $44 billion nationally; 27% of the drivers of these crashes are between the ages of 21 and 24[54].

Summary of Findings

The 2020 PNA gives insight into PHC's key community health issues, many of which correlate to living in poverty. PHC members face very challenging social and environmental conditions, such as severe housing problems and traumatic experiences. These burdens can easily overwhelm the resiliency of a person, particularly when that individual is also trying to function at or near the federal poverty level. PHC acknowledges that the conditions in which our members live contribute to unhealthy behaviors, such as low rates of pediatric wellness visits and immunizations. For adults, chronic stressors lead to higher rates of chronic conditions, often poorly managed, as well as creating behavioral health concerns including substance use disorder and mental illness. In addition to surveying PHC's entire population needs, the PNA also identified sub-populations within PHC's membership that warranted heightened awareness. The American Indian/Alaska Native population in PHC's Northeast Region had extremely low engagement with providers for basic care needs, such as immunizations, child and adolescent wellness visits, and cervical cancer screens. In PHC's Northern region, Hispanic members did not access well-child care to the same extent as White members. Throughout the entire low-income PHC population, pregnant members have low rates of engagement in perinatal care. Lastly, there is a broad knowledge gap both within PHC and throughout the community on the needs and concerns of the LGBTQ, especially transgender members.

Health Education, C&L and Quality Improvement Program Gap Analysis

PHC's annual PNA is the first step in the process of reviewing how PHC's service offerings align with the members' needs. PHC then reviews all activities undertaken in the preceding year and their alignment with the current needs of the membership and updates planned activities for the coming year. As activities are evaluated, so are the resources necessary to perform these activities, including staffing ratios, clinical qualifications, specialized training, interventions, systems infrastructure, and the availability of community resources or partnerships to support the member needs.

In accordance with DHCS direction, PHC offers many programs and services to members. These interventions are aligned with NCQA's four areas of focus for population health management:

- Keeping Members Healthy
- Managing Members with Emerging Risk
- Outcomes Across Settings
- Managing Multiple Chronic Conditions

The Population Health Management (PHM) Work Plan is a separate document which outlines specific interventions identified for focus each year. PHC annually compares the PNA results to

[54] (California Office of Traffic Safety, 2019)

the PHM Work Plan along with the Population Health Management Strategy and Program Description in order to align resources appropriately with member needs and to provide executive leadership with insight regarding how well PHC leverages resources and activities on behalf of the population. Historically, PHC has focused much of its internal efforts and resources on the complex care population who have chronic conditions and/or high utilization rates. Both PHC and state initiatives created programs to manage complex cases and stabilize members who used health care resources inappropriately. While PHC's Complex Case Management program has been adequate to meet the needs of members enrolled in the program, there are many members who are difficult to reach through a telephonic model of case management. PHC actively participates in state workgroup discussions, and recommended consolidation of existing services while adding programs to target the members whose needs are not met by current program offerings.

In 2019, California outlined an ambitious new program to meet the needs of members where social disconnection drives poor access to healthcare and wellness. The new program, called "Enhanced Case Management (ECM)," intends to engage members within their communities, providing a wide range of services that include housing support, dental and vision care, health care, and social services. ECM will be a member benefit starting in 2021. While the state envisions managed care plans will use vendors (such as community-based care management entities (CB-CMEs) or county services) to achieve the program objectives, PHC's leadership recognizes this new initiative will require a heavy investment of organizational resources to be successful. Leaders in the organization are evaluating staffing and knowledge requirements, system supports needed (including means to exchange information securely), and surveying the community landscape for potential partners in this venture.

PHC and hospitals collaborate to support members transitioning across settings, and there are many mandates to ensure PHC supports members transitioning between providers. While these programs remain valuable, they are insufficient to address the needs of the relevant population.

On the other hand, PHC's efforts to keep members healthy or to manage members with emerging risk are most commonly provider-centric. Our organization has developed extensive supports for providers, such as training, incentives, and reimbursement models designed to optimize provider practice on behalf of our members. PHC uses HEDIS scores to monitor the success of provider support. Additionally, county public health departments monitor the wellness of their populations including communicable diseases, childhood wellness measures and county behavioral health services. Counties share their results with PHC through annual reports that highlight both their successes and their ongoing challenges. In semi-annual meetings, PHC's Chief Medical Officer and key PHC leaders meet with County Health Officers to share challenges and best practices and strategically plan for collaborative activities in coming months.

Identification and Prioritization of Population Health Needs

Identifying Population Health Needs

For the purposes of the PNA, a health need is defined as a health outcome and/or the related conditions that contribute to a defined health need. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary or secondary data.

Data Analysis

Primary and secondary data were analyzed to identify and prioritize the significant health needs within PHC counties. For an in-depth description of the processes and method used to conduct the PNA, including the secondary data collection, analysis, and results, see the data sources section.

Prioritization Criteria

- **Magnitude and scale of the problem:** the health needs affect a large number of people within the community
- **Health disparities:** the health need disproportionately impacts the health status of one or more vulnerable population or groups
- **Severity of the problem:** the health need has serious consequences (morbidity, mortality, and/or economic burden)
- **Ability to leverage:** opportunity to collaborate with existing community partnerships working to address the health need, or to build on current programs and emerging opportunities
- **Community assets:** the community can make a meaningful contribution to addressing the health need because of its relevant expertise and/or assets as a community and because of an organizational commitment to addressing the need

After review of the data and prioritization criteria, the following health priorities were identified:

- Access to Care
- Child Health
- Mental Health
- Severe Housing Problems

Access to Care

One of the key findings of the PNA is members expressing their dissatisfaction of accessing care when needed. According to the 2019 CAHPS survey result, PHC score less than 74% on average based on the responses from members on the question of getting needed care. This disparity is very high among the African American and Hispanic population as compared to the White population. Members between the ages 35-54 also expressed their dissatisfaction of getting care quickly thereby scoring PHC with 75%. California has a bench mark on the timeframe a patient is required to receive needed care and services.

PHC also score less than 80% based on respondents answer to the question of overall ratings of healthcare and health plan. In an effort to address this, PHC instituted a brief survey with CAC members to get an understanding of their mindset when asked about the overall rating of health care. Ideas were gathered from the Grievance and Appeals report and a list of 10 questions were provided to the CAC members. From the data gathered, the members' overall first three (3) thoughts that come to mind when asked this question were appointment scheduling, care received from provider and Medi-Cal/health benefits.

Analysis from the health disparity report also shows a high disparity in access to ambulatory, prenatal and postpartum care for the Hispanic/Latino, Black/African American, and American Indian/Alaskan native population as compared to the whites.

Child Health

A primary finding of the PNA is that PHC's pediatric members are not getting the wellness and preventive care they need for optimum health, especially Hispanic members in our Southwest region, and all members of rural counties. The Centers for Medicare and Medicaid Services (CMS) performed an audit of DHCS's oversight of preventive care for children (results released in March 2019) (CMS Core Sets, 2019). The results demonstrated a concerning gap in children's preventive care and early diagnostic testing and screening. This finding aligns with PHC's Health Disparity analysis and HEDIS scores in all four regions where the pediatric population has low rates of attending wellness visits and obtaining immunizations; a finding that indicates that insufficient resources are allocated to supporting pediatric wellness care.

To address this high-priority concern, PHC's Quality Improvement department recruited staffing and budget resources from Health Education, Population Health, Care Coordination, Member Services, Regional Medical Directors, and Provider Relations. Each department has agreed to contribute resources to the effort; however, there are gaps that remain. One such gap is identifying the team that can allocate staff to track and distribute member incentives. Another gap is that PHC lacks the system structure to track and monitor which members are involved with outreach campaigns and how the campaign influenced his/her behavior.

County public health officials within PHC's 14 counties are also concerned with how many of their population lack immunizations and/or preventative screening. Recent legislation requires PHC to engage county public health leaders to explore new ways of aligning efforts to meet the needs of the membership. For example, PHC is collaborating with county resources and public schools in the Northern Region to expand upon an Adolescent Immunization Poster Contest, first piloted in a middle school in Shasta County in 2017/2018, expanded to four more schools in 2018/2019, and broader implementation planned for 2020. The poster contest is not resource-intensive; however, it does require alignment across many sectors. With the advent of the COVID-19 pandemic, this intervention has been postponed in 2020, as schools have shifted from in-person instruction to online instruction and are prioritizing meeting baseline standards for the school year. As an alternative intervention, PHC staff have performed a series of outreach call campaigns to the parents/guardians of members under 15 months of age, and

also to adolescents, to remind them of the importance of maintaining well-care visits, staying current with immunizations, and obtaining age-related screenings. These activities have been in collaboration with public health departments and regional providers.

Mental Health

PHC contracts with Beacon Health Options to provide care for members with mild to moderate mental illness, and the penetration rate of mental health services in PHC counties is among the highest in the state. However, members with SPMI diagnoses receive care from County Mental Health Plans (CMHPs) in California's trifurcated behavioral health coverage model. Because PHC operates in 14 distinct counties, members experience wide variances in the care they receive and gaps when the responsibility for providing care is not clearly delineated between medical and behavioral needs. For example, members with eating disorders may receive appropriate treatment by a PCP, by a Beacon Health provider, by an acute hospital, by county mental health providers, in a residential treatment facility, or by an intensive outpatient program. The most appropriate treatment location depends upon how severe the member's condition is at any point in time. PHC recently recognized a need to create wrap-around services to support communication for members as their care needs vary. PHC leadership created a Behavioral Health Unit and hired specialized staff (a Behavioral Health Medical Director, Licensed Clinical Social Workers, and Social Workers) to create a program to meet needs of members like those with eating disorders. This program is a pilot in 2020. The resources PHC allocates to this service are sufficient.

Nevertheless, both county and community leaders within PHC's 14 counties agree that current behavioral health resources are insufficient for meeting the needs for behavioral and mental health care. There is a significant shortage of mental health professionals, not only in PHC's service area, but throughout the state. Communities have asked for support educating an appropriate workforce, recruiting and retaining trained staff, and seeking ways to leverage untrained peer counselors to promote mental wellness. In addition to the provider shortage, there are structural issues that hamper behavioral health, such as poverty, homelessness, and a lack of employment opportunities in many of PHC's counties. These challenges require cross-sector engagement and collaboration; the scope of this problem goes well beyond the mission of a managed care plan. However, California is seeking creative ways to leverage health care dollars to address social influencers of health and is willing to consider creative solutions to these structural problems. In coming years, PHC will collaborate closely with county and community leaders to pool resources and test possible solutions to the issues outlined above.

Severe Housing Problems

Federal and state regulations currently prohibit managed care plans like PHC from providing housing as a health care benefit or expenditure. Nevertheless, housing problems are a major barrier that prevents members from getting care for their health or even prioritizing health care above more pressing daily needs. The cost of housing in many of our counties is much higher than national averages, and there is a serious shortage of affordable housing in our region.

Furthermore, over the past few years, multiple PHC counties experienced wild fires that eliminated hundreds of homes in counties that were already experiencing a lack of affordable housing. The 2019 internal health analytics data defined PHC's homeless population to include, but is not limited to, individuals that have fallen on hard times, veterans, mentally ill, and/or those who suffer from substance use disorders.

No one organization has the resources to make a significant change in this situation. However, in 2017, PHC's Board of Directors approved a one-time grant of $25 Million (drawn from financial reserves) allocated to new housing resources to be distributed between the 14 counties that PHC serves. The grant (request for proposal) RFP went out to each county asking for proposals that would work to increase housing services (case management to bricks and mortar) within each county. In 2018, PHC awarded housing grants to multiple agencies within the counties. Grant recipients have allocated most of the funds to purchase land and build supportive housing. There are milestones each grantee must meet to receive funds to support the housing project allocated to them. Since this is a complex, ongoing project spanning multiple years, PHC will continue to assess the impact of this investment annually and update our housing support strategy accordingly. DHCS is exploring means to allow health plans to make some housing-related payments in 2021; the use of these funds are intended "In Lieu of Services" normally covered by health plans, such as inpatient hospital stays.

Action Plan

The PNA seeks to identify and assist members who are not able to access health care to the same degree as the majority of the membership. This gap in care is known as a health access disparity. In order to gain insight into potential racial disparities of access, PHC's Health Analytics team performed a retrospective claims analysis on members who meet the criteria for the various HEDIS measures to determine if there are noted differences in compliance by race. The results have been further stratified by member region. This analysis has led to the objectives recommended below. There are additional recommendations targeting generalized population needs, such as promoting adherence to asthma control medications and improving access to prenatal care. Furthermore, PHC recognizes that promoting health equity truly begins within our own organization; therefore, there is an objective to promote PHC staff awareness and sensitivity to gender identification and sexual orientation.

It is important to acknowledge the unprecedented event of the COVID-19 virus and recognize this virus has significantly altered how individuals interact with healthcare. Baseline data from non-COVID experience does not set reasonable expectations for current behavior; therefore, the objectives outlined below focus on processes and maintenance activities.

Objective 1: ~~Increase the W34 MPL for Hispanic/Latinos members receiving well child visits from 10th to 25th percentile in the Northern Region (Del Norte, Humboldt, Siskiyou, Lassen, Shasta, Trinity, and Modoc).~~ Maintain or improve upon Hispanic/Latino participation in well-care visits for children ages 2 to 5 years of age from 66.67% baseline in PHC's Northern Region (Del Norte, Humboldt, Siskiyou, Lassen, Shasta, Trinity, and Modoc) as reported in the PHC Health Disparities Data for 2021. Data Source: (PHC ~~HEDIS Summary of Performance, RY 2019~~Health Disparities Data, March 2020)
Strategies
1.) By December 31, 2020, Research best practices with proven evidence of changing members' behaviors that might drive their participation in healthcare.
~~1~~2.) By January 31, 2021, ~~C~~conduct ~~an~~ in-depth focus group discussions or at least 10 member interviews with Hispanic/Latino members to understand their perspectives on attending well child visits. Obtain feedback on research into best practices (see above) to inform implementation strategy
~~2~~3.) By March 15, 2021, Develop health education materials, ~~and~~ resources, a suggested plan for implementation of these best practices to promote the importance of well child visits focused on the Hispanic/Latinos members

Objective 2: ~~Increase Breast Cancer Screening (BCS) for American Indian/Alaskan Native members from 10th to 25th percentile in the Northwestern Region (Del Norte and Humboldt).~~ Maintain or improve upon American Indian/Alaskan Native member participation in breast cancer screening for those members who qualify for HEDIS BCS criteria from baseline of 34.41% in PHC's Northwestern Region (Del Norte and Humboldt) as reported in the PHC Health Disparities Data of 2021. Data Source: (PHC Health Disparities Data, March 2020~~HEDIS Summary of Performance, RY 2019~~)
Strategies
1.) By December 31, 2020, c~~C~~onduct an in-depth focus group discussion / member interviews with American Indian/Alaskan Native members to understand their perspectives on receiving Breast Cancer Screening (BCS).
2.) By December 31, 2020, Research best practices with proven evidence of changing members' behaviors that might drive their participation in healthcare. ~~2.) Develop health education materials and resources to promote the importance of breast cancer screening focused on the American Indian/Alaskan Native members~~
3.) By March 15, 2021, Develop health education materials, resources and a suggested plan for implementation of these best practices to promote the importance of breast cancer screening focused on the American Indian / Alaskan Native members

Objective 3: ~~Increase~~ By February 2021, maintain or improve the Asthma Medication Ratio (AMR) as defined by the HEDIS AMR metric for pediatric members in the Northern Region (Del Norte, Humboldt, Siskiyou, Lassen, Shasta, Trinity, and Modoc) ~~from 10th to 25th percentile~~from 65.31% baseline as of February 2020 HEDIS Exploratory Data. ~~in the Northern Region (Del Norte, Humboldt, Siskiyou, Lassen, Shasta, Trinity, and Modoc)~~. Data Source: (PHC HEDIS ~~Summary of Performance~~Exploratory Data (February)~~, RY 2019~~)
Strategies
1.) By December 31, 2020, t~~T~~rain Health Educators and Healthy Living Coaches on asthma management and home visiting services through the Asthma Management Academy.
2.) By February 28, 2021, use the Health Educators and Healthy Living Coaches to conduct 2 courses (in person or virtually) in order to ~~B~~build the capacity of community based programs to conduct asthma home visiting services, in partnership with regional provider and pharmacy efforts.
3.) By March 31, 2021, ~~E~~engage at least 10 Northern Region PHC parents or guardians to build and establish a care plan for their child/children with asthma utilizing the Healthy Living Tool (HLT) embedded in the PHC Member Portal.

Objective 4: ~~Increase~~ By February 2021, maintain access to timely prenatal care at least 90% of the time (first visit in the first trimester) for members across all PHC regions. ~~from 70th to 90th percentile.~~ Data Source: (PHC HEDIS ~~Summary of Performance~~Exploratory Data, ~~RY 2019~~February 2020)
Strategies
1.) ~~Increase~~ Develop, obtain member feedback, and prepare for member distribution at least 5 documents supporting ~~the number of~~ health education ~~materials~~, resources and tools on prenatal and postpartum support services that enhance member knowledge on the availability of support services.
2.) By December 31, 2021, launch pilot program to ~~E~~engage pregnant ~~moms~~[AC1] members and make available resources (utilizing mailing services) and tools on self-care for mom and baby. Publish all resources and tools to PHC external website and member portal with an option to be emailed.

Objective ~~3~~5: Increase the gender sensitivity awareness of PHC staff from 48% to 80% thereby creating an environment that is supportive of their culture, ethnicity, sexual orientation and gender identity, as evidenced by responses to equivalent questions to be presented on the 2021 Health Equity Survey specifically targeting gender identity and sexual orientation, assessed independently. Data Source: (PHC Internal Health Equity Survey Data, ~~2019~~2020)
Strategies
1.) ~~Provide~~ By February 1, 2021, develop and hold a required annual training on gender sensitivity awareness for all PHC staff via LMS
2.) By March 31, 2021, ~~A~~work with PHC's Human Resources and leadership to create a policy proposal to include ~~dvocate for the inclusion~~ of gender sensitive pronouns in the organization signature line
3.) By March 31, 2021, work with PHC's Human Resources and leadership to create policy recommendations ~~Advocate~~ for safe spaces to enable staff to express their culture, ethnicity, sexual orientation and gender identity freely while keeping with the organizational regulations.

Organizational Support

Recognizing both the significance and scope for delivering population health services, PHC created a Population Health department in 2020. The Population Health department's mandate is to identify the wellness needs of Partnership's members and align organizational and community efforts to meet these needs, in accordance with DHCS and NCQA requirements. The Population Health department of 2020 includes a director, a manager and supervisory roles, health education, community outreach resources, staff dedicated to member engagement, and administrative support staff. The Population Health team engages with the community to educate community partners on PHC benefits and services, to learn about resources available within the community, and to promote collaboration of effort/reduce duplication of services. PHC's Population Health staff actively participates in both internal and external workgroups to promote communication and reduce duplication of effort. Through collaborative meetings, the Population Health staff identify community resources that may be of benefit to PHC's members and shares these resources with the organization to promote integration into program offerings and to meet member needs. With the addition of the Population Health department, along with the assigned activities of this department, PHC has allocated sufficient resources to support the inequities described in this document. The Population Health Steering Committee will review resource allocation during monthly meetings as well as annually for future planning needs.

Community Resources

PHC's Population Health department has designated a team to identify resources within the community, visit these resources, and ensure that they are made available to PHC members. Staff maintain a list of resources on PHC's website

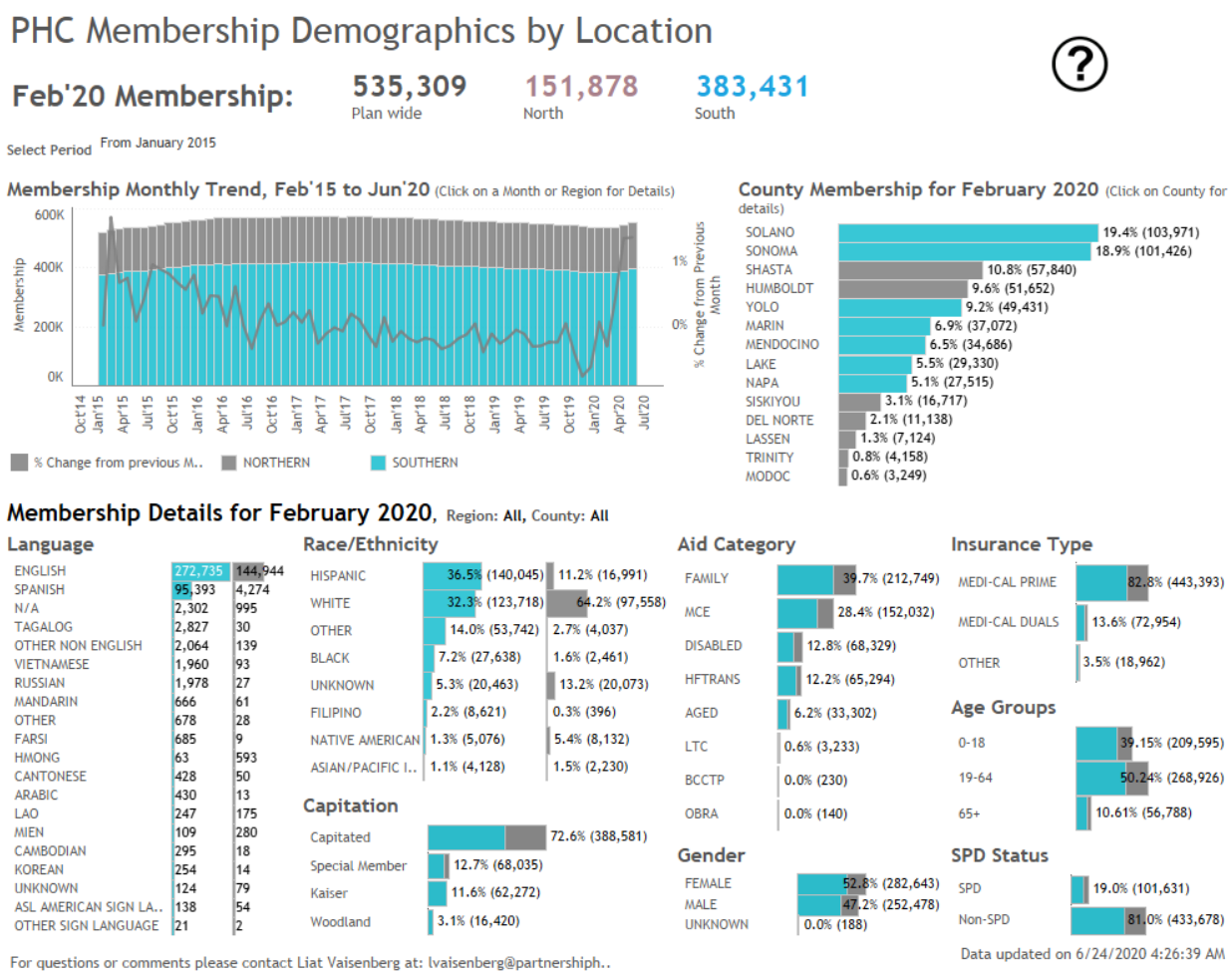
(http://www.partnershiphp.org/Community/Pages/Community-Resources.aspx) where members, staff, or providers may have ready reference and access to these supports. There are multiple categories for these member supports, such as food, mental health, utilities, pregnancy, seniors, LGBTQ+, support groups, clothing, etc. The resource pages are updated no less than annually to ensure that the resources are active and contact details are correct. Although there are multiple resources to support many member needs, the managed Medi-Cal population's social influencers of health require a continual influx of funds, support, and resource investment to promote wellness. The community resources identified are sufficient for member needs, aside from the structural supports identified above.

Stakeholder Engagement

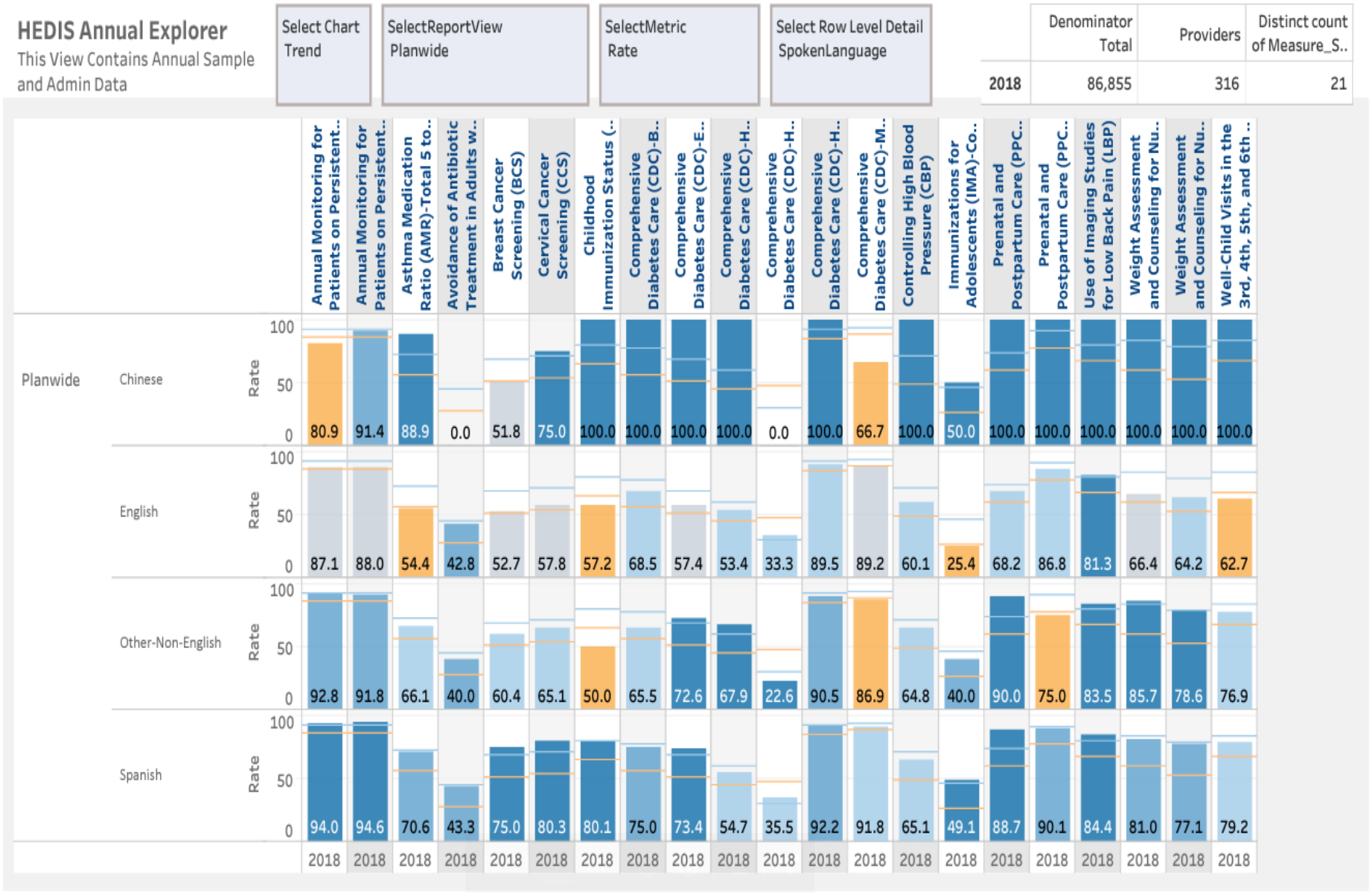
PHC creates multiple modalities to engage stakeholders in meeting the needs of its population. The PNA with proposed actions undergoes review by the Population Health Management (PHM) Steering Committee, PHC's Internal Quality Improvement Committee, PHC's Quality Utilization Advisory Committee, PHC's Physician Advisory Committee, and by PHC's Board of Directors before submission to California's Department of Health Care Services (DHCS) per regulatory requirements. Action items arising from the PNA are integrated into various stakeholder discussions such as semi-annual Medical Director meetings, interactions with county public health officials, and stakeholder discussions at county collaborative meetings. The Sr. Health Educator provides a summary report of PNA findings for discussion with CAC/FAC members during their regular meetings in both Northern and Southern regions. The provider relations education specialist team will conduct on-site visits and training webinars for health care providers, practitioners and allied health care personnel on pertinent information regarding PNA findings and members' needs. The PNA report will also be posted on the PHC website and actionable items for providers will be highlighted under the providers' information page. Stakeholder feedback provides valuable input for future iterations of the PNA.

Appendices

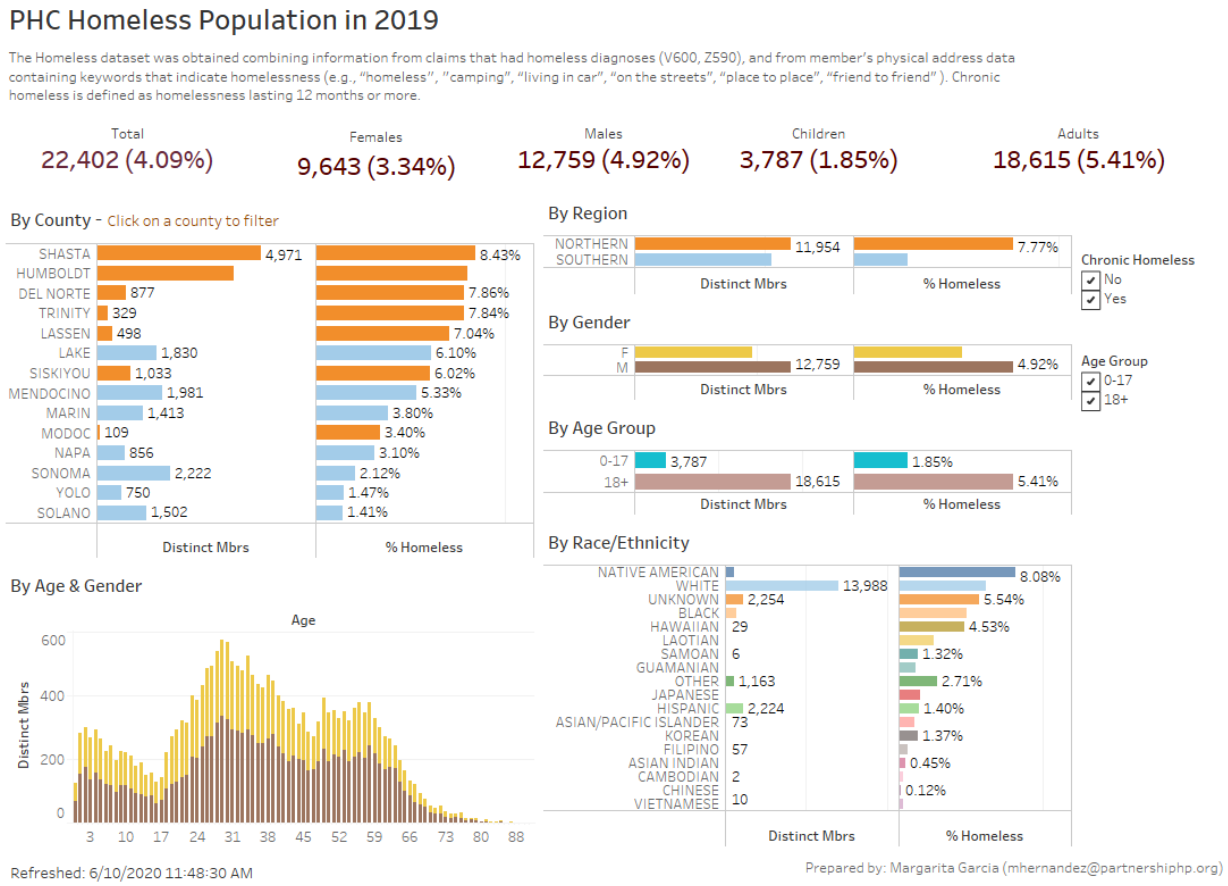
APPENDIX A: PHC MEMBERSHIP DEMOGRAPHICS BY LOCATION



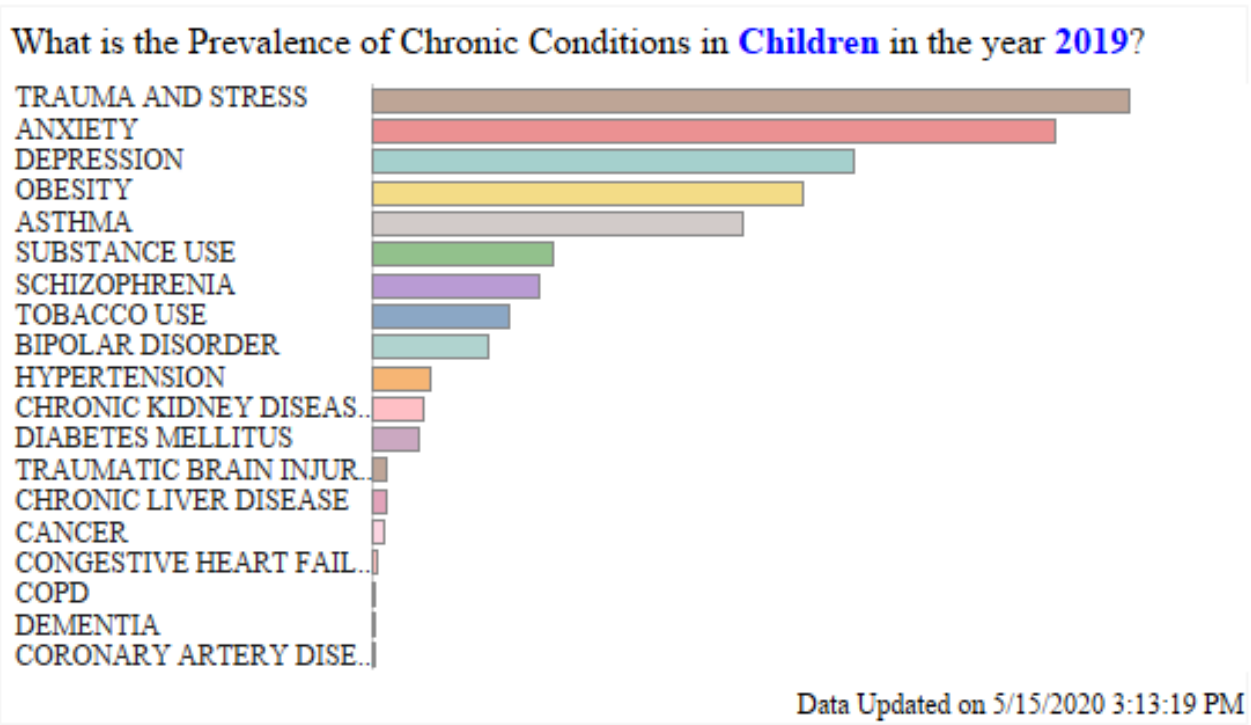
Appendix B: HEDIS ~~Measure~~ Exploratory Data by Language, RY 2019



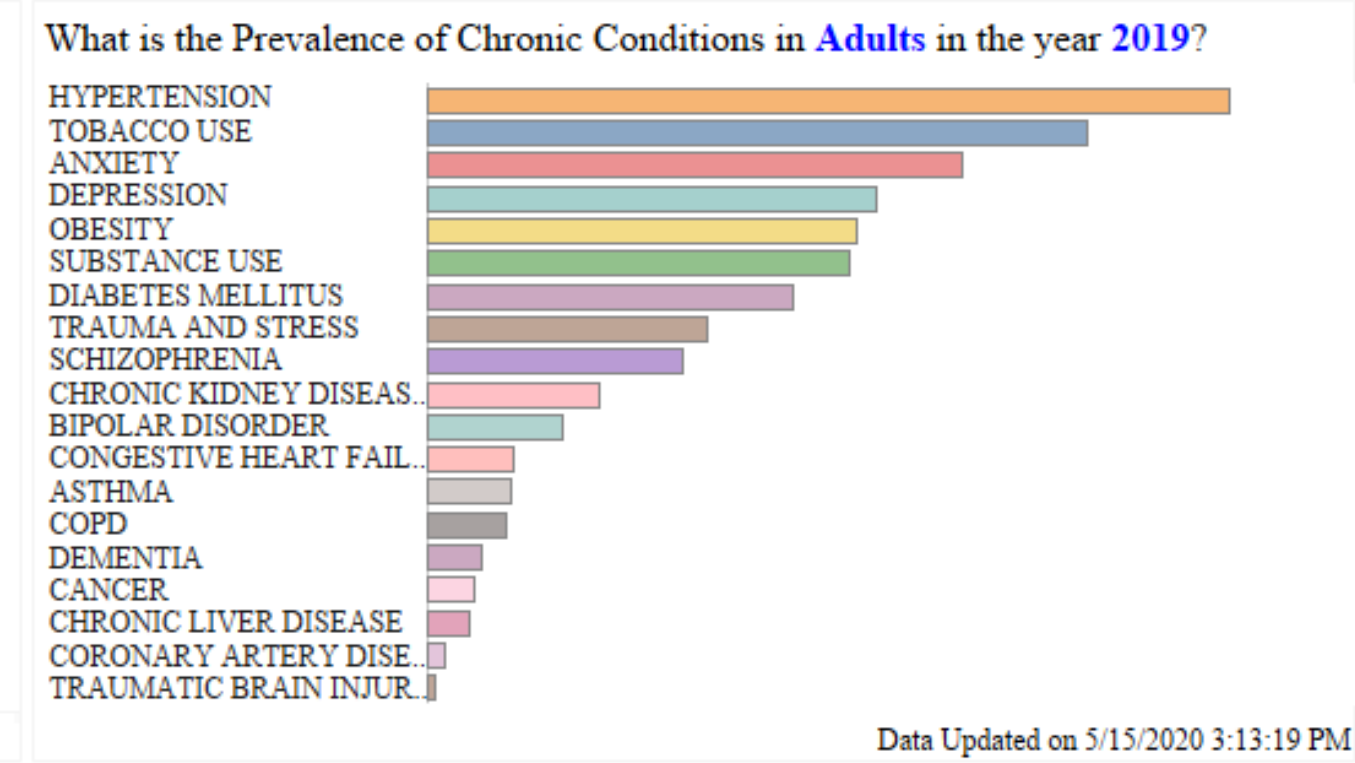
Appendix C: PHC Homeless Population in 2019



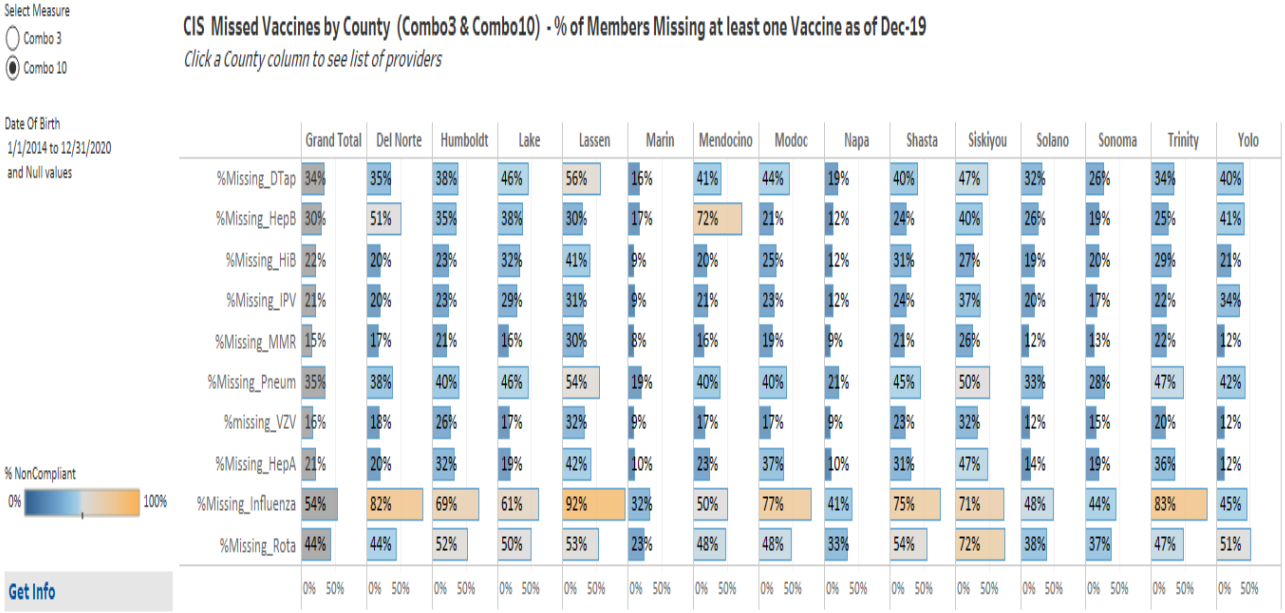
Appendix D: PHC Pediatrics Top Chronic Medical Conditions in 2019



Appendix E: PHC Adults Top Chronic Medical Conditions in 2019



Appendix F: Pediatrics Missed Vaccines in 2019

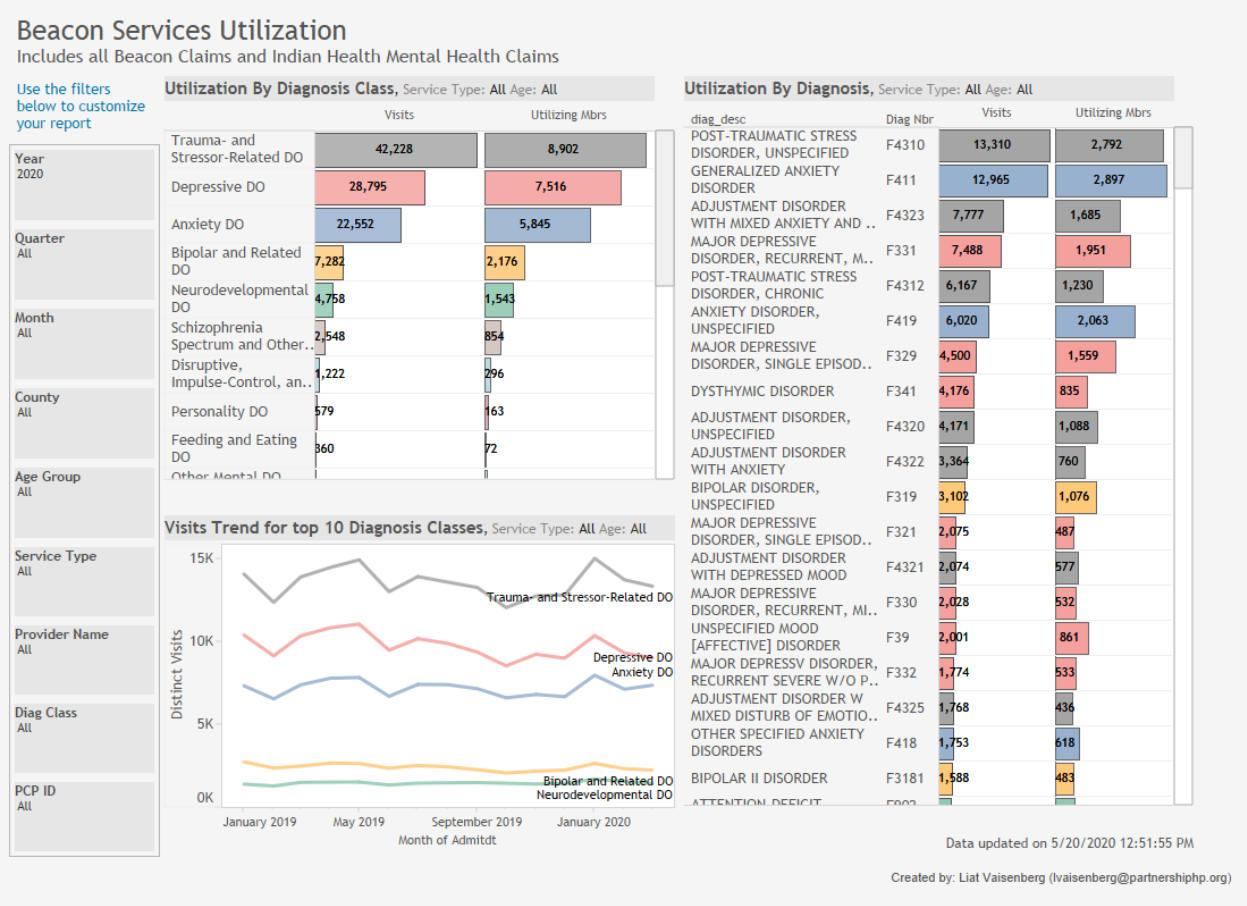


Provider List

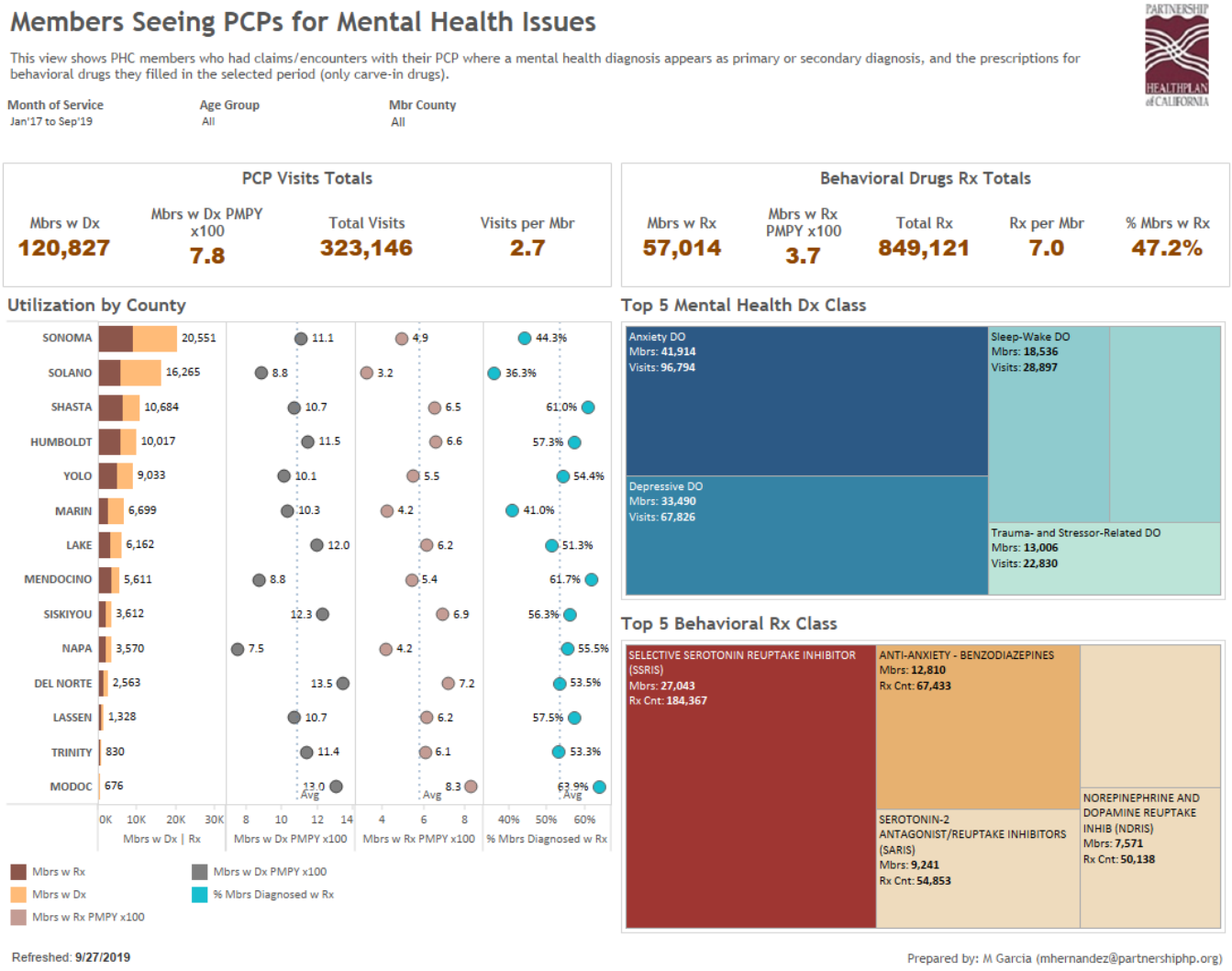
Click a Provider to see list of Members

List of Members missing at least one Combo 10 vaccine - with count of missing immunizations as of
None

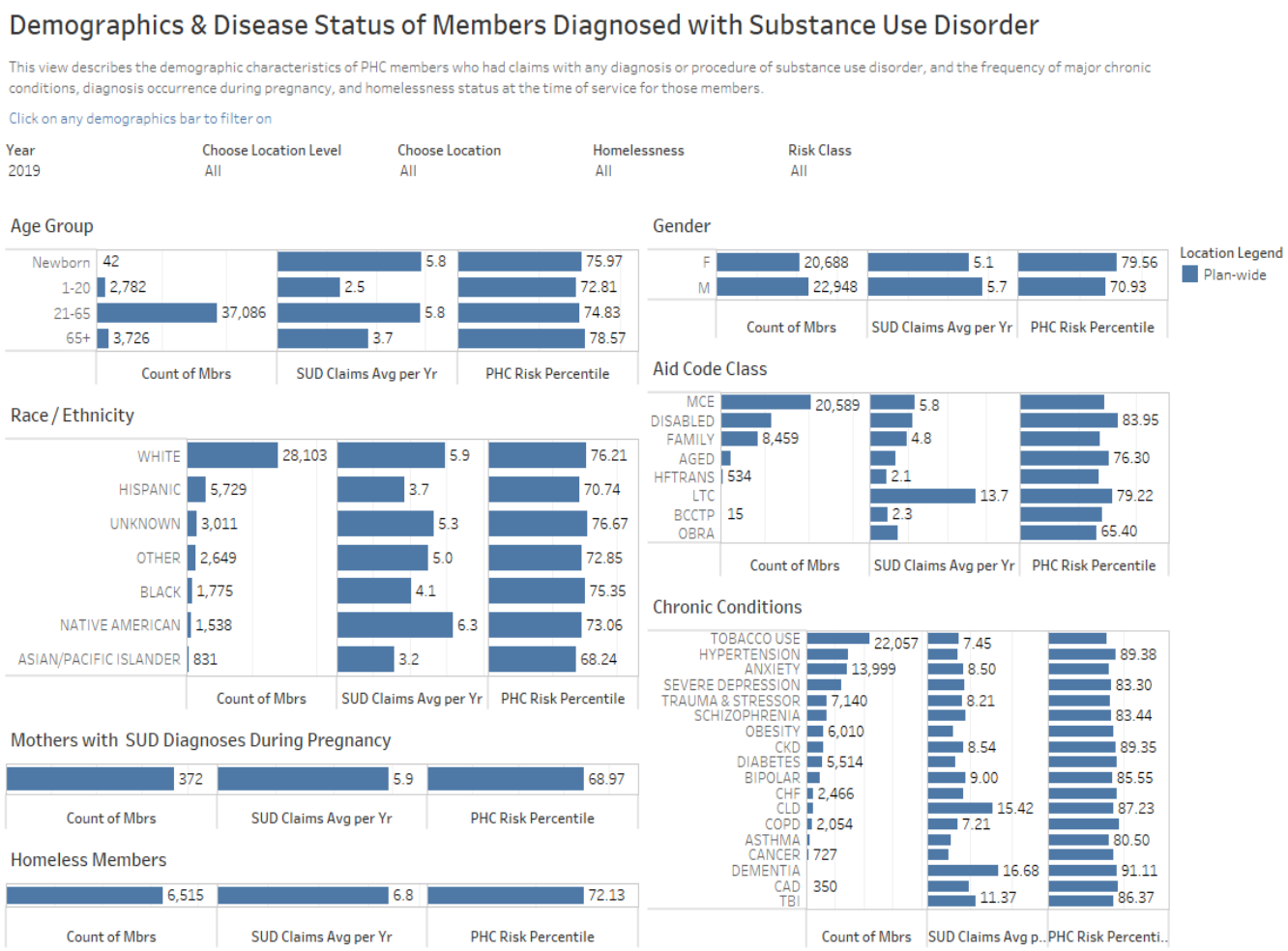
Appendix G: Mental Health Utilization, 2020



Appendix H: Members Utilizing PCPs Services for Mental Health Issues



Appendix I: Demographics & Disease Status of Members Diagnosed with Substance Use Disorder



Appendix J: County Health Rankings Data of PHC Counties

		California	Del Norte (DE), CA X	Lassen (LS), CA X PEER COUNTY	Humboldt (HU), CA X	Lake (LA), CA X	Marin (MR), CA X	Mendocino (ME), CA X	Modoc (MO), CA X	Shasta (SH), CA X	Napa (NA), CA X	Siskiyou (SY), CA X	Solano (SO), CA X	Sonoma (SM), CA X	Trinity (TR), CA X	Yolo (YO), CA X
Health Outcomes			45	42	47	58	1	41	55	46	8	57	24	9	56	15
Length of Life			51	36	52	58	1	44	56	53	12	54	24	14	57	15
Premature death		5,300	9,000	7,100	9,000	11,300	3,200	7,700	10,100	9,000	4,600	9,500	6,100	4,800	11,200	4,800
Quality of Life			25	45	28	49	1	29	46	26	11	57	21	10	37	19
Poor or fair health	ⓘ	17%	18%	15%	16%	18%	11%	17%	16%	14%	14%	16%	15%	14%	16%	16%
Poor physical health days	ⓘ	3.5	4.3	3.8	4.1	4.2	3.0	3.9	4.0	3.9	3.3	4.1	3.5	3.4	4.2	3.8
Poor mental health days	ⓘ	3.5	4.4	3.9	4.6	4.5	3.4	4.2	4.3	4.3	3.8	4.4	3.7	4.0	4.5	4.0
Low birthweight		7%	6%	8%	6%	7%	6%	6%	7%	6%	6%	8%	7%	6%	6%	6%
Health Factors			48	43	34	52	1	38	45	29	11	37	21	12	46	13
Health Behaviors			56	58	49	48	3	36	47	39	9	46	28	10	51	14
Adult smoking	ⓘ	11%	15%	14%	14%	14%	10%	13%	14%	14%	10%	14%	12%	10%	15%	11%
Adult obesity	ⓘ	24%	34%	41%	29%	25%	17%	32%	28%	24%	24%	32%	30%	22%	34%	24%
Food environment index	ⓘ	8.9	6.4	7.5	7.1	7.0	8.8	7.6	6.8	6.9	9.0	6.6	8.0	8.5	7.0	8.0
Physical inactivity	ⓘ	18%	25%	37%	17%	23%	13%	19%	25%	20%	19%	23%	23%	16%	24%	14%
Access to exercise opportunities		93%	89%	54%	85%	66%	97%	72%	46%	78%	90%	72%	97%	94%	88%	96%
Excessive drinking	ⓘ	19%	20%	24%	21%	19%	20%	19%	18%	19%	20%	18%	20%	22%	18%	21%
Alcohol-impaired driving deaths		30%	17%	39%	39%	38%	31%	30%	67%	43%	42%	38%	34%	36%	44%	29%
Sexually transmitted infections	ⓘ	553.4	364.0	301.6	519.2	414.0	343.0	410.1	158.0	317.9	389.4	216.6	587.9	402.4	110.2	491.1
Teen births		19	42	26	16	33	6	27	22	24	14	26	18	12	28	9
Clinical Care			24	32	36	51	2	40	47	22	16	30	20	15	38	10
Uninsured		8%	6%	5%	9%	9%	5%	11%	11%	7%	9%	9%	6%	8%	9%	6%
Primary care physicians		1,260:1	1,620:1	3,120:1	1,440:1	2,220:1	670:1	1,110:1	1,480:1	1,380:1	1,040:1	1,330:1	1,230:1	980:1	4,240:1	810:1
Dentists		1,180:1	1,070:1	930:1	1,270:1	2,220:1	850:1	1,250:1	1,250:1	1,340:1	1,120:1	1,410:1	1,110:1	1,090:1	2,090:1	1,660:1
Mental health providers		280:1	250:1	330:1	220:1	280:1	130:1	160:1	270:1	290:1	180:1	230:1	270:1	220:1	240:1	280:1
Preventable hospital stays		3,598	2,869	4,434	2,855	3,379	2,012	2,743	3,131	3,393	2,743	3,256	3,456	2,710	2,912	2,878
Mammography screening		36%	28%	34%	29%	30%	39%	33%	35%	38%	39%	37%	33%	38%	38%	34%
Flu vaccinations		41%	36%	33%	37%	27%	48%	28%	17%	40%	41%	31%	38%	43%	36%	50%
Social & Economic Factors			50	36	28	51	3	40	48	29	9	38	18	12	52	19

Appendix J: *cont'd*

High school graduation	83%	81%	86%	84%	78%	87%	84%	86%	87%	87%	80%	81%	81%	74%	87%
Some college	65%	44%	37%	67%	49%	76%	57%	49%	68%	64%	62%	65%	66%	60%	70%
Unemployment	4.2%	5.5%	4.8%	3.6%	5.2%	2.4%	3.9%	7.5%	4.9%	2.9%	6.7%	3.9%	2.7%	5.7%	4.2%
Children in poverty	17%	27%	16%	23%	26%	6%	26%	27%	18%	9%	24%	10%	12%	31%	15%
Income inequality	5.3	5.1	4.6	4.8	5.4	5.7	5.0	4.1	4.8	4.5	4.5	4.2	4.5	5.1	6.1
Children in single-parent households	31%	34%	28%	39%	39%	24%	42%	23%	33%	28%	35%	35%	30%	39%	26%
Social associations	5.9	4.0	5.1	9.0	6.4	8.7	7.8	0.0	8.0	7.4	10.7	5.5	7.0	5.5	6.3
Violent crime	421	609	587	432	535	178	640	505	726	398	344	476	368	380	332
Injury deaths	50	103	101	110	154	54	103	122	97	53	119	61	57	142	48
Physical Environment		9	5	13	28	17	41	3	29	43	12	24	42	8	14
Air pollution - particulate matter	9.5	8.5	7.4	8.8	6.9	10.3	8.8	6.6	8.4	10.6	9.6	11.0	10.1	7.8	9.8
Drinking water violations		No	No	No	Yes	No	Yes	No	Yes	Yes	No	No	Yes	No	No
Severe housing problems	27%	22%	16%	25%	24%	22%	28%	16%	22%	22%	21%	21%	23%	24%	23%
Driving alone to work	74%	74%	81%	72%	71%	65%	74%	69%	82%	76%	75%	77%	75%	67%	68%
Long commute - driving alone	41%	10%	18%	17%	42%	45%	21%	14%	15%	32%	22%	42%	31%	23%	32%

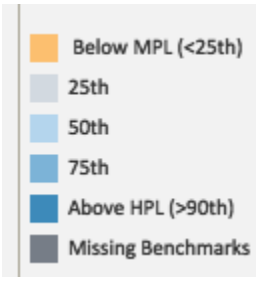
Appendix K: PHC 2018 Annual HEDIS Exploratory

HEDIS Annual Explorer

This View Contains Annual Sample and Admin Data

Select Chart	SelectReportView	SelectMetric	Select Row Level Detail
Table	Annual Report-SubRegion	Rate	None

	NORTHEAST MY-2018	NORTHWEST MY-2018	SOUTHEAST MY-2018	SOUTHWEST MY-2018
Annual Monitoring for Patients on Persistent Medications (MPM)-ACE or ARB	85.01	83.95	90.88	88.88
Annual Monitoring for Patients on Persistent Medications (MPM)-Diuretics	87.60	84.36	90.41	89.82
Asthma Medication Ratio (AMR)-Total 5 to 64 Ratios > 50%	50.90	50.20	64.65	55.00
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	36.68	30.29	46.81	46.89
Breast Cancer Screening (BCS)	53.32	47.75	60.33	56.30
Cervical Cancer Screening (CCS)	55.28	49.88	65.77	71.46
Childhood Immunization Status (CIS)-Combo 3	52.55	53.53	73.48	68.86
Comprehensive Diabetes Care (CDC)-Blood Pressure Control (<140/90)	75.18	67.40	67.00	72.02
Comprehensive Diabetes Care (CDC)-Eye Exam	65.94	45.26	63.03	70.80
Comprehensive Diabetes Care (CDC)-HbA1c Control (<8%)	57.91	53.53	54.34	54.74
Comprehensive Diabetes Care (CDC)-HbA1c Poor Control (>9%)	32.12	31.14	30.77	33.82
Comprehensive Diabetes Care (CDC)-HbA1c Testing	90.51	89.78	91.81	90.02
Comprehensive Diabetes Care (CDC)-Medical Attention for Nephropathy	88.56	88.08	94.79	87.10
Controlling High Blood Pressure (CBP)	65.94	56.20	63.50	59.85
Immunizations for Adolescents (IMA)-Combo 2	17.52	25.55	46.96	39.42
Prenatal and Postpartum Care (PPC)-Postpartum Care	59.61	69.59	76.16	79.57
Prenatal and Postpartum Care (PPC)-Timeliness of Prenatal Care	84.43	87.35	86.13	91.16
Use of Imaging Studies for Low Back Pain (LBP)	76.34	81.98	82.62	83.25
Weight Assessment and Counseling for Nutrition & Physical Activity (WCC)-Counseling for Nutrition	63.50	64.06	76.90	81.92
Weight Assessment and Counseling for Nutrition & Physical Activity (WCC)-Counseling for Physical Activity	61.80	64.58	72.51	76.84
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)	62.02	63.26	68.37	74.24



Population Needs Assessment
July 2020
Submission Date: July 9, 2020

ADDENDUM
Aug. 3, 2020

This Population Needs Assessment has been "approved" ***without*** the redlined changes by both the Department of Health Care Services (DHCS) and by Diane Williams, our National Committee for Quality Assurance (NCQA) consultant. However, our Quality Improvement team raised some excellent questions and concerns about how we represented Healthcare Effectiveness Data Information Set (HEDIS) measures in the report, and the action items were not written in SMART format. Therefore, the attached version is **different from the version previously approved for NCQA submission** by committee and the board in the following ways:

1. Re-ordered information in alignment with DHCS preferred presentation format
2. Added descriptors of data sources
3. Created new Action Plan items in accordance with DHCS request ***and updated to reflect current COVID concerns***
4. Removed Action Plan background information that were presented in NCQA format (but not in DHCS format)

See detailed summary of changes below.

In addition, the red-lined changes are post-DHCS review (and will require a secondary review by DHCS) and intended to align the perspectives of DHCS / NCQA / internal stakeholders.

Detailed Summary of **Omitted** Items from the PNA approved 4.8.2020

Each of the following eight elements/factors are already accounted for in the Population Needs Assessment (PNA) but the proper annotations cannot be located in the July 9, 2020 PNA submission.

1. – Page 6

   Key Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey Results – Measures by Demographics
   - 78% of members reported difficulty in getting needed care.
   - 81% experiences difficulty when asked about the ease of getting care when they believed it as necessary.
   - 75% expressed difficulty in getting an appointment with a specialist.
   - 83% of our members reported that doctors do not spend enough time with their child.

2. – Page 20

   Breast Cancer Screening (BCS)

   The analysis also indicated a significant low rate of mammography among the American Indian/Alaska native members as compared to Caucasians in the Northwest region (Del Norte and Humboldt counties) and Southwest region (Lake, Marin, Sonoma, and Mendocino counties). The rate in the Northwest region was 35.56% v. 49.75%; the rate in the Southwest was 31.22% v.51.62%.

3. – Page 30

   Method

   PHC's Health Equity workgroup elected to address the disparity for the well-child visits in first 15 months of life (W15) measure with its community partner, Santa Rosa Community Health (SRCH), located in Sonoma County and having the third largest Hispanic/Latino PHC member population in the Southwest region.

   By focusing on the timely completion of six or more completed well-child visits with a primary care provider, on or before the child's 15-month birthday, this performance improvement project work has the potential to improve the health of PHC members and SCH communities by optimizing the physical, mental, and social health of ethnicity documented (per the SRCH intake form) Hispanic/Latino children.

4. – Page 30

   Opportunity 1 – Improve engagement of Hispanic members for well-child visits

   Method

   PHC's Quality department has identified Santa Rosa Community Health (SRCH) as a community provider that recognizes a cap for Hispanic members accessing well-child visits. PHC's Quality team will share best practices used by other providers to reach targets for well-child visits, provide coaching and support for SRCH practice leaders, and monitor engagement of members during the course of the project. Through these efforts, the percentage of assigned PHC members who have ethnicity documented as "Hispanic/Latino" that have completed six or more well-child visits in the first 15 months of life (W15) will increase by at least 10 percent.

5. – Page 31

   LGBTQ+

   The LGBTQ+ sub-population is an expanding percentage of PHC's membership. The groups are frequently misunderstood and often experience discriminatory treatment/behavior from both providers and the community at large. PHC Population Health staff has searched for community resources that support the LGBTQ+ community and have located a few support groups, research centers, legal aid, and hotlines; however, these resources are sparse in PHC's catchment area and are not sufficient to meet the needs of this community.

6. – Page 32

   Perinatal Care

   PHC members in all regions are vulnerable to gaps in care during pregnancy. While the PHC's two southern regions traditionally perform well in this category, the northern region has more difficulty in maintaining prenatal and post-partum care. Furthermore, there is a notable difference between prenatal and postpartum visit rates. This is concerning due to the heightened awareness of how perinatal mood disorder impacts both moms and their children following birth. Ensuring that mothers continue their postpartum care gives their providers the opportunity to evaluate the mother's mood, reinforce the importance of planning safe intervals between pregnancies, and assist mothers in establishing well-baby visits for their children.

7. – Page 32

   Methods

   PHC has realigned resources including Regional Medical Directors, Provider Relations, Provider Quality incentives, and Care Coordination programs in order to engage pregnant and postpartum members more effectively. This task force is called the Perinatal Provider Engagement Workgroup and is dedicated to promoting access to high quality prenatal and postpartum care. In addition, PHC revised its perinatal outreach program (Growing Together) to align member incentives with HEDIS measures and with provider incentives, and to reinforce other/baby wellness care. These resources are sufficient for this current effort.

   There are many community resources that support prenatal and post-partum care, such as Women's, Infant, Children (WIC) programs, breastfeeding coalitions, nurse home visiting programs, targeted case management support, support groups, etc. The community resources available to members during and after pregnancy are sufficient; however, many members lack awareness of these valuable resources. PHC's Population Health team dedicates considerable effort to identifying resources and sharing this information with our members.

8. – Page 33

   Substance Use Disorder

   California's DCHS and PHC are also developing a new model of treatment for members with Substance Use Disorder, called Drug Medi-Cal; PHC calls its program Wellness and Recovery, and it is planned for implementation in third or fourth quarter 2020. This pilot program gives structure and support to counties that struggle to provide consistent service options for members with substance use disorder. PHC's Behavioral Health Unit will deliver Wellness and Recovery program to members with substance use disorder, and the resources allocated are sufficient for this program. However, as described above, PHC communities describe shortages not only in having sufficient skilled providers to treat.

Quality and Performance Improvement (QI) Trilogy Documents

Annually, the Quality and Performance Improvement (QI) Team updates three documents, known as the QI Trilogy, that reflect past, present and future work related to quality improvement:

1. Quality Improvement Program Description
2. Quality Improvement Program Evaluation
3. Quality Improvement Work Plan

Each document is a regulatory and National Committee for Quality Assurance (NCQA) Accreditation requirement. A work group within QI sourced from the project management staff of the Performance Improvement team led the preparation of the documents for review by Partnership HealthPlan of California's (PHC) quality committees. These documents will be presented during the quality committees in August and final approval will be sought by the Board of Commissioners in the fall. Along with this review cycle, each document accounts for activities on a fiscal year cycle. These documents will be submitted to the state after Board approval and shared with PHC members via the website and upon request.

Document Summaries:

QI Program Description

The QI Program Description is a summary of the QI program with content including the structure, processes and intra and interdepartmental work that supports quality improvement efforts at PHC. The description contains the following components per the NCQA accreditation standards (QI 1A):

- The QI program structure
- The behavioral healthcare aspects of the program
- Involvement of a designated physician in the QI program
- Involvement of a behavioral healthcare practitioner in the behavioral aspects of the program.
- Oversight of QI functions of the organization by the QI Committee, which at PHC is the Physician Advisory Committee (PAC).
- Objectives for serving a culturally and linguistically diverse membership

The PHC fiscal year 2021 document reflects revisions completed through interdepartmental review and collaboration, particularly in the following areas:

1. Revisions to the committee structure to reconcile the participants and involvement of providers
2. Incorporation of the tenets from the revised Healthcare Effectiveness Data and Information Set (HEDIS) Strategy - Five-Star Quality Improvement Strategy
3. Updates reconciling the introduction of the Population Health Management Department
4. Clarifications and updates on physician/practitioner involvement

QI Evaluation

The QI Evaluation is designed to assess performance on work outlined in the QI Program Description and the QI Work Plan. Per NCQA requirements (QI 1C), the evaluation must include the following:

- A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service
- Trending of measures to assess performance in the quality and safety of clinical care and quality of service
- Analysis and evaluation of the overall effectiveness of the QI program and of its progress toward influencing network wide safe clinical practices

The evaluation includes work directly completed by the Quality and Performance Improvement department and other departmental partners within PHC. In preparing the 2019-2020 evaluation, the following items were given greater consideration.

1. Ensuring the QI Evaluation better reflects the assessment of activities outlined in the QI Work Plan
2. Improving barrier analysis to denote if programs committees and activities met their intended purpose, had the appropriate level of resources and whether or not there are opportunities for improvement
3. Using the evaluation to clearly identify activities/ goals to include in the 20-21 work plan
4. Revising the QI restructuring section and notations of accomplishments

QI Work Plan

This document outlines major activities for the QI Department and organization as a whole that advance quality and performance improvement.
The work plan is designed to monitor and increase accountability of per the NCQA technical specifications (QI 1B):

- Yearly planned QI activities and objectives for improving:
  - Quality of clinical care
  - Safety of clinical care
  - Quality of service
  - Members' experience
- Time frame for each activity's completion
- Staff members responsible for each activity
- Monitoring of previously identified issues
- Evaluation of the QI program

The document and requests for semi-annual and annual updates also included a better accounting of the following:

1. Continuous education and provision of examples for SMART goals

2. The mid-year assessment focused on the completion of deliverables to complete goals
3. Clearer indications of staff accountable for updates vs. those who oversee the work being done through improved designation of sponsors, business owners and contributors

With each successive year, the QI Trilogy documents are becoming more aligned with the intent of NCQA standards and state mandates. This year, this was further accomplished with comprehensive training sessions that included a kick-off training to initiate the trilogy document update process, training sessions before the updates began for each document and strategic interactions through standing NCQA Accreditation team led Business Owner Meetings and messaging to our NCQA consultant.

Partnership HealthPlan of California
Executive Summary – QI Work Plan
End of Fiscal Year Report
Reporting Period – 7/1/2019 – 6/30/2020

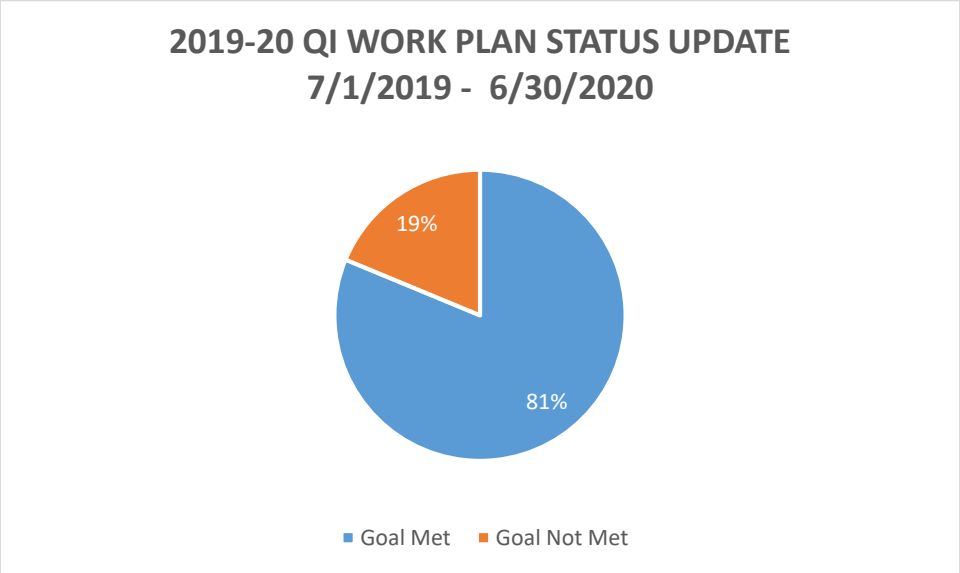
Background: The Quality Improvement (QI) Work Plan is designed to track progress on key QI activities and initiatives throughout the year. Approved by our Board of Commissioners and quality committees, it includes progress updates on planned activities and objectives for improving quality of clinical care, safety of clinical care, quality of service and members' experience. The work plan is set on a fiscal year schedule. This update includes progress on activities from July 1, 2019 through June 30, 2020.

Results: Goals were assessed for level of completion based on the status of supporting deliverables. If all deliverables were completed for an associated goal, it was deemed as "goal met". If any deliverables were noted as "on track" "delayed" or "terminated", the goal was deemed "goal not met".

Of the 64 goals outlined in the work plan, 52 are "Goal Met" and 12 are "Goal Not Met".

Table 1
Goal Status
7/1/2019 – 6/30/2020

Status	n	%
Goal Met	52	81%
Goal Not Met	12	19%



Partnership HealthPlan of California
Executive Summary – QI Work Plan
End of Fiscal Year Report
Reporting Period – 7/1/2019 – 6/30/2020

QI Major Milestones and Activities:

- Training sessions were conducted by the QI Trilogy Project Management team to support the completion of the QI Trilogy documents (QI Work Plan, QI Program Description, and QI Evaluation). Each session was held prior to the initiation of updates.
- The National Committee for Quality Assurance (NCQA) Accreditation Team met with business owners and created work plans and document libraries for monitoring progress in preparation for First Survey.
- The Healthcare Effectiveness Data Information Set (HEDIS) Measure Score Improvement Team Goal group included workgroups that supported work on Asthma Medication Ratio, Well Child Visits in the 3rd, 4th 5th and 6th Years of Life measure and perinatal measures.
- The Perinatal Engagement Workgroup (PEW) leaders met with 23 providers to share guidance on perinatal measures and services that best support member needs and drive performance on perinatal services.
- The Well-Child Birthday Club extended to over 30 sites and continued to serve as a means of encouraging members to complete well-child services in the Northern Region.
- The Perinatal Quality Improvement pilot program ended and the standing program began on 7/1/2020.
- Phase I updates on managing visibility of quality data introducing greater transparency to provider performance data has been completed. Initial reports will be shared with the Board of Commissioners in August 2020.
- The Primary Care Provider Quality Improvement Program (PCP QIP) and Hospital Quality Improvement Program (HQIP) pivoted to change 19-20 program requirements in light of COVID-19.
- Bonus payments were made to long term care (LTC) facilities that demonstrated plans and protocols for preventing the spread of COVID-19 in their facilities.
- The Performance Improvement Team conducted virtual ABC's of QI sessions for providers.
- Member outreach outcall work transitioned from QI to the newly formed Population Health Management (PHM) department.
- The Patient Safety team implemented use of the new Department of Health Care Services (DHCS) site review tool and internal tools to track site reviews and PQI and piloted the process of virtual site visits.
- QI and Pharmacy partnered to complete academic detailing visits.
- Multiple departments including Care Coordination, Utilization Management, Pharmacy and Grievance and Appeals participated in mock file audits in preparation for First Survey.
- A Board Advisory Committee was formed with a subset of leaders from the PHC Board of Directors to provide feedback on quality and performance improvement activities.
- The "Better Together" 5-year strategic plan for HEDIS improvement was revised to reflect the focused efforts of PHC to be a 5-star quality health plan.

Final Goal Status - Goal Not Met

Project or Program	Goal	Status Details	Next Steps
2d – Provider Experience	By July 31, 2020, conduct the CG – CAHPS survey in support of the PCP QIP	As a result of COVID-19, patient experience (CG-CAHPS), has been suspended for 2020. Current preparations are underway to augment survey questions that consider COVID-19	• Complete survey closeout process • Evaluate survey responses after the survey is conducted • If applicable, develop and propose an action plan to improve provider satisfaction.
2h – Partnership Quality Dashboard (PQD)	• Evaluate PQD	Per changes and reprioritization with COVID-19, the timeline for the evaluation has been pushed back for completion in the fall of 2020.	• The staff roles and responsibilities are being revisited in light of 2 major staffing changes. • Training of staff, implementation of the training protocols, slated to be completed post 7/1/2020.
	• Develop PQD Sustainability Plan	• The communication strategy/protocol is in progress. • Updated training materials per PQD development are slated to be completed by 6/30/2020. • The strategy is slated for completion by 6/30/2020.	
2i – HEDIS related data quality, timely access and completeness	Update data sources and then prioritize mapping key data sets to assure data capture under new and changing measures defined under the Managed Care	PHC had few meetings with LabCorp to discuss the connectivity and file formats for data exchange. PHC also started working with NCHIIN	The deliverable: *Prioritize interface development and data mapping for new lab based MCAS measures, including: Lab Corp, NCHIIN, Sac Valley Med Share*

	Accountability Set (MCAS). Utilize newly developed data quality dashboards to focus data quality workgroup in monitoring for timely billing of capitated PCP services. Continue working with the Quality Improvement department to create dashboards for all capitated data. Under the direction of the newly established Data Governance Council, continue executing under the approved roadmap for data governance/data warehouse activities and implement data steward program	for building interfaces so clinical data from four of their additional participants can be sourced into its CDR.	*HIE, and RCHC data warehouse* was not fully met, given the complexity of the work, vendor partnering, and balancing of other priorities. In the Jan-June 2020 update, an action plan with current timing to achieve these interface and data mapping objectives are outlined in detail.
3a – Primary Care Provider Quality Improvement Program (PCP QIP)	Further leverage the PCP QIP program to continue to support HEDIS score improvement, including monitoring changes to relative improvement methodology, payment methodology, and continuous enrollment requirement and support clinics in their efforts to use data to improve reporting and performance improvement activities.	• Provider Survey closes on June 30th. Assessment is schedule to be completed end of July. • Employee resources and COVID-19 has contributed to a delay in meeting this goal.	• Complete survey closeout process • Evaluate survey responses • If applicable, develop and propose an action plan to improve provider satisfaction. • Goal to complete is end of month, July 31st
3f – Community Pharmacy QIP	Operate an incentive program to support clinical pharmacy activities that aim to optimize medication	Most submissions will likely occur in the last months for the submission period. Due to the COVID-19	The “Final Goal” will not be met until all submissions are reviewed, scores and payments calculated,

	therapy and improve member health outcomes	pandemic, the final submission date was moved from 7/31/20 to 8/31/20.	and payments sent to the participating pharmacies. Independent Community QIP payments for 2019-2020 will be mailed out no later than October 31, 2020.
4b – Offering & Honoring Choices Initiative – Palliative Care Consult	By June 30, 2020 implement requirement for palliative care consult (or equivalent) for major organ transplant patients	Per Dr. Moore, delayed due to conflicting priorities.	No estimated date of completion at this time.
4h - Asthma Prescription Best Practice Adoption	By 6/30/20, the NR QI, Pharmacy, and PR leadership teams will partner to improve HEDIS measure performance by influencing prescribers to adopt best asthma prescribing practices and working with the pharmacy network to improve asthma medication workflows.	Postponed the 3rd week of March when shelter-in-place and provider focus was placed on COVID-19 response. With the re-scheduling of the education, there will be an opportunity to re-visit scoping of a joint PCP and pharmacy PDSA.	PHC senior leadership recently waived this goal requirement on 2019-20 given the unprecedented impact of COVID to conducting this work. We still aim to pursue this PDSA beyond the original shared department goal and deliverable defined within this work plan.
5e – Provider Satisfaction	Create platform for prescribers to submit pharmacy TARs directly to the PHC Pharmacy Department	As a result of the State of California Governor's Executive Order N-01-19, which stipulates that MCP pharmacy benefits will be carved out to State Medi-Cal Fee For Service effective January 1, 2021, the integration of a Provider Platform for online TAR submission into the PHC's ePA	Goal terminated due to pending pharmacy carve-out to DHCS.

		system will be terminated.	
6a – Population Health Management and Care for Members with Complex Needs	Improve HEDIS rates for PPC-Pre, PPC -Post, W15 and comply with AB2193 Review and Revise Growing Together Program (GTP) to reflect AB2193 for maternal risk of depression screening and continued focus on HEDIS measures to support and reinforce maternal participation in: • PPC-Pre: Prenatal Care • PPC-Post: Postpartum Care • W15: Well child exams within the first 15 months of life • AB2193 – Encourage prenatal social work/maternal mental health visits for pregnant moms	In April, the PHM Team started calling families with children <15 months old, to reinforce the importance of Well-Child Exams during the COVID-19 Pandemic. Care Coordination and Population Health will meet to identify the best way to transition the Growing Together Program into Population Health. Date to be determined. (Wellness Guide positions will need to be posted and hired within PHM to support these campaigns. This is included in the proposed budget for FY20-21.) The Population Health Supervisor has written the process and procedures for the GTP program, and is ready to implement into a program once the program is implemented.	Transfer this goal to Population Health, and continue working on it during FY20-21.
6e – NCQA Grand Analysis: Population Segmentation/Stratification	Complete the annual segmentation/stratification of PHC's member population into subsets for targeted intervention	Draft submitted to NCQA consultant. Feedback received, 4/28. Revised draft in progress.	Target completion for PHM 2D by end of June.
10b – NCQA Delegation Readiness	By June 30, 2020, update current Delegation Agreements with 2020 NCQA	Currently Compliance NCQA Readiness is at 98.89% and missing one document that has	Due to COVID-19 several delegates requested an extension on file

	Standards and have submitted to delegates for execution	been sent to our NCQA consultant for review and approval and will put us at 100% readiness	submission. Understanding the impact COVID-19 had on many of the delegates PHC granted an extension. However, we have now received all of the required documents to complete the audit and final results will go through DORS in Q3.

