



## PARTNERSHIP HEALTHPLAN OF CALIFORNIA CONSUMER ADVISORY COMMITTEE

PHC's Mission Statement is "To help our members, and the communities we serve, be healthy."

**Thursday, December 2, 2021 12:00pm – 2:00pm**

**Due to COVID-19 and Social Distancing**, Committee members, members of the public, and Partnership staff are encouraged to connect to the meeting remotely. Telephonic access is being published under PHC's website and on the meeting agenda. Members of the public who choose to attend the meeting in person, should do so at one of the locations listed on the meeting notice. In-person attendees must maintain a space of at least six feet apart from others, wear masks and follow local public health directives.

### Meeting Locations

**3688 Avtech Parkway Redding, CA 96002 (Sundial Conference Room)**  
**1036 5<sup>th</sup> Street, Suite E, Eureka, CA 95501 (Patrick's Point Conference Room)**

### **Attending Remotely via Webex**

#### **Meeting Link:**

**<https://partnershiphp.webex.com/join/cbreshears>**

**Meeting Number: 809 147 945**

**Join by Phone: 1 (415) 655-0001 US Toll**

**Access Code: 809 147 945**

**\*\*\* As signed by the Governor on September 16, 2021, AB361, allows for Brown Act teleconferencing flexibilities during a state of emergency \*\*\***

*AB361 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, due to the state of emergency caused by the spread of COVID-19 and the risk to the health or safety of attendees meeting in person would present.*

Government Code §54957.5 requires that public records related to items on the open session agenda for a regular finance 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 Finance Committee has designated the Administrative Assistant to the CFO 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 Finance 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](http://www.partnershiphp.org). PHC meeting rooms are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact the Member Services Department at least two (2) working days before the meeting at (800) 863-4155 or by email at [cbreshears@partnershiphp.org](mailto:cbreshears@partnershiphp.org). Notification in advance of the meeting will enable the Administrative Assistant to make reasonable arrangements to ensure accessibility to this meeting and to materials related to it. 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.



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		<b>Lead</b>	<b>Page</b>	<b>Time</b>
1.	<b>IT Support Available</b> <i>Remote participants are encouraged to dial/video in right at 11:45 AM to ensure connectivity is established before the meeting begins at 12:00 PM.</i>	<b>Jessee Benton</b> PHC IT Support		11:45
2.	<b>Purpose of Meeting</b> <i>Brief description of what CAC is and its purpose including NR County Map of regional offices and member representation.</i>	<b>Jessica Stimson</b> Supervisor of NR Member Services	2	12:00
3.	<b>Introductions</b> Roll Call Ice Breaker Question: <i>In one word, what are you most grateful for this year?</i>	<b>Jessica Stimson</b> Supervisor of NR Member Services		12:05
4.	<b>Public Comments</b> <i>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. There will also be an opportunity to address the committee on a scheduled agenda item during the committee's consideration of that item. Speakers will be limited to three (3) minutes.</i>	<b>Jessica Stimson</b> Supervisor of NR Member Services		12:15
5.	<b>Approval of September 2021 Minutes</b> <i>Need a CAC member to make a motion to accept the December minutes and another member to second the motion.</i>	<b>Jessica Stimson</b> Supervisor of NR Member Services	5-17	12:20
<b>I. Old Business</b>				
1.	<b>Follow up questions or issue(s) from September CAC meeting:</b> <i>No Updates</i>	<b>Jessica Stimson</b> Supervisor of NR Member Services		12:25
<b>II. Standing Agenda Items</b>				
0.	<i>Note: Skip to CalAIM ECM presentation then return to order</i>			
1.	<b>HealthPlan Update</b> <i>Recap of HealthPlan Updates</i>	<b>Sonja Bjork</b> Chief Operating Officer		12:45
2.	<b>Report on Board Meeting from CAC Board Member</b> <i>Highlights of the last Board Meeting held on October 27, 2021</i>	<b>Wendy Longwell</b> Consumer Board Member		1:00
<b>III. New Business</b>				
1.	<b>CalAIM Enhanced Case Management (ECM) Community Supports (ILOS) Update</b> <i>Presentation on ECM including Respite Care</i>	<b>Danielle Biasotti &amp; Janelle Ramirez</b> Care Coordination <b>Debra McAllister &amp; Paola Sanchez De La Cruz</b> Utilization Management	18-30	12:30
2.	<b>Annual PHC Member Satisfaction Results</b> PowerPoint presentation on 2021 CAHPS Survey Results	<b>Tahereh Daliri Sherafat</b> NR Director of Member Services & Provider Relations	31-41	1:10
3.	<b>CAC Achievements for the Year</b> <i>Review of CAC Achievements from 2021</i>	<b>Ryan Ciulla</b> Supervisor of NR Member Services		1:25

IV. Additional Business/Other items			
1.	<b>Open Forum</b> <i>Information sharing by committee members</i>	<b>Jessica Stimson</b> Supervisor of NR Member Services	1:35
V. Adjournment			
1.	Next Meeting: Thursday, March 3, 2022		



- Regional Offices
- Humboldt: Allysa, Amby, Julia, Margaret
- Shasta: Becky, Crystal, Joy, Monica, Wendy
- Lassen: Ellen
- Del Norte:
- Siskiyou:
- Modoc:
- Trinity:



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**PHC Attendees:** Wendi West, Tahereh Daliri Sherafat, Michelle Mootz, Michelle Mootz, Ryan Ciulla, Chelsea Breshears, ,  
Cody Thompson, James Willis, Courtney Davison, Dr. David Glossbrenner, Jessica Hackwell, Catherine Thomas,  
Amanda Bernal, La Rae Banks, Elena Carter, Kory Watkins, Malania De Paul, Aaron Maxwell, Lisette Saldana, Brittany  
Spears

