Strategic Planning Committee

Wednesday, April 8th, 2020
9:30 – 11:00 a.m.

Meeting Location:
Partnership HealthPlan of California Office
4665 Business Center Drive, Fairfield, CA 94534
Join by phone: 1-415-655-0001, access code: 287 312 984#
Join by video conference: WebEx meeting number 287 312 984, password SPC1
https://partnershiphp.webex.com/partnershiphp/j.php?MTID=m799f4ce5a85787f03cc5a680c673af65

1. Welcome & Introductions……Dean Germano

2. Committee Member Comments:

   At this time committee members may provide comments and announcements.

3. Public Comments:

   At this time members of the public may address the Committee on any non-agenda item of interest to the public that is within the subject matter jurisdiction of the Committee.

   Members of the public will have the opportunity to address the Board on a scheduled agenda item during the Committee's consideration of that item. Speakers will be limited to three (3) minutes.

4. Approval of Agenda (Decision)…….. Dean Germano, Chair

5. Review & Approval of 1/8/2020 Minutes (Decision) …….. Dean Germano, Chair

6. CEO Update…….. Liz Gibboney

7. Covid-19 Update…… Liz Gibboney

8. Covid- 19 Legislation Update……Amy Turnipseed

9. Adjournment…… Dean Germano, Chair

Upcoming meeting: July 8, 2020

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

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

In compliance with the Americans with Disabilities Act, PHC meeting rooms are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact Kaylee Baquiax, the Administrative Assistant to the Senior Director of External and Regulatory Affairs, at least two (2) working days before the meeting at (707) 420-7523 or by email at kbaquiax@partnershiphp.org. Notification in advance of the meeting will enable PHC to make reasonable arrangements to ensure accessibility to this meeting and to materials related to it.

Per Governor Newsom 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, for that reason the Fairfield PHC office will be available for members of the public to attend the meeting in-person.

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Strategic Planning Committee Meeting

Wednesday, January 8, 2020
9:30 a.m. – 11:00am

Meeting Minutes

Attendees:

Members or designee: Dean Germano (chair), Nancy Starck, Melissa Marshall, M.D., Dick Fogg, Heather Snow (excused), T Abraham (excused), Alicia Hardy, Lewis Broschard, Paula Cohen, Doreen Bradshaw, Kathryn Powell (excused), Letty Garza, Tim Rine

Staff: Liz Gibboney, Patti McFarland, Sonja Bjork, Kirt Kemp, Amy Turnipseed, Margaret Kisliuk, Wendi West, Robert Moore, M.D., Dustin Lyda, Chloe Schafer, Kaylee Baquiax

Topic	Lead	Notes	Follow-up
Welcome & Introductions	Dean Germano	Dean Germano convened the meeting and began roll call at 9:30 a.m.	
Committee Member Comments	All	There were no committee member comments.	
Public Comments		There were no public comments.	
Approval of the Agenda	Dean Germano	The committee approved the agenda for the Strategic Planning Committee meeting on January 8, 2020. *Nancy Starck motioned to approve, and Lewis Broschard seconded, no exceptions.*	
Previous Minutes Approval	Dean Germano	The committee approved the meeting minutes for the Strategic Planning Committee meeting on October 9, 2019. *Lewis Broshard motioned to approve, and Nancy Starck seconded, no exceptions*	
Appointment of Letty Garza to the Strategic Planning Committee	Liz Gibboney	The committee approved the appointment of Letty Garza to the Strategic Planning Committee. Due to Ms. Garza's retirement, this approval did not go to Board. *Doreen Bradshaw motioned to approve, and Time Rine seconded, no exceptions*	

CEO Update	Liz Gibboney	Ms. Gibboney gave the following updates: • Governor's Budget- Governor Newsom will propose 2020-21 State Budget on Friday, January 10, 2020. The expansion of healthcare to undocumented adults 65 years and over is to be included. • Governor's Executive Order on Pharmacy- the state has chosen Magellan as the vendor for the pharmacy carve-out. It is unknown when the transition will take place for new vendor. • Proposition 56- PHC has worked toward making Prop 56 available and physicians have begun billing. PHC has received fifty letters of intent from providers. • Federal Update- California and other states that use supplemental funding will transfer to CMS by February 1, 2020. DHCS will not be contributing additional funds. • Texas vs. Azar Ruling- US Court of Appeals ruled that the Affordable Care Act's individual mandate is unconstitutional. Javier Becerra and other states will take up the case this year. • Dignity Negotiations- Contract negotiations continue with Dignity as contract is to term at the end of January. Currently, there is no renewal agreement and PHC will send notice to members. *Melissa Marshall asked about PHC's negotiation team and their level of negotiating with Dignity.* *Ms. Gibboney responded that the negotiation team has many years of experience and have done regional negotiations.*	