2019/20 Quality Improvement Work Plan										
Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
1. QI Program Infrastructure										
1.a.	**QI Program Documents**	By July 2020, Complete QI Program Description, QI Work Plan and QI Evaluation revisions in preparation for the August Quality Committee meetings	Complete draft QI Work Plan	10/1/2019	5/29/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Complete draft QI Program Description	10/1/2019	5/29/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Complete Draft QI Evaluation	10/1/2019	5/29/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Finalize trilogy documents to go through the August Quality Committees.	6/1/2020	7/17/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
1.b.	**Physician Advisory Committee (PAC) oversight of QI Program**	Ensure PAC oversight of PHC's QI Program through semi-annual monitoring of the QI Work Plan	2019/20 QI Work Plan approved by PAC in September 2019	7/1/2019	9/30/2019	**Title: Chief Medical Officer Name: Robert Moore**	**Title: Administrative Assistant to the CMO Improvement Name: Linda Largent**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Progress Reports Delivered in February and August 2020	7/1/2019	8/30/2020	**Title: Chief Medical Officer Name: Robert Moore**	**Title: Administrative Assistant to the CMO Improvement Name: Linda Largent**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	
2. Measurement, Analytics and Reporting										
			Analyze and disseminate HEDIS 2019 Results	7/1/2019	Prelim by 8/31/2019 Final by 10/31/2019	**Title: Manager of Quality Measurement, Quality and Performance Improvement Name: Sue Quichocho**	**Title: Senior Program Manager Name: Martha Martin**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	

2019/20 Quality Improvement Work Plan

Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
2.a.	**HEDIS Reporting**	By June 30, 2020 Report HEDIS scores annually (required Managed Care Accountability Set measures) to NCQA and HSAG and calculate baseline rates for NCQA Accreditation measures	Prepare administrative data for HEDIS 2020 reporting, including: 1. Run rates monthly 2. Monitor encounter data for changes 3. Evaluate impact of the new supplemental data sources	Planning 7/1/2019 Execution 1/1/2020	Planning 12/31/2019 Execution 6/15/2020	**Title: Manager of Quality Measurement, Quality and Performance Improvement Name: Sue Quichocho**	**Title: Senior Program Manager Name: Martha Martin**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Conduct Medical Record Project, including: 1. Collect data from approx. 13,000 medical records 2. Pass the annual HEDIS Medical Record Review Validation Audit 3. Timely record retrieval and abstraction	Planning 7/1/2019 Execution 1/1/2020	Planning 12/31/2019 Execution 6/15/2020	**Title: Manager of Quality Measurement, Quality and Performance Improvement Name: Sue Quichocho**	**Title: Senior Program Manager Name: Martha Martin**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
2.b.	**Member Experience Data**	Actively gather, analyze and highlight areas of opportunity for the plan using CAHPS survey and Grievance and Appeal data, as it related to NCQA requirements	Ongoing collection and analysis of G&A data. Stakeholders to meet every other month to review data in comparison to 2018/19 CAHPS survey results	7/1/2019	6/30/2020	**Title: Director of Member Services Name: Kevin Spencer**	**Title: Project Manager II Name: Anna Hernandez**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Review Member Experience data with Board of Directors, for MS Education Session in December 2019.	10/1/2019	12/31/2019	**Title: Director of Member Services Name: Kevin Spencer**	**Title: Project Manager II Name: Anna Hernandez**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			During the FY launch CAHPS survey campaign	4/1/2020	6/1/2020	**Title: Director of Member Services Name: Kevin Spencer**	**Title: Project Manager II Name: Anna Hernandez**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	
2.c.	**Member Services Access**	Ensure compliance of internal and delegated access standards as it related to inbound call handling	Monitor, Analyze and Recommend CAP(s) when appropriate	7/1/2019	6/30/2020	**Title: Director of Member Services Name: Kevin Spencer**	**Title: Director of Member Services Name: Kevin Spencer**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	**Yes**
2.d.	**Provider Experience Data**	By July 31, 2020, conduct the CG- CAHPS survey in support of	Field provider level CAHPS survey for PCP's with >1200 visits by unique members	5/1/2020	7/31/2020*	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager, QI Name: Anthony Sackett**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete ☐ On Track ☐ Delayed **X** Terminated	**No**

2019/20 Quality Improvement Work Plan										
Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
2.d.	Provider Experience Data	the PCP QIP	Complete the provider level survey to assess satisfaction with the QIP	5/1/2020	7/31/2020*	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager, QI Name: Anthony Sackett**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	No
2.e.	**Web Based Member Information Assessment**	Complete annual evaluation of the quality and accuracy of info. Provide to members via the e-mail and telephone as stated in MEM 3 Element C & D (email)	Meet remaining first survey requirements as part of MS department goal FY20	7/1/2019	6/30/2020	**Title: Director of Member Services Name: Kevin Spencer**	**Title: Associate Director of Call Center Name Edna Villasenor**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
2.f.	**NCQA: Grand Analysis Network Adequacy**	By June 30, 2020, complete comprehensive draft reports for NCQA requirements Net 1 A, B, C; Net 2 A and C; and Net 3 A, B, and C.	By June 30, 2020, complete comprehensive draft reports for NCQA requirements Net 1 A, B, C; Net 2 A and C; and Net 3 A, B, and C.	7/1/2019	6/30/2020	**Title: Director of Provider Relations Name: Heather Brandeburg**	**Title: Program Manager Name: Renee Trosky**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Complete report for NCQA requirement Net 2 A and C	7/1/2019	6/30/2020	**Title: Director of Provider Relations Name: Heather Brandeburg**	**Title: Program Manager Name: Renee Trosky**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Complete report for NCQA requirement Net 3 A, B, and C	7/1/2019	6/30/2020	**Title: Director of Provider Relations Name: Heather Brandeburg**	**Title: Program Manager Name: Renee Trosky**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Implement transition and sustainability plan for Provider Relations to become the primary owner of NCQA Standards Network Management 1-3	7/1/2019	6/30/2020	**Title: Director of Provider Relations Name: Heather Brandeburg**	**Title: Program Manager Name: Renee Trosky**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			initiate 2020 eReports scoping and development with Web Team and finalize via annual BRD approved by QI and IT management	7/1/2019	10/15/2019	**Title: NR Director of QI/PI Name: Nancy Steffen**	**Title: QI Analyst Name: Anne Gulley**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	

2019/20 Quality Improvement Work Plan										
Item #	**Project/Program**	**Goal**	**Deliverables**	**Start Date**	**Due Date**	**Sponsor**	**Business Owner**	**Deliverable Evaluation Status**		**Goal Met (Yes No)**
2.g.	**PCP QIP eReports System**	By March 2020, release 2020 eReports. Provide ongoing provider education on using eReports, stressing the importance of assuring accuracy when manually uploading medical record data	Perform User Acceptance Testing (UAT) in partnership with Web Team to achieve all BRD deliverables and timely release to provider network	12/1/2019	3/1/2020	**Title: NR Director of QI/PI Name: Nancy Steffen**	**Title: QI Analyst Name: Anne Gulley**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Conduct eReports audit(s) to evaluate accuracy of provider uploaded medical record data. Audit outcomes will be used to inform targeted and plan-wide provider education on using eReports	7/1/2019	1/31/2020	**Title: NR Director of QI/PI Name: Nancy Steffen**	**Title: Project Manager Name: Dorian Roberts**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
2.h.	**Partnership Quality Dashboard (PQD)**	Goal 1: Develop and implement charters, BRD's and Project Plans in support of maintenance and critical enhancements (including unblinding quality data (formerly public reporting) component of PQD	Define Phase 2 Requirements (Charter, BRD, Project Plan, Design, UAT) and launch to production	7/1/2019	6/30/2020	**Title:Chief Medical Officer Name: Robert Moore**	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	Click to view status update July 1 - Dec 31 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Define Unblinding Quality Data (formerly Public Reporting) Requirements (Charter, BRD, Project Plan, Design, UAT) and launch to Production	7/1/2019	11/30/2019	**Title:Chief Medical Officer Name: Robert Moore**	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Create training materials for unblinded data dashboards	7/1/2019	6/30/2020	**Title:Chief Medical Officer Name: Robert Moore**	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
		Goal 2: Integrate PQD and PCP QIP	Develop integration strategy for PQD and PCP QIP and implement 2 components of that strategy	7/1/2019	4/30/2020	**Title:Chief Medical Officer Name: Robert Moore**	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
		Goal 3: Evaluate PQD	Complete PQD Evaluation	7/1/2019	6/30/2020	**Title:Chief Medical Officer Name: Robert Moore**	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	**No**

2019/20 Quality Improvement Work Plan										
Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
		Goal 4: Develop PQD Sustainability Plan	Complete Year 2 PQD Maintenance Plan (Charter, BRD)	7/1/2019	9/30/2019	**Title:Chief Medical Officer Name: Robert Moore**	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	Click to view status update July 1 - Dec 31 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Complete PQD Communication Strategy and Begin Implementation	7/1/2019	3/31/2020	**Title:Chief Medical Officer Name: Robert Moore**	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	**No**
			Create Sustainability/Contingency Plan to include, plan to cross-train staff and document dashboard development and maintained processes.	10/1/2019	12/31/2019	**Title:Chief Medical Officer Name: Robert Moore**	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	Click to view status update July 1 - Dec 31 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	
2.i.	**HEDIS related data quality, timely access and completeness**	Update data sources and then prioritize mapping key data sets to assure data capture under new and changing measures defined under the Managed Care Accountability Set (MCAS). Utilize newly developed data quality dashboards to focus data quality workgroup in monitoring for timely billing of capitated PCP services Continue working with the Quality Improvement department to create dashboards for all capitated data. Under the direction of the newly established Data Governance Council, continue executing under the approved roadmap for data governance/data warehouse activities and implement data steward program	Update data sources via data use agreements and information exchanges to assure data capture under new lab based MCAS measures.	7/1/2019	6/30/2020	**Title: Director of EDI Development Name: Thenn Subramanian**	**Title: NR Director of QI/PI Name: Nancy Steffen**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**No**
			Prioritize interface development and data mapping for new lab based MCAS measures, including: Lab Corp, NCHIIN, Sac Valley Med Share HIE, and RCHC data warehouse.	7/1/2019	6/30/2020	**Title: Director of EDI Development Name: Thenn Subramanian**	**Title: NR Director of QI/PI Name: Nancy Steffen**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	
			With regular monitoring of new data quality dashboard centered on timely billing, the PHC Data Quality workgroup aims to target PCPs needing guidance on improved billing practices.	7/1/2019	6/30/2020	**Title: Director of Enterprise Information Management Name: Dave Hosford**	**Title: NR Director of QI/PI Name: Nancy Steffen**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			QI and IT partner to develop additional data quality dashboards to allow the business to follow escalation protocols when an issues arises and drill down to HEDIS relevant codes.	7/1/2019	6/30/2020	**Title: Manager of IT Name: Arun Saligame**	**Title: NR Director of QI/PI Name: Nancy Steffen**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	

2019/20 Quality Improvement Work Plan										
Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
			As new PHC Core System is being implemented in 2019-20, work to identify data lineage from source to storage to reporting and map according to data use needs across PHC.	7/1/2019	6/30/2020	**Title: Director of Enterprise Information Management Name: Dave Hosford**	**Title: NR Director of QI/PI Name: Nancy Steffen**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Enhance PHC's ability to find issues in the data earlier and more thoroughly by broadening responsibilities of the users of the data. Continue implementing an enterprise-wide data steward program.	7/1/2019	6/30/2020	**Title: Director of Enterprise Information Management Name: Dave Hosford**	**Title: NR Director of QI/PI Name: Nancy Steffen**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
3. Value Based Payment Programs - QIP										
3.a.	**Primary Care Provider Quality Improvement Program (PCP QIP)**	Further leverage the PCP QIP program to continue to support HEDIS score improvement, including monitoring changes to relative improvement methodology, payment methodology, and continuous enrollment requirement and support clinics in their efforts to use data to improve reporting and performance improvement activities.	Proactively seek opportunities to educate and support providers to improve QIP (and therefore HEDIS) performance	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager, QI Name: Anthony Sackett**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**No**
			Complete the provider level survey to assess satisfaction with the QIP	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager, QI Name: Anthony Sackett**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	
			Coordinate in-person meetings with participants and offer ongoing virtual support over the course of the measurement year	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager, QI Name: Anthony Sackett**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Work with PQD team to incorporate the tool into the PCP QIP	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager, QI Name: Anthony Sackett**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Update the process for getting final statements and payments out	10/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager, QI Name: Anthony Sackett**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	

2019/20 Quality Improvement Work Plan										
Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
			Complete development of measures for 2020 PCP QIP	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager, QI Name: Anthony Sackett**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Track, report and evaluate 2019 program performance	1/1/2020	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager, QI Name: Anthony Sackett**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	
			Evaluate impact of changes put in place for MY19	1/1/2020	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager, QI Name: Anthony Sackett**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
3b	**Hospital Quality Improvement**	Goal 1: Develop Measurement set to support Hospital Performance Improvement	Measure development and program planning	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager - QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	**Yes**
			Facilitate and support Advisory Group (AG) and Technical Work Group (TWG) meetings	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager - QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
		Goal 2: Complete Evaluation of the HQIP	Complete Program evaluation	7/15/2019	1/31/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager - QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Yes
			Track Submissions and collect performance data	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager - QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	

2019/20 Quality Improvement Work Plan										
Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
	Program (HQIP)	Goal 3: Continue to engage Hospitals in HQIP	Provide ongoing program correspondence and technical assistance to providers	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager - QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Facilitate and support Advisory Group (AG) and Technical Work Group (TWG) meetings	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager - QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Expand the scope of the participation on the Hospital QIP through recruitment efforts	10/1/2019	4/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager - QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
		Goal 4: Complete Hospital PQD	Share preliminary report (through Hospital PQD), and pay providers - 4	9/1/2019	10/31/2019	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager - QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
3.c.	**Long Term Care Quality Improvement Program (LTC QIP)**	Engage Provider Advisory Group to improve measurement set and explore opportunities to improve data informing cost and clinical quality performance of facilities	Measure assessment and potential development that can help PHC assure high quality care is being rewarded across our service regions	6/30/2019	4/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager - QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Engage with community and facility leadership to expand the QIP to more facilities (including through the Advisory Group)	6/30/2019	4/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager - QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Track submission and collect data	1/1/2020	12/31/2019	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager - QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	

2019/20 Quality Improvement Work Plan										
Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
			Share preliminary reports, and pay providers	4/1/2020	4/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager - QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Complete Program Evaluation by 8/31/2020	10/31/2019	8/31/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager - QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	
3.d.	**Palliative Care QIP (PC QIP)**	Provide continuous education to providers on PCQN data entry and encourage first layer of CIN/Member name/ POLST validation when they download and send data to PHC for payment calculations.	Program Part I: January - June Program Part II: July - December	1/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager - QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Provide ongoing correspondence and technical assistance to providers	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager - QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Program Closeout Part I (Submission tracking, data retrieval and validation, report distribution, complete and send preliminary final statements to providers) Check Mailed by 10/31/19 Program Closeout Part II (Submission tracking, data retrieval and validation, report distribution, complete and send preliminary final statements to providers) Check Mailed out by 4/30/20	10/1/2019	4/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager - QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Provider Training on PCQN/Conferences	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager - QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Monitor and evaluate program performance	7/1/2019	11/30/2019	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager - QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	

2019/20 Quality Improvement Work Plan										
Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
3.e.	Perinatal QIP	Continue to develop Perinatal QIP Measurement set to support HEDIS Score Improvement. Sustain program participation of perinatal care provider sites	Assess new 2019-20 pilot QIP to determine if program should be installed on a permanent basis	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager, QI Name: Anthony Sackett**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Yes
			Complete provider survey to assess satisfaction with the QIP	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager, QI Name: Anthony Sackett**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Provide ongoing technical assistance to providers	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager, QI Name: Anthony Sackett**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Track, report, and evaluate 2018-19 program performance	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager, QI Name: Anthony Sackett**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Evaluate impact of changes put in place for 2019-20	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson**	**Title: Project Manager, QI Name: Anthony Sackett**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
3.f.	Community Pharmacy QIP	Operate an incentive program to support clinical pharmacy activities that aim to optimize medication therapy and improve	Enrollment of invited pharmacies into program	3/1/2019	8/1/2019	**Title: Director, Pharmacy Services Name: Stan Leung**	**Title : Pharmacy Services Program Manager Name: Dawn Cook**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	No
			Data submission to PHC	9/1/2019	7/31/2020	**Title: Director, Pharmacy Services Name: Stan Leung**	**Title : Pharmacy Services Program Manager Name: Dawn Cook**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
3.f.	Community Pharmacy QIP	activities that aim to optimize medication therapy and improve member health outcomes	Results calculation, validation and final payment	8/1/2020	10/31/2020	**Title: Director, Pharmacy Services Name: Stan Leung**	**Title : Pharmacy Services Program Manager Name: Dawn Cook**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	No
			Annual measure development and approval for upcoming year	4/1/2020	5/31/2020	**Title: Director, Pharmacy Services Name: Stan Leung**	**Title : Pharmacy Services Program Manager Name: Dawn Cook**	Click to view status update July 1 - Dec 31 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete ☐ On Track ☐ Delayed **X** Terminated	
3.g.	**Intensive Out-Patient Care Management (IOPCM) QIP**	Develop a sustainable QIP garnering participation of the 16 contracted IOPCM sites	Develop meaningful measures for 2 measurement periods (7/1/19-12/31/19) and 1/1/2020-6/30/2020); considering data collection of hospitals/ED visits and potentially other measures	7/1/2019	8/31/2019	**Title: Chief Medical Officer Name: Robert Moore**	**Title: Manager of QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Yes
			Write and publish specifications	7/1/2019	9/30/2019	**Title: Chief Medical Officer Name: Robert Moore**	**Title: Manager of QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	
			Monitor and evaluate program performance	7/1/2019	6/30/2020	**Title: Chief Medical Officer Name: Robert Moore**	**Title: Manager of QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			provide ongoing program correspondence and technical assistance to providers	7/1/2019	6/30/2020	**Title: Chief Medical Officer Name: Robert Moore**	**Title: Manager of QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Program Closeout : submission tracking, data retrieval and validation, report distribution	4/30/2019	6/30/2020	**Title: Chief Medical Officer Name: Robert Moore**	**Title: Manager of QIP Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
			Onboard new IOPCM provider as they are credentialed	7/1/2019	6/30/2020	**Title: Chief Medical Officer** **Name: Robert Moore**	**Title: Manager of QIP** **Name: Melissa Stewart**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
4. Improvement Projects, Clinical Quality										
4.a.	**Social Determinants of Health - Housing Initiative**	The goal is to focus on the effects demonstrated by increasing the affordable housing inventory supports and the impacts this may have on individual health and well-being. Over the period of July 1, 2019 to June 30, 2020 PHC will increase access to affordable housing for members throughout PHC's fourteen covered counties by continuing the rollout and oversight of $25 million in grant funds to support the affordable housing. Housing project plan-wide vary based on local need, with grant fund disbursements tied to contract deliverables. Progress on the housing inventory expansion will be measured by deliverables met and funds dispersed in the aforementioned time period compared to total deliverables and total remaining funds. Furthermore, the relationship between healthcare and housing will be measured by examine the healthcare costs and utilization of members identified as housed or served by housing projects receiving PHC funds. In the measured time PHC will analyze specific elements drawn from lames data to demonstrate the impact of housing on health outcomes in the following domains, Primary Care Access, Emergency Department Utilizations, Hospital Inpatient Stays and Treatment Utilization. Baseline data will be presented in July to look at preliminary outcomes will assessing for additional data needs. Ongoing comparison reports will be applied beginning 6-10 months post baseline	Continue implementation throughout the Partnership Network and oversight of $25 million in grants to support local capacity in expanding the supply of housing.	7/1/2019	6/30/2020	**Title: Behavioral Health Administrator** **Name: Margaret Kisliuk**	**Title: Project Manager I** **Name: Jessica Delaney** **Title: Project Coordinator II** **Name: Amenda Namin**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Identify relationships between health care and housing through support of homeless/housing initiatives and their effect on health outcomes associated with housing resources	7/1/2019	6/30/2020	**Title: Behavioral Health Administrator** **Name: Margaret Kisliuk**	**Title: Project Manager I** **Name: Jessica Delaney** **Title: Project Coordinator II** **Name: Janet Schiewe**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Continue assessing current connections between the social service and healthcare systems, and explore opportunities to support both health care providers and members more easily make connections between both systems.	7/1/2019	6/30/2020	**Title: Behavioral Health Administrator** **Name: Margaret Kisliuk**	**Title: Project Manager I** **Name: Jessica Delaney** **Title: Project Coordinator II** **Name: Janet Schiewe**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete ☐ On Track ☐ Delayed **X** Terminated	
			Continue to Identify and develop education and technical assistance opportunities for providers and stakeholders	7/1/2019	6/30/2020	**Title: Behavioral Health Administrator** **Name: Margaret Kisliuk**	**Title: Project Manager I** **Name: Jessica Delaney** **Title: Project Coordinator II** **Name: Janet Schiewe**	Click to view status update July 1 - Dec 31 ☐ Complete ☐ On Track ☐ Delayed **X** Terminated	Click to view status update Jan 1 - June 30 ☐ Complete ☐ On Track ☐ Delayed **X** Terminated	
	Offering & Honoring Choices Initiative - Palliative Care Consult	By June 30, 2020 implement requirement for palliative care consult (or equivalent) for major organ transplant patients	Update Major Organ Transplant policy (MCUP3104) to reflect new requirements	7/1/2019	9/30/2019	**Title: Chief Medical Officer** **Name: Robert Moore**	**Title: Senior Project Manager** **Name: Barb Selig/Renee Trosky**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**No**
			Develop Communication Plan	7/1/2019	10/31/2019	**Title: Chief Medical Officer** **Name: Robert Moore**	**Title: Senior Project Manager** **Name: Barb Selig/Renee Trosky**	Click to view status update July 1 - Dec 31 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete ☐ On Track **X**Delayed ☐ Terminated	

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
4.b.			Communication of the change to all Transplant Hospitals	10/31/2019	12/31/2019	**Title: Chief Medical Officer Name: Robert Moore**	**Title: Senior Project Manager Name: Barb Selig**	Click to view status update July 1 - Dec 31 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete ☐ On Track **X**Delayed ☐ Terminated	
	Offering & Honoring Choices Initiative - Advance Care Planning Coalition Grant	By December 31, 2019 conduct evaluation of ACP Coalition Grant	Compile data from each of the four ACP coalitions, and create one comprehensive report	8/31/2019	10/31/2019	**Title: Senior Project Manager Name: Barb Selig**	**Title: Senior Project Manager Name: Barb Selig**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Produce narrative and summary report	8/31/2019	10/31/2019	**Title: Senior Project Manager Name: Barb Selig**	**Title: Senior Project Manager Name: Barb Selig**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Draft article or abstract for peer review journal	8/31/2019	10/31/2019	**Title: Senior Project Manager Name: Barb Selig**	**Title: Senior Project Manager Name: Barb Selig**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
4.c	**HEDIS Measures**	Share updates at a minimum of 10 Operations meetings (1 update/ month) that reflect the status of action steps taken in the execution of HEDIS Measure Score Improvement initiatives.	Complete the development of initiative workbooks/ playbooks	7/1/2019	6/30/2020	**Title: Director of Quality & Performance Improvement Name: Erika Robinson (SR)**	**Title: Director of Quality & Performance Improvement Name: Erika Robinson (SR)**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Create and maintain initiative action plans	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson (SR) and Nancy Steffen (NR)**	**Title: Project Manager I Name: Megan Shelton Title: Admin. Assistant II (Temp) Name: Belynda Carter**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Create dashboard reports for Northern and Southern Region QI to share at Ops Meetings	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Erika Robinson (SR) and Nancy Steffen (NR)**	**Title: Manager of Performance Improvement Name: James Devan (NR) Title: Project Manager I Name: Megan Shelton Title: Admin Assistant II Name: Brandy Aguayo**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	

2019/20 Quality Improvement Work Plan										
Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
4.d.	Behavioral Health	For measures on Antidepressant Medication Management and Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medications follow-up of ADHD, capture baseline, assess and identify possible interventions to test.	For measures on Antidepressant Medication Management and Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medications follow-up of ADHD, capture baseline, assess and identify possible interventions to test.	7/1/2019	6/30/2020	**Title: Varies** **Name: Nancy Steffen, Caron Lee**	**Title: Manager of PI** **Name: James Devan (NR) , Caron Lee (SR)**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Yes
4.e.	Northern Region Quality Improvement and Health Services Member In-Reach/Outreach	By 6/30/20, the NR QI and Health Services teams will partner to conduct member in-reach through which HS staff, within existing 1:1 member interactions, will integrate dialog on the importance of completing HEDIS-related preventive care and screenings and offer coordination of related services. Through this goal work, QI and HS leadership aim to make targeted promotion of preventive healthcare services spontaneous to all 1:1 member interactions but in this goal year commits to select HS staff tracking these interactions manually under at least 4 priority HEDIS measures for 6 months to evaluate impact on member behavior and measure compliance.	Develop training material, and train identified Health Services staff on member look-up in eReports.	7/1/2019	6/30/2020	**Title: Director, Quality and Performance Improvement** **Name: Nancy Steffen**	**Title: Manager of PI** **Name: James Devan (NR)**	Click to view status update July 1 - Dec 31 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X**Complete ☐ On Track ☐ Delayed ☐ Terminated	Yes
			Track data: Health Services' staff logging of 1:1 interactions with members by targeted measure	7/1/2019	6/30/2020	**Title: Director, Quality and Performance Improvement** **Name: Nancy Steffen**	**Title: Manager of PI** **Name: James Devan (NR)**	Click to view status update July 1 - Dec 31 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X**Complete ☐ On Track ☐ Delayed ☐ Terminated	
4.f.		By 6/30/2020 the NR QI and Health Services team will partner to conduct at least 4 member outreach projects in direct support of corresponding HEDIS Performance Improvement Projects with regional provider partners. These outreach projects will require 1:1 telephonic outreach to members identified on HEDIS measure gap lists. relevant member education of preventative healthcare screenings/services, and manual logging of outreach outcomes	Identify each project, complete staff training on associated measure and intervention, and track health services staff logging of 1:1 interactions with members	7/1/2019	6/30/2020	**Title: Director, Quality and Performance Improvement** **Name: Nancy Steffen**	**Title: Manager of PI** **Name: James Devan (NR)**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X**Complete ☐ On Track ☐ Delayed ☐ Terminated	Yes
4.g.		The NR Member Services and QI teams will partner to complete at least 5 member outcall projects, strategically impacting HEDIS gap populations by 6/30/20, while in parallel collaborating with County Eligibility Offices to improve member contact information exchange processes.	Provide evidence of at least 5 specific outcall projects completed by NR Member services with a QI led evaluation of member responses on barriers and impact on member behavior post-outreach	7/1/2019	6/30/2020	**Title: Director, Quality and Performance Improvement** **Name: Nancy Steffen**	**Title: Manager of PI** **Name: James Devan (NR)**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Yes
			Collaborate with County Eligibility Offices to identify how to further streamline exchanges of more current member contact information. Identify possible opportunities that could assist the Counties in this process.	7/1/2019	6/30/2020	**Title: Director, Quality and Performance Improvement** **Name: Nancy Steffen**	**Title: Manager of PI** **Name: James Devan (NR)**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Evaluate and test alternative methods for identification of current member phone numbers	7/1/2019	6/30/2020	**Title: Director, Quality and Performance Improvement** **Name: Nancy Steffen**	**Title: Manager of PI** **Name: James Devan (NR)**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
4.h.	**Asthma Prescription Best Practice Adoption**	By 6/30/20, the NR QI, Pharmacy, and PR leadership teams will partner to improve HEDIS measure performance by influencing prescribers to adopt best asthma prescribing practices and working with the pharmacy network to improve asthma medication workflows.	Partnering with at least 3 poor performing Northern Region PCP/Prescribers to educate on best asthma prescribing practices and conduct at least 1 PDSA to test the impact.	7/1/2019	6/30/2020	**Title: Director, Quality and Performance Improvement** **Name: Nancy Steffen** **Title: Manager of Clinical Quality and Patient Safety** **Name: Rachel Peterson**	**Title: Manager of PI** **Name: James Devan (NR)**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	**No**
			Partnering with at least 3 highly utilized Northern Region pharmacies to educate on refill processes and promoting pharmacy-to-member engagement at point-of-service with at least 1 corresponding PDSA to test the impact of adopting these practices.	7/1/2019	6/30/2020	**Title: Director, Quality and Performance Improvement** **Name: Nancy Steffen** **Title: Manager of Clinical Quality and Patient Safety** **Name: Rachel Peterson**	**Title: Manager of PI** **Name: James Devan (NR)**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	
			Track: participating prescribers and pharmacies, identify areas of focus for trainings provided (by provider type - Rx vs MD), and questions received by participants for training at a later time to support future planning	7/1/2019	6/30/2020	**Title: Director, Quality and Performance Improvement** **Name: Nancy Steffen** **Title: Manager of Clinical Quality and Patient Safety** **Name: Rachel Peterson**	**Title: Manager of PI** **Name: James Devan (NR)**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
4.i.	**HEDIS Value Set Directory Utilization for Priority Measures**	By 6/30/2020 the NR Claims department will be providing visibility of HEDIS Value Set Directory utilization for priority measures on the quarterly scorecards.	Add value set codes to our automated scorecard report via business objects	7/1/2019	6/30/2020	**Title: Director, Quality and Performance Improvement** **Name: Nancy Steffen**	**Title: Manager of PI** **Name: James Devan (NR)**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Update our scorecard template to include this measurement	7/1/2019	6/30/2020	**Title: Director, Quality and Performance Improvement** **Name: Nancy Steffen**	**Title: Manager of PI** **Name: James Devan (NR)**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Expand and analyze the tracking of value set codes on the scorecard	7/1/2019	6/30/2020	**Title: Director, Quality and Performance Improvement** **Name: Nancy Steffen**	**Title: Manager of PI** **Name: James Devan (NR)**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Provide these expanded scorecards to 20 PCP offices quarterly	7/1/2019	6/30/2020	**Title: Director, Quality and Performance Improvement** **Name: Nancy Steffen**	**Title: Manager of PI** **Name: James Devan (NR)**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	

5. Service and Patient Experience

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
5.a.	Services and Patient Experience	Expansion of Transitions of Care Case Management	Implement a Transitions Of Care (TOC) assessment for all ages	6/1/2019	9/30/2019	Title: Director, Population Health Name: Rebecca Boyd Anderson	Title: Team Manager, Non Clinical, Care Coordination Name: Jessica Hackwell	Click to view status update July 1 - Dec 31 X Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 X Complete ☐ On Track ☐ Delayed ☐ Terminated	Yes
			Develop and monitor quarterly reports on all cause readmissions	7/1/2019	11/30/2019	Title: Director, Population Health Name: Rebecca Boyd Anderson	Title: Team Manager, Non Clinical, Care Coordination Name: Jessica Hackwell	Click to view status update July 1 - Dec 31 X Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 X Complete ☐ On Track ☐ Delayed ☐ Terminated	
5.b	Collect Member Experience Data	Launch annual CAHPS survey and collect subsequent results	Provide sample frame to Morpace, launch survey and collect results as part of the NCQA member experience process	6/1/2019	7/31/2019	Title: Director, Member Services Name: Kevin Spencer	Title: Project Manager Name: Anna Hernandez	Click to view status update July 1 - Dec 31 ☐ Complete X On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete X On Track ☐ Delayed ☐ Terminated	Yes
5.c.	Digital Engagement Infrastructure	Complete and RFP for potential vendors to support creation of a digital member engagement solution	Conduct research/ vetting of potential vendors for the digital member engagement strategy(DES):	6/1/2019	10/1/2019	Title: Chief Medical Officer Name: Robert Moore	Title: Manager of Public Affairs Name: Dustin Lyda	Click to view status update July 1 - Dec 31 ☐ Complete X On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 X Complete ☐ On Track ☐ Delayed ☐ Terminated	Yes
			Present proposal to the PRB for resources to pursue a digital member engagement strategy	10/1/2019	10/31/2019	Title: Chief Medical Officer Name: Robert Moore	Title: Manager of Public Affairs Name: Dustin Lyda	Click to view status update July 1 - Dec 31 ☐ Complete X On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 X Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Set business requirements for the DES - Goal team will determine business requirements - Team will initiate an RFI process	11/1/2019	2/28/2020	Title: Chief Medical Officer Name: Robert Moore	Title: Manager of Public Affairs Name: Dustin Lyda	Click to view status update July 1 - Dec 31 X Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 X Complete ☐ On Track ☐ Delayed ☐ Terminated	
5.d	Member Letter	Updating member denial letters and including a clearer	Training process and materials for new member denial language	7/1/2019	10/1/2019	Title: Associate Director, Pharmacy Operations Name: Tony Hightower	Title: Director, Pharmacy Services Name: Stan Leung	Click to view status update July 1 - Dec 31 ☐ Complete X On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete X On Track ☐ Delayed ☐ Terminated	Yes

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
5.d.	Member Letter	description of the Pharmacy criteria	On a quarterly basis, 10 letters will be evaluated by C&L	10/1/2019	6/30/2020	**Title: Associate Director, Pharmacy Operations** **Name: Tony Hightower**	**Title: Director, Pharmacy Services** **Name: Stan Leung**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Yes
5.e.	**Provider Satisfaction**	Create platform for prescribers to submit pharmacy TARs directly to the PHC Pharmacy Department	Completion of prescriber platform for TAR submission	7/1/2019	12/5/2019	**Title: Director, Pharmacy Services** **Name: Stan Leung**	**Title: Associate Director, Pharmacy Operations** **Name: Tony Hightower**	Click to view status update July 1 - Dec 31 ☐ Complete ☐ On Track ☐ Delayed **X** Terminated	Click to view status update Jan 1-June 30 ☐ Complete ☐ On Track ☐ Delayed **X** Terminated	**No**
			Provide on-boarding and training for TAR submission platform	1/1/2020	6/30/2020	**Title: Director, Pharmacy Services** **Name: Stan Leung**	**Title: Associate Director, Pharmacy Operations** **Name: Tony Hightower**	Click to view status update July 1 - Dec 31 ☐ Complete ☐ On Track ☐ Delayed **X** Terminated	Click to view status update Jan 1-June 30 ☐ Complete ☐ On Track ☐ Delayed **X** Terminated	
6. Population Health Management and Care for Members with Complex Needs										
6.a.	**Population Health Management and Care for Members with Complex Needs**	Improve HEDIS rates for PPC-Pre, PPC -Post, W15 and comply with AB2193 Review and Revise Growing Together Program (GTP) to reflect AB2193 for maternal risk of depression screening and continued focus on HEDIS measures to support and reinforce maternal participation in: • PPC-Pre: Prenatal Care • PPC-Post: Postpartum Care • W15: Well child exams within the first 15 months of life • AB2193 – Encourage prenatal social work/maternal mental health visits for pregnant moms	Revise desktops including scripting for calls	7/1/2019	1/31/2020	**Title: Director, Population Health** **Name: Rebecca Boyd Anderson**	**Title: Team Manager, Non Clinical, Care Coordination** **Name: Jessica Hackwell**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	**No**
			Configure assessments and interventions into Essette	1/1/2020	2/28/2020	**Title: Director, Population Health** **Name: Rebecca Boyd Anderson**	**Title: Team Manager, Non Clinical, Care Coordination** **Name: Jessica Hackwell**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	
			Develop report showing correlation between CC actions and claims history for desired behaviors	1/1/2020	6/15/2020	**Title: Director, Population Health** **Name: Rebecca Boyd Anderson**	**Title: Team Manager, Non Clinical, Care Coordination** **Name: Jessica Hackwell**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	
6.b.	**Population Health Management for Members**	Continue to align PHC's Complex Case Management programs	Conduct internal quarterly audits utilizing the NCQA scoring tool to monitor compliance	11/1/2019	1/15/2020	**Title: Director, Population Health** **Name: Rebecca Boyd Anderson**	**Title: Team Manager, Non Clinical, Care Coordination** **Name: Jessica Hackwell**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Yes

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
6.b.	Management for Members with Complex Needs	with DHCS and NCQA requirements	Leverage audit finding to identify additional training opportunities to prepare for NCQA 1st Survey	1/1/2020	9/30/2020	**Title: Director, Population Health Name: Rebecca Boyd Anderson**	**Title: Team Manager, Non Clinical, Care Coordination Name: Jessica Hackwell**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Yes
6.c.	**Smoking Cessation**	To support CC's efforts, 100% of members referred by CC for smoking cessation services will be contacted by a PHC pharmacist for consultation and assistance for enrollment in the CA Smokers Helpline within 5 business days of the referral	Prepare summary and analysis for CC referrals and interventions for smoking cessation.	7/1/2019	6/30/2020	**Title: Director, Pharmacy Services Name: Stan Leung**	**Title: Clinical Pharmacist Name: Monika Brunkal**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	**Yes**
6.d.	**NCQA Grand Analysis: Population Health Assessment**	Complete the annual needs assessment of PHC's member population to identify opportunities to better meet their health needs	Complete compliance statement collecting evidence of integrated data (PHM 2A)	4/1/2020	6/30/2020	**Title: Director, Population Health Name: Rebecca Boyd Anderson**	**Title: Project Manager II, Op-Ex/PMO Name: Lorna Veloso**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	**Yes**
			Complete the annual Population Health Management Assessment (PHMA) a descriptive assessment of the needs of the overall population and subpopulations (PHM 2B)	2/3/2020	5/29/2020	**Title: Director, Population Health Name: Rebecca Boyd Anderson**	**Title: Project Manager II, Op-Ex/PMO Name: Lorna Veloso**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Complete the annual PHM Activity and Resources Assessment to determine where updates and revisions to activities and resources are needed to best meet member needs (PHM 2C)	4/4/2020	6/30/2020	**Title: Director, Population Health Name: Rebecca Boyd Anderson**	**Title: Project Manager II, Op-Ex/PMO Name: Lorna Veloso**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
6.e.	**NCQA Grand Analysis: Population Segmentation/Stratification**	Complete the annual segmentation/stratification of PHC's member population into subsets for targeted intervention	Review the population assessment and complete the annual segmentation report (PHM 2D)	0404/2020	6/30/2020	**Title: Director, Population Health Name: Rebecca Boyd Anderson**	**Title: Project Manager II, Op-Ex/PMO Name: Lorna Veloso**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	**No**
7. Quality Assurance and Patient Safety										
		As of June 30, 2020, the Patient Safety unit will meet the following, in support of meeting the NCQA reporting	Complete Phase 2 PQI Software documentation tool (SUGARCRM) project and continue collaboration with IT and vendor (Arcsona) to enhance the new PQI Software implemented on 6/1/2019	7/1/2019	6/20/2020	**Title: Manager, Quality Assurance & Patient Safety Name: Rose Santos**	**Title: Manager, Quality Assurance & Patient Safety Name: Rose Santos**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
7.a.	Potential Quality Issues	following, in support of meeting the Web Reporting requirements of "Ongoing Monitoring and Interventions" related to poor quality identified in the investigation of Potential Quality Issue (PQI): • Implementation and consistent use of the new PQI Software documentation tool (SUGARCRM) which was developed to track timeliness of case processing, and create appropriate reports for provider track and trending • Development and implementation of a comprehensive PQI track and trend analysis report (including historical trending) that provides a summary review of providers with multiple PQIs/events and level of severity • Development of a document outlining appropriate interventions for provider's complaints and quality issues when occurrences of poor quality are de-identified • Development and implementation of a more robust process for Corrective Action Plan (CAP) if indicated, including escalation and Focus Review	On-going Region-wide Patient Safety Staff education and training to ensure consistency of PQI case investigation documentation	7/1/2019	6/20/2020	**Title: Manager, Quality Assurance & Patient Safety** **Name: Rose Santos**	**Title: Manager, Quality Assurance & Patient Safety** **Name: Rose Santos**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Yes
			Continued collaboration with Data Analyst (Finance Dept) to review and analyze PQI data to include referral patterns, referral rate, count and membership, PQI count by provider types	7/1/2019	6/20/2020	**Title: Manager, Quality Assurance & Patient Safety** **Name: Rose Santos**	**Title: Manager, Quality Assurance & Patient Safety** **Name: Rose Santos**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Continue to support PHC credentialing and re-credentialing process by providing current information regarding providers status related to PQIs through timely submission of the Phone Log (PLOG) Re-Credentialing Worksheet (Performance Monitoring) for Primary Care Providers and Specialist	7/1/2019	6/20/2020	**Title: Manager, Quality Assurance & Patient Safety** **Name: Rose Santos**	**Title: Manager, Quality Assurance & Patient Safety** **Name: Rose Santos**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
7.b.	Facility Site and Medical Record Review	•Complete 95% of Site Reviews on time, per DHCS regulations • All Site Reviewers achieve an Interrater Reliability (IRR) score within 10% of Master Trainer's score • Continue with implementation of HDS Site Review Tool and evaluate effectiveness • Continue to fine tune Wellness and Recovery Site Review Tool as program develops and new guidelines are forthcoming from the State • Deliver education to providers to accompany implementation of new State Site Review Tool	Monitor timeliness of Site Reviews quarterly and adjust if necessary	7/1/2019	6/30/2020	**Title: Manager of Clinical Quality and Patient Safety** **Name: Rachel Peterson**	**Title: Manager of Clinical Quality and Patient Safety** **Name: Rachel Peterson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Yes
			Continue IRR process to promote and achieve consistency between all Site Review nurses	7/1/2019	6/30/2020	**Title: Manager of Clinical Quality and Patient Safety** **Name: Rachel Peterson**	**Title: Manager of Clinical Quality and Patient Safety** **Name: Rachel Peterson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Implement new HDS electronic Site Review tool, and evaluate its effectiveness in time management and efficiency in next fiscal year.	2/1/2020	7/30/2020	**Title: Manager of Clinical Quality and Patient Safety** **Name: Rachel Peterson**	**Title: Manager of Clinical Quality and Patient Safety** **Name: Rachel Peterson**	Click to view status update July 1 - Dec 31 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Continue to modify Wellness and Recovery (W&R) Site Review Tool as new regulations and guidelines emerge	7/1/2019	6/30/2020	**Title: Manager of Clinical Quality and Patient Safety** **Name: Rachel Peterson**	**Title: Manager of Clinical Quality and Patient Safety** **Name: Rachel Peterson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
			With receipt of final version of the new State Site Review Tool, go onsite to offer educations in changes to providers, as well as utilizing webinars and written education materials	11/1/2019	6/30/2020	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
7.c.	**Initial Health Assessment**	Improve IHA compliance rates by 2% from 50.55% to 52.55% in the 2019-2020 MY, inclusive of both hybrid and administrative data	Conduct mini-audits at each Medical Record Review (MRR) where IHA compliance is reviewed for an additional sampling of members	7/1/2019	6/30/2020	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X**Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Conduct and document quarterly interdepartmental meetings to monitor and review ongoing IHA improvement activities and discover new strategies to aide in increasing IHA compliance	7/1/2019	6/30/2020	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Through provider education, incorporate member outreach tracking tools to inform IHA rate reporting. We will collect data quarterly from participating sites	7/1/2019	6/30/2020	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
		NR QI department will assist PCP sites transition to the newest version of DHCS mandated Site Review Tool by conducting at least 10 onsite educational webinars directly to PCP Sites, as well as utilizing webinars and written education material by June 30, 2020. To improve understanding and compliance in the Initial Health Assessment (IHA), the NR QI department will additionally incorporate IHA education into these 10 provider site visits	Track number of provider sites scheduled for in-person educational visits over 2019/2020	7/1/2019	6/30/2020	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Track number of sites who participate in in-person educational visits over 2019/2020	7/1/2019	6/30/2020	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Monitor attendee satisfaction through provider feedback	7/1/2019	6/30/2020	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
7.d.	**Hepatitis C Treatment Monitoring**	Improve Hepitis C Medication treatment adherence and completion rate. Ensure compliance whith DHCS requirements for Hepatitis C treatment	Conduct quarterly utilization review for Hepatitis C medication treatments with PHC Hepatitis C specialty pharmacy • Provide a Hepatitis C drug utilization review at quarterly Pharmacy Operation Report meeting with PHC medical directors and pharmacists	7/1/2019	6/30/2020	**Title: Director, Pharmacy Services Name: Stan Leung**	**Title: Sr. Clinical Pharmacist Name: Vic Patel**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
7.e.	**LTBI 12 Dose Treatment Monitoring**	Identify and address gaps in the LTBI 12 dose treatment regimen resulting from non-adherence, inappropriate prescribing, and/or inappropriate dispensing	Pharmacy will conduct a bi - weekly utilization review for the LTBI 12 dose regimen (Isoniazid and Rifapentine)	7/1/2019	6/30/2020	**Title: Director, Pharmacy Services Name: Stan Leung**	**Title: Sr. Clinical Pharmacist Name: Vic Patel**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Pharmacist will contact the pharmacy and/or prescriber if utilization does not align with the 12 dose regimen	7/1/2019	6/30/2020	**Title: Director, Pharmacy Services Name: Stan Leung**	**Title: Sr. Clinical Pharmacist Name: Vic Patel**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Provide summary report for treatments monitored and outreach activity	5/1/2020	6/30/2020	**Title: Director, Pharmacy Services Name: Stan Leung**	**Title: Sr. Clinical Pharmacist Name: Vic Patel**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
8. Quality Improvement Training and Coaching										
8.a.	**Onsite HEDIS Provider Education**	• Conduct onsite HEDIS education lunch & learns for at least 15 contracted NR PCP sites by 6/30/20 • Continue HEDIS education during Site review visits as MRRs are scheduled.	Given below MPL 2019 performance trends in NR, target at least 15 provider lunch & learn visits with emphasis on low performing HEDIS measures.	7/1/2019	6/30/2020	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Site Review integration: The Patient Safety team will continue to incorporate HEDIS education and training as part of routine site review visits and discuss opportunities for improvements on HEDIS-related measures that received deficiency as a result of the medical record review (MRR) conducted during the visit.	7/1/2019	6/30/2020	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Partner with consortia trainers to plan and complete two ABCs of QI trainings in NR and continue developing and offering ABCs of QI follow-up webinar series with deeper dive instruction on select improvement methods/tools	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Nancy Steffen**	**Title: Manager of PI Name: James Devan**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
8.b.	QI Technical Assistance in Partnership with Northern Region Consortia	By June 30, 2020, collaborate with Northern Region consortia to bring QI awareness and education to Northern Region providers • Plan and conduct two ABCs of QI trainings in the Northern Region • Develop storyboards and infographics to demonstrate successful QI improvement projects • Host recurring forums for QI engagement • Develop measure best practices to share with Northern Region consortia members	Develop at least two project storyboards outlining regional QI projects and post on consortia websites	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Nancy Steffen**	**Title: Manager of PI Name: James Devan**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Yes
			Present PHC updates and timely provider education at least 4 times via monthly QI and CMO Peer Network Calls and in-person Rural Round Table events.	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Nancy Steffen**	**Title: Manager of PI Name: James Devan**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Develop materials that highlight best practices for focus HEDIS/QIP measures and distribute to Northern Region consortia members.	7/1/2019	6/30/2020	**Title: Director of Quality and Performance Improvement Name: Nancy Steffen**	**Title: Manager of PI Name: James Devan**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
8.c.	Provider Education (includes ADVANCE, ABCs of QI, Accelerated Learning)	By June 30, 2020, provide varied and multiple forms of QI education to the PHC provider network: -Complete ADVANCE training program by 12/31/19 -Offer at least four ABCs of QI across the network -Offer Accelerated Learning again to Lake and Mendocino primary care providers (in-person or virtual) -Offer at least three learning sessions (in-person or virtual) on priority MCAS measures	Complete ADVANCE cohort 4	7/1/2019	6/30/2020	**Title: Manager of Performance Improvement Name: Caron Lee**	**Title: Manager of Performance Improvement Name: Caron Lee**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Yes
			Lead four ABCs of QI (2 SR, 2 NR)	7/1/2019	6/30/2020	**Title: Manager of Performance Improvement Name: Caron Lee**	**Title: Manager of PI Name: Caron Lee (SR) and James Devan (NR)**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Offer Accelerated Learning again to Lake and Mendocino primary care providers.	7/1/2019	6/30/2020	**Title: Manager of Performance Improvement Name: Caron Lee**	**Title: Improvement Advisor Name: Joy Dionisio**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Offer Accelerated Learning again to selected Solano County primary care providers.	7/1/2019	6/30/2020	**Title: Manager of Performance Improvement Name: Caron Lee**	**Title: Improvement Advisor Name: Flora Maiki**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
			Offer at least three learning sessions (in-person or virtual) on priority MCAS measures. Could be focused webinars	7/1/2019	6/30/2020	**Title: Manager of Performance Improvement Name: Caron Lee (SR) and James Devan (NR)**	**Title: Manager of Performance Improvement Name: Caron Lee (SR) and James Devan (NR)**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
8.d.	**Cross Departmental HEDIS Measure Education**	Complete a minimum of 5 education sessions at the Operations Committee Meetings on the new MCAS measures. Complete a minimum of 6 high priority HEDIS measures to Care Coordination and Utilization Management staff conducting member in-reach and/or outreach activities in support of 2019-20 HEDIS performance improvement initiatives	Confirm Operations' presentation dates with Colleen and Sonja	7/1/2019	7/31/2019	**Title: Director, Quality and Performance Improvement Name: Erika Robinson**	**Title: Manager of Performance Improvement Name: Caron Lee**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Set Assignments for Operations' presentations	8/1/2019	8/31/2019	**Title: Director, Quality and Performance Improvement Name: Erika Robinson**	**Title: Manager of Performance Improvement Name: Caron Lee**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Create Operations' presentation template	8/1/2019	8/31/2019	**Title: Director, Quality and Performance Improvement Name: Erika Robinson**	**Title: Manager of Performance Improvement Name: Caron Lee**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Create NR Health Services' training content and deliver	7/1/2019	9/1/2019	**Title: Director, Quality and Performance Improvement Name: Erika Robinson**	**Title: Manager of Performance Improvement Name: Caron Lee**	Click to view status update July 1 - Dec 31 ☐ Complete **X**On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Identify the PHC Stakeholders and provider site staff to participate in the meetings	4/1/2019	6/30/2019	**Title: Director, Quality and Performance Improvement Name: Erika Robinson and Nancy Steffen**	**Title: Sr. Project Manager Name: Barb Selig (SR) Title: Manager of PI Name: James Devan (NR)**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Conduct needs assessments with each site to identify areas where further quality support is needed	4/1/2019	7/30/2019	**Title: Director, Quality and Performance Improvement Name: Erika Robinson and Nancy Steffen**	**Title: Sr. Project Manager Name: Barb Selig (SR) Title: Manager of PI Name: James Devan (NR)**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	

2019/20 Quality Improvement Work Plan

Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
8.e.	**Joint Leadership Initiative**	Complete a minimum of 4 meetings with the 8 identified provider large volume sites with performance that drives HEDIS measure performance	Draft meeting schedule and key deliverables for each session (insert additional deliverable, if needed)	4/1/2019	7/30/2019	**Title: Director, Quality and Performance Improvement Name: Erika Robinson and Nancy Steffen**	**Title: Sr. Project Manager Name: Barb Selig (SR) Title: Manager of PI Name: James Devan (NR)**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Conduct meetings and evaluate the process and outcomes	8/1/2019	6/30/2020	**Title: Director, Quality and Performance Improvement Name: Erika Robinson and Nancy Steffen**	**Title: Sr. Project Manager Name: Barb Selig (SR) Title: Manager of PI Name: James Devan (NR)**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Provide QI and other technical support to the five Joint Leadership Initiative organizations (Adventist Health, Ole Health, MCHC, Santa Rosa Community Health, Solano County FHS)	8/1/2019	6/30/2020	**Title: Manager of Performance Improvement Name: Caron Lee**	**Title: Senior Project Manager Name: Barb Selig**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
8.f.	**Care Coordination and Utilization Management In-Reach/Outreach**	By 6/30/20, the NR QI and Health Services leadership teams will partner for QI to deliver training on at least 6 high priority HEDIS measures to Care Coordination and Utilization Management staff conducting member in-reach and/or outreach activities in support of 2019-20 HEDIS performance improvement initiatives.	Track participating staff and identification of measures for which training is provided over 2019/20	7/1/2019	6/30/2020	**Title: Director, Quality and Performance Improvement Name: Nancy Steffen Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	**Title: Manager of PI Name: James Devan (NR)**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Track measures for training at a later time to support future planning	7/1/2019	6/30/2020	**Title: Director, Quality and Performance Improvement Name: Nancy Steffen Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	**Title: Manager of PI Name: James Devan (NR)**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
8.g.	**Educational Seminars**	The NR QI department will improve HEDIS measure performance in the Northern Region through the delivery of targeted in-person educational seminars to at least 15 contracted PHC provider sites by June 30, 2020	Develop seminar material, schedule seminar dates, and create satisfaction survey.	7/1/2019	6/30/2020	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Track data: # of providers scheduled, # of providers attended, and member satisfaction survey results.	7/1/2019	6/30/2020	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	**Title: Manager of Clinical Quality and Patient Safety Name: Rachel Peterson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
9. Cultural and Linguistics Services (See PHC 2017 Health Education/Cultural and Linguistic Work Plan										
10. Delegation Oversight										

2019/20 Quality Improvement Work Plan										
Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
10.a	**QI Delegation Oversight**	Conduct Quarterly oversight on QI functions delegated to Kaiser and Beacon	Review Quarterly delegate submissions and complete audit survey tool	Q1 - Q4	Q1-Q4	**Title: Manager, Quality Assurance & Patient Safety Name: Rose Santos**	**Title: Manager, Quality Assurance & Patient Safety Name: Rose Santos**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X**Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
10.b.	**NCQA Delegation Readiness**	By June 30, 2020, update current Delegation Agreements with 2020 NCQA Standards and have submitted to delegates for execution	Receive 2020 NCQA Standards. work with departments on updating and finalizing agreements, prior to submitting to delegates	8/1/2019	10/30/2019	**Title: Director of Regulatory Affairs and Program Development Name: Mark Bontrager**	**Title: Compliance Oversight Manager Name: Gary Robinson**	Click to view status update July 1 - Dec 31 **X**Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**No**
			2020 delegation agreements updated and ready for submission to delegate entity	7/1/2019	5/30/2020	**Title: Director of Regulatory Affairs and Program Development Name: Mark Bontrager**	**Title: Compliance Oversight Manager Name: Gary Robinson**	Click to view status update July 1 - Dec 31 **X**Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Meet readiness standards for first survey as determined by NCQA and steering committee	7/1/2019	6/30/2020	**Title: Director of Regulatory Affairs and Program Development Name: Mark Bontrager**	**Title: Compliance Oversight Manager Name: Gary Robinson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	
			Continue working with departments on the creation of desktop procedures for delegation oversight	7/1/2019	6/30/2020	**Title: Director of Regulatory Affairs and Program Development Name: Mark Bontrager**	**Title: Compliance Oversight Manager Name: Gary Robinson**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
11. Project Management										
			Milestone 1 The NCQA Program Management Team will host a series of trainings which will cover at a minimum, the following topics 1. Look back period for First Survey 2. Data sources requirement and evidence preparation for mock survey and First Survey 3. Instruction on how to prepare a department - specific evidence submission library/work plan for First Survey By 8/30/2019 Business Owners will attend all trainings. In the event of scheduling conflicts that are unable to be moved, schedule make-up sessions with the NCQA Program Management Team within 2 weeks post training	7/1/2019	8/30/2019	**Title: All impacted departments (UM, Care Coordination, Pharmacy, Compliance, (CGA and delegation oversight), Member Services, QI, Provider Relations**	**Title: Senior Project Manager & Project Manager II Name: Sue Lee & Sarah Moleni - Casper**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	

2019/20 Quality Improvement Work Plan

Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
11.a.	**Compliance with NCQA Survey Standards** High Level Objectives: GOAL 1 - Build and Expand knowledge of key First Survey processes and requirements - Align evidence preparation with required look back period - Demonstrate First Survey readiness by participating in a mock First Survey GOAL 2 -Achieve 100% compliance with First Survey requirements and look-back period by 06/30/2020 to ensure First Survey Accredited status and align department goals with NCQA - related org-wide goals. GOAL 3 -Demonstrate strong delegation oversight and accountability processes across departments in support of delegation standards by 06/30/2020 GOAL 4 - ensure compliance with must pass file review elements by the required look-back period by providing a multi-step process which includes additional mock audits	Goal 1 - Demonstrate First Survey readiness by 12/31/2019 as measured by:	Milestone 2 By 10/8/2019, prepare a department specific evidence submission library that will include a list of required documents that will be submitted as evidence of First Survey compliance for each assigned requirement. In addition, the template will include the timeframe for when evidence will be completed and compliant relative to the appropriate look back period for First Survey, targeting November 2020. The NCQA Program Management team will provide the template and instructions by 8/30/2019	7/1/2019	10/8/2019	**Title: All impacted departments (UM, Care Coordination, Pharmacy, Compliance, (CGA and delegation oversight), Member Services, QI, Provider Relations**	**Title: Senior Project Manager & Project Manager II** **Name: Sue Lee & Sarah Moleni-Casper**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Milestone 3 Submit First Survey evidence following the evidence submission library in support of a mock First Survey that the NCQA consultant will conduct on site on November 12-14, 2019. Evidence must be submitted to the NCQA program management team following the plan-wide evidence submission process by 10/8/2019	7/1/2019	10/8/2019	**Title: All impacted departments (UM, Care Coordination, Pharmacy, Compliance, (CGA and delegation oversight), Member Services, QI, Provider Relations**	**Title: Senior Project Manager & Project Manager II** **Name: Sue Lee & Sarah Moleni-Casper**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
		Goal 2 - Achieve 100% compliance with First Survey requirements and look-back period by 06/30/2020 as demonstrated by the following milestones.	Milestone 1: At a minimum, 80% of assigned requirements must obtain a "MET" status during the mock survey, By 12/31/2019, correct any identified gaps (<20% of assigned requirements) from mock survey. If the identified gaps cannot be corrected by December 31, 2019, provide a detailed work plan and timeline on how to correct issues prior to the start of the look back period. The new or updated evidence must be submitted to consultant for review and approval.	7/1/2019	12/312019	**Title: All impacted departments (UM, Care Coordination, Pharmacy, Compliance, (CGA and delegation oversight), Member Services, QI, Provider Relations**	**Title: Senior Project Manager & Project Manager II** **Name: Sue Lee & Sarah Moleni-Casper**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Milestone 2: By 6/30/2020, 100% of all assigned requirements must receive a "MET" status	7/1/219	6/30/2020	**Title: All impacted departments (UM, Care Coordination, Pharmacy, Compliance, (CGA and delegation oversight), Member Services, QI, Provider Relations**	**Title: Senior Project Manager & Project Manager II** **Name: Sue Lee & Sarah Moleni-Casper**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
		Goal 3 - By June 30, 2020, each department that oversees an NCQA and/or DHCS delegated function shall develop oversight and monitoring practices to be employed outside of the annual audit, as measured by:	Milestone 1 For each NCQA and/or DHCS delegated function/activity, complete oversight and monitoring desktop procedures that describe the mechanism for regularly monitoring, analyzing a delegates performance again articulated benchmarks and where appropriate make recommendations for improvement. At minimum this should include: a. mechanism for tracking and maintaining record of monitoring activities (report tracking, trending, etc.) b. Mechanism for which departments will report monitoring activities, i.e. what evidence will be reported, to what committee and at what frequency	7/1/219	6/30/2020	**Title: All impacted departments (UM, Care Coordination, Pharmacy, Compliance, (CGA and delegation oversight), Member Services, QI, Provider Relations**	**Title: Senior Project Manager & Project Manager II** **Name: Sue Lee & Sarah Moleni-Casper**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
			Milestone 2 Demonstration of regular monitoring as described under desktop- validated through department reports to reviewing committees	7/1/219	6/30/2020	**Title: All impacted departments (UM, Care Coordination, Pharmacy, Compliance, (CGA and delegation oversight), Member Services, QI, Provider Relations**	**Title: Senior Project Manager & Project Manager II** **Name: Sue Lee & Sarah Moleni-Casper**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	

2019/20 Quality Improvement Work Plan										
Item #	**Project/Program**	**Goal**	**Deliverables**	**Start Date**	**Due Date**	**Sponsor**	**Business Owner**	**Deliverable Evaluation Status**		**Goal Met (Yes No)**
			Milestone 3 Validation of regulatory and performance reporting requirements for each delegate to ensure that all data, documentation and information is appropriate to monitor against set benchmarks. Where additional reports are needed or others retired, making recommendations o amendments to the delegate reporting deliverables index.	7/1/219	6/30/2020	**Title: All impacted departments (UM, Care Coordination, Pharmacy, Compliance, (CGA and delegation oversight), Member Services, QI, Provider Relations**	**Title: Senior Project Manager & Project Manager II Name: Sue Lee & Sarah Moleni-Casper**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**
		Goal 4 - (Specific to departments with must pass file review elements) In the event any must-pass file review element assigned to the department is identified as not complaint during mock survey, the following milestones must be accomplished by the established deadlines	Milestone 1 Complete an additional file review with NCQA consultant by February 28, 2020. File review must follow 8/30 methodology and include random sample selection of delegated files	7/1/2019	2/28/2020	**Title: All impacted departments (UM, Care Coordination, Pharmacy, Compliance, (CGA and delegation oversight), Member Services, QI, Provider Relations**	**Title: Senior Project Manager & Project Manager II Name: Sue Lee & Sarah Moleni-Casper**	Click to view status update July 1 - Dec 31 ☐ Complete **X** On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Milestone 2 If remaining gaps are identified during the February file review, the department is requested to submit a plan on how the issues will be addressed by March 31, 2020. Evidence of issue resolution must also be submitted to consultant for review and approval by March 31, 2020	7/1/2019	3/31/2020	**Title: All impacted departments (UM, Care Coordination, Pharmacy, Compliance, (CGA and delegation oversight), Member Services, QI, Provider Relations**	**Title: Senior Project Manager & Project Manager II Name: Sue Lee & Sarah Moleni-Casper**	Click to view status update July 1 - Dec 31 ☐ Complete ☐ On Track **X** Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	
12. Contracting										
12.a.	**Provider Contract Language**	By June 30, 2020 ensure 100% of provider contracts include the required language regarding per the NCQA technical specifications, including; cooperation with QI activities, use of practitioner performance data, ability for providers to freely communicate with members regardless of benefit coverage limitations	The Provider Relations and Contracting departments will conduct an annual reconciliation of contract language to meet NCQA standards and update provider contracts with the standard language noted in QI 3.	7/1/2019	6/30/2020	**Title: Senior Director, Provider Relations Name: Mary Kerlin**	**Title: Senior Director, Provider Relations Name: Mary Kerlin**	Click to view status update July 1 - Dec 31 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	Click to view status update Jan 1 - June 30 **X** Complete ☐ On Track ☐ Delayed ☐ Terminated	**Yes**

QUALITY AND PERFORMANCE IMPROVEMENT PROGRAM DESCRIPTION

September 202019
MPQD1001

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PROGRAM PURPOSE AND GOALS

Partnership HealthPlan of California's (PHC) Quality and Performance Improvement (QI/PI) program provides a series of systematic processes to monitor the quality of clinical care and health care service delivery to all PHC members. ThisIt includes an organized framework to:

- Rreview activities and identify opportunities to improve the quality of health care services provided,
- Ppromote efficient and effective use of health plan financial resources,
- Ppromote health equity
- Sstrike a balance between compliance with and performance on regulatory standards
- Ppartner with internal and external stakeholders to support performance improvement, and
- Iimprove health outcomes.

The program promotes consistency in application of quality assessment and improvement functions for the full scope of health care services while providing a mechanism to:

- Eensure integration with current community health priorities, standards, and ~~population health~~ goals that impact the health of the PHC member population,
- Iidentify and act on opportunities to improve care and service,
- Iidentify overuse, misuse, and underuse of health care services,
- Iidentify and act on opportunities to improve processes to ensure patient safety,
- Aaddress potential or tangible quality issues, and
- Rreview trends that suggest variations in the process or outcomes of care.

The QI/PI program adheres to the following goals to improve the quality and effectiveness of clinical care and service to PHC members:.

- Iimprove the health of the populations PHC serves,
- Eenhance the patient experience of care,
- Ssupport the delivery of high quality clinical care
- Eensure patient safety,
- Mmeasure and encourage appropriate use of clinical resources, and
- Sstrengthen a culture of continuous quality improvement within the PHC network.

The QI/-PI program accomplishes these goals by:

- Ssystematically monitoring and evaluating service and care provided,
- ~~commitment~~Ccommitting to improved~~d~~Continuously improving data and analytics to validate care outcomes
- Aactively pursuing opportunities for improvement in areas that are relevant and important to PHC members' health, and
- Iimplementing strong interventions when opportunities for improvement are identified
- Cconducting work to improve member experience through improved provider ~~PCP~~ access.

These goals align with PHC's mission: To help our members and the communities we serve be healthy.

The QI/PI program provides a structured framework to consistently monitor and evaluate the care and service provided to PHC members. -Applying the model of a Llearning oOrganization, e~~Evaluation is based on~~ the measurement and analysis of selected indicators and professionally recognized standards of practice underpin the evaluation of QI/PI activities. -The objectives of the program are to:

- Identify opportunities for improvement and act on opportunities that have the greatest impact on ~~patient~~ member care ~~that~~ and are aligned with PHC's mission, vision, and values. These actions are driven by rigorous data analysis, whenever possible, and through a collaborative atmosphere where new ideas can be explored and tested to enhance learning.
- Monitor and ensure compliance with contractual quality requirements, state and federal quality regulations, evidence-based standards of care, and standards of selected accrediting bodies.
- Through PHC's Grievance Department, provide a process for receiving, analyzing, and responding to

provider and member complaints, grievances, appeals, or suggestions relating to quality of care, service, and facility. Grievances related to substance use disorder services also follow the same process.*

- Support the credentialing and re-credentialing process with measurement and evaluation of PCP transfer requests, office site surveys and medical record reviews, and clinician quality issue investigation/peer review.
- Establish, maintain, and enforce confidentiality and conflict of interest policies regarding peer review activities and protection of confidential member and provider information.
- Accurately document quality improvement (QI) ~~investigations~~ initiatives, potential QI investigations and activities, including documentation of committee meetings and quantitative and qualitative evaluation reports.
- Ensure regular reporting of QI/PI activities, problem identification, risk management, resource management, network management and member satisfaction information to the plan's Internal Quality Improvement Committee (IQI~~C~~), Quality/Utilization Advisory Committee (Q/UAC), Physician Advisory Committee (PAC), and Board of Commissioners.
- Educate and inform PHC staff, members and contract practitioners regarding the philosophy, procedures, ~~QI~~ processes, practice, and expectations of the PHC QI/PI program.
- Provide relevant QI/PI information and tools to contracted providers to assist them in clinical decision-making processes in the provision of care and service.
- Administer PHC's financial incentive programs. ~~-~~This includes measure research and specification design, ~~the~~ provision of technical assistance to practice sites, management of supporting information systems, and calculation of performance scores for participating practices.
- ~~e~~Effectively coordinate QI/PI activities with other health plan functions including utilization management, care coordination, population health management, behavioral health, pharmacy, provider relations and member services, in an effort to promote continuous quality improvement in organization-wide performance.
- ~~Collaborate FF~~urther collaborate with the ~~PHC Health Educators~~ Population Health Management Department in the development and implementation of a comprehensive series of initiatives to support ~~performance improvement~~ and advance health equity~~health education and Cultural Linguistics Program~~.
- ~~Effectively coordinate QI/PI activities with other health plan functions including utilization management, care coordination, health education~~population health management~~, behavioral health, pharmacy, provider relations and member services, in an effort to promote continuous quality improvement in organization-wide performance.~~

The objectives, scope, organization and mechanisms for overseeing effectiveness of monitoring, evaluation and problem solving activities in the QI/PI program are assessed and revised at least annually.

SCOPE OF QUALITY AND PERFORMANCE IMPROVEMENT PROGRAM

The scope of the QI/PI program includes the quality of clinical care and ~~the quality~~ of service for all members. The program covers ~~PHC has~~ a single product line – Medi-Cal (the name for Medicaid in California)~~ and this program covers that product line~~. The monitoring and evaluation of clinical issues reflects the population served by PHC without regard to age group, disease category, or risk status. In partnership with other PHC departments, the QI/PI program encompasses all aspects of medical care including:

- ~~Potential quality issues and other patient safety indicators~~
- Diagnoses and procedures with a wide variation in cost or utilization patterns
- Identifying overuse, misuse, and underuse of health care services and prescription medications
- Identifying and addressing racial/ethnic and other disparities in health care delivery or outcomes
- Identifying and addressing access or quality issues related to behavioral health services through delegated contracts
- Promoting cultural and linguistic competence of PHC staff and network practice sites and providers

~~*Services related to substance use outlined in the QI Program Description – Regional Drug Medi-Cal Model are placeholders for when DHCS releases the benefit. Activity is not effective until post February July 1, 2020.~~

- Member experience outcomes
- Facility Site Reviews and ongoing monitoring to assess compliance with patient safety standards
- Ambulatory Medical Records Review
- An assessment of physical accessibility of outpatient providers for seniors and persons with disabilities
- Preventive health care guideline compliance
- Chronic and acute care clinical practice guideline (CPG) compliance
- Continuity and coordination of care between primary care providers (PCPs) and Specialists, different levels of care, PCPs and other provider types, and PCPs and Behavioral Health Practitioners (through Care Coordination of Health Services department)
- Accessibility and quality of primary, specialty and behavioral health care
- Member grievances (through the Grievance/Complaint/Appeals department)
- Investigation and resolution of Potential Quality Issues (PQI)
- ~~Health promotion to educate members about preventive and chronic care (in collaboration with Health Educators~~the Population Health Team within ~~in the Health Services Department)~~
- Provider satisfaction (through the Provider Relations Department)
- Provider credentialing (through the Provider Relations Department)
- Supporting clinics in achieving patient centered health homes

The QI/PI program encompasses monitoring and evaluation of care and service in the following settings:

- Acute hospital services
- Ambulatory care, including preventive health care, perinatal care, chronic disease management, and family planning
- Emergency and urgent care services
- Behavioral health services* (mental health and substance use disorder)
- Ancillary care services including but not limited to: home health care, skilled nursing care, subacute care, pharmacy, medical supplies, Durable Medical Equipment (DME), therapy services, laboratory, vision, and radiology services
- Long-term care including Skilled Nursing Facility Care, Rehabilitation Facility Care, and Home Health Care
- Regional Drug Medi-Cal Model

*QI Program scope as it relates to behavioral health services:

Mental Health Services:
Since January 1, 2014, PHC has provided mental health services for those with mild to moderate treatment needs, pursuant to the Plan's Medi-Cal contract with the State of California. PHC delegates the administration of these services to Beacon Health Options in all fourteen counties served by PHC and to Kaiser Permanente in five counties where a portion of PHC Members are assigned to Kaiser Permanente. This mandate is detailed in DHCS All Plan Letter 17-018 issued October 27, 2017.

Specialty Mental Health Services for mental health conditions deemed to be moderate to severe in terms of level of impairment (also referred to as serious and persistent mental health conditions or SMI) are assigned by DHCS to County Mental Health Plans (MHPs) and include all conditions that meet the medical necessity criteria pursuant to Title 9, California Code of Regulations (CCR), Chapter 11.

All Mental Health QI management and improvement activities are delegated by PHC to Beacon Health Options and Kaiser Permanente. PHC oversight of these delegated QI functions is achieved through: 1) annual and ad hoc audits, 2) semi-annual review of QI reports produced by these entities, and 3) discussion of quality management and development of quality improvement projects, (e.g., improved PCP referral forms, review and monitor ~~of~~ quality issues related to neuropsychological testing, ~~requesting of~~ additional reports related to QI, ~~monitoring of~~and access standards).

Regional Drug Medi-Cal Model:

Partnership HealthPlan of California (PHC) and seven~~eight~~ counties (Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano ~~and Trinity~~) have proposed development of a Regional Drug Medi-Cal Model, pending approval by DHCS. As PHC does for its other services, this program description includes the planned structure of quality and performance improvement activities PHC proposes to use for the overall Regional Model.

The quality infrastructure of the Regional Drug Medi-Cal Model is designed to help achieve one of the key goals of the Regional Drug Medi-Cal Model: the integration of substance use services* with the existing physical and mental health service delivery system. It reflects the incorporation of the county-focused quality structure outlined in the Organized Delivery System (ODS) waiver requirements into the strong, foundational quality structure of PHC.

AUTHORITY AND RESPONSIBILITY

Board of Commissioners

The Board of Commissioners on Medical Care (the Commission) promotes, supports, and has ultimate accountability, authority, and responsibility for a comprehensive and integrated Quality and Performance Improvement QI/PI program. The Commission is ultimately accountable for the quality of care and services provided to members. The Commission has delegated direct supervision, coordination, and oversight of the QI/PI program to the Physician Advisory Committee (PAC), which serves as the main Quality Improvement committee. The PAC is supported by two other quality committees – the Quality and Utilization Advisory Committee (Q/UAC) and the Internal Quality Improvement Committee (IQI~~C~~), which are described in more detail below. ~~Members of the Commission are appointed by t~~The county Boards of Supervisors for each geographic area appoints members of the Commission, which ~~and~~ include representation from the community~~:~~, consumers, businesses, physicians, providers, hospitals, community clinics, HMO~~'~~s, local government, and County Health Departments. The Commission meets six times per year.

~~Commission~~

The purpose of the Commission is to negotiate exclusive contracts with the California Department of Health Care Services (DHCS) and to arrange for the provision of health care services to qualifying individuals, as well as other purposes set forth in the enabling ordinances established by the respective counties.

Chief Executive Officer

The PHC Chief Executive Officer's (CEO) primary roles in quality management and improvement are ~~fourfold~~multifold:

- M~~m~~aintain a working knowledge of clinical and service issues targeted for improvement,
- P~~p~~rovide organizational leadership and direction,
- Identify~~ication of~~ new and emerging opportunities to increase accountability by internal and external partners for driving quality and performance improvement,
- P~~p~~articipate in prioritization and organizational oversight of quality improvement activities, and
- E~~e~~nsure availability of resources necessary to implement the approved QI/PI program.

Chief Medical Officer

The Chief Medical Officer (CMO), with the assistance of the members of the PAC, Q/UAC, and IQI~~C~~, is responsible for providing professional judgment regarding matters of quality of care, peer review, clinical, and medical procedures. The CMO is the chair of the IQI~~C~~ and Q/UAC and has significant involvement in all QI/PI, Pharmacy and Health Services activities as well as providing oversight to these programs on a day-to-day basis. The CMO is a Medical Doctor (MD) with an unrestricted license in the ~~state~~ State of California.

~~Mental Health Clinical Oversight~~Clinical Director of Behavioral Health

The Clinical Director of Behavioral Health ~~will~~ holds an MD/DO, PhD or PsyD credential. With the assistance ~~of other members~~ of the ~~PHC~~ Behavioral Health Leadership Team, ~~(Senior Director, Health Services; Chief Operating Officer; Behavioral Health Administrator; and other Plan Leadership),~~ this individual is responsible for providing professional judgment regarding matters of quality of care, peer review, and clinical policies and procedures~~,~~ through oversight of

~~*Services related to substance use outlined in the QI Program Description – Regional Drug Medi-Cal Model are placeholders for when DHCS releases the benefit. Activity is not effective until post February July 1, 2020.~~

PHC activities in ~~these areas~~the areas of mental health and substance use service*s ~~and through oversight of these activities~~ as provided by PHC's delegated behavioral health providers.

Behavioral Health Leadership Team

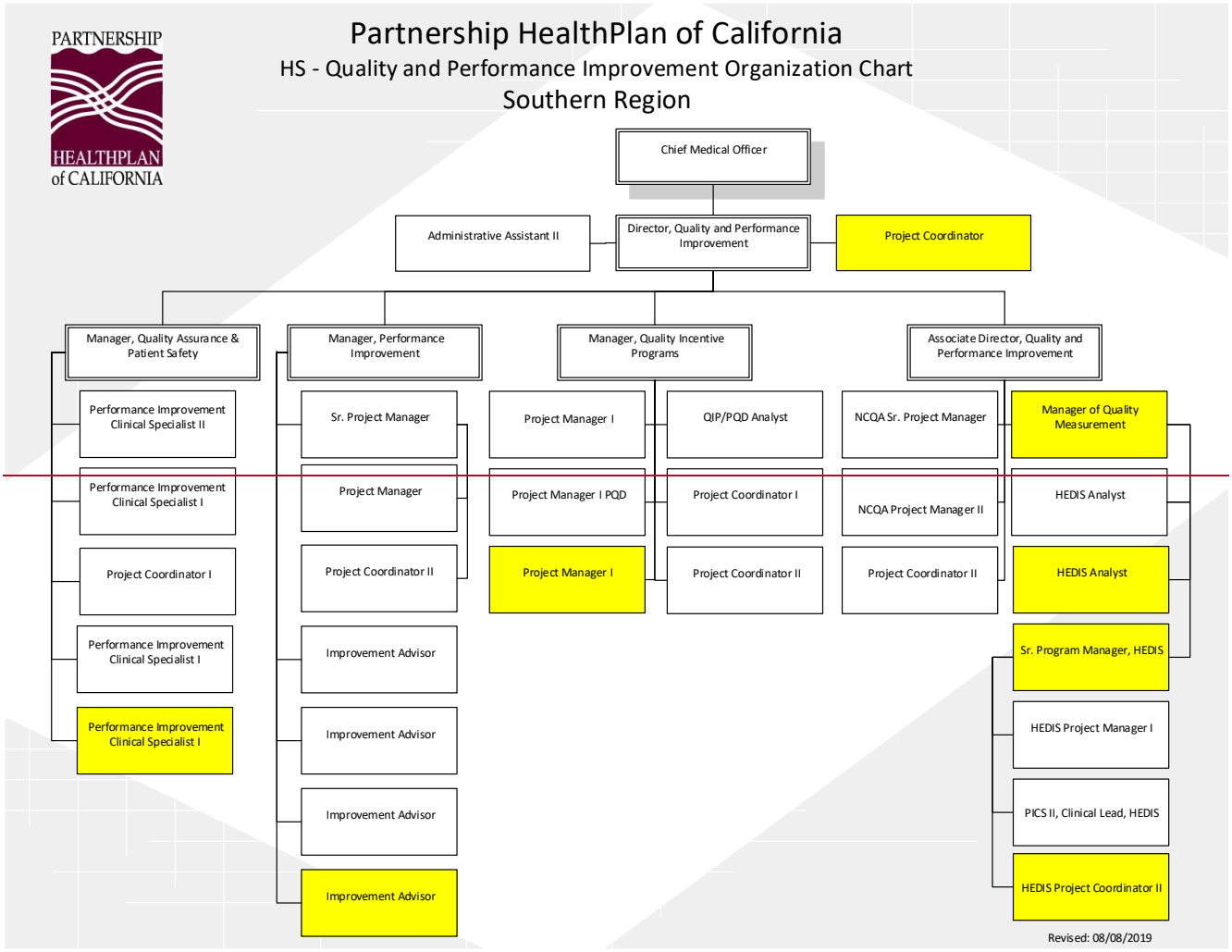
The Behavioral Health Leadership Team includes the Senior Director, Health Services; Chief Operating Officer; Behavioral Health Administrator; and other plan leadership. This team oversees to operations and delegation oversight of PHC's mental health and Substance Use Services*. PHC's annual audit of Beacon Health Options and Kaiser Permanente (behavioral health delegates) stipulates that the organizations produce evidence that Behavioral Health Specialists at the level of Ph.D. and/or M.D. are on their QI Committee or ~~on~~ teams that report to their QI Committee. Both organizations meet this standard.

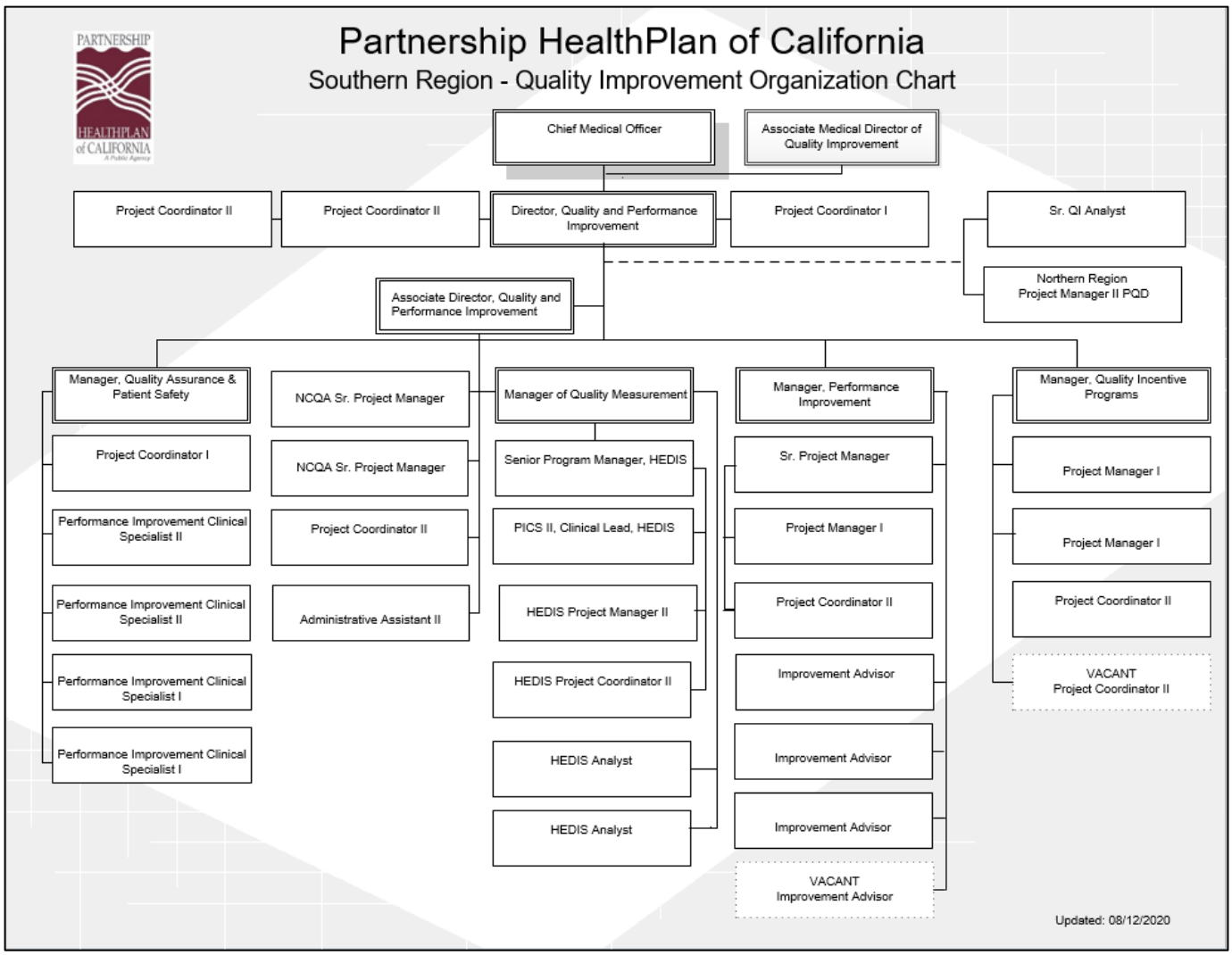
~~***Substance Use Services* Clinical Oversight***~~

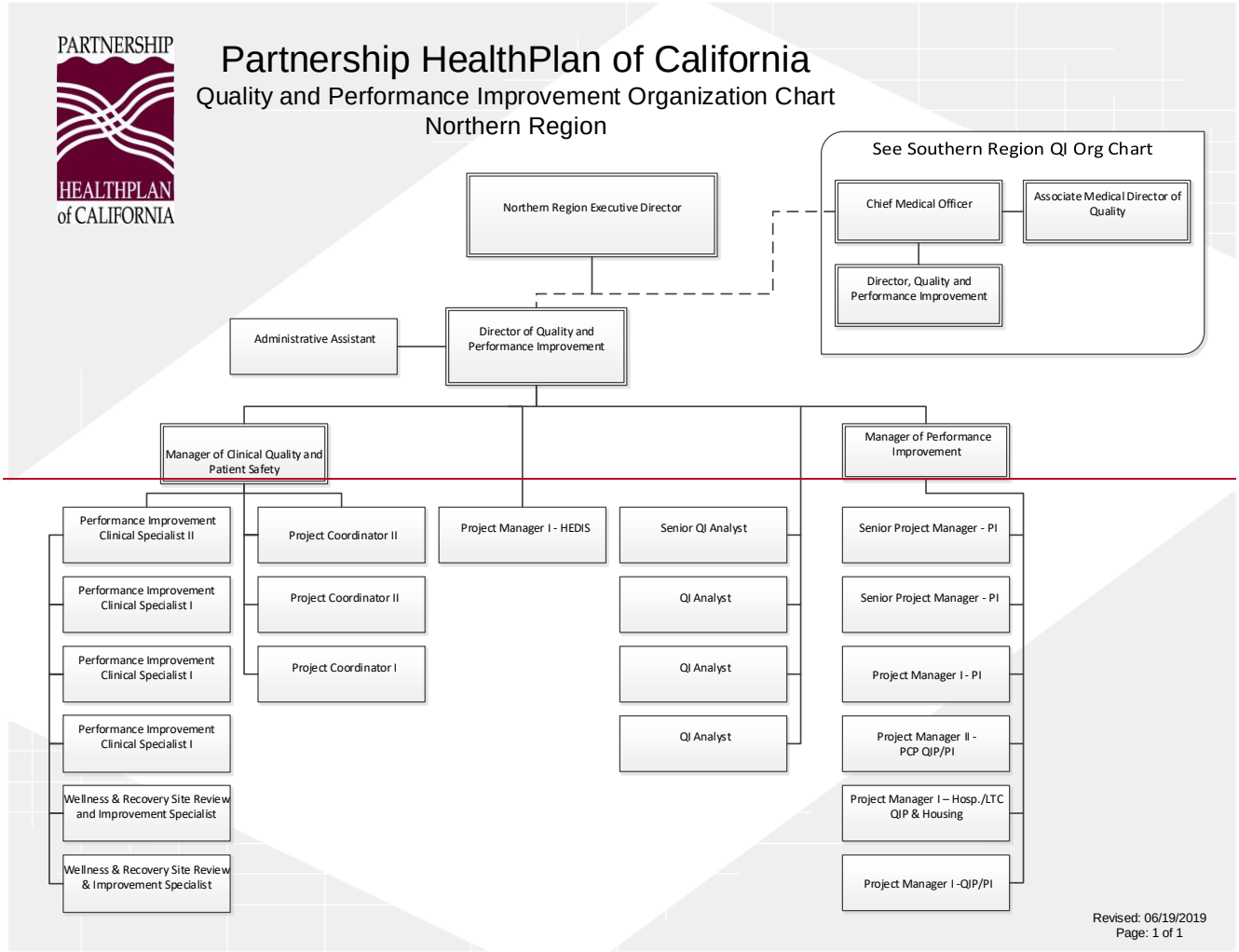
~~The Clinical Director of Behavioral Health, with the assistance of other members of the PHC Behavioral Health Leadership Team (Senior Director, Health Services; Chief Operating Officer; Behavioral Health Administrator; and other Plan leadership), is responsible for providing professional judgment regarding matters of quality of care, peer review, and clinical policies and procedures, through oversight of PHC activities in these areas. The Behavioral Health Leadership Team includes the Senior Director, Health Services; Chief Operating Officer; Behavioral Health Administrator; and other plan leadership.~~

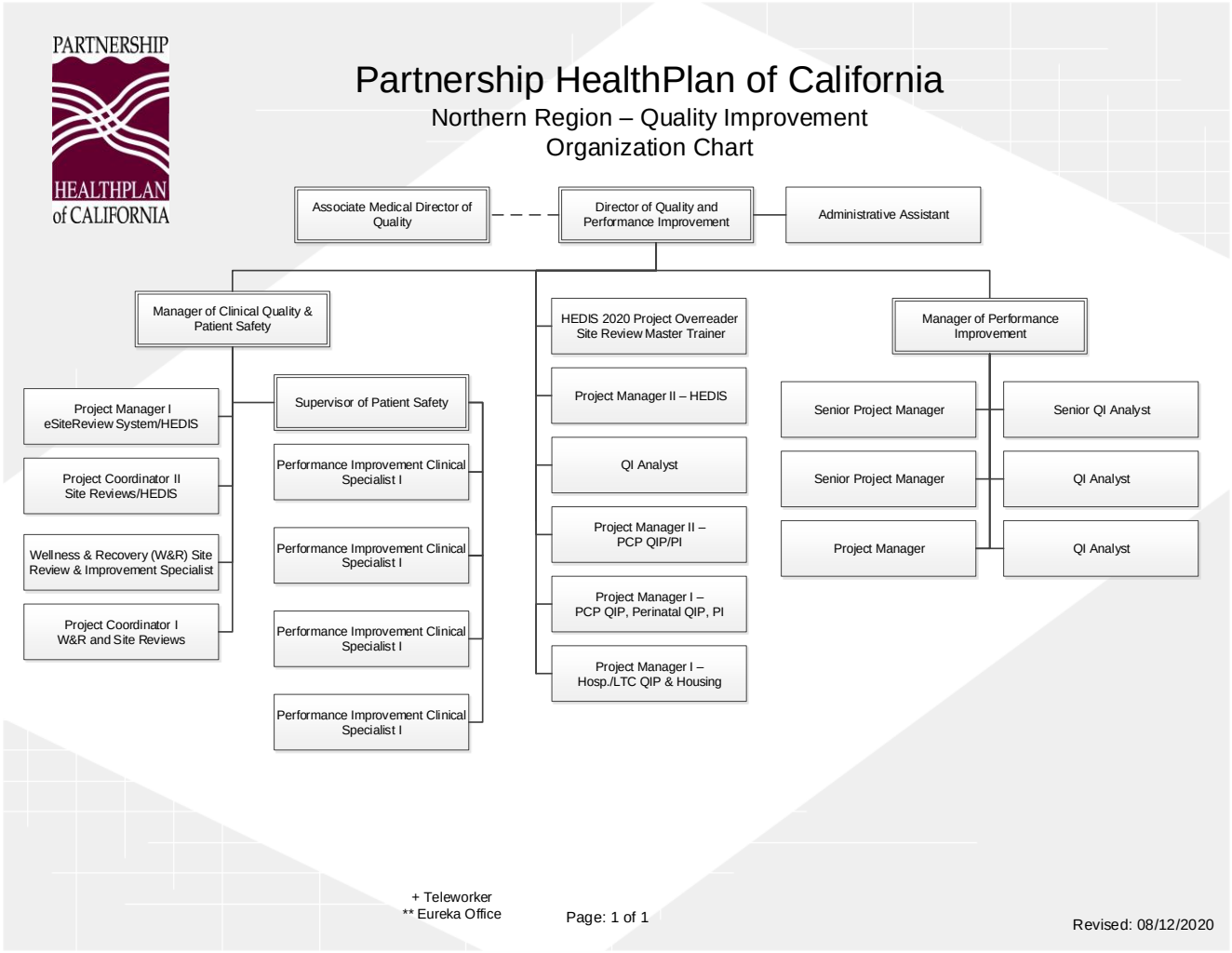
Program Staff

PHC QI/PI program staff titles are outlined in the below Organizational Charts.