**Shasta CAC Participants:** Becky Sherman, Joy Newcom-Wade, Monica Thoma, Wendy Longwell, Crystal Chavez  
**Absent:**

**Humboldt CAC Participants:** Amby Burum, Margaret Sager, Allysa Ivey, Julia Hostler  
**Absent:**

**Lassen CAC Participants:**  
**Absent:** Ellen Payton

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Agenda Topic	Topics	Comments/Discussions/Action Items
<p><b>2. Purpose of CAC</b> <i>Michelle Mootz</i></p>	<p><b>Michelle Mootz, Manager of Member Services</b>, reminded everyone what the purpose of the Consumer Advisory Committee was: <i>“The purpose of CAC is to act as a liaison between the HealthPlan and the HealthPlan members, to provide a forum to discuss common issues of interest and importance, to create a supportive and informative networking environments and to advocate for members by ensuring that PHC is responsive to the diversity of health care needs of all members.”</i></p>	<p><i>None</i></p>
<p><b>3. Introduction</b> <i>Michelle Mootz</i></p>	<p>Introductions from all sites were conducted and each Member was asked to answer the following question: <b>“What is your favorite Fall desert?”</b></p>	<p><i>None</i></p>
<p><b>4. Public Comments</b> <i>Michelle Mootz</i></p>	<p>The committee was provided with an opportunity to present any comments regarding the agenda. Advocates and members of the public were also given an opportunity to address any comments pertaining to any non-agenda items.</p>	<p><i>None</i></p>
<p><b>5. Approval of June 2021 Minutes</b> <i>Michelle Mootz</i></p>	<p>The June 2021 meeting Minutes were reviewed and approved.</p>	<p><b><i>MOTION: Becky Sherman</i></b> motioned to approve the minutes. <b><i>Wendy Longwell</i></b> seconded and the June 2021 minutes were approved.</p>



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<p><b>I. Old Business</b></p> <p><b>1. Follow-up from June’s CAC meeting.</b>  <i>Michelle Mootz</i></p>	<p>Follow up questions from June’s CAC meeting.</p>	<p><i>No follow-up items or items that needed action taken.</i></p>
<p><b>II. Standing Agenda Items</b></p> <p><b>1. HealthPlan Update</b>  <i>Wendi West</i></p>	<p><b>Wendi West, NR Executive Director</b>, gave a brief recap of the HealthPlan Updates.</p> <ul style="list-style-type: none"> <li>• Response to pandemic and local disaster incidents: PHC is doing everything they can to make sure members know what’s going on with their providers. PHC is constantly updating their website to provide the most up-to-date information available which include resources.</li> <li>• CalAIM: Increase the accessibility and coordination of all of PHC’s services to its members.</li> <li>• ECM (Enhanced Case Management) ILOS (In lieu of Services): Example: Instead of PHC paying for a hospital bed, PHC could instead help pay for a member’s rent or a hotel so they have a safe place to be discharged to.</li> <li>• County Expansion: Would be effective in 2024</li> </ul>	<p><i>Allysa Ivey said it’s difficult for members who don’t have a vehicle and don’t want to take the bus. It’s hard to get somewhere to get the vaccine, especially in rural areas. <b>Wendi West</b> agreed and said Transportation is giving a presentation today in which this could be addressed.</i></p> <p><i><b>Wendy Longwell</b> said taking her son to the location to get the vaccine doesn’t work when there are a lot of people and the line is long. <b>Wendi West</b> responded and said maybe having someone go the member’s home to receive the vaccine or a drive-thru would be more appropriate in that type of situation.</i></p>



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<p><b>1. HealthPlan Update Continued</b> <i>Wendi West</i></p>	<ul style="list-style-type: none"> <li>• Direct Member Outreach: Per the State, PHC is doing initiatives such as mailers which are going out for childrens preventative care.</li> <li>• Rx Carve-out : PHC is still on track for January 1, 2022.</li> <li>• Phoenix Project-New Claims System: Will be coming out next year.</li> <li>• Covid Vaccine Member Incentive Programs: The Department of Health Services is giving \$350 million to managed care plans, such as PHC, to help propose and incentivize members to get the Covid vaccine.</li> </ul>	<p><i>Amby Burum asked if those who got the vaccine in the beginning would receive something too rather than just those who are just now getting it because they are being incentivized. Wendi West said she hears her frustration and PHC’s approach is that if it takes incentivizing them to get the vaccine than that is what PHC will do. However, PHC will also look into possibly rewarding those who already got the vaccine.</i></p> <p><i>Julia Hostler said a lot of churches are not discussing the vaccine and maybe PHC could reach out to the leaders to help them educate and encourage their congregation. Wendi West said this is a great suggestion because it has been tried in PHC’s Southern Region and would be great to try it in the Northern Region as well.</i></p> <p><i>Julia Hostler suggested a pop-up somewhere which generally draws large crowds. (similar to free phones pop-up tents)</i></p> <p><i>Julia Hostler suggested providing members with a t-shirt or a lanyard or something they can wear that shows they’ve been vaccinated.</i></p>





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<p><b>1. HealthPlan Update Continued</b> <i>Wendi West</i></p>	<p>Covid Vaccine member incentive programs continued</p>	<p><i>Wendy Longwell suggested attending back-to-school nights at school with older children because they qualify for the vaccine too. She also suggested looking at the calendar for community events and attending local events. Wendi West said our Population Health team has done just that.</i></p> <p><i>Wendy Longwell said Far Regional Medical Center is doing PPE drive-thru give-a-ways.</i></p> <p><i>Julia Hostler suggested providing fact sheets at the vaccine locations so people can get information and then make the decision to get vaccinated.</i></p> <p><i>Monica Thoma said for some people going to a site to receive the vaccine is too difficult, but receiving it at home provides a more comfortable setting with less triggers and less anxiety.</i></p>