PHC Key Initiatives	Amy Turnipseed	Ms. Turnipseed gave the following updates in regards to PHC's timeline for the next five years- referenced on page 10 of the meeting packet: • In 2020, PHC will prepare for the Governor's Executive Order Pharmacy Carve-out that will be effective January 1, 2021. • Wellness and Recovery Program targeted go-live date of March 1, 2020. • NCQA First Survey Accreditation is expected to be completed by March 2021. • A new initiative on PHC's timeline is the CalAIM proposal beginning implementation in 2021. This new initiative will require a D-SNP and NCQA accreditation for all Managed Care Plans. *Letty Garza asked if counties would be involved with in intergovernmental transfer (IGT) and if CalAIM would change IGT.* *Patti McFarland replied that it is too early to determine if counties will be involved but CalAIM would change the vehicles for IGT.* *Nancy Starck asked if passing NCQA First Survey accreditation make PHC accredited.* *Ms. Gibboney replied that accreditation comes after the first survey.* *Mr. Germano asked if counties that will be a part of the county expansion must express interest to PHC.* *Ms. Gibboney replied that counties must lead advocacy efforts and will need to obtain federal approval for regional rates.*	

PHC Board Retreat	Rafael Gomez	Rafael Gomez from Pacific Health Consulting Group related the following information: • The annual Strategic Planning Committee Retreat will be February 26, 2020 at the Andaz Hotel in Napa. Celadon Restaurant in Napa will host the PHC Board dinner. • Between now and April 2020, Pacific Health Consulting Group will require feedback to facilitate support and develop a strategic plan for the next three years. Final draft of strategic plan will be presented for approval to Board in April • Dr. Mark Ghaly is the tentative speaker for February 26 Board Retreat dinner and will be discussing Medi-Cal Healthier California for All. • The goal of this discussion is to determine what the organization should focus all efforts on during the transition of DHCS and new state administration. *Ms. Gibboney added that it would take time to find a candidate for the position of DHCS Director.* *Dr. Robert Moore added that the Department of Public Health leadership has also changed. The new CDPH Director is Dr. Sonia Y. Angell* • The state has identified a high-risk population and delegated MCPs to focus on the whole person model. • The two major impacts for PHC is the requirement of a Dual Special Needs Plan (D-SNP) and enhanced care management (ECM) benefit. • MCO Rate Reform has proposed to regionalize rates. With rate reform, PHC has the highest rates and is likely to experience loss.	

		Modifications will be done to the financial model once state has provided feedback for next steps. *Mr. Germano asked if CalAIM waiver implies a cost impact.* *Ms. McFarland answered that the waiver is coming out of DHCS, who acknowledge there are cost implications and will be funding this waiver.* *Mr. Germano asked how much will require federal approval.* *Ms. Turnipseed answered that since ECM is a new benefit, it will require CMS to approve a Waiver; but some proposals like NCQA accreditation and the mandate to offer a D-SNP does not need Waiver approval.* • Mr. Gomez concluded his presentation by reminding committee that it is important to consider how we balance the plan's perspective and each individual system. He then proceeded to allow committee to discuss. *Ms. Marshall asked how PHC feels about ECM.* *Ms. Gibboney replied that the main concern for PHC is not to duplicate benefits but incorporate the member's needs.* *Ms. Turnipseed stated that the next step for PHC is to meet with each county and identify their needs in order to incorporate into new ECM benefit. A transition timeline is due to DHCS June 3, 2020.* *Dr. Moore related it is difficult to balance and standardize the medical needs for each county. Because personal county programs are at risk, it is essential to consider how much is budgeted toward CalAIM.*	