Partnership HealthPlan of California
HS - Quality and Performance Improvement Organization Chart
Southern Region
PARTNERSHIP HEALTHPLAN of CALIFORNIA
Chief Medical Officer
Administrative Assistant II
Director, Quality and Performance Improvement
Project Coordinator
Manager, Quality Assurance & Patient Safety
Manager, Performance Improvement
Manager, Quality Incentive Programs
Associate Director, Quality and Performance Improvement
Performance Improvement Clinical Specialist II
Performance Improvement Clinical Specialist I
Project Coordinator I
Performance Improvement Clinical Specialist I
Performance Improvement Clinical Specialist I
Sr. Project Manager
Project Manager
Project Coordinator II
Improvement Advisor
Improvement Advisor
Improvement Advisor
Improvement Advisor
Project Manager I
Project Manager I PQD
Project Manager I
QIP/PQD Analyst
Project Coordinator I
Project Coordinator II
NCQA Sr. Project Manager
NCQA Project Manager II
Project Coordinator II
Manager of Quality Measurement
HEDIS Analyst
HEDIS Analyst
Sr. Program Manager, HEDIS
HEDIS Project Manager I
PICS II, Clinical Lead, HEDIS
HEDIS Project Coordinator II
Revised: 08/08/2019


Partnership HealthPlan of California
Southern Region - Quality Improvement Organization Chart
Chief Medical Officer
Associate Medical Director of Quality Improvement
Project Coordinator II
Project Coordinator II
Director, Quality and Performance Improvement
Project Coordinator I
Sr. QI Analyst
Northern Region Project Manager II PQD
Associate Director, Quality and Performance Improvement
Manager, Quality Assurance & Patient Safety
Project Coordinator I
Performance Improvement Clinical Specialist II
Performance Improvement Clinical Specialist II
Performance Improvement Clinical Specialist I
Performance Improvement Clinical Specialist I
NCQA Sr. Project Manager
NCQA Sr. Project Manager
Project Coordinator II
Administrative Assistant II
Manager of Quality Measurement
Senior Program Manager, HEDIS
PICS II, Clinical Lead, HEDIS
HEDIS Project Manager II
HEDIS Project Coordinator II
HEDIS Analyst
HEDIS Analyst
Manager, Performance Improvement
Sr. Project Manager
Project Manager I
Project Coordinator II
Improvement Advisor
Improvement Advisor
Improvement Advisor
VACANT Improvement Advisor
Manager, Quality Incentive Programs
Project Manager I
Project Manager I
Project Coordinator II
VACANT Project Coordinator II
Updated: 08/12/2020


Partnership HealthPlan of California
Quality and Performance Improvement Organization Chart
Northern Region
PARTNERSHIP
HEALTHPLAN
of CALIFORNIA
See Southern Region QI Org Chart
Northern Region Executive Director
Chief Medical Officer
Associate Medical Director of Quality
Director, Quality and Performance Improvement
Administrative Assistant
Director of Quality and Performance Improvement
Manager of Clinical Quality and Patient Safety
Manager of Performance Improvement
Performance Improvement Clinical Specialist II
Performance Improvement Clinical Specialist I
Performance Improvement Clinical Specialist I
Performance Improvement Clinical Specialist I
Wellness & Recovery Site Review and Improvement Specialist
Wellness & Recovery Site Review & Improvement Specialist
Project Coordinator II
Project Coordinator II
Project Coordinator I
Project Manager I - HEDIS
Senior QI Analyst
QI Analyst
QI Analyst
QI Analyst
Senior Project Manager - PI
Senior Project Manager - PI
Project Manager I - PI
Project Manager II - PCP QIP/PI
Project Manager I – Hosp./LTC QIP & Housing
Project Manager I -QIP/PI
Revised: 06/19/2019
Page: 1 of 1



The Quality and Performance Improvement department is structured to provide governance over the QI program and corresponding work plan. Under the guidance of the Chief Medical Officer and the Northern Region Executive Director, respective Directors of Quality and Performance Improvement lead the QI/ PI department teams in the Northern and Southern regions of PHC in the execution of QI/ PI ~~Work Plan~~ activities outlined in the QI/ PI program description and QI Work Plan. The department ensures the primary activities related to performance improvement, adherence to regulatory requirements, and the quality and safety of clinical care to optimize members' experience with PHC are completed through ongoing engagement and the provision of interdisciplinary support to all areas within PHC. QI/ PI staff monitor quality indicators, validate associated data and metrics, and evaluate the Plan's quality improvement activities to ensure PHC objectives, legislative and regulatory mandates, contractual obligations, and NCQA standards are achieved and established goals are met.

Committee Functions

PHC has developed a robust committee structure to support the breadth and depth of multiple facets of QI/PI regulatory requirements and activities. There are several internal operating committees that report to the CEO and a number of external facing committees, principally the Physician Advisory Committee (PAC) and four others, that report directly to the Board of Commissioners. Certain committees must adhere to state regulations, including the Brown Act, which provides stipulations for making meetings available to the public. The following narrative describes these committees, and the table at the end of this section visually depicts their organization and reporting structures.

~~Beginning January 1, 2019, the Department of Health Care Services (DHCS) implemented the "Whole Child Model" (WCM). The goal of the WCM is to reduce the bifurcation of a child's healthcare and improve coordination of services by designating PHC (and other California Managed Care Plans) responsible for the financial and medical management of all services, regardless of the condition being treated. Due to this change, PHC created the Pediatric Quality Committee (which reports to the PAC) and Family Advisory Committee.~~

The following are internal operating committees that report to ~~PHC's~~ the CEO and make up part of PHC's Quality and Performance Improvement infrastructure:

Family Advisory Committee (FAC)
The Family Advisory Committee (FAC) is a member advisory group to the Chief Executive Officer (CEO) and staff of Partnership HealthPlan of California. The FAC provides a forum for parents, guardians and caregivers of children with California Children Services (CCS) conditions to discuss common issues of interest and importance, to create a supportive and informative networking environment and to advocate for members by ensuring that PHC is responsive to the diversity of health care needs for all members. Minutes from FAC meetings are reviewed by the PQC.

The FAC membership is comprised of representatives from throughout PHC's geographic service areas who advocate for CCS-eligible children of diverse cultures, ethnicities, genders, ages and disabilities. Meetings are held at least four (4) times per year with the option for additional meetings as needed.

The Mission of the FAC is to leverage the Whole Child Model to enhance the quality of how CCS beneficiaries - and their families - experience care.

Health Analytics Steering Committee (HASC)
The Health Analytics Steering Committee (HASC) is comprised of the Chief Medical Officer, Senior Director of Health Services, Director of Quality and Performance Improvement, Director of Population Health, Chief Financial Officer and Associate Director of Health Analytics. The committee tracks and guides the analytics projects performed by the Health Analytics unit and makes recommendations for prioritization of analytic projects. ~~represents an oversight forum to track and guide activities performed by the Health Data Analytics unit.~~ Meetings are held every two months.

Pharmacy and Therapeutics (P&T) Committee
The Pharmacy and ~~&~~Therapeutics (P&T) Committee ~~is chaired by the PHC CMO and~~ is comprised of PHC staff and network practitioners including pharmacists, PCPs, and specialists, including behavioral health. The CMO chairs the P&T. ~~P&T~~The committee makes decisions and recommendations on development and review of the drug formulary, pharmacy policies and procedures, new drugs, and drug approval criteria. The P&T meets quarterly, providing regular activity reports and recommendations to the PAC, the approval authority for P&T related activities. The P&T Committee also serves as PHC's Drug Utilization
Review (DUR) Board. PHC's DUR Board conducts retrospective analysis on drug utilization to identify patterns of fraud, waste, and abuse or inappropriate or medically unnecessary care. In addition, the DUR Board makes recommendations for education programs and bulletins to improve drug safety and therapeutic outcomes.

Delegation Oversight Review Subcommittee (DORS)
The Delegation Oversight Review Subcommittee (DORS) comprises representatives from multiple departments. DORS is responsible for overseeing agreements and responsibilities between Partnership HealthPlan of California (PHC) and its delegated entities. The Subcommittee ensures that delegates are compliant with all applicable laws and regulations. The Subcommittee has overall responsibility for PHC's compliance with delegation requirements as set forth by state and federal regulations, regulatory, contractual, accreditation requirements or standards in accordance with PHC's policies and procedures.

The following are committees, many of which are external-facing, that also make up part of PHC's Quality and Performance Improvement infrastructure and ultimately report to the Board of Commissioners.

Physician Advisory Committee (PAC)
The Physician Advisory Committee (PAC) monitors and evaluates all Health Services activities and is directly accountable to the Board of Commissioners for the oversight of the QI/PI program. The PAC meets ~~monthly; excluding~~ at least ten (10) times a year, and, may not convene in the months of ~~-~~July and December, with the option to add additional meetings if needed. ~~-and v~~Voting membership includes external Primary Care Providers (PCPs), ~~and~~ board certified high-volume specialists and non-physician clinicians. A voting provider member of the committee chairs the PAC. The PHC Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Medical Officer, Associate Medical Director of Quality, Regional Medical Director(s), Clinical Director of Behavioral Health, and leadership from the following departments including ~~within Health Services including the~~ QI/PI, Provider Relations, Care Coordination, ~~Health Services ,~~ Utilization Management, and Pharmacy departments attend the PAC meetings regularly. Other PHC staff attend on an ad hoc basis to provide expertise on specific agenda items. The PAC oversees the activities of the Q/UAC and other quality-related committees and reports QI/PI activities to the Board of Commissioners.

Credentials Committee
The PHC CMO, or designee, chairs the Credential~~sing~~ Committee. Committee members include a minimum of five contracted network practitioners. ~~the PHC Senior Provider Relations Director, Director of Provider Relations, Provider Relations Credentialing Supervisor, and Provider Relations Credentialing Specialists, Northern Region Director of Member Services and Provider Relations, and a minimum of five contracted PHC physicians/practitioners.~~ The committee meets monthly, excluding July and December. The functions of the Credentialing Committee are to:

- Participate in and make recommendations regarding the structure and process for the credentialing and re-credentialing of providers and licensed practitioners.
- Participate in the development, implementation, and annual review of related policies and procedures.
- Review and approve PHC staff recommendations for credentialing of practitioners who meet criteria.
- Review and approve PHC staff recommendations for credentialing of practitioners who do not meet exception criteria.
- Review qualifications and circumstantial details for contracted practitioners who meet exception criteria and make credentialing decisions.
- Review and evaluate the qualifications, member complaints and grievance data of each practitioner seeking re-credentialing as a contracted provider at least every three years~~,~~ and assure compliance with established criteria.
- Verify that ~~credentialing requirements are met by~~ each provider in the network meets credentialing requirements, including implementation of and adherence to any corrective action plans (CAPs) to meet standards.
- Decisions regarding provider credentialing and re-credentialing.
- Develop disciplinary or sanction actions of practitioners.
- Provide oversight of any delegated credentialing activities.

Summary information of credentialing activities is presented to the PAC and to the PHC Board of Commissions at the regularly scheduled meetings.

Peer Review Committee
The Peer Review Committee ~~is a subcommittee of the Q/UAC and~~ membership includes external practitioners representing PCPs, ~~and~~ board certified specialists and non-physician clinicians. The PHC CMO, the Regional and Associate Medical Directors, Performance Improvement Clinical Specialists (PICS RNs), and Manager of Quality Assurance ~~&~~ and Patient Safety support the Committee. The PHC Associate Medical Director for Quality, the CMO or ~~an~~other designated PHC Medical Director chairs the committee. All ~~physician~~clinician committee members are

eligible to vote on issues brought before the committee. The committee meets at least quarterly and on an as needed basis. Peer review functions are:

- Review potential and actual quality issues and provider/member complaints and appeals related to quality of care.
- Make recommendations for Corrective Action Plans (CAP) and practitioner discipline or sanctions to the Credentialing Committee.
- Make recommendations on improvements to systems of care based on specific occurrences.

Substance Use Services Subcommittee of the Peer Review Committee*
A subcommittee of the Peer Review Committee that reviews quality issues related to substance use services* provided by substance use services providers and clinicians providing substance use* care. The meeting frequency of the subcommittee meets on an ad hoc basiswill be determined at a later date, closer to the implementation of the benefit. The subcommittee reviews potential quality issues and makes recommendations on CAPs and practitioner discipline or sanctions to the full Peer Review Committee, which may then make recommendations for action to the Credentialing Committee, as noted above.

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Pediatric Quality Committee (PQC)
The Pediatric Quality Committee (PQC) is the clinical advisory committee for the Whole Child Model program, which began meeting in August 2018. The PQC meets at least four (4) times per year with the option for additional meetings if needed.

The membership of the PQC includes the PHC Whole Child Model Medical Director (Chairperson), Chief Medical Officer (Vice Chairperson), Senior Director of Health Services, Pharmacy Director, at least four CCS-paneled clinician providers, CCS Medical Directors designated by each PHC County, and Nurse Director or Manager as designated by each County CCS program. Other health plan staff and outside experts may make special or periodic reports to the committee or may attend selected meetings by invitation from the committee chair or designee.

Quality/Utilization Advisory Committee (Q/UAC)
The Quality/Utilization Advisory Committee (Q/UAC) is responsible to assure that quality, comprehensive health care and services are provided to PHC members through an ongoing, systematic evaluation and monitoring process that facilitates continuous quality improvement. This responsibility includes providing significant input on the QI Program Description, Annual Evaluation and Work Plan. Q/UAC voting membership includes a consumer representative(s) and external clinicians providers who represent licensed providers of hospitals, medical groups and practice sites in geographic sections of PHC's service arease specialties are internal medicine, family medicine, pediatrics, OB/GYN, nephrology, neonatology, and behavioral health, among others. The PHC CMO (chair of the committee), Clinical Director of Behavioral Health, Associate Medical Director of Quality, and leadership from the QI/PI, Provider Relations, Utilization Management, Care Coordination, Pharmacy, and Grievance Departments attend the Q/UAC meetings regularly. Other PHC staff attend on an ad hoc basis to provide expertise on specific agenda items. The committee meets monthly at least ten (10) times per year, with the option to add additional meetings if needed. Q/UAC activities and recommendations are reported to the PAC and to the Commission at least quarterly. The Q/UAC provides guidance and direction to PHC staff by coordinating on all quality improvement activities.

Activities include but are not limited to:

- Review and approve the QI/PI Program Description, the QI/PI Program Evaluation and Work Plan annually.
- Review and approve al of standardized utilization review criteria and protocols.
- Approve and ensure implementation of evidence-based guidelines and policies of medical practice including preventive, chronic care, and behavioral health initiatives.
- Analyze summary data and make recommendations for action plans for quality improvement activities.

- Assure that appropriate follow-up activities occur for all Corrective Action Plans (CAPs) and QI/PI activities.
- Provide oversight of delegated QI activities except for Credentialing activities, which are reviewed by the Credentialing Committee.

Internal Quality Improvement (IQI) Committee ~~(IQIC)~~
An internal PHC committee comprised of appropriate PHC department directors and staff, the Internal Quality Improvement (IQI) Committee tracks progress towards successful completion of quality initiatives, surveys, audits, and accreditation. The IQI Committee meets monthly, at least ten (10) times per year, with the option to add additional meetings if needed and reviews policies, procedures and QI activities. ~~-~~The PHC CMO (chair of the committee), Associate Medical Director of Quality, and leadership from the QI/PI, Provider Relations, Utilization Management, Care Coordination, Pharmacy, Population Health, Member Services and Grievance Departments attend the IQI Committee meetings regularly. Other PHC staff attend on an ad hoc basis to provide expertise on specific agenda items. Multidisciplinary improvement teams may be designated to complete analysis and intervention recommendations for quality improvement issues and activities. The IQI Committee serves to integrate quality activities organization-wide~~. Activities and progress~~, which are then ~~are~~ reported to the Q/UAC and PAC.

Population Health Management Committee (PHMC)~~Cultural & Linguistics and Health Education Committee (CLHEC)~~
The Population Health Management Committee (PHMC) ~~CLHEC's primary~~ has the responsibility ~~is~~ to address health equity for PHC's membership, including~~provide oversight of the Health Education Program with respect to~~ planning, implementing and ~~evaluation~~ evaluating ~~of~~ the Population Health Management Strategy ~~&~~and Program Description, along with the Cultural and Linguistic and Health Education (C&L/HE) Program. The committee serves to ensure compliance with contractual agreements, and state and federal regulations. Committee members include staff from the following departments: Administration, Care Coordination, Communications, Compliance, Grievance and~~&~~ Appeals, Health Analytics, Health Services, Information Technology, Member Services, Office of the Chief Medical Officer, Pharmacy, ~~and~~ Provider Relations, Quality Improvement, and Wellness and Recovery. ~~CLHEC~~ The PHMC meets quarterly ~~bi-monthly~~ to ensure PHC is meeting the obligations to ~~-~~provide culturally and linguistically appropriate services, including but not limited to, appropriate language access services at all points of contact, ~~and~~ health education services to meet the individual needs of members, and equitable health care. ~~for PHC's membership, and to~~The PHMC also selects and implements ~~P~~population ~~H~~health interventions throughout PHC's coverage area.

Member Grievance Review Committee (MGRC)
The Member Grievance Review Committee (MGRC) represents a multi-disciplinary oversight forum with representatives from ~~across multiple Partnership HealthPlan departments~~ Claims, Quality, Office of the Chief Medical Officer, Pharmacy, Care Coordination, Utilization Management, Population Health, Member Services and Provider Relations to track and trend Grievances, Appeals, Exempt Grievances, and State Hearing cases. It serves as a collaborative work group to discuss complex cases or improvement opportunities with the following key focus areas: quality improvements, clinical oversight, operational excellence, member experience, and regulatory compliance. Findings may be presented in the Q/UAC, IQI, CAC, DORS, and/or SUIQI meeting. ~~the Internal Quality Improvement (IQI) Meeting and/or Quality Utilization Advisory Committees (QUAC).~~ MGRC is ~~Meetings are~~ held on a quarterly basis.

Over/Under Utilization Workgroup
The Over/Under Utilization Workgroup is an internal PHC committee that evaluates services that may be over-~~utilized~~ or under-utilized compared to optimal utilization. The Over/Under Utilization Workgroup meets quarterly. Its goals are to use the results of the analysis to drive quality improvement activities, accuracy of data collection and analysis, and the most cost-effective use of resources. The committee is chaired by PHC's CMO and supported by the Health Analytics department. Representatives from Health Services, Compliance, Member Services, Provider Relations, Quality Improvement, and Claims also attend. A summary of activity from the committee is annually reported to IQI, Q/UAC and PHC's Compliance Committee.

Substance Use Services Internal Quality Improvement Subcommittee (SUIQI)*
A committee comprised of appropriate PHC and County staff tracks progress towards successful completion of quality initiatives, surveys, audits, and accreditation for the PHC's Substance Use Services* oversight. The Substance Use Services* Internal Quality Improvement Subcommittee (SUIQI) ~~meeting frequency will be determined at a later date,~~ meets at least quarterly.~~closer to the implementation of the benefit.~~ Activities and progress are reported to the IQI~~C~~. This also includes review of:

- ~~Review of~~ Utilization Management retroactive and appeals review
- ~~Review of I~~inter-rater reliability for peer review and utilization management
- ~~Review of Q~~quality of service, quality of facility, and access complaints and grievances
- Investigation of potential over-use, under-use, and misuse of services~~.~~
- ~~Review of P~~policies related to provision of ~~SU~~ substance use services

Members of the committee include the Clinical Director, Behavioral Health, the CMO, and representatives from the Provider Relations, Member Services, Claims, Compliance, Behavioral Health and Quality Improvement Departments.

Consumer Advisory Committee (CAC)
The Consumer Advisory Committee (CAC) is composed of PHC health care consumers who represent the diversity and geographic areas of PHC's membership. There are two CAC committees – one each ~~in~~ for PHC's n~~N~~orthern seven counties and ~~a second in PHC's Southern~~ southern seven counties. Both groups meet quarterly. The CAC is a liaison group between members and PHC, advocating for members by ensuring that the health plan is responsive to the health care and information needs of all members. The CAC reviews and makes recommendations regarding Member Services' Quality Improvement a~~A~~ctivities, provides feedback on ~~Quality~~ quality ~~Initiatives~~ initiatives and serves in the capacity of a focus group. A consumer from each region serves on the Board to provide consumer input and report back to their respective CAC.

Finance Committee
The Board of Commissioners authorizes the Finance Committee ~~-~~to act on matters of urgency and/or when the Board does not meet. Items approved by the Finance Committee are ratified by the full board at a subsequent full board meeting. The Finance Committee is comprised of an appointed group of members from the ~~board~~ Board, which encompasses representation from across ~~who that represent each geographic area for the counties~~ PHC's entire service region. The Finance Committee meets monthly.

The Finance Committee has the following authority ~~to~~:

- Review and make recommendations on the annual budget~~,~~
- Review and make recommendations on financial policy~~,~~
- Review major capital expenditures~~, and~~
- Monitor the financial status of the organization and overall leadership for better management in alliance with the executive team and other PHC staff~~.~~

The Committee also ~~advised~~ advises the Board of Commissioners on the fiscal impact of any changes pertaining to ~~any~~ value~~-~~ based programs as related to:

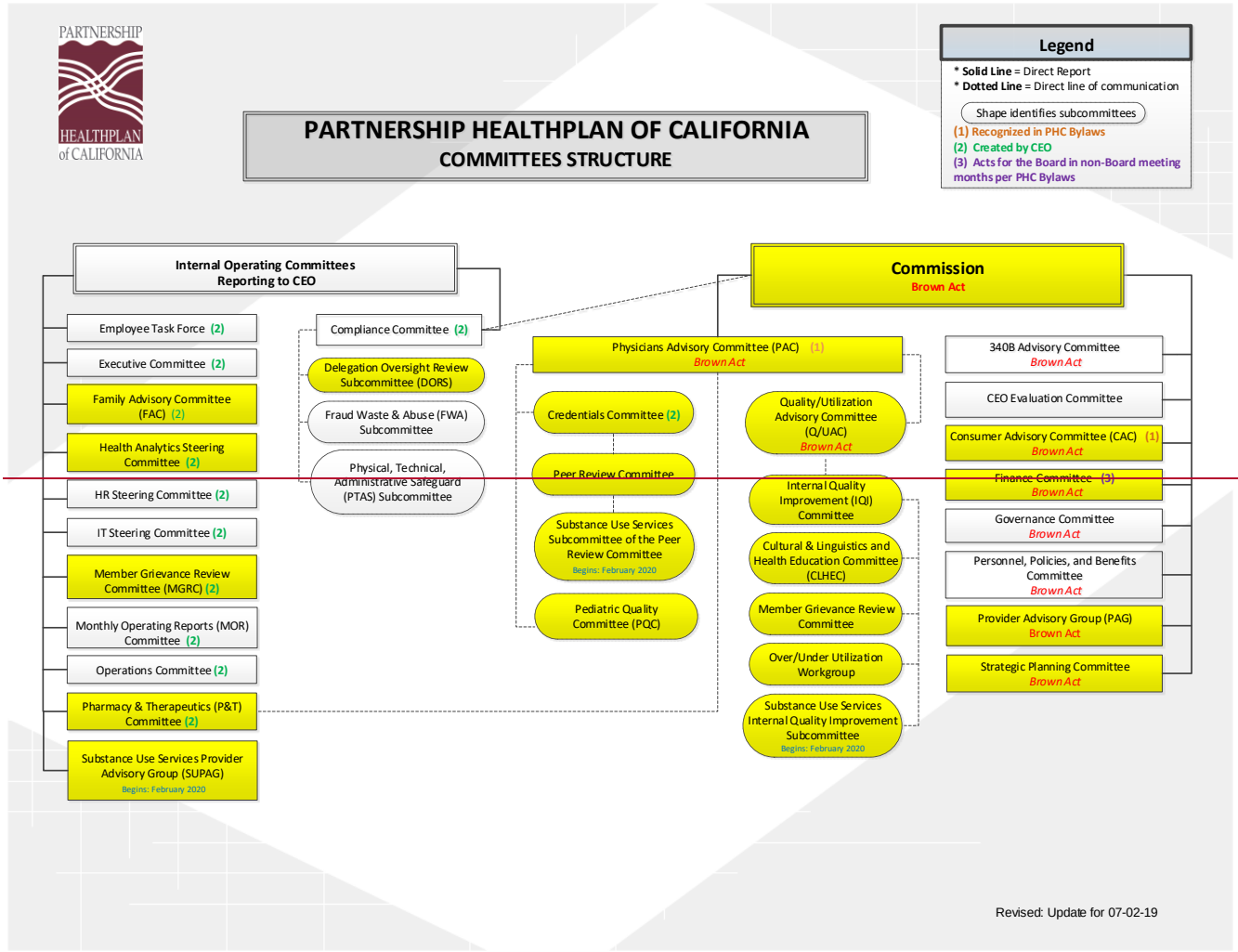
- Payment structure~~,~~
- Annual budget and
- Prioritizing programs

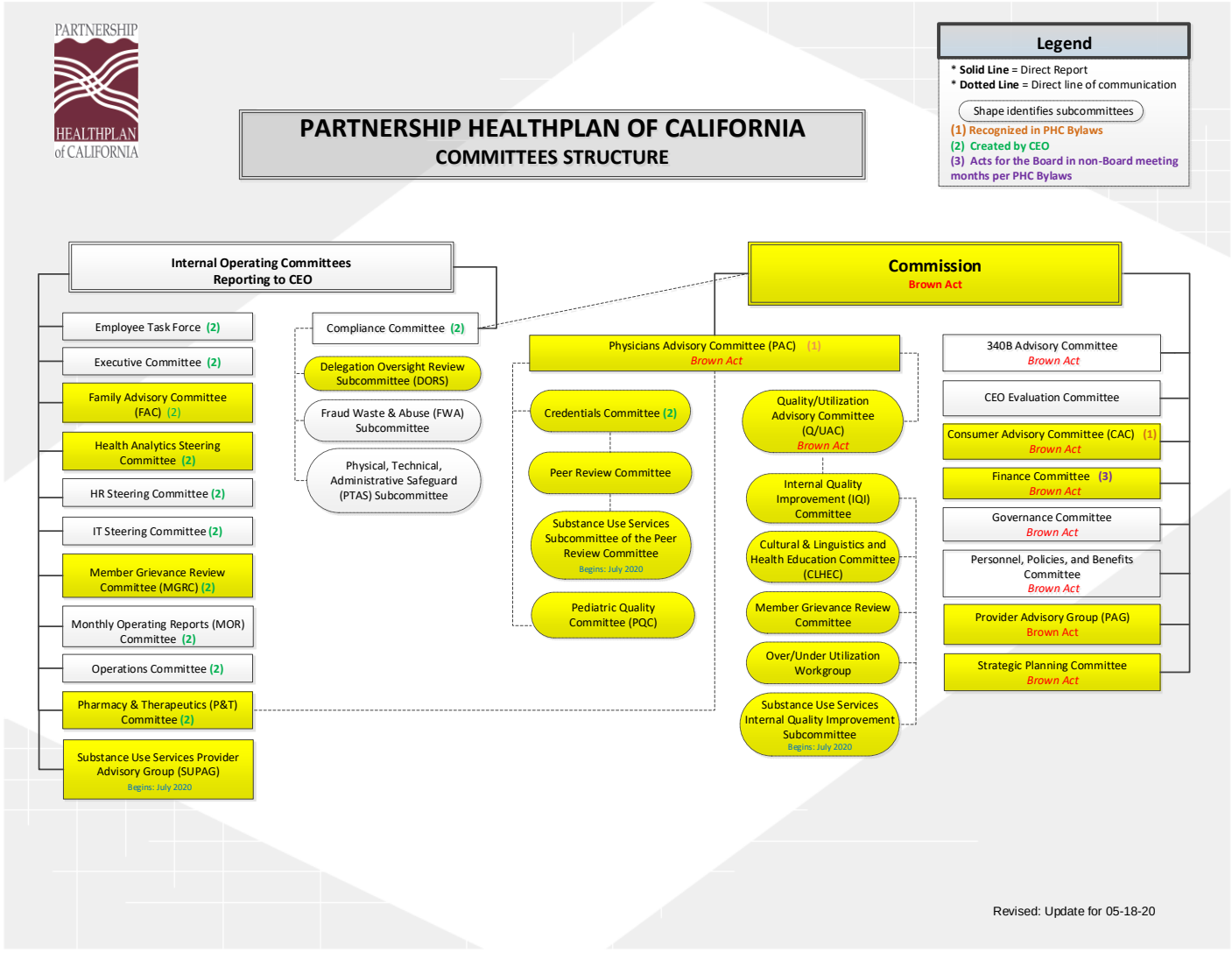
Provider Advisory Group (PAG)
The Provider Advisory Group (PAG) is one of the Commission's advisory committees and acts as a liaison between practice site office staff and PHC and meets quarterly. The committee has representatives from physician groups and individual offices, community clinics, ancillary providers, long-term care facilities, county health departments, and community advisory groups. The PAG reports to the Physician Advisory Committee (PAC) and provides feedback and recommendations on health care service issues, community health activities, and issues for special needs populations.

Strategic Planning Committee
The Sstrategic Pplanning Ccommittee advises the Bboard of Ccommissioners and the CEO on long-range strategic issues affecting Partnership Health Plan. This committee is appointed by the Bboard of Ccommissioners, and is comprised of some Bboard of Ccommissioners' members and other leaders from the community who are not members of the Bboard. This committee meets on a quarterly basis.

Substance Use Services Provider Advisory Group (SUPAG)*
The Substance Use Services* Provider Advisory Group (SUPAG) monitors PHC substance use services* treatment activities. The committee will meet at least four times per year. Membership includes licensed and certified substance use services providers and clinicians and others involved in substance use care. The Committee also includes county substance use services administration representatives and client or family representatives. The SUPAG advises the CEO ~~Board of Commissioners~~ on issues related to PHC's administration of the Substance Use Services* benefit. ~~It is a subcommittee of the Board of Commissioners.~~

Note: Meeting frequency indicated with each committee is subject change based on business needs.


PARTNERSHIP HEALTHPLAN of CALIFORNIA
PARTNERSHIP HEALTHPLAN OF CALIFORNIA
COMMITTEES STRUCTURE
Legend
* Solid Line = Direct Report
* Dotted Line = Direct line of communication
Shape identifies subcommittees
(1) Recognized in PHC Bylaws
(2) Created by CEO
(3) Acts for the Board in non-Board meeting months per PHC Bylaws
Internal Operating Committees Reporting to CEO
Employee Task Force (2)
Executive Committee (2)
Family Advisory Committee (FAC) (2)
Health Analytics Steering Committee (2)
HR Steering Committee (2)
IT Steering Committee (2)
Member Grievance Review Committee (MGRC) (2)
Monthly Operating Reports (MOR) Committee (2)
Operations Committee (2)
Pharmacy & Therapeutics (P&T) Committee (2)
Substance Use Services Provider Advisory Group (SUPAG)
Begins: February 2020
Compliance Committee (2)
Delegation Oversight Review Subcommittee (DORS)
Fraud Waste & Abuse (FWA) Subcommittee
Physical, Technical, Administrative Safeguard (PTAS) Subcommittee
Commission
Brown Act
Physicians Advisory Committee (PAC) (1)
Brown Act
Credentials Committee (2)
Peer Review Committee
Substance Use Services Subcommittee of the Peer Review Committee
Begins: February 2020
Pediatric Quality Committee (PQC)
Quality/Utilization Advisory Committee (Q/UAC)
Brown Act
Internal Quality Improvement (IQI) Committee
Cultural & Linguistics and Health Education Committee (CLHEC)
Member Grievance Review Committee
Over/Under Utilization Workgroup
Substance Use Services Internal Quality Improvement Subcommittee
Begins: February 2020
340B Advisory Committee
Brown Act
CEO Evaluation Committee
Consumer Advisory Committee (CAC) (1)
Brown Act
Finance Committee (3)
Brown Act
Governance Committee
Brown Act
Personnel, Policies, and Benefits Committee
Brown Act
Provider Advisory Group (PAG)
Brown Act
Strategic Planning Committee
Brown Act
Revised: Update for 07-02-19


PARTNERSHIP HEALTHPLAN of CALIFORNIA
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COMMITTEES STRUCTURE
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IT Steering Committee (2)
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Monthly Operating Reports (MOR) Committee (2)
Operations Committee (2)
Pharmacy & Therapeutics (P&T) Committee (2)
Substance Use Services Provider Advisory Group (SUPAG)
Begins: July 2020
Compliance Committee (2)
Delegation Oversight Review Subcommittee (DORS)
Fraud Waste & Abuse (FWA) Subcommittee
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Begins: July 2020
Pediatric Quality Committee (PQC)
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Member Grievance Review Committee
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Substance Use Services Internal Quality Improvement Subcommittee
Begins: July 2020
340B Advisory Committee
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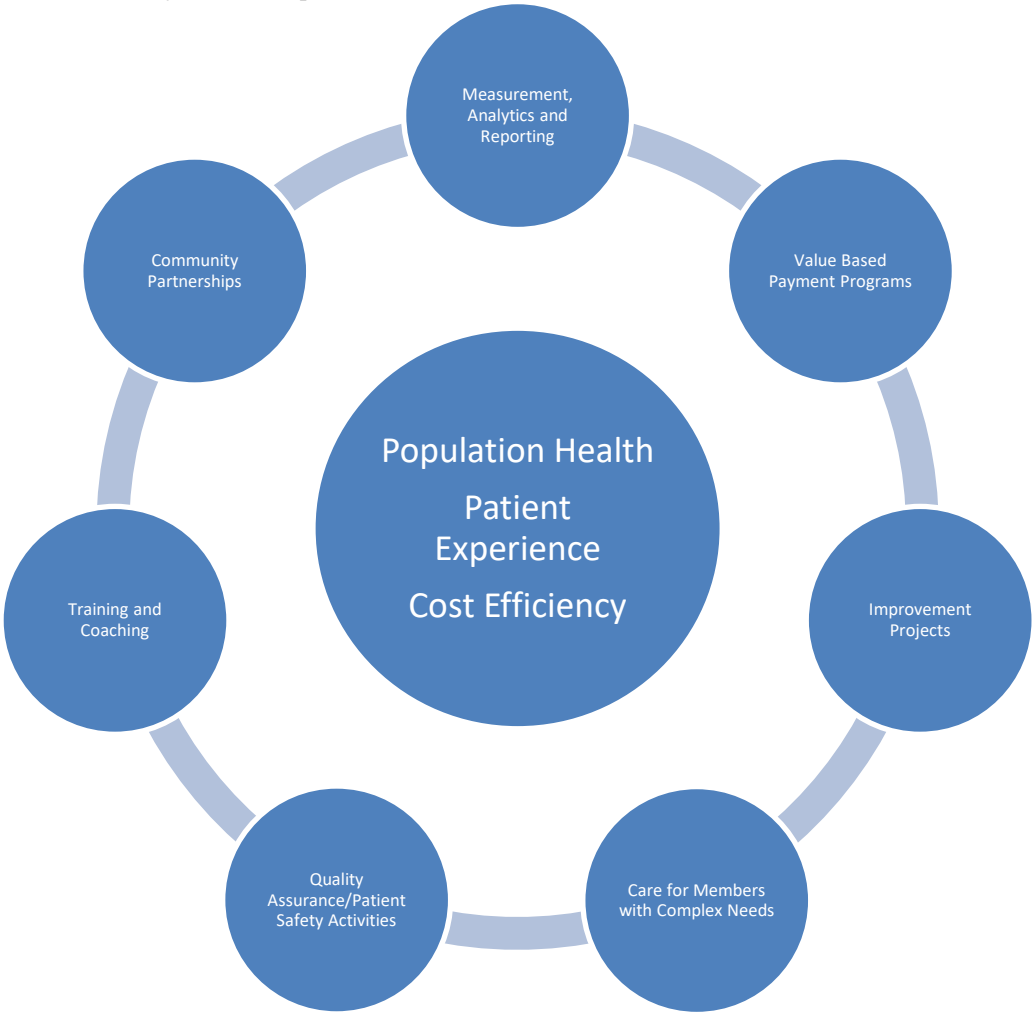
Finance Committee (3)
Brown Act
Governance Committee
Brown Act
Personnel, Policies, and Benefits Committee
Brown Act
Provider Advisory Group (PAG)
Brown Act
Strategic Planning Committee
Brown Act
Revised: Update for 05-18-20

APPROACH TO QUALITY AND PERFORMANCE IMPROVEMENT

PHC's Quality and Performance Improvement program focuses on simultaneous pursuit of the Institute for Health Care Improvement (IHI) triple aim – population health, patient experience and cost efficiency – via seven primary levers:

- Measurement, Analytics and Reporting
- Value Based Payment Programs
- Improvement Projects
- Care for Members with Complex Needs
- Quality Assurance and Patient Safety Activities
- Training and Coaching
- Community Partnerships



Measurement, Analytics and Reporting

The QI/PI Department collects data annually on clinical indicators for Medi-Cal through the Health Effectiveness Data & Information Set (HEDIS) project. ~~Measures that PHC is accountable for reporting~~ PHC currently reports performance results under ~~include~~ the DHCS Managed Care Accountability Set (MCAS) and will begin reporting ~~under~~results under NCQA accreditation measures ~~. ((a After PHC has completeds the First Survey and moves on to renewal surveys)~~after successful completion of its First Survey. ~~In 2019,~~ PHC ~~implemented~~ conducts an annual health plan administered CAHPS survey for both children and adults. By conducting this survey annually in partnership with PHC's survey vendor, per NCQA accreditation requirements, PHC ~~will have~~has the ability to

monitor results more frequently as results can be evaluated in the midst of the survey being conducted and after the survey has concluded. A HEDIS auditor and state contracted auditor independently review the sample frame and results. PHC will continue to participate in the triannual DHCS administered CAHPS survey and reference those results in conjunction with the annual CAHPS project outcomes in ongoing efforts to support and improve member experience. PHC participates in compliance audits with the state-contracted External Quality Review Organization (EQRO) to ensure that ~~rates~~ rate calculations are in accordance with specifications.

Analytics support for the QI program is primarily provided by staff in the Finance, Information Technology (IT) and Quality and Performance Improvement departments. Health analytics including population assessment, case management member stratification, and monitoring of utilization patterns is conducted by the ~~Senior Manager~~Associate Director, ~~-~~ of Health Analytics and ~~the~~ Health Analytics Analysts who are part of the Finance department. ~~Four d~~Data analysts in the QI department and ~~two data analysts in~~ the IT department support the following work:

- PHC Pay for Performance Programs
- Sourcing and integration of data for HEDIS annual and monthly reporting
- Monthly reconciliation of HEDIS data that is used to support tools for providers to monitor their performance on quality metrics and services
- Partnership Quality Dashboard front end development and maintenance

In addition to HEDIS and CAHPS, summary results from access studies, grievances, Initial Health Assessments, facility site and medical record reviews, potential quality issues, targeted improvement projects, ~~and activities from the Partnership Improvement Academy~~ performance improvement activities (including practice facilitation and other quality capacity building activities) are presented to the Internal Quality Improvement Committee (IQI~~C~~) and physician committees at least annually. Project measures are reviewed more regularly during improvement team meetings. ~~-~~PHC completes a robust, comprehensive evaluation annually for major programs and quality improvement projects and initiatives.

At the organization level, the Executive Team and Board of ~~Directors~~ Commissioners review at least quarterly a comprehensive dashboard including metrics across the organization ~~at least quarterly~~. There are also four organization-wide goals set annually, of which there is always a quality-related goal. A board advisory group on Quality meets quarterly to provide feedback and advice on strategic quality issues.

Performance results are shared with external and internal stakeholders through data reports and data presentations given at quality committee meetings, Medical Director meetings, academic detailing visits, conferences, provider site visits, webinars and community meetings.

Through PHC's value-based programs, providers receive reports showing their performance against established thresholds and ~~the~~ PHC network averages (and/or across ~~a~~ peer groups) at least annually. The Primary Care Provider Quality Improvement Program (PCP QIP) provides PCPs aggregate and member-level data through two~~,~~ interactive online tools: ~~-~~eReports and the Partnership Quality Dashboard (PQD). eReports refreshes at least weekly and allows PCPs to identify those members with gaps in preventive and chronic disease care ~~to~~in support of compliance on the PCP QIP's clinical measures. It also allows PCPs to upload additional data to support measure-specific numerator compliance or exclusion criteria. PQD~~artnership Quality Dashboard~~ is a Tableau-based online data visualization and analytics tool that supports analysis of PHC's HEDIS and PCP QIP performance data.

Substance use services-focused Performance Improvement Projects are ~~will be~~ managed by Partnership HealthPlan and administered centrally. ~~-~~The SUIQI ~~will~~ reviews data at least annually from eligibility, claims, encounter and provider data to analyze adherence to protocols and identification of those in need of services; timely access measures; initial and engagement of clients into treatment; fidelity to American Society for Addiction Medicine (ASAM) requirements; and outcome and recovery data. The SUIQI ~~will~~ aligns their efforts, where possible, with the External Quality Review Organization evaluation processes and support their evaluation criteria.

In addition, review of the Substance Use Service system and its integration into overall Plan services arewill be incorporated into the ongoing PHC measurement and reporting programs including analysis of member satisfaction (CAHPS) measures for both children and adults; summary results from access studies, grievances, initial health assessments, facility site and medical record reviews, potential quality issues, targeted improvement projects, and training activities.- These are presented to the Substance Use Internal Quality Improvement Subcommittee on an ongoing basis and reported up to the SUPAG, IQI, Q/UAC, and PAC at least annually. -Substance use services performance reports are also shared at various meetings, trainings, and webinars and community meetings.

Value Based Payment Programs

Primary Care Provider Quality Improvement Program (PCP QIP)

This program provides financial incentives, data reporting and technical assistance to primary care providers to improve key domains of quality: clinical care, patient experience, access and operations, and resource use. The Provider Advisory Committee (PAC) reviews and approves the clinical measures selected for the PCP QIP. A group of providers and administrators (QIP Advisory Group) across counties and practice types recommend measures for the PCP QIP each year. Following this group's recommendations, the draft measures are released to the PHC provider network during a public comment period. Feedback from the public comment period is shared with the QIP Advisory Group, at which time measure recommendations are forwarded to the PAC for review and approval. The measures and detailed specifications can be found on the PHC website.

Hospital QIP (HQIP)

The Hospital Quality Improvement Program (Hospital QIP), established in 2012, is a pay-for-performance program for invited hospitals serving Medi-Cal members in the Partnership HealthPlan of California (PHC) network. The goal of the Hospital QIP is to improve the quality of care provided to PHC's Medi-Cal members by offering participating hospitals substantial financial incentives in exchange for meeting selected performance targets. Participants report on measures across the following measurement domains: Readmissions, Advance Care Planning, Clinical Quality, Patient Safety, and Operations and Efficiency Measures. Like the PCP QIP, PHC collaborates with hospital partners to design the program, is collaboratively designed with PHC hospital partners and the PAC reviews and approves the measures selected. The measures and detailed specifications can be found on the PHC website.

Pharmacy QIP

The Pharmacy QIP, established in 2013, is designed to support and improve the access to and quality of community pharmacy services provided to PHC's members. The Pharmacy QIP program was developed with measures that are simple, stable, meaningful, and collaborative with participants. Only community pharmacies are eligible to participate in the Pharmacy QIP. The domains address Clinical Quality, Patient Experience, Cost Efficiency, and Access measurement areas. Current are as focus areas are as follows: Comprehensive Medication Reviews (CMRs) for Patients, Chronic Pain Medication Oversight, Medication Delivery, Admelog and/or AG Humalog Conversion, After Hours Access, Immunizations, and Safe Medication Disposal.

Specialist QIP

The Specialist Quality Improvement Program was developed in 2014 to reward in-network specialists for actively accepting referrals and seeing PHC Medi-Cal members. In order to participate, a specialist must be contracted with PHC and be located within the PHC service region. Specialists who work primarily in an inpatient setting are excluded.

Long Term Care QIP (LTC QIP)

The Long Term Care Quality Improvement Program (LTC QIP) originally launched in 2016. The LTC QIP is designed to support and improve the access to and quality of long-term care provided by PHC's contracted facilities. The pay-for-performance program, overseen by the PAC, offers financial incentives for quality that are separate and distinct from the usual reimbursement for services. The measurement domains are Clinical, Functional Status, Resource Use, and Operations/Satisfaction. To participate, facilities must contract with PHC and sign a Letter of Agreement. The measures and detailed specifications can be found on the PHC website.

Palliative Care QIP

All PHC contracted Intensive Outpatient Palliative Care provider sites are automatically enrolled in the Palliative Care QIP. Providers may earn incentives from the program based on care provided to members who have serious illnesses and have an approved intensive outpatient palliative care treatment authorization request (TAR) on file. PHC has designed the Palliative Care Quality Improvement Program (PC QIP), which offers significant financial incentives to support and improve the access to and quality of palliative care provided by PHCs contracted palliative care providers. The program also incentivizes the completion of POLST for these members and for actively participating in the Palliative Care Quality Network (PCQN) system.

Perinatal QIP ~~Extended Pilot~~

The Perinatal QIP ~~Extended Pilot~~ provides ~~substantial incentives to selected prenatal care providers providing quality and timely prenatal and postpartum care to PHC members.~~ financial incentives to participating Comprehensive Perinatal Services Program (CPSP) and select non-CPSP providers providing quality and timely prenatal and postpartum care to PHC members. Participation is by invitation and requires signing a Letter of Agreement. Since inception as a very small pilot program in 2018, the Perinatal QIP has expanded to include 81 primary care and specialty providers within PHC's service area. The results of the pilot program were used by PHC senior leadership to conclude the Perinatal QIP improves the quality of care for PHC members. As a result, it will be added as a permanent fiscal year offering in PHC's value based payment programs starting on July 1, ~~st~~ 2020. For this incentive program, a simple and meaningful measurement set has been developed and currently includes the following measures: Prenatal Immunization Status, Timely Prenatal Care, Timely Postpartum Care and Electronic Clinical Data System (ECDS) Implementation.

Behavioral Health QIPs

The Plan's two delegated mental health administrators, Beacon Health Options and Kaiser, manage the quality improvement programs for their networks. The behavioral health QIP is administered through the Beacon network and focuses on providers' effectiveness in ensuring follow-up care after the initial assessment of treatment needs. ~~It is being restructured for the 2019/2020 year to focus more specifically on key clinical practices, such as the use of family based therapy.~~ A~~The implementation of a~~ QIP for substance use services* providers is under discussion ~~dependent on the State's overall approval of the Regional Model and its fiscal structure~~.

Intensive Outpatient Ca~~s~~re Management (IOPCM) QIP

Intensive Outpatient Care Management (IOPCM) Program is a~~n RN~~nurse-based program located in clinics to help manage high-risk patients. The objective is to motivate, modify, and improve health to reduce health risks over a 6-12 month period. Each care site ~~will~~ provide~~s~~ Intensive Outpatient Care Management (IOPCM) s~~S~~ervices to a group of PHC members with complex medical and/or psychosocial needs. This includes comprehensive~~,~~ care management~~/ case management~~ and coordination of care services, including home visits, use of telehealth technology as needed, and care plan based on their identified health risks. The purpose of the IOPCM QIP is to provide substantial incentives for all key indices of quality of care to reflect a more efficacious approach for treating at~~-~~risk patients with the potential for high~~-~~cost utilization. All contracted Intensive Outpatient Case Management provider sites participating will be automatically enrolled in the IOPCM QIP, and therefor eligible for the IOPCM QIP payments.

Improvement Projects

PHC considers a number of factors to determine where and how to focus its improvement efforts. Following analysis of data to identify areas for improvement, as well as opportunities to learn of potential best practices, a significant factor is PHC's performance on measures for which it is held accountable by the Department of Health Care Services. Another factor is whether an area pertains to the criteria considered for ~~National Committee for Quality Assurance (~~NCQA~~)~~ health plan accreditation.

Additional criteria for selection include:

- Meaningful clinical or service areas to both providers and members
- Measures that impact large populations of members
- Overuse or misuse results in high cost to the plan

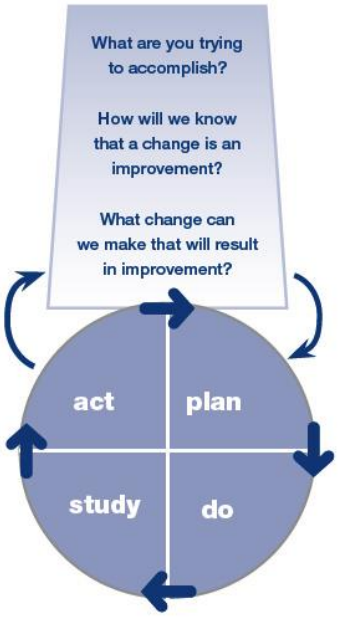
- Clinical or service areas where provider variation in practice is greatest

Data sources used to determine focus areas include:

- Annual, monthly, and year-to-date performance on HEDIS measures
- Performance on PHC's pay-for-performance measures that provide financial incentives to provider organizations to drive improvement
- Consumer Assessment of Health Providers and Systems (CAHPS) survey
- Grievances and appeals
- Facility site and medical record review results
- Initial Health Assessment rates
- Utilization data
- County level and/or public health data

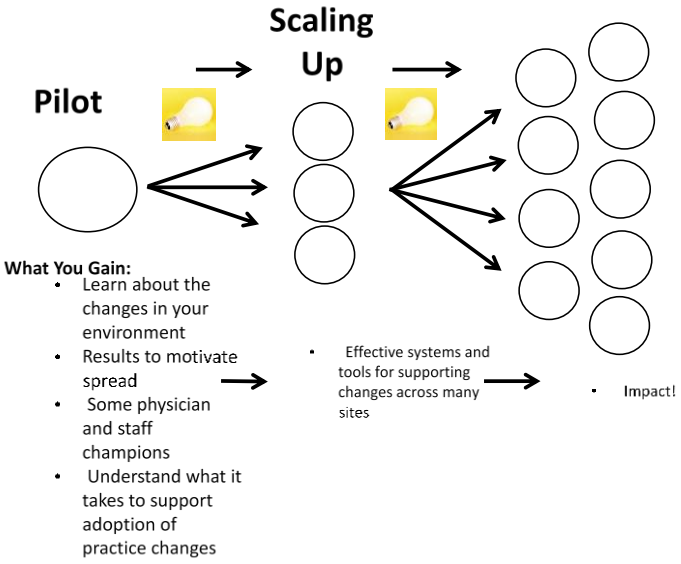
Based on the department that will lead an improvement effort, its leadership and management propose focus areas and projects with guidance from their executive sponsor, other members of the executive leadership team, medical directors, ~~and~~ other departments and key stakeholders. For member-facing improvement efforts, the Consumer Advisory Committee (CAC) and other member focus groups are often consulted. For many improvement efforts, particularly those that are mandated or due to poor performance on the Managed Care Accountability Set, the QI/PI department is often the lead. Once projects are approved, an improvement team is formed with a lead or project manager and individuals who are involved in the improvement effort. Current year performance priorities are outlined in PHC's QI Program Work Plan.

PHC ~~uses~~ applies ~~the Model for Improvement methodology~~performance improvement methodologies – principally the Model for Improvement – and other tools, ~~and the~~ Plan-Do-Study-Act (PDSA) cycle and robust project management infrastructure to guide strategic improvement initiatives and targeted improvement projects. PHC uses small tests of change (PDSA) to see what works and how changes need to be adapted to make improvements on a larger scale.



PHC supports spreading effective interventions within and across sites as more is known about the problem~~change~~, resources, and infrastructure needed to support the change on a larger scale. Spread is challenging and highly

dependent on a provider organization's leadership, culture, and quality improvement infrastructure to do this effectively. The figure below outlines this approach.



A ~~complete~~ list of current year improvement projects is available in PHC's QI Program Work Plan and outcomes, in the annual QI Evaluation.

Care for Members with Complex Needs (CCM)

CCM is a voluntary program that provides tailored interventions aimed at both improving the member's self-management of his/her health, and also increasing appropriate usage of health and medical resources while reducing the inappropriate utilization of health care resources. These goals are achieved by working with the member/caregiver and member's interdisciplinary care team to:

- Educate the member about his or her benefits with managed care and how to use available resources;
- Identify and help the member understand his/her medical condition(s);
- Support and encourage self-management skills to promote and optimize the member's personal health goals and well-being;
- Coordinate necessary health care services; and
- Refer to appropriate medical or social community resources, when applicable.

Please see the Care Coordination program description for further information regarding the populations targeted and the specific interventions used for PHC members.

Quality Assurance and Patient Safety Activities

Quality Assurance and Patient Safety activities include investigation of Potential Quality Issues (PQIs); facility site and medical record reviews; assessing the level of physical accessibility of provider sites including specialists and ancillary providers that serve a high volume of seniors and persons with disabilities; and monitoring Initial Health Assessment (IHA) rates.

The QI/PI department is governed by requirements outlined in the following DHCS All Plan Letters (APL) or Policy Letters (PL):

APL or Policy Letter Number	APL or PL Title	APL or PL Date	Link to APL or PL	Related Policy
~~APL 19-002~~ ~~Supersedes APL 18-005~~	~~Network Certification Requirements~~	~~01/30/19~~	~~https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-002.pdf~~	~~MPQP1023 – Access Standards and Monitoring~~
APL 20-006 Supersedes PL 14-004 PL 03-002 APL 03-007	Site Reviews: Facility Site Review and Medical Record Review	03/04/20	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-006.pdf	MPQP1022 – Site Review Requirements and Guidelines MCQP1052 - Physical Accessibility Review Survey - SR Part C MCQP1025 - Substance Use Disorder (SUD) Services Site Review and Medical Record Review
APL 18-004 Supersedes APL 96-013 ~~&~~ APL 07-015	Immunization Requirements	01/31/18	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-004.pdf	MCQG1005 – Adult Preventive Health Guidelines MCQG1015 – Pediatric Preventive Health Guidelines MCQP1021 – Initial Health Assessment and Behavioral Risk Assessment
APL 17-009 Supersedes APL 16-011	Reporting Requirements Related to Provider Preventable Conditions	05/23/17	http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-009.pdf	MPQP1055 - Provider Preventable Condition (PPC) Reporting
APL 17-014 Supersedes APL 16-018	Quality and Performance Improvement Requirements	09/11/17	http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-014.pdf	*None*
APL 15-023	Facility Site Review Tools for Ancillary Service and Community-Based Adult Services Provider	10/28/15	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2015/APL15-023.pdf	MCQP1025 - Substance Use ~~Services~~Disorder (SU~~DS~~) Services Site Review and Medical Record Review MCQP1052 - Physical Accessibility Review Survey - SR Part C ~~MPQP1022 – Site Review Requirements and Guidelines~~

APL or Policy Letter Number	APL or PL Title	APL or PL Date	Link to APL or PL	Related Policy
~~PL 14-004~~ ~~Supersedes PL 02-002~~	~~Site Reviews: Facility Site Review and Medical Record Review~~	~~05/22/14~~	~~https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2014/PL14-004.pdf~~	~~MPQP1022 - Site Review Requirements and Guidelines~~ ~~MCQP1025 - Substance Use Services (SUS) Site Review and Medical Record Review~~ ~~MCQP1052 - Physical Accessibility Review Survey - SR Part C~~ ~~MPQP1026 - OB/GYN Facility Site Review Requirements and Guidelines~~
PL 13-001	Requirements for the Staying Healthy Assessment	10/08/13	http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2013/PL13-001.pdf	MCQP1021 - Initial Health Assessment and Behavioral Risk Assessment
PL 12-006 Supersedes PL 11-013	Revised Facility Site Review Tool	08/09/12	http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2012/PL%2012-006.pdf	MCQP1025 - Substance Use ~~Services~~Disorder (SUD~~S~~) Site Review and Medical Record Review MCQP1052 - Physical Accessibility Review Survey - SR Part C MPQP1022 - Site Review Requirements and Guidelines ~~MPQP1026 - OB/GYN Facility Site Review Requirements and Guidelines~~
PL 08-003	Initial Comprehensive Health Assessment	05/05/08	http://www.dhcs.ca.gov/formsandpubs/documents/mmcdaplsandpolicyletters/pl%202008/PL08-003.pdf	MCQP1021 - Initial Health Assessment and Behavioral Risk Assessment

APL or Policy Letter Number	APL or PL Title	APL or PL Date	Link to APL or PL	Related Policy
~~PL 03-02~~	~~Certification of Managed Care Plan Staff~~	~~06/23/03~~	~~http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2003/MMCDPL03002.pdf~~	~~MPQP1022 – Site Review Requirements and Guidelines~~

APL or Policy Letter Number	APL or PL Title	APL or PL Date	Link to APL or PL	Related Policy
APL 19-003	Providing Informing Materials to Medi-Cal Beneficiaries in an Electronic Format	05/02/19	https://www.dhcs.ca.gov/formsandpubs /Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-003.pdf	MCLP7002 Cultural and Linguistic Services MPHP8001 Health Education Program
APL 18-016	Readability and Suitability of Written Health Education Materials	10/05/18	https://www.dhcs.ca.gov/formsandpubs /Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-016.pdf	MCLP7002 Cultural and Linguistic Services MPHP8001 Health Education Program
APL 19-~~011~~7-002	Health Education and Cultural and Linguistic Population ~~Group~~ Needs Assessment (PNA)	~~02/03/17~~09/30/19	https://www.dhcs.ca.gov/formsandpubs /Documents/MMCDAPLsandPolicyLetters /APL2017/APL17-002.pdf	MCLP7002 Cultural and Linguistic Services MPHP8001 Health Education Program
APL 17-011 Supersedes APL 14-008	Standards for Determining Threshold Languages and Requirements for Section 1557 of the Affordable Care Act	06/30/17	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-011.pdf	APL 17-011 Supersedes APL 14-008
APL 16-005	Requirements for Use of Non-Monetary Member Incentives for Incentive Programs, Focus Groups, and Member Surveys	11/23/16	https://www.dhcs.ca.gov/formsandpubs /Documents/MMCDAPLsandPolicy Letters/APL2016/APL16-005REV.pdf	MPHP8001 Health Education Program
APL 99-005	Cultural Competency in Health Care – Meeting the needs of a	04/02/99	http://www.dhcs.ca.gov/formsandpubs /Documents/MMCDAPLsandPolic	MCLP7002 Cultural and Linguistic Services

APL or Policy Letter Number	APL or PL Title	APL or PL Date	Link to APL or PL	Related Policy
	Culturally and Linguistically Diverse Population		yLetters/ APL1999/MMCDAPL99005.pdf	

Potential Quality Issues

A Potential Quality Issue (PQI) is defined as a possible adverse variation from expected clinician performance, clinical care, or outcome of care. PQIs require further investigation to determine whether an actual quality issue or opportunity for improvement exists. A quality issue is defined as a confirmed adverse variation from expected clinician performance, clinical care, or outcome of care, as determined through the PQI process. The PQI investigation and Peer Review process provide a systematic method for the identification, reporting, and processing of a PQI to determine opportunities for improvement in the provision of care and services to Partnership HealthPlan of California (PHC) members, and to direct appropriate actions for improvement based upon outcome, risk, frequency, and severity.

PQIs are identified through the systematic review of a variety of data sources, including but not limited to:

- Information gathered through concurrent, prospective, and retrospective Utilization Review~~;~~
- Referrals from any health plan staff~~;~~
- Facility Site reviews~~;~~
- Claims and encounter data~~;~~
- Pharmacy utilization data~~;~~
- HEDIS medical record abstraction process~~;~~
- Medical record reviews/audits~~;~~
- Grievances and Appeals~~;~~
- Ancillary providers/vendors/delegates such as Beacon, VSP, etc.~~;~~
- Provider sentinel/adverse events such as Provider Preventable Conditions that are reported as required by the State~~.~~

All cases are initially reviewed by Performance Improvement Clinical Specialists nurses (PICS RN) and then forwarded to the Chief Medical Officer (CMO) or Associate Medical Director of Quality (AMD) in accordance with Policy MPQP1016. Medical records and other supporting documentation are collected, and where issues are identified, the provider of concern may be given an opportunity to respond. The CMO/AMD review includes assessment of~~,~~ but is not limited to: appropriate level of care; appropriate tests; therapy and treatment; technical expertise; referral; consultation; timeliness; and adequate documentation.

PQIs involving substance use services are reviewed with the PHC Clinical Director of Behavioral Health for evaluation and recommendation to the Substance Use Services (SUS) Subcommittee or Peer Review Committee. Potential quality issues related to mental health and substance use services that are identified by PHC delegated providers (Beacon and Kaiser), are investigated and ~~followed up~~ addressed by th~~e~~ose providers. These issues are tracked by the delegates and monitored by PHC's Behavioral Health Clinical Director~~,~~ through the delegation agreement with each organization.

PQI cases are presented by the PICS RN at PQI rounds with the Medical Director, and severity ratings are assigned to each case and whether the case is ~~a~~ due to "Practitioner performance" or "System issue." Upon determination by the Medical Director that a case requires review by the Peer Review Committee (PRC), the PICS RN prepares the PQI case file for Peer Review (see MPQP1053 for the Peer Review Committee policy). The Peer Review Committee ~~(PRC)~~ investigates patient or practitioner complaints about the quality of clinical care provided by PHC contracted

providers and makes recommendations for corrective action. The Committee also reviews sentinel conditions identified as having quality concerns. Cases with significant concerns are communicated to the Credentialing Committee at the recommendation of the Peer Review Committee.

Annual reports are presented to IQI and Q/UAC showing trends related to referral patterns and quality of care concerns.

Pharmacy Department Patient Safety Initiatives

PHC has a number of activities in place to ensure medication safety and adherence for PHC members. These activities include:

- *Managing Pain Safely (MPS)*. Pharmacy utilization management to promote the safe use of opioids. ~~Incorporation of MPS initiatives in the Pharmacy QIP, share best practices and support community pharmacies' effort in preventing opioid misuse.~~
- ~~s~~
- Pharmacy Department monitors opioid prescribing and utilization against opioid-related HEDIS measures and provides interventions for patient safety and performance improvement.
- Pharmacy Department reviews and analyzes drug utilization to identify high-risk members taking antipsychotic and opioid medications and provides interventions against identified risks.
- ~~*Medication Adherence Program* (diabetes, high blood pressure, dyslipidemia).~~ Identify ~~high-risk members with~~ suboptimal medication regimen and adherence for members taking antipsychotic medications. ~~and provide interventions that include but are not limited to patient education, therapeutic recommendation to prescriber, and support to dispensing pharmacy.~~ Interventions aim to address and reduce risk for metabolic syndrome induced by antipsychotic medications.
- ~~*Hepatitis C Treatment Monitoring*. Collaborate with PHC Hep C specialty pharmacy to track and monitor Hep C medication adherence to help ensure optimal compliance with therapy and identify gaps and improvement opportunities for Hep C medication therapy.~~
- ~~*IOPCM*. Provide patients enrolled in the IOPCM program with a comprehensive medication review (CMR) and consult with the PCP with therapeutic recommendations based on the medication review with the patient. Functions include thorough analysis of medical chart notes and medication history, in person interaction with the member and PCP, documentation of CMR and therapeutic recommendations provided to PCP, monitor patient pharmacotherapy and consult with Care Coordination if additional intervention is required.~~
- ~~*Beacon Grand Rounds*. Provide analysis and recommendation on pharmacotherapy to help ensure optimal therapeutic outcome for members accessing behavioral health services.~~
- *Smoking Cessation*. In ~~Collaboration~~ collaboration with Care Coordination, PHC ~~in offering~~ offers smoking cessation counseling services to members who indicate "yes" on the ~~HRA~~ Health Risk Assessment (HRA) question, "Would you like help quitting?~~.~~" Functions include provider outreach, educating members on medication adherence to tobacco cessation products, and assisting with enrollment in the ~~CA~~ California Smokers Helpline program.
- *Latent Tuberculosis Therapy (LTBI) Monitoring*. LTBI 12 dose monitoring to ensure patients receive appropriate therapy and interact with providers and public health officer to ensure completion of therapy and identify patients that may have fallen out of therapy.

Site Reviews

PHC conducts Site Reviews that include a review of the physical site, medical records, and a review that evaluates accessibility for Seniors and Persons with Disabilities (SPDs). Site Reviews are conducted for Primary Care Providers, OB/GYN providers, Palliative Care Providers, Urgent Care providers and Substance Use Services~~*~~

Providers. The internal and external quality improvement committees review the results from the Site Reviews, including review of Initial Health Assessments, at least annually. Results from Site Reviews are reported to the Department of Health Care Services (DHCS) twice per year ~~bi-annually~~. Results of individual site reviews are also reported to the Credentialing Committee.

Initial Health Assessments (IHAs)
It is a requirement of the California Department of Health Care Services that all newly enrolled health plan members receive an initial health assessment ~~(IHA)~~ with a primary care physician within 120 calendar days of enrollment to the health plan. PHC monitors these rates quarterly and works with low performing providers to increase compliance.

In addition to the above, PHC collaborates with network practitioners and providers to improve IHA compliance by:

- Identifying areas where training is needed
- Identifying and sharing best practices
- Seeking input from network practitioners about systems PHC can put in place to improve IHA compliance
- Providing technical assistance, resource materials, and training in areas where indicated

Quality Improvement Education and Training Support
The Partnership Improvement Academy offers a variety of educational opportunities to clinicians, administrators and staff to gain quality improvement expertise and to learn from peers. Each of the Academy's initiatives prepares provider sites to optimize population health, enhance their patients' experiences of care, promote provider and care team satisfaction, and foster a culture of continuous quality improvement.

ADVANCE: This is a nine-month training program free to participants (from primary care practices), who learn to apply quality improvement (QI) principles by leading a QI project focused on improving performance on a PCP QIP clinical measure. During the 2020 calendar year, PHC launched its practice facilitation program as a new offering ~~-~~in lieu of offering ADVANCE.

~~Practice Facilitation support was a new offering in 2020.~~ PHC began offering practice facilitation support to primary care provider organizations with large member assignments that had opportunity for improvements in clinical performance. ~~The COVID-19 response delayed the timing of offering practice facilitation support, originally timed for spring 201920.~~

Practice Facilitators assist primary care practices in the application of evidence-based best practices to quality improvement activities. Working alongside organizational quality teams, the Practice Facilitator provides guidance and resources to facilitate system-level changes. The Practice Facilitator provides a framework for translating evidence-based research into practice by building relationships, improving communication and facilitating change.

The following are areas that PHC practice facilitators could offer support:

- Provide guidance on QI Project team make-up and management
- Project management – provide guidance and tools on framing and managing QI projects
- QI Project development
- Provide data analytics training and support
- Support Change Management aspects of QI Project

~~Quality improvement experts guide participants in practical, participatory learning sessions. The topics covered are grounded in the Model for Improvement framework and include:~~

- ~~Developing aim statements, measures, and change ideas~~
- ~~Putting PDSAs in Action~~
- ~~Understanding Variation~~

- ~~Using Data for Improvement~~
- ~~Project Management~~
- ~~Meeting Facilitation~~
- ~~Change Management~~
- ~~Spread and Sustainability~~

ABCs of QI: This program is a one-day in-person training designed to teach healthcare organizations the basic principles of quality improvement including: developing aim statements, measures, and change ideas; how to use data and run charts, and testing change ideas on a small scale. The training can also be offered as a multi-part webinar series.

Accelerated Learning: This training is a~~re a series of two~~one-hour learning session~~s~~ offering CME/CE and covers the Healthcare Effectiveness and Data and Information Set (HEDIS®) and the Primary Care Provider Quality Incentive Program (QIP) ~~-~~measures. Currently, there are four Accelerated Learning sessions covering the following areas:

- Cervical and breast cancer screenings
- Childhood and adolescent immunizations
- Colorectal cancer screening
- Pediatric and adolescent well-child visits

The objectives of the learning sessions are:

- Overview of clinical measure specifications and threshold definitions
- Present documentation recommendations/highlights to maximize measure adherence
- Review best and promising practices to close gaps in care
- Overview of performance improvement strategies and tools

The target audience is clinicians, practice managers, quality improvement team, and staff who are responsible for participating and leading quality improvement efforts within their organization.
~~that provide instruction, guidance and technical assistance on the application of performance improvement tools and methods to support primary care practices (providers, care team, and QI staff) in improving their performance on PCP QIP measures. The sessions consist of:~~

1. ~~Overview of measure specifications, threshold definitions and codes~~
2. ~~Identify gaps and drivers~~
3. ~~Review best practices to close gaps in care~~
4. ~~Overview of performance improvement strategies and tools~~

~~The Accelerated Learning series was piloted in 2018 and will continue to be offered to primary care providers in Lake and Mendocino counties. The framework will be tested with providers in Solano County.~~

Northern Region Consortia & PHC Northern Region QI Collaboration: P~~p~~artner formally on an annual basis via a written scope of work agreement under which they jointly promote and support QI capacity building in the clinic setting through trainings, improvement advising, peer-to-peer sharing, and conducting annual clinic profiles/assessments. The Northern Consortia membership is comprised of federally qualified health centers in the PHC Northern Region and represent the largest PCP organizations, in terms of assigned member volume. PHC benefits from the peer network forums the consortia leaders have established amongst its members' QI leadership and CMOs. The QI Peer Network and CMO Peer Network meet monthly, including longer in-person meetings on a biannual basis. Within these peer networks, PHC is invited to share measure level education, guidance, and technical assistance on the application of performance improvement tools and methods. These interactions occur either as part of recurring peer network meetings or separate webinar offerings targeting peer network members.

Regional PCP QIP Coaching: PHC aims to provide training and technical assistance in face-to-face visits with primary care providers participating in the PCP QIP. Regional PCP site visits and coaching sessions are targeted for the middle of the QIP measurement year, to aid providers in assessing their performance shortly after payment on the

prior year is completed but while there is still time to impact performance in the current year. These visits often coincide in timing with PHC's public reporting of its annual HEDIS performance reporting.

The alignment of the PCP QIP to the HEDIS measure set and the timing of these visits can be leveraged to support providers in gaining more concentrated, just-in-time measure education and support in optimizing PCP QIP performance while supporting PHC's HEDIS score improvement initiative.

Clinically Led HEDIS Measure Education: HEDIS Measure Education is also incorporated into provider interactions with PHC's Patient Safety team. PHC Patient Safety nurses have unique opportunities through their Site Review visits to build rapport with PCP clinical leadership and staff.

HEDIS Measure Lunch-n-Learn Visits: ~~Given how new managed care and thus HEDIS was to providers in the PHC northern region expansion, the Northern Region (NR) Patient Safety team started developing the *HEDIS Measure Lunch-n-Learn Visit* strategy in 2016.~~ In these visits, PHC nurses educate provider staff in a lunch-n-learn setting where specific HEDIS measure requirements, best practices in medical record-keeping and proven improvement strategies for a variety of children, adolescent, and adult measures are shared. Priority focus in these visits has been on low performing HEDIS measures and the target audience is individual providers and their support staff.

Targeted HEDIS Measure Education during Site Reviews: Given the positive provider feedback on the lunch-n-learns, the broader Patient Safety team has adopted a similar strategy within the completion of Site Review visits. During the completion of the Medical Record Review portion of Site Reviews, PHC nurses incorporate measure education and corresponding medical record-keeping best practices during their reviews with providers.

AMR Academic Detailing: Given the complexity of the AMR clinical measure, QI coordinated with medical directors and Pharmacy to develop educational materials and curriculum to provide educational sessions at provider sites and pharmacies. The educational sessions covered:

- Increasing prescriber and pharmacist knowledge of the AMR HEDIS measure, PHC formulary, and proper documentation of asthma and other diagnoses (e.g., COPD)
- Global Initiative for Asthma (GINA) updated guidance discouraging short-acting beta2 agonists-only treatment
- Prescribing and refill best practices
- Increasing member knowledge and engagement in asthma management

Substance Use Services* Support and Training

The PHC ODS Waiver Regional Model training program will provide clinicians, administrators and staff with quality improvement expertise from industry leaders and peers. Sites will be supported in a manner to integrate care across the PHC system, optimize population health, enhance their patients' experiences of care, promote provider and care team satisfaction, and foster a culture of continuous quality improvement. Trainings provided on a regular basis include American Society for Addiction Medicine (ASAM) ~~ASAM~~ criteria and application; documentation; and key evidence-based practices.

PHC provides a range of support and services to contracted Regional Model Drug Medi-Cal Providers. These include:

- Training and technical assistance to help providers improve services and clinical documentation and regulatory compliance.
- Conduct of regularly scheduled chart compliance reviews, offering guidance and written feedback focused on quality improvement of services.
- Provision of resources such as sample forms, audit instruments and other tools that would help providers develop effective systems of quality records management.
- Responding to technical questions related to regulations or practices.
- Communication with providers and other agencies in order to better understand and interpret program regulations and to address treatment needs.

- Responding to complaints and/or grievances from consumers or other concerned individuals in the areas of access, quality, billing, critical incidents or client rights.

Community Partnerships

In many cases, the quality improvement efforts that have the biggest impacts on the health of members involve significant community collaboration and coalitions with community partners. PHC's community partners include county health departments (including public health officers), the four consortia that serve the Federally Qualified Health Centers (FQHCs) in PHC's community, law enforcement, and various Community Based Organizations (CBO) community not-for-profit organizations. Many providers in PHC's network of providers both provide health care services to PHC's members and are also partners in larger community-level interventions. This includes primary care physicians, FQHCs, Rural Health Centers, Indian Health Service Health Centers, Hospitals, Long-term Care facilities, specialist physicians, hospice agencies and community pharmacies.

Partnership's participation in community partnerships can be in one of five roles: Leader, Convener, Participant, Funder and Advocate.

Some current major initiatives involving community partnerships include:

1. Offering and Honoring Choices
2. 1. Advance Care Planning Coalition Grant Funding
3. 2. Mental Health Integration
4. 3. Improving Specialty Access
5. Grant funding for addressing Social Determinants of Health
6. 4. Developing a regional approach to treating substance use* disorder

Member Input

Member input is obtained from member experience surveys, member focus and engagement groups, member complaint/grievance data, Consumer Advisory Committee feedback, Family Advisory Council feedback, PCP/Specialist access and availability data, Member Services telephone access reports, member suggestions, and member requests for PCP transfers. Consumers are also represented on the Q/UAC and PHC Board of Commissioners. Various workgroups meet to review the data collected at least quarterly and the workgroups recommend areas for improvement and action plans. These are presented and monitored by the Internal Quality Improvement Committee (IQIC). Performance on HEDIS measures and progress made in other QI activities are shared with PHC's members through the Q/UAC, CAC, FAC and member newsletter.

Clients of Substance Use Services* may also attend and give feedback at the SUPAG.

Physician and Other Clinician Input

Through PHC's committee structure, clinicians provide input on the quality improvement program including focus areas, strategies to improve care and service, and effective ways for measuring performance in projects. In addition, clinician input is provided on various projects such as the pay-for-performance programs for primary care, specialty care, and hospitals. PHC holds "provider comment periods" where physicians and their staff can provide input on priorities for these programs. Across all work, PHC solicits input on priorities and interventions through Committee committee meetings and other meetings with provider practices and clinic consortiums.

NCQA Accreditation Program Management

PHC strives to improve the health status of members and improve the experience of their care experience, to become one of the highest quality health plans in California. The National Committee for Quality Assurance's (NCQA) Health Plan Accreditation supports PHC's vision, mission, and strategic goals by providing a rigorous and comprehensive framework for essential quality improvement, operational excellence, and measurement of clinical performance (HEDIS) and member experience (CAHPS).

The NCQA Accreditation Program is managed via a tiered approach. A description of each tier is provided to define roles and responsibilities for each level of the program's governance.

- NCQA Program Management Team
  - Leads and coordinates efforts across each level of NCQA governance
  - Manages the plan-wide accreditation process
  - Maintains subject matter expertise across NCQA Accreditation processes and standards/requirements
  - Maintains and updates the NCQA compliance dashboard to evaluate progress
  - Monitors and reports program status, escalates risks/barriers in a timely fashion
  - Recommends changes to new and/or existing business practices based on internal/external research
  - Facilitates the NCQA Steering Committee
  - ~~Liaison~~ Serves as liaison with Business Owners across the health plan. ~~P~~ and as the primary liaison ~~with~~ to the NCQA and consultants

- NCQA Steering Committee
  - Leads NCQA Accreditation efforts by defining PHC's NCQA program vision and purpose and provides overall strategic direction.
  - Monitors and reviews program progress relative to goals, timelines and metrics.
  - Champions NCQA Accreditation readiness across the organization.
  - Resolves program conflicts and disputes, reconciling differences of opinion and approach.
  - Evaluates and approves major program components including program timelines, resource allocation, budget, risk management strategies, and program management/governance practices.
- NCQA-Related Team and Department Goals
  - Team goals: a subset of standards are assigned to teams during a fiscal year. Each team is assigned an executive sponsor, project owner(s) and project lead(s).
  - Department goals: standards are assigned to departments where the business owners reside.
  - Any standards that are not managed by Team and/or Department goals are managed directly by business owners.
- Business Owners
  - Manage and/or execute the day-to-day work required to achieve compliance on assigned NCQA requirements. This may include leveraging department resources to ensure forward progress and/or coordination of work across multiple departments/Contributors.
  - Maintain deep subject matter expertise across assigned NCQA requirements. Ensure changes to NCQA standards are reviewed and addressed timely.
  - ~~Go-to person~~Serve as ~~M~~main contacts for evidence preparation during audit submissions.

- Raise issues and challenges to the Business Sponsor(s) and NCQA Accreditation Program Management Team.

- Contributors
  - Offer subject matter expertise related to assigned NCQA requirement.
  - Support the Business Owner by providing guidance, expertise and/or work deliverables where appropriate to meet NCQA standards.

PHC officially obtained NCQA Interim Accredited Status as of August 13, 2019 by earning 50 points out of a total possible of 50. With the achievement of formal NCQA Interim Accreditation, PHC is now positioned to move forward with obtaining First Survey Accreditation in November~~,~~ 2020. The table below depicts key survey dates, including ~~PHC's road to NCQA Accreditation. It includes~~ PHC's survey dates for the ~~three~~ upcoming survey options, as well as HEDIS and CAHPS reporting requirements.

Survey Option	PHC Survey Date	Reporting Requirements
~~Interim~~	~~06/04/2019~~	~~Standards~~
First	~~Targeted~~ November 17, 2020 January 19-20, 2021 – onsite audit (file review only)	Standards CAHPS *(Required Reporting Year 2022~~3~~)* HEDIS *(Required Reporting Year 2022~~3~~)*
Renewal	Targeted November 2023	Standards CAHPS *(Annual reporting)* HEDIS *(Annual reporting)*

Population Health Management Strategies

Since 2017, PHC has made significant inroads in establishing practices to lay the foundations for the establishment of a Population Health Management (PHM) program.~~-~~ In February 2020, PHC established the Population Health Department within Health Services. The Quality and Performance Improvement Department continues to collaborate and support~~s~~ the development of the ~~PHC~~ PHM program through the following activities:

- Provision of guidance and updates on the NCQA standards related to Population Health Management.
- Participate~~sion~~ in creating and executing ~~Creation and execution of~~ QI initiatives that address identified health disparities and opportunities for member engagement/strategic program development.
- Assistance in e~~E~~valuation of initiatives, state~~-~~ mandated work and performance improvement projects to determine the ~~success or failure~~effectiveness of developed PHM programs.
- Review and analysis of HEDIS measure performance to help determine necessary targeted interventions to improve member health outcomes and well-being.
- Review and periodic revision to value~~-~~ based programs to ensure they are supporting providers in their attempts to complete recommended missing services for members.
- Execution of Partnership Improvement Academy workshops and training programs.
- Contribute~~s ions~~ to the revision of the ~~A~~annual PHM ~~p~~Program ~~s~~Strategy ~~development~~, population assessment and evaluation of PHM programs.

See the Population Health Management Strategy ~~&~~and Program Description for details.

CULTURAL COMPETENCY

PHC is committed to delivering culturally and linguistically appropriate services (CLAS) to all eligible beneficiaries. The Health Education, Cultural and Linguistic (HEC&L) Program regularly assesses and documents member cultural and linguistic needs to determine whether ~~all medically necessary~~ covered services are available and accessible to all members regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status or disability. The HEC&L team also ensures ~~, and~~ that all ~~covered~~ culturally and linguistics services are provided in an ~~culturally and linguistically~~ appropriate manner.

~~PHC's~~ The Population Health Department is ~~Health Services, Provider Relations and Member Services Departments are~~ responsible for the operations of the Health Education, Cultural and Linguistic Services Program. Additionally, the Consumer Advisory Committee (CAC) and the Family Advisory Committee (FAC) provide~~s~~ recommendations on the development and implementation of culturally and linguistically accessible services.

PHC's policies and procedures comply with standards and performance requirements for the delivery of culturally and linguistically appropriate health care services. PHC has systems and processes to:

- Assess, identify, and track linguistic capability of bilingual employees.
- Identify and track linguistic capability of contracted staff in medical and non-medical settings.
- Collect data on cultural, ethnic, racial and linguistic needs and prepare biennial analysis to ensure PHC and its providers deliver services that meet the needs of PHC's culturally diverse population.
- Conduct a Population Needs Assessment (PNA) every year to: identify member health needs and health disparities; evaluate Health Education, C&L and Quality Improvement activities and available resources to address identified concerns; and implement targeted strategies for Health Education, C&L and QI programs and services. ~~Health Education and Cultural and Linguistic Group Needs Assessment (GNA) every 5 years to: identify member health education and cultural and linguistic needs and continuously develop and improve contractually required health education, cultural and linguistic services, and educational materials.~~
- Provide cultural competence, sensitivity, and diversity training to staff, providers and delegates.