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<p><b>1. Report on Board Meeting from CAC Board Member</b> <i>Wendy Longwell</i></p>	<p><b>Wendy Longwell, Consumer Board Member</b>, provided a brief recap of the latest Board meetings.</p> <ul style="list-style-type: none"> <li>• 10 County Expansion is still moving forward</li> <li>• PHC currently has 616,961 members, of which 172,210 are in the northern region</li> <li>• Med Rx</li> <li>• Covid extensions have expired-new bill has not passed yet to extend it, possibly October</li> <li>• Various vaccine incentive programs: numbers are starting to increase again.</li> <li>• 10% increase to nursing homes but not to PHC.</li> <li>• PHC has one of the lowest admin overhead costs at 4.1% when others are around 10-15%</li> <li>• Physician Satisfaction Report:               <ul style="list-style-type: none"> <li>○ 66% response rate (anything over half is good!)</li> <li>○ 98% satisfied</li> </ul> </li> </ul>	<p><i>None</i></p>



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<p><b>III. New Business</b></p> <p><b>1. 2021 Grievance and Appeals Annual Report</b> <i>Kory Watkins</i></p>	<p><b>Kory Watkins, Compliance Manager of Grievance &amp; Appeals,</b> provided an Annual Report presentation.</p> <ul style="list-style-type: none"> <li>• Overview</li> <li>• The Numbers               <ul style="list-style-type: none"> <li>○ Total Investigated Cases in 2020 = 4,099</li> </ul> </li> <li>• The People               <ul style="list-style-type: none"> <li>○ Members who are White or African American filed more cases than they are represented by enrollment. Hispanics are underrepresented.</li> <li>○ The most common filer is a white female between 50-59 years old who speaks English and lives in Redding, CA.</li> </ul> </li> <li>• The Reasons               <ul style="list-style-type: none"> <li>○ 80% Service Issues Regarding Provider (1,754)</li> <li>○ Claims: 2019 = 19, 2020 = 64</li> <li>○ Unfair Treatment: 140 cases</li> <li>○ 76 Civil Rights Laws which include Race and Disability.</li> </ul> </li> <li>• Improvements               <ul style="list-style-type: none"> <li>○ Improving Appeals &amp; Grievances                   <ul style="list-style-type: none"> <li>▪ National Committee for Quality Assurance compliant cases</li> <li>▪ Better processes</li> <li>▪ Better Letters</li> </ul> </li> </ul> </li> </ul>	<p><i>Wendy Longwell said she deals with some pharmacies regularly that try to get the member to pay. Michelle Mootz responded saying when PHC sees a theme or these types of calls, Provider Relations Department reaches out to the location to educate them.</i></p>



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<p><b>1. 2021 Grievance and Appeals Annual Report Continued</b> <i>Kory Watkins</i></p>	<ul style="list-style-type: none"> <li>○ Medical Transportation Management (MTM)               <ul style="list-style-type: none"> <li>▪ Better research</li> <li>▪ Better coverage in West Sacramento, Sebastopol, and Vallejo</li> </ul> </li> <li>○ Investigating Discrimination Cases               <ul style="list-style-type: none"> <li>▪ Current laws</li> <li>▪ Trained employees</li> <li>▪ No retaliation policy</li> <li>▪ New Policy &amp; Procedures</li> </ul> </li> </ul>	
<p><b>2. COVID-19 Vaccine Incentive Program</b> <i>Amanda Bernal</i></p>	<p><b>Amanda Bernal, Health Educator</b>, provided an overview of the program and PHC’s strategies in approaching the work.</p> <p>Background</p> <ul style="list-style-type: none"> <li>● DHCS’ Covid-19 Vaccination Incentive Program               <ul style="list-style-type: none"> <li>○ Support Medi-Cal members getting Covid-19 vaccine</li> <li>○ Develop a Vaccination Response Plan</li> </ul> </li> <li>● PHC’s Approach               <ul style="list-style-type: none"> <li>○ Partner with providers and community Partnership</li> <li>○ HealthPlan Member outreach</li> <li>○ Community Engagement</li> </ul> </li> </ul>	<p><i>Allysa Ivey said she has seen vaccination clinics at rodeos and fairs. Finding community events would make it easy for people to get information.</i></p> <p><i>Julia Hostler said she works for UIHS and reaching out to the tribes would be great. Also, reach out to the tribal governments themselves as they have a big influence on their membership.</i></p> <p><i>Julia Hostler asked/wondered if cash was a good motivator and incentive through the state? Amanda Bernal asked if Julia could meet with her offline to discuss further to which she agreed.</i></p>



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<p><b>2. COVID-19 Vaccine Incentive Program Continued</b>  <i>Amanda Bernal</i></p>	<p>Covid Vaccine member incentive discussion continued</p> <p>Your Help</p> <ul style="list-style-type: none"> <li>• A part of PHC’s plan is “Identifying community partners”</li> <li>• You are all active community members!</li> <li>• <b>Do you know of any organizations that PHC might connect with to help increase vaccination efforts?</b></li> </ul> <p>Feel free to email Amanda at: <a href="mailto:abernal@partnershiphp.org">abernal@partnershiphp.org</a></p>	<p><i>Wendy Longwell said she works with someone at Pit River that Amanda could reach out to.</i></p> <p><i>Wendy Longwell suggested when people need to come in for documents such as negative Covid test results, they can come in for their vaccine at the same time.</i></p>
<p><b>3. Transportation Benefit</b>  <i>Aaron Maxwell</i></p>	<p><b>Aaron Maxwell, Transportation Program Manager</b>, provided a presentation on the transportation benefit.</p> <p><b>Types of Transportation:</b>        Emergency Medical Transportation</p> <ul style="list-style-type: none"> <li>• All ages</li> <li>• Includes air and ground transport</li> <li>• A TAR is not required</li> <li>• Must be to the nearest hospital capable of meeting medical needs.</li> <li>• Transportation to ED for psychiatric crisis evaluation and/or admission to psychiatric facility are covered without a TAR.</li> <li>• Requested by calling 911</li> </ul>	<p><i>Monica Thoma asked, What if a person is conserved and has an appointment; can that conserved person have someone or their caregiver go with them? Aaron Maxwell said in all transports, PHC allows one additional person to go with the member. If the person is under 21 year old, they can have two additional people as long as the two are their parents or legal guardian. More than 1 or 2 as mentioned before would be up to the driver..</i></p>