		Sonja Bjork added that PHC is highly involved at a local level and know the needs of the community but in moving forward with CalAIM, they will need flexibility since counties differ. *Paula Cohen noted that counties consider employment and education as great factors.* *Ms. Starck noted counties main efforts focus on homelessness and housing. A key initiative for focus is the D-SNP; Ms. Starck recalled that there are board members that can contribute to the planning because of their experience with programs that have ended.* *Doreen Bradshaw reiterated that it is imperative to focus efforts on workforce for case management in all counties. In addition, Ms. Bradshaw would like further focus on understanding how CalAIM can affect TCM in Shasta County, in particular since state is walking back on compensation due to competing programs at the county level.* *Mr. Germano commented that there is a dual eligible population that is growing and PHC should consider incorporating the dual population.* *Ms. Gibboney replied that PHC would make efforts to incorporate this population depending on what DHCS provides as regulations.* *Mr. Gomez asked what the committee would like to discuss at Board and Strategic Planning Retreat.* *Mr. Germano answered he would like to focus on single payer and reimbursement changes, specifically, how plan will reimburse.* *Ms. Starck noted she would like to focus on behavioral health payments, how payment changes NCQA accreditation and a discussion of opportunities.*	

		Ms. Gibboney noted that potential and real changes for reimbursement will be added to panel for retreat. *Alicia Hardy noted interest in PHC's growth and expansion across counties.* *Ms. Turnipseed asked committee to provide feedback on the CalAIM Initiatives Chart, as it would be shared externally.*	
Adjournment	Dean Germano	*Mr. Germano adjourned the meeting at 10:55am.*	

Next meeting: April 8, 2020

Federal Legislation Related to Covid-19

1. Coronavirus Preparedness and Response Supplemental Appropriations Act (H.R.6074) (also known as "Phase 1")

- Loan Subsidies: $1B, To help small businesses, small agricultural cooperatives, small aquaculture producers, and non-profit organizations which have been impacted by financial losses as a result of the coronavirus outbreak
- Economic Stabilization: $250M, To protect against the effects of an outbreak including economic, security, and stabilization requirements
- State and Local Support for Testing and Contact Tracing: $950M
- Research for Vaccines, Therapy and Diagnostics: $3B
- Procurement and Capacity: $1B
  - Procurement of pharmaceuticals and medical supplies
  - Healthcare preparedness
  - Community Health Centers ($100M)
  - Improve medical surge capacity
- General State and Local Support – Reimburse State or local costs incurred for coronavirus preparedness and response activities, including allowing funds to be used for construction or renovation of facilities to improve preparedness and response capabilities at the State and local level
- Emergency Telehealth Waiver: $500M – Allows HHS to allow Medicare providers to furnish telehealth services to Medicare beneficiaries regardless of whether the beneficiary is in a rural community

2. Families First Coronavirus Response Act (H.R.6201) ("Phase 2")

- General Assistance Provision:
  - WIC: $500M
  - Emergency Food Assistance Program: $400 million to assist local food banks
  - SNAP: Suspends the work and work training requirements for SNAP
  - Sick Leave: $15M for tax credits for paid sick and paid family and medical leave
  - Unemployment Insurance: $1B
  - Employee Sick Leave: Requires employers with fewer than 500 employees to provide two weeks of paid sick leave
  - Payroll Credit for Required Paid Family Leave
- Health Care Provisions:
  - Waives Cost Sharing Under the Medicare Advantage Program for Certain Visits Relating to Testing for COVID-19
  - No Cost Sharing of COVID-19 Testing Under Medicaid and CHIP
  - Emergency FMAP Increase (+6.2%) – Requires MOE for 12-mo CE for Medicaid through the duration of the crisis – CMS has put out a FAQs document on the FMAP Increase
  - Payroll Credit for Required Paid Sick Leave

3. Coronavirus Aid, Relief, and Economic Security (CARES) Act (H.R.748) ("Phase 3")

Significant Appropriations:

- $150 billion to establish a Coronavirus Relief Fund for states, territories and tribal governments to use for expenditures related to COVID-19.
- $4.3 billion to CDC, of which $1.5 billion is to support states and other entities in COVID-19 related efforts such as purchase of PPE, lab testing, and other activities.
- $127 billion to the Assistant Secretary for Preparedness and Response, of which $100 billion is to establish a new program to provide grants to hospitals, public entities, and nonprofits, and Medicare and Medicaid suppliers and providers to cover unreimbursed health care related expenses or lost revenues due to COVID-19.
- $1.32 billion in supplemental funding for community health centers.
- $275 million to HRSA of which $185 million is to support rural critical access hospitals, rural tribal health and telehealth programs; and of which $90 million for the Ryan White HIV/AIDS programs.
- $200 million for CMS to assist nursing homes with infection control and state efforts to prevent COVID-19 in nursing homes.
- $955 million for the Administration for Community Living to support nutrition programs, home and community-based services, support for family caregivers, and expanded oversight for seniors and individuals with disabilities.
- $945 million to NIH to support research on COVID-19.
- $425 million to SAMHSA to increase mental health services.