PHC monitors and evaluates the effectiveness of cultural and linguistic services by reviewing and responding to: ~~Member satisfaction surveys~~

- Consumers Assessment of Healthcare Providers and Systems (CAHPS)
- Member grievance and appeals
- Reports of utilization of interpreter services by language
- Provider assessments and site reviews
- Disparities in HEDIS data

In addition to the Cultural and Linguistic Program Description, PHC maintains a ~~yearly~~ Health Education, ~~and~~ Cultural and Linguistic Action ~~Work~~ Plan annually, documenting how the Health Education, Cultural and Linguistic Services Program team ~~/Culture and Linguistics~~ collaborates with internal and external parties on behalf of PHC's membership. For example~~the activities, evaluation and status of service areas and goals. Service areas and goals include~~:

- Identify Health Equity/Disparities
- Consumer Advisory Committee
- Analyze Member Grievances
- Standards of Care
- Assess ~~&~~ and Track Language Capability of Providers & Staff
- Monitor Provider Compliance with Language Assistance Requirements

- Inform Limited English Members of Free Language Assistance Services
- Health Education and Quality Improvement activities

More details about PHC's Health Education, Cultural and Linguistic (HEC&L) ~~Cultural and Linguistic~~ Program can be found in the Cultural & Linguistic Program Description, MPLD7001~~, and the Cultural & Linguistic Work Plan.~~

COMMUNICATION SYSTEMS

PHC communicates its QI/PI program activities internally and externally through the following mechanisms:

Internal Communications

- Monthly QI/PI~~/PI~~ Department meetings to provide project updates and identify critical issues and a plan of action that involve two or more team members~~.~~
- ~~Provider Relations (PR):~~ Recurring~~Participation in regular recurring~~ meetings with PR to provide information on key QI/PI~~/PI~~ projects and other updates on QI programs~~.~~
- Quarterly Health Services Department Leadership Committee meetings to s~~S~~hare information regarding improvement activities within the ~~Health Services Department~~Health Services Department~~.~~ ~~through quarterly HS Leadership Committee meetings.~~
- PHC's internal website PHC4ME

External Communications

- ~~Solicit input regularly from PHC's members through the~~Quarterly Consumer Advisory Committee ~~and~~ meetings to provider updates on pertinent activities and allow committee members to provide input on initiatives, program design and evaluation~~.~~
- Family Advisory Council meetings that occur at least 4 times per year to share information and solicit input on topics and initiatives that impact CCS members ~~to provide input on initiatives, program design and evaluation.~~
- ~~e~~Standing Consortia meetings to ~~s~~Solicit input ~~regularly~~ from providers ~~by leveraging committees, consortia meetings, the~~
- Quarterly Provider Advisory Group (PAG) meetings~~,~~
- R~~r~~egional medical director/quality meetings~~,~~
- ~~-~~QIP Advisory ~~groups and~~Groups to solicit input on value based programs
- P~~p~~eriodic feedback from ~~other~~ providers via "provider comment periods" ~~to share feedback~~ on performance metrics and QIP measures~~.~~
- Quarterly input on QI programs and proposed initiatives via the Board Advisory Group
- ~~Monthly QI/PI Department meetings to provide project updates and identify critical issues and a plan of action that involve two or more team members.~~
- M~~A m~~onthly QI/ PI update document that summarizes activities for the QI department and is included in IQI~~C~~ and Q/UAC meeting packets~~.~~
- Regular updates (at least quarterly) of PHC w~~W~~ebsite ~~c: maintain current~~ information~~n~~ ~~on the website~~ related to all QI projects and programs~~. Content is reviewed and updated at least quarterly.~~
- ~~Provider Relations (PR): Participation in regular recurring meetings with PR to provide information on key QI/PI projects and other updates on QI programs.~~
- Member newsletters released 2 times per year that include articles covering preventive health and QI/PI projects ~~and identify strategies for getting information out to the network where appropriate (member newsletters and provider newsletters).~~
- Quarterly Provider Newsletters that include articles specific to QI/ PI in the designated "Quality Corner" section of the document
- ~~Member Services: Calls~~ Outbound and inbound calls and communication fielded by the Member Services Department~~.~~

- ~~Webinars/teleconferences/onsite meetings: provide overviews of the QIP and key QI/PI projects at least annually.~~
- Care Coordination calls with members
- Monthly external newsletters (QI, Hospital, and Long Term Care) that ~~QI/PI Department monthly newsletter that~~ describe~~s all~~ activities and training resources related to improving quality of care~~.~~
- Conferences, trainings, onsite meetings, ~~and~~ webinars to share best practices across regions~~.~~
- ~~Share information regarding improvement activities within the Health Services Department through quarterly HS Leadership Committee meetings.~~
- ePrompts ~~–~~member level r~~R~~eminders ~~at an individual member level –~~ about HEDIS related preventive health services incorporated into ~~call center~~ PHC's Call Center system and online Member Portal ~~about HEDIS related preventive health services~~

DELEGATION

~~Activities~~ Delegated activities ~~that are delegated~~ to contracted providers are reviewed and approved at least annually by the Delegation, IQI~~C~~, Credentials and Q/UAC committees. A delegation agreement, including a detailed list of activities delegated and reporting requirements, is signed by both the delegate and PHC.

- Reporting quality improvement activities and analyses to PHC on a quarterly or semi-annual basis is done for delegated QI activities. ~~Reports are summarized for review and evaluation by the Delegation, IQIC and Q/UAC.~~
- Evaluation includes a review of both the processes applied in carrying out delegated activities, and the outcome achieved toward quality improvement in accordance with the respective policy(ies) and agreement governing the delegated responsibility.
- The Delegation, IQI~~C~~, Credentials and Q/UAC committees review evaluations and make recommendations regarding opportunities for improvement and continuation of delegated functions.
- PHC QI/PI staff communicates feedback from the Delegation, IQI~~C~~ and Q/UAC to contract providers, and incorporates improvement activities initiated in the annual QI/PI work plan.

REVIEW BY OUTSIDE LICENSING AGENCIES OR ACCREDITING BODIES

Medi-Cal is a federal and ~~/~~state-funded program and CMS has delegated administration of the state program to the California DHCS. CMS permission is required in order for the state to delegate program administration to PHC. The ~~state~~ State must document the cost ~~–~~effectiveness of the program~~,~~ and provide assurance that program beneficiaries are not negatively impacted by this delegation. PHC operations, including the QI/PI program, are audited annually by DHCS. PHC submits periodic compliance reports to ~~DMHC~~ DHCS and undergoes periodic compliance audits. Opportunities for improvement identified through all compliance or regulatory audits are addressed by multidisciplinary teams and corrective action plan development. ~~and I~~implementation of CAPs and other interventions aimed at addressing opportunity for improvement ~~are~~ are reported to the IQI~~C~~ and Q/UAC. PHC maintains a compliance plan that includes monitoring and reporting of fraud, waste, and abuse. The PHC Compliance Committee consists of representatives of each department including QI/PI.

SANCTIONS

Should any sanctions be imposed on PHC, or if PHC fails to meet minimum performance levels established by regulatory agencies or purchasers, a quality review team is initiated to develop and implement a corrective action plan. This team at a minimum includes the PHC CEO, CMO, Compliance Officer, Director~~s~~ of Quality ~~&~~ and Performance Improvement, Health Services Senior Director, and Pharmacy Director. Action plans and progress reports are shared with the Q/UAC.

ANNUAL QI WORK PLAN

The QI/ PI Annual Work Plan is used to track progress on key QI activities and initiatives throughout the year. The ~~Excel-based~~ document outlines major activities for the QI Department and organization as a whole that advance quality and performance improvement.

Approved by our Board of Commissioners and quality committees, ~~it~~the QI/PI Annual Work Plan includes progress updates on planned activities and objectives for improving quality of clinical care, safety of clinical care, quality of service and members' experience. Goals and associated deliverables are included in the work plan and progress tracked at the level of deliverables. Forms for providing status updates are sent to staff one month in advance of the semi-annual update deadline to be completed by work plan contributors.

The work plan also includes information on issues that were previously identified. Updates on the monitoring of these issues is provided semi-annually, when work plan contributors provide status updates on whether deliverables driving goals are complete, on track, delayed or require additional explanation. These issues are tracked in a separate worksheet within the work plan.

The work plan is updated annually and approved by the PAC and Board of Commissioners each fall.

ANNUAL PROGRAM EVALUATION

The overall effectiveness of the QI/PI program is evaluated in writing annually by the IQI~~C~~ and Q/UAC and is approved by the Q/UAC, PAC, and the Commission. The QI Program Evaluation includes:

- A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service.
- Trending of data on key measures to assess performance in the quality and safety of clinical care and quality of service.
- Analysis and evaluation of distinct programs, initiatives and QI ~~–~~related work as well as the overall effectiveness of the QI/PI program and of its progress toward influencing network-wide safe clinical practices.

The following are not included in the QI Program Evaluation and as separate evaluations:

- Evaluation of cultural and linguistic competency work plan activities
- Evaluation of UM and Care Coordination Activities
- Evaluation of Population Health Program
- A comprehensive evaluation of member complaints and grievances

A summary of the QI Program Evaluation, including a description of the program, is provided to members or practitioners upon request. ~~When the evaluation is complete, an announcement indicating the availability of QI information is published in the member and provider newsletters and the evaluation, along with the program description and QI work plan will be posted to the PHC website.~~

STATEMENT OF CONFIDENTIALITY

Confidentiality of provider and member information is ensured at all times in the performance of QI/PI Program activities through enforcement of the following:

- All members of the Q/UAC and Credentialing Committee are required to sign a confidentiality statement that is maintained in either ~~the~~ QI or PR files.
- All QI/PI and UM documents are restricted solely to authorized Health Services Department staff, members of the PAC, Q/UAC, PRC, and Credentialing Committee, and reporting bodies as specifically authorized by the Q/UAC.
- Confidential documents may include, but are not limited to, Peer Review and Credentialing meeting minutes and agendas, QI and Peer Review reports and findings, PQI and QI files, UM reports, or any correspondence or memos relating to confidential issues where the name of a provider or member are included.
- Confidential peer review documents that are protected by California Evidence Code §1157 are designated "Confidential – Protected by CA Evidence Code 1157."
- Confidential documents are stored in locked file cabinets or restricted network folders with access limited to authorized persons only.
- Confidential documents are destroyed by shredding.
- PHC has designated a Privacy Officer responsible to oversee compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other state and federal privacy laws.
- PHC maintains administrative structure, reporting procedures, due diligence procedures, training programs and other methods to ensure effective compliance in use and disclosure of members' Protected Health Information (PHI).

STATEMENT OF CONFLICT OF INTEREST

Any individual ~~who has been~~ personally involved in the care and/or service provided to a ~~patient~~member or~~,~~ an event or finding undergoing quality evaluation ~~may~~ cannot vote or render a decision regarding the appropriateness of such care. All members of the Q/UAC and Credentialing Committee are required to review and sign a conflict of interest statement, agreeing to abide by its terms.

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Original Date: QI/UM Program Description 04/22/1994 – Effective 05/01/1994
Revision Date(s): 08/16/95
As: Quality Management Program – July 1997
Revision Date(s): January 2000, March 2002, (QD100101) October 2002, September 2004, May 2006, (MPQD1001) May 2007, April 2008, May 2009, October 2009 *(re-signed)*, May 2010, April 2012, March 2013, March 2014, March 2015, March 2016, March 2017, November 2017, *October 2018, February 2019 *(Amended)*, September 2019 *(Amended)*; *September 2020*

*Effective October 2018, Approval Date reflects the month in which the Physician Advisory Committee reviewed and approved.

~~*Services related to substance use outlined in the QI Program Description – Regional Drug Medi-Cal Model are placeholders for when DHCS releases the benefit. Activity is not effective until post February July 1, 2020.~~

PROGRAM APPROVAL

Robert Moore, MD MPH MBA	**08/1921/202019**
Quality/Utilization Advisory Committee Chairperson	*Date Approved*

Jeffrey GaborkoColleen Townsend, M.D.	**09/0911/202019**
Physician Advisory Committee Acting Chairperson	*Date Approved*

Randall HemplingNancy Starck	**10/2823/202019**
Board of Commissioners Chairperson	*Date Approved*

Appendix A: Standing Staff Members of PHC QI Committees
(Does not include external physician or consumer membership; see committee description for those details)

PHC Board Meeting Standing Staff Invites *Note: PHC Staff are not committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Senior Director of External and Regulatory Affairs
	Behavioral Health Administrator
	Executive Director, Northern Region
	Board Clerk
Claims	Senior Director of Claims Strategy
Finance	Chief Financial Officer
Health Services	Chief Medical Officer
	~~Northern Region Director, Health Services~~Northern Region Director of Care Coordination Operations
	Senior Director, Health Services
	Director~~, of ,~~ Quality and Performance Improvement (SR)
	~~Northern Region~~ Director, Quality and Performance Improvement (NR)
Human Resources	Senior Director of Human Resources
Information Technology	Chief Information Officer
Member Services	Director, Member Services
Provider Relations	Senior Director, Provider Relations
	Northern Region Director, Provider Relations and Member Services

PHC Consumer Advisory Committee (CAC) Standing Staff Invites (Southern Region) *Note: PHC Staff are not committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Senior Director of External and Regulatory Affairs
	Communications Specialist~~Manager of Public Affairs~~
	Regional Director (Santa Rosa)
	Director, Grievance and Appeals
	Manager, Grievance and Appeals
	Supervisor, Grievance and Appeals
Health Services	Chief Medical Officer
	Regional Medical Director (Santa Rosa)
	Senior Health Educator
Member Services	Director, Member Services
	Member Services Supervisor(s)
	Administrative Assistant

PHC Consumer Advisory Committee (CAC) Standing Staff Invites (Northern Region) *Note: PHC Staff are not committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Administration	Chief Operating Officer
	Senior Director of External and Regulatory Affairs
	Northern Region Executive Director (Redding)
	Regional Manager (Eureka)
	Director, Grievance and Appeals
	Manager, Grievance and Appeals
	Supervisor, Grievance and Appeals
Health Services	Regional Medical Director (Redding and Eureka)
	Health Educator (Redding)
Member Services	Director, MS and PR (Redding)
	Manager of Member Services (Redding)
	Member Services Supervisor(s)
	MSR Rep
	NR Clerical Assistant/Project Coordinator

PHC Credentials Committee Standing Staff Invites *Note: PHC Staff are not committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Health Services	Chief Medical Officer
	Regional Medical Director(s)
	Associate Medical Director(s)
	Associate Medical Director of Quality
Provider Relations	Senior Director of Provider Relations
	Director of Provider Relations
	Senior Manager of Provider Network Education and Credentialing
	Provider Relations Credentialing Staff

PHC Delegation Oversight Review Sub-Committee Standing Members	
Department Represented	**Position Title**
Administration	Associate Director of Grievance and Appeals
	Grievance and Appeals Compliance Manager
	Director of Regulatory Affairs and Program Management
	Chief Operating Officer
	Compliance Oversight Manager
	Delegation Specialist
	Director of OpEx/PMO
	Manager of Regulatory Affairs
	Behavioral Health Administrator
	Director, Grievance and Appeals
	Grievance and Appeals Compliance Manager
	Compliance Program Analyst
	Compliance Auditor

PHC Delegation Oversight Review Sub-Committee Standing Members	
Department Represented	**Position Title**
Claims	Senior Director of Claims
Health Services	Senior Director of Health Services
	Director, Pharmacy Services
	Associate Director of Care Coordination
	Director, Population Health
	Northern Region Director of Care Coordination Operations~~Northern Region Director, Health Services~~
	Manager of Clinical Quality and Patient Safety
	Manager of Quality Assurance and Patient Safety
	Associate Director(s), ~~of~~ Utilization Management
Member Services	Northern Region Director of MS & PR
	Director of Member Services
Provider Relations	Senior Director, Provider Relations
	Director of Provider Relations

PHC Family Advisory Committee (FAC) Standing Staff Invites *Note: PHC Staff are not committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Health Services	Director, Care Coordination
	Associate Director, Care Coordination
	Senior Director, Health Services
	Senior Health Educator

PHC Finance Committee Standing Members	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Senior Director of External and Regulatory Affairs
	Behavioral Health Administrator
	Regional Manager, Northern Region/Eureka
	Executive Director, Northern Region
Finance	Chief Financial Officer
	Senior Director of Accounting/Controller
	Director, Financial Planning and Analysis
	Senior Manager of Treasury & Internal Audit~~Associate Director, Financial Policy~~
	Senior Manager of Cost Efficiency~~Cost Avoidance Manager~~
Human Resources	Chief Administrative Officer
Information Technology	Chief Information Officer
Provider Relations	Senior Director, Provider Relations

PHC Health Analytics Steering Committee (HASC) Standing Members	
Department Represented	**Position Title**
Health Services	Chief Medical Officer
	Senior Director, Health Services
	Director, ~~of,~~ Quality and Performance Improvement
	Director, Population Health

Finance	Chief Financial Officer
	~~Manager of~~Associate Director of Health Analytics

PHC Internal Quality Improvement (IQI) Committee Standing Members	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Senior Director, Regulatory Affairs
	~~Associate~~ Director, ~~of~~ Grievance and Appeals
	Regional Manager
	Grievance and Appeals Compliance Manager
Claims	Claims Department Leadership
Finance	Director, Financial Planning and Analysis
Health Services (Utilization Management, Quality and Performance Improvement, Pharmacy, ~~and~~ Care Coordination and Population Health)	Chief Medical Officer - Committee Chairman
	Director, ~~of~~ Quality and Performance Improvement (SR)
	~~Northern Region~~ Director, ~~of~~ Quality and Performance Improvement (NR)
	Associate Director of Quality and Performance Improvement
	Director, Care Coordination
	Associate Director(s), Utilization Management
	Senior Director, Health Services
	Northern Region Director of Care Coordination Operations~~Northern Region Director, Health Services~~
	Director, Population Health
	Director, Pharmacy Services
	Senior Health Educator
	Associate Medical Director(s)
	Regional Medical Director(s)
Member Services	Associate Director, Member Services
Provider Relations	Senior Director, Provider Relations
	Northern Region Director, Provider Relations and Member Services

PHC Member Grievance Review Committee (MGRC) Standing Members	
Department Represented	**Position Title**
Administration	~~Associate~~ Director, ~~of~~ Grievance and Appeals
	Grievance and Appeals Compliance Manager
	Manager, Grievance and Appeals ~~Manager~~
	Supervisor, Grievance and Appeals ~~Supervisor~~
	Director of Legal Affairs
	Compliance Oversight Manager
	Grievance Clinical Nurse
Claims	Senior Director of Claims Strategy
Health Services	Chief Medical Officer
	Senior Director, Health Services
	Regional Medical Director
	Quality Associate Medical Director
	Director, Pharmacy Services
	Associate Director of Pharmacy Operations
	Associate Director of Care Coordination

PHC Member Grievance Review Committee (MGRC) Standing Members	
Department Represented	**Position Title**
	Associate Director(s), ~~of~~ Utilization Management
	Northern Region Director, Health Services
	Manager of Clinical Quality and Patient Safety
	Manager, Care Coordination Program Education
	Administrative Assistant II
	Senior Health Educator
Member Services	Director, Member Services
	Associate Director of Member Services
	Associate Director of Call Center (NR)
Provider Relations	Senior Director, Provider Relations
	Northern Region Director of MS & PR
	Senior Provider Relations Rep Manager
	Senior Provider Relations Rep

PHC Over/Under Utilization Workgroup Standing Members	
Department Represented	**Position Title**
Administration	Regulatory Affairs Manager
	Regulatory Affairs Specialist
	Director of OpEx/PMO
Claims	Southern Region Claims Director
Finance	Senior Manager of Health Analytics
	Manager of Health Analytics
	Senior Manager, Cost Efficiency
	Senior Health Data Analyst
	Cost Avoidance Manager
Health Services	Chief Medical Officer
	Senior Director, Health Services
	Northern Region Director of Care Coordination Operations~~Northern Region Director, Health Services~~
	Associate Director(s), Utilization Management
	Director, Pharmacy Services
	~~Northern Region~~ Director, ~~of~~ Quality and Performance Improvement (NR)
	Director, Population Health
	Director, ~~of,~~ Quality and Performance Improvement (SR)
Information Technology	Director, Enterprise Information Management
Provider Relations	Senior Director, Provider Relations
	Senior Manager of Provider Education
	Senior Provider Relations Rep Manager

PHC Pediatric Quality Committee (PQC) Standing Staff Invites *Note: PHC Staff are not voting committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Health Services	Committee Chair/ Medical Director, Whole Child Model
	Vice Chair/ Chief Medical Officer
	Senior Director, Health Services
	Director, Pharmacy Services
	Director, Care Coordination

PHC Peer Review Committee Standing Staff Invites *Note: PHC Staff are not voting committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Health Services	Chief Medical Officer
	Director, ~~of~~ Quality and Performance Improvement
	Manager of Quality Assurance & Patient Safety
	Performance Improvement Clinical Specialists
	Project Coordinator, Patient Safety
	Senior Director, Health Services
	Regional Medical Director(s)
	Associate Medical Director(s)
	Associate Medical Director of Quality

PHC Pharmacy & Therapeutics (P&T) Committee Standing Staff Invites *Note: PHC Staff are voting committee members; attendance is not mandatory nor is a delegate required* **P&T invitees, not standing PNT committee members*	
Department Represented	**Position Title**
Health Services	Chief Medical Officer
	Director, Pharmacy Services
	*Associate Director, Pharmacy Operations
	Clinical Pharmacist(s)
	Pharmacy Clinical Manager
	Regional Medical Director(s)
	Associate Medical Director(s)
	Senior Director, Health Services
	*Senior Pharmacy Operations Manager

PHC Physician Advisory Committee (PAC) Standing Staff Invites *Note: PHC Staff are not voting committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Clinical Director of Behavioral Health
Finance	Chief Financial Officer
Health Services (Utilization Management, Quality and Performance Improvement, Pharmacy, Population Health, and Care Coordination)	Chief Medical Officer
	Director, ~~of~~ Quality and Performance Improvement
	Senior Director, Health Services
	Director, Pharmacy Services
	Associate Director(s), Utilization Management
	Director, Population Health
	Associate Medical Director of Quality
	Regional Medical Director(s)
Provider Relations	Senior Director, Provider Relations

PHC Population Health Management Committee (PHMC)~~Cultural and Linguistic and Health Education Committee (CLHEC)~~ Standing Members	
Department Represented	**Position Title**
~~above~~Administration	Chief Operating Officer
	Chief Medical Officer
	Director, Grievance and Appeals
	Associate Director, Communications
	Executive Director, Northern Region
	Regional Director, Southwestern Region
	Regional Director, Northwestern Region
	Program Manager, Wellness & Recovery (NR)
	Administrator, Behavioral Health
	Health Analytics (SR)
	Analytics (NR)
	Compliance Manager
Finance	Director of Health Analytics
	Senior Data Analytics
Health Services	Senior Director of Health Services
	Director, Population Health
	~~Director of Health Services~~Regional Medical Directors
	Director, ~~of~~ Quality and Performance ~~-~~Improvement (SR)
	Director, Quality and Performance Improvement (NR)
	Senior Health Educator
	Director, Care Coordination (SR)
	Director, Care Coordination Operations (NR)
	Director, Pharmacy (SR)
	Director, Pharmacy (NR)
	Manager, Population Health
	Supervisor(s), Population Health
	Health Educator
Member Services	Director, ~~of~~ Member Services ~~(SR)~~
	Associate Director of Enrollment
	Associate Director of Call Center (SR)~~Manager Member Services~~
	Member Services ~~Supervisors~~Manager (NR)
Provider Relations	Senior Director of Provider Relations ~~(SR)~~
	~~-~~Director Member Services and Provider Relations

PHC Provider Advisory Group (PAG) Standing Members	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
Health Services	Chief Medical Officer
	Regional Medical Director
Provider Relations	Senior Director, Provider Relations

	~~Northern Region~~ Director ~~of~~ Member Services and~~&~~ Provider Relations

PHC Quality/Utilization Advisory (Q/UAC) Committee Standing Staff Invites *Note: PHC Staff are not committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Administration	~~Associate~~ Director, ~~of~~ Grievance and Appeals
	Clinical Director of Behavioral Health
Health Services (Utilization Management, Quality and Performance Improvement, Pharmacy, ~~and~~ Care Coordination and Population Health)	Chief Medical Officer - Committee Chairman
	Director, ~~of~~ Quality and Performance Improvement (SR)
	~~Northern Region~~ Director, ~~of~~ Quality and Performance Improvement (NR)
	Associate Director of Quality and Performance Improvement
	Director, Care Coordination
	Associate Director(s), Utilization ~~-~~Management
	Director, Population Health
	Senior Director, Health Services
	Northern Region Director of Care Coordination Operations~~Northern Region Director, Health Services~~
	Director, Pharmacy Services
	Regional Medical Director(s)
	Associate Medical Director(s)
Provider Relations	Senior Provider Relations Rep Manager

PHC Strategic Planning Committee Standing Staff Invites *Note: PHC Staff are not committee voting members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Senior Director of External and Regulatory Affairs
	Behavioral Health Administrator
	Regional Manager, Northern Region/Eureka
	Executive Director, Northern Region
	Manager of Public Affairs
	Project Coordinator (Communications)
	Project Manager, Northern Region
Finance	Chief Financial Officer
	Director, Financial Planning and Analysis
Health Services	Chief Medical Officer
Information Technology	Chief Information Officer

Substance Use Services* Subcommittee of the Peer Review Committee Standing Members	
Department Represented	**Position Title**

Health Services	Associate Medical Director for Quality
Health Services	Behavioral Health Clinical Specialist
Health Services	Wellness and Recovery Site Review Specialist
Administration	Behavioral Health Clinical Director
Administration	Program Manager Behavioral Health
Substance Use Services Subcommittee of the Peer Review Committee will begin following the release of the Medi-Cal benefit. ~~Standing Members TBD~~	

Substance Use Services* Internal Quality Improvement Subcommittee Standing Members	
Department Represented	**Position Title**
Administration	Behavioral Health Administrator
Administration	Behavioral Health Clinical Director
Administration	Program Manager
Administration	Program Coordinator II
Health Services	Behavioral Health Clinical Specialist (NR)
Health Services	Behavioral Health Clinical Specialist (SR)
Health Services	Performance Improvement Clinical Specialist
Substance Use Services Internal Quality Improvement Subcommittee will begin following the release of the Medi-Cal benefit. ~~Standing Members TBD~~	

Substance Use Services* Provider Advisory Group Standing Members	
Department Represented	**Position Title**
Substance Use Services Provider Advisory Group will begin following the release of the Medi-Cal benefit. Standing Members TBD	

QUALITY AND PERFORMANCE IMPROVEMENT PROGRAM DESCRIPTION

September 2020
MPQD1001

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PROGRAM PURPOSE AND GOALS

Partnership HealthPlan of California's (PHC) Quality and Performance Improvement (QI/PI) program provides a series of systematic processes to monitor the quality of clinical care and health care service delivery to all PHC members. This includes an organized framework to:

- Review activities and identify opportunities to improve the quality of health care services provided
- Promote efficient and effective use of health plan financial resources
- Promote health equity
- Strike a balance between compliance with and performance on regulatory standards
- Partner with internal and external stakeholders to support performance improvement
- Improve health outcomes

The program promotes consistency in application of quality assessment and improvement functions for the full scope of health care services while providing a mechanism to:

- Ensure integration with current community health priorities, standards, and goals that impact the health of the PHC member population
- Identify and act on opportunities to improve care and service
- Identify overuse, misuse, and underuse of health care services
- Identify and act on opportunities to improve processes to ensure patient safety
- Address potential or tangible quality issues
- Review trends that suggest variations in the process or outcomes of care

The QI/PI program adheres to the following goals to improve the quality and effectiveness of clinical care and service to PHC members:

- Improve the health of the populations PHC serves
- Enhance the patient experience of care
- Support the delivery of high quality clinical care
- Ensure patient safety
- Measure and encourage appropriate use of clinical resources
- Strengthen a culture of continuous quality improvement within the PHC network

The QI/PI program accomplishes these goals by:

- Systematically monitoring and evaluating service and care provided
- Continuously improving data and analytics to validate care outcomes
- Actively pursuing opportunities for improvement in areas that are relevant and important to PHC members' health
- Implementing strong interventions when opportunities for improvement are identified
- Conducting work to improve member experience through improved provider access

These goals align with PHC's mission: To help our members and the communities we serve be healthy.

The QI/PI program provides a structured framework to consistently monitor and evaluate the care and service provided to PHC members. Applying the model of a learning organization, the measurement and analysis of selected indicators and professionally recognized standards of practice underpin the evaluation of QI/PI activities. The objectives of the program are to:

- Identify opportunities for improvement and act on opportunities that have the greatest impact on member care and are aligned with PHC's mission, vision, and values. These actions are driven by rigorous data analysis, whenever possible, and through a collaborative atmosphere where new ideas can be explored and tested to enhance learning.
- Monitor and ensure compliance with contractual quality requirements, state and federal quality regulations, evidence-based standards of care, and standards of selected accrediting bodies.
- Through PHC's Grievance Department, provide a process for receiving, analyzing, and responding to

provider and member complaints, grievances, appeals, or suggestions relating to quality of care, service, and facility. Grievances related to substance use disorder services also follow the same process.*

- Support the credentialing and re-credentialing process with measurement and evaluation of PCP transfer requests, office site surveys and medical record reviews, and clinician quality issue investigation/peer review.
- Establish, maintain, and enforce confidentiality and conflict of interest policies regarding peer review activities and protection of confidential member and provider information.
- Accurately document quality improvement (QI) initiatives, potential QI investigations and activities, including documentation of committee meetings and quantitative and qualitative evaluation reports.
- Ensure regular reporting of QI/PI activities, problem identification, risk management, resource management, network management and member satisfaction information to the plan's Internal Quality Improvement Committee (IQI), Quality/Utilization Advisory Committee (Q/UAC), Physician Advisory Committee (PAC), and Board of Commissioners.
- Educate and inform PHC staff, members and contract practitioners regarding the philosophy, procedures, processes, practice, and expectations of the PHC QI/PI program.
- Provide relevant QI/PI information and tools to contracted providers to assist them in clinical decision-making processes in the provision of care and service.
- Administer PHC's financial incentive programs. This includes measure research and specification design, provision of technical assistance to practice sites, management of supporting information systems, and calculation of performance scores for participating practices.
- Effectively coordinate QI/PI activities with other health plan functions including utilization management, care coordination, population health management, behavioral health, pharmacy, provider relations and member services, in an effort to promote continuous quality improvement in organization-wide performance.
- Further collaborate with the Population Health Management Department in the development and implementation of a comprehensive series of initiatives to support and advance health equity.

The objectives, scope, organization and mechanisms for overseeing effectiveness of monitoring, evaluation and problem solving activities in the QI/PI program are assessed and revised at least annually.

SCOPE OF QUALITY AND PERFORMANCE IMPROVEMENT PROGRAM

The scope of the QI/PI program includes the quality of clinical care and of service for all members. The program covers a single product line – Medi-Cal (the name for Medicaid in California). The monitoring and evaluation of clinical issues reflects the population served by PHC without regard to age group, disease category, or risk status. In partnership with other PHC departments, the QI/PI program encompasses all aspects of medical care including:

- Diagnoses and procedures with a wide variation in cost or utilization patterns
- Identifying overuse, misuse, and underuse of health care services and prescription medications
- Identifying and addressing racial/ethnic and other disparities in health care delivery or outcomes
- Identifying and addressing access or quality issues related to behavioral health services through delegated contracts
- Promoting cultural and linguistic competence of PHC staff and network practice sites and providers
- Member experience outcomes
- Facility Site Reviews and ongoing monitoring to assess compliance with patient safety standards
- Ambulatory Medical Records Review
- An assessment of physical accessibility of outpatient providers for seniors and persons with disabilities
- Preventive health care guideline compliance
- Chronic and acute care clinical practice guideline (CPG) compliance

- Continuity and coordination of care between primary care providers (PCPs) and Specialists, different levels of care, PCPs and other provider types, and PCPs and Behavioral Health Practitioners (through Care Coordination of Health Services department)
- Accessibility and quality of primary, specialty and behavioral health care
- Member grievances (through the Grievance/Complaint/Appeals department)
- Investigation and resolution of Potential Quality Issues (PQI)
- Provider satisfaction (through the Provider Relations Department)
- Provider credentialing (through the Provider Relations Department)
- Supporting clinics in achieving patient centered health homes

The QI/PI program encompasses monitoring and evaluation of care and service in the following settings:

- Acute hospital services
- Ambulatory care, including preventive health care, perinatal care, chronic disease management, and family planning
- Emergency and urgent care services
- Behavioral health services* (mental health and substance use disorder)
- Ancillary care services including but not limited to: home health care, skilled nursing care, subacute care, pharmacy, medical supplies, Durable Medical Equipment (DME), therapy services, laboratory, vision, and radiology services
- Long-term care including Skilled Nursing Facility Care, Rehabilitation Facility Care, and Home Health Care
- Regional Drug Medi-Cal Model

*QI Program scope as it relates to behavioral health services:

Mental Health Services:
Since January 1, 2014, PHC has provided mental health services for those with mild to moderate treatment needs, pursuant to the Plan's Medi-Cal contract with the State of California. PHC delegates the administration of these services to Beacon Health Options in all fourteen counties served by PHC and to Kaiser Permanente in five counties where a portion of PHC Members are assigned to Kaiser Permanente. This mandate is detailed in DHCS All Plan Letter 17-018 issued October 27, 2017.

Specialty Mental Health Services for mental health conditions deemed to be moderate to severe in terms of level of impairment (also referred to as serious and persistent mental health conditions or SMI) are assigned by DHCS to County Mental Health Plans (MHPs) and include all conditions that meet the medical necessity criteria pursuant to Title 9, California Code of Regulations (CCR), Chapter 11.

All Mental Health QI management and improvement activities are delegated by PHC to Beacon Health Options and Kaiser Permanente. PHC oversight of these delegated QI functions is achieved through: 1) annual and ad hoc audits, 2) semi-annual review of QI reports produced by these entities, and 3) discussion of quality management and development of quality improvement projects, (e.g., improved PCP referral forms, review and monitor quality issues related to neuropsychological testing, additional reports related to QI, and access standards).

Regional Drug Medi-Cal Model:
Partnership HealthPlan of California (PHC) and seven counties (Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano) have proposed development of a Regional Drug Medi-Cal Model, pending approval by DHCS. As PHC does for its other services, this program description includes the planned structure of quality and performance improvement activities PHC proposes to use for the overall Regional Model.

The quality infrastructure of the Regional Drug Medi-Cal Model is designed to help achieve one of the key goals of the Regional Drug Medi-Cal Model: the integration of substance use services* with the existing physical and mental health service delivery system. It reflects the incorporation of the county-focused quality structure outlined in the Organized Delivery System (ODS) waiver requirements into the strong, foundational quality structure of PHC.

AUTHORITY AND RESPONSIBILITY

Board of Commissioners

The Board of Commissioners on Medical Care (the Commission) promotes, supports, and has ultimate accountability, authority, and responsibility for a comprehensive and integrated Quality and Performance Improvement QI/PI program. The Commission is ultimately accountable for the quality of care and services provided to members. The Commission has delegated direct supervision, coordination, and oversight of the QI/PI program to the Physician Advisory Committee (PAC), which serves as the main Quality Improvement committee. The PAC is supported by two other quality committees – the Quality and Utilization Advisory Committee (Q/UAC) and the Internal Quality Improvement Committee (IQI), which are described in more detail below. The county Boards of Supervisors for each geographic area appoints members of the Commission, which include representation from the community: consumers, businesses, physicians, providers, hospitals, community clinics, HMOs, local government, and County Health Departments. The Commission meets six times per year.

The purpose of the Commission is to negotiate exclusive contracts with the California Department of Health Care Services (DHCS) and to arrange for the provision of health care services to qualifying individuals, as well as other purposes set forth in the enabling ordinances established by the respective counties.

Chief Executive Officer

The PHC Chief Executive Officer's (CEO) primary roles in quality management and improvement are multifold:

- Maintain a working knowledge of clinical and service issues targeted for improvement,
- Provide organizational leadership and direction,
- Identify new and emerging opportunities to increase accountability by internal and external partners for driving quality and performance improvement,
- Participate in prioritization and organizational oversight of quality improvement activities, and
- Ensure availability of resources necessary to implement the approved QI/PI program.

Chief Medical Officer

The Chief Medical Officer (CMO), with the assistance of the members of the PAC, Q/UAC, and IQI, is responsible for providing professional judgment regarding matters of quality of care, peer review, clinical, and medical procedures. The CMO is the chair of the IQI and Q/UAC and has significant involvement in all QI/PI, Pharmacy and Health Services activities as well as providing oversight to these programs on a day-to-day basis. The CMO is a Medical Doctor (MD) with an unrestricted license in the State of California.

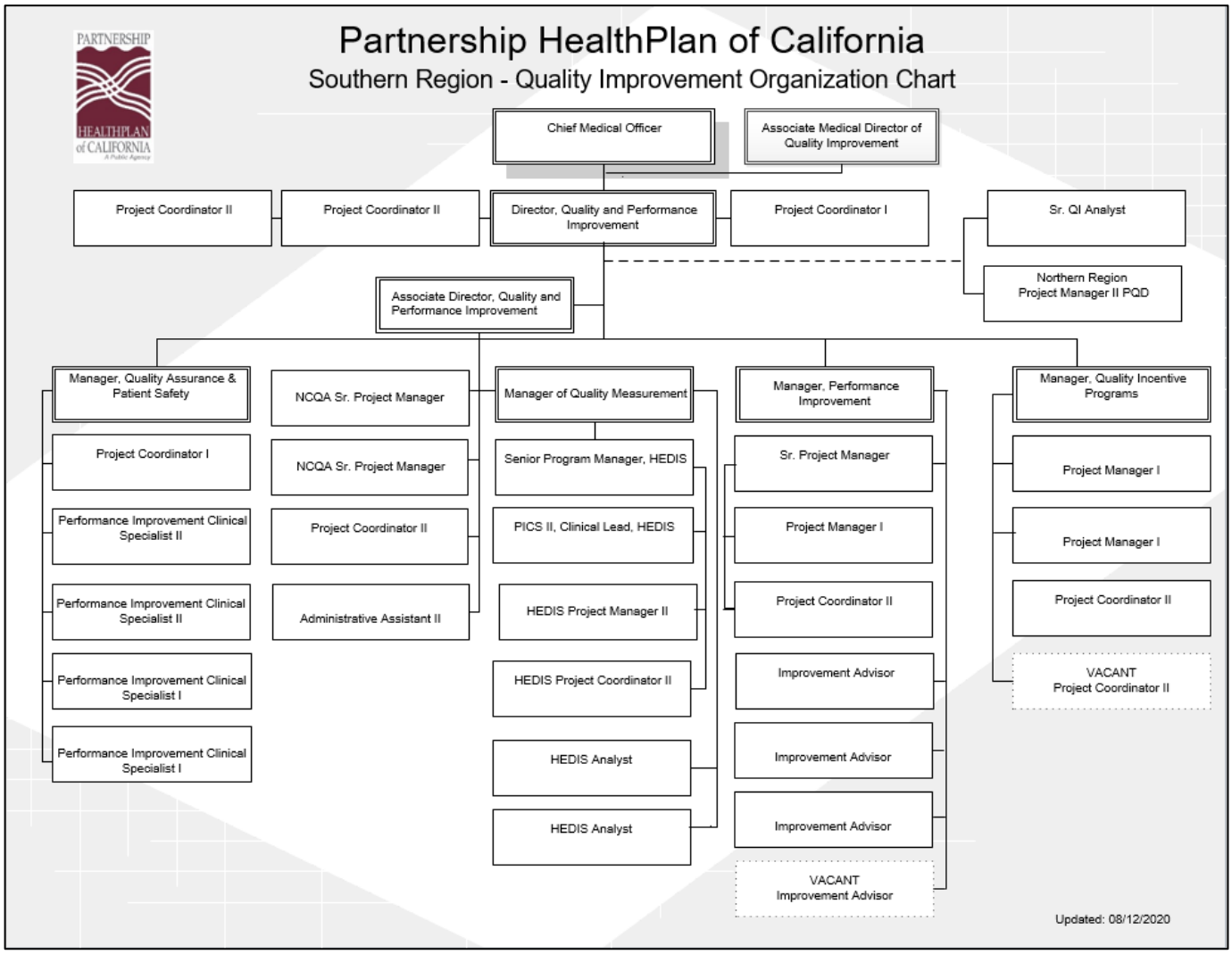
Clinical Director of Behavioral Health

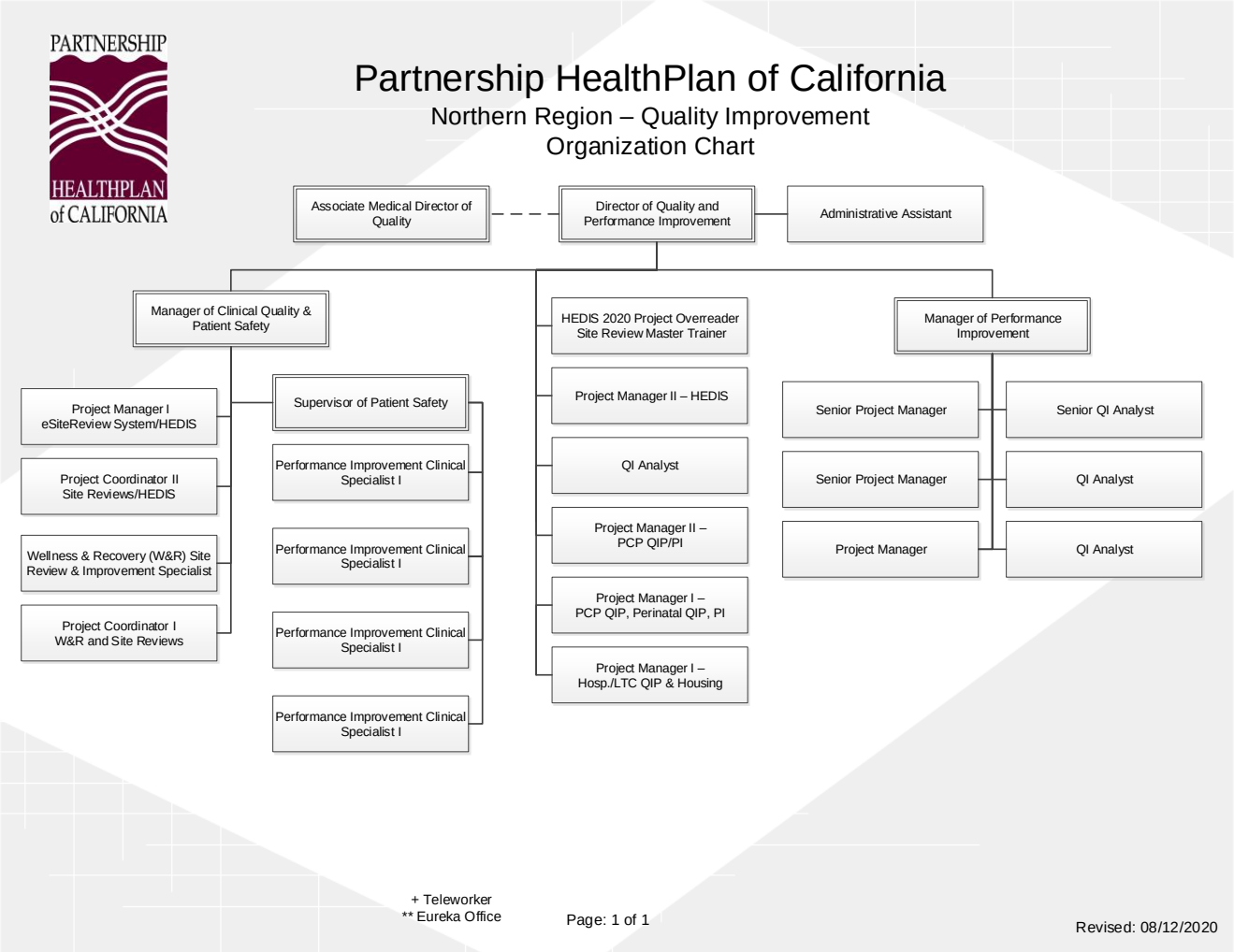
The Clinical Director of Behavioral Health holds an MD/DO, PhD or PsyD credential. With the assistance of the Behavioral Health Leadership Team, this individual is responsible for providing professional judgment regarding matters of quality of care, peer review, and clinical policies and procedures through oversight of PHC activities in the areas of mental health and substance use service*s as provided by PHC's delegated behavioral health providers.

Behavioral Health Leadership Team

The Behavioral Health Leadership Team includes the Senior Director, Health Services; Chief Operating Officer; Behavioral Health Administrator; and other plan leadership. This team oversees to operations and delegation oversight of PHC's mental health and Substance Use Services*. PHC's annual audit of Beacon Health Options and Kaiser Permanente (behavioral health delegates) stipulates that the organizations produce evidence that Behavioral Health Specialists at the level of Ph.D. and/or M.D. are on their QI Committee or teams that report to their QI Committee. Both organizations meet this standard.

Program Staff
PHC QI/PI program staff titles are outlined in the below Organizational Charts.





The Quality and Performance Improvement department is structured to provide governance over the QI program and corresponding work plan. Under the guidance of the Chief Medical Officer and the Northern Region Executive Director, respective Directors of Quality and Performance Improvement lead the QI/ PI department teams in the Northern and Southern regions of PHC in the execution of QI/ PI activities outlined in the QI/ PI program description and QI Work Plan. The department ensures the primary activities related to performance improvement, adherence to regulatory requirements, and the quality and safety of clinical care to optimize members' experience with PHC are completed through ongoing engagement and the provision of interdisciplinary support to all areas within PHC. QI/ PI staff monitor quality indicators, validate associated data and metrics, and evaluate the Plan's quality improvement activities to ensure PHC objectives, legislative and regulatory mandates, contractual obligations, and NCQA standards are achieved and established goals are met.

Committee Functions

PHC has developed a robust committee structure to support the breadth and depth of multiple facets of QI/PI regulatory requirements and activities. There are several internal operating committees that report to the CEO and a number of external facing committees, principally the Physician Advisory Committee (PAC) and four others, that report directly to the Board of Commissioners. Certain committees must adhere to state regulations, including the Brown Act, which provides stipulations for making meetings available to the public. The following narrative describes these committees, and the table at the end of this section visually depicts their organization and reporting structures.

The following are internal operating committees that report to the CEO and make up part of PHC's Quality and Performance Improvement infrastructure:

Family Advisory Committee (FAC)
The Family Advisory Committee (FAC) is a member advisory group to the Chief Executive Officer (CEO) and staff of Partnership HealthPlan of California. The FAC provides a forum for parents, guardians and caregivers of children with California Children Services (CCS) conditions to discuss common issues of interest and importance, to create a supportive and informative networking environment and to advocate for members by ensuring that PHC is responsive to the diversity of health care needs for all members. Minutes from FAC meetings are reviewed by the PQC.

The FAC membership is comprised of representatives from throughout PHC's geographic service areas who advocate for CCS-eligible children of diverse cultures, ethnicities, genders, ages and disabilities. Meetings are held at least four (4) times per year with the option for additional meetings as needed.

The Mission of the FAC is to leverage the Whole Child Model to enhance the quality of how CCS beneficiaries - and their families - experience care.

Health Analytics Steering Committee (HASC)
The Health Analytics Steering Committee (HASC) is comprised of the Chief Medical Officer, Senior Director of Health Services, Director of Quality and Performance Improvement, Director of Population Health, Chief Financial Officer and Associate Director of Health Analytics. The committee tracks and guides the analytics projects performed by the Health Analytics unit and makes recommendations for prioritization of analytic projects. Meetings are held every two months.

Pharmacy and Therapeutics (P&T) Committee
The Pharmacy and Therapeutics (P&T) Committee is comprised of PHC staff and network practitioners including pharmacists, PCPs, and specialists, including behavioral health. The CMO chairs the P&T. The committee makes decisions and recommendations on development and review of the drug formulary, pharmacy policies and procedures, new drugs, and drug approval criteria. The P&T meets quarterly, providing regular activity reports and recommendations to the PAC, the approval authority for P&T related activities. The P&T Committee also serves as PHC's Drug Utilization Review (DUR) Board. PHC's DUR Board conducts retrospective analysis on drug utilization to identify patterns of fraud, waste, and abuse or inappropriate or medically unnecessary care. In addition, the DUR Board makes recommendations for education programs and bulletins to improve drug safety and therapeutic outcomes.

Delegation Oversight Review Subcommittee (DORS)
The Delegation Oversight Review Subcommittee (DORS) comprises representatives from multiple departments. DORS is responsible for overseeing agreements and responsibilities between Partnership HealthPlan of California (PHC) and its delegated entities. The Subcommittee ensures that delegates are compliant with all applicable laws and regulations. The Subcommittee has overall responsibility for PHC's compliance with delegation requirements as set forth by state and federal regulations, regulatory, contractual, accreditation requirements or standards in accordance with PHC's policies and procedures.

The following are committees, many of which are external-facing, that also make up part of PHC's Quality and Performance Improvement infrastructure and ultimately report to the Board of Commissioners.

Physician Advisory Committee (PAC)
The Physician Advisory Committee (PAC) monitors and evaluates all Health Services activities and is directly accountable to the Board of Commissioners for the oversight of the QI/PI program. The PAC meets at least ten (10) times a year, and, may not convene in the months of July and December, with the option to add additional meetings if needed. Voting membership includes external Primary Care Providers (PCPs), board certified high-volume specialists and non-physician clinicians. A voting provider member of the committee chairs the PAC. The PHC Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Medical Officer, Associate Medical Director of

Quality, Regional Medical Director(s), Clinical Director of Behavioral Health, and leadership from the following departments including QI/PI, Provider Relations, Care Coordination, Utilization Management, and Pharmacy departments attend the PAC meetings regularly. Other PHC staff attend on an ad hoc basis to provide expertise on specific agenda items. The PAC oversees the activities of the Q/UAC and other quality-related committees and reports QI/PI activities to the Board of Commissioners.

Credentials Committee
The PHC CMO, or designee, chairs the Credentials Committee. Committee members include a minimum of five contracted network practitioners. The committee meets monthly, excluding July and December. The functions of the Credentialing Committee are to:

- Participate in and make recommendations regarding the structure and process for the credentialing and re-credentialing of providers and licensed practitioners.
- Participate in the development, implementation, and annual review of related policies and procedures.
- Review and approve PHC staff recommendations for credentialing of practitioners who meet criteria.
- Review and approve PHC staff recommendations for credentialing of practitioners who do not meet exception criteria.
- Review qualifications and circumstantial details for contracted practitioners who meet exception criteria and make credentialing decisions.
- Review and evaluate the qualifications, member complaints and grievance data of each practitioner seeking re-credentialing as a contracted provider at least every three years and assure compliance with established criteria.
- Verify that each provider in the network meets credentialing requirements, including implementation of and adherence to any corrective action plans (CAPs) to meet standards.
- Decisions regarding provider credentialing and re-credentialing.
- Develop disciplinary or sanction actions of practitioners.
- Provide oversight of any delegated credentialing activities.

Summary information of credentialing activities is presented to the PAC and to the PHC Board of Commissions at the regularly scheduled meetings.

Peer Review Committee
The Peer Review Committee membership includes external practitioners representing PCPs, board certified specialists and non-physician clinicians. The PHC CMO, the Regional and Associate Medical Directors, Performance Improvement Clinical Specialists (PICS RNs), and Manager of Quality Assurance and Patient Safety support the Committee. The PHC Associate Medical Director for Quality, the CMO or other designated PHC Medical Director chairs the committee. All committee members are eligible to vote on issues brought before the committee. The committee meets at least quarterly and on an as needed basis. Peer review functions are:

- Review potential and actual quality issues and provider/member complaints and appeals related to quality of care.
- Make recommendations for Corrective Action Plans (CAP) and practitioner discipline or sanctions to the Credentialing Committee.
- Make recommendations on improvements to systems of care based on specific occurrences.

Substance Use Services Subcommittee of the Peer Review Committee*
A subcommittee of the Peer Review Committee that reviews quality issues related to substance use services* provided by substance use services providers and clinicians providing substance use* care. The subcommittee meets on an ad hoc basis. The subcommittee reviews potential quality issues and makes recommendations on CAPs and practitioner discipline or sanctions to the full Peer Review Committee, which may then make recommendations for action to the Credentialing Committee.

Pediatric Quality Committee (PQC)
The Pediatric Quality Committee (PQC) is the clinical advisory committee for the Whole Child Model program. The PQC meets at least four (4) times per year with the option for additional meetings if needed.

The membership of the PQC includes the PHC Whole Child Model Medical Director (Chairperson), Chief Medical Officer (Vice Chairperson), Senior Director of Health Services, Pharmacy Director, at least four CCS-paneled clinician providers, CCS Medical Directors designated by each PHC County, and Nurse Director or Manager as designated by each County CCS program. Other health plan staff and outside experts may make special or periodic reports to the committee or may attend selected meetings by invitation from the committee chair or designee.

Quality/Utilization Advisory Committee (Q/UAC)
The Quality/Utilization Advisory Committee (Q/UAC) is responsible to assure that quality, comprehensive health care and services are provided to PHC members through an ongoing, systematic evaluation and monitoring process that facilitates continuous quality improvement. This responsibility includes providing significant input on the QI Program Description, Annual Evaluation and Work Plan. Q/UAC voting membership includes consumer representative(s) and external clinicians who represent hospitals, medical groups and practice sites in geographic sections of PHC's service area. The PHC CMO (chair of the committee), Clinical Director of Behavioral Health, Associate Medical Director of Quality, and leadership from the QI/PI, Provider Relations, Utilization Management, Care Coordination, Pharmacy, and Grievance Departments attend the Q/UAC meetings regularly. Other PHC staff attend on an ad hoc basis to provide expertise on specific agenda items. The committee meets monthly at least ten (10) times per year, with the option to add additional meetings if needed. Q/UAC activities and recommendations are reported to the PAC and to the Commission at least quarterly. The Q/UAC provides guidance and direction on all quality improvement activities.

Activities include but are not limited to:
- Review and approve the QI/PI Program Description, Program Evaluation and Work Plan annually.
- Review and approve standardized utilization review criteria and protocols.
- Approve and ensure implementation of evidence-based guidelines and policies of medical practice including preventive, chronic care, and behavioral health initiatives.
- Analyze summary data and make recommendations for action plans for quality improvement activities.
- Assure that appropriate follow-up activities occur for all Corrective Action Plans (CAPs) and QI/PI activities.
- Provide oversight of delegated QI activities except for Credentialing activities, which are reviewed by the Credentialing Committee.

Internal Quality Improvement (IQI) Committee
An internal PHC committee comprised of appropriate PHC department directors and staff, the Internal Quality Improvement (IQI) Committee tracks progress towards successful completion of quality initiatives, surveys, audits, and accreditation. The IQI Committee meets monthly, at least ten (10) times per year, with the option to add additional meetings if needed and reviews policies, procedures and QI activities. The PHC CMO (chair of the committee), Associate Medical Director of Quality, and leadership from the QI/PI, Provider Relations, Utilization Management, Care Coordination, Pharmacy, Population Health, Member Services and Grievance Departments attend the IQI Committee meetings regularly. Other PHC staff attend on an ad hoc basis to provide expertise on specific agenda items. Multidisciplinary improvement teams may be designated to complete analysis and intervention recommendations for quality improvement issues and activities. The IQI Committee serves to integrate quality activities organization-wide, which are then reported to the Q/UAC and PAC.

Population Health Management Committee (PHMC)
The Population Health Management Committee (PHMC) has the responsibility to address health equity for PHC's membership, including planning, implementing and evaluating the Population Health Management Strategy and Program Description, along with the Cultural and Linguistic and Health Education (C&L/HE) Program. The committee serves to ensure compliance with contractual agreements, and state and federal regulations. Committee members include staff from the following departments: Administration, Care Coordination, Communications,

Compliance, Grievance and Appeals, Health Analytics, Health Services, Information Technology, Member Services, Office of the Chief Medical Officer, Pharmacy, Provider Relations, Quality Improvement, and Wellness and Recovery. The PHMC meets quarterly to ensure PHC is meeting the obligations to provide culturally and linguistically appropriate services, including but not limited to, appropriate language access services at all points of contact, health education services to meet the individual needs of members, and equitable health care. The PHMC also selects and implements population health interventions throughout PHC's coverage area.

Member Grievance Review Committee (MGRC)
The Member Grievance Review Committee (MGRC) represents a multi-disciplinary oversight forum with representatives from Claims, Quality, Office of the Chief Medical Officer, Pharmacy, Care Coordination, Utilization Management, Population Health, Member Services and Provider Relations to track and trend Grievances, Appeals, Exempt Grievances, and State Hearing cases. It serves as a collaborative work group to discuss complex cases or improvement opportunities with the following key focus areas: quality improvements, clinical oversight, operational excellence, member experience, and regulatory compliance. Findings may be presented in the Q/UAC, IQI, CAC, DORS, and/or SUIQI meeting. MGRC is held on a quarterly basis.

Over/Under Utilization Workgroup
The Over/Under Utilization Workgroup is an internal PHC committee that evaluates services that may be over- or under-utilized compared to optimal utilization. The Over/Under Utilization Workgroup meets quarterly. Its goals are to use the results of the analysis to drive quality improvement activities, accuracy of data collection and analysis, and the most cost-effective use of resources. The committee is chaired by PHC's CMO and supported by the Health Analytics department. Representatives from Health Services, Compliance, Member Services, Provider Relations, Quality Improvement, and Claims also attend. A summary of activity from the committee is annually reported to IQI, Q/UAC and PHC's Compliance Committee.

Substance Use Services Internal Quality Improvement Subcommittee (SUIQI)*
A committee comprised of appropriate PHC and County staff tracks progress towards successful completion of quality initiatives, surveys, audits, and accreditation for the PHC's Substance Use Services* oversight. The Substance Use Services* Internal Quality Improvement Subcommittee (SUIQI) meets at least quarterly. Activities and progress are reported to the IQI. This also includes review of:

- Utilization Management retroactive and appeals review
- Inter-rater reliability for peer review and utilization management
- Quality of service, quality of facility, and access complaints and grievances
- Investigation of potential over-use, under-use, and misuse of services
- Policies related to provision of substance use services

Members of the committee include the Clinical Director, Behavioral Health, the CMO, and representatives from the Provider Relations, Member Services, Claims, Compliance, Behavioral Health and Quality Improvement Departments.

Consumer Advisory Committee (CAC)
The Consumer Advisory Committee (CAC) is composed of PHC health care consumers who represent the diversity and geographic areas of PHC's membership. There are two CAC committees – one each for PHC's northern seven counties and southern seven counties. Both groups meet quarterly. The CAC is a liaison group between members and PHC, advocating for members by ensuring that the health plan is responsive to the health care and information needs of all members. The CAC reviews and makes recommendations regarding Member Services' Quality Improvement activities, provides feedback on quality initiatives and serves in the capacity of a focus group. A consumer from each region serves on the Board to provide consumer input and report back to their respective CAC.

Finance Committee
The Board of Commissioners authorizes the Finance Committee to act on matters of urgency and/or when the Board does not meet. Items approved by the Finance Committee are ratified by the full board at a subsequent full board meeting. The Finance Committee is comprised of an appointed group of members from the Board, which encompasses representation from across PHC's entire service region. The Finance Committee meets monthly.

The Finance Committee has the following authority:

- Review and make recommendations on the annual budget
- Review and make recommendations on financial policy
- Review major capital expenditures
- Monitor the financial status of the organization and overall leadership for better management in alliance with the executive team and other PHC staff

The Committee also advises the Board of Commissioners on the fiscal impact of any changes pertaining to value-based programs as related to:

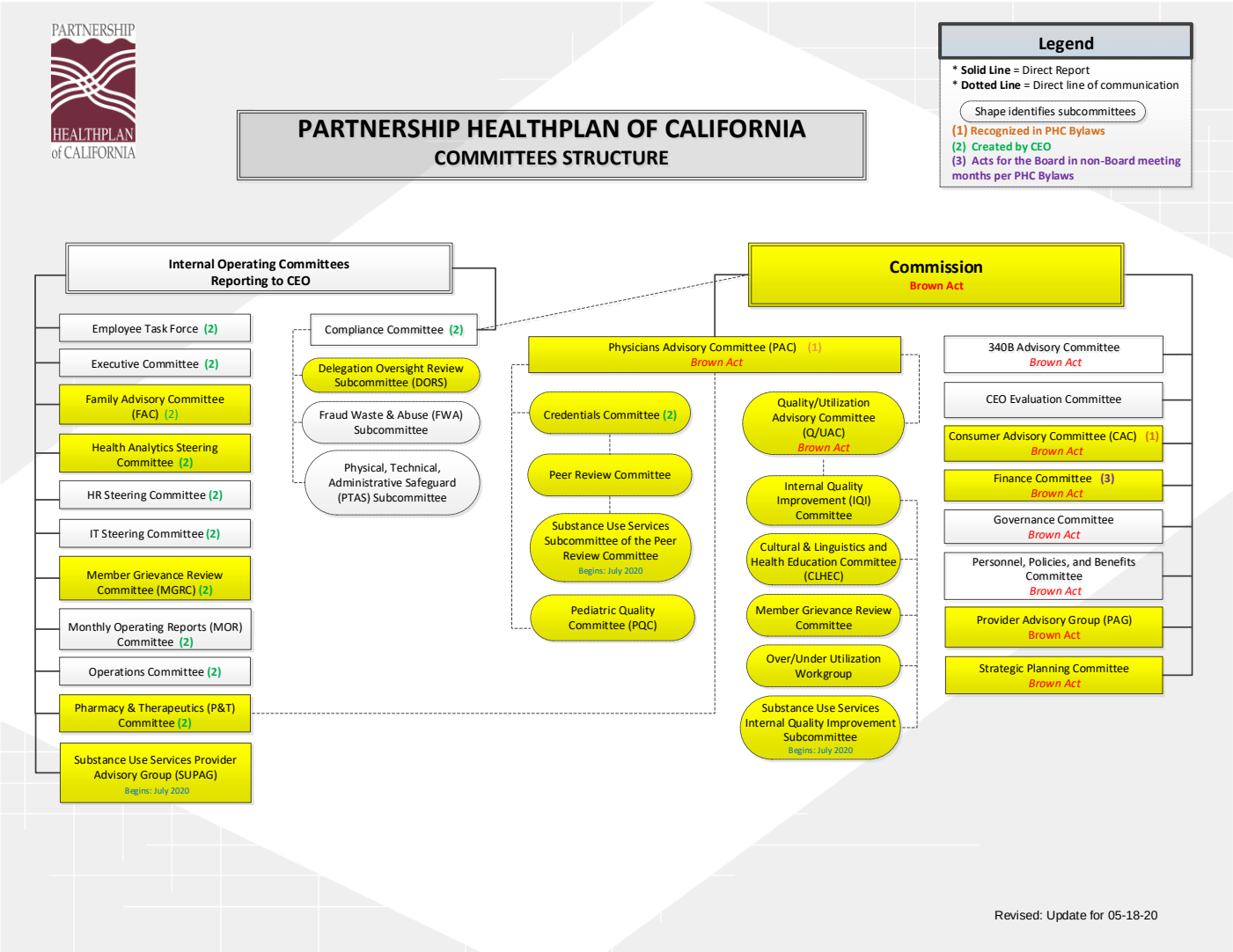
- Payment structure
- Annual budget and
- Prioritizing programs

Provider Advisory Group (PAG)
The Provider Advisory Group (PAG) is one of the Commission's advisory committees and acts as a liaison between practice site office staff and PHC and meets quarterly. The committee has representatives from physician groups and individual offices, community clinics, ancillary providers, long-term care facilities, county health departments, and community advisory groups. The PAG reports to the Physician Advisory Committee (PAC) and provides feedback and recommendations on health care service issues, community health activities, and issues for special needs populations.

Strategic Planning Committee
The Strategic Planning Committee advises the Board of Commissioners and the CEO on long-range strategic issues affecting Partnership Health Plan. This committee is appointed by the Board of Commissioners, and is comprised of some Board of Commissioners' members and other leaders from the community who are not members of the Board. This committee meets on a quarterly basis.

Substance Use Services Provider Advisory Group (SUPAG)*
The Substance Use Services* Provider Advisory Group (SUPAG) monitors PHC substance use services* treatment activities. The committee will meet at least four times per year. Membership includes licensed and certified substance use services providers and clinicians and others involved in substance use care. The Committee also includes county substance use services administration representatives and client or family representatives. The SUPAG advises the CEO on issues related to PHC's administration of the Substance Use Services* benefit.

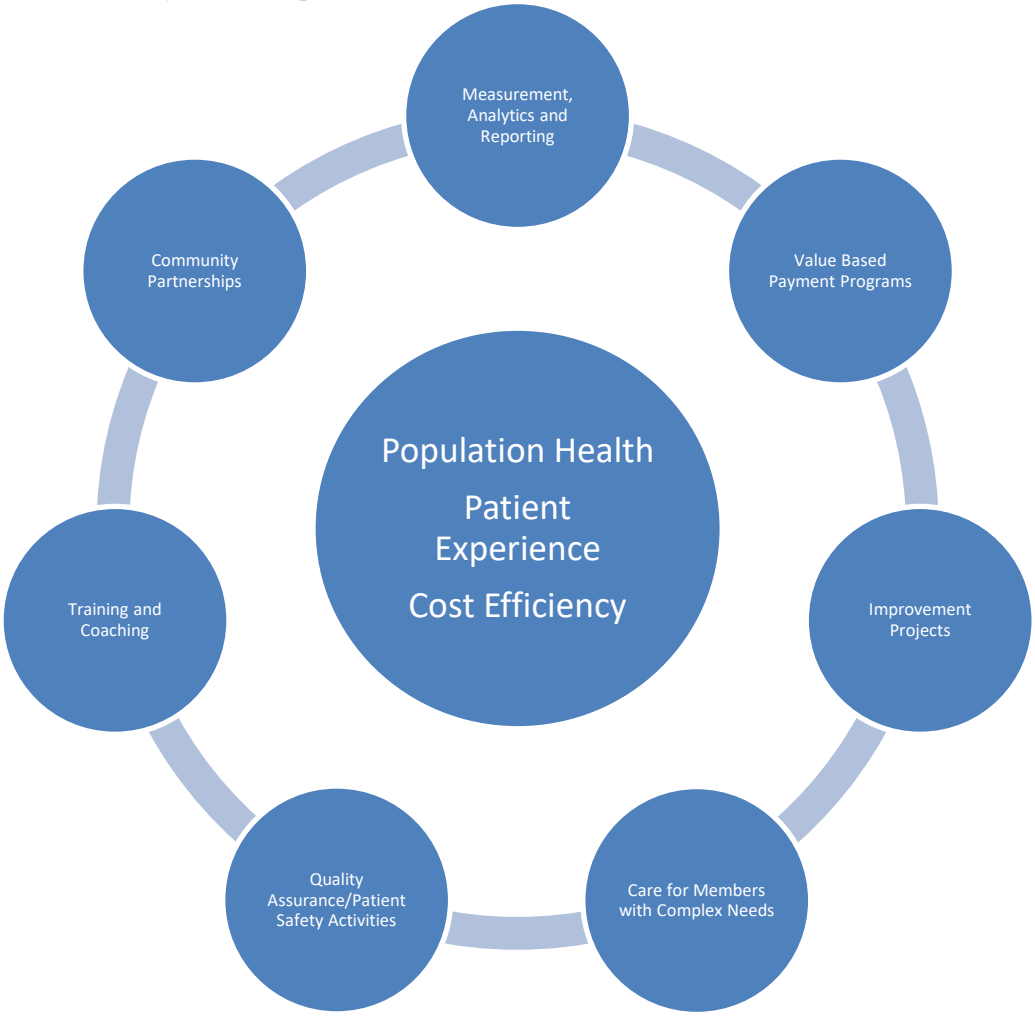
Note: Meeting frequency indicated with each committee is subject change based on business needs.


PARTNERSHIP HEALTHPLAN of CALIFORNIA
PARTNERSHIP HEALTHPLAN OF CALIFORNIA
COMMITTEES STRUCTURE
Legend
* Solid Line = Direct Report
* Dotted Line = Direct line of communication
Shape identifies subcommittees
(1) Recognized in PHC Bylaws
(2) Created by CEO
(3) Acts for the Board in non-Board meeting months per PHC Bylaws
Internal Operating Committees Reporting to CEO
Employee Task Force (2)
Executive Committee (2)
Family Advisory Committee (FAC) (2)
Health Analytics Steering Committee (2)
HR Steering Committee (2)
IT Steering Committee (2)
Member Grievance Review Committee (MGRC) (2)
Monthly Operating Reports (MOR) Committee (2)
Operations Committee (2)
Pharmacy & Therapeutics (P&T) Committee (2)
Substance Use Services Provider Advisory Group (SUPAG)
Begins: July 2020
Compliance Committee (2)
Delegation Oversight Review Subcommittee (DORS)
Fraud Waste & Abuse (FWA) Subcommittee
Physical, Technical, Administrative Safeguard (PTAS) Subcommittee
Commission
Brown Act
Physicians Advisory Committee (PAC) (1)
Brown Act
Credentials Committee (2)
Peer Review Committee
Substance Use Services Subcommittee of the Peer Review Committee
Begins: July 2020
Pediatric Quality Committee (PQC)
Quality/Utilization Advisory Committee (Q/UAC)
Brown Act
Internal Quality Improvement (IQI) Committee
Cultural & Linguistics and Health Education Committee (CLHEC)
Member Grievance Review Committee
Over/Under Utilization Workgroup
Substance Use Services Internal Quality Improvement Subcommittee
Begins: July 2020
340B Advisory Committee
Brown Act
CEO Evaluation Committee
Consumer Advisory Committee (CAC) (1)
Brown Act
Finance Committee (3)
Brown Act
Governance Committee
Brown Act
Personnel, Policies, and Benefits Committee
Brown Act
Provider Advisory Group (PAG)
Brown Act
Strategic Planning Committee
Brown Act
Revised: Update for 05-18-20

APPROACH TO QUALITY AND PERFORMANCE IMPROVEMENT

PHC's Quality and Performance Improvement program focuses on simultaneous pursuit of the Institute for Health Care Improvement (IHI) triple aim – population health, patient experience and cost efficiency – via seven primary levers:

- Measurement, Analytics and Reporting
- Value Based Payment Programs
- Improvement Projects
- Care for Members with Complex Needs
- Quality Assurance and Patient Safety Activities
- Training and Coaching
- Community Partnerships



Measurement, Analytics and Reporting

The QI/PI Department collects data annually on clinical indicators for Medi-Cal through the Health Effectiveness Data & Information Set (HEDIS) project. PHC currently reports performance results under the DHCS Managed Care Accountability Set (MCAS) and will begin reporting results under NCQA accreditation measures after successful completion of its First Survey. PHC conducts an annual health plan administered CAHPS survey for both children and adults. By conducting this survey annually in partnership with PHC's survey vendor, per NCQA accreditation requirements, PHC has the ability to monitor results more frequently as results can be evaluated in the midst of the survey being conducted and after the survey has concluded. A HEDIS auditor and state contracted auditor

independently review the sample frame and results. PHC will continue to participate in the triannual DHCS administered CAHPS survey and reference those results in conjunction with the annual CAHPS project outcomes in ongoing efforts to support and improve member experience. PHC participates in compliance audits with the state-contracted External Quality Review Organization (EQRO) to ensure that rate calculations are in accordance with specifications.

Analytics support for the QI program is primarily provided by staff in the Finance, Information Technology (IT) and Quality and Performance Improvement departments. Health analytics including population assessment, case management member stratification, and monitoring of utilization patterns is conducted by the Associate Director of Health Analytics and Health Analytics Analysts who are part of the Finance department. Data analysts in the QI department and the IT department support the following work:

- PHC Pay for Performance Programs
- Sourcing and integration of data for HEDIS annual and monthly reporting
- Monthly reconciliation of HEDIS data that is used to support tools for providers to monitor their performance on quality metrics and services
- Partnership Quality Dashboard front end development and maintenance

In addition to HEDIS and CAHPS, summary results from access studies, grievances, Initial Health Assessments, facility site and medical record reviews, potential quality issues, targeted improvement projects, performance improvement activities (including practice facilitation and other quality capacity building activities) are presented to the Internal Quality Improvement Committee (IQI) and physician committees at least annually. Project measures are reviewed more regularly during improvement team meetings. PHC completes a robust, comprehensive evaluation annually for major programs and quality improvement projects and initiatives.

At the organization level, the Executive Team and Board of Commissioners review at least quarterly a comprehensive dashboard including metrics across the organization. There are also four organization-wide goals set annually, of which there is always a quality-related goal. A board advisory group on Quality meets quarterly to provide feedback and advice on strategic quality issues.

Performance results are shared with external and internal stakeholders through data reports and data presentations given at quality committee meetings, Medical Director meetings, academic detailing visits, conferences, provider site visits, webinars and community meetings.

Through PHC's value-based programs, providers receive reports showing their performance against established thresholds and PHC network averages (and/or across peer groups) at least annually. The Primary Care Provider Quality Improvement Program (PCP QIP) provides PCPs aggregate and member-level data through two interactive online tools: eReports and the Partnership Quality Dashboard (PQD). eReports refreshes at least weekly and allows PCPs to identify those members with gaps in preventive and chronic disease care in support of compliance on the PCP QIP's clinical measures. It also allows PCPs to upload additional data to support measure-specific numerator compliance or exclusion criteria. PQD is a Tableau-based online data visualization and analytics tool that supports analysis of PHC's HEDIS and PCP QIP performance data.

Substance use services-focused Performance Improvement Projects are managed by Partnership HealthPlan and administered centrally. The SUIQI reviews data at least annually from eligibility, claims, encounter and provider data to analyze adherence to protocols and identification of those in need of services; timely access measures; initial and engagement of clients into treatment; fidelity to American Society for Addiction Medicine (ASAM) requirements; and outcome and recovery data. The SUIQI aligns their efforts, where possible, with the External Quality Review Organization evaluation processes and support their evaluation criteria.

In addition, review of the Substance Use Service system and its integration into overall Plan services are incorporated into the ongoing PHC measurement and reporting programs including analysis of member satisfaction (CAHPS) measures for both children and adults; summary results from access studies, grievances, initial health assessments,

facility site and medical record reviews, potential quality issues, targeted improvement projects, and training activities. These are presented to the Substance Use Internal Quality Improvement Subcommittee on an ongoing basis and reported up to the SUPAG, IQI, Q/UAC, and PAC at least annually. Substance use services performance reports are also shared at various meetings, trainings, and webinars and community meetings.

Value Based Payment Programs

Primary Care Provider Quality Improvement Program (PCP QIP)

This program provides financial incentives, data reporting and technical assistance to primary care providers to improve key domains of quality: clinical care, patient experience, access and operations, and resource use. The Provider Advisory Committee (PAC) reviews and approves the clinical measures selected for the PCP QIP. A group of providers and administrators (QIP Advisory Group) across counties and practice types recommend measures for the PCP QIP each year. Following this group's recommendations, the draft measures are released to the PHC provider network during a public comment period. Feedback from the public comment period is shared with the QIP Advisory Group, at which time measure recommendations are forwarded to the PAC for review and approval. The measures and detailed specifications can be found on the PHC website.

Hospital QIP (HQIP)

The Hospital Quality Improvement Program (Hospital QIP), established in 2012, is a pay-for-performance program for invited hospitals serving Medi-Cal members in the PHC network. The goal of the Hospital QIP is to improve the quality of care provided to members by offering participating hospitals substantial financial incentives in exchange for meeting selected performance targets. Participants report on measures across the following measurement domains: Readmissions, Advance Care Planning, Clinical Quality, Patient Safety, and Operations and Efficiency Measures. Like the PCP QIP, PHC collaborates with hospital partners to design the program, and the PAC reviews and approves the measures selected. The measures and detailed specifications can be found on the PHC website.

Specialist QIP

The Specialist Quality Improvement Program was developed in 2014 to reward in-network specialists for actively accepting referrals and seeing PHC Medi-Cal members. In order to participate, a specialist must be contracted with PHC and be located within the PHC service region. Specialists who work primarily in an inpatient setting are excluded.

Long Term Care QIP (LTC QIP)

The Long Term Care Quality Improvement Program (LTC QIP) launched in 2016. The LTC QIP is designed to support and improve the access to and quality of long-term care provided by PHC's contracted facilities. The pay-for-performance program, overseen by the PAC, offers financial incentives for quality that are separate and distinct from the usual reimbursement for services. The measurement domains are Clinical, Functional Status, Resource Use, and Operations/Satisfaction. To participate, facilities must contract with PHC and sign a Letter of Agreement. The measures and detailed specifications can be found on the PHC website.

Palliative Care QIP

All PHC contracted Intensive Outpatient Palliative Care provider sites are automatically enrolled in the Palliative Care QIP. Providers may earn incentives from the program based on care provided to members who have serious illnesses and have an approved intensive outpatient palliative care treatment authorization request (TAR) on file. PHC has designed the Palliative Care Quality Improvement Program (PC QIP), which offers significant financial incentives to support and improve the access to and quality of palliative care provided by PHCs contracted palliative care providers. The program also incentivizes the completion of POLST for these members and for actively participating in the Palliative Care Quality Network (PCQN) system.

Perinatal QIP

The Perinatal QIP provides financial incentives to participating Comprehensive Perinatal Services Program (CPSP) and select non-CPSP providers providing quality and timely prenatal and postpartum care to PHC members. Participation is by invitation and requires signing a Letter of Agreement. Since inception as a very small pilot program in 2018, the Perinatal QIP has expanded to include 81 primary care and specialty providers within PHC's service area. The results of the pilot program were used by PHC senior leadership to conclude the Perinatal QIP

improves the quality of care for PHC members. As a result, it will be added as a permanent fiscal year offering in PHC's value based payment programs starting on July 1, 2020. For this incentive program, a simple and meaningful measurement set has been developed and currently includes the following measures: Prenatal Immunization Status, Timely Prenatal Care, Timely Postpartum Care and Electronic Clinical Data System (ECDS) Implementation.

Behavioral Health QIPs

The Plan's two delegated mental health administrators, Beacon Health Options and Kaiser, manage the quality improvement programs for their networks. The behavioral health QIP is administered through the Beacon network and focuses on providers' effectiveness in ensuring follow-up care after the initial assessment of treatment needs. A QIP for substance use services* providers is under discussion .

Intensive Outpatient Care Management (IOPCM) QIP

Intensive Outpatient Care Management (IOPCM) Program is a nurse-based program located in clinics to help manage high-risk patients. The objective is to motivate, modify, and improve health to reduce health risks over a 6-12 month period. Each care site provides Intensive Outpatient Care Management (IOPCM) services to a group of PHC members with complex medical and/or psychosocial needs. This includes comprehensive care management and coordination of care services, including home visits, use of telehealth technology as needed, and care plan based on their identified health risks. The purpose of the IOPCM QIP is to provide substantial incentives for all key indices of quality of care to reflect a more efficacious approach for treating at-risk patients with the potential for high-cost utilization. All contracted Intensive Outpatient Case Management provider sites participating will be automatically enrolled in the IOPCM QIP, and therefor eligible for the IOPCM QIP payments.

Improvement Projects

PHC considers a number of factors to determine where and how to focus its improvement efforts. Following analysis of data to identify areas for improvement, as well as opportunities to learn of potential best practices, a significant factor is PHC's performance on measures for which it is held accountable by the Department of Health Care Services. Another factor is whether an area pertains to the criteria considered for NCQA health plan accreditation.

Additional criteria for selection include:

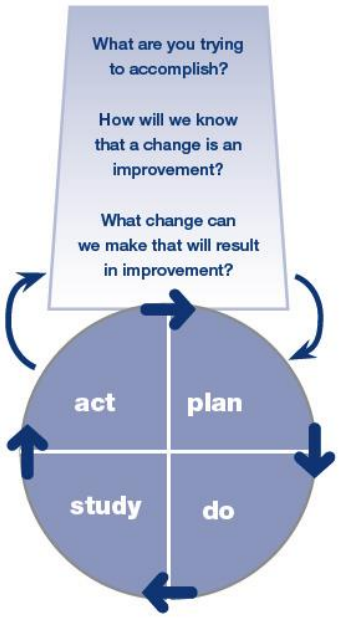
- Meaningful clinical or service areas to both providers and members
- Measures that impact large populations of members
- Overuse or misuse results in high cost to the plan
- Clinical or service areas where provider variation in practice is greatest

Data sources used to determine focus areas include:

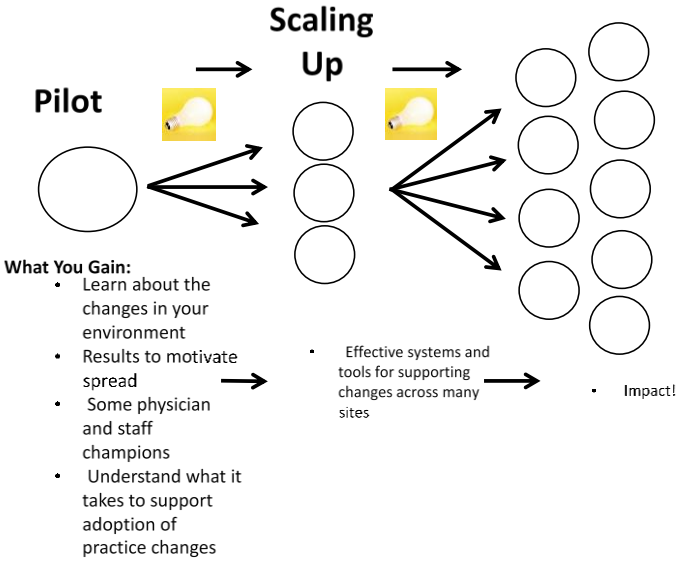
- Annual, monthly, and year-to-date performance on HEDIS measures
- Performance on PHC's pay-for-performance measures that provide financial incentives to provider organizations to drive improvement
- Consumer Assessment of Health Providers and Systems (CAHPS) survey
- Grievances and appeals
- Facility site and medical record review results
- Initial Health Assessment rates
- Utilization data
- County level and/or public health data

Based on the department that will lead an improvement effort, its leadership and management propose focus areas and projects with guidance from their executive sponsor, other members of the executive leadership team, medical directors, other departments and key stakeholders. For member-facing improvement efforts, the Consumer Advisory Committee (CAC) and other member focus groups are often consulted. For many improvement efforts, particularly those that are mandated or due to poor performance on the Managed Care Accountability Set, the QI/PI department is often the lead. Once projects are approved, an improvement team is formed with a lead or project manager and individuals who are involved in the improvement effort. Current year performance priorities are outlined in PHC's QI Program Work Plan.

PHC applies performance improvement methodologies – principally the Model for Improvement – and other tools, Plan-Do-Study-Act (PDSA) cycle and robust project management infrastructure to guide strategic improvement initiatives and targeted improvement projects. PHC uses small tests of change (PDSA) to see what works and how changes need to be adapted to make improvements on a larger scale.



PHC supports spreading effective interventions within and across sites as more is known about the problem, resources, and infrastructure needed to support the change on a larger scale. Spread is challenging and highly dependent on a provider organization's leadership, culture, and quality improvement infrastructure to do this effectively. The figure below outlines this approach.



A list of current year improvement projects is available in PHC's QI Program Work Plan and outcomes, in the annual QI Evaluation.

Care for Members with Complex Needs (CCM)
CCM is a voluntary program that provides tailored interventions aimed at both improving the member's self-management of his/her health, and also increasing appropriate usage of health and medical resources while reducing the inappropriate utilization of health care resources. These goals are achieved by working with the member/caregiver and member's interdisciplinary care team to:

- Educate the member about his or her benefits with managed care and how to use available resources;
- Identify and help the member understand his/her medical condition(s);
- Support and encourage self-management skills to promote and optimize the member's personal health goals and well-being;
- Coordinate necessary health care services; and
- Refer to appropriate medical or social community resources, when applicable.

Please see the Care Coordination program description for further information regarding the populations targeted and the specific interventions used for PHC members.

Quality Assurance and Patient Safety Activities
Quality Assurance and Patient Safety activities include investigation of Potential Quality Issues (PQIs); facility site and medical record reviews; assessing the level of physical accessibility of provider sites including specialists and ancillary providers that serve a high volume of seniors and persons with disabilities; and monitoring Initial Health Assessment (IHA) rates.