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<p><b>3. Transportation Benefit Continued</b> <i>Aaron Maxwell</i></p>	<p>Non-Emergency Medical Transportation (NEMT)</p> <ul style="list-style-type: none"> <li>• All ages</li> <li>• TAR is required with Provider Certification Statement (PCS)</li> <li>• Door-to-Door assistance required; Medical management during transportation required</li> <li>• Includes Ambulance, Litter Van, Wheelchair van, etc.</li> <li>• Medi-Cal certified provider, Medi-Cal covered service</li> <li>• PHC Care Coordination: 1-800-809-1350</li> </ul> <p>Non-Medical Transportation (NMT)</p> <ul style="list-style-type: none"> <li>• Went into effect 7/01/17</li> <li>• Open to all ages</li> <li>• No TAR required</li> <li>• Least costly mode – mileage reimbursement, bus pass, taxi, train ticket, etc.</li> <li>• 5 days in advance of appointment</li> <li>• MTM: 1-888-828-1254</li> </ul>	<p><i>Amby Burum said statistically speaking, it’s always in the presenters best interest to skew the results towards themselves, she said she wasn’t calling Aaron a liar, but after a year of dealing with MTM, sometime the information isn’t complete and a lot of people are afraid to call and complain because this is the only ride they have and they don’t want to lose that. She said she has called and complained and has become a problem and has now seen the “blowback” from that. Now she experiences retaliation and a lot of times she is denied a ride. She told the group that the presentation is just part of the picture not all of it. She also said when she experiences these problems, she calls Member Services and it usually gets taken care of. <b>La Rae Banks</b> reiterated that regardless of health problems and how many times someone has complained, PHC still wants to hear from them.</i></p>



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<p><b>3. Transportation Benefit Continued</b> <i>Aaron Maxwell</i></p>	<p>Early Periodic Screening, Diagnosis &amp; Testing (EPSDT)</p> <ul style="list-style-type: none"> <li>• Under 21 years old</li> <li>• Medically necessary appointments (screening, diagnosis, treatment, including physical or mental illnesses)</li> <li>• Mileage Reimbursement is available regardless of the families access to a vehicle</li> <li>• Parking, Tolls, Meal &amp; Lodging when medically necessary</li> <li>• 5 days in advance of appointment</li> <li>• MTM: 1-888-828-1254</li> </ul> <p>Where can members find reviews on drivers?</p> <ul style="list-style-type: none"> <li>• Currently we do not have this functionality but we are looking into incorporating this in the future.</li> <li>• PHC monitors all member complaints to find trends and identify vendors receiving a higher than average number of complaints. PHC &amp; MTM then addresses these issues with the vendors.</li> </ul>	<p><i>Allysa Ivey asked if there was a way PHC could set up an anonymous review platform for those members who don't feel comfortable complaining. It would be similar to Lyft or Uber. Aaron Maxwell said PHC is currently looking into that. It would incorporate some sort of review system so members could see driver review scores and reviews per trip.</i></p> <p><i>Julia Hostler asked if there were restrictions or time limits to the appointments. Aaron Maxwell said there are a lot of factors that go into it. For example, if a child member is needing transport for an appointment not on the same day, it would need to be a transport which includes lodging. However, Lodging is not provided for adults.</i></p> <p><i>Julia Hostler asked if the transport driver provides assistance from the car to the doctor's office. Aaron Maxwell said if the member needs help getting in and out of the car and needing assistance getting into the doctor's office, then yes. The member would be provided non-emergency medical transportation, on the other hand, a taxi driver is not required to assist.</i></p>



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Agenda Topic	Topics	Comments/Discussions/Action Items
<p><b>3. Transportation Benefit Continued</b> <i>Aaron Maxwell</i></p>	<p>How does MTM choose their drivers?</p> <ul style="list-style-type: none"> <li>• MTM does not operate their own fleet of vehicles or drivers, they contract with local transportation vendors. MTM does require background checks and drug testing to be completed before a driver can accept rides. PHC also requires the transportation vendors to have Medi-Cal certification though DHCS, during this process the drivers are screened as well.</li> </ul> <p>Is the transportation benefit only for doctors’ appointments?</p> <ul style="list-style-type: none"> <li>• PHC will provide transportation to eligible members for all appointments covered by Medi-Cal, Medi-Cal Dental or PHC.</li> </ul> <p>PHC Transportation Team:</p> <ul style="list-style-type: none"> <li>• Phone: 1-800-809-1350</li> <li>• Fax: 530-351-9055</li> <li>• Email: <a href="mailto:transportationhelpdesk@partnershiphp.org">transportationhelpdesk@partnershiphp.org</a></li> </ul>	
<p><b>4. Remembering a CAC Member</b> <i>Michelle Mootz</i></p>	<p>Charles “Charlie” Bean was a CAC member out of Humboldt County who recently passed away. Charlie served on the CAC since 2014 and was always looking to improve things, saw both sides of every story, and was determined to make things better. He cared about people and definitely touched and changed many lives. He was truly an advocate for the community in Humboldt County.</p>	