Medicaid:

- Allows state Medicaid programs to pay for providers trained to assist with ADLs to assist hospitalized beneficiaries to reduce the length of stay.
- Delays DSH hospital reductions through November 30, 2020.
- Extends the Money Follows the Person Demonstration Program through November 30, 2020.
- Extends the Spousal Impoverishment Protections Program through November 30, 2020.
- Extends the Community Mental Health Services Demonstration Program through November 30, 2020 and expand that program to two states (N/A to California).
- Clarifies conditions in the previous relief bill regarding conditions for enhanced FMAP during the COVID-19 crisis and reimbursement for COVID-19 testing and services with no cost-sharing for uninsured populations.

Providers:

- Reauthorizes HRSA grant programs, including on telehealth grant program and rural health care.
- Provides liability protections to doctors providing volunteer medical services during COVID-19.

Federal Legislation Related to Covid-19

- Requires HHS to issue guidance on sharing PHI during the COVID-19 crisis.
- Extends funding for community health centers and others that operate GME programs through November 30, 2020.
- Expands the existing Medicare accelerated payment program so that hospitals may request up to a six-month advanced lump sum or period payment.
- Lifts the Medicare sequester, which reduces payments to providers by 2 percent, which will increase payments for hospitals, physicians, nursing homes, etc.
- Increases payments to hospitals for inpatient treatment of COVID-19 for Medicare patients by 20 percent.
- Prevents scheduled reductions in Medicare payments for DME and clinical diagnostic laboratory testing.
- Provides acute care hospitals to transfer patients out of their facilities into alternative settings to prioritize resources to treat COVID-19 cases (waives specific rules regarding patient transitions).
- Several provisions related to telehealth services in Medicare.

Summary of Governor Newsom's Actions Related to Covid-19

APRIL 1, 2020: Allows for the immediate use of funds to support the state's continuing efforts to protect public health and respond to the COVID-19 crisis.

The executive order facilitates expenditures from the state's Disaster Response-Emergency Operations Account (DREOA), a subaccount of the Special Fund for Economic Uncertainties in the General Fund – the state's traditional budget reserve – as well as from any other legally available fund to help with the COVID-19 response. At the Governor's direction, on March 25, 2020, the Department of Finance transferred $1.3 billion from the Special Fund for Economic Uncertainties, the state's traditional budget reserve, into the DREOA subaccount in preparation to pay for costs associated with the response to the COVID-19 pandemic. With this transfer and the $99 million available balance, a total of $1.4 billion is now available in DREOA.

MARCH 31, 2020: Governor Newsom launches campaign to protect health and well-being of older Californians during COVID-19 pandemic

The Governor also announced the creation of a statewide hotline — 833-544-2374 — in coordination with the non-profit local 2-1-1 systems, so that Californians have a one-stop shop to answer their questions and get assistance during this crisis. For example, the 2-1-1 system is able to help older Californians access grocery and medication delivery while staying at home.

MARCH 30, 2020: Governor Newsom announces California Health Corps, a major initiative to expand health care workforce to fight COVID-19.

California Health Corps was enacted encouraging health care providers, behavioral health professionals, and health care administrators to register to serve their communities during COVID-19.

The Governor also signed an executive order that will temporarily expand the health care workforce and allow health care facilities to staff at least an additional 50,000 hospital beds the state needs to treat COVID-19 patients.

MARCH 21, 2020: Governor Newsom issues executive order to fight the COVID-19 surge

The order gives the state the ability to increase the health care capacity in clinics, mobile health care units and adult day health care facilities. It also allows local governments more flexibility to utilize the skills of retired employees and reinforces the importance of the delivery of food, medicine and emergency supplies.

MARCH 19, 2020: Governor Newsom issues stay at home order

Governor Newsom issued a stay at home order to protect the health and well-being of all Californians and to establish consistency across the state in order to slow the spread of COVID-19.