The QI/PI department is governed by requirements outlined in the following DHCS All Plan Letters (APL) or Policy Letters (PL):

APL or Policy Letter Number	APL or PL Title	APL or PL Date	Link to APL or PL	Related Policy
APL 20-006 Supersedes PL 14-004 PL 03-002 APL 03-007	Site Reviews: Facility Site Review and Medical Record Review	03/04/20	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-006.pdf	MPQP1022 – Site Review Requirements and Guidelines MCQP1052 - Physical Accessibility Review Survey - SR Part C MCQP1025 - Substance Use Disorder (SUD) Services Site Review and Medical Record Review
APL 18-004 Supersedes APL 96-013 APL 07-015	Immunization Requirements	01/31/18	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-004.pdf	MCQG1005 – Adult Preventive Health Guidelines MCQG1015 – Pediatric Preventive Health Guidelines MCQP1021 – Initial Health Assessment and Behavioral Risk Assessment

APL or Policy Letter Number	APL or PL Title	APL or PL Date	Link to APL or PL	Related Policy
APL 17-009 Supersedes APL 16-011	Reporting Requirements Related to Provider Preventable Conditions	05/23/17	http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-009.pdf	MPQP1055 - Provider Preventable Condition (PPC) Reporting
APL 17-014 Supersedes APL 16-018	Quality and Performance Improvement Requirements	09/11/17	http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-014.pdf	*None*
APL 15-023	Facility Site Review Tools for Ancillary Service and Community-Based Adult Services Provider	10/28/15	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2015/APL15-023.pdf	MCQP1025 - Substance Use Disorder (SUD) Services Site Review and Medical Record Review MCQP1052 - Physical Accessibility Review Survey - SR Part C
PL 13-001	Requirements for the Staying Healthy Assessment	10/08/13	http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2013/PL13-001.pdf	MCQP1021 - Initial Health Assessment and Behavioral Risk Assessment
PL 12-006 Supersedes PL 11-013	Revised Facility Site Review Tool	08/09/12	http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2012/PL%2012-006.pdf	MCQP1025 - Substance Use Disorder (SUD) Site Review and Medical Record Review MCQP1052 - Physical Accessibility Review Survey - SR Part C MPQP1022 - Site Review Requirements and Guidelines
PL 08-003	Initial Comprehensive Health Assessment	05/05/08	http://www.dhcs.ca.gov/formsandpubs/documents/mmcdaplsandpolicyletters/pl%202008/PL08-003.pdf	MCQP1021 - Initial Health Assessment and Behavioral Risk Assessment

APL or Policy Letter Number	APL or PL Title	APL or PL Date	Link to APL or PL	Related Policy
APL 19-003	Providing Informing Materials to Medi-Cal Beneficiaries in an Electronic Format	05/02/19	https://www.dhcs.ca.gov/formsandpubs /Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-003.pdf	MCLP7002 Cultural and Linguistic Services MPHP8001 Health Education Program
APL 18-016	Readability and Suitability of Written Health Education Materials	10/05/18	https://www.dhcs.ca.gov/formsandpubs /Documents/MMCDAPLsand	MCLP7002 Cultural and Linguistic Services

APL or Policy Letter Number	APL or PL Title	APL or PL Date	Link to APL or PL	Related Policy
			PolicyLetters/APL2018/APL18-016.pdf	MPHP8001 Health Education Program
APL 19-011	Health Education and Cultural and Linguistic Population Needs Assessment (PNA)	09/30/19	https://www.dhcs.ca.gov/formsandpubs /Documents/MMCDAPLsandPolicyLetters /APL2017/APL17-002.pdf	MCLP7002 Cultural and Linguistic Services MPHP8001 Health Education Program
APL 17-011 Supersedes APL 14-008	Standards for Determining Threshold Languages and Requirements for Section 1557 of the Affordable Care Act	06/30/17	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-011.pdf	APL 17-011 Supersedes APL 14-008
APL 16-005	Requirements for Use of Non-Monetary Member Incentives for Incentive Programs, Focus Groups, and Member Surveys	11/23/16	https://www.dhcs.ca.gov/formsandpubs /Documents/MMCDAPLsandPolicy Letters/APL2016/APL16-005REV.pdf	MPHP8001 Health Education Program
APL 99-005	Cultural Competency in Health Care – Meeting the needs of a Culturally and Linguistically Diverse Population	04/02/99	http://www.dhcs.ca.gov/formsandpubs /Documents/MMCDAPLsandPolicyLetters/ APL1999/MMCDAPL99005.pdf	MCLP7002 Cultural and Linguistic Services

Potential Quality Issues

A Potential Quality Issue (PQI) is defined as a possible adverse variation from expected clinician performance, clinical care, or outcome of care. PQIs require further investigation to determine whether an actual quality issue or opportunity for improvement exists. A quality issue is defined as a confirmed adverse variation from expected clinician performance, clinical care, or outcome of care, as determined through the PQI process. The PQI investigation and Peer Review process provide a systematic method for the identification, reporting, and processing of a PQI to determine opportunities for improvement in the provision of care and services to Partnership HealthPlan of California (PHC) members, and to direct appropriate actions for improvement based upon outcome, risk, frequency, and severity.

PQIs are identified through the systematic review of a variety of data sources, including but not limited to:

- Information gathered through concurrent, prospective, and retrospective Utilization Review
- Referrals from any health plan staff
- Facility Site reviews
- Claims and encounter data
- Pharmacy utilization data
- HEDIS medical record abstraction process

- Medical record reviews/audits
- Grievances and Appeals
- Ancillary providers/vendors/delegates such as Beacon, VSP, etc.
- Provider sentinel/adverse events such as Provider Preventable Conditions that are reported as required by the State

All cases are initially reviewed by Performance Improvement Clinical Specialists nurses (PICS RN) and then forwarded to the Chief Medical Officer (CMO) or Associate Medical Director of Quality (AMD) in accordance with Policy MPQP1016. Medical records and other supporting documentation are collected, and where issues are identified, the provider of concern may be given an opportunity to respond. The CMO/AMD review includes assessment of but is not limited to: appropriate level of care; appropriate tests; therapy and treatment; technical expertise; referral; consultation; timeliness; and adequate documentation.

PQIs involving substance use services are reviewed with the PHC Clinical Director of Behavioral Health for evaluation and recommendation to the Substance Use Services (SUS) Subcommittee or Peer Review Committee. Potential quality issues related to mental health and substance use services that are identified by PHC delegated providers (Beacon and Kaiser), are investigated and addressed by these providers. These issues are tracked by the delegates and monitored by PHC's Behavioral Health Clinical Director through the delegation agreement with each organization.

PQI cases are presented by the PICS RN at PQI rounds with the Medical Director, and severity ratings are assigned to each case and whether the case is due to "Practitioner performance" or "System issue." Upon determination by the Medical Director that a case requires review by the Peer Review Committee (PRC), the PICS RN prepares the PQI case file for Peer Review (see MPQP1053 for the Peer Review Committee policy). The Peer Review Committee investigates patient or practitioner complaints about the quality of clinical care provided by PHC contracted providers and makes recommendations for corrective action. The Committee also reviews sentinel conditions identified as having quality concerns. Cases with significant concerns are communicated to the Credentialing Committee at the recommendation of the Peer Review Committee.

Annual reports are presented to IQI and Q/UAC showing trends related to referral patterns and quality of care concerns.

<u>Pharmacy Department Patient Safety Initiatives</u>
PHC has a number of activities in place to ensure medication safety and adherence for PHC members. These activities include:

- *Managing Pain Safely (MPS)*. Pharmacy utilization management to promote the safe use of opioids.
- Pharmacy Department monitors opioid prescribing and utilization against opioid-related HEDIS measures and provides interventions for patient safety and performance improvement.
- Pharmacy Department reviews and analyzes drug utilization to identify high-risk members taking antipsychotic and opioid medications and provides interventions against identified risks.
- Identify suboptimal medication regimen and adherence for members taking antipsychotic medications. Interventions aim to address and reduce risk for metabolic syndrome induced by antipsychotic medications.
- *Smoking Cessation*. In collaboration with Care Coordination, PHC offers smoking cessation counseling services to members who indicate "yes" on the Health Risk Assessment (HRA) question, "Would you like help quitting?" Functions include provider outreach, educating members on medication adherence to tobacco cessation products, and assisting with enrollment in the California Smokers Helpline program.
- *Latent Tuberculosis Therapy (LTBI) Monitoring*. LTBI 12 dose monitoring to ensure patients receive appropriate therapy and interact with providers and public health officer to ensure completion of therapy and identify patients that may have fallen out of therapy.

Site Reviews

PHC conducts Site Reviews that include a review of the physical site, medical records, and a review that evaluates accessibility for Seniors and Persons with Disabilities (SPDs). Site Reviews are conducted for Primary Care Providers, OB/GYN providers, Palliative Care Providers, Urgent Care providers and Substance Use Services Providers. The internal and external quality improvement committees review the results from the Site Reviews, including review of Initial Health Assessments, at least annually. Results from Site Reviews are reported to the Department of Health Care Services (DHCS) twice per year. Results of individual site reviews are also reported to the Credentialing Committee.

Initial Health Assessments (IHAs)

It is a requirement of the California Department of Health Care Services that all newly enrolled health plan members receive an initial health assessment with a primary care physician within 120 calendar days of enrollment to the health plan. PHC monitors these rates quarterly and works with low performing providers to increase compliance.

In addition to the above, PHC collaborates with network practitioners and providers to improve IHA compliance by:

- Identifying areas where training is needed
- Identifying and sharing best practices
- Seeking input from network practitioners about systems PHC can put in place to improve IHA compliance
- Providing technical assistance, resource materials, and training in areas where indicated

Quality Improvement Education and Training Support

The Partnership Improvement Academy offers a variety of educational opportunities to clinicians, administrators and staff to gain quality improvement expertise and to learn from peers. Each of the Academy's initiatives prepares provider sites to optimize population health, enhance their patients' experiences of care, promote provider and care team satisfaction, and foster a culture of continuous quality improvement.

ADVANCE: This is a nine-month training program free to participants (from primary care practices), who learn to apply quality improvement (QI) principles by leading a QI project focused on improving performance on a PCP QIP clinical measure. During the 2020 calendar year, PHC launched its practice facilitation program as a new offering in lieu of offering ADVANCE.

PHC began offering practice facilitation support to primary care provider organizations with large member assignments that had opportunity for improvements in clinical performance.

Practice Facilitators assist primary care practices in the application of evidence-based best practices to quality improvement activities. Working alongside organizational quality teams, the Practice Facilitator provides guidance and resources to facilitate system-level changes. The Practice Facilitator provides a framework for translating evidence-based research into practice by building relationships, improving communication and facilitating change.

The following are areas that PHC practice facilitators could offer support:

- Provide guidance on QI Project team make-up and management
- Project management – provide guidance and tools on framing and managing QI projects
- QI Project development
- Provide data analytics training and support
- Support Change Management aspects of QI Project

ABCs of QI: This program is a one-day in-person training designed to teach healthcare organizations the basic principles of quality improvement including: developing aim statements, measures, and change ideas; how to use data and run charts, and testing change ideas on a small scale. The training can also be offered as a multi-part webinar series.

Accelerated Learning: This training is a one-hour learning session offering CME/CE and covers the Healthcare Effectiveness and Data and Information Set (HEDIS®) and the Primary Care Provider Quality Incentive Program (QIP) measures. Currently, there are four Accelerated Learning sessions covering the following areas:

- Cervical and breast cancer screenings
- Childhood and adolescent immunizations
- Colorectal cancer screening
- Pediatric and adolescent well-child visits

The objectives of the learning sessions are:

- Overview of clinical measure specifications and threshold definitions
- Present documentation recommendations/highlights to maximize measure adherence
- Review best and promising practices to close gaps in care
- Overview of performance improvement strategies and tools

The target audience is clinicians, practice managers, quality improvement team, and staff who are responsible for participating and leading quality improvement efforts within their organization.

Northern Region Consortia & PHC Northern Region QI Collaboration: Partner formally on an annual basis via a written scope of work agreement under which they jointly promote and support QI capacity building in the clinic setting through trainings, improvement advising, peer-to-peer sharing, and conducting annual clinic profiles/assessments. The Northern Consortia membership is comprised of federally qualified health centers in the PHC Northern Region and represent the largest PCP organizations, in terms of assigned member volume. PHC benefits from the peer network forums the consortia leaders have established amongst its members' QI leadership and CMOs. The QI Peer Network and CMO Peer Network meet monthly, including longer in-person meetings on a biannual basis. Within these peer networks, PHC is invited to share measure level education, guidance, and technical assistance on the application of performance improvement tools and methods. These interactions occur either as part of recurring peer network meetings or separate webinar offerings targeting peer network members.

Regional PCP QIP Coaching: PHC aims to provide training and technical assistance in face-to-face visits with primary care providers participating in the PCP QIP. Regional PCP site visits and coaching sessions are targeted for the middle of the QIP measurement year, to aid providers in assessing their performance shortly after payment on the prior year is completed but while there is still time to impact performance in the current year. These visits often coincide in timing with PHC's public reporting of its annual HEDIS performance reporting.

The alignment of the PCP QIP to the HEDIS measure set and the timing of these visits can be leveraged to support providers in gaining more concentrated, just-in-time measure education and support in optimizing PCP QIP performance while supporting PHC's HEDIS score improvement initiative.

Clinically Led HEDIS Measure Education: HEDIS Measure Education is also incorporated into provider interactions with PHC's Patient Safety team. PHC Patient Safety nurses have unique opportunities through their Site Review visits to build rapport with PCP clinical leadership and staff.

HEDIS Measure Lunch-n-Learn Visits: In these visits, PHC nurses educate provider staff in a lunch-n-learn setting where specific HEDIS measure requirements, best practices in medical record-keeping and proven improvement strategies for a variety of children, adolescent, and adult measures are shared. Priority focus in these visits has been on low performing HEDIS measures and the target audience is individual providers and their support staff.

Targeted HEDIS Measure Education during Site Reviews: Given the positive provider feedback on the lunch-n-learns, the broader Patient Safety team has adopted a similar strategy within the completion of Site Review visits. During the completion of the Medical Record Review portion of Site Reviews, PHC nurses incorporate measure education and corresponding medical record-keeping best practices during their reviews with providers.

AMR Academic Detailing: Given the complexity of the AMR clinical measure, QI coordinated with medical directors and Pharmacy to develop educational materials and curriculum to provide educational sessions at provider sites and pharmacies. The educational sessions covered:

- Increasing prescriber and pharmacist knowledge of the AMR HEDIS measure, PHC formulary, and proper documentation of asthma and other diagnoses (e.g., COPD)
- Global Initiative for Asthma (GINA) updated guidance discouraging short-acting beta2 agonists-only treatment
- Prescribing and refill best practices
- Increasing member knowledge and engagement in asthma management

Substance Use Services* Support and Training

The PHC ODS Waiver Regional Model training program will provide clinicians, administrators and staff with quality improvement expertise from industry leaders and peers. Sites will be supported in a manner to integrate care across the PHC system, optimize population health, enhance their patients' experiences of care, promote provider and care team satisfaction, and foster a culture of continuous quality improvement. Trainings provided on a regular basis include American Society for Addiction Medicine (ASAM)criteria and application; documentation; and key evidence-based practices.

PHC provides a range of support and services to contracted Regional Model Drug Medi-Cal Providers. These include:

- Training and technical assistance to help providers improve services and clinical documentation and regulatory compliance.
- Conduct of regularly scheduled chart compliance reviews, offering guidance and written feedback focused on quality improvement of services.
- Provision of resources such as sample forms, audit instruments and other tools that would help providers develop effective systems of quality records management.
- Responding to technical questions related to regulations or practices.
- Communication with providers and other agencies in order to better understand and interpret program regulations and to address treatment needs.
- Responding to complaints and/or grievances from consumers or other concerned individuals in the areas of access, quality, billing, critical incidents or client rights.

Community Partnerships

In many cases, the quality improvement efforts that have the biggest impacts on the health of members involve significant community collaboration and coalitions with community partners. PHC's community partners include county health departments (including public health officers), the four consortia that serve the Federally Qualified Health Centers (FQHCs) in PHC's community, law enforcement, and various Community Based Organizations (CBO). Many providers in PHC's network both provide health care services to PHC's members and are also partners in larger community-level interventions. This includes primary care physicians, FQHCs, Rural Health Centers, Indian Health Service Health Centers, Hospitals, Long-term Care facilities, specialist physicians, hospice agencies and community pharmacies.

Partnership's participation in community partnerships can be in one of five roles: Leader, Convener, Participant, Funder and Advocate.

Some current major initiatives involving community partnerships include:

1. Offering and Honoring Choices
2. Mental Health Integration
3. Improving Specialty Access
4. Developing a regional approach to treating substance use* disorder

Member Input

Member input is obtained from member experience surveys, member focus and engagement groups, member complaint/grievance data, Consumer Advisory Committee feedback, Family Advisory Council feedback, PCP/Specialist access and availability data, Member Services telephone access reports, member suggestions, and

member requests for PCP transfers. Consumers are also represented on the Q/UAC and PHC Board of Commissioners. Various workgroups meet to review the data collected at least quarterly and the workgroups recommend areas for improvement and action plans. These are presented and monitored by the Internal Quality Improvement Committee (IQI). Performance on HEDIS measures and progress made in other QI activities are shared with PHC's members through the Q/UAC, CAC, FAC and member newsletter. Clients of Substance Use Services* may also attend and give feedback at the SUPAG.

Physician and Other Clinician Input

Through PHC's committee structure, clinicians provide input on the quality improvement program including focus areas, strategies to improve care and service, and effective ways for measuring performance in projects. In addition, clinician input is provided on various projects such as the pay-for-performance programs for primary care, specialty care, and hospitals. PHC holds "provider comment periods" where physicians and their staff can provide input on priorities for these programs. Across all work, PHC solicits input on priorities and interventions through committee meetings and other meetings with provider practices and clinic consortiums.

NCQA Accreditation Program Management

PHC strives to improve the health status of members and their care experience to become one of the highest quality health plans in California. The National Committee for Quality Assurance's (NCQA) Health Plan Accreditation supports PHC's vision, mission, and strategic goals by providing a rigorous and comprehensive framework for essential quality improvement, operational excellence, and measurement of clinical performance (HEDIS) and member experience (CAHPS).

The NCQA Accreditation Program is managed via a tiered approach. A description of each tier is provided to define roles and responsibilities for each level of the program's governance.

- NCQA Program Management Team
  - Leads and coordinates efforts across each level of NCQA governance
  - Manages the plan-wide accreditation process
  - Maintains subject matter expertise across NCQA Accreditation processes and standards/requirements
  - Maintains and updates the NCQA compliance dashboard to evaluate progress
  - Monitors and reports program status, escalates risks/barriers in a timely fashion
  - Recommends changes to new and/or existing business practices based on internal/external research
  - Facilitates the NCQA Steering Committee
  - Serves as liaison with Business Owners across the health plan and as the primary liaison to the NCQA and consultants

- NCQA Steering Committee
  - Leads NCQA Accreditation efforts by defining PHC's NCQA program vision and purpose and provides overall strategic direction.
  - Monitors and reviews program progress relative to goals, timelines and metrics.
  - Champions NCQA Accreditation readiness across the organization.
  - Resolves program conflicts and disputes, reconciling differences of opinion and approach.
  - Evaluates and approves major program components including program timelines, resource allocation, budget, risk management strategies, and program management/governance practices.
- NCQA-Related Team and Department Goals
  - Team goals: a subset of standards are assigned to teams during a fiscal year. Each team is assigned an executive sponsor, project owner(s) and project lead(s).
  - Department goals: standards are assigned to departments where the business owners reside.
  - Any standards that are not managed by Team and/or Department goals are managed directly by business owners.
- Business Owners
  - Manage and/or execute the day-to-day work required to achieve compliance on assigned NCQA requirements. This may include leveraging department resources to ensure forward progress and/or coordination of work across multiple departments/Contributors.
  - Maintain deep subject matter expertise across assigned NCQA requirements. Ensure changes to NCQA standards are reviewed and addressed timely.
  - Serve as main contacts for evidence preparation during audit submissions.
  - Raise issues and challenges to the Business Sponsor(s) and NCQA Accreditation Program Management Team.
- Contributors
  - Offer subject matter expertise related to assigned NCQA requirement.
  - Support the Business Owner by providing guidance, expertise and/or work deliverables where appropriate to meet NCQA standards.

PHC officially obtained NCQA Interim Accredited Status as of August 13, 2019 by earning 50 points out of a total possible of 50. With the achievement of formal NCQA Interim Accreditation, PHC is now positioned to move forward with obtaining First Survey Accreditation in November 2020. The table below depicts key survey dates, including PHC's survey dates for the upcoming survey options, as well as HEDIS and CAHPS reporting requirements.

Survey Option	PHC Survey Date	Reporting Requirements
First	November 17, 2020 January 19-20, 2021 – onsite audit (file review only)	Standards CAHPS *(Required Reporting Year 2022)* HEDIS *(Required Reporting Year 2022)*
Renewal	Targeted November 2023	Standards CAHPS *(Annual reporting)* HEDIS *(Annual reporting)*

Population Health Management Strategies

Since 2017, PHC has made significant inroads in establishing practices to lay the foundations for the establishment of a Population Health Management (PHM) program. In February 2020, PHC established the Population Health Department within Health Services. The Quality and Performance Improvement Department continues to collaborate and support the development of the PHM program through the following activities:

- Provision of guidance and updates on the NCQA standards related to Population Health Management.
- Participation in creating and executing QI initiatives that address identified health disparities and opportunities for member engagement/strategic program development.
- Assistance in evaluation of initiatives, state-mandated work and performance improvement projects to determine the effectiveness of developed PHM programs.
- Review and analysis of HEDIS measure performance to help determine necessary targeted interventions to improve member health outcomes and well-being.
- Review and periodic revision to value-based programs to ensure they are supporting providers in their attempts to complete recommended missing services for members.
- Execution of Partnership Improvement Academy workshops and training programs.
- Contributes to the revision of the annual PHM Program Strategy, population assessment and evaluation of PHM programs.

See the Population Health Management Strategy and Program Description for details.

CULTURAL COMPETENCY

PHC is committed to delivering culturally and linguistically appropriate services (CLAS) to all eligible beneficiaries. The Health Education, Cultural and Linguistic (HEC&L) Program regularly assesses and documents member cultural and linguistic needs to determine whether covered services are available and accessible to all members regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status or disability. The HEC&L team also ensures that all culturally and linguistics services are provided in an appropriate manner.

The Population Health Department is responsible for the operations of the Health Education, Cultural and Linguistic Services Program. Additionally, the Consumer Advisory Committee (CAC) and the Family Advisory Committee (FAC) provide recommendations on the development and implementation of culturally and linguistically accessible services.

PHC's policies and procedures comply with standards and performance requirements for the delivery of culturally and linguistically appropriate health care services. PHC has systems and processes to:

- Assess, identify, and track linguistic capability of bilingual employees.
- Identify and track linguistic capability of contracted staff in medical and non-medical settings.
- Collect data on cultural, ethnic, racial and linguistic needs and prepare biennial analysis to ensure PHC and its providers deliver services that meet the needs of PHC's culturally diverse population.
- Conduct a Population Needs Assessment (PNA) every year to: identify member health needs and health disparities; evaluate Health Education, C&L and Quality Improvement activities and available resources to address identified concerns; and implement targeted strategies for Health Education, C&L and QI programs and services.
- Provide cultural competence, sensitivity, and diversity training to staff, providers and delegates.

PHC monitors and evaluates the effectiveness of cultural and linguistic services by reviewing and responding to:

- Consumers Assessment of Healthcare Providers and Systems (CAHPS)
- Member grievance and appeals
- Reports of utilization of interpreter services by language
- Provider assessments and site reviews
- Disparities in HEDIS data

In addition to the Cultural and Linguistic Program Description, PHC maintains a Health Education, Cultural and Linguistic Action Plan annually, documenting how the Health Education, Cultural and Linguistic Services Program team collaborates with internal and external parties on behalf of PHC's membership. For example:

- Identify Health Equity/Disparities
- Consumer Advisory Committee
- Analyze Member Grievances
- Standards of Care
- Assess and Track Language Capability of Providers & Staff
- Monitor Provider Compliance with Language Assistance Requirements
- Inform Limited English Members of Free Language Assistance Services
- Health Education and Quality Improvement activities

More details about PHC's Health Education, Cultural and Linguistic (HEC&L) Program can be found in the Cultural & Linguistic Program Description, MPLD7001.

COMMUNICATION SYSTEMS

PHC communicates its QI/PI program activities internally and externally through the following mechanisms:

Internal Communications

- Monthly QI/PI Department meetings to provide project updates and identify critical issues and a plan of action that involve two or more team members
- Recurring meetings with PR to provide information on key QI/PI projects and other updates on QI programs
- Quarterly Health Services Department Leadership Committee meetings to share information regarding improvement activities within the Health Services Department
- PHC's internal website PHC4ME

External Communications

- Quarterly Consumer Advisory Committee meetings to provider updates on pertinent activities and allow committee members to provide input on initiatives, program design and evaluation
- Family Advisory Council meetings that occur at least 4 times per year to share information and solicit input on topics and initiatives that impact CCS members
- Standing Consortia meetings to solicit input from providers
- Quarterly Provider Advisory Group (PAG) meetings
- Regional medical director/quality meetings
- QIP Advisory Groups to solicit input on value based programs
- Periodic feedback from providers via "provider comment periods" on performance metrics and QIP measures
- Quarterly input on QI programs and proposed initiatives via the Board Advisory Group
- Monthly QI/ PI update document that summarizes activities for the QI department and is included in IQI and Q/UAC meeting packets
- Regular updates (at least quarterly) of PHC website information related to all QI projects and programs

- Member newsletters released 2 times per year that include articles covering preventive health and QI/PI projects
- Quarterly Provider Newsletters that include articles specific to QI/ PI in the designated "Quality Corner" section of the document
- Outbound and inbound calls and communication fielded by the Member Services Department
- Care Coordination calls with members
- Monthly external newsletters (QI, Hospital, and Long Term Care) that describe activities and training resources related to improving quality of care
- Conferences, trainings, onsite meetings, webinars to share best practices across regions
- ePrompts member level reminders about HEDIS related preventive health services incorporated into PHC's Call Center system and online Member Portal

DELEGATION

Delegated activities to contracted providers are reviewed and approved at least annually by the Delegation, IQI, Credentials and Q/UAC committees. A delegation agreement, including a detailed list of activities delegated and reporting requirements, is signed by both the delegate and PHC.

- Reporting quality improvement activities and analyses to PHC on a quarterly or semi-annual basis is done for delegated QI activities.
- Evaluation includes a review of both the processes applied in carrying out delegated activities, and the outcome achieved toward quality improvement in accordance with the respective policy(ies) and agreement governing the delegated responsibility.
- The Delegation, IQI, Credentials and Q/UAC committees review evaluations and make recommendations regarding opportunities for improvement and continuation of delegated functions.
- PHC QI/PI staff communicates feedback from the Delegation, IQI and Q/UAC to contract providers, and incorporates improvement activities initiated in the annual QI/PI work plan.

REVIEW BY OUTSIDE LICENSING AGENCIES OR ACCREDITING BODIES

Medi-Cal is a federal and state-funded program and CMS has delegated administration of the state program to the California DHCS. CMS permission is required in order for the state to delegate program administration to PHC. The State must document the cost-effectiveness of the program and provide assurance that program beneficiaries are not negatively impacted by this delegation. PHC operations, including the QI/PI program, are audited annually by DHCS. PHC submits periodic compliance reports to DHCS and undergoes periodic compliance audits. Opportunities for improvement identified through all compliance or regulatory audits are addressed by multidisciplinary teams and corrective action plan development. Implementation of CAPs and other interventions aimed at addressing opportunity for improvement are reported to the IQI and Q/UAC. PHC maintains a compliance plan that includes monitoring and reporting of fraud, waste, and abuse. The PHC Compliance Committee consists of representatives of each department including QI/PI.

SANCTIONS

Should any sanctions be imposed on PHC, or if PHC fails to meet minimum performance levels established by regulatory agencies or purchasers, a quality review team is initiated to develop and implement a corrective action plan. This team at a minimum includes the PHC CEO, CMO, Compliance Officer, Directors of Quality and Performance Improvement, Health Services Senior Director, and Pharmacy Director. Action plans and progress reports are shared with the Q/UAC.

ANNUAL QI WORK PLAN

The QI/ PI Annual Work Plan is used to track progress on key QI activities and initiatives throughout the year. The document outlines major activities for the QI Department and organization as a whole that advance quality and performance improvement.

Approved by our Board of Commissioners and quality committees, the QI/PI Annual Work Plan includes progress updates on planned activities and objectives for improving quality of clinical care, safety of clinical care, quality of service and members' experience. Goals and associated deliverables are included in the work plan and progress tracked at the level of deliverables. Forms for providing status updates are sent to staff one month in advance of the semi-annual update deadline to be completed by work plan contributors.

The work plan also includes information on issues that were previously identified. Updates on the monitoring of these issues is provided semi-annually, when work plan contributors provide status updates on whether deliverables driving goals are complete, on track, delayed or require additional explanation. These issues are tracked in a separate worksheet within the work plan.

The work plan is updated annually and approved by the PAC and Board of Commissioners each fall.

ANNUAL PROGRAM EVALUATION

The overall effectiveness of the QI/PI program is evaluated in writing annually by the IQI and Q/UAC and is approved by the Q/UAC, PAC, and the Commission. The QI Program Evaluation includes:

- A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service.
- Trending of data on key measures to assess performance in the quality and safety of clinical care and quality of service.
- Analysis and evaluation of distinct programs, initiatives and QI-related work as well as the overall effectiveness of the QI/PI program and of its progress toward influencing network-wide safe clinical practices.

The following are not included in the QI Program Evaluation and as separate evaluations:

- Evaluation of cultural and linguistic competency work plan activities
- Evaluation of UM and Care Coordination Activities
- Evaluation of Population Health Program
- A comprehensive evaluation of member complaints and grievances

A summary of the QI Program Evaluation, including a description of the program, is provided to members or practitioners upon request.

STATEMENT OF CONFIDENTIALITY

Confidentiality of provider and member information is ensured at all times in the performance of QI/PI Program activities through enforcement of the following:

- All members of the Q/UAC and Credentialing Committee are required to sign a confidentiality statement that is maintained in either the QI or PR files.
- All QI/PI and UM documents are restricted solely to authorized Health Services Department staff, members of the PAC, Q/UAC, PRC, and Credentialing Committee, and reporting bodies as specifically authorized by the Q/UAC.
- Confidential documents may include, but are not limited to, Peer Review and Credentialing meeting minutes and agendas, QI and Peer Review reports and findings, PQI and QI files, UM reports, or any correspondence or memos relating to confidential issues where the name of a provider or member are included.

- Confidential peer review documents that are protected by California Evidence Code §1157 are designated "Confidential – Protected by CA Evidence Code 1157."
- Confidential documents are stored in locked file cabinets or restricted network folders with access limited to authorized persons only.
- Confidential documents are destroyed by shredding.
- PHC has designated a Privacy Officer responsible to oversee compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other state and federal privacy laws.
- PHC maintains administrative structure, reporting procedures, due diligence procedures, training programs and other methods to ensure effective compliance in use and disclosure of members' Protected Health Information (PHI).

STATEMENT OF CONFLICT OF INTEREST

Any individual personally involved in the care and/or service provided to a member or an event or finding undergoing quality evaluation cannot vote or render a decision regarding the appropriateness of such care. All members of the Q/UAC and Credentialing Committee are required to review and sign a conflict of interest statement, agreeing to abide by its terms.

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Original Date: QI/UM Program Description 04/22/1994 – Effective 05/01/1994
Revision Date(s): 08/16/95
As: Quality Management Program – July 1997
Revision Date(s): January 2000, March 2002, (QD100101) October 2002, September 2004, May 2006, (MPQD1001) May 2007, April 2008, May 2009, October 2009 *(re-signed)*, May 2010, April 2012, March 2013, March 2014, March 2015, March 2016, March 2017, November 2017, *October 2018, February 2019 *(Amended)*, September 2019 *(Amended); September 2020*

*Effective October 2018, Approval Date reflects the month in which the Physician Advisory Committee reviewed and approved.

PROGRAM APPROVAL

Robert Moore, MD MPH MBA	**08/19/2020**
Quality/Utilization Advisory Committee Chairperson	*Date Approved*

Jeffrey Gaborko, M.D.	**09/09/2020**
Physician Advisory Committee Chairperson	*Date Approved*

Nancy Starck	**10/28/2020**
Board of Commissioners Chairperson	*Date Approved*

Appendix A: Standing Staff Members of PHC QI Committees
(Does not include external physician or consumer membership; see committee description for those details)

PHC Board Meeting Standing Staff Invites *Note: PHC Staff are not committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Senior Director of External and Regulatory Affairs
	Behavioral Health Administrator
	Executive Director, Northern Region
	Board Clerk
Claims	Senior Director of Claims Strategy
Finance	Chief Financial Officer
Health Services	Chief Medical Officer
	Northern Region Director of Care Coordination Operations
	Senior Director, Health Services
	Director, Quality and Performance Improvement (SR)
	Director, Quality and Performance Improvement (NR)
Human Resources	Senior Director of Human Resources
Information Technology	Chief Information Officer
Member Services	Director, Member Services
Provider Relations	Senior Director, Provider Relations
	Northern Region Director, Provider Relations and Member Services

PHC Consumer Advisory Committee (CAC) Standing Staff Invites (Southern Region) *Note: PHC Staff are not committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Senior Director of External and Regulatory Affairs
	Communications Specialist
	Regional Director (Santa Rosa)
	Director, Grievance and Appeals
	Manager, Grievance and Appeals
	Supervisor, Grievance and Appeals
Health Services	Chief Medical Officer
	Regional Medical Director (Santa Rosa)
	Senior Health Educator
Member Services	Director, Member Services
	Member Services Supervisor(s)
	Administrative Assistant

PHC Consumer Advisory Committee (CAC) Standing Staff Invites (Northern Region) *Note: PHC Staff are not committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Administration	Chief Operating Officer
	Senior Director of External and Regulatory Affairs
	Northern Region Executive Director (Redding)
	Regional Manager (Eureka)
	Director, Grievance and Appeals
	Manager, Grievance and Appeals
	Supervisor, Grievance and Appeals
Health Services	Regional Medical Director (Redding and Eureka)
	Health Educator (Redding)
Member Services	Director, MS and PR (Redding)
	Manager of Member Services (Redding)
	Member Services Supervisor(s)
	MSR Rep
	NR Clerical Assistant/Project Coordinator

PHC Credentials Committee Standing Staff Invites *Note: PHC Staff are not committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Health Services	Chief Medical Officer
	Regional Medical Director(s)
	Associate Medical Director(s)
	Associate Medical Director of Quality
Provider Relations	Senior Director of Provider Relations
	Director of Provider Relations
	Senior Manager of Provider Network Education and Credentialing
	Provider Relations Credentialing Staff

PHC Delegation Oversight Review Sub-Committee Standing Members	
Department Represented	**Position Title**
Administration	Associate Director of Grievance and Appeals
	Grievance and Appeals Compliance Manager
	Director of Regulatory Affairs and Program Management
	Chief Operating Officer
	Compliance Oversight Manager
	Delegation Specialist
	Director of OpEx/PMO
	Manager of Regulatory Affairs
	Behavioral Health Administrator
	Director, Grievance and Appeals
	Grievance and Appeals Compliance Manager
	Compliance Program Analyst
	Compliance Auditor
Claims	Senior Director of Claims
Health Services	Senior Director of Health Services
	Director, Pharmacy Services

PHC Delegation Oversight Review Sub-Committee Standing Members	
Department Represented	**Position Title**
	Associate Director of Care Coordination
	Director, Population Health
	Northern Region Director of Care Coordination Operations
	Manager of Clinical Quality and Patient Safety
	Manager of Quality Assurance and Patient Safety
	Associate Director(s), Utilization Management
Member Services	Northern Region Director of MS & PR
	Director of Member Services
Provider Relations	Senior Director, Provider Relations
	Director of Provider Relations

PHC Family Advisory Committee (FAC) Standing Staff Invites *Note: PHC Staff are not committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Health Services	Director, Care Coordination
	Associate Director, Care Coordination
	Senior Director, Health Services
	Senior Health Educator

PHC Finance Committee Standing Members	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Senior Director of External and Regulatory Affairs
	Behavioral Health Administrator
	Regional Manager, Northern Region/Eureka
	Executive Director, Northern Region
Finance	Chief Financial Officer
	Senior Director of Accounting/Controller
	Director, Financial Planning and Analysis
	Senior Manager of Treasury & Internal Audit
	Senior Manager of Cost Efficiency
Human Resources	Chief Administrative Officer
Information Technology	Chief Information Officer
Provider Relations	Senior Director, Provider Relations

PHC Health Analytics Steering Committee (HASC) Standing Members	
Department Represented	**Position Title**
Health Services	Chief Medical Officer
	Senior Director, Health Services
	Director, Quality and Performance Improvement
	Director, Population Health
Finance	Chief Financial Officer
	Associate Director of Health Analytics

PHC Internal Quality Improvement (IQI) Committee Standing Members	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Senior Director, Regulatory Affairs
	Director, Grievance and Appeals
	Regional Manager
	Grievance and Appeals Compliance Manager
Claims	Claims Department Leadership
Finance	Director, Financial Planning and Analysis
Health Services (Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Chief Medical Officer - Committee Chairman
	Director, Quality and Performance Improvement (SR)
	Director, Quality and Performance Improvement (NR)
	Associate Director of Quality and Performance Improvement
	Director, Care Coordination
	Associate Director(s), Utilization Management
	Senior Director, Health Services
	Northern Region Director of Care Coordination Operations
	Director, Population Health
	Director, Pharmacy Services
	Senior Health Educator
	Associate Medical Director(s)
	Regional Medical Director(s)
Member Services	Associate Director, Member Services
Provider Relations	Senior Director, Provider Relations
	Northern Region Director, Provider Relations and Member Services

PHC Member Grievance Review Committee (MGRC) Standing Members	
Department Represented	**Position Title**
Administration	Director, Grievance and Appeals
	Grievance and Appeals Compliance Manager
	Manager, Grievance and Appeals
	Supervisor, Grievance and Appeals
	Director of Legal Affairs
	Compliance Oversight Manager
	Grievance Clinical Nurse
Claims	Senior Director of Claims Strategy
Health Services	Chief Medical Officer
	Senior Director, Health Services
	Regional Medical Director
	Quality Associate Medical Director
	Director, Pharmacy Services
	Associate Director of Pharmacy Operations
	Associate Director of Care Coordination
	Associate Director(s), Utilization Management
	Northern Region Director, Health Services
	Manager of Clinical Quality and Patient Safety
	Manager, Care Coordination Program Education
	Administrative Assistant II
	Senior Health Educator
Member Services	Director, Member Services

PHC Member Grievance Review Committee (MGRC) Standing Members	
Department Represented	**Position Title**
	Associate Director of Member Services
	Associate Director of Call Center (NR)
Provider Relations	Senior Director, Provider Relations
	Northern Region Director of MS & PR
	Senior Provider Relations Rep Manager
	Senior Provider Relations Rep

PHC Over/Under Utilization Workgroup Standing Members	
Department Represented	**Position Title**
Administration	Regulatory Affairs Manager
	Regulatory Affairs Specialist
	Director of OpEx/PMO
Claims	Southern Region Claims Director
Finance	Senior Manager of Health Analytics
	Manager of Health Analytics
	Senior Manager, Cost Efficiency
	Senior Health Data Analyst
	Cost Avoidance Manager
Health Services	Chief Medical Officer
	Senior Director, Health Services
	Northern Region Director of Care Coordination Operations
	Associate Director(s), Utilization Management
	Director, Pharmacy Services
	Director, Quality and Performance Improvement (NR)
	Director, Population Health
	Director, Quality and Performance Improvement (SR)
Information Technology	Director, Enterprise Information Management
Provider Relations	Senior Director, Provider Relations
	Senior Manager of Provider Education
	Senior Provider Relations Rep Manager

PHC Pediatric Quality Committee (PQC) Standing Staff Invites *Note: PHC Staff are not voting committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Health Services	Committee Chair/ Medical Director, Whole Child Model
	Vice Chair/ Chief Medical Officer
	Senior Director, Health Services
	Director, Pharmacy Services
	Director, Care Coordination

PHC Peer Review Committee Standing Staff Invites *Note: PHC Staff are not voting committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Health Services	Chief Medical Officer
	Director, Quality and Performance Improvement
	Manager of Quality Assurance & Patient Safety
	Performance Improvement Clinical Specialists
	Project Coordinator, Patient Safety
	Senior Director, Health Services
	Regional Medical Director(s)
	Associate Medical Director(s)
	Associate Medical Director of Quality

PHC Pharmacy & Therapeutics (P&T) Committee Standing Staff Invites *Note: PHC Staff are voting committee members; attendance is not mandatory nor is a delegate required* **P&T invitees, not standing PNT committee members*	
Department Represented	**Position Title**
Health Services	Chief Medical Officer
	Director, Pharmacy Services
	*Associate Director, Pharmacy Operations
	Clinical Pharmacist(s)
	Pharmacy Clinical Manager
	Regional Medical Director(s)
	Associate Medical Director(s)
	Senior Director, Health Services
	*Senior Pharmacy Operations Manager

PHC Physician Advisory Committee (PAC) Standing Staff Invites *Note: PHC Staff are not voting committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Clinical Director of Behavioral Health
Finance	Chief Financial Officer
Health Services (Utilization Management, Quality and Performance Improvement, Pharmacy, Population Health, and Care Coordination)	Chief Medical Officer
	Director, Quality and Performance Improvement
	Senior Director, Health Services
	Director, Pharmacy Services
	Associate Director(s), Utilization Management
	Director, Population Health
	Associate Medical Director of Quality
	Regional Medical Director(s)
Provider Relations	Senior Director, Provider Relations

PHC Population Health Management Committee (PHMC) Standing Members	
Department Represented	**Position Title**
Administration	Chief Operating Officer
	Chief Medical Officer
	Director, Grievance and Appeals
	Associate Director, Communications
	Executive Director, Northern Region
	Regional Director, Southwestern Region
	Regional Director, Northwestern Region
	Program Manager, Wellness & Recovery (NR)
	Administrator, Behavioral Health
	Health Analytics (SR)
	Analytics (NR)
	Compliance Manager
Finance	Director of Health Analytics
	Senior Data Analytics
Health Services	Senior Director of Health Services
	Director, Population Health
	Regional Medical Directors
	Director, Quality and Performance Improvement (SR)
	Director, Quality and Performance Improvement (NR)
	Senior Health Educator
	Director, Care Coordination (SR)
	Director, Care Coordination Operations (NR)
	Director, Pharmacy (SR)
	Director, Pharmacy (NR)
	Manager, Population Health
	Supervisor(s), Population Health
	Health Educator
Member Services	Director, Member Services
	Associate Director of Enrollment
	Associate Director of Call Center (SR)
	Member Services Manager (NR)
Provider Relations	Senior Director of Provider Relations
	Director Member Services and Provider Relations

PHC Provider Advisory Group (PAG) Standing Members	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
Health Services	Chief Medical Officer
	Regional Medical Director
Provider Relations	Senior Director, Provider Relations
	Director Member Services and Provider Relations

PHC Quality/Utilization Advisory (Q/UAC) Committee Standing Staff Invites *Note: PHC Staff are not committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Administration	Director, Grievance and Appeals
	Clinical Director of Behavioral Health
Health Services (Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Chief Medical Officer - Committee Chairman
	Director, Quality and Performance Improvement (SR)
	Director, Quality and Performance Improvement (NR)
	Associate Director of Quality and Performance Improvement
	Director, Care Coordination
	Associate Director(s), Utilization Management
	Director, Population Health
	Senior Director, Health Services
	Northern Region Director of Care Coordination Operations
	Director, Pharmacy Services
	Regional Medical Director(s)
	Associate Medical Director(s)
Provider Relations	Senior Provider Relations Rep Manager

PHC Strategic Planning Committee Standing Staff Invites *Note: PHC Staff are not committee voting members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Senior Director of External and Regulatory Affairs
	Behavioral Health Administrator
	Regional Manager, Northern Region/Eureka
	Executive Director, Northern Region
	Manager of Public Affairs
	Project Coordinator (Communications)
	Project Manager, Northern Region
Finance	Chief Financial Officer
	Director, Financial Planning and Analysis
Health Services	Chief Medical Officer
Information Technology	Chief Information Officer

Substance Use Services* Subcommittee of the Peer Review Committee Standing Members	
Department Represented	**Position Title**
Health Services	Associate Medical Director for Quality
Health Services	Behavioral Health Clinical Specialist
Health Services	Wellness and Recovery Site Review Specialist
Administration	Behavioral Health Clinical Director
Administration	Program Manager Behavioral Health
Substance Use Services Subcommittee of the Peer Review Committee will begin following the release of the Medi-Cal benefit.	

Substance Use Services* Internal Quality Improvement Subcommittee Standing Members	
Department Represented	**Position Title**
Administration	Behavioral Health Administrator
Administration	Behavioral Health Clinical Director
Administration	Program Manager
Administration	Program Coordinator II
Health Services	Behavioral Health Clinical Specialist (NR)
Health Services	Behavioral Health Clinical Specialist (SR)
Health Services	Performance Improvement Clinical Specialist
Substance Use Services Internal Quality Improvement Subcommittee will begin following the release of the Medi-Cal benefit.	

Substance Use Services* Provider Advisory Group Standing Members	
Department Represented	**Position Title**
Substance Use Services Provider Advisory Group will begin following the release of the Medi-Cal benefit. Standing Members TBD	

2019-2020
Quality Improvement Program Evaluation

Contents

Scope of Data and Results Reported in the 2019-2020 Quality Improvement (QI) Program Evaluation

Partnership HealthPlan of California's (PHC) Quality and Performance Improvement (QI/PI) program provides a systematic process to monitor the quality of clinical care and health care service delivery to all PHC members. It includes an organized framework to review activities to identify opportunities to improve the quality of health care services provided, promote efficient and effective use of health plan financial resources, and partner with internal and external stakeholders to support performance improvement and to improve health outcomes. The program promotes consistency in application of quality assessment and improvement functions for the full scope of health care services while providing a mechanism to:

- Ensure integration with current community health priorities, standards, and goals that impact the health of the PHC member population
- Identify and act on opportunities to improve care and service
- Identify overuse, misuse, and underuse of health care services
- Identify and act on opportunities to improve processes to ensure patient safety
- Address potential or tangible quality issues
- Review trends that suggest variations in the process or outcomes of care

The QI/PI program adheres to the following goals to improve the quality and effectiveness of clinical care and service to PHC members:

- Improve the health of the populations PHC serves
- Enhance the patient experience of care
- Support the delivery of high quality clinical care
- Ensure patient safety.
- Measure and encourage appropriate use of clinical resources.
- Strengthen a culture of continuous quality improvement within the PHC network.

The QI/ PI program accomplishes these goals by:

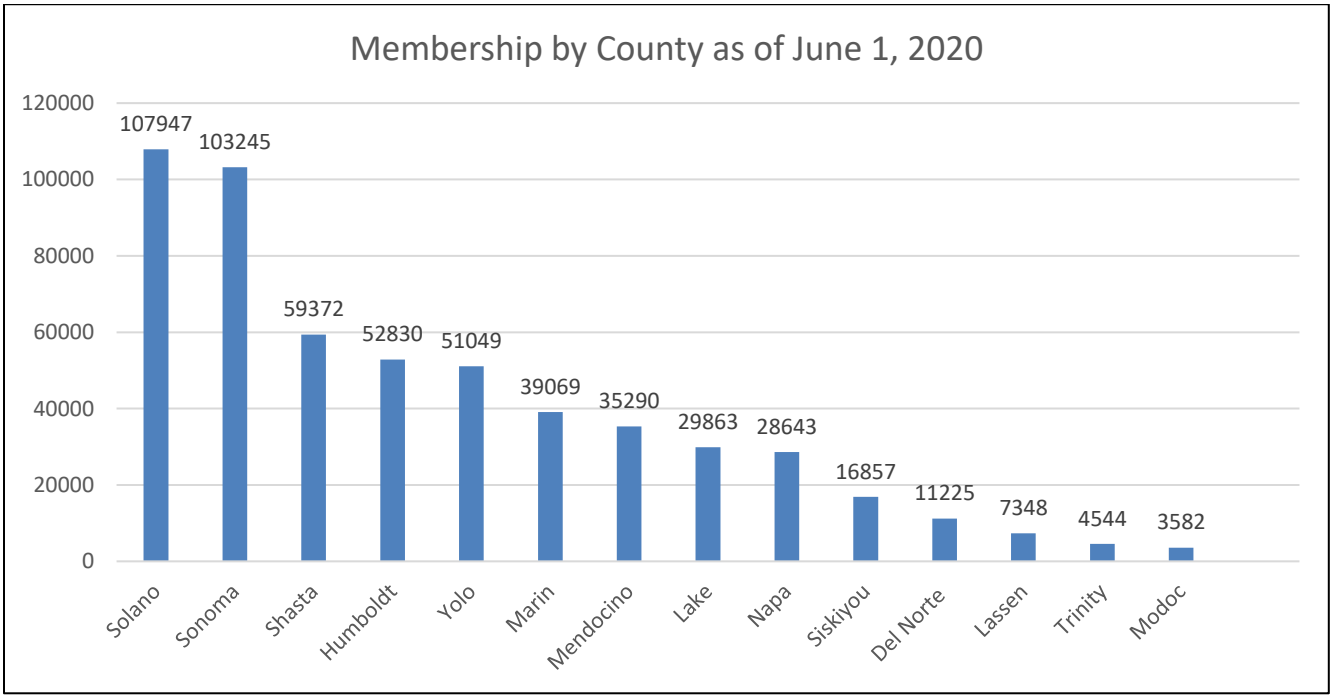
- Systematically monitoring and evaluating service and care provided.
- Continuously improving data and analytics to validate care outcomes.
- Actively pursuing opportunities for improvement in areas that are relevant and important to PHC members' health.
- Implementing strong interventions when opportunities for improvement are identified.
- Conducting work to improve member experience through improved provider access.

Detailed results on projects, programs, and quality assurance activities regulated by DHCS were presented to the various quality committees throughout the year. This evaluation provides highlights of activities led by or in partnership with the Quality and Performance Improvement Department. The evaluation does not include detailed results from the Grievance & Appeals Departments, Pharmacy Department, Health Education/Cultural Linguistics workgroup, Utilization Management, Care Coordination, and Population Health departments. Separate evaluations address these functional areas.

The 2019-2020 QI program covers Medi-Cal lines of business across 14 counties: Solano, Napa, Yolo, Sonoma, Marin, Mendocino, Lake, Del Norte, Humboldt, Lassen, Modoc, Shasta, Siskiyou, and Trinity. Associated quality improvement initiatives and programs are designed to encourage appropriate care at the right time while being

cognizant of resource utilization. Initiatives target areas of under-use, misuse, and overuse in addition to exploring different strategies and payment models for improving access to care and the care of medically complex patients.

The time period of this evaluation is July 1, 2019 to June 30, 2020.
Since PHC's last evaluation (FY 2018-19), PHC's total membership has increased from 547,765 (as of July 1, 2019) to 550,261 (as of June 2020). Across all fourteen counties, 53% of PHC members are female, and 47% are males. Caucasians represent 41%, followed by Hispanics (29%), then members who identify as "Other" (20%). English speakers comprise 78%, followed by Spanish (18%). Members ages 0-19 comprise 40% of the population, followed by members ages 20-44 (31%) and members ages 45-64 (19%). Eight percent of PHC's membership is 65 or older. Below is a summary of membership by county.



2019-2020 Analysis and Evaluation of Overall Effectiveness

Quality Improvement Program Accomplishments and Strengths

PHC has identified three strategic priorities – 1) high-quality health care, 2) operational excellence, and 3) financial stewardship to deliver on its mission *to help its members, and the communities it serves, be healthy*. To fulfill this commitment, PHC has initiated efforts to achieve NCQA First Survey Accreditation by 2021 and is utilizing a composite metric of the Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) results to evaluate the quality of care provided to PHC members.

NCQA Accreditation

PHC aims to achieve NCQA First Survey Health Plan Accreditation (HPA) by February 2021. In Fiscal Year (FY) 2019/2020, great progress was made company-wide towards achieving compliance with First Survey standards.

A summary of FY 19/20 goals and outcomes towards achieving NCQA First Survey HPA are presented below.

Goals: As of June 30, 2020, departments will meet the following goals, in support of obtaining compliance with NCQA First Survey HPA Standards:

By 12/31/2019, the following milestones were met, to demonstrate First Survey readiness.

- Attended a First Survey training to build and expand knowledge of key First Survey processes such as look-back period and date sources requirement by 8/30/2019.
- Prepared a department-specific evidence submission library by 10/8/2019 that includes a list of required documents that will be submitted as evidence of First Survey compliance for each assigned requirement. The library also includes the timeframe for when evidence will be completed and compliant relative to the appropriate look back period for First Survey.
- Submitted mock First Survey evidence to the NCQA program management team following the plan-wide evidence submission process by 10/8/2019.

By 6/30/2019, the following milestones were met, to demonstrate 100% compliance with First Survey requirements and look-back period:

- Obtained "Met" status in 80% of assigned requirements (excluding file review elements) during the November 2019 mock survey.
- Corrected any identified gaps (<20% of assigned requirements) from mock survey by 12/31/2019. If the identified gaps could not be corrected, provided a detailed work plan and timeline on how to correct issues prior to the start of the look-back period by 12/31/2019.
- Receive a "MET" status in 100% of all assigned requirements (including file review requirements).

By 6/30/2020, the following milestones were met to demonstrate that each department that oversees an NCQA and/or DHCS delegated function shall develop oversight and monitoring practices to be employed outside of the annual audit:

- Completed oversight and monitoring desktop procedures that describe the mechanism for regularly monitoring, analyzing each delegate's performance against articulated benchmarks and, where appropriate, making recommendations for improvement.
- Demonstrated regular monitoring as described under desktop – validated through department reports to reviewing committees.
- Validated regulatory and performance reporting requirements for each delegate to ensure that all data, documentation, and information is appropriate to monitor against set benchmarks. Where additional reports were needed or others retired, made recommendations for amendments to the delegate reporting deliverables index.

By the start of First Survey look-back period (May 1, 2020), the following deliverables were met to demonstrate 100% compliance with file review elements:

- Each impacted department selected a first audit date (November, December, or February) subject to confidence level in the files readiness for an audit. Subsequent audits were contingent upon the results of the prior audit. Each department was required to undergo at minimum two audits of PHC files as of April 30, 2020.
- Submitted a corrective action plan under a specific timeline if the audit results are not met.

To assess PHC's readiness for formal First Survey, PHC successfully completed a mock survey in November 2019 focused on First Survey standards and requirements. Each department also submitted evidence subsequently to address all noted opportunities and demonstrate compliance with NCQA First Survey standards. Below is PHC's First Survey estimated scoring and projected First Survey accreditation status as of June 30, 2020. The dashboard below utilizes the new scoring methodology released by NCQA under HPA 2020.

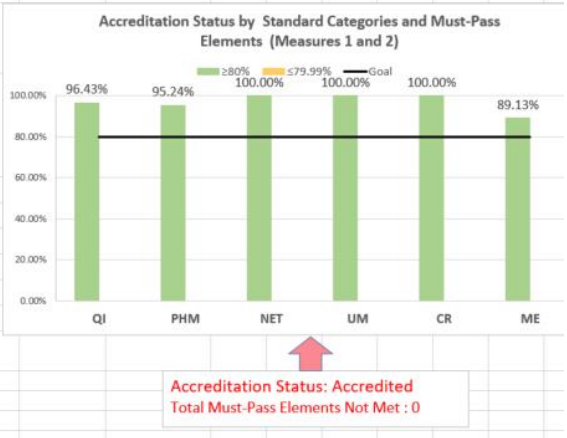
NCQA First Survey Accreditation Estimated Scoring Dashboard

Current Estimated First Survey Status: Accredited

Measure 1 - Scoring Ranges by Standard Categories*
Accredited: at least 80% of applicable points in each category
Provisional: between 55% - 79.99% of applicable points in each category
Denied: below 55% of applicable points in each category

Standard Category	Total Applicable Points	Minimum Points to Meet 80% Threshold	Number of Estimated Points Received	Accreditation Status Threshold
QI	14	12	13.5	MET
PHM	21	17	20	MET
NET	28	23	28	MET
UM	45	36	45	MET
CR	18	15	18	MET
ME	23	19	20.5	MET

* All applicable First Survey elements in each category of standards are included in this dashboard. File review elements include score of PHC files only



PHC must meet at least 80 percent of applicable points in each standards category in order to achieve accreditation on First Survey.

In addition to achieving 80 percent scoring thresholds in each category of standards, must-pass file review requirements are key to ensure PHC's capability to achieve First Survey accreditation. Each impacted department underwent a series of file review audits from November 2019 – February 2020. Each department also provided a file review sustainability plan in April 2020. The purpose of the sustainability plan is to allow continuity of file review oversight and for each department to implement corrective action if potential problems are uncovered throughout the First Survey look-back period. The impacted departments provide monthly updates to the NCQA Program Management Team and share a corrective action plan when deficiencies are identified.

As a result of continuous partnership among departments and teams, PHC achieved FY19-20 NCQA-related Organization Wide Goals with an estimated First Survey Accredited status by June 30, 2020. All standard categories (QI, PHM, NET, UM, CR and ME) achieved 80 percent of the applicable points and all twenty must-pass elements were met as of June 2020. The estimated scoring is based upon mock survey results and subsequent reviews completed by the external NCQA consultant.

The NCQA Program Management Team hosted monthly check-ins with key stakeholders to review

updates and ensure First Survey compliance by June 30, 2020. A monthly NCQA compliance reporting dashboard was updated and shared with each department and the NCQA Steering Committee to monitor compliance status. In addition, the NCQA Program Management Team hosted a plan-wide training on preparing evidence and compliance statements for First Survey. The training objectives were to 1) provide instruction on how to best package evidence to help the NCQA surveyor navigate documents and minimize follow-up questions and 2) ensure consistency in evidence preparation across business owners and departments. First Survey evidence will be packaged utilizing a plan-wide process to support the formal evidence upload to NCQA's survey tool by 11/17/2020.

In March 2020, NCQA released new guidelines and a memo in response to the COVID-19 pandemic to allow some flexibilities and exceptions for PHC's First Survey scheduled in November 2020. Because of changes in operations due to COVID-19, PHC will submit a disaster management plan to document modifications made between March and September for the impacted standards and file review elements. Following NCQA's guidance, several departments also chose to exclude files from the applicable universes that are affected during this time frame. Despite COVID-19 impact, PHC continues to remain on track to meet NCQA requirements. The NCQA Program Management team has been working closely with key stakeholders to ensure a full evaluation of the exceptions, including ongoing review of the updated guidelines, reviewing and discussing an impact assessment plan provided by each department. The NCQA Program Management team will coordinate a plan-wide effort to complete a COVID-19 impact tracker detailing the impact of COVID-19 to applicable elements, as well as any mitigation efforts. Both the tracker and the disaster management plan will be provided in addition to other survey submissions for First Survey.

During the next fiscal year, PHC will continue to leverage its goal structure, as well as its internal NCQA Program Management and NCQA Steering Committee structure to achieve and maintain accreditation. For FY 20-21, PHC aims to sustain key annual NCQA reporting requirements and maintain up-to-date knowledge of new Standards and Guidelines to assure our readiness for NCQA Accreditation. To ensure sustainability in these efforts, PHC has launched its FY 20/21 NCQA related Organization wide Goals: by June 30, 2021, PHC will achieve First Survey Accreditation by meeting at least 80% of the applicable points in each standard category, including Must-Pass elements, based on the HPA 2020 Accreditation scoring methodology. To meet the organizational goal, department level goals have been established with defined activities scheduled for completion March 31, 2021 and June 30. 2021. Activities outlined for FY 20/21 NCQA-related department goals are integrated into PHC's plan-wide Quality Improvement Work Plan. Each department has designated staff to serve as coordinators to advance progress on accreditation work. These resources along with staff that serve as the program management team for accreditation preparation and related activities to sustain preparation progress were sufficient for supporting the goals and objectives set for First Survey.

Quality Program Structure

The Quality and Performance Improvement Department Directors execute program goals and objectives in collaboration with department managers leading teams focused on: Quality Assurance and Patient Safety; Performance Improvement; Quality Incentive Programs; and Quality, Compliance and Accreditation. Within these teams, there are efforts to support data quality and validation in collaboration with IT and Finance – Health Analytics. The department also utilizes external consultants to support QI training for provider organizations and internal staff and NCQA Accreditation and contract employees for HEDIS-related data collection and reviews.

In fiscal year 2019-2020, while the level of support from external departments and internal resources was sufficient for meeting the operational needs related analytics and reporting to gauge progress on key areas of focus, additional resources were needed. The expansion of accountable HEDIS metrics for DHCS MCAS and NCQA accreditation and increased use of Tableau dashboards within the QI/PI and other departments led to the following actual and proposed changes.

- The Health Analytics team within the Finance department hired an analyst with significant Tableau experience. This addition along with further training in Tableau for other QI Analysts will provide added support for PQD development and the creation of new dashboards.
- The HEDIS Team proposed adding two new positons to the team - Data Analyst and a Project Manager to support measure analysis and investigation, interim support for an analyst on leave, and baseline work for NCQA Accreditation HEDIS measures.
- In light of the current pandemic, Performance Improvement teams strategically used consultants to support training to pivot from workshops/sessions on quality capacity building to better assist network PCPs.

Quality Program Committee Structure

Board of Commissioners

The Board of Commissioners on Medical Care ("the Commission") promotes, supports, and has ultimate accountability, authority, and responsibility for a comprehensive and integrated Quality and Performance Improvement (QI/PI) program. The Commission is ultimately accountable for the quality of care and services provided to members. The Board Quality Advisory Group meets separately, to provide feedback and analysis on the organization-wide aspects of PHC's quality strategy. The Commission has delegated direct supervision, coordination, and oversight of the QI/PI program to the Physician Advisory Committee (PAC). The PAC is supported by two other quality committees – the Quality and Utilization Advisory Committee (Q/UAC) and the Internal Quality Improvement (IQI) Committee, which are described in more detail below. Members of the Commission are appointed by the county Boards of Supervisors for each geographic area and include representation from the community, consumers, business, physicians, providers, hospitals, community clinics, HMO's, local government, and County Health Departments. The Commission meets six times per year.

Analysis and Evaluation of Effectiveness, QI Committee Structure

Internal Quality Improvement (IQI) Committee

The IQI Committee is comprised of appropriate PHC department directors and staff that track progress towards successful completion of quality initiatives, surveys, audits, and accreditation. The IQI Committee meets 10 times per year, with the option to add additional meetings if needed, and reviews new or revised policies, delegation reports, activities, and other reports specific to quality improvement and utilization management initiatives. Multidisciplinary improvement teams may be designated to complete analysis and intervention recommendations for quality improvement issues and activities. The IQI Committee has served to integrate quality activities organization-wide. Activities and progress are reported to the PAC and Q/UAC.

The IQI Committee met 11 times during fiscal year 2019/2020; a December meeting was not needed, as key participants were not able to attend. PHC's IQI Committee agenda remained heavy throughout the year, due to the volume of policy changes related to NCQA Accreditation and DHCS. PHC was able to address all agenda items timely. The IQI Committee membership continued to remain stable and consisted of a multi-departmental team that included the right level of leadership across departments impacted by policies and procedures moving

through the IQI Committee. The meeting structure included a policy pre-review process and dedicated policy review time during the meeting, both of which ensure there is adequate time for policy discussion. Discussion topics were presented to the committee, and PHC leveraged these presentations and reports for IQI Committee members to provide input and qualitative feedback. Overall, the Internal Quality Improvement Committee structure has been sufficient to provide adequate oversight and support in tracking quality initiatives and providing health plan and/or clinical expertise into policy and procedure review.

Provider Participation in the Quality Program

Physician Advisory Committee (PAC)

The PAC and voting membership included external Primary Care Providers (PCPs), board certified high-volume specialists, and advanced practice clinicians such as certified nurse midwives, nurse practitioners or physician assistants. A voting provider member of the committee chaired the PAC. Per PHC Policy, the committee met monthly, at least ten times during fiscal year 2019/2020. The PAC monitored and evaluated all Health Services activities and was directly accountable to the Commission for the oversight of the QI/PI program. The parameters for membership and meeting frequency were met for the fiscal year 2019/2020, and activities including review and approval of policies and procedures, QI activities, and evaluations of projects and programs were addressed by an appropriate mix of Primary Care and Specialty physician members who attended. Quorum requirements were met for eight of the ten convened meetings. The PHC CMO, Associate Medical Director of Quality, Clinical Director of Behavioral Health, and leadership from the QI/PI, Provider Relations, Utilization Management, Care Coordination, and Pharmacy Departments attended the PAC meetings regularly.

Quality and Utilization Advisory Committee (Q/UAC)

The Q/UAC's role was to assure that quality, comprehensive health care and services are provided to PHC members through an ongoing, systematic evaluation and monitoring process that facilitates continuous quality improvement. This responsibility included providing significant input on the QI Program Description, Annual Evaluation and Work Plan. The committee is required to meet at least 10 times per year, with the option to add additional meetings if needed. Q/UAC voting membership includes consumer representative(s) and external providers whose specialties are internal medicine, family medicine, pediatrics, OB/GYN, neonatology, and behavioral health, among others. The PHC CMO (chair of the committee), Clinical Director of Behavioral Health, Associate Medical Director of Quality, and leadership from the QI/PI, Provider Relations, Utilization Management, Care Coordination, Pharmacy, Population Health and Grievance Departments attend the Q/UAC meetings regularly. Q/UAC activities and recommendations are reported to the PAC and to the Commission at least quarterly.

The Q/UAC committee met 11 times during calendar year 2019, deferring December due to challenges in meeting quorum. PHC's Q/UAC agenda remained heavy throughout the year due to the volume of policy changes related to NCQA Accreditation and DHCS. PHC was able to address all agenda items timely. Membership remained steady in 2019 with one physician member resignation and one new consumer member addition during the reporting period. A quorum was usually met; there was only one meeting during the reporting period in which a quorum was not met. This resulted in PHC recruiting additional members of the committee to further mitigate risks in not obtaining quorum. The newly appointed members should facilitate consistently meeting quorum requirements. Overall, the Q/UAC committee structure was sufficient and provided adequate oversight and support to the Quality Improvement program and sufficient clinical expertise to support informing policy and procedure.

Quality Improvement Program Advisory Groups

Quality Incentive Program (QIP) Advisory Groups are made up of appropriate PHC staff and representative providers and each year they review and recommend measures for the QIP programs in which they participate. The Physician Advisory Committee (PAC) oversees the QIP Advisory Groups. Each QIP Advisory Group formulates recommendations generated by internal Technical Working Groups, in the form of draft measures which are released to their respective provider networks during a "public comment period." Feedback from the public comment period is shared with the QIP Advisory Groups, who assimilate them into a set of measure recommendations that are forwarded to the PAC for review and approval. While the current committee structure supporting the QIPs allows for valuable feedback from appropriate key stakeholders in a fashion that helps PHC meet its goals, transitions with staffing made it challenging to optimally support the meetings.

Leadership Involvement in the Quality Program

Chief Executive Officer

The PHC Chief Executive Officer's (CEO) primary roles in quality management and improvement were fourfold:

- Maintained a working knowledge of clinical and service issues targeted for improvement,
- Provided organizational leadership and direction,
- Participated in prioritization and organizational oversight of quality improvement activities, and
- Ensured availability of resources necessary to implement the approved QI/PI program.

The CEO is a member of the IQI Committee and standing attendee at PAC. Along with other members of the Executive Team, the CEO further supported the QI/PI program through participation in the NCQA Steering Committee and Executive Quality Measure Score Improvement meetings. The Executive team provided oversight, accountability and support for NCQA, HEDIS and related quality improvement initiatives.

In recognition of the need to better engage executive leadership at provider sites primarily responsible for driving quality measure performance, the CEO in partnership with the CMO provided guidance and vision for the creation of strategic sessions for the executive and senior leadership of ten of our largest provider sites to meet with executive leaders from PHC. As a result The Joint Leadership Initiative was created. During the fiscal year, 1-3 meetings were held with each of the participating provider organizations. The CEO was also a member of the Board Quality Advisory Group, and partnered with the CMO in the consideration of topic and areas to gain further insights and recommendations from Board members who are also leaders at some of our largest participating network provider sites. The CEO's level of involvement in quality improvement activities was appropriate to ensure executive level accountability in support of the department and organization wide goals and responsibilities.

Chief Operating Officer

The Chief Operating Officer (COO) worked closely with leaders in Utilization Management to provide accountability for delegates to meet necessary NCQA accreditation requirements and provided strategic leadership and guidance in the review and revision of provider contracts to ensure QI reporting requirements and value based program contingencies were met. As a member of the IQI Committee, ad hoc PHC member of PAC

and participant in several IT workgroups and subcommittees, she continued to advocate for data quality improvements to support measure reporting for HEDIS. The COO's level of involvement fulfilled the need for executive support and accountability for improvements with data quality, coordination of activities between QI and departments including Member Services, Population Health Management and Provider Relations that are under her leadership.

Executive Director Northern Region

The Executive Director supports QI/PI work in the PHC NR by leading staff based in Eureka and Redding. The Executive Director worked collaboratively with the CEO and Chief Medical Officer to lead and execute the responsibilities of QI/PI program in the Northern Region and continued to foster relationships with community based organizations, providers while supporting the Director of Quality and Performance improvement in executing the QI/PI strategy. The Executive Director provided more than adequate levels of support for garnering resources for QI Initiatives and encouraging interdepartmental support for quality improvement initiatives.

Chief Medical Officer

The CMO, with the assistance of the members of the PAC, Q/UAC, and IQI, was responsible for providing professional judgment regarding matters of quality of care, peer review, clinical, and medical procedures. The CMO was the chair of the IQI Committee and Q/UAC and had significant involvement in all QI/PI, Pharmacy and Health Services activities. The CMO and the QI Program senior leadership team provided oversight for QI programs on a day-to-day basis; the team was comprised of:

- Associate Medical Directors - Assisted CMO with utilization management review, review of appeal decisions, and review of potential quality issues. The level of involvement of the associate medical directors was sufficient for reconciliation of PQIs via the peer review process. Where there was an impasse or inability to gain consensus on difficult cases, the CMO allowed for contracting with independent to support timely review and resolution.
- Associate Medical Director of Quality - Assisted CMO with providing physician support for varying activities within the Quality Department, including Performance Improvement, Patient Safety, Peer Review, and the Quality Improvement Programs, as well as assisted with Utilization Management review activities. The time allocated and scope of responsibilities of the Associate Medical Director was set appropriately for meeting the needs of the QI/PI Department.
- Regional Medical Directors - Worked closely with specific counties on quality improvement activities; liaison to physician leaders in the assigned counties; serve as medical leadership at community meetings in the assigned counties. The regional medical directors provided process improvements and further support for the QI/PI program by authoring and editing provider and member QI newsletter articles, driving improvements on perinatal and well-child measures and fostering further collaboration and engagement with providers through regional meetings.
- Health Services Senior Director - Direction and management of Utilization Management, Health Education, and Care Coordination programs.
- Quality and Performance Improvement Directors - Collaboratively worked with the CMO and together to define strategy, develop programs and services, and to evaluate the effectiveness of the QI/PI program. Together with the QI management team, the two directors provided oversight of facility site reviews, investigation of potential quality issues, compliance with NCQA standards, HEDIS and other performance measure data collection and performance reporting, value based payment/quality incentive

programs, external and internal QI training, provider education on the quality incentive programs and HEDIS, grant application and grant management. The Directors worked to foster greater cross collaboration of QI staff and strategic involvement of other departments to support the execution of a quality initiatives strategy.

The number and level involvement of the CMO and associated Health Services staff was appropriate for meeting the objectives of the Quality Improvement Program.

Restructure or Change to the Quality Program

The structure of the Quality and Performance Improvement Department, including committee structure, (inclusive of leadership, and practitioner participation), position changes, staff and team roles and responsibilities, are periodically assessed. The results of these assessments can lead to major operational and structural changes to the department or related QI functions. Consideration is given to new state directives, local and national events, general business needs, staff growth and development and fiscal responsibility when making a determination on whether to make structural or operational changes.

Based on the considerations noted above and the evaluation and assessment of the 2018-2019 QI Program, the following changes were made during fiscal year 2019-2020:

QI Department Changes

- New hires and program restructuring for the Patient Safety Team in fiscal year 19-20:
  - In order to better align functions, direct reporting and create greater efficiencies with the Patient Safety and Quality Assurance PICS and Project Coordination Staff, the site review and PQI functions moved from being shared functions by the Patient Safety nurses across regions to being separate functions managed by the respective managers within each region. As of July 1, 2020, the Manager of Patient Safety and Quality Assurance and the nurses in the Northern Region are responsible for site reviews and the Manager of Patient Safety and Quality Assurance and the nurses in the Southern Region are responsible for PQIs. In order to fully support site reviews in the Southern Region, one PICS I nurse moved to the Northern Region Team effective July 2020.
  - Further strategic changes were made to support the Patient Safety and Quality Assurance program in the Northern Region early in the fiscal year. This included the promotion of a PICS II nurse to replace the outgoing manager who retired in the Spring of 2020. Another PICS nurse was promoted to the position of Supervisor, Patient Safety and Quality Assurance, in part to provide oversight of staff and to provide added support for the new manager.
- Additional PICS nurses were also on-boarded to support audit work with the Wellness and Recovery benefit in the Northern Region as well as to further support work in the Southern Region for PQIs.
- A new Manager of Quality Measurement joined the QI/PI team in 2019. The position was created to offset the direct reporting and ongoing responsibilities of the Associate Director for Quality and Performance Improvement for the HEDIS Program. The HEDIS program accountable measures increased, based on DHCS MCAS changes and the introduction of CMS core set measures as well as initiating the monitoring of NCQA Accreditation HEDIS measures. She is the direct report for two data

analysts in the department and the Senior Program Manager for HEDIS. The Senior Program Manager was hired in October 2019. Her primary responsibility is oversight of the HEDIS Annual Project.

The increased scope of work associated with the HEDIS project led to further position changes in recognition of the responsibilities of each regional project manager. The Project Managers in each region were promoted from Project Manager I to Project Manager II in 2019. After the Northern Region project manager was promoted to a supervisory position in Care Coordination, a new Project Manager was selected from within the QI team.

- Further support for the HEDIS program was provided with the hiring of a project coordinator to support administrative responsibilities. A staff member transferred from the Provider Relations team to the QI/PI HEDIS Team to assume a role as a Project Coordinator II. In this new position, she is providing added support for the day-to-day operations of the HEDIS Team.
- A new Administrative Assistant II was on-boarded in May 2020 to support quality committees. This change created capacity for the Project Coordinator II who served as the primary scribe, meeting content organizer and primary support for the meeting chairs of IQI and Q/UAC to continue her transition to supporting the NCQA Accreditation Project Management Team full time.

Leadership changes were made to the Performance Improvement Team in light of evolving work to provide more tailored, direct engagement and quality capacity building support for providers.

- The longest standing Improvement Advisor was promoted to the position of Senior Improvement Advisor in 2019. In light of staffing changes, the Manager of Performance Improvement was balancing Improvement Advisor and management duties. This promotion allowed the manager to focus on strategy and leadership for the team while allowing the Senior Improvement Advisor to share her knowledge and help train and support newer improvement advisors.
- The Senior Project Manager supporting the Performance Improvement team was promoted to a Supervisor, Quality Improvement in June 2020. This change was made in recognition of the extensive leadership and support she has provided for projects including the Joint Leadership Initiative and Palliative Care Program as well as her role as a direct report for two staff within the Performance Improvement Team.
- A Senior Project Manager responsible for leading NCQA Accreditation preparation was promoted to a Senior Project Manager for NCQA in 2019. Based on her demonstrative leadership and acumen with supporting NCQA Business Owners and greater role in leading the work in preparation for First Survey, her positon was reconfigured into a Supervisory role. This, in turn, will allow for greater capacity and a reduced scope of direct responsibilities for the Associate Director of Quality and Performance Improvement.
- The Manager of Quality Incentive Programs resigned in April 2020. With his departure, consideration was given to the current responsibilities and reporting structure for the QIP team. In light of a greater balance in working knowledge of the QIPs across regions and to make the reporting structure more seamless, recruitment for the new manager is being conducted cross regionally. The hired manager will report to the Director of Quality and Performance Improvement in the region where they are based.

With the increased scope of project specific work for the project coordinators that report to the Director of Quality and Performance Improvement in the Southern Region, as well as project coordinator positions being present in each team of the department, all department project coordinators were cross trained to assume some

of the responsibilities that were once solely held by the department Administrative Assistant. This also created capacity for reconfiguring the department administrative team as follows:

- The former QI department Administrative Assistant II was promoted to a Project Coordinator II. Her new role was designed to support at large project work including coordination of activities related to the employee engagement survey and the QI SharePoint site development. Her input on her job duties in her prior role as the department Administrative Assistant II made it evident that there was an opportunity to better utilize the project coordinators within the department at large to balance load and redistribute certain responsibilities for greater efficiency. Such work as new hire set-up, IT ticket completion and team specific facilities requests have transitioned to team Project Coordinators.
- A Health Education Specialist from the Care Coordination Department transferred to the QI/PI team and assumed the role of Project Coordinator II in October 2019. The position was originally designed to support QI Department communications and auxiliary support for department meetings. In light of the work necessary to formalize member initiatives, his position was reconfigured to create support for QI/PI initiative development and oversight along with ongoing support for department communications and team meetings in conjunction with the other Administrative team coordinators.

To complete the reconfiguration of the administrative team, a temporary administrative assistant was hired as a permanent staff member and assumed the role of Project Coordinator I in December 2019. She was integral to the reorganization of the QI/PI administrative team in the Southern Region to better balance projects, splitting her time as both the department administrator and Project Coordinator for PQD.

Completed and Ongoing Quality Improvement Activities

PHC's QI/PI program focuses on simultaneous pursuit of the Institute for Healthcare Improvement (IHI) designated triple aim – improving the health of populations, improving the patient experience of care, and reducing the per capita cost of health care – via the following primary levers:

- Measurement, Analytics and Reporting
- Value Based Payment Programs
- Quality Assurance and Patient Safety Activities
- QI Capacity Building Activities
- Strategic Performance Improvement Projects
- Care for Members with Complex Needs
- Community Partnerships
- Training and Coaching
- Outreach Initiatives and Member Engagement

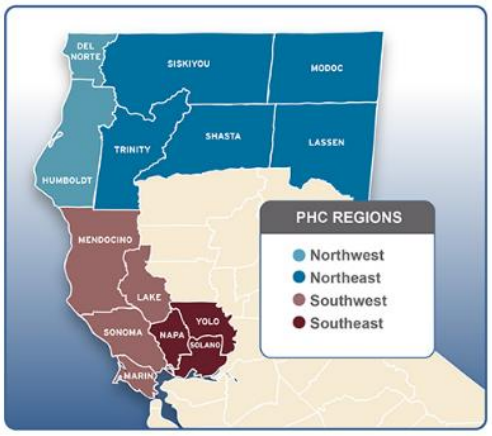
Measurement, Analytics and Reporting

In addition to HEDIS and CAHPS, summary results from access studies, grievances, Initial Health Assessments, facility site and medical record reviews, potential quality issues, targeted improvement projects, and Partnership Improvement Academy activities were presented to the Internal Quality Improvement Committee (IQI) and physician committees annually. Project measures were reviewed during improvement team meetings. PHC completed a robust, comprehensive evaluation annually for major programs and quality improvement projects and initiatives.

HEDIS Performance

HEDIS rates are reported regionally as followed:

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



DHCS uses a scoring methodology to determine an aggregated Quality Factor Score (QFS) which ranks health plan performance relative to California Medicaid reporting health plans. PHC adopts DHCS's scoring methodology to determine PHC's regional and plan-wide composite scores year over year. Each measure in each region is given a score from 1 to 10 based on performance relative to national benchmarks. A composite score is then calculated by dividing total earned points by total possible points available. Annually, DHCS releases a dashboard indicating the plan's QFS Score and ranking annually in mid to late September. Below you will find PHC's trended QFS score and ranking, over the last three years, pending the release of HEDIS 2020 Reporting Year Report (2019 measurement year or MY2019). In measurement year 2018 (reporting year 2019 or RY2019), PHC observed three out of four regions improved in our position relative to other California Medicaid reporting regions. As you can see below, the Southwest and Northeast Regions showed improvement in our Quality Factor Score from RY2018 to RY2019.

Table: QFS Trended Performance for PHC by Reporting Year

DHCS Aggregated Quality Factor Score Trended Performance										
	Southeast		Southwest		Northeast		Northwest		Medi-Cal MCP	
HEDIS	QFS (est.)*	QFS Position	QFS (est.)*	QFS Position	QFS (est.)*	QFS Position	QFS (est.)*	QFS Position	Weighted Avg.	Total MCPs
2017	74.4%	7th ^	68.3%	17th	53.3%	41st ^	56.1%	35th	63%	53
2018	78.6%	9th	67.6%	20th ^	47.6%	49th	49.5%	45th	67%	53
2019	78%	7th	72.5%	13th	52.5%	39th	45%	47th	65%	53
2020	Pending Release: Targeted for September 2020									

* For HEDIS 2017-2018, DHCS released all MCP performance and their official scoring methodology in late 2018. Therefore, the QFS scores are calculated based on DHCS' scoring methodology.

In spring of 2019, DHCS released a number of changes to HEDIS reporting with an emphasis on pediatric preventive health. Changes included the following:

- Measurement Set underwent a formal name change, from the External Accountability Set (EAS) to the Managed Care Accountability Set (MCAS).
- Eight new measures were added which included the introduction of the Adult and Child Core Set Measures governed by CMS.
- Increase in Minimum Performance Level (MPL) from the National Medicaid 25th percentile to the National Medicaid 50th percentile.
- Introduced financial sanctions on performance falling below the newly established MPL, 50th percentile.

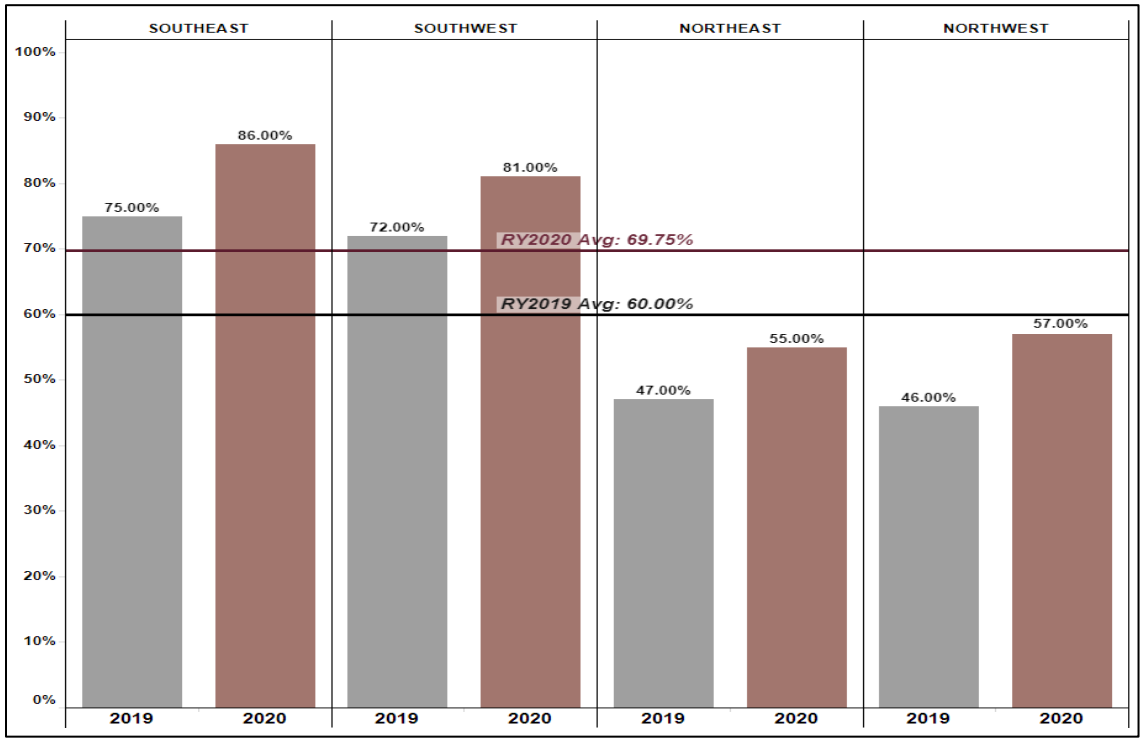
Mid-year changes presented a number of challenges and complexities in HEDIS RY2020 (MR2019). This included, PHC's limited ability to understand baseline performance and initiate improvement activities to address low-performance and mitigate risks of financial penalties on new measures added to the MCAS. In addition, the

timely ability to build in operational processes and integration of new data sources to accommodate both the NCQA and CMS Measure Specifications. In addition to the many changes relative to the MCAS, PHC underwent a transition to a cloud based HEDIS reporting software platform, with our long term vendor, Inovalon.