## MEETING MINUTES

### Partnership HealthPlan

#### Consumer Advisory Committee (Northern Region)

September 2, 2021, 12:00pm – 2:00pm

3688 Avtech Parkway Redding CA 96002 (Sundial Conference Room)  
 1036 5<sup>th</sup> Street Suite E, Eureka, CA 95501 (Patrick’s Point Conference Room)



Agenda Topic	Topics	Comments/Discussions/Action Items
<b>IV. Additional Business/Other Items</b>  <b>1. Open Forum for All</b>	<p><b>Wendy Longwell, CAC Member</b>, shared she works for Disability Action Center (DAC) which there are 20 of these centers throughout California. She said with all the fires going on right now, DAC and any independent living center is able to get Person Protective Equipment (PPE) from the state and hand out to their clients. There are a lot of people who have COPD or are experiencing Covid, so they can provide N95 masks to those who has a disability through the center. Also, if someone had to leave behind their medical equipment due to the fires or they were destroyed in the fires, DAC can let them borrow durable medical equipment until theirs is replaced.</p>	<p><i>None</i></p>
<b>V. Adjournment</b>  <b>Next Meeting</b>	<p>Meeting adjourned at 1:51 pm</p> <p>December 2, 2021</p> <p>Minuets recorded by: Chelsea Breshears</p>	



# CalAIM, Enhanced Care Management (ECM), Community Supports(ILOS) Update

December, 2021

Danielle Biasotti & Janelle Ramirez,  
Care Coordination

Debra McAllister & Paola Sanchez De  
La Cruz, Utilization Management



# What is CalAIM?

## California Advancing and Innovating Medi-Cal

- Department of Health Care Services (DHCS)'s 5 year initiative to improve Medi-Cal beneficiaries the quality of life and health outcomes by:
  - ✓ *Implementing Broad Delivery System*
  - ✓ *Program and Payment Reform Across the Medi-Cal Program.*

**CalAIM**



# CaAIM Goals

## Goals:

- Identify and manage member risk and need through whole person care approaches and addressing Social Determinants of Health
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility
- Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value based initiatives, modernization of systems and payment reform



# What is ECM?

## Enhanced Care Management

- This Medi-Cal benefit would replace the current Whole Person Care (WPC) Pilot activities with a standardized set of case management services and interventions such as:
  - Medical
  - Dental
  - Behavioral Health
  - Long-Term Support Services
  - Transition Across Settings
  - Referrals to Community Resources
  - Social Services and More

# Key Elements

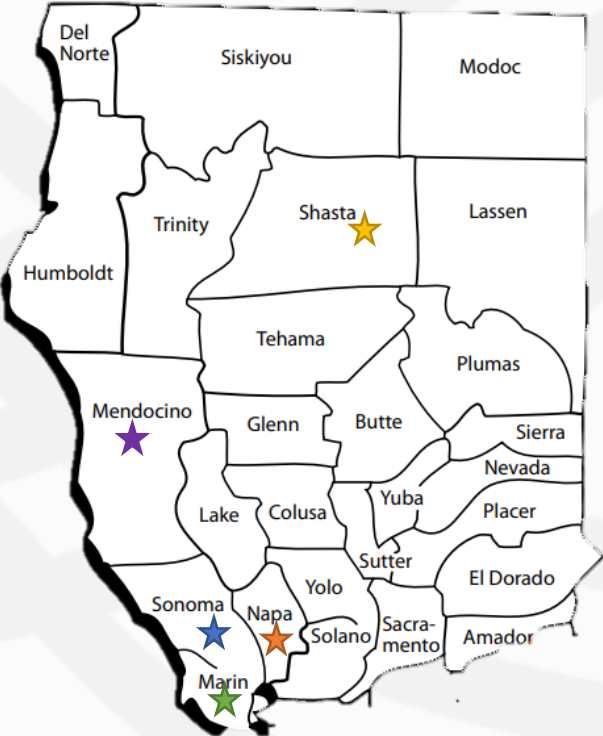
- PHC is working with the current (5) WPC counties 1<sup>st</sup>:
  - Marin
  - Mendocino
  - Napa
  - Sonoma
  - Shasta
- Face-to-Face with members in the community
- 7 Populations of Focus eligible for the benefit
  - For 1/1/22, starting with the Members experiencing:
    - Homelessness,
    - High Utilizers, and
    - SMI/SUD Members.

# Go-Live January 2022

## County Maps of ECM and Community Supports

(previously termed *In Lieu of Services*)

- ★ Marin
- ★ Mendocino
- ★ Napa
- ★ Shasta
- ★ Sonoma



# ECM Implementation Timeline

	County	Population of Focus	Start Date
<b>Phase I</b>	Napa, Marin, Sonoma, Mendocino, Shasta	<ul style="list-style-type: none"> <li>• High Utilizers</li> <li>• Homeless (adults/children)</li> <li>• SMI/SUD</li> </ul>	1/1/22
<b>Phase II</b>	Yolo, Solano, Lake, Humboldt, Del Norte, Trinity, Modoc, Lassen Siskiyou	<ul style="list-style-type: none"> <li>• High Utilizers</li> <li>• Homeless (adults/children)</li> <li>• SMI/SUD</li> </ul>	7/1/22
<b>Phase III</b>	All Counties	<ul style="list-style-type: none"> <li>• Incarceration</li> <li>• Individuals at risk for institutionalization</li> <li>• Nursing facility residents transitioning to the community</li> </ul>	1/1/23
<b>Phase IV</b>	All Counties	<ul style="list-style-type: none"> <li>• Children and youth with complex physical, behavioral and/or developmental health needs</li> </ul>	7/1/23



# What is Community Supports (ILOS)?

## Community Supports

- These are non-Medi-Cal benefits (services) under CalAIM that PHC **may** choose to offer in a particular county “in lieu” of traditional Medi-Cal covered service.
- It allows plans to address Social Determinants of Health in a way that is cost-effective.

## Examples:

- Housing Transition Navigation Services
- Short-Term Post Hospitalization Housing
- Medically Tailored Meals or Medically Supportive Food

# Community Supports (ILOS) Go-Live Services

## **PHC will launch 6 services starting January 1, 2022:**

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy
- Short-Term Post Hospitalization Housing
- Recuperative Care (Medical Respite)
- Medically Tailored Meals or Medically Supportive Food

# Community Supports (ILOS) Implementation Timeline

Phase	Counties	Description/Criteria
<p><b>Phase I – January 1, 2022</b></p> <p>Existing Whole Person Care Programs will transition into the new ECM benefit</p>	<p>Marin</p> <p>Mendocino</p> <p>Napa</p> <p>Shasta</p> <p>Sonoma</p>	<p>Partnership will potentially provide the following 6 Community Supports services to eligible members:</p> <ul style="list-style-type: none"> <li>• Housing Transition Navigation Services                             <ul style="list-style-type: none"> <li>• Housing Deposits</li> <li>• Housing Tenancy</li> </ul> </li> <li>• Short-Term Post Hospitalization Housing                             <ul style="list-style-type: none"> <li>• Recuperative Care (Medical Respite)</li> <li>• Medically Tailored Meals or Medically Supportive Food</li> </ul> </li> </ul>
<p><b>Phase II – July 1, 2022</b></p> <p>Counties without existing Whole Person Care Programs</p>	<p>Del Norte</p> <p>Humboldt</p> <p>Lake</p> <p>Lassen</p> <p>Modoc</p> <p>Siskiyou</p> <p>Solano</p> <p>Trinity</p> <p>Yolo</p>	<p>Partnership will potentially provide the following 6 Community Supports to eligible members:</p> <ul style="list-style-type: none"> <li>• Housing Transition Navigation Services                             <ul style="list-style-type: none"> <li>• Housing Deposits</li> <li>• Housing Tenancy</li> </ul> </li> <li>• Short-Term Post Hospitalization Housing                             <ul style="list-style-type: none"> <li>• Recuperative Care (Medical Respite)</li> <li>• Medically Tailored Meals or Medically Supportive Food</li> </ul> </li> </ul>



# Key Differences: ECM vs. Community Supports

	ECM	Community Supports
<b>What is it?</b>	<p>ECM Provider to Coordinate the Following Services:            Medical            Behavioral Health            Dental            Long-Term Supports            Community Referrals</p> <ul style="list-style-type: none"> <li>• On-Going Services and Supports</li> <li>• Examples:               <ul style="list-style-type: none"> <li>○ Appointment Assistance</li> <li>○ Transportation Arrangements</li> <li>○ Medication Reconciliation</li> <li>○ Education/Health Promotion</li> <li>○ Referrals and More</li> </ul> </li> <li>• Services Must Be Different and Distinct from TCM Activities</li> </ul>	<p>Medically Appropriate and Cost-Effective Alternatives to Services Covered Under the State Plan</p> <ul style="list-style-type: none"> <li>• One Time, Episodic Services</li> <li>• Service or Item Must Replace a Medi-Cal Cost</li> <li>• Descriptions and Limits per DHCS Guidelines</li> </ul>
<b>Who is Eligible?</b>	<p>Individuals Enrolled in Medi-Cal MCPs Who Are Members of Populations of Focus, As Defined By DHCS</p>	<p>All Members Enrolled in Medi-Cal MCPs</p> <p>MCPs Are Required to Validate Member Eligibility For ILOS Using the Same Methodology for All Members That is Based On Approved Community Supports Service Definitions and Eligibility Criteria</p>
<b>Who Can Be a Provider?</b>	<p>Providers/Agencies with Experience Serving the Population of Focus</p>	<p>Community-Based Organizations and Providers</p>
<b>How do the Rates Work?</b>	<p>Per Enrollment Per Month (PEPM)</p>	<p>DHCS midpoint range</p>
<b>Is the Required or Optional?</b>	<p>Required benefit</p>	<p>Optional services</p>
<b>Does the Benefit Need to Be Offered Countywide?</b>	<p>Yes</p>	<p>No</p>

# Additional Information and Resources

- PHC has launched our CalAIM Webpage with information about ECM and Community Supports
- PHC has conducted several ECM and Community Supports Provider Webinars; which discussed high-level overviews of ECM & Community Supports, Contracting, Delegation, and more.

## **PHC CalAIM Link:**

<http://www.partnershiphp.org/Community/Pages/CalAIM>

## **DHCS CalAIM Link:**

<https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>

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**Questions?**





**2020-2021**

## **CAHPS Survey Results**

**December 2021**

Tahereh D Sherafat



- Key Considerations
- Adult Survey
- Child Survey
- CAHPS Summation
- Areas of Opportunity/Intervention
- Questions?

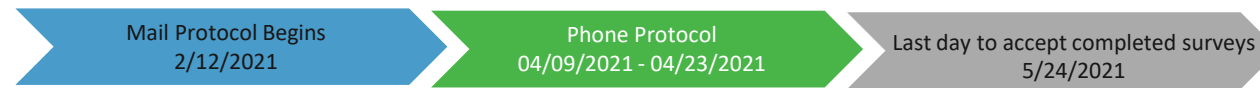


## CAHPS Survey Key Considerations:

- Established benchmarks have been set at 25%
- Any scores that fall below will be tagged for discussion

# Methodology – Adult Survey

SPH administered the MY 2020 Medicaid Adult 5.1 CAHPS survey using an NCQA approved methodology. Surveys were collected via a mail and phone methodology. Members eligible for the survey were those **18 years and older (as of December 31 of the measurement year) who were continuously enrolled in the plan for at least five of the last six months of the measurement year.** A synopsis of the data collection methodology is outlined below:



**VALID SURVEYS**

✉ Total Number of Mail Completes = 244 (50 in Spanish)

☎ Total Number of Phone Completes = 75 (4 in Spanish)

**Number of undeliverables: 308**

**2021 RESPONSE RATE**

$$\text{Response Rate} = \frac{\text{Completed}}{\text{Sample size} - \text{Ineligible members}}$$

$$\frac{244 \text{ (Mail)} + 75 \text{ (Phone)} = 319}{2025 \text{ (Sample)} - 26 \text{ (Ineligible)} = 1999} = 16.0\%$$

**RESPONSE RATE COMPARISON**

The 2021 SPH Analytics Book of Business average response rate is **14.8%**.