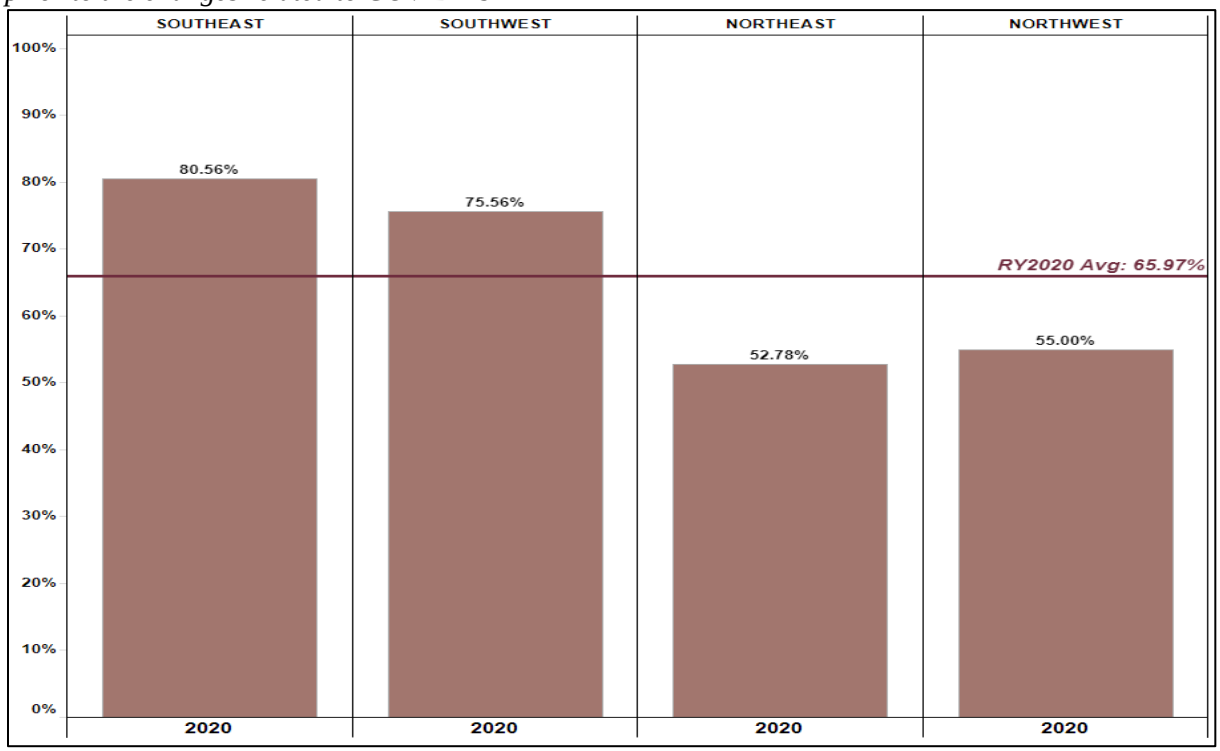
- PHC successfully launched our HEDIS RY2020 (MR2019) data collection and reporting audit incorporating all changes as noted above. As PHC neared the launch of our Medical Record Collection to support a subset of our Hybrid measures, we were faced with a national pandemic, which was the outbreak of COVID-19. With the onset of COVID-19, we recognize and appreciate the impact in which our providers and members faced and PHC braced ourselves for potential changes that would impact HEDIS reporting. PHC was fortunate that the outbreak of COVID-19 did not have a direct impact on HEDIS reporting and data collection; however, some health plans were more heavily impacted than others. The COVID-19 outbreak resulted in the following changes from DHCS that were presented to plans at the tail end of the HEDIS audit. The following guidance and changes were released:
  - NCQA released new guidance for HEDIS data collection and reporting which allowed health-plans to report prior year Hybrid rates, if current rates were lower due to the inability to retrieve medical record data due to COVID-19 impact on the providers. PHC did not observe any impact in medical record collection and chose to use current hybrid rates.
  - For HEDIS Annual Final Reporting, DHCS released MCPs accountability and any imposed sanctions on Hybrid measures where performance falls below the new MPL, (50th percentile).
  - DHCS continued to hold MCPs accountable for Administrative measures relative to the new MPL (50th percentile), however will not be applying any financial sanctions.

Despite the challenges incurred, when applying the scoring methodology as defined above, PHC observed a 9.75 percent plan-wide improvement in our composite score with two of the four regions improving ≥8%, Southwest and Northeast and ≥10 % in our Southeast and Northwest regions.

Composite HEDIS Performance by Reporting Year: Includes measures where PHC reported performance in prior year and is held accountable by DHCS, prior to the changes related to COVID-19.



Composite HEDIS Performance; Reporting Year 2020 Baseline: Includes all measures required for reporting, prior to the changes related to COVID-19



Where measures remained in the MCAS from prior year, you can see in the below table that PHC observed a number of measures within our four reporting regions that sustained or improved in percentile ranking relative to prior year. Improvement observed resulted from a number of activities led and/or supported by PHC and our contracted provider network, which is outlined in more detail within the HEDIS Score Improvement section of the Quality Improvement Evaluation.

Percentile Ranking Change from Prior Year

Measure percentile ranking improved from Prior Year

Measure percentile ranking decreased from Prior Year

Regional Performance

Measures	NORTHEAST		NORTHWEST		SOUTHEAST		SOUTHWEST	
	2019	2020	2019	2020	2019	2020	2019	2020
Asthma Medication Ratio (AMR) - Total 5 to 64 Ratios > 50%*	<25th	<25th	<25th	<25th	50th	75th	<25th	50th
Breast Cancer Screening (BCS)*	25th	25th	<25th	<25th	50th	75th	25th	50th
Cervical Cancer Screening (CCS)	25th	25th	<25th	<25th	50th	75th	90th	75th
Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9%)	75th	50th	75th	75th	75th	75th	50th	75th
Comprehensive Diabetes Care (CDC) - HbA1c Testing	75th	50th	50th	75th	75th	75th	50th	75th
Controlling High Blood Pressure (CBP)	75th	50th	25th	50th	50th	50th	50th	50th
Immunizations for Adolescents (IMA) - Combo 2	<25th	<25th	<25th	25th	90th	90th	75th	75th
Prenatal and Postpartum Care (PPC) - Postpartum Care	25th	90th	75th	90th	90th	90th	90th	90th
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care	50th	90th	75th	90th	50th	90th	90th	90th
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)	<25th	50th	<25th	25th	25th	75th	50th	75th

**- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures).*

Note: New measures excluded due to it being the first year that PHC is reporting: ABA – Adult BMI Assessment, AMM – Acute Phase, AMM – Continuations Phase, AWC – Adolescent Well-Care Visits, CHL – Chlamydia Screening in Women, CIS Combo 10, W15 Six or more well-child visits, WCC BMI. RY 2020 will be PHC's baseline reporting year for these measures.

As noted earlier in this section, DHCS made a significant change to the Minimum Performance Level (MPL) from the National Medicaid 25th percentile to the National Medicaid 50th percentile. Based on the newly stabled MPL, the below table indicates measures that fell below:

Note: ***The MPL changed from the 25th percentile in RY2019 to the 50th percentile in RY2020.***

Region	Measure	RY2019	RY2020
Northeast	Asthma Medication Ratio (AMR) - Total 5 to 64 Ratios > 50%*	<MPL	<MPL
	Breast Cancer Screening (BCS) - Total*		<MPL
	Cervical Cancer Screening (CCS)		<MPL
	Childhood Immunization Status (CIS) - Combo 10		<MPL
	Chlamydia Screening in Women (CHL) - Total*		<MPL
	Adolescent Well-Care Visits (AWC)		<MPL
	Immunizations for Adolescents (IMA) - Combo 2	<MPL	<MPL
	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)	<MPL	
	Well-Child Visits in the First 15 Months of Life (W15) - Six or more well child visits		<MPL
Northwest	Asthma Medication Ratio (AMR) - Total 5 to 64 Ratios > 50%*	<MPL	<MPL
	Breast Cancer Screening (BCS) - Total*	<MPL	<MPL
	Cervical Cancer Screening (CCS)	<MPL	<MPL
	Childhood Immunization Status (CIS) - Combo 10		<MPL
	Chlamydia Screening in Women (CHL) - Total*		<MPL
	Adolescent Well-Care Visits (AWC)		<MPL
	Immunizations for Adolescents (IMA) - Combo 2	<MPL	<MPL
	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)	<MPL	<MPL
	Well-Child Visits in the First 15 Months of Life (W15) - Six or more well child visits		<MPL
Southeast	Well-Child Visits in the First 15 Months of Life (W15) - Six or more well child visits		<MPL
Southwest	Asthma Medication Ratio (AMR) - Total 5 to 64 Ratios > 50%*	<MPL	
	Adolescent Well-Care Visits (AWC)		<MPL
	Well-Child Visits in the First 15 Months of Life (W15) - Six or more well child visits		<MPL

Region	Measure	RY2019	RY2020
	Total <MPL	9	20

In response to performance falling below the MPL and measure declines, PHC has a number of Quality Improvement Initiatives in place to support HEDIS Score Improvement. In addition, state mandated performance improvement activities and formal corrective action plans may be reintroduced in the fall of 2020. However, with the national pandemic relative to the outbreak of COVID-19, PHC is anticipating significant declines in HEDIS quality measure outcomes in future reporting years due to the shelter in place orders, and the inability to support a subset of preventive health visits due to video and telephonic appointments only were offered during the pandemic. PHC continues to monitor and stay in close contact with NCQA to ensure measure specifications are revised to account for the changes in the healthcare system as a response to the COVID-19 pandemic.

For PHC's full summary of HEDIS 2020 performance, please refer to Appendices.

Partnership Quality Dashboard

The Partnership Quality Dashboard (PQD) was designed and developed to meet PHC's data and analytics objectives. It brings the HEDIS and QIP data together to enable provider sites and PHC staff to prioritize, inform and evaluate quality improvement efforts. It is designed to support year over year trending and further analysis at the level of the Parent Organization and Provider Site, as well as the further assessment of HEDIS annual and monthly data of data for QIP and HEDIS through a series of dashboards.

PHC completed most of the activities outlined in the 2019-2020 QI Department Work Plan. Staffing changes, the realignment of the direct reporting structure and reprioritization of work impacted the timing of completion of key deliverables associated with PQD. Work continued with the creation of a preliminary dashboard for the Management of the Visibility of Quality Dashboard (MVQD) which is being further extended and shared with the PHC Board of Commissioners during their summer session in August 2020. It was decided to maintain the current visibility within PQD for top 20 and bottom 20 performing provider sites while reserving more in depth comparisons for a future dashboard to be developed in fiscal year 2020-21. The deadline for the overall PQD evaluation was moved to the end of the third quarter of 2020. Preliminary feedback is being solicited via a small portion of targeted questions in a provider survey for the PCP QIP.

The PQD Core Team revised the Schedule of Maintenance and Development. This document is a derivation of a transitional schedule completed by IT at the conclusion of initial PQD development. It outlines the ongoing work by stakeholders in QI, IT and Health Analytics of updates and enhancements to PQD. The document also serves as the precursor to a formal project plan for PQD. The team formalized the intake process for requests. Forms were created to better distinguish between analytics request within Tableau vs. requests for enhancements within PQD.

In conjunction with end users and the HEDIS Team, the PQD team drafted a template for the collection of business requirements for the HEDIS Monthly measures. The template will continue to be enhanced to further designate which measures to include in the HEDIS Exploratory dashboard and/ or the 5-Star Room for ongoing monitoring and analysis.

The PQD Core team also collaborated with staff in Finance, QI and other departments to accomplish the following:

1. Enhancements to the PCP QIP final payment dashboard.
2. Enhancements to the final payment dashboards for the Hospital QIP and the Perinatal QIP.
3. Creation of the final payment dashboard within PQD for IOPCM and Long Term Care (LTC).
4. Creation of a new dashboard design to the home/provider tab, CG CAHPS drilldown and Claims Timeliness report.
5. PQD data sources were used to support new dashboards such as AMR, Immunization Dose Reports, MVQD, and various ad hoc projects across departments.
6. Refreshes to the immunization dashboard.
7. Creation of a tracking dashboard or Perinatal QIP attestations.
8. HEDIS Monthly composite score analysis.

The following dashboards were created during the fiscal year as offerings within PQD or external to PQD as separate Tableau dashboards that involved the analytic support of the Sr. Data Analyst:

- AMR - The dashboard is designed to gauge performance on the Asthma Medication Ratio measure. Enhancements to the Asthma Dashboard included the incorporation of NDC Codes and provide timely guidance to support academic detailing.
- Immunization Dose Report - these reports designed for use by providers to conduct outreach to members to complete vaccine series. The source data was generated from PQD.
- HQIP Final Statement and Trending Analysis – Final statements for the HQIP can be generated from this dashboard along with ability to track site performance.
- MVQD Prototype – an initial prototype of the managing visibility of quality data dashboard was created in the fall of 2019. The work has continued to formally create this dashboard and reporting capabilities for a presentation to the Board in August 2020.
- Gateway Measure Analysis – While the measure was removed from the final PCP QIP measure set due to COVID-19, extensive work was done to assess the components of claims timeliness and office visits which were the key components of the measure.
- Initial Work on the Perinatal Tracking Dashboard - Work was initiated in April 2020 on a dashboard for the perinatal QIP. The QIP will move from a pilot to a permanent QIP program officially on July 1, 2020. The process for collecting further business requirements with EDW began in June 2020.
- Well Care – This dashboard is designed to allow drill down capability and analysis of the Adolescent Well Care (AWC), W34, and W15 measures.

Staff trainings continued but were fewer in number in the 19-20 fiscal year. Many requests were ad hoc requests for individual support and coaching to support data queries and the creation of specific reports or dashboards for measure specific work. New hires in QI received a preliminary introductory training on PQD in October 2019 and staff within the Population Health Management Department were the primary attendees for a training session in early May 2020. Both sessions as well as feedback regarding the use of PQD training materials during year identified the following opportunities for improvement:

- Greater awareness and distribution of the training guides to internal and external stakeholders.
- Increased messaging to users within PQD and via email to communicate updates, enhancements and factors that influence the data within PQD Dashboards.

- Establishment of a formal communications protocol.
- More scenario based training.
- Refinement to training content to include more guidance on practical uses of PQD.
- Resources to help staff determine when to use PQD, eReports or special analytics requests to fulfill needs for reporting, creation of lists for initiatives.

As of June 2020, the provider organizations with high viewing activity of various pages within PQD included Marin Community Clinics, Mendocino Community Health and Shasta Community Health Centers as the top 3 organizations accessing the PQD home page. During the last 6 months of the fiscal year, 65% of Parent Provider Organizations used PQD. PQD viewing activity peaked in January and April 2020 with a high of 146 views. PQD was accessed over 2500 times in the last 6 months of the fiscal year. On average, more than 80 percent of Parent Organizations have utilized PQD at least once monthly.

PQD is maintained by the PQD team (led by QI with IT and Finance Departments represented) which includes uploading monthly data for both QIP and HEDIS Modules, validating data accuracy, testing dashboard interfaces, fixing bugs and performing small-scale enhancements based on end users' feedback.

To further support the work of the PQD program and ongoing maintenance and development of dashboards the role of the Project Manager I responsible for supporting eReports was been expanded through a promotion to a Project Manager II to also support PQD. This project manager will facilitate improved timely communication to stakeholders on a regular basis to involve, inform and guide them and end users on prospective work and facilitate the collection of business requirements and end user education to make the use of PQD meaningful and appropriate.

Quality Improvement Projects

HEDIS Score Improvement

Quality Improvement staff in the Northern and Southern Regions continued focused efforts on priority measures for PHC based on performance on the MCAS and/or NCQA accreditation measure. In some cases, this was in collaboration with other departments (depending on the measure and/or scope of the effort). Below are descriptions of new efforts that initiated in the 2019-2020 fiscal year. Focused efforts on the asthma medication ratio (AMR), well-child, and pre- and postpartum measures are described under the HEDIS Measure Score Improvement Team section.

Asthma Prescription Best Practice Adoption

In an effort to improve plan-wide Asthma Medication Ratio (AMR) rates, Quality Improvement and Pharmacy created an AMR Project Charter. This charter calls on a multi-functional workgroup to determine strategies to improve AMR rates, and track ongoing performance. The workgroup developed educational materials, which highlight updated Global Initiative for Asthma (GINA) guidelines, and provided trainings at provider sites. These trainings are referred to as academic detailing sessions. Details of the AMR Project Charter are covered in more detail later in the QI Program Evaluation document.

As a result of the charter, a Northern Region workgroup was formed to address opportunities and barriers in the northern seven counties. The workgroup consisted of members from QI, Pharmacy, and PR. The workgroup

provided academic detailing sessions for two Northern Region providers, with two more scheduled for late June 2020. Pharmacy staff also provided education to pharmacists to help engage the members in proper asthma care when the members pick up their prescriptions. The workgroup had scheduled to conduct a performance improvement project focused around educating a local provider site and pharmacy. The goal would be to evaluate the impact of the prescriber and pharmacist understanding the best practices for asthma care, and the expected roles of both parties. Unfortunately with the onset of COVID-19, the education is set to occur but the improvement project has been postponed.

For Southern Region counties, 14 AMR academic detailing sessions were provided. The AMR academic detailing sessions have been very well received and will continue to be offered through 2020.

As of May 2020, the plan-wide AMR workgroup exceeded its goal of increasing the overall AMR rate of 5% by reaching 6.28%. Even with the increase, AMR rates still require continued improvement. QI will continue to focus on improvement efforts and data tracking through 2020-2021.

Behavioral Health

In early 2019, DHCS significantly changed the accountability measure set by which health plan performance is assessed. When DHCS changed from the External Accountability Set to Managed Care Accountability Set (MCAS), it added more measures for which PHC was accountable. With this change came four behavioral health measures: Follow-up Care for Children Prescribed ADHD Medication (ADD) Initiation and Continuation/Monitoring, and Antidepressant Medication Management (AMM) Acute and Continuation/Maintenance. Between July 1, 2019, and June 30, 2020, the PI teams monitored all four measures to assess ongoing performance. Both AMM measures performed above the Minimum Performance Level (MPL), which is the 50th national percentile. Given the positive performance, no intervention was deemed necessary. Both ADD measures performed below the 25th national percentile. DHCS only requires Managed Care Plans to report on the two ADD measures, and are not held to a MPL for measurement year 2020, although we do anticipate being accountable to this measure in the future. In the next fiscal year, the PHC Pharmacy team will initiate interventions to improve the ADD rates.

Member In-Reach

The Northern Region Quality Improvement department worked in partnership with the Web Development team to develop ePrompts, an enhancement to PHC's Call Center system and member portal. This enhancement provides PHC staff visibility into the member's care gaps by displaying their status under HEDIS/QIP measures for which they are identified as eligible. Similarly, members can also view this information when creating and accessing their account in PHC's member portal. In the first phase of development, member-level status under four HEDIS/QIP clinical measures are available, including: Breast Cancer Screening, Cervical Cancer Screening, Comprehensive Diabetes Care-HbA1c control, and Comprehensive Diabetes Care-Eye Exam. This provides opportunities for staff who are already receiving inbound member calls to engage members on their individual care gaps through promoting key preventive services. QI worked with Health Education, Care Coordination, and Member Services to develop workflows and appropriate scripting to address these gaps with a member, as well as escalation paths to ensure members receive the correct information and a referral if needed. As an example, a nurse in Care Coordination can speak to clinical elements whereas a Member Services Representative may not be able to.

The launch of ePrompts was targeted in the early first quarter of 2020 but delayed until May 2020. This resulted in very little time to run the test of change and analyze results over 2019-20. Northern Region QI will continue this shared goal with Member Services, Health Services-Care Coordination, and IT into the next fiscal year to further assess the impact of ePrompts on key HEDIS measures. Since the pilot started, Member Services and Care Coordination teams have been speaking with members and Member Services are generating referrals to Care Coordination for follow up, commonly associated with diabetes care. Both teams are very excited to see how they can engage members and help them complete their care gaps and drive HEDIS performance. The current pilot in the Northern Region is expected to continue into the fall of 2020, given lower call volumes have persisted during the ongoing global pandemic.

Member Outreach

The Northern Region Quality Improvement Team partnered with both Health Services and Member Services to conduct targeted member outreach projects in an effort to drive HEDIS quality measure rates in the Northern Region. Care Coordination and Utilization Management focused on outcall projects specifically aimed at priority HEDIS measures.

Health Services conducted four outcall campaigns focused on the following measures:

1. Adolescent Immunizations (IMA-2) – QI identified 600 members in Shasta, Humboldt, and Del Norte counties who had a first dose of the HPV vaccine but still required a second visit. Missing second doses were identified as a root cause in a state mandated improvement project.
2. Breast Cancer Screening (BCS) – QI identified 2,810 members across all seven counties who were eligible for a mammogram and had not received a mammogram in the last 5 years or more.
3. Well-Child Visits in the First 15 Months of Life (W15) – Care Coordination reached out to new moms who were identified on a labor and delivery report each week. Care Coordination staff conducted a postpartum assessment and informed the member of the importance of postpartum care, as well as establishing the newborn with a pediatrician and scheduling their well visits and immunizations.
4. Well-Child Visits for 3-6 Year Olds (W34) – Utilization Management conducted outreach to support our Birthday Club pilot. Staff called members who had birthdays in the upcoming month and advised them they were eligible for a gift card if they received a well visit.

As part of these outcall campaigns, Northern Region QI provided HEDIS measure training to both Care Coordination and Utilization Management prior to performing the calls. The QI Project Manager offered training on Breast Cancer Screening, Cervical Cancer Screening, Colorectal Cancer Screening, Prenatal and Postpartum Care, Well-Child Visits from 0-15 months, 3-6 years, and 12-21 years, as well as both pediatric and adolescent immunization series. Each training preceded an outcall campaign so the information was relevant to the work they would be doing. The HS staff really appreciated having the background information before contacting members.

We believe the efforts made in these four campaigns were helpful in engaging members and improving health outcomes. When looking at the data following the BCS campaign, we observed an 8% increase in members receiving mammograms when comparing members who were reached by phone vs. those who were not contacted. Similarly, we saw large gains in W34 performance in the Northeast and Northwest regions. While we have not proven causality, statistical analysis of pre- and post-Birthday Club implementation with our longest standing provider partner since fall of 2018 demonstrates a significant improvement in the well-child visit rate completion. Utilization Management also contacted Birthday Club participants to gather qualitative feedback and the results

were overwhelmingly positive. Members appreciated the incentive, as well as PHC taking time to contact and remind them of the importance of timely annual well-child visits.

Another branch of outreach efforts focused on targeting members who were not engaging with their primary care provider. Member services conducted ten outreach campaigns targeting a total of 6,985 members across multiple counties. Six of the campaigns were at the request of our provider network. NR QI has advertised the ability to conduct outreach on behalf of the provider network to help reach hard to find members. If providers have had difficulty reaching their assigned members, they are able to send a list of these hard to find members to PHC and PHC will attempt to reach these members. The other four campaigns focused on county-level outreach. QI staff ran reports looking for members who had no record of claims with their PCP in at least a year. These reports were used as gap lists for outcall projects. Both of these outreach campaign types aimed to connect the member to their PCP to establish care, instead of requesting the member complete a service to address a specific measure.

Under both campaign types, Member Services staff attempted to contact members and engage them in their health. Some of the items they addressed include: ensuring their demographic information in Call Center were accurate, informing the members of the importance of establishing a relationship with their PCP, and addressing any needs the member has. Most of the outreach campaigns occurred between July 2019 and January 2020. With the onset of COVID-19, Member Services was tasked with performing outreach to high risk members at the request of DHCS.

When analyzing telephonic results of the outcall campaigns, QI observed the following trends:

Left voicemail / message	2012	29%
Disconnected / Wrong Number	1480	21%
No voicemail / voicemail full / no answer	938	13%
Member agreed to schedule appointment	676	10%
Seen at assigned PCP in last year	630	9%
No phone number listed	440	6%
Inactive - benefits transferred or terminated	249	4%
Member unaware / disputed coverage	210	3%
Member say seen by assigned PCP	118	2%
Other / Unknown	141	2%
PCP Re-Assigned / Already Special Member (No Call)	39	1%
Member has Other Health Coverage	10	0%
Member Requested PCP Change	23	0%
Member Moved - Gave new address	19	0%
Total	**6985**	**100%**

Key takeaways indicated that PHC was unable to speak to 72% of the members included in the outcall projects. Nearly 15% of members were ultimately not included in outreach because they had inactive or changed benefits, or they had a recent claim on file by the time outreach commenced. The remaining 13% were contacted and engaged with PHC staff. PHC has utilized various forms of public records in attempts to find alternate contact information for members. While full analysis is not yet complete, tentative results indicate the success rate in finding valid contact information for members is in single digit percentage increases. While Member Services

manages to speak to roughly 13% of the members, when factoring in voicemails, Member Services can potentially influence a quarter of the targeted population. QI will continue to analyze the longer term effects of outreach on HEDIS rates, but in the meantime, Member Services has agreed to continue conducting outreach to engage members.

HEDIS Value Set Directory Utilization for Priority Measures

Northern Region Quality Improvement partnered with Northern Region Claims in an attempt to address HEDIS measures through the provider billing departments. Northern Region Claims informs providers with quarterly claims scorecards that highlight various billing performance metrics like denials and missed revenue. Both departments elected to test whether adding HEDIS measure claims information to the scorecards could help bring awareness to the provider sites. After evaluating the priority HEDIS measures, both departments elected to focus on the W34 measure because it is a single annual visit and easier to track on a quarterly scorecard. A one-page summary was created that compares measure performance and monthly claims volume between 2018 and 2019. The summary also includes the applicable codes for the W34 measure located in the VSD.

The updated claims scorecard was presented to 25 provider sites between July 1, 2019, and June 30, 2020. This was primarily done in person, but with the onset of COVID-19 the later visits were converted to a virtual format. The reception of the updated scorecard was mixed. Some sites really valued the insight into the effect claims can have on QIP scores, and other sites felt it was redundant from what they already have available internally. The Northern Region QI team analyzed the rate at which W34 data is captured administratively vs. manual upload through eReports. The overwhelming majority of records are being captured administratively, which means most providers are accurately billing well-child visits. Given this knowledge, and the lack of majority support for the scorecards, both QI and Claims elected to discontinue this effort and pursue other opportunities. For the sites that do value the updated scorecard, ad hoc reports could still be generated for those sites.

HEDIS Score Improvement Team

The PHC HEDIS Score Improvement Team was initially formed in July 2016 to better coordinate service and performance across the organization and to raise PHC's overall performance on the Health Effectiveness Data and Information Set (HEDIS) measures as used by DHCS in the Managed Care Accountability Set (MCAS) and by NCQA for health plan accreditation.

For the 2019-2020 team, there were three main focus areas: Well-Child Visits (W34), Asthma Medication Ratio (AMR) and Prenatal Postpartum Engagement Work Group (PPEW). These areas of focus were chosen because DHCS changed the target threshold from 25th to 50th percentile for the current measurement year. Furthermore, PHC historically had not performed well on these measures. Each measure was assigned to a cross-functional work group including but not limited to, Quality Improvement (QI), Care Coordination, Health Education and Analytics. In addition to the three main focus areas the HEDIS Score Improvement Team revised the Quality Strategic Plan- Achieving Five Star Quality. Below is a description of the goals and the status.

Well-Child Visits (W34)

The aim for this work group was to increase the W34 measure to be above the 50th percentile for at least two regions and above the 25th percentile for all regions. The original goal also included, improvement in the W15 measure however, due to COVID-19 impact this goal was eliminated. The objective was to drive improvement in Well-Child visits through focus on the many activities around well child visits and inform the HEDIS Score Improvement Workgroup about efforts.

The workgroup identified over 20 deliverables that were tracked across the following focus areas:

- Inform Well-Child Work: PHC internal information, education and data analysis
- Track PHC Operational Changes: Follow operational changes that will impact and improve well child performance rates (i.e. QIP, Birthday Club, ePrompts)
- Deploy Resources to Optimize Provider Ability to Improve: Create and update resources available to providers that will impact and improve well child rates
- Conduct Performance Improvement Projects: Work with provider partners to conduct quality improvement projects around well child
- Employ PHC-Driven Member Engagement Strategies: Identify a Plan-Wide Strategy for Member In-Reach and Outreach

Based on preliminary HEDIS MY 2019, the goal was met with the two Southern Regions performing above the 75th percentile and the two Northern Regions above the 50th/25th percentile. This goal will continue into 2020-21, as there is still opportunity to improve on the W15 measure and gain further improvement on the W34 measure, particularly in the Northern Region.

- Key Highlights, Accomplishments and Opportunities:
    - Increase Well Child Visits - Rates and benchmarks - SE (80.29%) SW (79.44%) - 75th percentile, NE (72.94%) 50th percentile NW (70.05%) 25th percentile
    - Well child measure insights were added into the provider scorecard developed by the PHC Claims department with QI were added in 25 NR provider scorecards
    - Provider trainings completed, resources developed and updated
    - Initiated Priority and Health Equity PIPs, focusing on well-child visit measures W34 and W15, respectively

Asthma Medication Ratio

The aim for this work group was to increase Asthma Medication Ratio (AMR) Regional Performance composite scores by 5% by June 30, 2020. This goal was revised due to COVID-19 impact- June date was revised to March. The following objectives were identified:

- Increase prescriber's awareness of their patient's asthma prescription activity.
- Increase member's knowledge and engagement with managing their asthma and asthma medications, including appropriately coding for co-morbidities and alternative diagnoses
- Increase community pharmacists' knowledge for the AMR HEDIS measure and promote engagement to improve AMR through patient consultation, increase controller medication dispensing, and monitor and reduce rescue inhaler dispensing as clinically appropriate
- Increase prescription fills, including 90 day supply fill, for asthma controller medication

Based on HEDIS MY 2019, the Southeast and Southwest Regions increased by 6.60% and 8.86% respectively, while the Northern Regions saw smaller increases of 1.34% for Northeast and 1.65% for the Northwest Region. While successful for the Southern Regions, this goal will continue in 2020-21 as an opportunity for improvement in the Northern Regions.

- Key Highlights, Accomplishments and Opportunities:
    - Asthma Medication Ratio (AMR) plan-wide composite score improved from baseline 59.97% to 66.25%, gaining 6.28%, March of 2020.

- Developed Academic Detailing Materials, which included measure specifications and best practices; to facilitate the education of provider organization.
- In collaboration with a Medical Director, Pharmacist, and QI representative, provided on-site education to more than 10 Provider Sites and over 5 Pharmacies

Prenatal and Postpartum Engagement Work Group
The aim of the PPEW team was to ensure standardized engagement visits with 15 large perinatal providers by June 30, 2020. The objective was that all OB/Perinatal quality measures will be at or above the 50th percentile of Medicaid plans nationally, starting with MY 2019 (this year).

The goal was met with all regions reaching above 90% for Prenatal and Postpartum Care – Timeliness of Prenatal Care and 77.86% and higher for the Prenatal and Postpartum Care – Postpartum Care and goal was met. Given the success of this goal, it is not necessary to continue it into 2020-21.

- Key Highlights, Accomplishments and Opportunities:
  - Developed core curriculum and message to share with practices across the regions
  - The PPEW group provided site specific education to 23 provider organizations of which 15 are large organizations

Revised the Strategic Quality Plan - Achieving Five Star Quality:
The plan clearly articulates the long and short-term initiatives PHC will engage in over the next five years to achieve 5-star NCQA Health Insurance Plan Rating status. As per stated goal the Strategic Plan was complete and approved by executive leadership by March 2020.

Based on the above results, the HEDIS score improvement team will focus on the following in the coming year:

- Translating the Strategic Plan noted above into a tactical plan for the next few years, taking into account the impact of COVID-19.
- Build the infrastructure within PHC to further degree to which PHC is a Learning Health Plan
- Focus special activity on a subset of HEDIS measures needing broad, cross-departmental attention.

Joint Leadership Initiative
In 2019, the Joint Leadership Initiative (JLI) was created to increase engagement at the executive level with large contracted provider organizations that have significant room for improvement on quality metrics.

The following organizations were part of the JLI: Adventist Health, Fairchild Medical Center, Mendocino Community Health Center (MCHC), Ole Health, Open Door, Santa Rosa Community Health (SRCH), Shasta Community Health Center, and Solano County Family Health Services (SCFHS). Collectively these organizations are responsible for the care of approximately 168,000 PHC members, which is about 30% of the healthplan's total membership.

The JLI aimed to provide mutual benefits for these organizations and PHC including:

- Significant improvement of quality scores for PHC.
- Maximization of QIP dollars, giving significant additional resources to the organizations.
- Improved performance, leading to significant improvement in quality outcomes for members/patients.

The QI Work Plan goal for this initiative was to complete a minimum of four meetings with the original eight identified provider sites. Recognizing early on that this goal was very ambitious, it was revised twice. First, in September 2019 and again in May 2020, due to impact from COVID-19. Both times the revisions were approved by the executive team.

The following are the identified deliverables all of which were met:

1. Identify PHC stakeholders and provider site staff to participate in the meetings.
2. Conduct a needs assessment with each site to identify areas where further quality support is needed.
3. Draft meeting schedule and key deliverables for each session.
4. Conduct meetings and evaluate the process and outcomes.
5. Provide QI and other technical support to five Joint Leadership Initiative organizations.

Although not part of the initial work plan, the distribution of two JLI grants were offered to participating provider organizations. The first grant provided funding to be utilized for member incentives, aimed at increasing HEDIS/QIP measure specific rates. The second grant path is to support activities aimed at quality improvement in the health center. PHC QI staff were available to support the project scoping of these initiatives. To date, nine JLI organizations were awarded grant funding totaling more than $250,000.

Overall, the JLI meetings have been well received and have helped improve the relationships with the provider entities. Feedback from participants has also cited that the meetings have allowed focused time to discuss quality issues and provided a platform to discuss provider concerns.

PHC is committed to continuing the JLI into 2021. In the upcoming year, the following changes are being considered to help maintain momentum and improve the experience for the participants:

- Include JLI site in agenda building.
- Provide ample time for the sites to educate PHC.
- More consistency from PHC Point Team participants.
- Schedule all external meetings further in advance.
- Encourage more internal collaboration amongst JLI Leads.
- Encourage smaller workgroup meeting between JLI meetings to discuss specific QI and other issues.

Member Experience Outcomes

In 2019-2020, the Member Services department continued leading a workgroup of interdepartmental stakeholders in the assessment of member satisfaction with their experience as PHC members. The tools utilized to assess member satisfaction included the DHCS triennial Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and the ongoing monitoring of complaints, grievances and appeals. Throughout the course of conducting this work, the main aims of the workgroup were to identify opportunities for improvement, set priorities and decide on which opportunities to pursue based on the analysis findings. During fiscal year 2019-2020, the DHCS triennial survey was conducted in 2019 and plan led CAHPS survey was competed in 2020.

A detailed analysis of member experience data is included in the Appendix Grand Analysis Reports. The

following provides a preliminary high level summary of the data available to date.

Respective performance thresholds were set based on prior year performance. For grievances and appeals, performance targets were set for each quarter from April 1, 2019 - March 30, 2020. Targets were set at the level of each NCQA grievance and appeal category and a summary threshold for annual performance was also established as follows:

Table 1: Grievances and Appeals Categories and Target Thresholds

NCQA Category	**Target Thresholds (Grievances/ 1000 members; Appeals & Second Level Grievances/ 10000 Members)**
Quality of Care	≤.54
Access	≤.45
Attitude/ Service	≤2.38
Billing/ Financial	≤.12
Quality of Practitioner Office Site	≤.002
Total	≤3.52

For the CAHPS survey, the goal was set for the 2019 State Administered CAHPS survey to achieve scores for rating and composite measures at or above the 25th percentile. The ratings and composites were created as part of the standard CAHPS survey structure created by the Agency for Healthcare Research and Quality (AHRQ) and sanctioned/ appropriated by NCQA. These results are reviewed in conjunction with grievances and appeals data to thoughtfully consider where there are correlations and opportunities for coordinated work to address opportunities for improvement.

Table 2: CAHPS Composite Measures and Target

CAHPS Composite Measures	**Target**
Getting Needed Care	All rating and composite measures are ≥25th percentile.
Getting Care Quickly	
Care Coordination (Q25-Adult) (Q22-Child)	
Customer Service	
CAHPS Rating Measures	
Rating of Health Plan	
Rating of All Health Care	
Rating of Specialist Most Seen	
Rating of all Health Care Rating of Personal Doctor	

Results

Based on the results from the analysis of Grievances and Appeals, the identified areas of opportunity include improving access to care, addressing the attitude and service of staff at provider sites and revisiting billing and financial issues.

			PHC Results		
NCQA Category	**Target Thresholds (Grievances/ 1000 members; Appeals & Second Level Grievances/ 10000 Members)**	**Grievances/ 1000 Members**	**Target Met**	**Appeals & Second Level Grievances/ 1000 Members**	**Target Met**
Quality of Care	0.54	0.0002	Yes	0	Yes
Access	0.45	0.51	No	0.12	Yes
Attitude/ Service	2.38	7.25	No	1.48	Yes
Billing/ Financial	0.12	0.53	No	0.81	No
Quality of Practitioner Office Site	0.02	0.02	Yes	0	Yes
Total	3.52	8.31	No	2.41	Yes

Transportation issues were key factors in the results for attitude and service as well as billing and financial grievances. PHC continues to make inroads in working with our non-medical transportation vendor MTM to ensure timely pick-ups. There are also opportunities for improved education about how the transportation benefit works and the process for reimbursement with the gas mileage reimbursement (GMR) process, which goes into effect when a member uses their own vehicle or that of a family member/ friend to take them to and from medical appointments. Opportunities for addressing access included guided support provided in part through Advanced Access webinars offered by PHC in 2019. There is ongoing work being done within contracting and provider relations to improve recruitment and retention of diverse practitioner talent, including the exploration of tuition reimbursement and added support to direct practitioners to state resources for loan forgiveness and partial repayment based on dedicating years of services in the treatment and care of Medi-Cal patients. Despite these efforts, members still expressed frustrations when denied access to specialists and health centers of their choosing. Provider Relations representatives are also continuing to meet with providers and create forums where improvements for member satisfaction can be discussed.

Per CAHPS survey results, the following tables include performance outcomes on Rating and Composite Measures for the Adult and Child Surveys that were below threshold.

Tables 4 and 5 - Adult and Child Rating and Composite Measure Outcomes Below-Threshold

Adult Measures	**2019 25th Percentile**	**PHC Result**
Rating of All Health Care	2.35	<25th
Getting Needed Care	2.34	<25th
Getting Care Quickly	2.38	<25th
Child Measures	**2019 25th Percentile**	**PHC Result**
Getting Needed Care	2.40	<25th
Getting Care Quickly	2.54	<25th

Identified opportunities for improvement include the ability for members to get needed care and to get care quickly. Practices are also encouraged to conduct their own periodic "pulse checks" through post visit surveys and participation in the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG CAHPS) to have a process for continuous quality improvement and assessment of member's experiences in seeking and receiving care. Articles for the member newsletter are also being considered to help members navigate the process of scheduling appointments. Increased education about referrals is planned for providers.

This summary outlines the results of our CAHPS scores from our last survey (2019). PHC used the standard methodology (state administered, triennially) in collecting our CAHPS results. Please note that moving forward, PHC has contracted with MORPACE (external vendor) to administer our CAHPS on a yearly basis.

Benchmarks for overall CAHPS performance were set at $\geq 25^{th}$ percentile for both the adult and child surveys. To meet this goal and to continue to drive performance, an interdepartmental workgroup was created to support ongoing review and analysis of member experience data.

Additional analysis and details can be found in the *Member Experience Grand Analysis* is included in the Appendices of this document.

Access to Care

Annually, PHC collects data from a variety of sources to evaluate all aspects of information related to Network Adequacy to ensure Partnership HealthPlan of California (PHC) provides members with adequate network access for needed healthcare services. The provider types covered include primary care clinicians, medical specialists, pharmacies and hospitals. PHC follows both the DHCS and NCQA requirements. A detailed analysis of access to care data is included in the *Assessment of Network Adequacy Grand Analysis Report*, included in the Appendices. The following provides a preliminary high level summary of the data available to date.

Analysis was conducted in collaboration between the Quality Improvement, Provider Relations and Health Analytics teams. Based on opportunities identified, interventions are defined and measurable goals are set, to improve network adequacy.

Methodology and Notable Findings

The following data sources were used to evaluate Network Adequacy:

- **Member Grievances**
  For the reporting period of April 2019 through March 2020, PHC met the threshold for access to care grievances three out of the four quarters. The last reporting quarter (Q1 2020) failed to meet the threshold standard set by PHC. The increase coincides with the implementation of new system capabilities of greater monitoring and redirection of out of network referrals.
- **Member Appeals**
  For the reporting period of April 2019 through March 2020, PHC met the threshold of less than or equal to .06 per 1,000 members for access to care appeals. A small increase in the number of appeals is noted in

the last reporting quarter (Q1 2020). This increase falls in line with the implementation of the new out of network referral processing system.

- **Out of Network (OON) Requests**
  For the period of April 2019 - March 2020, PHC met the benchmark goal of 20 per 1,000 members for both out of network referrals and claims. Breaking the referrals down by county, we see a higher rate of referrals coming from Modoc, Siskiyou, Lassen and Del Norte. These northern region counties are rural and have fewer available specialists with whom to contract. Additionally, these counties border the state of Oregon, where the practitioners are often not contracted with PHC, but where services are more accessible based on geography.
- **Practitioner Availability (Ratio & Geographic Availability)**
  Measured through the 2020 Third Next Available Appointment Provider Survey
  - Plan-wide, all availability standards were met for all categories of primary care providers.
  - Plan-wide, all availability standards were met for all identified high volume specialties. However, a review of the data by specialty type reveals accessibility issues in the low volume specialties of Neurology and Endocrinology.
- **Practitioner Accessibility (Appointment Time Standard)**
  Measured through the 2020 Third Next Available Appointment Provider Survey
  - Plan-wide, all availability standards were met for all categories of primary care providers.
  - Plan-wide, all availability standards were met for all identified high volume specialties. However, a review of the data by specialty type reveals accessibility issues in the low volume specialties of Neurology and Endocrinology.
- **Member Experience**
  CG-CAHPS data for larger primary care practices revealed that ten sites had access scores for adult patients that fell below the 25th percentile. Pediatric access scores indicated two sites with access scores below the 50th percentile, and four sites that were below the 25th percentile. Counties affected that were below the 25th percentile for adults or children (or both) were Sonoma, Shasta, Solano, Lassen, Humboldt, and Yolo.

Opportunities for Improvement

In 2019 PHC identified trends in performance that resulted in the selection of opportunities for improvement listed in order of priority. Prioritization was conducted by the Network Management Steering Committee and based on what the committee believed was most important to members and actionable by the healthplan.

Opportunities	Root Cause/Barriers
1. Education on scheduling best practices and solutions to access issues; free webinar series for Primary Care Providers	Inefficient scheduling practices of primary care practitioners
2. Enhanced counseling, strategic planning along with corrective action plan (CAP)	Indecisive action of sites with access challenges once they receive a CAP
3. PHC Provider Recruitment Program	Deficiency in number of providers in Northern Region due the rural location in Northern California
4. Telemedicine and Specialty Access Workgroup	Insufficient number of specialists in the Northern Region

Interventions
PHC developed the following interventions in 2019; however, due to the coinciding COVID-19 pandemic, it was decided to continue these interventions into the upcoming year in order to more accurately assess their true effectiveness.

Primary Care Initiatives

1. Webinars to Improve Efficiency of Scheduling Practices through training in Advanced Access are available to all provider types on the PHC website.
2. Development of workflows, policies and procedure for individualized counseling of primary care providers.
3. Provider Recruitment program to increase PHC member access to primary care providers across our regions.

Specialty Access Initiatives

4. The PHC Specialty Access Team continued to identify and address areas of opportunities in improving access to specialty care.
5. Continued support and expansion of Telehealth & eConsult Unit use.

Value Based Payment Programs (Quality Incentive Programs)

PHC quality incentive programs provided financial incentives, data reporting and technical assistance to providers for improving in key domains of quality: clinical care, patient experience, access and operations, and resource use. The total pay-out for the 2019-2020 QIP was approximately $41,366,999 across the five QIP programs managed within the QI Department.

Primary Care Provider Quality Improvement Program (PCP QIP)
The PCP QIP Core Measurement Set evaluated four domains of quality: clinical care, resource use, patient experience, and access/operations. The Unit of Service measures provided additional dollars for providing specific services such as alcohol screening or advance care planning. All primary care providers that have Medi-Cal member's capitated to them are automatically enrolled in the PCP QIP.

For the 2019-20 QI Department Work Plan Goals and Activities, PHC met the goal of completing the development of measures for the 2020 PCP QIP by October 31, 2019. PHC adhered to DHCS guidance regarding this program by including a performance threshold for measures that rewarded providers for conducting activities they may already be compensated for through capitation payments. Throughout the year, PHC supported providers enrolled in the program by hosting webinars, monthly newsletters, and by responding to provider inquiries via phone and email. Occasionally, QIP program staff also visited providers in person as specific needs warranted.

The PCP QIP program evaluation is performed annually. The annual evaluation for 2018 was completed during the 2019-2020 evaluation year and is presented below.

PCP QIP 2018 Program Evaluation Summary

The Primary Care Provider Quality Improvement Program (PCP QIP) offers substantial financial incentives, data resources, and technical assistance to PCPs who serve our members so that significant improvements can be made across a variety of care domains.

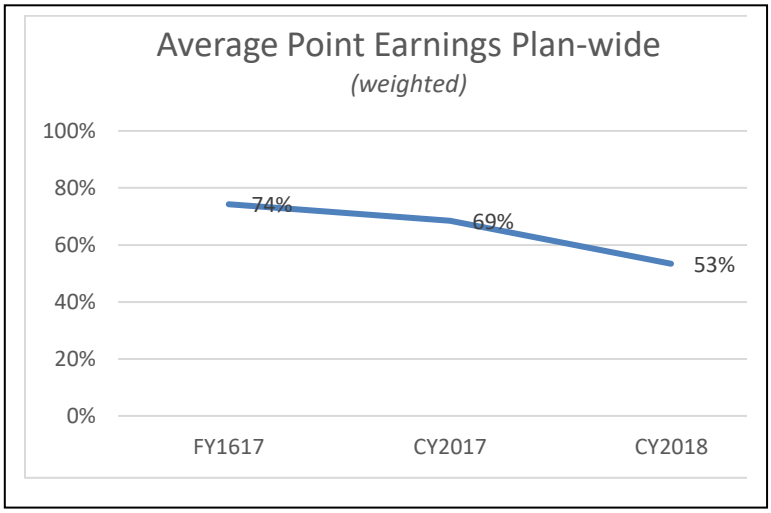
This evaluation is an analysis of the January 1, 2018 – December 31, 2018 Measurement Year - the first year the Measurement Period aligned with the calendar year, and the first year we calculated performance and payments at the site level.

Does the PCP QIP Improve Care?

- There was plan-wide improvement in seven of ten clinical measures with baselines, and seven clinical measures ending above the 50th percentile.
- There was an increase in percent of providers hitting 90th percentile for seven of the ten clinical measures; for the 75th percentile, this increase was observed in eight of the ten clinical measures.
- We saw closer alignment in QIP and HEDIS performance compared to previous years.
- Providers improved Avoidable ED visits; other utilization measures steady; lower Admissions performance.

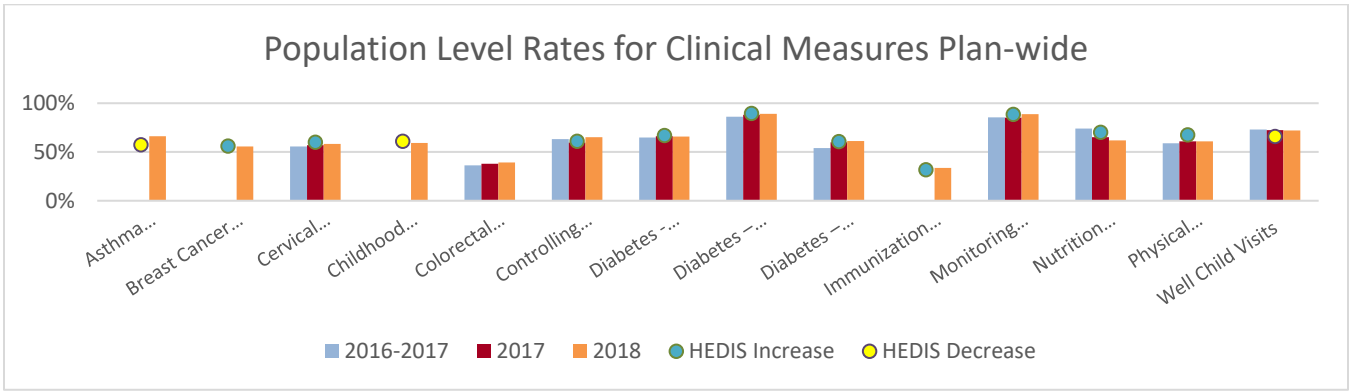
Program Performance

- Overall performance showed steady improvement compared to prior periods.
- Increase in % of providers meeting 90th percentile target and 75th percentile targets.
- Decline in points earned corresponds with increasing thresholds; drop in providers earning point through relative improvement, compared to last year.
- 149 Providers at 274 sites.
- Average points, 48.2, unweighted.



2018 Program Improvements

- First Year PHC aligned with HEDIS Measurement Year (Calendar Year).
- First Year PHC calculated performance and payment at site, not organization level.
- First year Relative Improvement had a threshold.



Provider Experience

- Providers believe QIP Measures are actionable (98%), lead to improved care (95%), and drive quality agenda (95%).
- More providers participate – 23% increase in sites.
- More active / focused participation based on Unit of Service measure submission & eReports utilization.
- Opportunities to improve eReports & PQD

Recommendations for 2020

- Steadily Increase CAHPS (Patient Experience) Points.
- Lower Relative Improvement point earning threshold to 5%.
- Consider allowing providers more denominator removals.

For the future:

- Continue to monitor performance and engagement.
- Consider a customized point system.
- Explore weighting payments in ways to support improvement.

eReports

The eReports system is an online tool provided to PCP participants in the PCP QIP. It serves as a means for providers to track their progress under the clinical care domain of the Core Measurement set at both a provider organizational level and individual site level. Under the 2019-2020 QI Work Plan, the eReports system was successfully enhanced to support the 2020 PCP QIP clinical measure set and released to providers on 2/28/20.

The information from eReports presents providers with member-level data corresponding to eligibility and compliance status under each measure. Numerous data sources, including claims, lab data, and immunization registry data are utilized. Providers are also given the opportunity to upload medical record data to substantiate member compliance where representative administrative data is unavailable.

In the fourth quarter of 2019, the PCP QIP team conducted an audit to evaluate the accuracy of provider uploaded medical record data. A series of medical records uploaded throughout 2019 were sampled across select clinical measures and requested of the providers to substantiate that the data uploaded corresponded to the medical records and accurately reflected member compliance on the measure. Where errors were observed on an individual provider basis, PHC QI staff addressed it in a 1:1 follow-up through which the impacted member's numerator status was corrected and the provider was coached on measure specifications and/or the uploading process. Overall learnings and best practices gleaned from the audit were shared with all providers joining the 2020 PCP QIP Kick-off webinar.

Over the course of 2019-2020, eReports was enhanced to include on-demand provider access to Tableau-based Immunization Dose Reports. These supplemental reports, first released 5/8/20, are refreshed monthly and give providers insight into the immunization dose records PHC has captured for their assigned members ranging in age from 0-2 and 9-13 years of age. The intent of these reports is to assure providers have improved visibility to their members' progress on the immunization measures. This is especially helpful to providers in balancing members who opt to delay their progress in recommended immunization schedules as without careful management these delays can greatly limit measure performance. These supplemental reports were offered in an ad hoc, periodic

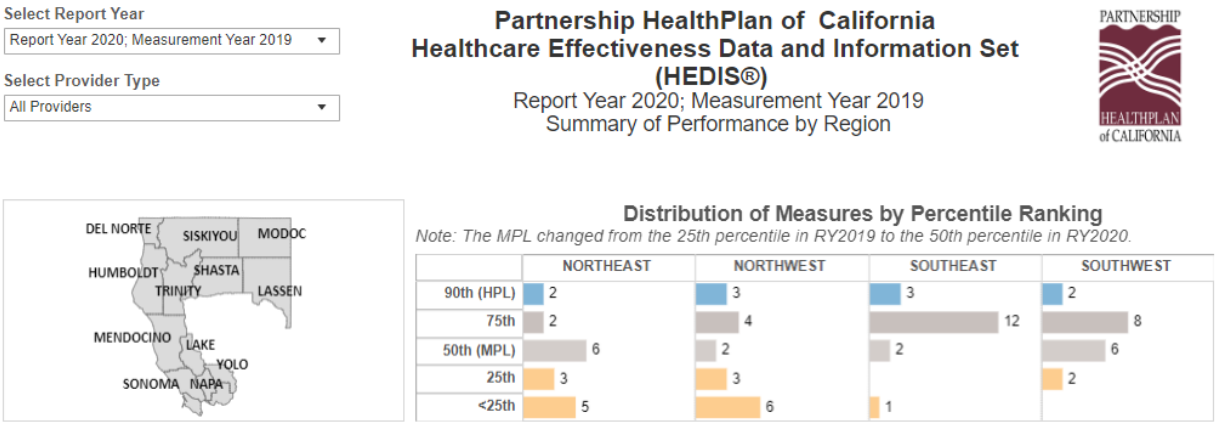
offering over the fourth quarter of 2018 through first quarter 2019. Several providers requested greater and more frequent access to these reports on an ongoing basis, as finally realized via this eReports enhancement in the second quarter of 2020.

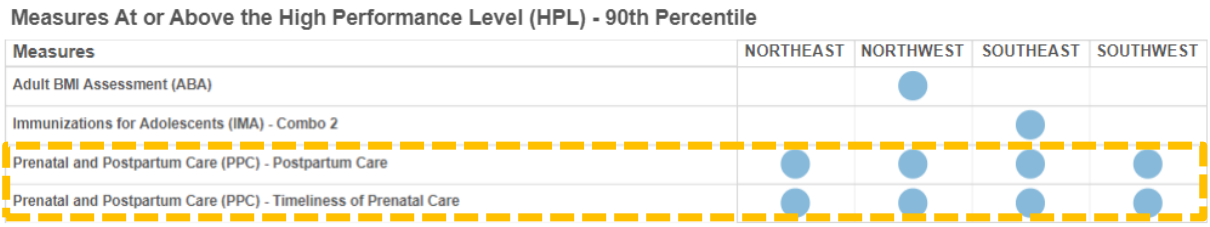
Perinatal QIP

The Perinatal Pilot Quality Improvement Program (QIP) is a pay-for-performance program offering financial incentives to participating Comprehensive Perinatal Service Program (CPSP) and select non-CPSP providers administering quality and timely prenatal and postpartum care to PHC members. In 2018 this pilot program was introduced to include the participation of two (2) of the largest practices in Partnership HealthPlan of California's (PHC's) major regions. Since pilot inception, the Perinatal QIP has expanded to include eighty-one (81) primary care and specialty providers within the fourteen counties served.

A combination of program participation, provider engagement led by Regional Medical Director Dr. Colleen Townsend and positive sub-region data indicators demonstrate PHC providers are performing at the HealthPlan HEDIS 90th percentile. These combined factors contributed to PHC senior leaderships decision to permanently add this program as a fiscal year offering in PHC's value based payment programs starting on July 1st 2020.

HEDIS Performance





Program Goals

Perinatal program goals and activities outlined in the 2019-20 QI Department Work-plan were completed and are highlighted below with the exception of program evaluation. The program evaluation was not completed due to extending the pilot program through the end of FY 2019-20. The QIP team anticipates the pilot phase 2019-20 evaluation will be completed by fall of 2020.

Completed Goals

- Determine if program should be installed on a permanent basis
- Complete provider survey to assess satisfaction with the QIP
- Provide ongoing technical assistance to providers

Measure Development

Perinatal QIP measure development will include program monitoring, process improvements and collaboration to produce four incentive strategies based on a simple and meaningful measurement set developed with PCPs and OB/GYNs in mind that includes the following measures:

- Timely Tdap and Influenza Vaccine
- Timely Prenatal Care
- Timely Postpartum Care
- Use of Electronic Clinical Data System (ECDS)

Program 2020-21 Focus

Process improvement to capture postpartum office visits and immunizations will reduce labor-hours for both providers and PHC staff involved with manually tracking and submitting attestations for these treated members. Program goals for 20-21 include:

- Develop and implement PQD Internal Dashboard to capture postpartum administrative office visits and immunizations data through claims/encounter data
- Continue to engage all major perinatal providers regularly, to maintain the performance on these measures

Long-Term Care QIP (LTC QIP)

In 2016, PHC began a value-based purchasing program targeting long-term care facilities. The LTC QIP offers sizeable financial incentives to support and improve the quality of long-term care provided to PHC members. In collaboration with LTC representatives, a simple, meaningful measurement set containing 10 measures was developed. 2019 was the fourth year for the program. The LTC QIP, different from the PCP QIP, is an opt-in program. All contracted facilities are invited to participate. In 2019 PHC had 83 contracted LTC facilities, of which 69 agreed to participate in the LTC QIP. The total amount awarded to the 69 participating facilities in 2019 was $3.7 million dollars. Three facilities did not earn a final incentive due to not having had any Partnership patients during 2019.

PHC met established thresholds for goals and activities indicated in the 2019-20 QI Work plan. A Provider Advisory Group for the LTC was established and that group met two times during the fiscal year. Long-term care facilities' performance was assessed and changes were considered for how to better assess performance, including attempts to obtain hospitalization data for PHC members in these facilities. There are significant data challenges in this QIP, and the QIP team is continuing to assess and explore ways to improve the measures so that providers are incentivized to help PHC reduce costs and improve quality. One of the ways this was done is through

engagement with partners in the community – through PHC's Advisory Group and LTC luncheons where PHC acknowledges high performing providers. PHC completed the 2019 Program Evaluation in June 2020.

Among the 10 measures, five measures are pay-for-outcome measures that evaluate a facility's performance against a set target. Examples include percentage of high-risk residents with pressure ulcers and percentage of residents who lose too much weight. Since these measures are publicly reported, the QIP team extracts data from Nursing Home Compare and rewards points accordingly.

In addition to the pay-for-outcome measures, the LTC QIP looks at two pay-for-reporting measures, each requiring a two-part data submission. As seen in the table below, a majority of LTC facilities submitted at least one element, with the QI implementation plan easier to achieve than the QI training and self-assessment.

Measure Name	Number of Sites Submitting One Element (%)	Number of Sites Submitting Both Elements (%)
QI Training and QAPI Self-Assessment	4 (6%)	37 (53%)
Quality Improvement Plan Implementation plan	8 (12%)	44 (64%)

The Health Services Advisory Group (HSAG) is contracted with the Centers for Medicare and Medicaid Services (CMS) to work with nursing homes in California to identify improvement opportunities. Previously, numerous trainings were offered through HSAG across the state. However, several of those opportunities occurred early in the calendar year before QIP sites were truly engaged with the program, or were not offered in areas that were convenient for facilities to be able to send staff.

The QIP team at Partnership worked with HSAG to host two additional trainings in the Northern Region to afford facilities a better opportunity to learn from the trainings and earn points for the program. HSAG provided training materials and shared presentations with PHC.

In April, a special incentive was added for documentation of infection control methods when the COVID-19 outbreak first struck. About half of the LTC facilities participated in this.

While minor changes were made for the 2020 LTC QIP year, the status of this incentive program is uncertain due to funding stream changes instituted by DHCS.

Hospital QIP

The Hospital Quality Improvement Program (HQIP) is a pay-for-performance incentive program that began in 2012 for selected hospitals in the Partnership HealthPlan of California (PHC) network. The purpose of the HQIP is twofold: 1) To help improve the health outcomes of PHC members served by its contracted hospitals and 2) to help participating hospitals assess the quality of care provided to their patients by serving as a guide to their existing quality improvement efforts. To do this, the program offers substantial financial incentives for hospitals that meet specific performance targets, connects HQIP hospitals with regular training opportunities and resources, and hosts an annual Hospital Quality Symposium.

PHC met all of the goals and activities indicated in the 2019-20 QI Work Plan. PHC completed an evaluation of the 2019 Hospital Quality Symposium, established an Advisory Group for this QIP, and completed development of the 2019/20 Measurement set. PHC also provided ongoing technical assistance to providers throughout the year, conducted an evaluation of the program, which is summarized below, and increased the number of providers participating in the QIP from 22 to 26. PHC conducted ongoing monitoring of performance of participants, have conducted all of these activities for the 2019-20 Measurement Year.

The HQIP successfully concluded its sixth year (2018-19), with 25 participants. The 2018-19 measurement set contained 9 measures:

1. All-Cause 30-Day Readmission Rate *or* Follow-up Post Discharge Visits
2. Palliative Care Capacity
3. Elective Delivery before 39 weeks
4. Exclusive Breast Milk Feeding Rate
5. Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Rate
6. Timely Participation in California Maternal Quality Care Collaborative (CMQCC) Data Reporting
7. VTE Prophylaxis Rates for Stroke, Surgery, ICU, and Non ICU Patients
8. CHPSO Patient Safety Organization Participation
9. Quality Improvement Capacity

In addition to the nine measures above, all large hospitals were required to complete HIE ADT interface with a community HIE, and hospitals that were not new to the program were required to complete Pre-manage/ED (now known as EDIE) interface by the end of the measurement year.

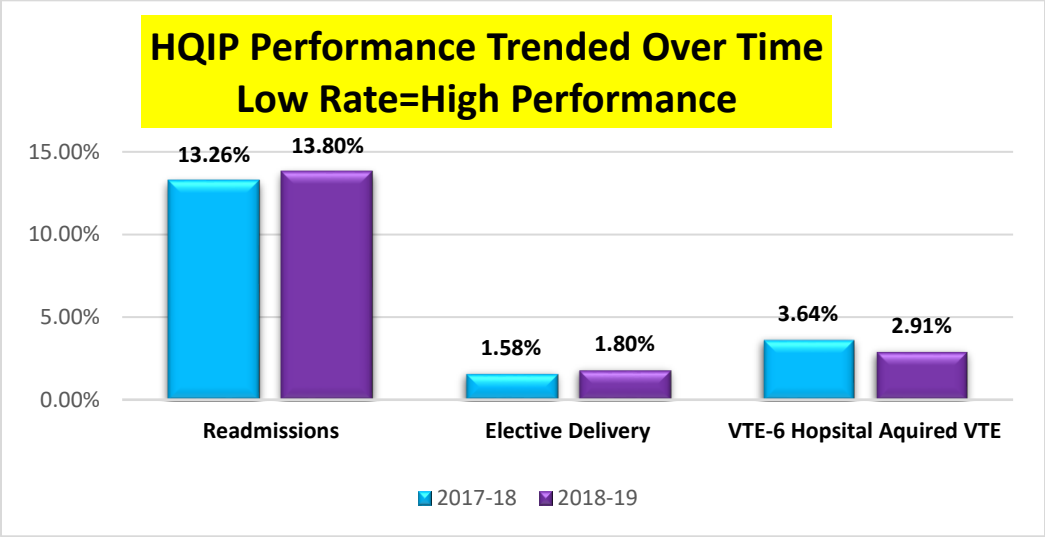
Annually, the Hospital QIP is evaluated by using performance indicators by measure and overall hospital performance. Program performance decreased in the areas of Early Elective Delivery and Readmissions rates for 2018-19 measurement year. Exclusive Breast Milk Feeding remained at a stable rate across the hospitals that offer maternity services. Stable performance in hospital-acquired Venous Thromboembolism (VTE) was achieved in 2018-19. This measure retired by the Joint Commission starting January 1, 2019, and also retired from the 2019-20 HQIP measurement set.

The following hospitals influence the overall hospital performance across the readmissions measure. Modoc Medical Center and Mayer's Memorial are both small hospitals with less than 25 beds. With small denominators for both hospitals, even small readmission rates will greatly impact their readmissions score. In comparison, Santa Rosa Memorial Hospital is a large hospital with greater than 50 beds. They had the largest denominator out of all 25 hospitals at 1408 and achieved a close to perfect score at 13.4% which is .4% above the 13% target.

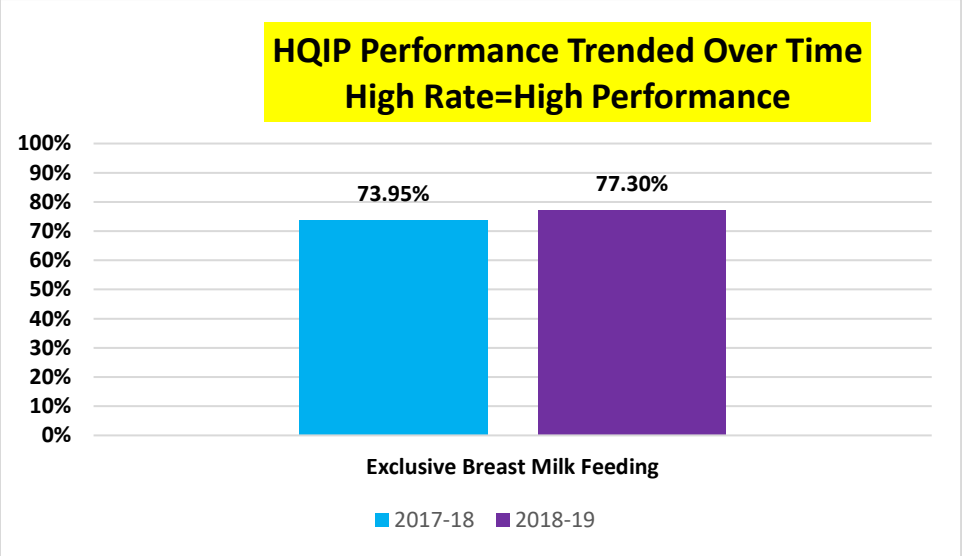
a. Modoc Medical Center: 2017-18 - 17.4% (DEN=23); 2018-19 - 25% (DEN=40)
b. Mayer's Memorial: 2017-18 - 6.7%, (DEN=15); 2018-19 - 23.1% (DEN=13)
c. Santa Rosa Memorial: Most admissions (DEN=1408) - readmission rate -13.4%

Program successes are seen with the increased number of hospitals earning 90% or higher, from 8 in 2017-18 measurement year, to 10 hospitals in the 2018-19 measurement year.

Data sharing was implemented in FY 2018-19 and by June 30, 2018, 13 hospitals went live with EDIE due to the HQIP requirement. 12 additional hospitals went live by the end of 2019.



These measures are scored based on the lower the rate the higher the performance. From 2017-18 to 2018-19, program performance decreased in the areas of Early Elective Delivery and Readmissions rates. Exclusive Breast Milk feeding remained stable across the hospitals that offer maternity services. VTE remained also remained stable and was retired from the 2019-20 HQIP measurement set.



The above measures are scored based on the higher the rate the higher the performance. The chart shows there was program performance improvement when comparing the Exclusive Breast Milk Feeding rate in 2017-18 to the rate in 2018-19.

Based on this evaluation, the measure thresholds for 2020-2021 have been increased and small hospitals will have a floor of potential incentive dollars established to encourage their engagement.

Palliative Care QIP (PC QIP)

In 2017, PHC began a pay-for-performance program for Palliative Care Providers. The Palliative Care QIP offers sizeable financial incentives to support and improve the quality of palliative care provided to PHC members. In collaboration with Palliative Care providers, PHC has developed a simple, meaningful measurement set to measure quality of care using two measures: Avoiding hospitalization and emergency room visits, and Completion of POLST and use of the Palliative Care Quality Network (PCQN).

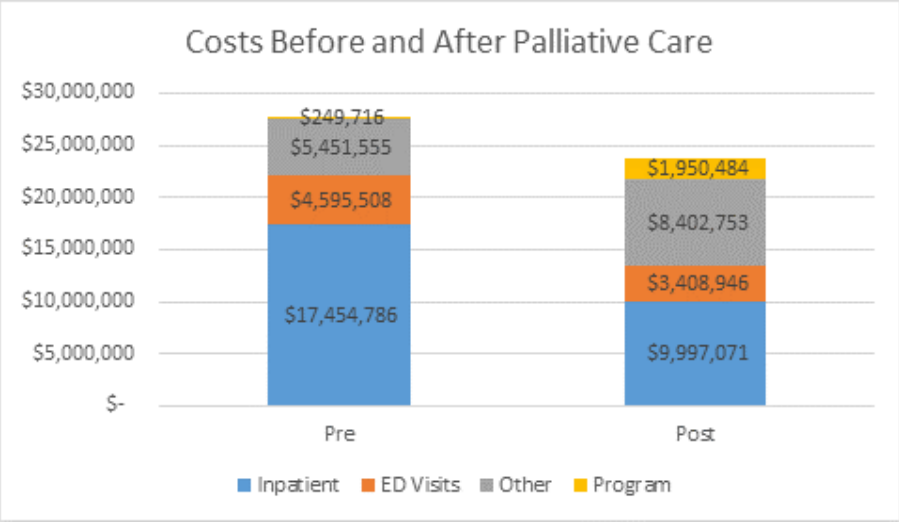
Regarding the goals and activities indicated in the 2019-20 QI Department Work Plan, all intended outcomes were accomplished. PHC sustained the participation of the eight contracted sites, conducted ongoing performance evaluation of the participants, continued to use the most meaningful and feasible measures available, offered technical assistance to providers throughout the year, tracked all submissions, validated them, and gave participants updates on their performance. As needed, PHC provided onboarding of providers as they became credentialed and trained staff of the PCNA.

The Palliative Care QIP runs on a calendar year, from January 1 – December 31 each year. Providers are paid based on their performance during two six-month measurement periods. In 2019, the program had twelve participants, and a total payout of ~$645,000. Major program activities during 2019 included: new participant outreach and onboarding; webinars, technical assistance, and program communications; work with providers to coordinate data validation and collection for PCQN measure; work with analytics to coordinate data collection and validation for avoiding hospitalization and ED visits measure; and distribution of reports to providers.

Program strengths include an opportunity for PHC to decrease utilization and improve quality of care provided to members, strong provider engagement, and connecting providers with useful quality monitoring resources such as PCQN.

Partly due to the aligned incentives of the Palliative Care QIP, the overall financial savings of this program has continued, and the data from PCQN have demonstrated the average performance better than other, non-PHC palliative care program.

The following table highlights the pre/post costs for the Intensive Outpatient Palliative Care (IOPC) benefit.



Average cost per member:
Pre-palliative care: $59,936
Post-Palliative care: $51,344

Program Savings: $3,992,311
Program Cost: $2,200,200
Savings/cost ratio: 1.81

Intensive Outpatient Case Management QIP (IOPCM QIP)
In 2019, PHC began a pay-for-performance program for Intensive Outpatient Case Management Providers (IOPCM). The IOPCM QIP offers financial incentives to support and improve the quality of outpatient case management care provided to PHC members. PHC has developed a simple, meaningful measurement set to measure quality of care using one measure: Avoiding hospitalization and emergency room visits

All intended outcomes were accomplished for the goals and activities indicated in the 2019-20 QI Work Plan. PHC sustained the participation of the sixteen contracted sites, conducted ongoing performance evaluation of the participants, continued to use the most meaningful, yet feasible, measure available, and gave participants updates on their performance.

The IOPCM QIP runs on a calendar year, from January 1 – December 31 each year. Providers are paid based on their performance during four quarters during the measurement period. In 2019, the program had sixteen participants, and a total payout of ~$207,500. Major program activities during 2019 included: new participant outreach and onboarding, and program communications; work with providers to coordinate data validation and collection measure; work with analytics to coordinate data collection and validation for avoiding hospitalization and ED visits measure; and distribution of reports to providers.

Program strengths include an opportunity for PHC to decrease utilization and improve quality of care provided to members, and strong provider engagement.

Community Pharmacy QIP

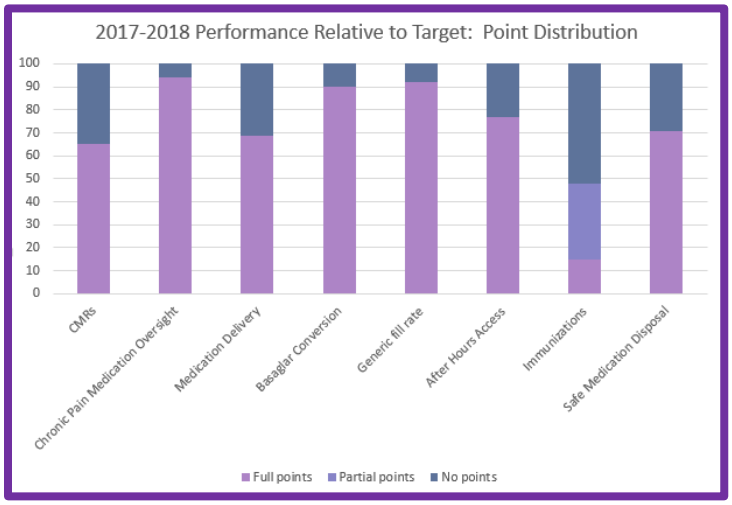
As of the 2019-2020 measurement year, the Community Pharmacy QIP is now referred to as the Independent Community Pharmacy QIP. During the measurement year, PHC enrolled thirty seven pharmacies, but only thirty four pharmacies participated due to either termination from the Independent Community Pharmacy QIP program or pharmacy closure. Pharmacies were evaluated on measures from four domains: Clinical Domain (Comprehensive Medication Review for Customers and Chronic Pain Medication Oversight), Patient Experience Domain (Medication Delivery), Cost Efficiency Domain (Generic fill rate, Admelog Conversion), and Access Domain (After Hours Access, Immunizations, and Safe Medication Disposal).

Due to the COVID-19 pandemic, performance data submission by participating pharmacies has been slow, and PHC expects most submissions will not occur until the last months of the submission period. Due to the impact and disruption resulting from the COVID-19 pandemic, the final submission date was extended from 7/31/2020 to 8/31/2020. QIP Performance evaluation will commence when performance data from all participating pharmacies has been received. Payments for the 2019-2020 measurement year will be distributed by October 31, 2020.

2018-2019 Community Pharmacy QIP Results

There were fifty one community pharmacies (hereafter referred to as "pharmacies") that participated in the sixth year (2018-2019) of the Community Pharmacy QIP. In 2018-2019, there were sixty eight pharmacies invited to participate in the program. Pharmacies were evaluated on measures from four domains: Clinical Domain (Comprehensive Medication Review for Customers and Chronic Pain Medication Oversight), Patient Experience Domain (Medication Delivery), Cost Efficiency Domain (Generic fill rate, Admelog Conversion), and Access Domain (After Hours Access, Immunizations, and Safe Medication Disposal). Performance data was submitted by the pharmacies on all measures except Admelog Conversion and Generic Fill Rate. PHC calculated performance based on the measures described.

For measurement year 2018-2019, PHC paid a total of $1.1 million to participating pharmacies. No pharmacies received the maximum 100 points compared to five (5) pharmacies that received the maximum 100 points for measurement year 2017-2018. Some reasons for lost points likely included the redistribution of points among the four domains, submission requirements tied to eligibility for one Generic Fill Rate measure, and continuation of the insulin brand conversion measure, which requires prescriber approval for substitution/conversion. Nonetheless, performance in general remained high, as twenty nine pharmacies earned between 80 and 98 points. The graph below illustrates the proportion of reporting pharmacies that earned points for each measure:



Note: Pharmacies only report on measures that are applicable to their business. For example, pharmacies that do not offer Medication Delivery will provide that information in writing and will not eligible to receive the points assigned to that measure. The maximum point earning potential is not adjusted.

The Pharmacy QIP was established to support and improve the access to and quality of community pharmacy services provided to our members. With each new measurement year since the first year, 2013-2014, PHC has made changes to the program aimed at building a more robust QIP. Below are some of the recent changes made to the program.

- Under the Cost Efficiency Domain, the Generic Fill Rate measure itself does not require any submission of documents by the participating pharmacies. For the Pharmacy QIP for 2018-2019, in order to receive credit and points for the Generic Fill Rate, participating pharmacies had to also submit documents for least one (1) of the following measures:

- (1) Comprehensive Medication Review (CMR) for Patients
- (2) Chronic Pain Medication Oversight
- (3) Medication Delivery
- (7) Immunizations
- (8) Safe Medication Disposal

- Under the Cost Efficiency Domain, the medication conversion measure was updated for the Pharmacy QIP for 2018-2019. The medication conversion measure for 2018-2019 focused on conversion from Humalog, Novolog, and Apidra to Admelog.
- The Safe Medication Disposal measure for 2017-2018 had been updated to focus on active Safe Medication Disposal programs. Participants were asked to provide documentation of the program in place in the pharmacy. Points were awarded for documentation of one (1) of (2) program. For the Pharmacy QIP for 2018-2019, the Safe Medication Disposal measure was updated allowing pharmacies to share documentation of one (1) out of (3) programs, medication disposal bins, mail-back envelopes, or at-home waste disposal system such as DisposeRx, Deterra Drug Deactivation System, or Rx Destroyer Pharmaceutical Disposal.

Independent Community Pharmacy QIP Discontinuation
On January 7, 2019, Governor Gavin Newsom issued an Executive Order (N-01-19) ordering that DHCS take all necessary steps to transition all pharmacy services from Medi-Cal Managed Care to a Fee-For Service (FFS) benefit by January 2021 in order to create significant negotiating leverage on behalf of over 13 million Californians and generate substantial annual savings. Due to the removal of the pharmacy benefit from PHC, PHC's Executive Leadership Team determined the Independent Community Pharmacy QIP would not continue beyond the 2019-2020 measurement year. Letters terminating the Letters of Agreement (LOAs) were distributed to QIP participating pharmacies on April 30, 2020.

In partnership with the participating Independent Community Pharmacies, PHC has seen tremendous work completed in the domains of Clinical Quality, Patient Service, Cost Efficiency, and Access. With the pending transition of the pharmacy benefit to FFS, PHC has had to make the difficult decision to discontinue the Independent Community Pharmacy QIP. However, if DHCS delays or eliminates the implementation of the Executive Order, PHC will consider re-instating this important program.

Patient Safety and Quality Compliance Activities

Quality Assurance and Patient Safety activities include investigation of Potential Quality Issues (PQIs), Site Reviews (including facility site and medical record reviews), Physical Accessibility Review Surveys (PARS) which assess the level of physical accessibility of provider sites including specialist and ancillary providers that serve a high volume of seniors and persons with disabilities, and monitoring initial health assessment (IHA) rates.

Potential Quality Issues (PQI)

A potential quality issue is defined as a possible adverse variation from expected clinician performance, clinical care, or outcome of care which requires further investigation to determine whether an actual quality of care concern or opportunity for improvement exists. The PQI investigation and Peer Review process provide a systematic method for the identification, reporting, and processing of a PQI to determine opportunities for

improvement in the provision of care and services to Partnership HealthPlan of California (PHC) members, and to direct appropriate actions for improvement based upon outcome, risk, frequency, and severity.

PHC identifies PQIs through the systematic review of a variety of data sources, including but not limited to: 1) Grievances and Appeals; 2) UM (utilization review); 3) Claims and encounter data; 4) Care Coordination; 5) Medical Record Review; 6) Referrals from other health plan staff; providers and members of the community; 7) HEDIS medical record abstraction process, and, 7) Facility Site Reviews.

The top three referral sources were the Grievance and Appeals, the Utilization Management and the Coordination of Care departments. The rest of the PQI cases were referred by other sources such as the Pharmacy Department and Regional Medical Directors.

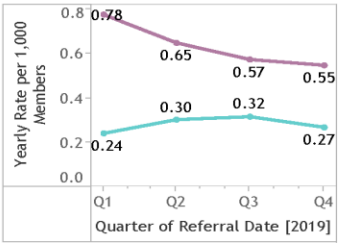
Region-wide Report (Southern and Northern Regions)	2019		Grand Total
PQI Rate, Count and Membership	Q1/Q2	Q3/Q4	
PQI Count	109	100	209
Members Months	3,310,509	3,260,219	6,570,728
Rate per 1,000 Members	0.40	0.37	0.38

Potential Quality Issues
Referral Dates: CY2019

PQI Rate, Count and Membership

	2019 Q1		2019 Q2		2019 Q3		2019 Q4		Total
	SOUTHE..	NORTH..	SOUTHE..	NORTH..	SOUTHE..	NORTH..	SOUTHE..	NORTH..	
PQI Count	24	30	30	25	31	22	26	21	209
Member Months	1,196,275	463,220	1,189,224	461,790	1,177,247	459,661	1,163,808	459,503	6,570,728
Yearly Rate per 1,000 Members	0.24	0.78	0.30	0.65	0.32	0.57	0.27	0.55	0.38

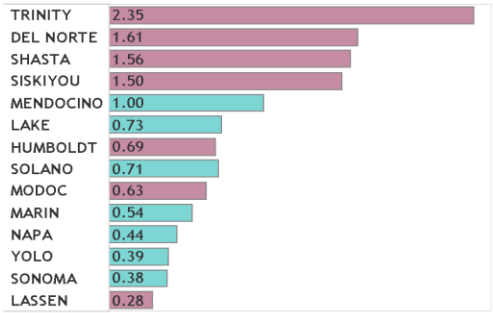
Trend of PQI Rate



Count, Membership and Rate per 1,000 Members by County

	Number of PQIs	Member Months	Yearly Rate per 1,000 Members
TRINITY	5	25,506	2.35
DEL NORTE	9	67,102	1.61
SHASTA	46	354,718	1.56
SISKIYOU	13	103,890	1.50
MENDOCINO	19	228,545	1.00
LAKE	11	180,587	0.73
HUMBOLDT	18	312,531	0.69
SOLANO	38	643,504	0.71
MODOC	1	19,152	0.63
MARIN	10	223,291	0.54
NAPA	6	164,944	0.44
YOLO	10	311,209	0.39
SONOMA	20	633,419	0.38
LASSEN	1	42,111	0.28

PQI Rate per 1,000 Members by County



Yearly Rate per 1,000 is defined as: [(Number of PQIs)/(Membermonths)]*12,000
Created by: Liat Vaisenberg (lvaisenberg@partnershiphp.org)

In 2019, 209 cases were reported for PQI investigation. A total of 177 cases were processed and closed to completion, which includes seven Provider Preventable Conditions (PPC) that were reported to DHCS. In accordance with PHC policy, cases scoring a P2 or P3 or S2 or S3 are reviewed by PHC's Peer Review Committee to determine what actions on the part of the health plan are indicated. Assignment of practitioner performance and system scores is based on the reviewed medical records, other information submitted by the provider, and additional documentation as needed to fully review the case. A PQI may involve both a practitioner performance issue and system issue. In addition, some cases involve multiple providers and are scored separately. MD oversight of the PQI/Peer Review process includes a weekly PQI rounds attended by Associate Medical Directors and Performance Improvement Clinical Specialist (PICS) RNs.

The yearly rate per 1,000 members is calculated based on the number of PQIs divided by the member months (which is 12 months). The Northern Region show a higher rate based on the number of PQIs and their membership count.

Assignment of Practitioner Performance and Systems Scores

Practitioner Performance Severity Scores

P Score	Definition	Action/Follow-up
P0	Care is appropriate.	No action required.
P1	Minor opportunity for improvement. Potential for or actual, minor adverse outcome to member.	An informal letter to the provider may be sent at reviewer's discretion. Response may or may not be required.
P2	Moderate opportunity for improvement and/or care deemed inappropriate. Potential for minor or moderate adverse outcome to member.	Letter to provider of concern, requesting a response. May recommend CAP and/or other interventions.
P3	Significant opportunity for improvement and/or care deemed inappropriate. Potential for significant adverse outcome to member.	Immediate communication to provider of concern requesting a response. May recommend CAP and/or other interventions. May be referred to Credentialing Committee with recommendations for PRC.
PUTD	Use whenever the PQI cannot be leveled prior to referral to the Peer Review Organization (PRO) of the Facility of Concern (FOC) or the Provider of Concern (POC).	Referral to the PRO of the Facility of Concern (FOC) or the Provider of Concern (POC).

System Issue Severity Scores

S Score	Definition	Action/Follow-up
S0	No system issue.	No action required.
S1	Minor opportunity for improvement. Potential for or actual, minor adverse outcome to member.	An informal letter to the provider may be sent at reviewer's discretion. Response may or may not be required.
S2	Moderate opportunity for improvement and/or care deemed inappropriate. Potential for minor or moderate adverse outcome to member.	Letter to provider of concern, requesting a response. May recommend CAP and/or other interventions.
S3	Significant opportunity for improvement and/or care deemed inappropriate. Potential for significant adverse outcome to member.	Immediate communication to provider of concern requesting a response. May recommend CAP and/or other interventions. May be referred to Credentialing Committee with recommendations for PRC.
SUTD	Use whenever the PQI cannot be leveled prior to referral to the Peer Review Organization (PRO) of the Facility of Concern (FOC) or the System of Concern (SOC).	Referral to the PRO of the Facility of Concern (FOC) or the Provider of Concern (POC).

Process improvements include the enhancement of the new PQI documentation system that was implemented on January 1, 2019. The results of the enhancement project completed on June 3, 2020, allow more consistent documentation and data capturing for reporting purposes to ensure compliance with internal policies and regulatory requirements. Process improvements resulting from this new system will equate to resources spending more time with the PQI investigation, more efficient and consistent case investigation and identifying areas of improvement.

Site Reviews

PHC conducts site reviews to ensure that primary care providers have the capacity to maintain patient safety standards and practices. It is required that each primary care provider (PCP) site pass an Initial Facility Site Review prior to joining PHC's network. Site Reviews are conducted, at a minimum, on a three year periodic basis. DHCS requires that a DHCS Certified Site Reviewer (Registered Nurse) conduct these reviews. During fiscal year 2019-2020 PHC achieved greater than 95% timeliness of Site Reviews.

Facility Site Reviews

Overall, the Facility Site Review domain scores remained very high. There are some areas in need of improvement. Through the Facility Site Review process, PHC has identified and communicated to providers where specific improvement is needed with the following areas commonly cited:

- Infection Control: Needle stick safety precautions are practiced on site.
- Clinical Services: Lab supplies are inaccessible to unauthorized persons.
- Access Safety: Emergency phone number contacts are posted and updated annually as changes occur; Medication dosage charts for all medications included with emergency equipment are kept with the emergency medications.