		2019	2020	2021
<b>Complete</b>	Completed Survey	313	298	319
	<b>SUBTOTAL</b>	<b>313</b>	<b>298</b>	<b>319</b>
<b>Ineligible</b>	Does not Meet Eligibility Criteria (01)	8	20	20
	Language Barrier (03)	3	8	3
	Mentally/Physically Incapacitated (04)	1	3	2
	Deceased (05)	0	1	1
	<b>SUBTOTAL</b>	<b>12</b>	<b>32</b>	<b>26</b>
<b>Non-Response</b>	Break-off/Incomplete (02)	10	9	13
	Refusal (06)	5	51	103
	Maximum Attempts Made (07)	1408	1634	1564
	Added to DNC List (08)	7	1	0
	<b>SUBTOTAL</b>	<b>1430</b>	<b>1695</b>	<b>1680</b>
<b>TOTAL</b>		<b>1755</b>	<b>2025</b>	<b>2025</b>
<b>OVERSAMPLING %</b>		<b>30.0%</b>	<b>50.0%</b>	<b>50.0%</b>
<b>RESPONSE RATE</b>		<b>18.0%</b>	<b>15.0%</b>	<b>16.0%</b>

Note: Respondents were given the option of completing the survey in Spanish. In place of the English survey, a Spanish survey was mailed to members who were identified by the plan as Spanish-speaking. A telephone number was also provided on the survey cover letter for all members to call if they would like to complete the survey in Spanish.

# CAHPS Scores - Adult

	ADULT CAHPS Composite	2020 (15% Response Rate) Sample Size 2,025 Total Returns 298	**2019 Percentile Rate	PHC Benchmark	PHC Benchmark Met?	2021 (16% Response Rate) Sample Size 2,025 Total Returns 319	2021 Percentile Rate	PHC Benchmark	PHC Benchmark Met?
Rating Measure	Rating of Health Plan (% 8, 9, 10)	70.9%	10th	PHC ≥ 25th	NO	74.0%	15th	PHC ≥ 25th	NO
	Rating of All Health Care (% 8, 9, 10)	71.5%	18th	PHC ≥ 25th	NO	77.9%	61st	PHC ≥ 25th	Yes
	Rating of Personal Doctor (% 8, 9, 10)	81.3%	37th	PHC ≥ 25th	YES	84.0%	56th	PHC ≥ 25th	Yes
	Rating of Specialist Seen Most Often (% 8, 9, 10)	77.9%	14th	PHC ≥ 25th	NO	81.3%	23rd	PHC ≥ 25th	No
Composite Measure	Getting Needed Care (% Always or Usually)	77.2%	11th	PHC ≥ 25th	NO	81.6%	33rd	PHC ≥ 25th	Yes
	Getting Care Quickly (% Always or Usually)	78.4%	16th	PHC ≥ 25th	NO	80.3%	29th	PHC ≥ 25th	Yes
	*Care Coordination (% Always or Usually) YR2020 94 responses	81.9%	29th	PHC ≥ 25th	YES	88.6%	79th	PHC ≥ 25th	Yes
	*Customer Service (% Always or Usually) YR2020 94 responses	88.3%	39th	PHC ≥ 25th	YES	85.6%	9th	PHC ≥ 25th	NO

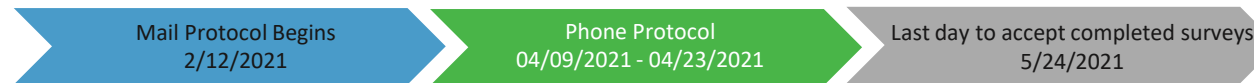
For the Adult Survey, three scores fell below the benchmark (PHC < 25%):

1. Rating of all Health Plan 74.0%; 15<sup>th</sup> percentile
2. Rating of Specialist 81.3%; 23<sup>rd</sup> percentile
3. Customer Service 85.6%; 9<sup>th</sup> percentile

PHC had one of the **highest ratings for Adult survey**, when compared with other HealthPlans (similar size).  
PHC won a DHCS member experience awards on Customer Service.

# Methodology – Child Survey

SPH administered the MY 2020 Medicaid Child 5.1 CAHPS survey using an NCQA approved methodology. Surveys were collected via a mail and phone methodology. Members eligible for the survey were **parents of those 17 years and younger (as of December 31 of the measurement year) who were continuously enrolled in the plan for at least five of the last six months of the measurement year.** A synopsis of the data collection methodology is outlined below:



**VALID SURVEYS**

✉ Total Number of Mail Completes = 383 (168 in Spanish)  
☎ Total Number of Phone Completes = 182 (18 in Spanish)

**Number of undeliverables: 388**

**2021 RESPONSE RATE**

$$\text{Response Rate} = \frac{\text{Completed}}{\text{Sample size} - \text{Ineligible members}}$$

$$\frac{383 \text{ (Mail)} + 182 \text{ (Phone)} = 565}{3300 \text{ (Sample)} - 53 \text{ (Ineligible)} = 3247} = 17.4\%$$

**RESPONSE RATE COMPARISON**

The 2021 SPH Analytics Book of Business average response rate is **12.8%**.

		2019	2020	2021
<b>Complete</b>	Completed Survey	365	540	565
	<b>SUBTOTAL</b>	<b>365</b>	<b>540</b>	<b>565</b>
<b>Ineligible</b>	Does not Meet Eligibility Criteria (01)	9	21	20
	Language Barrier (03)	30	2	33
	Mentally/Physically Incapacitated (04)	0	0	0
	Deceased (05)	0	0	0
	<b>SUBTOTAL</b>	<b>39</b>	<b>23</b>	<b>53</b>
<b>Non-Response</b>	Break-off/Incomplete (02)	11	25	27
	Refusal (06)	1	73	126
	Maximum Attempts Made (07)	1722	2639	2529
	Added to DNC List (08)	7	0	0
	<b>SUBTOTAL</b>	<b>1741</b>	<b>2737</b>	<b>2682</b>
<b>TOTAL</b>		<b>2145</b>	<b>3300</b>	<b>3300</b>
<b>OVERSAMPLING %</b>		<b>30.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>RESPONSE RATE</b>		<b>17.3%</b>	<b>16.5%</b>	<b>17.4%</b>

Note: Respondents were given the option of completing the survey in Spanish. In place of the English survey, a Spanish survey was mailed to members who were identified by the plan as Spanish-speaking. A telephone number was also provided on the survey cover letter for all members to call if they would like to complete the survey in Spanish.

# CAHPS Scores - Child

CHILD CAHPS Composite		2020 (16.5% Response Rate) Sample size 3,300 Total Returns 540	**2019 Percentile Rate	PHC Benchmark	PHC Benchmark Met?	2021 (17.4% Response Rate) Sample size 3,300 Total Returns 565	2021 Percentile Rate	PHC Benchmark	PHC Benchmark Met?
Rating Measure	Rating of Health Plan (% 8, 9, 10)	85.4%	34th	PHC ≥ 25th	YES	84.8%	26th	PHC ≥ 25th	Yes
	Rating of All Health Care (% 8, 9, 10)	85.1%	19th	PHC ≥ 25th	NO	82.8%	6th	PHC ≥ 25th	NO
	Rating of Personal Doctor (% 8, 9, 10)	90.6%	51st	PHC ≥ 25th	YES	87.2%	9th	PHC ≥ 25th	NO
	*Rating of Specialist Seen Most Often (% 8, 9, 10) YR2020 86 responses YR2021 77 responses	88.4%	66th	PHC ≥ 25th	YES	79.2%	5th	PHC ≥ 25th	NO
Composite Measure	Getting Needed Care	83.2%	35th	PHC ≥ 25th	YES	80.7%	9th	PHC ≥ 25th	NO
	Getting Care Quickly	88.8%	37th	PHC ≥ 25th	YES	81.1%	5th	PHC ≥ 25th	NO
	*Care Coordination (% Always or Usually) YR2021 90 responses	85.9%	68th	PHC ≥ 25th	YES	84.4%	30th	PHC ≥ 25th	Yes
	Customer Service	91.8%	89th	PHC ≥ 25th	YES	88.7%	45th	PHC ≥ 25th	Yes

\*N/A = Not reportable due to insufficient sample size (less than 100)

\*\*NCQA did not provide 2020 Benchmarks

For YR 2021, five composite scores fell below 25<sup>th</sup> percentile and two scored n/a due to insufficient sample size (Rating of Specialist and Care Coordination).

For the Child Survey, PHC fell below five of the following benchmarks (PHC < 25%):

1. Rating of Health Care 82.8%; 6<sup>th</sup> percentile
2. Rating of Personal Doctor 87.2%; 9<sup>th</sup> percentile
3. Rating of Specialist 79.2%; 5<sup>th</sup> percentile
4. Getting Needed Care 80.7%; 9<sup>th</sup> percentile
  - ❖ Easy to get care believed necessary for child
  - ❖ Easy to get appointment for child with specialist
5. Getting Care Quickly 81.1%; 5<sup>th</sup> percentile
  - ❖ Getting care for child as soon as needed
  - ❖ Getting appointment for child as soon as needed

PHC didn't receive any score on the Child Survey for two questions: 'Rating of Specialist' and 'Care Coordination', due to insufficient sampling size (less than 100).

Analysis group looked at the 3 lowest scores for both adult and child surveys to determine the best area for intervention

- **Adult survey:**

- Rating of Health Plan (Identified for targeted intervention)
- Customer Service
  - Impacted by COVID (low call volume through a good portion of the shelter in place orders), scores were only slightly lower than previous years. Other satisfaction indicators point to this being a non issue but it will be monitored.
- How Well Doctors Communicate (2021: 90.5% 14<sup>th</sup> percentile)
  - Consistent with G&A qualitative analysis (Area of opportunity)

- **Child survey:**

- Rating of Personal Doctor
- Getting Care Quickly
  - Points to ongoing access issue
  - COVID 19 also impacted scores over the past 2 years
- Rating of Specialist
  - Not enough children needing to see a specialist (based on qualifying question/not meeting minimum requirement of 100 responses)

- Rating of Health Plan (Targeted intervention)
  - The CAHPS work group received approval from the NCQA Steering Committee on September 20, 2021 that PHC focus on a targeted intervention for 'Rating of the Health Plan'. We will monitor the rating of Customer Service in relation to the Rating of the Health plan scores
- Identified CAHPS administration opportunities for the 2022 survey:
  - Amend the contract with SPH Analytics
    - Increase our sampling size for both Adult (100%) and Child (150%)
    - Add a link to survey for members to fill out on line
- Explore National Change of Address (NCOA) process to help improve response rate





**Questions?**