Medical Record Reviews

Format and documentation domain scores for the Medical Record Review remained fairly high – within the 90th percentage range. A decline in performance has been identified in the following areas:

- Pediatric Preventive Health: Initial Health Assessments (IHA), Staying Healthy Assessments (SHA), and TB screenings.
- Adult Preventive Health: Advance Care Directives Initial Health Assessments (IHA), including Staying Healthy Assessments (SHA), TB screenings and adult vaccines.

FSR Performance Jul 2019 - Jun 2020					
Access & Safety	**Personnel**	**Office Management**	**Clinical Services**	**Preventive Services**	**Infection Control**
96%	95%	96%	92%	93%	91%
MRR Performance Jul 2019 - Jun 2020					
Format	**Documentation**	**Coord. of Care**	**Pediatric Preventive**	**Adult Preventive**	**OB Preventive**
98%	91%	94%	86%	77%	93%

Certified Site Reviewers address areas identified from the review tool that do not meet the DHCS standards while at the provider site. During the review, the PHC nurses also use this time to provide educational feedback to provider staff (i.e. handouts on TB risk assessments, going over the IHA and SHA and any barriers faced by the provider). For some areas, as required by the Site Review protocol, corrective action plans are issued to the provider. An interim assessment is also conducted mid-point to the next regularly scheduled review.

In February 2019, PHC launched the use of an electronic tool for Site Review and Medical Record Review data collection. Utilizing this new system enabled PHC to better aggregate PHC's Site Review data and assist in determining areas of focused education for its providers. The Healthy Data Systems (HDS) web-based Site Review platform has allowed the team to retire the previous Access Database and now houses demographic and Site Review score data on all providers reviewed. The Certified Site Reviewers utilize HDS on a Chromebook while onsite at provider offices. Challenges with internet connectivity remained an issue post-implementation that requires reviewers keep a blank paper copy of the tool with them at all times. Coordinators use the system to schedule reviews, prepare the tools for the reviewers and document dates throughout the process. Reporting scores to DHCS semi-annually is more efficient using HDS thanks to the automated reporting available within the system. Enhancements to the HDS system are in development and will benefit the 17 California managed care plans currently using the system.

One major enhancement anticipated in the HDS system is the integration of the new Site Review tool introduced by DHCS in mid-2019. DHCS originally directed health plans to be prepared to transition fully to this new tool by 7/1/20. As a result, PHC opted to start utilizing this new expanded tool in its site reviews in parallel to the 2012 released tool. Because most site reviews over 2019-2020 were conducted as *dual reviews*, PHC decided to revert to the use of paper-based tools when onsite with providers. The scores were then entered into HDS upon completion of the review. This decision was made to help the Certified Site Reviewers be as efficient as possible and thereby limit additional time taken while on site with provider staff. This unexpected change in process meant PHC has been unable to fully evaluate the effectiveness of the HDS system, given the limited timeframe in 2019 for which it was deployed and used on site by Certified Site Reviewers as originally planned and tested.

Physical Accessibility Review Survey (PARS), aka Part C Review

The purpose of the Physical Accessibility Review Survey is to assess provider sites' physical accessibility for PHC's seniors and persons with disabilities (SPDs) using a set of standards approved by DHCS. Results from the reviews are made available to PHC's members through its website and provider directories. The findings of these reviews are informational only. Providers are designated as having either "Basic Access" or "Limited Access."

- Basic Access: Indicates that the facility met all 29 critical elements that identify a site's capability of accommodating SPDs.
- Limited Access: Indicates that the facility does not meet one or more critical element related to the six indicators listed below.
    1. Parking
    2. Interior Building
    3. Exterior Building
    4. Restroom
    5. Exam Room
    6. Medical Equipment
- Medical Equipment Access: PCP sites only. Demonstrates if a site has a height adjustable exam table and patient accessible weight scales per guidelines (for wheelchair/scooter plus a patient).

Total Site Reviews Conducted 7/1/2019 - 06/30/2020

PCP Offices				Specialists	
Site Review	**Medical Record Review**	**Part C Basic**	**Part C Limited**	**Part C Basic**	**Part C Limited**
75	70	30	40	1	14

Initial Health Assessment

PHC's DHCS contract requires Partnership Health Plan to cover and ensure the provision of an Initial Health Assessment (IHA) to each new member within 120 days of enrollment to the health plan. The IHA includes a history of the member's medical and dental health, an identification of risks, an assessment of needed preventive screens or services and health education, and the diagnosis and treatment plan of any diseases. Provider sites are required to document attempts to reach members who missed their scheduled IHA and to ensure that all new members complete the Individual Health Education Behavioral Assessment (IHEBA), also known as the Staying Healthy Assessment (SHA) within 120 calendar days of enrollment as part of the IHA.

The methodology for determining IHA compliance is used to better identify the members in the denominator. The two instances a member would populate in the denominator would be:

- Brand new member to the health plan.
- A previously enrolled member's first month back to the plan, who wasn't continuously enrolled for 120 days in the past 8 months, prior to the new member month.

For example, if a previously enrolled member's first month back establishing membership with the plan was August 2019, PHC would look back from December 2018 – July 2019 to see if the member was continuously enrolled for 120 days (IHA final denominator eligible) at any point. If they were, they would be excluded (would have been captured previously), and if they haven't they would then be due for an IHA again between August – November 2019.

Due to the difficulty of achieving a high rate of success in this measure, PHC continued efforts to influence performance on a provider-by-provider basis through the site review process. An Initial Health Assessment work group, comprised of representatives from multiple PHC departments, meets quarterly to review this strategy and progress. PHC developed and refined a report that addressed IHA rates based on claims and encounter data. In reporting PHC's compliance rate, PHC will allow time for the member to be seen (120 days), plus a three month claims lag, and begin the six month reporting period at that point. A provider specific report was developed that addressed members who did not have an IHA performed during the last quarter. Site review nurses share this information with providers when conducting site visits.

The QI department partnered with other PHC departments (Provider Relations and Member Services) to increase awareness of the requirement with PHC staff who will then share this information with providers and members in which they have contact. Mini audits were conducted and processes were reviewed. The findings were shared with these providers, along with discussions regarding barriers and next steps. Provider specific improvement plans were discuss with providers while site review nurses were onsite conducting a review.

	ALL REGION	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Total:
A	New Enrollees CE within 120 Days (Elig Tble)	923	847	833	980	905	833	742	815	879	7,757
B	IHA Visits <= 120 Days (Clms Tble)	424	400	417	476	454	441	406	406	406	3,830
	% IHA Visits Within 120 Days of Enrollment (B/A)	45.94%	47.23%	50.06%	48.57%	50.17%	52.94%	54.72%	49.82%	46.19%	49.37%

PHC's pilot programs helped it better understand the challenges its providers face, among them limited access, locating its members in a very transient population, member refusal to come in for an IHA, documentation of attempts to contact the members, and members who were already a patient of the PCP previous to plan enrollment who had prior comprehensive exams that are not picked up in the data collection.

Delegation

PHC's oversight of QI activities that are delegated to DHCS subcontractors/NCQA Delegates is reviewed and approved at least annually by the Delegation Oversight, IQI, and Q/UAC committees. A delegation agreement, including a detailed list of activities delegated and reporting requirements, is mutually agreed upon by PHC and the entity. Currently PHC contracts with two entities, Beacon Health Options and Kaiser Foundation Health Plan to provide Behavioral Health Services. Audits conducted in 2019 for both providers revealed no findings.

Clinical Monitoring of Chronic Hepatitis C Treatment

In collaboration with a designated specialty pharmacy, the pharmacy department developed a goal to monitor and provide oversight of member completion rate for Hepatitis C virus treatment and ensure the health plan's compliance with regulatory requirements. The intent was to monitor medication adherence and the successful completion rate of health plan beneficiaries undergoing treatment for chronic Hepatitis C virus. Treatment regimen and duration of therapy was dependent upon genotype and severity of disease. In addition, a health plan clinical pharmacist also reviewed updates to the Department of Health Care Services' (DHCS) Treatment Policy for the Management of Chronic Hepatitis C to ensure plan compliance with regulatory requirements. Revisions to health plan Hepatitis C drug treatment criteria were based on DHCS policy updates, changes in clinical practice guidelines (such as American Association for the Study of Liver Diseases), and utilization management strategies of the plan to support cost-effective evidence-based treatment. Any recommended changes to drug criteria were reviewed and approved by the Pharmacy & Therapeutics (P&T) Committee. Quarterly utilization meetings presented to stakeholders by the designated specialty pharmacy reported on individual patient characteristics (such as type of infection and severity of the disease), adherence and completion rates, and reasons for discontinuation or gap in therapy. A health plan clinical pharmacist, in conjunction with a medical director, would determine the best course of action for any complex case referrals made by the designated specialty pharmacy. With the support of a health plan clinical pharmacist and the designated specialty pharmacy, the established goal of monitoring medication adherence and completion of therapy was met. However, this goal will not continue due to the pharmacy benefit transition to the State (DHCS) scheduled for January 1, 2021, as managed care plans (MCPs) will no longer have access to real-time pharmacy claim data, oversight of medication formulary status, nor have an established relationship with a designated specialty pharmacy.

Clinical Monitoring of Latent Tuberculosis Infection

The Pharmacy Department led intervention to track, monitor, and evaluate member adherence to the 12-dose Latent Tuberculosis Infection (LTBI) treatment regimen. The goal was to identify and address gaps in the LTBI 12-week treatment regimen resulting from non-adherence, inappropriate prescribing, and/or identified medication dispensing issues. A health plan clinical pharmacist identified members who were non-adherent to their 12-week treatment regimen (consisting of Isoniazid and Rifapentine) for LTBI and would notify the treating clinician of member's gap in therapy or failure to complete therapy. The clinical pharmacist also identified potential concerns of inappropriate regimen and/or inappropriate dispensing and share findings with the treating clinician via a provider fax. From July 2019 to June 2020, a total of thirty-seven provider notifications were sent to share health plan findings and to address the identified concerns with the member. These findings were also shared with health plan medical directors in a summary report. The requirements of this goal were met and will be continued for the upcoming FY 2020-2021. However, barriers to data quality may be a limitation after December 31, 2020 due to pharmacy benefit transition to the State (DHCS) scheduled for January 1, 2021 and will no longer be the responsibility of the managed care plans (MCPs).

Improvement Projects - 2019/2020 QI Work Plan

Background

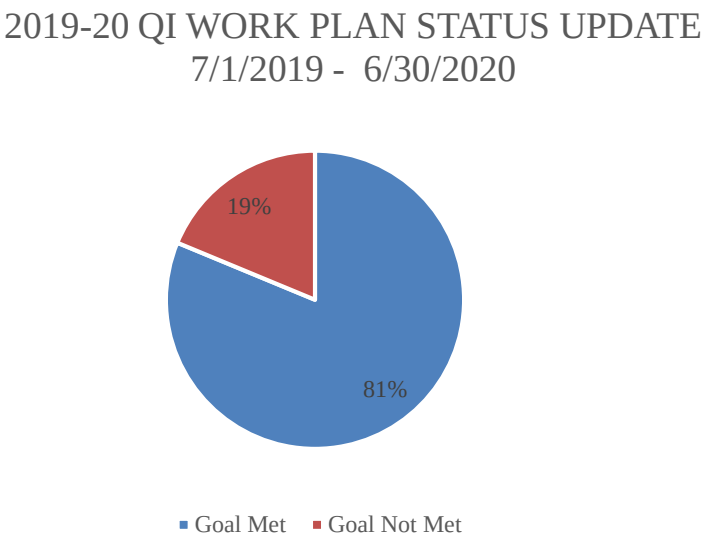
Background: The QI Work Plan is designed to track progress on key QI activities and initiatives throughout the year. Approved by our Board of Commissioners and quality committees, it includes progress updates on planned activities and objectives for improving quality of clinical care, safety of clinical care, quality of service and members' experience. The work plan is set on a fiscal year schedule. The template for the work plan was modified starting with the 2019-20 fiscal year to make clearer distinctions between goals and deliverables. This update includes progress on activities from July 1, 2019 through June 30, 2020.

Results: Goals were assessed for level of completion based on the status of supporting deliverables. If all deliverables were completed for an associated goal, it was deemed as "goal met". If any deliverables were noted as "on track", "delayed", or "terminated", the goal was deemed "goal not met".

Of the 64 goals outlined in the work plan, 52 are "Goal Met" and 12 are "Goal Not Met".

Table 1
Goal Status
7/1/2019 – 6/30/2020

Status	n	%
Goal Met	52	81%
Goal Not Met	12	19%



QI Major Milestones and Activities

- Training sessions were conducted by the QI Trilogy Project Management team to support the completion of the QI Trilogy documents (QI Work Plan, QI Program Description, and QI Evaluation). Each session was held prior to the initiation of updates.
- The NCQA Accreditation Team met with business owners and created work plans and document libraries for monitoring progress in preparation for First Survey.
- The HEDIS Measure Score Improvement Team Goal group included workgroups that supported work on Asthma Medication Ratio, Well Child Visits in the 3rd, 4th 5th and 6th Years of Life measure and perinatal measures.
- The Perinatal Engagement Workgroup leaders met with 23 providers to share guidance on perinatal measures and services that best support member needs and drive performance on perinatal services.
- The Well-Child Birthday Club extended to over 30 sites and continued to serve as a means of encouraging members to complete well-child services in the Northern Region.
- The Perinatal QIP pilot program ended and the standing program began on 7/1/2020.
- Phase I updates on managing visibility of quality data introducing greater transparency to provider performance data has been completed. Initial reports will be shared with the Board of Commissioners in August 2020.
- The PCP QIP and HQIP pivoted to change 19-20 program requirements in light of COVID-19.
- Bonus payments were made to LTC facilities that demonstrated plans and protocols for preventing the spread of COVID-19 in their facilities.
- The Performance Improvement Team conducted virtual ABC's of QI sessions for providers.
- Member outreach outcall work transitioned from QI to the newly formed Population Health Management Department.
- The Patient Safety team The Patient Safety team implemented use of the new DHCS site review tool and internal tools to track site reviews and PQI and piloted the process of virtual site visits.
- QI and Pharmacy partnered to complete academic detailing visits.

- Multiple departments including Care Coordination, Utilization Management, Pharmacy and Grievance and Appeals participated in mock file audits in preparation for First Survey.
- A Board Advisory Committee was formed with a subset of leaders from the PHC Board of Directors to provide feedback on quality and performance improvement activities.
- The "Better Together" 5-year strategic plan for HEDIS improvement was revised to reflect the focused efforts of PHC to be a 5-star quality health plan.

Final Goal Status

Goal Status: Not Met

Goals with a "not met" status include items where the work to complete the goal was set for a timeframe outside of the 2019-20 fiscal year, due to a delay or alternate stakeholder timelines for necessary work. Many items with a goal status of "not met/ delayed" are tied to COVID-19 and the shelter –in-place order.

Project or Program	Goal	Status Details	Next Steps
2d – Provider Experience	By July 31, 2020, conduct the CG – CAHPS survey in support of the PCP QIP	As a result of COVID-19, patient experience (CG-CAHPS), has been suspended for 2020. Current preparations are underway to augment survey questions that consider COVID-19	• Complete survey closeout process • Evaluate survey responses after the survey is conducted • If applicable, develop and propose an action plan to improve provider satisfaction.
2h – Partnership Quality Dashboard (PQD)	• Evaluate PQD	Per changes and reprioritization with COVID-19, the timeline for the evaluation has been pushed back for completion in the fall of 2020.	• The staff roles and responsibilities are being revisited in light of 2 major staffing changes. • Training of staff, implementation of the training protocols, slated to be completed post 7/1/2020.
	• Develop PQD Sustainability Plan	• The communication strategy/protocol is in progress. • Updated training materials per PQD development are slated to be completed by 6/30/2020. • The strategy is slated for completion by 6/30/2020.	
2i – HEDIS related data quality, timely access and completeness	Update data sources and then prioritize mapping key data sets to assure data capture under new and changing measures defined under the Managed Care Accountability Set (MCAS). Utilize newly developed data quality dashboards to focus data quality workgroup in monitoring for timely billing	PHC had few meetings with LabCorp to discuss the connectivity and file formats for data exchange. PHC also started working with NCHIIN for building interfaces so clinical data from four of their	The deliverable: *Prioritize interface development and data mapping for new lab based MCAS measures, including: Lab Corp, NCHIIN, Sac Valley Med Share HIE, and RCHC data warehouse* was not fully met, given the complexity of the work, vendor partnering, and balancing of other priorities. In

	of capitated PCP services. Continue working with the Quality Improvement department to create dashboards for all capitated data. Under the direction of the newly established Data Governance Council, continue executing under the approved roadmap for data governance/data warehouse activities and implement data steward program	additional participants can be sourced into its CDR.	the Jan-June 2020 update, an action plan with current timing to achieve these interface and data mapping objectives are outlined in detail.
3a – Primary Care Provider Quality Improvement Program (PCP QIP)	Further leverage the PCP QIP program to continue to support HEDIS score improvement, including monitoring changes to relative improvement methodology, payment methodology, and continuous enrollment requirement and support clinics in their efforts to use data to improve reporting and performance improvement activities.	• Provider Survey closes on June 30th. Assessment is schedule to be completed end of July. • Employee resources and COVID-19 has contributed to a delay in meeting this goal.	• Complete survey closeout process • Evaluate survey responses • If applicable, develop and propose an action plan to improve provider satisfaction. • Goal to complete is end of month, July 31st
3f – Community Pharmacy QIP	Operate an incentive program to support clinical pharmacy activities that aim to optimize medication therapy and improve member health outcomes	Most submissions will likely occur in the last months for the submission period. Due to the COVID-19 pandemic, the final submission date was moved from 7/31/20 to 8/31/20.	The "Final Goal" will not be met until all submissions are reviewed, scores and payments calculated, and payments sent to the participating pharmacies. Independent Community QIP payments for 2019-2020 will be mailed out no later than October 31, 2020.
4b – Offering & Honoring Choices Initiative – Palliative Care Consult	By June 30, 2020 implement requirement for palliative care consult (or equivalent) for major organ transplant patients	Per Dr. Moore, delayed due to conflicting priorities.	No estimated date of completion at this time.
4h - Asthma Prescription Best Practice Adoption	By 6/30/20, the NR QI, Pharmacy, and PR leadership teams will partner to improve HEDIS measure performance by influencing prescribers to adopt best asthma prescribing practices and working with the pharmacy network to improve asthma medication workflows.	Postponed the 3rd week of March when shelter-in-place and provider focus was placed on COVID-19 response. With the re-scheduling of the education, there will be an opportunity to re-visit scoping of a joint PCP and pharmacy PDSA.	PHC senior leadership recently waived this goal requirement on 2019-20 given the unprecedented impact of COVID to conducting this work. We still aim to pursue this PDSA beyond the original shared department goal and deliverable defined within this work plan.
5e – Provider Satisfaction	Create platform for prescribers to submit pharmacy TARs directly to	As a result of the State of California Governor's Executive Order N-01-19, which stipulates that MCP	Goal terminated due to pending pharmacy carve-out to DHCS.

	the PHC Pharmacy Department	pharmacy benefits will be carved out to State Medi-Cal Fee For Service effective January 1, 2021, the integration of a Provider Platform for online TAR submission into the PHC's ePA system will be terminated.	
6a – Population Health Management and Care for Members with Complex Needs	Improve HEDIS rates for PPC-Pre, PPC -Post, W15 and comply with AB2193 Review and Revise Growing Together Program (GTP) to reflect AB2193 for maternal risk of depression screening and continued focus on HEDIS measures to support and reinforce maternal participation in: • PPC-Pre: Prenatal Care • PPC-Post: Postpartum Care • W15: Well child exams within the first 15 months of life • AB2193 – Encourage prenatal social work/maternal mental health visits for pregnant moms	In April, the PHM Team started calling families with children <15 months old, to reinforce the importance of Well-Child Exams during the COVID-19 Pandemic. Care Coordination and Population Health will meet to identify the best way to transition the Growing Together Program into Population Health. Date to be determined. (Wellness Guide positions will need to be posted and hired within PHM to support these campaigns. This is included in the proposed budget for FY20-21.) The Population Health Supervisor has written the process and procedures for the GTP program, and is ready to implement into a program once the program is implemented.	Transfer this goal to Population Health, and continue working on it during FY20-21.
6e – NCQA Grand Analysis: Population Segmentation/Stratification	Complete the annual segmentation/stratification of PHC's member population into subsets for targeted intervention	Draft submitted to NCQA consultant. Feedback received, 4/28. Revised draft in progress.	Target completion for PHM 2D by end of June.
10b – NCQA Delegation Readiness	By June 30, 2020, update current Delegation Agreements with 2020 NCQA Standards and have submitted to delegates for execution	Currently Compliance NCQA Readiness is at 98.89% and missing one document that has been sent to our NCQA consultant for review and approval and will put us at 100% readiness	Due to COVID-19 several delegates requested an extension on file submission. Understanding the impact COVID-19 had on many of the delegates PHC granted an extension. However, we have now received all of the required documents to complete the audit and final results will go through DORS in Q3.

Care for Members with Complex Needs and Community Partnerships

Care for Members with Complex Needs

With the goal of improving HEDIS rates for PPC-Pre, PPC-Post, W15, and to comply with AB2193, PHC's Care Coordination Department decided to review and revise the Growing Together Program to reflect AB2193 for maternal risk of depression screening and continued focus on HEDIS measures to support and reinforce maternal participation in prenatal and postpartum appointments, obtaining well-child exams for children within the first 15 months of life, and encourage members to take advantage of mental health services during and after pregnancy. In the past year, screening tools have been developed to work with women who are progressing with a healthy pregnancy, and well babies. When the team identifies a pregnant, postpartum, or baby that might need additional services, the team will submit a referral into Care Coordination for case management. The revised program will be implemented through the Population Health team in July 2020.

Complex Case Management (CCM)

PHC's Care Coordination continues to update their CCM activities to meet the DHCS and NCQA requirements. Staff have trained and additional training is provided to staff who have been identified as needing additional support. A Nurse Case Manager will perform the assessment, identify benefits and services that the member is eligible to receive, then identifies if that services is available within that individual's area. Members self-identify goals that they would like to work on – the case manager will follow-up with the member to educate, encourage and follow-up on those goals. Care Coordination has put processes into place to ensure that they are survey ready with their CCM programs and services.

Community Resource Web Pages

Partnership has recognized that community resources provide significant support to its member population and also the challenge of maintaining an up-to-date repository of community resources and an easy way to retrieve these. PHC's Population Health team created county-based web pages showing the various resources available in each county by resource type. This was deployed in December 2018. The pages are organized using pictographs that transcend language and education-level for access. The Population Health team validate the resources no less than annually, and shares these web links with providers, members, and community-based organizations to promote the services offered within the member's area.

Services and Patient Experience

A vulnerable time for a member is when they are transitioning across settings. Care Coordination's transition of care program assists members in transitioning across settings (hospital to home) or transitioning from pediatric to adult care. Care Coordination has also developed reports identifying members that have been discharged from the hospital with a length of stay longer than 5 days, and complex members that are transitioning from pediatric to adult care. Case leads offer to assistance in connecting members with outpatient resources, clarifying prescriptions, educating on benefits, and establishing / re-establishing care with providers. Age specific assessments have been created and implemented to ensure the complexity of age specific needs are not left neglected.

Case Management – Smoking Cessation

Pharmacy department, in collaboration with the Care Coordination (CC) department, offered a pharmacist-based smoking cessation counseling service to individual members who requested assistance on smoking cessation as

identified on a new enrollee questionnaire. To support the organizational effort of providing care to members with complex needs, a clinical pharmacist would provide information regarding the member enrollment process with the California Smokers' Helpline, discuss potential therapy options, and offer other resources to ensure success of quitting cigarettes. The referrals came from newly enrolled members who indicated they wanted assistance with smoking cessation on their initial health assessment. The goal of the program was to contact 100% of members referred by Care Coordination for smoking cessation services within 5 business days of the referral, with a minimum of three outreach attempts being made. During July 2019 to June 2020, a clinical pharmacist successfully contacted six out of a total of seven members referred within five business days. A minimum of three outreach attempts were made for each member referred to the program. Out of the six members contacted, three initiated smoking cessation therapy, two decreased their daily use of cigarettes, and one successfully quit the use of cigarettes during the follow-up period. The total number of referrals is dependent upon survey response, which may have been affected by the coronavirus pandemic. Overall, the established goal of this initiative was met and the program will continue for FY 2020-2021.

Offering and Honoring Choices (Advance Care Planning and Palliative Care)

In 2012, PHC began the Offering and Honoring Choices™ initiative to ensure that members, staff and their families are knowledgeable about health care treatment options, empowered to define their treatment goals, and able to make informed choices about the interventions they choose during the last years of life. The two main areas under Offering and Honoring Choices™ are advance care planning (ACP) and palliative care.

Advance care planning is defined as making decisions about the care one wants to receive if one becomes unable to decide and communicate these wishes. Palliative care is defined as patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Below are the results from the Offering and Honoring Choices Initiative.

Advance Care Planning

Significant work has been done in the past few years to promote advance care planning among PHC staff, and for PHC members through its Care Coordination department and primary care delivery system. Internally among staff, advance care planning was promoted at PHC's 2018 - 2019 National HealthCare Decision Day events, other promotions include "conversation sessions," and an on-line interactive Advance Care Planning training made available to all PHC employees.

In addition to promoting advance care planning via PHC's care coordination department, PHC provides a financial incentive via the PCP QIP to encourage primary care providers to discuss advance care planning with their patients. Below are the results from the past eight QIP measurement periods. In 2019, there was a decrease in number of attestations. This can be attributed to having few providers participating in the advance care planning measure. Additionally, there was a transition from tracking submissions sent in via fax to an electronic submission process.

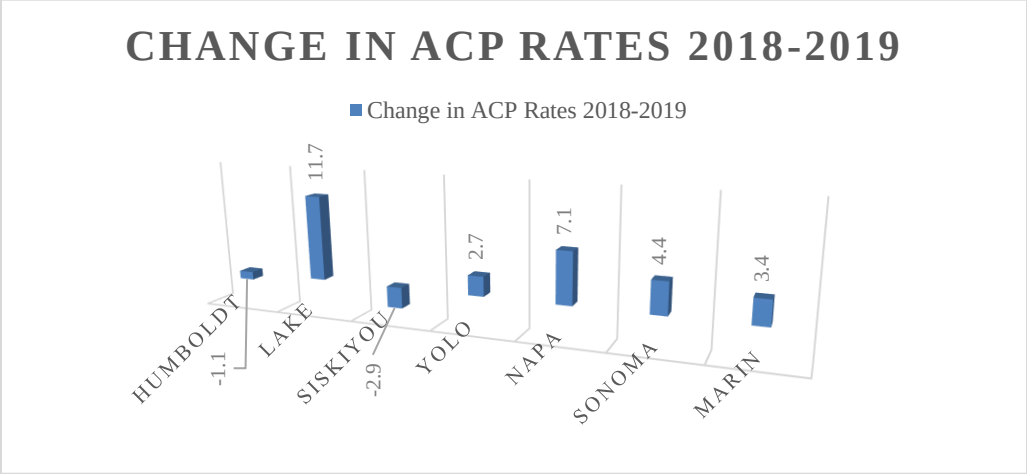
Measurement Year	ACP Attestations	# of providers
2019	5940	55
2018	7064	70
2017 (transition period July – Dec)	3234	54
2016 - 2017	2676	45
2015 - 2016	1353	42
2014 - 2015	1401	32
2013 - 2014	1295	41
2012 - 2013	123	5

Advance Care Planning Local Coalition Grant

In the summer of 2017, Partnership HealthPlan of California (PHC) and the Coalition for Compassionate Care of California (CCCC) collaborated on a project to increase Advance Care Planning (ACP) activities through the building of grassroots ACP coalitions. PHC contracted with CCCC to provide program management and support, over a 24-month period. In February 2018, PHC announced the following four local coalitions were selected as recipients of the grant funding: Humboldt Advance Care Planning Coalition (HumACP), My Life. My Way. Lake County Coalition for Advance Care Planning, Siskiyou ACP Coalition "Let's Talk", and Yolo Coalition to Honor Choices (YCHC). Each local coalition created a work plan that they reported on every 6 months during the grant period, which ended in August 2019.

The results of each coalition varied greatly, potentially because of the different characteristics of each community. All four coalitions developed steering/stakeholder committees and held community engagement and education events. Cumulatively, the four local coalition grantees held 97 community educational events during the 18-month grant period, reaching 2,940 community members. The individuals who established and managed the local ACP coalitions in each community were skilled, committed, and enthusiastic, and their communities were receptive to their efforts.

The data below were from the annual CG-CAHPS survey. Beginning in 2018, PHC included additional questions on ACP for the largest provider organizations that participate in the PCP QIP. The Lake and Yolo coalitions saw an increase in the ACP rates from 2018-2019, while there was a decrease for Humboldt and Siskiyou counties. Only the data for Yolo county – the 2.7% increase in 2018-2019 from the baseline – was statistically significant.



The greatest challenge reported by the four coalitions was around sustainability. Those challenges included shifting personnel, leadership burnout, and balancing careers with coalition work. In Siskiyou, the actual topography of the county was a hindrance to the work. For Lake county, natural disasters (e.g. fires) took community attention away from everything beyond recovery.

This was a $320,000 dollar investment and required a dedicated point person from PHC to provide project management oversight throughout the duration of the grant period, working closely with CCCC. The aggregate data from the ACP coalition grant only show a statistically significant increase in people reporting completing an advance directive in Yolo County, one of the four counties of focus. In light of the focus on NCQA Accreditation and HEDIS Score improvement, the recommendation was to not further invest in the ACP community coalitions at this time.

Palliative Care

In the fall of 2015, Partnership HealthPlan of California (PHC) piloted a community based palliative care program. The goal of the pilot was twofold, first, it supported PHC's mission to help members and the communities PHC serves be healthy and secondly, it helped to inform program development on what would eventually become a state benefit. The PHC pilot study showed that improving symptom management and attention to patient's social needs resulted in the overall costs being much lower for enrolled members. In particular, hospitalizations for patients in the palliative care program were markedly lower comparing both pre and post enrollment data and also when compared to similar controls. Most importantly, patient and family satisfaction were very high, with 95% being highly satisfied. Finally, the palliative care pilot met the triple aim of better care, lower costs, and high patient satisfaction. Based on the success of the pilot program, PHC extended the palliative care benefit to several of its counties much earlier than the mandated state requirement of January 2018.

Consistent with the new state of California guidelines for this benefit, PHC offers palliative care to members with an expected survival of one year or less who have poor functional status and who have one of five covered diagnoses: stage III or IV cancer, CHF, COPD, end stage liver disease, neuromuscular disease. There are a few other criteria, but essentially the care is provided to PHC's patients who need more help at the end of life but who are not yet ready for hospice care. The main criteria include members be willing to have home based care; willing to participate in advanced care planning discussions and avoid hospital care and emergency department visits.

PHC has contracted with several organizations and currently provides palliative care services in each of the 14 counties it serves. Since the fall of 2015 PHC has enrolled over 300 of its members in the intensive outpatient palliative care benefit.

For the fifth year in a row PHC sponsored and provided planning support for the palliative care conference (hosted by Collabria Care, formerly known as Napa Valley Hospice Adult Day Services). In 2020, the 8th Annual Palliative Care Conference took place in February, and was well attended by over 200 people.

Social Determinants of Health (SDH)

To align with Partnership's mission to help its members and the communities it serves be healthy, PHC launched the Social Determinants of Health initiative in 2015. Social Determinants of Health are defined as the "the

circumstances in which people are born, grow up, live, work, and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics."

In 2019, PHC supported through grant funding two provider sites in implementing the Transitions Clinic Network (TCN) model within PHC geographic areas under the Social Determinants of Health (SDH) program. An additional provider organization, La Clinica De La Raza, received continuation funding from 2018 through 2020.

The TCN program is an evidenced-based model of care (patient-centered primary care medical home) that reduces emergency department visits, hospitalizations and parole and probation violations for patients impacted by the criminal justice system. The goals of the Transitions Clinic model are to improve health outcomes, improve health care delivery, and reduce health care costs.

Each Transitions Clinic Program provides:

- Linkages with correctional partners to provide continuity of care
- Easy access to comprehensive primary care
- Culturally competent, patient-centered medical services
- Community health workers with a history of incarceration as part of an integrated medical team
- Close partnerships with local reentry organizations to address social determinants of health

Below are brief descriptions of each program. Final grant reports are due 7/31/20 or later.

- REACH Program, Hill Country Community Clinic (Redding, CA): As of March 31, 2020, there were 17 unduplicated, active and enrolled PHC patients. It has collaborated with community SUD treatment programs, including transitional housing programs. The REACH program has had limited contact with potential new clients since the COVID-19 pandemic. In March, it hosted the last STOPP meeting (Successful Transition Off Probation and Parole). This is where initial contact and connection with recently released was most often established. Grantee will have its updated data and narrative report in its final report.
- La Clinica de La Raza (North Vallejo, CA): As of March 31, 2020, there were 87 unduplicated, active and enrolled PHC patients, with a total of 130 patients enrolled to date. Due to the COVID-19 pandemic and the shelter-in-place order, the Transitions Clinic moved to provide telehealth services to its patients. This has limited community outreach efforts and patient recruitment. Despite this challenge, the Community Health Worker (CHW) continues to actively reach out to eligible patients before and upon their release. Many enrolled patients continue to reach out to the CHW to request referrals to community resources.
- Santa Rosa Community Health (Santa Rosa, CA): As of December 31, 2019, there were 31 unduplicated enrolled PHC patients, with a total of 53 patients enrolled in the program from April – December 2019. The Community Health Worker has strengthened the cultural responsiveness to this population. The health center has improved health outcomes for the Transitions Clinic target population by strengthening SRCH's relationship with Sonoma County Jail and accelerating entry into comprehensive primary care. The CHW went through a rigorous background screening and has been granted "Professional Visitor" status at the Sonoma County jails. This development has greatly increased the ability to meet with patients, assess their needs and provide resources prior to discharge. In addition, SRCH was able to adjust workflows leading to quicker engagement at release. An example of this is the use of the iPad to schedule patients with a provider directly.

Housing Grant

In summer 2017 PHC released the RFP for the Housing Grants. In total, 39 qualified applicants applied for funding, with at least one application from each of the 14 counties PHC serves. In total, 26 grants were awarded, with the bulk of funding going to longer-term capital projects and to shorter-term facilitation services related to placement in permanent supportive housing. Other funded projects include respite care services and sober living environments (see table below for details).

Approximately one-third of the $25 million allocated for these projects has been expended. Most of the facilitation projects have been fully funded although the providers continue to report to PHC on the status of those served through the grant. Three projects have not yet drawn on the PHC grant funds; these are tied to the State's "No Place Like Home" grant program for the seriously mentally ill and are all in the process of defining the projects to meet State specifications.

Preliminary data show significant reductions in emergency room usage for those that are housed. We continue to add to our data base as additional members become housed, and to monitor their health status and service utilization.

County	Grantee	Project Description
Del Norte	Del Norte County Dept. of Health and Human Services	New Construction w/ Client Centered Support Services and Resource Linkage, including services to the Specialty Mental Health population.
Humboldt	Redwood Community Action Agency	New Construction Housing Project w/ Support Services
	Community Revitalization and Support Corporation	Permanent Supportive Housing
Lake	Adventist Health Clear Lake	Multi-Service Housing Center w/Intensive Case Management
Lassen	Lassen County Health & Social Services	Tenant-Based Housing Rehabilitation
Marin	Homeward Bound of Marin	Permanent Supportive Housing including services to the Specialty Mental Health population
Mendocino	Health and Human Services of Mendocino County	Facilitation and Housing
Modoc	T.E.A.C.H, Inc.	Acquisition-Rehab w/Case Management Mental Health & Substance Use Disorder Services
Napa	Peter A & Vernice H Gasser Foundation	Financial Assistance to Address Housing Barriers
	Abode Services	Affordable Housing for Low-Income Residents/Permanent Supportive Housing for Homeless
Shasta	Shasta Women's Refuge, Inc. (One Safe Place)	Transitional Housing with Case Management, Rapid Rehousing and Permanent Housing Serving those affected by Domestic Violence
	Hill County Community Clinic (The Center of Hope)	Housing for Homeless Youth and Adults. Intensive Care Management Services
	Hill Country Community Clinic (Youth Without A Home)	Housing and Facilitation Service for Homeless Youth. Case Management Services Managing Housing Support Funds
	Northern Valley Catholic Social Services, Inc.	Micro-Loan Flex Fund. Case Management Services

County	Grantee	Project Description
	Northern Valley Catholic Social Services, Inc.	Permanent Supportive Housing in the Intermountain Region of Eastern Shasta County
Siskiyou	Siskiyou County Health & Human Services Agency – Social Services Division – Rapid Re-Housing Project	CalWORKs Housing Support Program Expansion
	Siskiyou County Health & Human Services Agency – Behavioral Health Division	Permanent Supportive Housing
Solano	CAP Solano Joint Powers Authority	Permanent Supportive Housing Short or Medium-Term Housing Assistance Supportive Services for Medi-Cal Beneficiaries
Sonoma	Sonoma County Community Development Facilitation	Housing Placement, Temporary Sober Living & Housing Case Management
	Sonoma County Community Development Commission – Capital Innovation	Permanent Supportive Housing Sober Living
Trinity	Trinity County Behavioral Health Department	Permanent Affordable Housing Case Management and Supportive Services including services for the Specialty Mental Health population
Yolo	Davis Community Meals and Housing	Resource and referral Center, Transitional Housing, Permanent Micro-Housing
	City of West Sacramento	Permanent Supportive Housing and Case Management
	City of Woodland	Possible Acquisition/Rehab with Intensive Case Management Services

Quality Improvement Training and Coaching

QI Provider Resource Updates and Changes

In light of the feedback from providers for more site specific offerings and assistance with QI capacity and infrastructure building, the Performance Improvement team pivoted by changing long standing Partnership Improvement Academy offerings. This includes the following changes:

- Increased collaboration between the QIP and PI staff on messaging QIP changes.
- Temporary suspension of ADVANCE.
- Reoriented staff and the creation of a strategy for practice facilitation.
- Assigned Improvement Advisors as key contacts for provider organizations, including serving as the leads for the Southern Region Joint Leadership Initiative point teams.
- Developed measure-specific education sessions with continuing medication education and continuing edits units available to promote clinician and care team understanding of HEDIS/QIP measures.
- Expanded the scope of Southwest Regional sessions on QIP measures from Lake and Mendocino Counties to Marin and Sonoma.
- In partnership with the Regional Medical Director for the Southeast Region, established a quarterly SE Regional Quality Meeting for the largest primary care provider organizations in the region to promote education, engagement, and sharing of best practices.
- Offering the ABCs of QI as four virtual sessions instead of a one-day in-person training.

The Quality Measure Highlights, were updated for continued use. These documents used in conjunction with provider visits, in-person and virtual webinars proved to be helpful in conveying key components of QIP

measures and their similarities to the HEDIS measures from which they are derived. They also served to address an opportunity for improvement requested by our providers, with sharing more specific guidance on codes that could be used to best demonstrate completion of preventive and chronic care services for members.

Accelerated Learning

Similar to in 2018, PHC offered four Accelerated Learning sessions to primary care provider organizations in Lake and Mendocino counties in June and July 2019. They were webinars meant to provide, guidance, technical assistance, and coaching support upon request to Lake and Mendocino providers in meeting requirements for the PCP QIP. The program covered:

- Overview of the technical offerings from PHC's PCP QIP, eReports and Partnership Quality Dashboard.
- Measure deep dive and sharing of best practices for the following:
  - Cervical cancer and breast cancer screening
  - Child and adolescent well visits and immunizations
  - Colorectal cancer screening

The sessions were well-received and the content deemed important enough to expand the target audience and to refurbish the curriculum to offer continuing medical education (CME) and continuing education (CE) units for physicians and other providers and nurses, respectively. This was done for four focus areas:

- Cervical and breast cancer screenings.
- Childhood and adolescent immunizations.
- Colorectal cancer screening.
- Pediatric and adolescent well-child visits.

In conjunction with PHC medical directors, the Performance Improvement team offered three Accelerated Learning sessions focused on well-child visits, immunizations, and colorectal cancer screening via webinar in April and June 2020. Due to the COVID-19 pandemic, mammography services and cervical cancer screenings were paused until late spring. Sensitive to this environment, the Accelerated Learning session on women's health was postponed until August 2020.

Provider-specific on-site offerings of the Accelerated Learning sessions had also been planned to occur in the spring of 2020. Due to the COVID-19 environment, these were postponed until primary care provider organizations were ready to host the sessions virtually.

The evaluation responses for the Accelerated Learning webinars were positive. The learning sessions will continue to be offered during the 2020-21 fiscal year.

ABCs of Quality Improvement

Between July 2019 and June 2020, PHC hosted four in-person ABCs of QI trainings for its provider network and initiated a pilot of virtual ABCs of QI. Participants of the trainings include clinicians, front-line staff, quality improvement staff, administrators, and public health professionals. The in-person trainings are a full day and cover a range of topics, including:

- What is Quality Improvement?
- Introduction to the Model for Improvement.

- How to create an aim statement.
- How to use data for improvement.
- Why and how to establish outcome and process measures.
- Tips for developing change ideas that lead to improvement.
- Testing changes with the Plan-Do-Study-Act (PDSA) cycle.

2019	Location	# Participants	2020	Location	# Participants
August	Eureka	35	January	Fairfield – for Solano County Family Health Services	13
October	Fairfield	47	March	Santa Rosa	27

For each of these trainings, at least 92% of the participants said they would recommend the training to a colleague. Further, almost all participants report they understand the basic components of the Model for Improvement, including how to write an aim statement, use data, and test changes.

Based on the consistent number of participants at the trainings and overall high level of satisfaction, we will continue to offer the ABCs of QI at the same frequency. The pilot of the virtual ABCs of QI will help inform whether to offer the training in this format more frequently, especially if in-person gatherings are still considered too risky in the fall of 2020 due to COVID-19.

ADVANCE

PHC launched the fourth cohort of the Quality Improvement Advisor development program aimed at equipping provider practices to lead and sustain health care quality improvement initiatives. Thirteen provider practices participated in the nine month program which ran from March - December 2019. Two to three learners from each site participated in in-person and webinar sessions and lead a QI project focused on one of the PHC Primary Care Provider Quality Improvement Program (QIP) measures of their organization's choice. To enhance learning application, PHC provided quality improvement coaches to mentor and guide provider practice teams.

The participants' evaluation of the ADVANCE program included: content, coaching support and the overall effectiveness of the program. All ADVANCE participants (30/30) rated the program as excellent or good. Over 70% of teams saw some improvement on their outcome measure, and over 50% of all teams met or exceeded their goal. Furthermore, in reviewing 2019 ADVANCE participants' 2018 and. 2019 QIP scores for the measures they selected, over 90% of participants showed improvement.

While the ADVANCE program has been successful at transferring quality improvement knowledge and applicable skills, PHC has decided to pause the program and test other methods of training and development. Ensuring the principles from the ADVANCE program are transferred, PHC's Performance Improvement team, is launching the Practice Facilitation program. PHC coaches, as Practice Facilitators will work alongside organizations quality teams, to provide guidance and resources to facilitate system-level changes. The Practice Facilitator provides a framework for QI and translate evidence-based research into practice by building relationships, improving communication and facilitating change. With our Practice Facilitation program, provider practices will spend less time outside of their practice attending trainings, less time completing assignments and

more time learning and applying the Model for Improvement methodology. PHC, Practice Facilitators, will train, mentor and guide provider practice teams on-site and at their pace.

1:1 Provider Site Visits

In the Northern Region, the Patient Safety Team visited 12 provider sites between July 1, 2019, and June 30, 2020, providing "lunch and learn" HEDIS education sessions to the attending office teams. These presentations and discussions typically included providers, nurses, MAs, scribes and front office staff and covered measure requirements, best practices in medical record-keeping and proven improvement strategies for a variety of measures. The education sessions were well attended, with sign-in sheets showing a combined total of 35 providers and 95 supporting staff being present. Typically PHC experienced a high level of engagement with the staff and considerable discussion centered on internal processes to increase compliance in the measures discussed. Post-education evaluations were conducted with those present and out of the 95 responses, 90% agreed or strongly agreed that they knew more about HEDIS measures and strategies than they did prior to the training.

The DHCS released APL 20-006 on 3/4/20 with multiple Site Review changes including the release of a 2019 Facility Site Review (FSR) and Medical Record (MRR) Tool with a planned effective date of 7/1/20 (this may be postponed due to COVID, we are waiting on a new APL to be released). In order to guide providers prior to being held accountable to new tools, the Patient Safety team visited 12 provider sites between November 2019-June 2020, providing "lunch and learn" Site Review education sessions. The education sessions were well attended, with sign-in sheets showing a combined total of 26 providers and 75 support staff being present. Post-education evaluations were conducted with those present and out of 59 responses, 88% agreed or strongly agreed that they knew more about Site Reviews than they did prior to the training.

QI Technical Assistance in partnership with Northern Region Consortia

PHC QI staff partnered with the North Coast Clinics Network (NCCN) and the Health Alliance of Northern California (HANC) to conduct the two ABCs of QI trainings offered in the Northern Region (NR). HANC and NCCN have allocated staff to serve as trainers in partnership with NR PHC trainers in all NR offerings. As part of PHC's partnering and joint objective to build capacity for quality in its PCP network, PHC collaborated over the course of 2019-2020 to expand the webinar series targeting recent ABCs of QI attendees. The purpose of this webinar series is to offer more in depth training opportunities on specific improvement methodologies and tools introduced during ABCs of QI. In recent years, PHC's more rural providers have expressed challenges in committing to more in-person trainings, always ideal for didactic and hands-on application activities but difficult to manage with staffing constraints in more rurally located clinics. This webinar series is meant to offer convenience to PHC providers and support ongoing improvement training needs across the Northern Region. Following the 2019 Eureka ABCs of QI training, PHC and its consortia partners included three webinars: Root Cause Analysis, Lean 101, and Meeting Facilitation. The Redding ABCs of QI training was ultimately cancelled due to COVID and social distancing requirements, but PHC still elected to host a webinar on Measure Selection.

The three organizations collaborated to maintain a QI Measure Toolkit, initially developed and launched in 2017. The QI Measure Toolkit provides background information on the measures defined under HEDIS, Uniform Data Set (UDS), Site Reviews, and the PCP QIP. This toolkit also includes measure by measure data sets reflective of consortia member performance across the varying measurement sets. And, recommended best practices from national change packages and regional interventions are also included by measure. A key component of the toolkit

is a measure crosswalk that indicates which measures fall under each measure set, as well as what criteria constitutes denominator and numerator compliance, and any exclusions that exist for the measure. These tools allow organizations to potentially target measures for performance improvement that affect multiple measure sets.

HANC and NCCN offer great avenues for communicating with the largest NR PCP organizations serving PHC members. In the past year, PHC has leveraged the consortia QI and CMO Peer Networks, which each meet monthly, to share key changes in measure sets, HEDIS/QIP measure education, HEDIS/QIP performance results, and emerging best practices from ongoing regional performance improvement projects. It is also a forum by which barriers to achieving improved HEDIS performance can be openly discussed, informing PHC's HEDIS Score Improvement tactical strategies and dialog with DHCS. In the past year, the NR PHC team has shared the HEDIS RY2019 results and HEDIS measure education on all low performing, priority HEDIS measures in the NR. Learnings from regional immunization performance improvement projects have been shared. With the advent of COVID, the three organizations have worked to understand the needs of the provider network and share best practices for addressing quality measures under the state social distancing mandates.

Internal Training

QI-EX – Quality Excellence

The QI-Ex initiative developed following two cycles of internal training for the Quality Improvement and Pharmacy departments on the Model for Improvement methodology between 2016 and 2018. The focus of QI-EX had been on professional development. Due to changes in staffing in 2019, the QI-EX initiative was retired in August 2019. Two of the three work groups were left without coaches, and all had fewer members. One of the focus areas became less relevant after DHCS revised the measures for which PHC is held accountable. Staffing resources were shifted to leading the HEDIS Measure Score Improvement goal team and Well Child work group, and supporting the Joint Leadership Initiative and the AMR work group.

Member Experience with the Utilization Management Process

Pharmacy department leadership organized an initiative to improve the quality of member Notice of Action (NOA) determination letters to align with NCQA requirements and to ensure continued compliance and readiness for NCQA audit. The pharmacy team developed a core workgroup consisting of clinical pharmacists and operational leadership to develop useful tools, trainings, and resources to ensure written notification of pharmacy denials contain the specific reasons for denial, is in language that is easy to understand, and contains a reference to the criteria, guideline, or benefit provision used to make the decision. To ensure continued quality improvement and compliance, various activities and team audits were held throughout the year to track and monitor team progress and to provide individual and team support when needed.

Quality and Performance Improvement Program Accomplishments

During the 2019-2020 fiscal year, the Quality and Performance Improvement Team achieved the following milestones in advancing department goals and objectives:

Major Accomplishments:

- The HEDIS Performance Strategic Plan, renamed the "Achieving 5-Star Quality Strategic Plan", was updated to include a focus on advancing key Quality and Performance Improvement tactical plans through the

formalization of the concept of "A Learning Organization" that will allow PHC to initiate work, assess, and adjust based upon findings.

- The efforts of Quality and Performance Programs have contributed to an overall increase in HEDIS composite score from 60% in RY2019 to 69.75% in RY 2020.
- The Joint Leadership Initiative (JLI) was created to further engage executive and senior leadership at 10 large provider sites responsible for substantial segments of the PHC Member population. The goal of the JLI is to engage in thoughtful collaboration with PHC Executive leadership in an effort to improve outcomes and increase accountability for quality improvement and measure performance.
    - The QI NCQA Project Management team successfully led PHC through the NCQA Interim Accreditation Survey.

Accomplishments Related to Clinical Quality Measures

PHC's Quality Improvement organization wide goals for 2019-2020 included an increased focus on three specific clinical measures. Based on the measure(s) of focus, there was a cross-functional work group including department representation from: Health Analytics, Care Coordination, Claims, Health Education, Medical Directors, Pharmacy, Population Health Management, Provider Relations, and Quality Improvement. All three clinical measures, Asthma Medication Ratio (AMR), Prenatal and Postpartum Care, and Well-Child Visits for 3-6 Year Olds (W34) have seen an improvement on performance indicators.

- Prenatal and Postpartum Care Measures
    - The Prenatal Postpartum Engagement Work Group provided site specific education to 22 provider organizations or which 15 are designated large provider organizations. This group also developed, distributed and received responses back from 25 sites that participated in the Perinatal Practice Survey to assess overall volume of perinatal services for Medi-Cal eligible patients in the PHC network.
    - All regions report Prenatal and Postpartum Care – Postpartum Care and Prenatal and Postpartum Care – Timeliness of Prenatal Care at or above the high performance level of 90th percentile.
        - The Northern Region saw a dramatic improvement in the Prenatal and Postpartum Care (PPC) – Postpartum Care measure of 17.52% in the Northwest Region and an 18.25% in the Northeast Region.
- Asthma Medication Ratio (AMR)
    - The medical directors and QI and Pharmacy departments collaborated to conduct 18 AMR academic detailing sessions with network providers.
    - AMR measures improved in the Southeast Region by 6.60% and Southwest Region by 8.86%.
- Well-Child Visits for 3-6 Year Olds (W34)
    - A W34 Accelerated Learning session was developed to support the QIP program and offered to providers as a webinar on 4/15/20.
    - W34 measures improved more than 5% across all four regions.

Additional Accomplishments Related to Quality Measures Include:

- The QI Team partnered with the Population Health Department in the Southern Region on 3 community events to share preventive health and eligibility information with PHC members – Shelter Inc. Health and Wellness Fair (July 2019), The Heroes of Health and Safety Fair (October 2019) and A Better Way Baby Shower (February 2020).
- The ePrompts pilot integrated preventive health and chronic care reminders into Call Center to ensure member services and care coordination staff remind members of recommended preventive health services.

- The Patient Safety and Quality Assurance Team revised the procedures for site review to create a process for virtual site visits per DHCS guidance and completed the development work and the rollout of 2 new tools to support facility site review (eSite) and the PQIs (based on the sugar platform).
- Performance Improvement and QIP continued the Accelerated Learning program to provide specific CME/CE webinars and teaching on strategies and tactics for enhanced performance on the QIP measures in the Southwest Region.

Approval Signatures

Robert Moore, MD, MPH, MBA	**8/19/2020**
Quality/Utilization Advisory Committee Chairperson	*Date Approved*

Jeffrey Gaborko, MD	**9/09/2020**
Physician Advisory Committee Acting Chairperson	*Date Approved*

Nancy Starck	**10/28/2020**
Commission Chairperson	*Date Approved*

Appendices

Appendices include:

- Appendix 1: HEDIS 2020 Summary of Performance
- Appendix 2: Grand Analysis Reports
    - ME-7
    - Network Adequacy
    - UM Report

Healthcare Effectiveness Data and Information Set (HEDIS)

Report Year 2020 - Measurement Year 2019

Summary of Performance
June 2020

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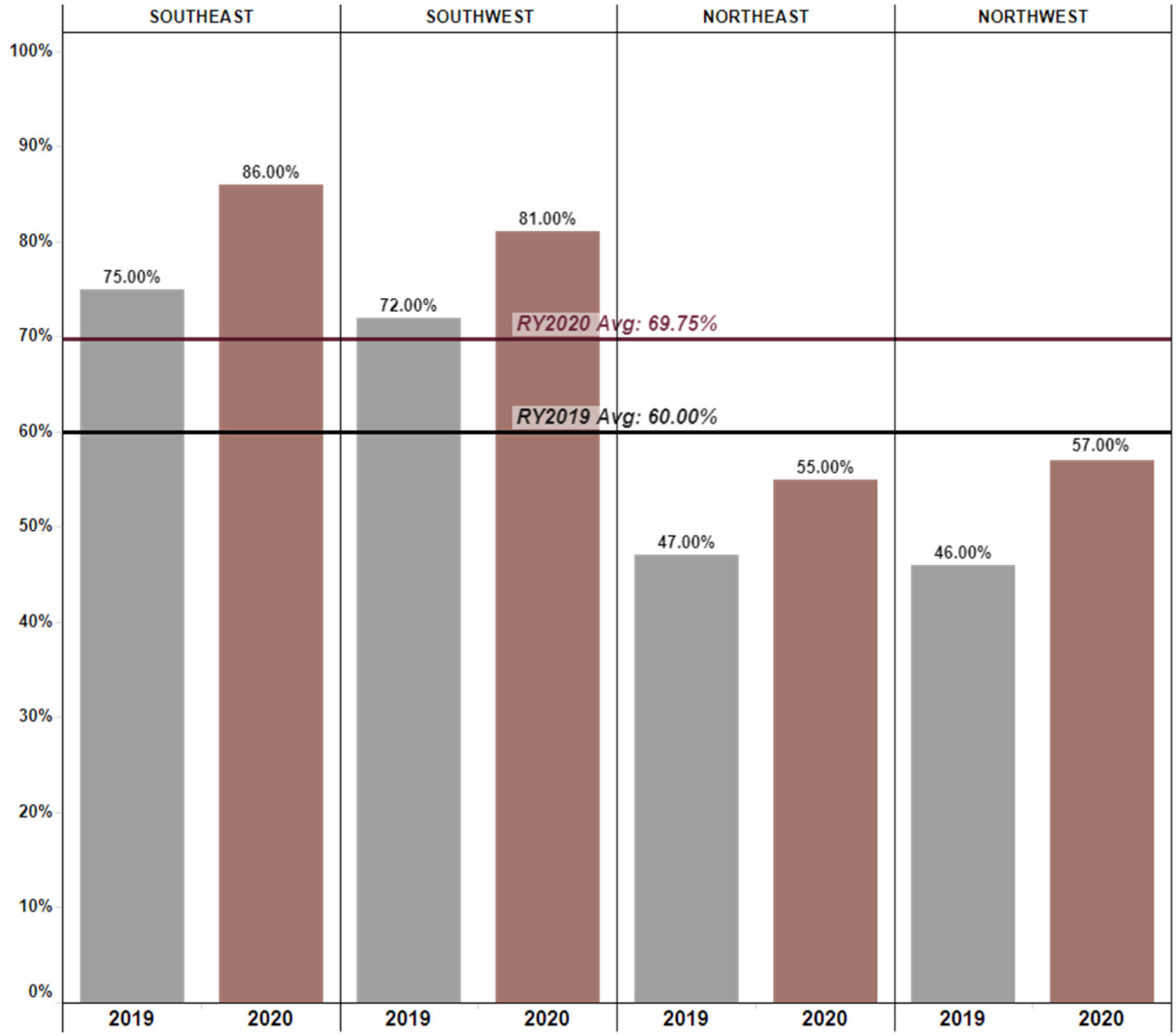
Composite HEDIS Performance by Reporting Year

The below graph represents PHC's regional and plan-wide composite score relative to prior year including only measures where DHCS holds Managed Care Plans accountable for and remained in the measurement set over the last three years. The methodology for calculating is noted below, along with the measures included/excluded from the calculations.

Score = Points Earned/ Possible Points. Points are awarded per measure based on percentile ranking: 1 point for <10th percentile, 2 for the 10th, 3 for the 17.5, 4 for the 25th, 5 for the 37.5, 6 for the 50th, 7 for the 62.5, 8 for the 75th, 9 for the 82.5, and 10 for the 90th

Note: The MPL changed from the 25th percentile in RY2019 to the 50th percentile in RY2020.



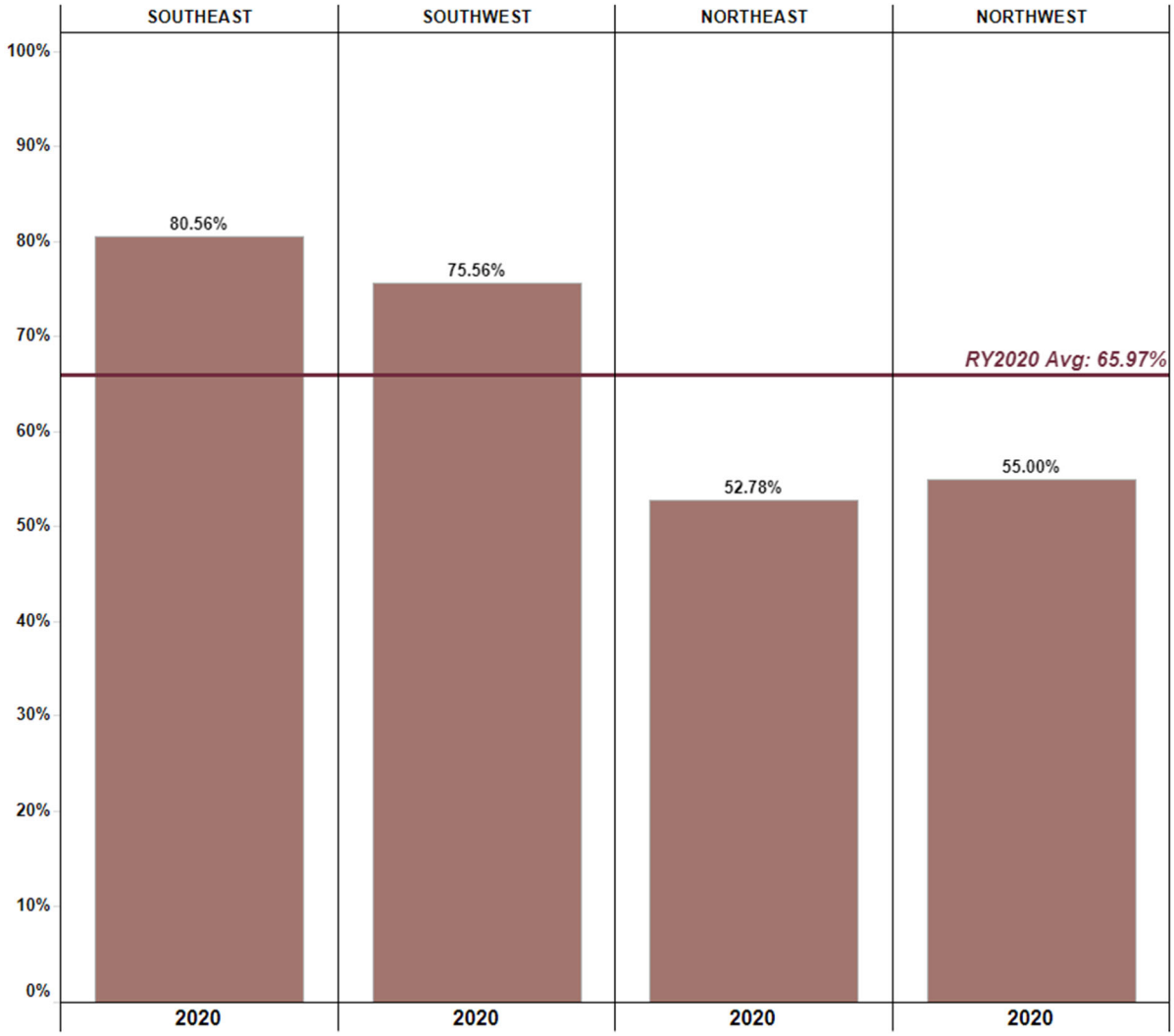
HEDIS MY 2018 / RY 2019 - Total Points Earned: 239 Points out of 400 Total Points (10 measures included)	**HEDIS MY 2019 / RY 2020 -** Total Points Earned: 279 Points out of 400 Total Points (10 measures included)

- Measures included due to being held accountable to MPL for both **HEDIS MY 2018 / RY 2019 and HEDIS MY 2019 / RY 2020**: AMR, BCS, CBP, CCS, CDC-H9, CDC-HT, IMA-2, PPC-Pre, PPC-Pst, W-34
- Measures excluded due to NOT being held accountable to MPL for **HEDIS MY 2018 / RY 2019 or HEDIS MY 2019 / RY 2020**: AMB-ED, CAP-1219, CAP-1224, CAP-256, CAP-711, DSF, MPM-ACE, MPM-DIU, PCR
- Measures excluded due to no longer being reported for **HEDIS RY 2020**: AAB, AMB-OP, CDC-BP, CDC-E, CDC-H8, CDC-N, CIS-3, DSF, LBP, WCC-N, WCC-PA

Composite HEDIS Performance; Reporting Year 2020 Baseline

The below graph represents PHC's regional and plan-wide composite score including all measures for which DHCS holds Managed Care Plans Accountable.

Note: The MPL changed from the 25th percentile in RY2019 to the 50th percentile in RY2020.

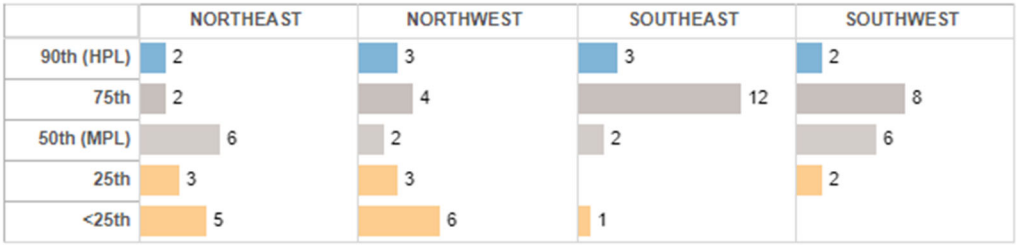


HEDIS MY 2019- Total Points Earned: 475 out of 720 total points (18 measures included)
➢ Measures included due to being held accountable to MPL for the NEW HEDIS MY 2019 MCAS Measurement Set: AWC, ABA, AMM-Acute, AMM-Cont, AMR, BCS, CBP, CCS, CIS-10, CHL, CDC-Testing, CDC-Poor Control, IMA-2, PPC-Pre, PPC-Post, WCC-BMI, W15, W34 ➢ Measures excluded due to NOT being held accountable to MPL for HEDIS MY 2019: AMB-ED, ADD-initiation, ADD-C&M, CAP, CCW, CCP, CDF, COB, DEV, HVL, MPM Ace/Arb, MPM Diu, OHD, PCR

Summary of Performance by Region

Distribution of Measures by Percentile Ranking

Note: The MPL changed from the 25th percentile in RY2019 to the 50th percentile in RY2020.



Measures At or Above the High Performance Level (HPL) - 90th Percentile

Measures	NORTHEAST	NORTHWEST	SOUTHEAST	SOUTHWEST
Adult BMI Assessment (ABA)		●		
Immunizations for Adolescents (IMA) - Combo 2			●	
Prenatal and Postpartum Care (PPC) - Postpartum Care	●	●	●	●
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care	●	●	●	●

Measures Below the Minimum Performance Level (MPL) - 50th Percentile

Note: The MPL changed from the 25th percentile in RY2019 to the 50th percentile in RY2020.

Measures	NORTHEAST	NORTHWEST	SOUTHEAST	SOUTHWEST
Adolescent Well Care (AWC)	●	●		●
Asthma Medication Ratio (AMR) - Total 5 to 64 Ratios > 50%*	●	●		
Breast Cancer Screening (BCS)*	●	●		
Cervical Cancer Screening (CCS)	●	●		
Childhood Immunization Status (CIS) - Combo 10	●	●		
Chlamydia Screening in Women (CHL)*	●	●		
Immunizations for Adolescents (IMA) - Combo 2	●	●		
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)		●		
Well-child visits in the first 15 months of life (W15) - Total Six or More Visits	●	●	●	●

**- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). NOTES: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets (i.e. Plan-wide All Cause Readmission, Ambulatory Care, Children & Adolescents Access to Primary Care Practitioners, Screening for Clinical Depression).*

Performance Relative to Quality Compass® Medicaid Benchmarks

Note: The MPL changed from the 25th percentile in RY2019 to the 50th percentile in RY2020.

- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level,based on NCQA's Quality Compass Medicaid 50th percentile)

	Regional Performance				National Medicaid Benchmarks			
Measures	NORTHEAST	NORTHWEST	SOUTHEAST	SOUTHWEST	25TH	50TH	75TH	90TH
Adolescent Well Care (AWC)	43.07%	43.80%	55.23%	52.80%	44.28%	54.26%	62.77%	68.14%
Adult BMI Assessment (ABA)	94.40%	96.35%	94.16%	93.92%	84.43%	90.27%	93.67%	95.88%
Antidepressant Medication Management (AMM) - Effective Acute Phase Treatment*	56.81%	59.60%	62.02%	58.24%	48.74%	52.33%	56.41%	65.95%
Antidepressant Medication Management (AMM) - Effective Continuation Phase Treatment*	39.93%	42.60%	43.16%	40.42%	33.45%	36.51%	40.95%	48.68%
Asthma Medication Ratio (AMR) - Total 5 to 64 Ratios > 50%*	52.23%	51.85%	71.26%	63.86%	58.67%	63.58%	68.52%	71.62%
Breast Cancer Screening (BCS)*	55.13%	47.96%	64.54%	60.26%	53.28%	58.67%	63.98%	69.23%
Cervical Cancer Screening (CCS)	55.96%	50.85%	67.40%	68.37%	54.99%	60.65%	66.49%	72.02%
Childhood Immunization Status (CIS) - Combo 10	15.33%	20.19%	43.31%	43.07%	27.98%	34.79%	42.02%	49.27%
Chlamydia Screening in Women (CHL)*	54.96%	57.82%	70.13%	64.53%	50.30%	58.34%	66.24%	71.58%
Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9%)	36.48%	32.85%	31.30%	32.52%	46.72%	38.52%	32.85%	27.98%
Comprehensive Diabetes Care (CDC) - HbA1c Testing	90.32%	90.75%	90.71%	91.93%	85.16%	88.55%	90.51%	92.94%
Controlling High Blood Pressure (CBP)	61.70%	61.73%	65.89%	65.33%	52.55%	61.04%	66.91%	72.26%
Immunizations for Adolescents (IMA) - Combo 2	18.98%	30.90%	52.31%	46.47%	28.95%	34.43%	40.39%	47.20%
Prenatal and Postpartum Care (PPC) - Postpartum Care	77.86%	87.10%	78.10%	86.86%	59.38%	65.69%	69.83%	74.36%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care	92.94%	91.97%	94.89%	95.38%	78.10%	83.76%	87.59%	90.98%
Weight Assessment and Counseling for Nutrition & Physical Activity (WCC) - BMI	83.94%	79.32%	89.78%	84.91%	67.15%	79.09%	85.16%	90.40%
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)	72.94%	70.05%	80.28%	79.44%	66.32%	72.87%	78.46%	83.85%
Well-child visits in the first 15 months of life (W15) - Total Six or More Visits	47.69%	38.93%	51.34%	62.53%	59.02%	65.83%	69.83%	73.24%

**- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures).*

Percentage Difference from Prior Year

- Measures that improved more than 5% from prior year
- Measures that declined more than 5% from prior year

Measures	Regional Performance			
	NORTHEAST	NORTHWEST	SOUTHEAST	SOUTHWEST
Asthma Medication Ratio (AMR) - Total 5 to 64 Ratios > 50%*	1.34%	1.65%	6.60%	8.86%
Breast Cancer Screening (BCS)*	1.82%	0.22%	4.21%	3.95%
Cervical Cancer Screening (CCS)	0.68%	0.97%	1.63%	-3.09%
Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9%)	4.36%	1.70%	0.53%	-1.30%
Comprehensive Diabetes Care (CDC) - HbA1c Testing	-0.19%	0.97%	-1.10%	1.91%
Controlling High Blood Pressure (CBP)	-4.23%	5.52%	2.38%	5.47%
Immunizations for Adolescents (IMA) - Combo 2	1.46%	5.35%	5.35%	7.06%
Prenatal and Postpartum Care (PPC) - Postpartum Care	18.25%	17.52%	1.95%	7.29%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care	8.52%	4.62%	8.76%	4.22%
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)	10.92%	6.79%	11.91%	5.20%

**- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures).*
CDC-HbA1c Poor Control (>9) – Decrease indicates performance improvement.
Note: New measures excluded due to it being the first year that PHC is reporting: ABA – Adult BMI Assessment, AMM – Acute Phase, AMM – Continuations Phase, AWC – Adolescent Well-Care Visits, CHL – Chlamydia Screening in Women, CIS Combo 10, W15 Six or more well child visits, WCC BMI. RY 2020 will be PHC's baseline reporting year for these measures.

Percentile Ranking Change from Prior Year

Note: The MPL changed from the 25th percentile in RY2019 to the 50th percentile in RY2020.

- Measure percentile ranking improved from Prior Year
- Measure percentile ranking decreased from Prior Year

Regional Performance

Measures	NORTHEAST		NORTHWEST		SOUTHEAST		SOUTHWEST	
	2019	2020	2019	2020	2019	2020	2019	2020
Asthma Medication Ratio (AMR) - Total 5 to 64 Ratios > 50%*	<25th	<25th	<25th	<25th	50th	75th	<25th	50th
Breast Cancer Screening (BCS)*	25th	25th	<25th	<25th	50th	75th	25th	50th
Cervical Cancer Screening (CCS)	25th	25th	<25th	<25th	50th	75th	90th	75th
Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9%)	75th	50th	75th	75th	75th	75th	50th	75th
Comprehensive Diabetes Care (CDC) - HbA1c Testing	75th	50th	50th	75th	75th	75th	50th	75th
Controlling High Blood Pressure (CBP)	75th	50th	25th	50th	50th	50th	50th	50th
Immunizations for Adolescents (IMA) - Combo 2	<25th	<25th	<25th	25th	90th	90th	75th	75th
Prenatal and Postpartum Care (PPC) - Postpartum Care	25th	90th	75th	90th	90th	90th	90th	90th
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care	50th	90th	75th	90th	50th	90th	90th	90th
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)	<25th	50th	<25th	25th	25th	75th	50th	75th

**- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures).*
Note: New measures excluded due to it being the first year that PHC is reporting: ABA – Adult BMI Assessment, AMM – Acute Phase, AMM – Continuations Phase, AWC – Adolescent Well-Care Visits, CHL – Chlamydia Screening in Women, CIS Combo 10, W15 Six or more well child visits, WCC BMI. RY 2020 will be PHC's baseline reporting year for these measures.

Summary of Performance by County

Distribution of Percentile Rankings by County

Note: The MPL changed from the 25th percentile in RY2019 to the 50th percentile in RY2020.

Sub Region	County	<25th	25th	50th (MPL)	75th	90th (HPL)
NORTHEAST	SHASTA	5	1	6	4	2
	SISKIYOU	7	2	5	2	2
	LASSEN	6	6		1	5
	TRINITY	11		1	2	4
	MODOC	10	2		3	3
NORTHWEST	HUMBOLDT	5	3	5	2	3
	DEL NORTE	7	5	1	2	3
SOUTHEAST	SOLANO	1	1	1	10	5
	YOLO	1	2	5	8	2
	NAPA	2	2	3	4	7
SOUTHWEST	SONOMA		1	4	8	5
	MENDOCINO	2	7	4	1	4
	MARIN		1	6	3	8
	LAKE	8	1	3	4	2

Northeast Region: Modoc, Trinity, Siskiyou, Shasta and Lassen Counties

Note: The MPL changed from the 25th percentile in RY2019 to the 50th percentile in RY2020.

- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

** - Denominator at the county level is less than 20, interpret rate with caution.

	Northeast Region					National Medicaid Benchmarks			
Measures	MODOC	TRINITY	SISKIYOU	SHASTA	LASSEN	25TH	50TH	75TH	90TH
**Adolescent Well Care (AWC)	71.43%	38.10%	57.65%	37.02%	44.83%	44.28%	54.26%	62.77%	68.14%
**Adult BMI Assessment (ABA)	100.00%	96.67%	91.49%	94.65%	96.55%	84.43%	90.27%	93.67%	95.88%
Antidepressant Medication Management (AMM) - Effective Acute Phase Treatment*	51.85%	60.00%	58.00%	55.54%	68.57%	48.74%	52.33%	56.41%	65.95%
Antidepressant Medication Management (AMM) - Effective Continuation Phase Treatment*	42.59%	37.14%	40.00%	39.27%	45.71%	33.45%	36.51%	40.95%	48.68%
Asthma Medication Ratio (AMR) - Total 5 to 64 Ratios > 50%*	32.26%	48.84%	58.39%	50.75%	62.50%	58.67%	63.58%	68.52%	71.62%
Breast Cancer Screening (BCS)*	51.37%	36.55%	53.75%	58.74%	43.23%	53.28%	58.67%	63.98%	69.23%
**Cervical Cancer Screening (CCS)	46.67%	33.33%	48.68%	60.52%	53.57%	54.99%	60.65%	66.49%	72.02%
**Childhood Immunization Status (CIS) - Combo 10	20.00%	12.50%	13.51%	16.79%	6.25%	27.98%	34.79%	42.02%	49.27%
Chlamydia Screening in Women (CHL)*	35.23%	46.74%	49.66%	59.50%	43.58%	50.30%	58.34%	66.24%	71.58%
**Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9%)	66.67%	21.43%	42.11%	32.57%	44.12%	46.72%	38.52%	32.85%	27.98%
**Comprehensive Diabetes Care (CDC) - HbA1c Testing	83.33%	92.86%	89.47%	91.57%	85.29%	85.16%	88.55%	90.51%	92.94%
**Controlling High Blood Pressure (CBP)	30.43%	50.00%	72.00%	63.13%	58.14%	52.55%	61.04%	66.91%	72.26%
**Immunizations for Adolescents (IMA) - Combo 2	21.05%	10.00%	15.19%	21.32%	9.52%	28.95%	34.43%	40.39%	47.20%
**Prenatal and Postpartum Care (PPC) - Postpartum Care	72.22%	100.00%	82.61%	75.77%	77.55%	59.38%	65.69%	69.83%	74.36%
**Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care	94.44%	93.33%	95.65%	91.54%	95.92%	78.10%	83.76%	87.59%	90.98%
**Weight Assessment and Counseling for Nutrition & Physical Activity (WCC) - BMI	86.67%	66.67%	65.28%	88.28%	96.97%	67.15%	79.09%	85.16%	90.40%
**Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)	60.00%	46.15%	74.65%	75.00%	69.05%	66.32%	72.87%	78.46%	83.85%
**Well-child visits in the first 15 months of life (W15) - Total Six or More Visits	63.64%	51.85%	37.25%	49.32%	38.46%	59.02%	65.83%	69.83%	73.24%

**- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures).*

Northwest Region: Del Norte and Humboldt Counties

Note: The MPL changed from the 25th percentile in RY2019 to the 50th percentile in RY2020.

- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

** - Denominator at the county level is less than 20, interpret rate with caution.

	Northwest Region		National Medicaid Benchmarks			
Measures	DEL NORTE	HUMBOLDT	25TH	50TH	75TH	90TH
Adolescent Well Care (AWC)	38.82%	45.09%	44.28%	54.26%	62.77%	68.14%
Adult BMI Assessment (ABA)	98.44%	95.97%	84.43%	90.27%	93.67%	95.88%
Antidepressant Medication Management (AMM) - Effective Acute Phase Treatment*	55.15%	60.59%	48.74%	52.33%	56.41%	65.95%
Antidepressant Medication Management (AMM) - Effective Continuation Phase Treatment*	36.36%	43.99%	33.45%	36.51%	40.95%	48.68%
Asthma Medication Ratio (AMR) - Total 5 to 64 Ratios > 50%*	49.64%	52.34%	58.67%	63.58%	68.52%	71.62%
Breast Cancer Screening (BCS)*	47.42%	48.10%	53.28%	58.67%	63.98%	69.23%
Cervical Cancer Screening (CCS)	41.79%	52.62%	54.99%	60.65%	66.49%	72.02%
Childhood Immunization Status (CIS) - Combo 10	12.12%	21.74%	27.98%	34.79%	42.02%	49.27%
Chlamydia Screening in Women (CHL)*	52.30%	58.83%	50.30%	58.34%	66.24%	71.58%
Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9%)	32.22%	33.02%	46.72%	38.52%	32.85%	27.98%
Comprehensive Diabetes Care (CDC) - HbA1c Testing	94.44%	89.72%	85.16%	88.55%	90.51%	92.94%
Controlling High Blood Pressure (CBP)	60.00%	62.22%	52.55%	61.04%	66.91%	72.26%
Immunizations for Adolescents (IMA) - Combo 2	30.95%	30.89%	28.95%	34.43%	40.39%	47.20%
Prenatal and Postpartum Care (PPC) - Postpartum Care	89.47%	86.57%	59.38%	65.69%	69.83%	74.36%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care	88.16%	92.84%	78.10%	83.76%	87.59%	90.98%
Weight Assessment and Counseling for Nutrition & Physical Activity (WCC) - BMI	69.23%	81.68%	67.15%	79.09%	85.16%	90.40%
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)	61.67%	71.60%	66.32%	72.87%	78.46%	83.85%
Well-child visits in the first 15 months of life (W15) - Total Six or More Visits	37.84%	39.17%	59.02%	65.83%	69.83%	73.24%

**- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures).*

Southeast Region: Solano, Yolo and Napa Counties

Note: The MPL changed from the 25th percentile in RY2019 to the 50th percentile in RY2020.

- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

** - Denominator at the county level is less than 20, interpret rate with caution.

	Southeast Region			National Medicaid Benchmarks			
Measures	NAPA	SOLANO	YOLO	25TH	50TH	75TH	90TH
Adolescent Well Care (AWC)	64.10%	51.52%	56.86%	44.28%	54.26%	62.77%	68.14%
Adult BMI Assessment (ABA)	96.97%	97.99%	82.29%	84.43%	90.27%	93.67%	95.88%
Antidepressant Medication Management (AMM) - Effective Acute Phase Treatment*	61.30%	64.20%	59.00%	48.74%	52.33%	56.41%	65.95%
Antidepressant Medication Management (AMM) - Effective Continuation Phase Treatment*	41.10%	44.24%	42.46%	33.45%	36.51%	40.95%	48.68%
Asthma Medication Ratio (AMR) - Total 5 to 64 Ratios > 50%*	77.23%	70.92%	68.62%	58.67%	63.58%	68.52%	71.62%
Breast Cancer Screening (BCS)*	63.35%	66.41%	61.30%	53.28%	58.67%	63.98%	69.23%
Cervical Cancer Screening (CCS)	54.90%	70.46%	66.67%	54.99%	60.65%	66.49%	72.02%
Childhood Immunization Status (CIS) - Combo 10	48.00%	43.16%	40.20%	27.98%	34.79%	42.02%	49.27%
Chlamydia Screening in Women (CHL)*	65.56%	72.34%	68.38%	50.30%	58.34%	66.24%	71.58%
Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9%)	35.42%	26.51%	40.18%	46.72%	38.52%	32.85%	27.98%
Comprehensive Diabetes Care (CDC) - HbA1c Testing	85.42%	91.16%	91.96%	85.16%	88.55%	90.51%	92.94%
Controlling High Blood Pressure (CBP)	56.86%	68.95%	62.35%	52.55%	61.04%	66.91%	72.26%
Immunizations for Adolescents (IMA) - Combo 2	66.23%	52.80%	42.50%	28.95%	34.43%	40.39%	47.20%
Prenatal and Postpartum Care (PPC) - Postpartum Care	88.89%	72.05%	84.38%	59.38%	65.69%	69.83%	74.36%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care	100.00%	92.14%	97.66%	78.10%	83.76%	87.59%	90.98%
Weight Assessment and Counseling for Nutrition & Physical Activity (WCC) - BMI	100.00%	89.15%	83.19%	67.15%	79.09%	85.16%	90.40%
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)	86.76%	77.89%	80.65%	66.32%	72.87%	78.46%	83.85%
Well-child visits in the first 15 months of life (W15) - Total Six or More Visits	49.41%	48.21%	59.80%	59.02%	65.83%	69.83%	73.24%

**- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures).*

Southwest Region: Lake, Marin, Mendocino and Sonoma Counties

Note: The MPL changed from the 25th percentile in RY2019 to the 50th percentile in RY2020.

- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

** - Denominator at the county level is less than 20, interpret rate with caution.

	Southwest Region				National Medicaid Benchmarks			
Measures	LAKE	MARIN	MENDOCINO	SONOMA	25TH	50TH	75TH	90TH
Adolescent Well Care (AWC)	42.31%	60.71%	38.81%	56.73%	44.28%	54.26%	62.77%	68.14%
Adult BMI Assessment (ABA)	93.33%	93.24%	91.67%	95.26%	84.43%	90.27%	93.67%	95.88%
Antidepressant Medication Management (AMM) - Effective Acute Phase Treatment*	58.96%	59.34%	51.70%	59.54%	48.74%	52.33%	56.41%	65.95%
Antidepressant Medication Management (AMM) - Effective Continuation Phase Treatment*	41.29%	42.03%	34.99%	41.24%	33.45%	36.51%	40.95%	48.68%
Asthma Medication Ratio (AMR) - Total 5 to 64 Ratios > 50%*	55.94%	68.37%	52.83%	67.94%	58.67%	63.58%	68.52%	71.62%
Breast Cancer Screening (BCS)*	49.84%	61.35%	56.06%	64.79%	53.28%	58.67%	63.98%	69.23%
Cervical Cancer Screening (CCS)	46.15%	78.08%	59.34%	74.87%	54.99%	60.65%	66.49%	72.02%
Childhood Immunization Status (CIS) - Combo 10	22.58%	61.80%	38.98%	42.29%	27.98%	34.79%	42.02%	49.27%
Chlamydia Screening in Women (CHL)*	58.98%	80.66%	55.29%	63.21%	50.30%	58.34%	66.24%	71.58%
Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9%)	32.10%	39.29%	23.64%	33.18%	46.72%	38.52%	32.85%	27.98%
Comprehensive Diabetes Care (CDC) - HbA1c Testing	86.42%	96.43%	98.18%	91.24%	85.16%	88.55%	90.51%	92.94%
Controlling High Blood Pressure (CBP)	62.82%	64.18%	60.78%	67.82%	52.55%	61.04%	66.91%	72.26%
Immunizations for Adolescents (IMA) - Combo 2	27.27%	56.92%	44.93%	49.76%	28.95%	34.43%	40.39%	47.20%
Prenatal and Postpartum Care (PPC) - Postpartum Care	74.65%	90.48%	87.63%	90.05%	59.38%	65.69%	69.83%	74.36%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care	90.14%	100.00%	95.88%	96.02%	78.10%	83.76%	87.59%	90.98%
Weight Assessment and Counseling for Nutrition & Physical Activity (WCC) - BMI	54.00%	93.02%	76.67%	91.16%	67.15%	79.09%	85.16%	90.40%
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)	84.31%	80.70%	76.56%	78.52%	66.32%	72.87%	78.46%	83.85%
Well-child visits in the first 15 months of life (W15) - Total Six or More Visits	53.85%	68.06%	67.57%	61.03%	59.02%	65.83%	69.83%	73.24%

**- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures).*

Summary of Measures in the Primary Care Provider Quality Improvement Program (PCP QIP) included in the Managed Care Accountability Set (MCAS) for Medi-Cal Managed Care Plans Measurement Year 2019 | Reporting Year 2020.

HEDIS Measures	2019 PCP QIP Measures	2020 PCP QIP Measures	Alternate Measure in PCP QIP Measures
Adolescent Well-Care Visits (AWC)			Monitoring Measure Only in 2020 due to COVID-19
Adult Body Mass Index (BMI) Assessment (ABA)			
Antidepressant Medication Management: Acute Phase Treatment (AMM-Acute)*			
Antidepressant Medication Management: Continuation Phase Treatment (AMM-Cont)*			
Asthma Medication Ration (AMR)*	X	X	
Breast Cancer Screening (BCS)*	X		Monitoring Measure Only in 2020 due to COVID-19
Cervical Cancer Screening (CCS)	X		Monitoring Measure Only in 2020 due to COVID-19
Childhood Immunization Status (CIS) – Combo 10		X	Expanded from Combo 3 in QIP 2019
Chlamydia Screening in Women (CHL)*			
Comprehensive Diabetes Care (CDC-H9) – HbA1c Poor Control (>9.0%)*			QIP measures: Good Control, HbA1c ≤9.
Comprehensive Diabetes Care (CDC-HT) – HbA1c Testing			
Controlling High Blood Pressure (CBP)	X	X	
Immunizations for Adolescents (IMA) – Combo 2	X		Monitoring Measure Only in 2020 due to COVID-19
Prenatal and Postpartum Care (PPC) – Postpartum Care			Similar measure in Perinatal QIP.
Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care			Similar measure in Perinatal QIP.
Weight Assessment and Counseling for Children/Adolescents (WCC) – BMI Assessment			
Well-Child Visits in the First 15 Months of Life: Six or More Well-Child Visits (W15)		X	
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	X		Monitoring Measure Only in 2020 due to COVID-19

**-Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures).*
PCP QIP Measurement Set: http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPLandingPage.aspx

Measurement Year 2019 Measurement Set Descriptions

HEDIS Measure	Measure Indicator	Measure Definition
Adult BMI Assessment (ABA)	• Percentage of members 18-74 years With documented body mass index in measurement year or prior year	The percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.
***Antidepressant Medication Management (AMM)**	• Effective Acute Phase Treatment • Effective Continuation Phase Treatment	The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. • Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). • Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).
***Asthma Medication Ratio (AMR)**	• The ratio of controller medications >0.50	The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. • Total. The sum of the age stratifications (ages 5–64) as of December 31 of the measurement year.
Adolescent Well-Care Visits (AWC)	• Percentage of enrolled members 12-21 years with one visit in the measurement year	The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

HEDIS Measure	Measure Indicator	Measure Definition
***Breast Cancer Screening (BCS)**	• Percentage of women 52-74 years with screening as of 12/31 of the measurement year	The percentage of women 52–74 years of age who had a mammogram to screen for breast cancer as of December 31 of the measurement year.
Controlling High Blood Pressure (CBP)	• Percentage of members 18-85 years with hypertension & BP <140/90mm Hg during measurement year	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.
Cervical Cancer Screening (CCS)	• See measure definition	The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: • Women 21–64 years of age who had cervical cytology performed within the last 3 years • Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years • Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years
Comprehensive Diabetes Care (CDC)	• Hemoglobin A1c (HbA1c) testing • HbA1c poor control (>9.0%)	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the Measure Indicators performed. • Hemoglobin A1c (HbA1c) testing. An HbA1c test performed during the measurement year. • HbA1c poor control (>9.0%). The most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year.

HEDIS Measure	Measure Indicator	Measure Definition
***Chlamydia Screening in Women (CHL)**	• Percentage of women 16-24 Years, sexually active with one test during measurement year	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. • Total. The sum of the age stratifications.
Childhood Immunization Status (CIS)	• Combination 10	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates. • Combination 10. Children who have had all ten indicators (DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV and Influenza).
Immunizations for Adolescents (IMA)	• Combination 2	The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates. • Combination 2. Adolescents who have had all three indicators (meningococcal, Tdap and HPV).

HEDIS Measure	Measure Indicator	Measure Definition
Prenatal and Postpartum Care (PPC)	• Timeliness of Prenatal Care • Postpartum Care	The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care. • Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. • Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.
Well-Child Visits in the First 15 Months of Life (W15)	• Six or more well-child visits	The percentage of members who turned 15 months old during the measurement year and who had well-child visits with a PCP during their first 15 months of life. • Six or more well-child visits. Seven separate numerators are calculated, corresponding to the number of members who received 0, 1, 2, 3, 4, 5, 6 or more well-child visits.
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	• Percentage of members 3-6 years With one or more visits during measurement year	The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	• BMI Percentile Documentation	The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year. • BMI Percentile Documentation. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

**-Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures).*

QI Initiatives Calendar - HEDIS Score Improvement

PHC's Quality Improvement organization wide goals for 2019-2020 included three main focus areas: Well-Child Visits (W34), Asthma Medication Ratio (AMR) and Prenatal Postpartum Engagement Work Group (PPEW). Based on the measure(s) of focus, there was a cross-functional work group including department representation from: Health Analytics, Care Coordination, Claims, Health Education, Medical Directors, Pharmacy, Population Health Management, Provider Relations, and Quality Improvement. To measure success, work groups were assigned goals to achieve by June 30, 2020.

Well Child Visits (W34)

- Workgroup Aim, Objectives and Focus Areas:
  - Aim: Measurement year 2019 HEDIS results for the W34 measure will be above the 50th percentile for at least 2 regions and above the 25th percentile for all regions.
    - Outcome: Based on preliminary HEDIS MY 2019, the goal was met with the 2 southern reporting regions performing above the 50th percentile and the 2 northern reporting regions above the 25th percentile.
  - Objective: Drive improvement in Well Child visits through focus on the many activities around well child visits and inform the HEDIS Score Improvement Workgroup about efforts.
  - Focus Areas: The workgroup identified over 20 deliverables that would be tracked across the following focus areas:
    - **Inform Well Child Work**: PHC internal information, education and data analysis.
    - **Track PHC Operational Changes**: Follow operational changes that will impact and improve well child performance rates (i.e. QIP, Birthday Club, ePrompts).
    - **Deploy Resources to Optimize Provider Ability to Improve**: Create and update resources available to providers that will impact and improve well child rates (i.e. training, provider informing materials, member facing materials available for providers to give to patients).
    - **Conduct Performance Improvement Projects**: Work with provider partners to conduct quality improvement projects around well child.
    - **Employ PHC-Driven Member Engagement Strategies**: Identify a Plan-Wide Strategy for Member In-Reach and Outreach.

- *Accomplishments Contributing to Improved Performance*:
  - Well child measure insights were added into the provider scorecard developed by the PHC Claims department with QI were added in 25 NR provider scorecards.
  - Conducted assessment of existing health education materials related to well child. Next fiscal year will focus on development of new materials for identified gaps.

- The Birthday Club targeting 3-6 year old members was implemented across PHC's Northern Region. Significant efforts made towards deploying plan-wide, including vendor evaluation.
- Provider trainings completed, resources developed and updated (Quality Measure Highlights, well care dashboard, pocket guide, QIP program, Accelerated Learning 4/15/20 session).
- Initiated Priority and Health Equity PIPs, focusing on well-child visit measures W34 and W15, respectively.

Asthma Medication Ratio

- Workgroup Aim and Objectives:
  - Aim: Partnership HealthPlan of California (PHC) aims to increase Asthma Medication Ratio (AMR) Regional Performance composite scores by 5% from mid-year 2018 to March 2020 (Note, this goal was revised to exclude impact from COVID-19). This goal was exceeded with a 6.28% increase. Per reporting in May 2020, the AMR plan-wide composite score improved from baseline of 59.97% to 66.25%.
  - Objectives:
    - Increase prescriber's awareness of their patient's asthma prescription activity. New prescriptions and refills for all asthma medications within measured timeframe.
    - Increase member's knowledge and engagement with managing their asthma and asthma medications, including appropriately coding for co-morbidities and alternative diagnoses.
    - Increase community pharmacists' knowledge for the AMR HEDIS measure and promote engagement to improve AMR through patient consultation, increase controller medication dispensing, and monitor and reduce rescue inhaler dispensing as clinically appropriate.
    - Increase prescription fills, including 90 day supply fill, for asthma controller medication.

- *Accomplishments Contributing to Improved Performance:*
  - Developed Academic Detailing Materials, which included measure specifications and best practices; to facilitate the education of provider organization.
  - In collaboration with a Medical Director, Pharmacist, and QI representative, provided on-site education to over 15 Provider Sites and 7 Pharmacies.
  - Developed custom reports on provider sites that received academic detailing to track progress on AMR rates.
  - Created community outreach materials to educate members.

Prenatal and Postpartum Engagement Work Group (PPEW)

- Workgroup Aim and Objectives:
  - Aim: The PPEW team will ensure standardized engagement visits with 15 large perinatal providers by June 30, 2020.
  - Objectives: All OB/Perinatal quality measures will be at or above the 50th percentile of Medicaid plans nationally, starting with MY 2019 (this year). These measures are grouped as follows:
    - Initial OB visit, timely, depression screen
    - Post-partum visits, timely, depression screen, contraception
    - Vaccinations: TDap and Flu
    - Hospital: Elective preterm delivery, NTSV C-section

- *Accomplishments Contributing to Improved Performance:*
  - Developed core curriculum and message to share with practices across the regions with focus on:
    - Quality Prenatal Care
    - Current regional and local data
    - PHC resources to support optimal outcomes.
  - By June 30th, 2020 PPEW group will have provided site specific education to 22 provider organizations of which 15 are large organizations.
  - Developed, distributed and received responses back from 25 sites that participated in the Perinatal.
  - Practice Survey. The survey was developed to assess overall volume of perinatal services for Medi-Cal eligible patients in our network.

NCQA GRAND ANALYSIS: COMPREHENSIVE DOCUMENT	
GOAL OWNER:	Kevin Spencer
GOAL SPONSOR:	Sonja Bjork
GOAL LEAD:	Anna Hernandez

I. OBJECTIVE

The purpose of this report is to meet the requirements of NCQA standard ME7: Element C and D with the objective to assess member experience through Grievance and Appeals (G&A) data along with the Consumer Assessment of Healthcare Providers & Systems (CAHPS) scores. In order to do this, we created a multi-disciplinary team to participate in all group activities throughout the duration of this process. The goal of our team was to identify opportunities for improvement, set priorities and decide on which opportunities to pursue based on our analysis findings.

II. METHODOLOGY

Data Sources

PHC utilized NCQA's required data sources, which are G&A reporting and CAHPS scores. Our G&A analyst provided reporting from April 2019 through March 2020. Multiple reporting categories can apply to any given Grievance, Appeal, or Second Level Grievance. Therefore, the stated metrics herein reflect the number of concerns expressed by our members during the reporting period, rather than actual case counts. In addition, please note that internally, PHC refers to a member's dispute of a denied grievance as a "Second Level Grievance". Throughout this document, we will reference appeals as "Appeals / Second Level Grievances".

The second data source used is our CAHPS scores from our last survey (2019). PHC used the standard methodology (state administered, triennially) in collecting our CAHPS results. Please note that moving forward, PHC has contracted with MORPACE (external vendor) to administer our CAHPS on a yearly basis.

Data Mapping

NCQA standard ME7: Element C & D requires that the organization aggregate G&A data into five specific categories (Quality of Care, Quality of Practitioner Office Site, Attitude and Service, Billing/Financial Issues and Access). Since PHC's categorization is structured to meet DHCS requirement, our team (consisting of key individuals from impacted departments: Member Services, Health Services, G&A, Quality Improvement, Communication) mapped PHC's reporting categories to that of the five NCQA required categories. Our Work Group coupled our subject matter experts along with PHC's category definitions to ensure that we accurately mapped each reporting category. A new reporting functionality was developed to meet this business need called Reporting Interest (RI) categories. Based on trending issues, RI's identify root causes at a case-level and provide a foundation for identifying meaningful trends. With multiple tiers, they currently help track and trend 150+ potential issue types. New categories are created as new G&A trends are identified.

Analysis Work Groups

As noted in ME7: Element C & D, we are required to conduct analysis on our data sources. The main goal of our Analysis Work Group is to identify opportunities for improvement, set priorities and determine which opportunities to pursue. This Work Group also established our thresholds and benchmarks, which is covered in the next section. As shown in Table 1, our Analysis Work Group is a multi-disciplinary team comprised of key contributors from impacted departments throughout our organization. Each individual actively participated in the discussion and analysis throughout the duration of this process.

Table 1

TEAM CONTRIBUTORS	
NAME / TITLE	**DEPARTMENT**
Sonja Bjork Chief Operating Officer	Administration
Robert Moore Chief Medical Officer	Health Services
Mark Nethreda Medical Director, HS Office of CMO	Health Services
Peggy Hoover Senior Director of Health Services	Health Services
La Rae Banks Assoc. Director of Grievance & Appeals	Grievance & Appeals
Eric Becerra Compliance Manager, Grievance & Appeals	Grievance & Appeals
Amu McCune Grievance and Appeals Data Analyst	Grievance & Appeals
Reza Far Data Analyst, Grievance & Appeals	Grievance & Appeals
Sarah Molteni-Casper Project Manager II, Quality Improvement	Quality Improvement
Rachael French Associate Director of QPI, HS Quality Improvement	Quality Improvement
Kevin Spencer Director of Member Services	Member Services
Tahereh Daliri Sherafat Director of Member Services & Provider Relations	Member Services
Michelle Mootz Manager of Member Services	Member Services
Anna Hernandez Project Manager	Member Services

Dustin Lyda Manager of Public Affairs	Communications

Thresholds & Benchmarks

To evaluate member experience, PHC established thresholds and benchmarks in which we will use to base our performance. For each category, a ratio of the number of grievances per 1,000 members is used as a performance metric. Our numerator will be the total amount of Grievances or Appeals/Second Level Grievances for the reporting period, and our denominator will be the monthly average member base of each reporting period. With the absence of actionable reporting around Appeals/Second Level Grievances, PHC will adopt the grievance threshold referenced above for our Appeals/Second Level Grievances. Note that moving forward, PHC will implement a yearly look back period where the previous year ratio will be compared to the current year ratio. In regards to CAHPS, we reviewed the results of our 2016 scores and determined that the benchmark PHC will target will be at or above the 25th percentile for all composite scores.

III. QUANTITATIVE ANALYSIS

Grievances: Summary

With analysis of the annual data, areas of opportunity lay within "Access", "Attitude/Service" and "Billing/Financial" categories. One of the findings was a significant rise in total reported grievances in comparison to the 2018 grievance per 1000 member ratio.

TABLE 2: Threshold Results – Grievances Only
Annual look back period: April 1, 2019 – March 31, 2020

NCQA category	GRIEVANCES				Total Grievances	Member Base	Grievances per 1,000 mbrs	2018 Threshold	PHC's Threshold
	Qtr 2 2019	Qtr 3 2019	Qtr4 2019	Qtr1 2020					
Quality of Care	0	O	0	1	1	478,230	0.002	≤0.54	YES
Access	39	32	29	145	245	478,230	0.51	≤0.45	NO
Attitude\service	1119	1093	766	489	3,467	478,230	7.25	≤2.38	NO
Billing\financial	65	56	41	89	251	478,230	0.53	≤0.12	NO
Quality of practitioner office site	2	5	0	2	9	478,230	0.02	≤0.02	YES
Total/Number per 1000:	**1,225**	**1,186**	**836**	**726**	**3,973**	**478,230**	**8.31**	**≤3.52**	

**Note: Reported RI Categories may be captured within multiple NCQA Categories. Member Base calculated from PHC Tableau dashboard. This number does not include Kaiser Members*

Over the annual look back reporting period there were a total of 3,973 grievances submitted by our members with Attitude/Service contributing to 87% of that total. This is followed by Billing/Financial at 6%, Access at 6% and negligible totals for Quality of Practitioner Office Site and Quality of Care. Comparing grievance per 1000 member's ratios in 2018 to 2019's data set, we've noted a 205% increase of Attitude/Service grievances, 342% increase Billing/Financial and a 13% increase which all go beyond a 10% threshold which flags these areas for review indicated by the "No" in the PHC threshold column in table 2 (above).

Appeals / Second Level Grievances: Summary

PHC implemented a new process to capture reporting of Appeals/Second Level Grievances. This process went live on May 1 2019, and equips PHC with the capability to collect and properly classify Appeals/Second Level Grievances. Ultimately, this new process will strengthen PHC's ability to identify areas of opportunity. Table 3 shows the results of our Appeals/Second Level Grievance reporting.

TABLE 3: Threshold Results – Appeals & Second Level Grievances
Annual look back period (April 1, 2019 – March 31, 2020)

NCQA category	APPEALS & SECOND LEVEL GRIEVANCE				Total Appeals & Second Level Grievance	Member Base	Grievances per 1,000 mbrs	2018 Threshold	PHC's Threshold
	Qtr 2 2019	Qtr 3 2019	Qtr4 2019	Qtr1 2020					
Quality of Care	0	0	0	0	0	478,230	0	≤0.54	YES
Access	0	16	26	17	59	478,230	0.12	≤0.45	YES
Attitude\service	259	244	198	7	708	478,230	1.48	≤2.38	YES
Billing\financial	38	55	66	226	385	478,230	0.81	≤0.12	NO
Quality of practitioner office site	0	0	0	0	0	478,230	0	≤0.02	YES
Total/Number per 1000	297	315	290	250	1,152	478,230	2.41	≤3.52	

**Note: Reported RI Categories may be captured within multiple NCQA Categories. Member Base calculated from PHC Tableau dashboard. This number does not include Kaiser Members*

Over the annual look back reporting period there were a total of 1,152 Appeals & Second Level Grievances submitted by our members with Attitude/Service contributing to 61% of that total. This is followed by Billing/Financial at 33%. We had no Appeals & Second Level Grievances submitted in these two categories, Quality of Care and Quality of Practitioner Office Site. Comparing grievance per 1000 member's ratios in 2018 to 2019's data set, There is one notable increase with Billing/Financial – Appeals & 2nd Level Grievance of 575% and is indicated by a "No" in the threshold column. Quality of Care, Access, Attitude/Service and Quality of Practitioner Site met PHC's threshold of being at or below 10% of the 2018 baseline.

CAHPS

The State of California administers its CAHPS survey once every three years. This reports is based on 2019 CAHPS results. Last year, the Work Group developed the benchmark to be at or above 25th percentile. We will couple the identified CAHPS areas of opportunities with that of our G&A analysis findings to determine if there are any consistencies within the areas of concern.

Our next step will be to set priorities and decide which opportunities to pursue. This will also be done within our Work Group meetings where we will base our decision making process around our ability to directly affect each opportunity. Our Work Group will review the characteristics of each composite to begin the process. In addition, our Director of Member Services will work directly with Morpace to obtain any additional data (if needed). All said activity would occur during Work Group meetings, which will take place every other month at minimum. Table 6 and 7 (below) provides a detailed overview of the reporting framework.

The 2019 sample size - Adult

Sample size	Total completes	English completes	Spanish completes	Mail completes	Phone completes	Internet completes
1755	313	285	28	226	87	0

The 2019 sample size - Child

Sample size	Total completes	English completes	Spanish completes	Mail completes	Phone completes	Internet completes
2145	365	276	89	218	147	0

Response Rate Summary

A response rate is calculated for those members who were eligible and able to respond.

Adult = 18%
Child = 17%

Key Measures

NCQA uses composite measures and rating questions from the survey.

- Getting care quickly
- Getting needed care
- Customer service
- Care coordination (Q25-Adult) (Q22-Child)
- Rating of health care
- Rating of personal doctor
- Rating of specialist
- Rating of health plan

TABLE 4: CAHPS Results – Adult Response rate 18%

	ADULT CAHPS Composite	2019 (Current Reporting)	Scoring	2019 25th Percentile	PHC Benchmark	PHC Benchmark Met?
Rating Measure	Rating of Health Plan	72.54%	(50th > PHC > 25th)	2.39	PHC ≥ 25th	YES
	Rating of All Health Care	73.25%	PHC < 25th	2.35	PHC ≥ 25th	NO
	Rating of Personal Doctor	79.82%	(75th > PHC > 50th)	2.43	PHC ≥ 25th	YES
	Rating of Specialist Seen Most Often	82.61%	(75th > PHC > 50th)	2.48	PHC ≥ 25th	YES
Composite Measure	Getting Needed Care	78.15%	PHC < 25th	2.34	PHC ≥ 25th	NO
	Getting Care Quickly	79.58%	PHC < 25th	2.38	PHC ≥ 25th	NO
	**Care Coordination	84.00%	90th > PHC > 75th	2.36	PHC ≥ 25th	YES
	***Customer Service (98 responses)	90.82%	90th > PHC > 75th	2.48	PHC ≥ 25th	YES

***Not reportable due to insufficient sample size (less than 100)

TABLE 5: CAHPS Results – Child Response rate 17%

	CHILD CAHPS Composite	2019 (Current Reporting)	Scoring	2019 25th Percentile	PHC Benchmark	PHC Benchmark Met?
Rating Measure	Rating of Health Plan	86.20%	(90th > PHC > 75th)	2.51	PHC ≥ 25th	YES
	Rating of All Health Care	83.02%	(75th > PHC > 50th)	2.49	PHC ≥ 25th	YES
	Rating of Personal Doctor	89.74%	PHC > 90th	2.58	PHC ≥ 25th	YES
	***Rating of Specialist Seen Most Often (76 responses)	89.47%	PHC > 90th	2.53	PHC ≥ 25th	YES
Composite Measure	Getting Needed Care	81.70%	PHC < 25th	2.40	PHC ≥ 25th	NO
	Getting Care Quickly	87.39%	PHC < 25th	2.54	PHC ≥ 25th	NO
	*How Well Doctors Communicate	___	___	-----	PHC ≥ 25th	------
	**Care Coordination	86.44%	(75th > PHC > 50th)	2.36	PHC ≥ 25th	YES
	Customer Service	89.20%	(75th > PHC > 50th)	2.50	PHC ≥ 25th	YES

*question 'How Well Doctors Communicate' was removed from the Composite Measure in 2015 and replaced with 'Care Coordination' question

**Care Coordination question added in 2015

***N\A = Not reportable due to insufficient sample size (less than 100)

IV. QUALITATIVE ANALYSIS

Primary Drivers

Threshold triggers in the quantitative analysis promoted our team to conduct a dive into the primary drivers behind the "Attitude/Service", "Access" and "Billing-Financial" categories. The starting point was to review the sub-categories that fueled each respective category and we documented our findings below:

- Attitude/Service – Transportation issues related to Missed Failed Rides
  - *Why are members dissatisfied?* Members report multiple issues with missed failed rides to their medical appointments. Missed rides can include transportation that fails to show for a scheduled pick-up time, a ride that arrives late to pick up a member for their appointment, a scheduled ride that fails to pick a member up from their appointment, a transportation provider who arrives earlier than the scheduled pick-up time or a ride that was returned by the vendor resulting in a loss of transportation to the member. These concerns often accompany scheduling issues with MTM, PHC's transportation vendor. Concerns of this nature often result in members having to reschedule medical appointments or miss their appointments entirely.

- Access: Referrals to out of area Network Providers - Stanford
  - *Why are members dissatisfied?* 62% of the reported access issues were regarding a non-contracting provider. Members desire access to Stanford Medical Center because of their heighten perception of Stanford's quality of care over other contracted providers in their service area. Members report dissatisfaction when a denied referral requires them to utilize providers in their service area. Often, this is due to the member having been seen at Stanford medical Center previously.

- Billing-Financial: Transportation issues related to Mileage Reimbursement
  - *Why are members dissatisfied?* 95% of the Billing-Financial concerns were regarding problems obtaining reimbursement under the Non-Medical Transportation (NMT) benefit. Members were often unaware that GMR claims were denied due to missing or invalid state driver's license, car registration, and/or car insurance. This type of barrier resulted in reduced or loss of transportation availability to the member as the individual providing transportation was less willing to provide future transportation due to complications with the GMR process.

  - *Why are members dissatisfied?* Members continue to report concerns regarding the Non-Medical Transportation (NMT) benefit, specifically with the Gas Mileage Reimbursement (GMR) process. A trending concern relates to the timeframe of 60-days allowed for GMR claims to be filed with MTM. The lack of communication regarding any issues with credentialing paperwork renders the 60-day timeframe inadequate. Members report that their claims are denied due to exceeding the 60-day timeframe; however, during this process they were unaware that there were issues with their paperwork. By the time they are made aware, which mostly involves calling MTM to check on the status of their claim, there is not enough time to resubmit corrected credentialing paperwork to meeting timely filing requirements.

V. SUMMARY OF FINDINGS

Grievances

It is G&A's assessment that cases categories showing a small increase in number can create false flags. Current threshold methodology can falsely trigger the threshold point rendering this historically low category as not having met department goals. Threshold calculation methodology may be considered for small case increases in historically low categories and may be reflected in future reporting.

Appeals / Second Level Grievances

With our recently added capability to capture Appeals/Second Level Grievances, our team will continue to monitor our Appeals / Second Level Grievances to identify any potential areas of concern.

It is worth noting that Mileage Reimbursement trends are found in both Appeals & SLG's *and* Grievance cases. **The primary difference between the two is as follows:**

Appeals & SLG's involve a denial of benefit or a denial of a desired case outcome. For instance, as mentioned above GMR can be denied due to missing or invalid driver's credentials. Here, the member can appeal the denial decision. If a case is investigated as a SLG, the member is appealing the outcome of the first Grievance due to a dissatisfaction with the outcome of the case.

Grievance GMR cases involve a members dissatisfaction with the GMR process. For example, a member may file a Grievance related to GMR because they are dissatisfied with the MTM customer service agent who spoke with them about their GMR paperwork or they may be dissatisfied with the GMR timeframes. Here, they are not appealing a decision but expressing a dissatisfaction with an experience or process.

VI.RECOMMENDATIONS

Attitude/Service – As a primary driver of these instances are related to the transportation benefit, we are recommending that we work with MTM to identify additional transportation providers in cities where missed/failed rides are the highest.

Access - Educate providers on the referral process. In Q319 we scored low in 'Access' due to being referred out of area. This issue is due to the member's perception that the quality of care received at Stanford Medical Center cannot be obtained with other contracted providers in their service area. Refer members to specialist within our network before referring members to non-contracting providers, example, Stanford Medical Center. CAHPS scores were low in Getting Needed Care, which could tie into issues with the process of getting a referral\authorization to a specialist.

Billing/Financial - We had a high number in dissatisfaction in Billing-Financial category due to MTM's Gas Mileage Reimbursement (GMR) process. Recommend improving when members are notified when a claim is denied and for what reason. By the time a member is notified of the denial, they have ran out of time in refiling the claim.

CAHPS

Adult Recommendations for Getting Care Quickly: Suggest adding an article in the member newsletter regarding scheduling routine care and check-ups and informing members of the average wait time for a routine appointment within our network. We need a process in place to communicate to our members on which practices offer evening and weekend hours.

Adult Recommendations for Getting Needed Care: Score was based on two questions. Q14) Easy to get care believed necessary Q25) Easy to get appointment with specialist. Review Complaint and Grievance information to assess if issues are with the process of getting a referral\authorization to a specialist, or if the issue is the wait time to get an appointment. Suggest adding a supplemental question to next year's CAHPS survey to determine with which type of specialist members are having difficulty making an appointment.

Child Recommendations for Getting Needed Care: Score was based on two questions. Q14) Easy to get care believed necessary for child Q28) Easy to get appointment for child with specialist. Review Complaint and Grievance information to assess if issues are with the process of getting a referral\authorization to a specialist, or if the issue is the wait time to get an appointment. Suggest add a supplemental question to the YR2021 CAHPS survey to determine with which type of specialist members have difficulty making an appointment.

VII.OPPORTUNITIES FOR IMPROVEMENT

PHC understands the importance of capturing actionable data to effectively conduct analysis. As a team, we discussed our opportunities for improvement and determined our priorities. Table 6 (below) clearly identifies our opportunities for improvement as well as the prioritization ranking. At this time, our team decided that there is no further action needed, and we will continue to monitor these opportunities. Our Work Group will continue to meet every other month to further discussion around these categories. If we decide to pursue these opportunities, we will involve the subject matter experts from the impacted departments and begin discussion around the feasibility of any potential inventions, if needed.

Table 6

Prioritization Ranking	NCQA Category	PHC Sub-Category
1	Billing-Financial	Gas Mileage Reimbursement
2	Access	Out of network Services

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
1. QI Program Infrastructure										
1.a.	**QI Program Documents**	By July 2021, complete QI Program Description, QI Work Plan and QI Evaluation revisions in preparation for the August Quality Committee meetings	Complete draft QI Work Plan	10/1/2020	7/31/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Southern Region Performance Improvement Project Management Team	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Complete draft QI Program Description	10/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Southern Region Performance Improvement Project Management Team	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Complete Draft QI Evaluation	10/1/2020	7/31/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Southern Region Performance Improvement Project Management Team	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Finalize trilogy documents to go through the August Quality Committees.	6/1/2021	7/31/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Southern Region Performance Improvement Project Management Team	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
1.b.	**Physician Advisory Committee (PAC) oversight of QI Program**	Ensure PAC oversight of PHC's QI Program through semi-annual monitoring of the QI Work Plan	2020/21 QI Work Plan approved by PAC in September 2020	7/1/2020	9/30/2020	Title: Chief Medical Officer Name: Robert Moore	Title: Administrative Assistant to the CMO Improvement Name: Linda Largent	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Progress Reports Delivered in February and August 2021	7/1/2020	8/30/2021	Title: Chief Medical Officer Name: Robert Moore	Title: Administrative Assistant to the CMO Improvement Name: Linda Largent	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
2. Measurement, Analytics and Reporting										
			Analyze and disseminate HEDIS MCAS RY 2020 Results 1. Prepare Annual Summary of Performance Report 2. Present Report to Internal and External Stakeholders 3. Release finding via the Public Website	7/1/2020	10/1/2020	Title: Manager of Quality Measurement Name: Sue Quichocho	Title: Senior Program Manager Name: Martha Martin	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
2.a.	**HEDIS Reporting**	By June 30, 2021, report HEDIS scores annually (required Managed Care Accountability Set measures) and complete the required Consumer Assessment of Healthcare Providers and Systems (CAHPS) audit to meet NCQA requirements and maintain rates for NCQA Accreditation measures.	Launch and Execute the HEDIS MY 2020 Annual Project: 1. Work with NCHIIN to ensure HIE requirements met to support data integration into PHC's Annual HEDIS reporting • Integrate Labcorp and Sac Valley Medshare data 2. Evaluate impact of all new data sources integrated into the Annual Project • Develop BRD and launch production of the Validation Dashboard in PQD to support Annual HEDIS reporting 3. Medical Record Project including: • Collect 95% of medical records chases from an estimated volume of 17,000 • Timely record retrieval and abstraction of Medical Record chases by 4/30/21 • Pass the annual HEDIS Medical Record Review Validation Audit as defined by NCQA	7/1/2020	6/30/2021	Title: Manager of Quality Measurement Name: Sue Quichocho	Title: Senior Program Manager Name: Martha Martin	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Execute the Monthly Project for HEDIS RY 2021 reporting, including: 1. Generate Rolling Year and year to date rates to be integrated into PQD • Update and maintain PQD Maintenance plan related to all HEDIS modules 2. Monitor encounter data for changes • Work with EDW to identify and evaluate any potential data gaps within key sources of data used in HEDIS reporting. In example, working with DHCS to improve accuracy and completeness of carve out data 3. Evaluate impact of all new data sources integrated into the monthly project	8/1/2020	6/30/2021	Title: Manager of Quality Measurement Name: Sue Quichocho	Title: Senior Program Manager Name: Martha Martin	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Identify and select NCQA Accreditation Audit firm for baseline report RY 2021 and formal RY 2022. 1. Request quotes from HSAG and Advent Advisory group who PHC has worked with previously. 2. Select audit firm	7/1/2020	10/1/2020	Title: Manager of Quality Measurement Name: Sue Quichocho	Title: Senior Program Manager Name: Martha Martin	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Build and launch New HEDIS/NCQA Accreditation Annual Project for baseline report RY 2021 and formal RY 2022. Medical Record Project, including: 1. Collect hybrid data from approximately 11,000 medical records, may be adjusted as new NCQA/DHCS guidelines are released 2. Timely record retrieval and abstraction of Medical Record chases by 4/30/21	9/1/2020	6/30/2021	Title: Manager of Quality Measurement Name: Sue Quichocho	Title: Senior Program Manager Name: Martha Martin	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Analyze and disseminate HEDIS/NCQA Accreditation RY 2021 Results. 1. Define Layout for NCQA Accreditation report. 2. Prepare and disseminate NCQA Accreditation Measures Annual Summary of Performance Report	4/1/2020	6/30/2021	Title: Manager of Quality Measurement Name: Sue Quichocho	Title: Senior Program Manager Name: Martha Martin	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
2.b.	**Member Experience Data**	By June 30, 2021, gather, analyze and highlight areas of opportunity for the plan using the CAHPS survey and Grievances & Appeals (G&A) data as it relates to NCQA requirements	Ongoing collection and analysis of G&A data. Stakeholders to meet every other month to review data in comparison to 2020 CAHPS survey results and provide an annual report to the Board.	7/1/2020	6/30/2021	Title: Director of Member Services Name: Kevin Spencer	Title: Project Manager - Member Services Name: Anna Hernandez	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
2.c.	**Member Services Access**	Ensure compliance of internal and delegated access standards as it related to inbound call handling	Monitor, Analyze and Recommend CAP(s) when appropriate which includes: • Review internal call center performance stats monthly (performance benchmarks tracked quarterly) on several service level agreements (SLAs) • Plan to continue to track quarterly delegate call center performance (submitted quarterly by each respective delegate) against established performance thresholds (based on SLAs above) during Delegate Oversight quarterly meetings	7/1/2020	6/30/2021	Title: Director of Member Services Name: Kevin Spencer	Title: Director of Member Services Name: Kevin Spencer	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
2.d.	**Primary Care Provider QIP Provider Experience Data**	By June 30, 2021, develop Provider Engagement/Satisfaction Performance Metrics to include: o Establish Provider Satisfaction Baseline o QIP Effectiveness o PCP Provider Support/Customer Service of the PCP QIP	Evaluate provider survey effectiveness and update to align with defined satisfaction performance metrics	9/1/2020	6/30/2021	Title: Chief Medical Officer Name: Dr. Moore Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Manager of QIP Interim: Title: Project Manager, Quality Incentive Programs Name: Anthony Sackett	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Establish Provider Satisfaction Performance Baseline	9/1/2020	6/30/2021	Title: Chief Medical Officer Name: Dr. Moore Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Manager of QIP Interim: Title: Project Manager, Quality Incentive Programs Name: Anthony Sackett	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Complete MY2020 provider level survey to assess satisfaction with the QIP	7/1/2020	9/1/2020	Title: Chief Medical Officer Name: Dr. Moore Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Manager of QIP Interim: Title: Project Manager, Quality Incentive Programs Name: Anthony Sackett	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
2.e.	**Web Based Member Information Assessment**	Complete annual evaluation of the quality and accuracy of information provided to members via e-mail and telephone as stated in MEM 6 Element C: Quality and Accuracy of Information	By March 31, 2021, update the PHC's annual grand analysis reporting schedule, which will identify: 1. The report annual production dates through Renewal Survey (calendar years 2021, 2022 and 2023) 2. Targeted committee approval months, if applicable 3. Date sources planned to be utilized for the analysis	7/1/2020	3/31/2021	Title: Director of Member Services Name: Kevin Spencer	Title: Director of Member Services Name: Kevin Spencer	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			By June 30, 2021, demonstrate up-to-date knowledge of new Health Plan Accreditation (HPA) 2021 Standards and Guidelines	7/1/2020	6/30/2021	Title: Director of Member Services Name: Kevin Spencer	Title: Director of Member Services Name: Kevin Spencer	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
2.f.	**PCP QIP eReports System**	By March 2021, release the 2021 eReports Provide ongoing provider education on using eReports, stressing the importance of assuring accuracy when manually uploading medical record data	Initiate 2021 eReports scoping and development with Web Team and finalize via annual BRD approved by QI and IT management	7/1/2020	11/1/2020	Title: NR Director of QI/PI Name: Nancy Steffen	Title: QI Project Manager Name: Anne Gulley	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Conduct eReports audit(s) to evaluate accuracy of provider uploaded medical record data. Audit outcomes will be used to inform targeted 1:1 and plan-wide provider education on using eReports as MY 2020 is closed and MY2021 is kicked-off.	7/1/2020	3/15/2021	Title: NR Director of QI/PI Name: Nancy Steffen	Title: QI Project Manager Name: Anne Gulley	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
			Perform User Acceptance Testing (UAT) in partnership with Web Team to achieve all BRD deliverables and timely release to provider network	12/1/2020	3/1/2021	Title: NR Director of QI/PI Name: Nancy Steffen	Title: QI Project Manager Name: Anne Gulley	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
2.g.	**Partnership Quality Dashboard (PQD)**	**Goal 1:** By June 30, 2021, PQD will complete a 2020-21 Sustainability Plan.	Hold a minimum of 6 Monthly PQD technical workgroup(s) for department stakeholders	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: QI Project Manager Name: Anne Gulley	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Develop standardized business requirements document (BRD) template for development of new or enhancements to existing PQD dashboards	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: QI Project Manager Name: Anne Gulley	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Develop standardized UAT template to facilitate testing of new or existing dashboards	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: QI Project Manager Name: Anne Gulley	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Complete the update to the QI PQD Project SharePoint site	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: QI Project Manager Name: Anne Gulley	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Continue Development of new PQD Dashboards	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: QI Project Manager Name: Anne Gulley	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
		Goal 2: By June 30, 2021, PQD will implement Phase 2 of the MVQD Strategy - making QIP data publicly available.	Host a minimum of two training/demo webinar(s) with internal staff/MVQD business users	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: QI Project Manager Name: Anne Gulley	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Develop and execute the MVQD communication plan	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: QI Project Manager Name: Anne Gulley	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Develop the draft strategy to publicly share MVQD	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: QI Project Manager Name: Anne Gulley	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
		Goal 3: By June 30, 2021, PQD will complete a 2020-21 PQD Needs Assessment	Complete survey of external network QIP users	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: QI Project Manager Name: Anne Gulley	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Complete 3-5 PQD focus groups with internal dept. staff to assess user's expectations for PQD	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: QI Project Manager Name: Anne Gulley	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Summarize data from 2020-21 surveys and interviews/focus groups for PQD annual evaluation	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: QI Project Manager Name: Anne Gulley	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
		Goal 4: By June 30, 2021, PQD will create and execute a 2020-21 PQD Training and Education Plan.	Publish 2020/21 External /Internal PQD user guides for HEDIS and QIP modules	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: QI Project Manager Name: Anne Gulley	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Deliver quarterly introductory PQD user trainings for internal/external users	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: QI Project Manager Name: Anne Gulley	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Develop internal PQD Training for PHC staff to be available through the LMS	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: QI Project Manager Name: Anne Gulley	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Identify PQD SMEs within the following departments: Pop Health, N/S Health Services, Finance, N/S PR, PMO, N/S Claims, N/S Pharmacy.	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: QI Project Manager Name: Anne Gulley	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
2.h.	**HEDIS related data quality, timely access and completeness**	By June 30, 2021 complete interface development, data mapping and address data quality issues, with the three following entities: Lab Corpo, NCHIIN, Sac Valley Med Share HIE.	Complete interface development and data mapping for new lab based HEDIS and MCAS measures, with: Lab Corp	7/1/2020	6/30/2021	Title: Chief Information Officer Name: Kirt Kemp	Title: Director of EDI Development Name: Thenn Subramanian	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Complete interface development and data & code mapping for new lab based MCAS measures for new data sources, with: NCHIIN. The new data sources include clinical data from the following participating providers; Jerald Phelps Hospital, Mad River Community Hospital, Redwood Urgent Care Lab and SJ Medical Group Lab	7/1/2020	12/31/2020	Title: Chief Information Officer Name: Kirt Kemp	Title: Director of EDI Development Name: Thenn Subramanian	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
								July 1-Dec 31	Jan 1 - June 30	
			Work on identified data quality issues for new lab based MCAS measures, with: Sac Valley Med Share HIE	7/1/2020	6/30/2021	Title: Chief Information Officer Name: Kirt Kemp	Title: Director of EDI Development Name: Thenn Subramanian	☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
2.i.	**Integration of HEDIS-related data into data warehouse and datamarts for improved access, visualization, and data quality monitoring**	By June 30, 2021, Integrate new entities on the CDR platform to the data warehouse and datamart environment. IT will closely partner with QI department to integrate the CDR data to the HEDIS Annual/Monthly project. Also, support new enhancements to PQD dashboards and build datasets for new dashboards	By 6/30/2021, Integrate the new entities (NCHIIN and LabCorp) on CDR in to the Data Warehouse, Datamart and then to HEDIS Annual/Monthly project. Also, address any data quality issues resolved by SVMS on the EDW environment	7/1/2020	6/30/2021	Title: Director of Enterprise Information Management Name: Dave Hosford	Title: Manager of Data Warehouse Name: Arun Saligame	July 1-Dec 31 ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	Jan 1 - June 30 ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			By 6/30/2021, Support new enhancements to PQD dashboards (PCP-QIP & HEDIS modules). Add new MCAS measures to PQD HEDIS monthly project. Build and support the datasets for Perinatal QIP dashboard	7/1/2020	6/30/2021	Title: Director of Enterprise Information Management Name: Dave Hosford	Title: Manager of Data Warehouse Name: Arun Saligame	July 1-Dec 31 ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	Jan 1 - June 30 ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
2.j.	**Data Stewardship**	By June 30, 2021, under the direction of the Data Governance Council, implement the Data Stewardship program.	By 6/30/2021, create document outlining roles and responsibilities of the Data Stewarts.	7/1/2020	6/30/2021	Title: Chief Information Officer Name: Kirt Kemp	Title: Director of Enterprise Information Management Name: Dave Hosford	July 1-Dec 31 ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	Jan 1 - June 30 ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			By 6/30/2021 identify Data Stewards in functional areas, pertinent to quality improvement.	7/1/2020	6/30/2021	Title: Chief Information Officer Name: Kirt Kemp	Title: Director of Enterprise Information Management Name: Dave Hosford	July 1-Dec 31 ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	Jan 1 - June 30 ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			By 6/30/2021, conduct trainings for Data Stewards.	7/1/2020	6/30/2021	Title: Chief Information Officer Name: Kirt Kemp	Title: Director of Enterprise Information Management Name: Dave Hosford	July 1-Dec 31 ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	Jan 1 - June 30 ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
3. Value Based Payment Programs - QIP										
		Goal 1: By June 30, 2021, further leverage the PCP QIP program to continue to support HEDIS score improvement, including monitoring changes to relative improvement methodology, payment methodology, and continuous enrollment requirement	Evaluate impact of changes put in place for MY 2019	7/1/2020	9/30/2020	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Project Manager, Quality Incentive Programs Name: Anthony Sackett	July 1-Dec 31 ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	Jan 1 - June 30 ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Track, report, and evaluate 2019 program performance	7/1/2020	9/30/2020	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Project Manager, Quality Incentive Programs Name: Anthony Sackett	July 1-Dec 31 ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	Jan 1 - June 30 ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Complete development of measures for 2021 PCP QIP	7/1/2020	11/4/2020	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Project Manager, Quality Incentive Programs Name: Anthony Sackett	July 1-Dec 31 ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	Jan 1 - June 30 ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
3.a.	**Primary Care Provider Quality Improvement Program (PCP QIP)**	**Goal 2:** Support provider network and respective sites/clinics in their efforts to use data to improve reporting and performance improvement activities through FY 2020-21	Coordinate in-person meetings with participants and offer ongoing virtual support over the course of measurement year by providing two webinar trainings	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Project Manager, Quality Incentive Programs Name: Anthony Sackett	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Work with PQD Team to update applicable measure changes in respective PQD dashboards	7/20/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Project Manager, Quality Incentive Programs Name: Anthony Sackett	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
		Goal 3: By June 30, 2021, program protocols will be reviewed, updates, new process improvements, and lessons learned will be added	MY 2020: Program protocol review, update and add new process improvements and lessons learned	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Project Manager, Quality Incentive Programs Name: Anthony Sackett	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Develop department PCP Program Performance Metrics and how to measure program/team performance	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Project Manager, Quality Incentive Programs Name: Anthony Sackett	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
3.b.	**Hospital Quality Improvement Program (HQIP)**	**Goal 1**: By June 30, 2021, develop Measurement set to support Hospital Performance Improvement	Complete development of measures for 2021-22 HQIP	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Project Manager - Quality Incentive Programs Name: Melissa Stewart	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
		Goal 2: By June 30, 2021, complete hospital evaluation to evaluate the performance in each measure	Evaluate 2020-21 hospital program performance by measure in comparison to prior measurement year	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Project Manager - Quality Incentive Programs Name: Melissa Stewart	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
		Goal 3: Continue engagement of hospitals in HQIP through FY 2020-21	Coordinate in-person meetings with Key Stakeholders and Providers through technical workgroups (TWG), Advisory Groups (AG), and offer ongoing virtual support over the course of measurement year	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Project Manager - Quality Incentive Programs Name: Melissa Stewart	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
		Goal 4: By June 30, 2021, use Hospital Partnership Quality Dashboard (PQD) to generate preliminary reports	Work with PQD Team to Produce and Share Preliminary Report through (PQD) during Payment in October 2021	7/1/2020	10/31/2020	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Project Manager - Quality Incentive Programs Name: Melissa Stewart	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Provide support to providers with submission tracking, data retrieval and validation, and report distribution during the measurement year	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Project Manager - Quality Incentive Programs Name: Melissa Stewart	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
3.c.	**Palliative Care QIP (PC QIP)**	Provide continuous education to providers on PCQN data entry and encourage first layer of CIN/Member name/POLST validation when downloading to send data to PHC for payment calculations for FY 2020-21	Evaluate impact of changes put in place for MY 2020-21	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Project Manager - Quality Incentive Programs Name: Melissa Stewart	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Coordinate in-person meetings with participants and offer ongoing virtual support over the course of measurement year	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Project Manager - Quality Incentive Programs Name: Melissa Stewart	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
3.d.	**Perinatal QIP**	**Goal 1:** By October 30, 2020, partner with PQD/EDW to develop and implement PQD Internal Dashboard to capture postpartum administrate office visits and immunizations data through claims/encounter data	Partner with PQD/EDW teams to develop a Perinatal PQD Dashboard to produce postpartum administrative reporting	7/1/2020	10/30/2020	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Project Manager, Quality Incentive Programs Name: Anthony Sackett	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
		Goal 2: Continue to develop Perinatal QIP Measurement set to support HEDIS Score Improvement through May 30, 2021	FY 21-22 Measure development review that continues to maintain or improve HEDIS Scores	2/1/2020	5/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Project Manager, Quality Incentive Programs Name: Anthony Sackett	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
		Goal 3: Continue to support program and provider participation that improve data and performance aligned with PHC's mission to help our members and communities we serve be healthy through FY 2020-21	Provide participating providers with timely quarterly postpartum administrative reports, Q2, Q3 & Q4	11/30/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Project Manager, Quality Incentive Programs Name: Anthony Sackett	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Provide webinar training and provider program engagement	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Project Manager, Quality Incentive Programs Name: Anthony Sackett	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Provide ongoing technical assistance to providers	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Erika Robinson	Title: Project Manager, Quality Incentive Programs Name: Anthony Sackett	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
3.e.	**Intensive Out-Patient Care Management (IOPCM) QIP**	By 6/30/2021, develop a sustainable QIP garnering participation of the 16 contracted IOPCM sites	Coordinate in-person meetings with participants and offer ongoing virtual support over the course of measurement year	7/1/2020	6/30/2021	Title: Chief Medical Officer Name: Robert Moore	Title: Project Manager - Quality Incentive Programs Name: Melissa Stewart	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Provide support to providers with submission tracking, data retrieval and validation, and report distribution during the measurement year	7/1/2020	6/30/2021	Title: Chief Medical Officer Name: Robert Moore	Title: Project Manager - Quality Incentive Programs Name: Melissa Stewart	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
			Evaluate impact of changes put in place for MY 2020-21	7/1/2020	6/30/2021	Title: Chief Medical Officer Name: Robert Moore	Title: Project Manager - Quality Incentive Programs Name: Melissa Stewart	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
4. Improvement Projects, Clinical Quality										
4.a.	**Social Determinants of Health - Housing Initiative**	By June 30, 2021, PHC will increase access to housing for our members experiencing homelessness by continuing to administer the grant program, improving health outcomes for our members and strengthening the communities we serve.	Continue implementation throughout the Partnership Network and oversight of $25 million in grants to support local capacity in housing our members experiencing homelessness	7/1/2020	6/30/2021	Title: Behavioral Health Administrator Name: Margaret Kisliuk	Title: Coordinator II Name: Janet Schiewe	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Identify relationships between health care and housing through support of homeless/housing initiatives and their effect on health outcomes associated with housing resources.	7/1/2020	6/30/2021	Title: Behavioral Health Administrator Name: Margaret Kisliuk	Title: Coordinator II Name: Janet Schiewe	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Continue to Identify and develop education and technical assistance opportunities for providers and stakeholders	7/1/2020	6/30/2021	Title: Behavioral Health Administrator Name: Margaret Kisliuk	Title: Coordinator II Name: Janet Schiewe	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
4.b.	**HEDIS Measures**	COVID-19 has imposed unique challenges to PHC and the provider network. PHC will seek to understand the full impact of COVID-19, and new opportunities to address HEDIS. **Goal 1:** By June 30, 2021, develop a COVID-19 tactical response to address HEDIS performance within the onset of COVID-19.	By October 31, 2020, develop COVID-19 SWOT analysis.	7/1/2020	10/31/2020	Title: Director of Quality & Performance Improvement Name: Erika Robinson (SR) Nancy Steffen (NR)	Title: Manager of PI Name: Caron Lee (SR) James Devan (NR)	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			By October 31, 2020, develop tactical quality measure score improvement plan for implementation	7/1/2020	10/31/2020	Title: Director of Quality & Performance Improvement Name: Erika Robinson (SR) Nancy Steffen (NR)	Title: Manager of PI Name: Caron Lee (SR) James Devan (NR)	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
		Goal 2: By June 30, 2021, establish three subgroups to address well child visits and immunizations for 0-2 year olds, asthma care, and multiyear measures including BCS, CCS, CDC-Eye, COL, and IMA-2.	By September 30, 2020, establish three subgroups to address priority focus areas: 1. Well child visits and immunizations for 0-2 year olds 2. Asthma Care 3. Multi-year measures	7/1/2020	6/30/2021	Title: Director of Quality & Performance Improvement Name: Erika Robinson (SR) Nancy Steffen (NR)	Title: Manager of PI Name: Caron Lee (SR) James Devan (NR)	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			By June 30 2021, develop and deliver webinar series focused on provider identified best practices under priority HEDIS measures	7/1/2020	6/30/2021	Title: Director of Quality & Performance Improvement Name: Erika Robinson (SR) Nancy Steffen (NR)	Title: Manager of PI Name: Caron Lee (SR) James Devan (NR)	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			By June 30 2021, develop a compendium that maps PHC benefits to priority HEDIS measures to ensure providers are aware of benefits that can influence HEDIS measures	7/1/2020	6/30/2021	Title: Director of Quality & Performance Improvement Name: Erika Robinson (SR) Nancy Steffen (NR)	Title: Manager of PI Name: Caron Lee (SR) James Devan (NR)	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
4.c.	Behavioral Health	By June 30, 2021, improve the composite or sub-regional initiation phase rate for the HEDIS ADD measure by 10% from measurement year 2019 baseline. ADD initiation phase rate measures the percentage of children aged 6-12 years who were newly prescribed and dispensed an ADHD medication who had an initial follow-up care visit within 30 days of the medication-dispensing event	Send provider letter notifications of children newly prescribed and dispensed an ADHD medication necessitating an initial follow-up care visit. Note: The eligible population is to align with the HEDIS Follow-Up Care for Children Prescribed ADHD medication (ADD) measure specifications Provide a summary with documentation of total volume of letters sent	7/1/2020	6/30/2021	Title: Director of Pharmacy Services Name: Stan Leung	Title: Director of Pharmacy Services Name: Stan Leung	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Conduct follow-up analysis to evaluate effectiveness of intervention by looking at pre- and post-initiation phase ADD rates	7/1/2020	6/30/2021	Title: Director of Pharmacy Services Name: Stan Leung	Title: Director of Pharmacy Services Name: Stan Leung	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
4.d.	Northern Region Quality Improvement and Health Services Member In-Reach/Outreach	Over the 2020-2021 FY, the NR Member Services, QI and Care Coordination teams will fully evaluate ePrompts as a means to engage members 1:1 on the importance of completing HEDIS-related preventive care and helping connect them to related resources and services.	Evaluate outcomes of ePrompts Pilot over May 2020 through Fall 2020, using pilot staff feedback and member engagement data captured in ePrompts. Make recommendations for continued use of ePrompts	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Nancy Steffen (NR)	Title: Project Manager - Quality Improvement Name: Tara Fogliasso	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Partner with NR Care Coordination and Member Services to ensure desktop procedures are updated following the close of the pilot period and shared with SR Care Coordination, Member Services, and Population Health	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Nancy Steffen (NR)	Title: Project Manager - Quality Improvement Name: Tara Fogliasso	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
4.e.		By June 30, 2021, QI will work with PHM, UM, CC, PR, and Pharmacy to develop a plan to integrate PHM into the Northern Region operations and assess Northern Region impact to NCQA PHM strategy requirements.	**Milestone 1:** By December 31, 2020, creation of a RACI chart that addresses Northern Region activities, processes and resources related to the four quadrants of NCQA's Population Health Strategy requirements: Keeping Members Healthy, Managing Members with Rising Risk, Outcomes Across Settings, Managing Multiple Chronic/Complex Conditions.	7/1/2020	12/31/2020	Title: Director, Quality and Performance Improvement Name: Nancy Steffen (NR) Title: Director of Population Health Name: Rebecca Boyd Anderson	Title: Manager of PI Name: James Devan (NR)	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Milestone 2: By June 30, 2021, develop a transition strategy to enfold PHM within the greater Northern Region operations structure. Process for shared decision-making	7/1/2020	6/30/2021	Title: Director, Quality and Performance Improvement Name: Nancy Steffen (NR) Title: Director of Population Health Name: Rebecca Boyd Anderson	Title: Manager of PI Name: James Devan (NR)	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
4.f.	HEDIS Value Set Directory Utilization for Priority Measures	By 6/30/2021, the NR Claims and QI departments aim to increase visibility to the HEDIS Value Set Directory and improve utilization of HCPC II blood pressure codes, where appropriate.	**Milestone 1:** By September 30 2020, identify two key providers to participate in pilot program utilizing HCPC II codes for CBP measure	7/1/2020	9/30/2020	Title: Director, Quality and Performance Improvement Name: Nancy Steffen (NR)	Title: Manager of PI Name: James Devan (NR)	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Milestone 2: By June 30 2021, develop and implement training for utilization of HCPC II codes for blood pressure, and the impact toward HEDIS measurement	7/1/2020	6/30/2021	Title: Director, Quality and Performance Improvement Name: Nancy Steffen (NR)	Title: Manager of PI Name: James Devan (NR)	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Milestone 3: By June 30 2021, present at least two quarterly scorecards with HCPC II code utilization. One prior to training	7/1/2020	6/30/2021	Title: Director, Quality and Performance Improvement Name: Nancy Steffen (NR)	Title: Manager of PI Name: James Devan (NR)	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	

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								July 1-Dec 31	Jan 1 - June 30	
5.a.	**Collect Member Experience Data**	By 6/30/2021, launch annual CAHPS survey and collect data results	Provide sample frame to SPH (Morpace), launch survey and collect results as part of the NCQA member experience process	7/1/2020	6/30/2021	Title: Director of Member Services Name: Kevin Spencer	Title: Project Manager - Member Services Name: Anna Hernandez	☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
	6. Care for Members with Complex Needs									
6.a.	**Complex Case Management**	Continue to align PHC's Complex Case Management programs with DHCS (Complex Case Management and Basic Case Management contractual services) and NCQA requirements (PHM5, Elements A-E) through First Survey by November 13, 2020 and maintain demonstrated compliance with NCQA PHM 5, Elements A-E monthly through June 30, 2021	Conduct internal monthly audits utilizing the NCQA scoring tool to monitor compliance	7/1/2020	6/1/2021	Title: Director, Care Coordination Name: Katherine Barresi Title: Director of Care Coordination Operations Name: Melissa McCartney	Title: Associate Director of Care Coordination Name: Angela Guevarra	☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
	7. Quality Assurance and Patient Safety									
7.a.	**Potential Quality Issues**	By June 30, 2021, develop and implement a process to support the Wellness and Recovery department in establishing a systematic method for identifying, reporting, and investigating Potential Quality issues (PQI)	Work with the Wellness and Recovery team to develop a process for evaluating and reviewing potential quality issues (PQIs) and ensure consistency between all related or linked reviews in a case	7/30/2020	6/30/2021	Title: Manager, Quality Assurance & Patient Safety Name: Rose Santos	Title: Manager, Quality Assurance & Patient Safety Name: Rose Santos	☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Provide PQI education and training to Wellness and Recovery department	7/30/2020	6/30/2021	Title: Manager, Quality Assurance & Patient Safety Name: Rose Santos	Title: Manager, Quality Assurance & Patient Safety Name: Rose Santos	☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
7.b.	**Virtual Site Review Process**	By June 30, 2021, in response to COVID-19 and with DHCs' encouragement, the NR QI department will explore the feasibility of converting the current in-person Site Review process into a Virtual Site Review Process.	Evaluate 6 provider sites using a Virtual/Hybrid Site Review Process. Initially, the process being developed within PHC (and proposed to DHCS) will be utilized. Once DHCS gives a directive on requirements for health plans to convert to Virtual Site Reviews, PHC will adapt its Virtual Site Review process accordingly to complete reviews.	7/1/2020	6/30/2021	Title: Director, Quality and Performance Improvement Name: Nancy Steffen (NR)	Title: Manager of Clinical Quality & Patient Safety Name: Rachel Peterson	☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Develop process and desktop documentation for Patient Safety staff conducting and supporting Site Reviews.	7/1/2020	6/30/2021	Title: Director, Quality and Performance Improvement Name: Nancy Steffen (NR)	Title: Manager of Clinical Quality & Patient Safety Name: Rachel Peterson	☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
7.c.	**Site Review Tool Educations**	The NR QI department will assist PCP sites in transitioning to the newest version of the DHCS mandated Site Review Tool by conducting at least 15 educational trainings, including on-site, virtual, and 1:1 tailored educations by June 30, 2021	Conduct at least 15 educational trainings, including on-site, virtual, and 1:1 tailored educations by June 30, 2021	7/1/2020	6/30/2021	Title: Director, Quality and Performance Improvement Name: Nancy Steffen (NR)	Title: Manager of Clinical Quality & Patient Safety Name: Rachel Peterson	☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	

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Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
7.d.	**Initial Health Assessment**	By 6/30/21, NR QI and several other PHC departments will support PCP providers through 1:1 improvement partnering, educational opportunities, and best practice sharing to improve the rate of Initial Health Assessment (IHA) completions amongst PHC's newly enrolled membership.	NR QI Department will work 1:1 with 4 individual provider sites who had a recent deficiency under Initial Health Assessments (IHA) on a Facility Site Review Corrective Action Plan (CAP) or are interested in improving IHA performance, as encouraged by the current the PCP QIP. 1. Build a workflow/process with the site to increase usage of Staying Healthy Assessment (SHA) forms. 2. The nurse will re-evaluate the site by conducting a Mini IHA Audit post implementation of the new workflow process. Adaptations or amendments to the process will be recommended, if needed.	7/1/2020	6/30/2021	Title: Director, Quality and Performance Improvement Name: Nancy Steffen (NR)	Title: Manager of Clinical Quality & Patient Safety Name: Rachel Peterson	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			An Initial Health Assessment work group, comprised of representatives from multiple PHC departments will meet quarterly to review and document ongoing progress under PHC's IHA improvement strategy.	7/1/2020	6/30/2021	Title: Director, Quality and Performance Improvement Name: Nancy Steffen (NR)	Title: Manager of Clinical Quality & Patient Safety Name: Rachel Peterson	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			An Initial Health Assessment focused newsletter will be printed for both the member newsletter and the provider newsletter.	7/1/2020	6/30/2021	Title: Director, Quality and Performance Improvement Name: Nancy Steffen (NR)	Title: Manager of Clinical Quality & Patient Safety Name: Rachel Peterson	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Education on the Initial Health Assessment/ Three attempt tracker will be provided to Sites as part of the Site Review Exit Interview Process.	7/1/2020	6/30/2021	Title: Director, Quality and Performance Improvement Name: Nancy Steffen (NR)	Title: Manager of Clinical Quality & Patient Safety Name: Rachel Peterson	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Notification emails will be provided to Sites as a reminder to sign into PHC's Provider Online Services portal and review new members that will need outreach for IHA completion.	7/1/2020	6/30/2021	Title: Director, Quality and Performance Improvement Name: Nancy Steffen (NR)	Title: Manager of Clinical Quality & Patient Safety Name: Rachel Peterson	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
7.e.	**LTBI 12 Dose Treatment Monitoring**	By June 30, 2021, a clinical pharmacist will identify and address 100% of LTBI (latent tuberculosis infection) 12 week treatment regimen concerns, which result from non-adherence, inappropriate prescribing, and/or inappropriate dispensing.	A clinical pharmacist will: • Conduct a bi-monthly utilization review for the LTBI 12 week regimen (Isoniazid and Rifapentine). • When identified, notify dispensing pharmacy and/or prescriber of inappropriate dispensing. • When identified, notify prescriber of specific patient non-adherence to regimen. • When identified, notify dispensing pharmacy and/or prescriber if utilization does not align with the recommended 12-week treatment regimen. • Provide a summary report for monitoring of treatment and outreach activities.	7/1/2020	6/30/2021	Title: Director, Pharmacy Services Name: Stan Leung	Title: Manager of Clinical Pharmacy Name: Vic Patel	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
8. Quality Improvement Training and Coaching										

2020-21 Quality Improvement Work Plan

Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
8.a.	**QI Technical Assistance in Partnership with Northern Region Consortia**	By June 30, 2021, collaborate with Northern Region consortia to bring QI awareness and education to Northern Region providers: • Plan and conduct at least 1 ABCs of QI trainings in the Northern Region • Develop storyboards and infographics to demonstrate successful QI improvement projects • Host recurring forums for QI engagement • Develop Measure best practices to share with Northern Region Consortia members	Partner with consortia trainers to plan and complete at least 1 ABCs of QI trainings in NR and continue developing and offering ABCs of QI follow-up webinar series with deeper dive instruction on select improvement methods/tools. Trainings may be in person or virtual depending on current state of COVID-19.	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Nancy Steffen (NR)	Title: Manager of PI Name: James Devan	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Develop at least two project storyboards outlining regional QI projects and post on consortia websites	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Nancy Steffen (NR)	Title: Manager of PI Name: James Devan	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Present PHC updates and timely provider education at least 4 times via monthly QI and CMO Peer Network Calls and in-person Rural Round Table events	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Nancy Steffen (NR)	Title: Manager of PI Name: James Devan	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Develop materials that highlight best practices for focus HEDIS/QIP measures and distribute to Northern Region consortia members	7/1/2020	6/30/2021	Title: Director of Quality and Performance Improvement Name: Nancy Steffen (NR)	Title: Manager of PI Name: James Devan	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
8.b.	**Performance Improvement Training Offerings**	Provide multiple forms of QI education to the PHC provider network by June 30, 2021	Offer at least two ABCs of QI across the network – one virtual training in Fall 2020 and at least one in-person or virtual in Spring 2021	7/1/2020	6/30/2021	Title: Manager of Performance Improvement Name: Caron Lee	Title: Sr. Improvement Advisor Name: Farashta Zainal	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Offer at least one virtual training on Project Management across the network	7/1/2020	6/30/2021	Title: Manager of Performance Improvement Name: Caron Lee	Title: Sr. Improvement Advisor Name: Farashta Zainal	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Offer at least four virtual learning sessions on priority MCAS measures: AMR, Childhood Immunization, Well-Child Visits, and women's preventive cancer screening	7/1/2020	12/31/2020	Title: Manager of Performance Improvement Name: Caron Lee	Title: Improvement Advisors Name: Joy Dionisio, Flora Maiki	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
8.c.	**Cross Departmental HEDIS Measure Education**	By December 31, 2020, complete HEDIS 101 LMS training, which can be included in on-boarding for new employees starting in 2021	Finalize content for HEDIS 101 LMS training: • Provide T&D with training material and resources/tools • Record LMS training	7/1/2020	10/31/2020	Title: Director, Quality and Performance Improvement Name: Erika Robinson (SR) Nancy Steffen (NR)	Title: Manager of Quality Measurement, Name: Sue Quichocho Title: Senior Program Manager, HEDIS Name: Martha Martin	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
8.d.	**Joint Leadership Initiative**	By June 30, 2021 all designated Joint Leadership Initiative (JLI) organizations will have, at minimum, held two joint meetings including executive leaders	By August 31, 2020, schedule a minimum of two (2) meetings, including executive leaders, with all designated JLI organizations	7/1/2020	8/31/2020	Title: Director, Quality and Performance Improvement Name: Erika Robinson (SR) Nancy Steffen (NR)	Title: Supervisor, Quality and Process Improvement Name: Barb Selig (SR) Title: Manager of PI Name: James Devan (NR)	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	

2020-21 Quality Improvement Work Plan

Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
9.d.	Joint Leadership Initiative	held two joint meetings including executive leaders. The first meeting will be conducted by the Fall of 2020 and the second by Spring of 2021.	By June 30, 2021, conduct a minimum of two (2) JLI meetings, including executive leaders, and evaluate the process and outcomes	7/1/2020	6/30/2021	Title: Director, Quality and Performance Improvement Name: Erika Robinson (SR) Nancy Steffen (NR)	Title: Supervisor, Quality and Process Improvement (SR) Name: Barb Selig (SR) Title: Manager of PI Name: James Devan (NR)	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
9. Cultural and Linguistics Services (See PHC's 2020 Population Health and Health Education WorkPlan)										
10. Delegation Oversight										
10.a	**QI Delegation Oversight**	By June 30, 2021, demonstrate strong delegation oversight process in support of delegation standards and PHC policies and procedures	Quarterly and yearly review of delegation committee reports and delegated activities based on submitted documents. Present findings at the Delegation Oversight Committee (DORS) meetings with recommendations	7/30/2020	6/30/2021	Title: Director, Quality and Performance Improvement Name: Erika Robinson (SR)	Title: Manager, Quality Assurance & Patient Safety Name: Rose Santos	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Participation at quarterly DORS meetings and ad-hoc meetings related to Delegation oversight	7/30/2020	6/30/2021	Title: Director, Quality and Performance Improvement Name: Erika Robinson (SR)	Title: Manager, Quality Assurance & Patient Safety Name: Rose Santos	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Participation with annual delegation audits by PHC Compliance department. Submit audit findings within required timeframe	7/30/2020	6/30/2021	Title: Director, Quality and Performance Improvement Name: Erika Robinson (SR)	Title: Manager, Quality Assurance & Patient Safety Name: Rose Santos	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
10.b.	**NCQA Delegation Oversight**	PHC will conduct a delegation oversight audit on all delegates over the next 12 months using both DHCS and NCQA requirements and methodology where appropriate.	Train all audit SMEs on the audit process, CAP completions, and the 8/30 file review methodology	7/8/2020	10/31/2020	Title: Director of Regulatory Affairs and Program Development Name: Mark Bontrager	Title: Compliance Oversight Manager Name: Gary Robinson	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Prepare intent to audit letters for auditees	7/1/2020	5/30/2021	Title: Director of Regulatory Affairs and Program Development Name: Mark Bontrager	Title: Compliance Oversight Manager Name: Gary Robinson	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Scope all audits and conduct the audits	7/1/2020	6/30/2021	Title: Director of Regulatory Affairs and Program Development Name: Mark Bontrager	Title: Compliance Oversight Manager Name: Gary Robinson	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Complete audits with final audit summaries and review of results in DORS Committee	7/1/2020	6/30/2021	Title: Director of Regulatory Affairs and Program Development Name: Mark Bontrager	Title: Compliance Oversight Manager Name: Gary Robinson	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
11. NCQA Project Management										

2020-21 Quality Improvement Work Plan

Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
11.a.	**Compliance with NCQA Survey Standards**	Departments will sustain key annual NCQA reporting requirements and maintain up-to-date knowledge of new Standards and Guidelines as measured by two milestones: 1) By March 31, 2021, update the PHC's annual grand analysis reporting schedule 2) By June30, 2021, demonstrate up-to-date knowledge of new Health Plan Accreditation (HPA) 2021 Standards and Guidelines	**Milestone 1**: By March 31, 2021 update the PHC's annual grand analysis reporting schedule, which at a minimum will identify: 1) The report annual production dates through Renewal Survey (calendar years 2021, 2022 and 2023) 2) Targeted committee approval months, if applicable 3) Data sources planned to be utilized for the analysis	12/4/2020	3/31/2021	Title: Chief Executive Officer Name: Liz Gibboney Title: Chief Operating Officer Name: Sonja Bjork Title: Director of Quality & Performance Improvement Name: Erika Robinson (SR) Title: Associate Director, QPI Name: Rachael French	UM, Care Coordination, Pharmacy, Compliance (CGA and delegation oversight), Member Services, QI, Provider Relations, Rachael French **Primary Contacts:** Sarah Molteni-Casper Sue Lee	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Milestone 2: By June 30, 2021, demonstrate up-to-date knowledge of new Health Plan Accreditation (HPA) 2021 Standards and Guidelines. Each department will be responsible for completing the following activities: 1) Update the FY 20-21 NCQA workplan, which will include confirming and/or identifying primary ownership per requirement, confirming assigned business owner and sponsor, and updating the list of contributors. 2) Evaluate changes to HPA 2021 Standards and Guidelines impacting the department by reviewing the 2021 HP Standards Summary of Changes that will be provided by the NCQA Program Management Team 3) Review/update the departments' evidence submission library in the event HPA 2021 Standards and Guidelines changes affect evidence utilized for each assigned requirement	2/12/2021	6/30/2021	Title: Chief Executive Officer Name: Liz Gibboney Title: Chief Operating Officer Name: Sonja Bjork Title: Director of Quality & Performance Improvement Name: Erika Robinson (SR) Title: Associate Director, QPI Name: Rachael French	UM, Care Coordination, Pharmacy, Compliance (CGA and delegation oversight), Member Services, QI, Provider Relations, Rachael French **Primary Contacts:** Sarah Molteni-Casper Sue Lee	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
12. Contracting										
12.a.	**Provider Contract Language**	By June 30, 2021, all current provider contracts will be updated with any new language requirements released by NCQA in the 2021 standards.	Review NCQA 2021 QI2 standards for any required contract language changes. Revise all contract templates to include said changes.	Upon release of new standards	6/30/2021	Title: Senior Director, Provider Relations Name: Mary Kerlin	Title: Director, Provider Contracting Name: Nancy Mac Adoo	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
13. Population Health Management: See PHC's 2020 Population Health WorkPlan										
14. Grand Analysis										
14.a.	**Grand Analysis**	By September 30, 2020, annual Grand Analysis reports will be completed per Health Plan Accreditation requirements	Member Services will complete their annual grand analysis report (ME 6) by 9/30/2020.	1/2/2020	9/30/2020	Title: Chief Medical Officer Name: Robert Moore, MD	Title: Director, Member Services Name: Kevin Spencer	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			UM and Pharmacy will complete their annual grand analysis report (UM 4) by 9/30/2020.	1/2/2020	9/30/2020	Title: Chief Medical Officer Name: Robert Moore, MD	Title: Director, Member Services Name: Kevin Spencer	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Care Coordination/ Population Management will complete their annual grand analysis report (QI 3) by 9/30/2020.	1/2/2020	9/30/2020	Title: Chief Medical Officer Name: Robert Moore, MD	Title: Director, Member Services Name: Kevin Spencer	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	

2020-21 Quality Improvement Work Plan										
Item #	Project/Program	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
			Population Health/ Behavioral Health will complete their annual grand analysis report. (QI 4) by 9/30/2020.	1/2/2020	9/30/2020	Title: Chief Medical Officer Name: Robert Moore, MD	Title: Director, Member Services Name: Kevin Spencer	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	
			Network Adequacy will complete their annual grand analysis report. (NET 3) by 9/30/2020.	1/2/2020	9/30/2020	Title: Senior Director Provider Relations Name: Mary Kerlin	Title: Project Coordinator II Name: Joseph Williams	**July 1-Dec 31** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	**Jan 1 - June 30** ☐ Complete ☐ On Track ☐ Delayed ☐ Terminated	

Offering and Honoring Choices – 2019/20 Summary
Advance Care Planning Activities & Palliative Care Update
July, 2020

Advance Care Planning

Significant work has been done in the past few years to promote Advance Care Planning (ACP) among Partnership HealthPlan of California (PHC) staff, and for PHC members through its Care Coordination department and primary care delivery system. Internally among staff, advance care planning was promoted at PHC's 2018/19 and 2019/20 National HealthCare Decision Day events. Other promotions included "conversation sessions," and an on-line interactive Advance Care Planning training, made available to all PHC employees.

In addition to promoting advance care planning via PHC's Care Coordination department, PHC provides a financial incentive via the Primary Care Provider Quality Improvement Program (PCP QIP) to encourage primary care providers to discuss advance care planning with their patients. Below are the results from the past eight QIP measurement periods. In 2019, there was a decrease in number of attestations. This can be attributed to having few providers participating in the advance care planning measure. Additionally, there was a transition from tracking submissions sent in via fax to an electronic submission process.

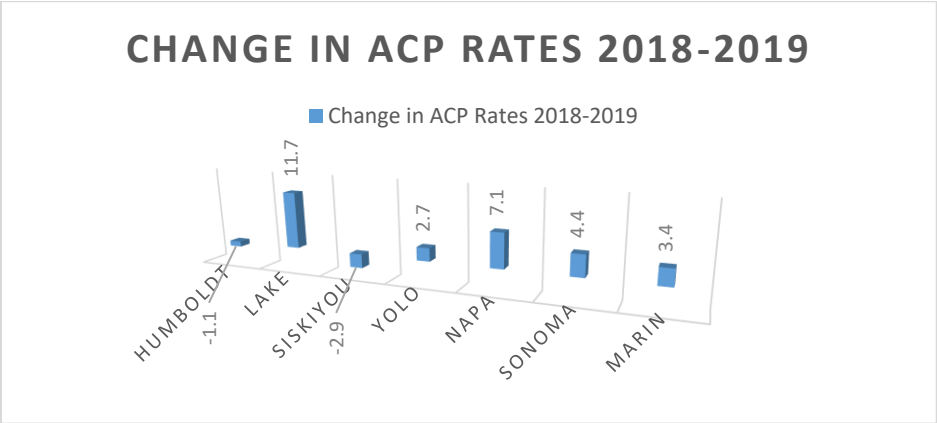
Measurement Year	ACP Attestations	# of providers
2019	5940	55
2018	7064	70
2017 (transition period July – Dec)	3234	54
2016 - 2017	2676	45
2015 - 2016	1353	42
2014 - 2015	1401	32
2013 - 2014	1295	41
2012 - 2013	123	5

Advance Care Planning Local Coalition Grant

In the summer of 2017, PHC and the Coalition for Compassionate Care of California (CCCC) collaborated on a project to increase ACP activities through the building of grassroots ACP coalitions. PHC contracted with CCCC to provide program management and support, over a 24-month period. In February 2018, PHC announced four local coalitions were selected as recipients of the grant funding: Humboldt Advance Care Planning Coalition (HumACP), My Life, My Way, Lake County Coalition for Advance Care Planning, Siskiyou ACP Coalition "Let's Talk", and Yolo Coalition to Honor Choices (YCHC). Each local coalition created a work plan that they reported on every six months during the grant period, which ended in August 2019.

The results of each coalition varied greatly, potentially because of the different characteristics of each community. All four coalitions developed steering/stakeholder committees and held community engagement and education events. Cumulatively, the four local coalition grantees held 97 community educational events during the 18-month grant period, reaching 2,940 community members. The individuals who established and managed the local ACP coalitions in each community were skilled, committed, and enthusiastic, and their communities were receptive to their efforts.

The data below is from the annual CG-CAHPS survey. Beginning in 2018, PHC included additional questions on ACP for the largest provider organizations that participate in the PCP QIP. The Lake and Yolo coalitions saw an increase in the ACP rates from 2018-2019, while there was a decrease for Humboldt and Siskiyou counties. Only the data for Yolo County – the 2.7% increase in 2018-2019 from the baseline – was statistically significant.



The greatest challenge reported by the four coalitions was around sustainability. Those challenges included shifting personnel, leadership burnout, and balancing careers with coalition work. In Siskiyou, the actual topography of the county was a hindrance to the work. For Lake County, natural disasters (e.g., fires) took community attention away from everything beyond recovery.

This was a $320,000 investment and required a dedicated PHC point person, working closely with CCCC, to provide project management oversight throughout the duration of the grant period. The aggregate data from the ACP coalition grant only show a statistically significant increase in people reporting completing an advance directive in Yolo County, one of the four counties of focus. In light of the focus on NCQA Accreditation and HEDIS Score improvement, the recommendation was to not further invest in the ACP community coalitions at this time.

Intensive Outpatient Palliative Care (IOPC) Benefit

In the fall of 2015, PHC piloted a community based palliative care program. The goal of the pilot was twofold: first, it supported PHC's mission to help members and the communities PHC serves be healthy and second, it helped to inform program development on what would eventually become a state benefit. The PHC pilot study showed that improving symptom management and attention to patient's social needs resulted in the overall costs being much lower for enrolled members. In particular, hospitalizations for patients in the palliative care program were markedly lower comparing both pre and post enrollment data and also when compared to similar controls. Most importantly, patient and family satisfaction were very high, with 95% being highly satisfied. Finally, the palliative care pilot met the triple aim of better care, lower costs, and high patient satisfaction. Based on the success of the pilot program, PHC extended the palliative care benefit to several of its counties much earlier than the mandated state requirement of January 2018.

Consistent with the new state of California guidelines for this benefit, PHC offers palliative care to members with an expected survival of one year or less who have poor functional status and who have one of five covered diagnoses: stage III or IV cancer, CHF, COPD, end stage liver disease, neuromuscular disease. There are a few other criteria but essentially the care is provided to PHC's patients who need more help at the end of life but who are not yet ready for hospice care. The main criteria include members be willing to have home based care, to participate in advanced care planning discussions and to avoid hospital care and emergency department visits.

PHC has contracted with several organizations and currently provides palliative care services in each of the 14 counties it serves. To date, PHC has enrolled more than 600 of its members in the Intensive Outpatient Palliative Care (IOPC) benefit.

Offering and Honoring Choices – 2019/20 Summary
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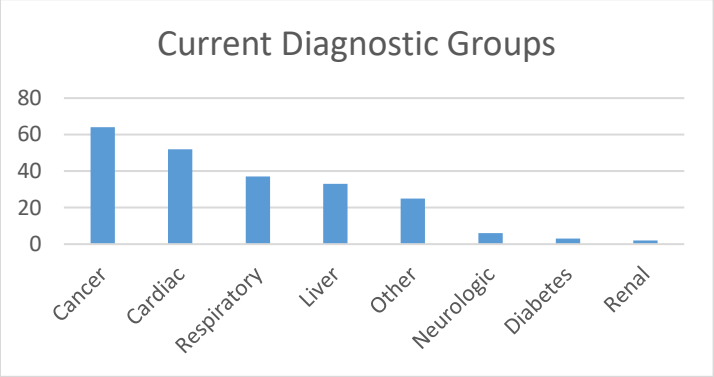
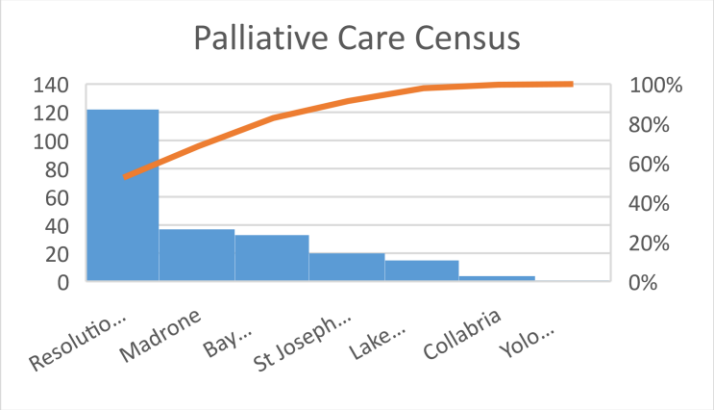
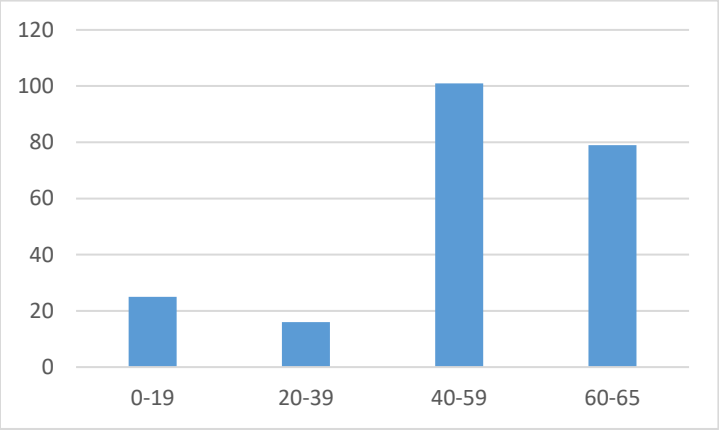
For the fifth year in a row, PHC sponsored and provided planning support for the palliative care conference (hosted by Collabria Care, formerly known as Napa Valley Hospice Adult Day Services). In 2020, the 8th Annual Palliative Care Conference took place in February, and was well attended by more than 200 people.

Intensive Outpatient Palliative Care (IOPC) Benefit – Data

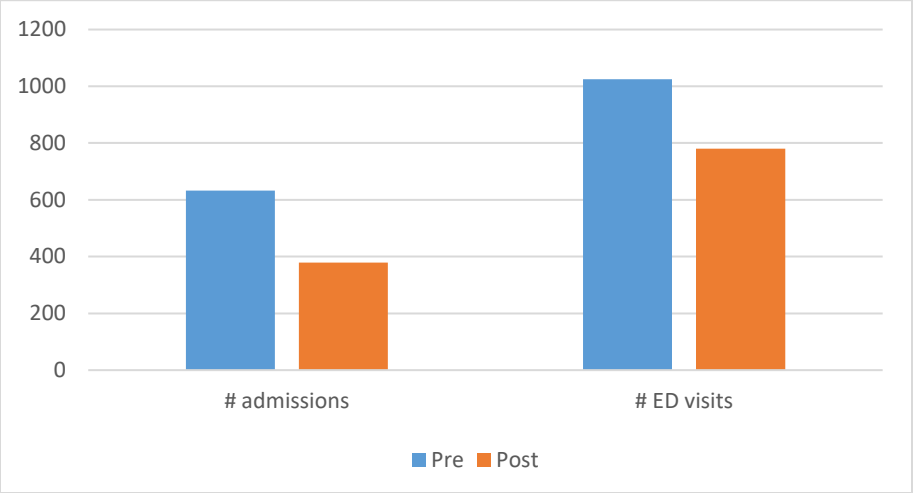


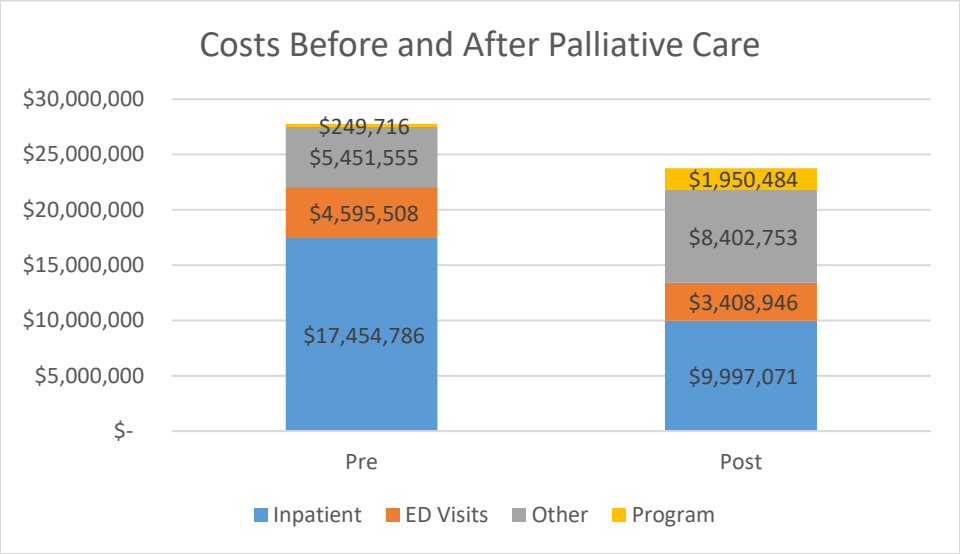




Offering and Honoring Choices – 2019/20 Summary
Advance Care Planning Activities & Palliative Care Update
July, 2020

Utilization:





Average cost per member:

Pre-palliative care:	$59,936
Post-Palliative care:	$51,344
Program Savings:	$3,992,311
Program Cost:	$2,200,200
Savings/cost ratio:	1.81

7/2020