



## PARTNERSHIP HEALTHPLAN OF CALIFORNIA CONSUMER ADVISORY COMMITTEE

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

**Thursday September 3, 2020 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

**2525 Airpark Dr. Redding, CA 96001 (Castle Crags 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**

**Access Code: 809 147 945**

**Note:** 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, so all PHC offices will be available for members of the public to attend the meeting in-person.

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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		Lead	Page	Time
1.	<b>Introductions:</b> Roll Call  <b>Ice Breaker Question:</b> <i>What's one new and interesting thing you've been doing lately?</i>	<b>Michelle Mootz</b> NR Manager Member Services		12:00
2.	<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>Michelle Mootz</b> NR Manager Member Services		12:20
3.	<b>Action Item from March 2002 Meeting</b> <i>Does the Timely Access Standards include Psychiatry?</i>	<b>Amy Turnipseed</b> Sr. Director of Ext. and Regulatory Affairs		12:25
4.	<b>Approval of March 2020 Minutes</b> <i>Need a CAC member to make a motion to accept the minutes and another member to second the motion.</i>	<b>All</b>		12:30
<b>I. Old Business</b>				
1.	<b>Follow up of issue from March CAC meeting:</b> <i>No updates</i>	<b>Michelle Mootz</b> NR Manager Member Services		
<b>II. Standing Agenda Items</b>				
1.	<b>Policy and Program Update</b> <i>Update on policies and programs</i>	<b>Amy Turnipseed</b> Sr. Director of Ext. and Regulatory Affairs		12:35
2.	<b>HealthPlan Update</b> <i>Brief recap HealthPlan Updates</i>	<b>Wendi West</b> Sr. Director of NR		12:45
3.	<b>Report of Board Meeting from CAC Board Member</b> <i>Brief highlights of the last Board Meeting</i>	<b>Amby Burum</b> Consumer Board Member		12:55
<b>III. New Business</b>				
1.	<b>2019 Grievance and Appeals Annual Report</b> <i>Presentation on 2019's G&amp;A Annual Report</i>	<b>La Rae Banks</b> Director of Grievance & Appeals		1:05
2.	<b>Wellness &amp; Recovery Presentation</b> <i>Brief presentation on W&amp;R</i>	<b>Margaret Kisliuk</b> Behavioral Health Administrator <b>Liz Leslie</b> Program Manager II		1:25
3.	<b>Population Health</b> <i>Member Material Review</i>	<b>Catherine Thomas</b> Sr. Health Educator		1:45
<b>IV. Additional Business/Other items</b>				
1.	<b>Open Forum for CAC Guests</b> <i>Thank you to the CAC members and Information sharing by committee members.</i>	<b>All</b>		1:50
2.	<b>Open Discussion at all Location Sites Individually</b>	<b>All</b>		1:55
<b>V. Adjournment</b>				
1.	Next Meeting: <i>December 3, 2020</i>			



## MEETING MINUTES

### Consumer Advisory Committee (Northern Region)

June 4, 2020, 12:00pm – 2:00pm

2525 Airpark Dr. Redding CA 96002 (Castle Crags Conference Room)

Partnership HealthPlan 1036 5<sup>th</sup> Street Suite E, Eureka, CA 95501 (Patrick's Point Conference Room)



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**Shasta PHC Attendees:** Amy Turnipseed, Catherine Thomas, Chelsea Breshears, David Glossbrenner, Elena Carter, Jessica Hackwell, Kory Watkins, Leslee Kitman, Michael Abshier, Michelle Mootz, Michael Vovakes, Ryan Ciulla, Siobhan Shackelford, Sonja Bjork, Stacey Taylor, Susanna Sibilsky, Tahereh Daliri Sherafat, Wendi West.

**Shasta CAC Participants:** Becky Sherman, Joy Newcom-Wade, Monica Thoma, Steve Riley, Wendy Longwell

**Humboldt PHC Attendees:** Chloe Schafer, Jeff Ribordy

**Humboldt CAC Participants via Video Conference:** Amby Burum

**Absent :** GeorgeAnn Wence, Margaret Sager

**Siskiyou CAC Participants via Video Conference:** Mary Brillante

**Trinity CAC Participants via video Conference:** Robina Crockett



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Agenda Topic	Discussion/Conclusions	Action Items
<p><b>1. Introduction</b> <i>Michelle Mootz</i></p> <p><b>2. Public Comments</b> <i>Michelle Mootz</i></p> <p><b>3. Approval of March 2020 Minutes</b> <i>Michelle Mootz</i></p>	<p>Introductions from all sites were conducted and each attendee was asked to answer the following question: <b>“What are your plans to stay healthy this year?”</b></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>The March 2020 meeting Minutes were reviewed and approved.</p>	<p><i>None</i></p> <p><i>None</i></p> <p><b><i>MOTION: Becky Sherman motioned to approve the minutes. Wendy Longwell seconded and the March 2020 minutes were approved.</i></b></p>
<p><b>I. Old Business</b></p> <p><b>1. Follow up of issues from March CAC meeting.</b> <i>Michelle Mootz</i></p>	<p><i>No Comments</i></p>	<p><i>None</i></p>



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Agenda Topic	Discussion/Conclusions	Action Items
<p><b>II. Standing Agenda Items</b></p> <p><b>1. HealthPlan Update</b> <i>Sonja Bjork</i></p>	<p><b>PHC’s COVID-19 Response</b></p> <p>1. PHC Employees:</p> <ul style="list-style-type: none"> <li>• 90% of employees are deployed (working from home).</li> <li>• Member Services is still answering calls under 30 seconds.</li> <li>• Claims are being paid within 30 days.</li> </ul> <p>2. Members:</p> <ul style="list-style-type: none"> <li>• Website is constantly being updated with resources.</li> <li>• Outcall Project: TLC4C19 will attempt to reach 65,000 members.</li> </ul> <p>3. Providers:</p> <ul style="list-style-type: none"> <li>• Informed how they can bill for telehealth services (over the phone).</li> <li>• Created a FAQ on the website for additional assistance.</li> </ul>	<p><i><b>Robina Crockett</b> wanted to acknowledge how wonderful her experience has been with Trinity Indian Health Clinic.</i></p>



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<p><b>1. HealthPlan Update Continued</b> <i>Sonja Bjork</i></p>	<p><b>California State Budget</b></p> <ul style="list-style-type: none"> <li>○ Proposed cuts to Medi-Cal budget           <ul style="list-style-type: none"> <li>● Adult glasses, adult dental, physical therapy, speech therapy, occupational therapy, and (CBAS).</li> <li>● Pharmacy benefits to be taken away from health plans like PHC and the state will manage. This is on track to start January 1, 2021.</li> <li>● NCQA Audit will occur November 2020.</li> <li>● Wellness &amp; Recovery Program to launch July 1, 2020. This is a drug and alcohol treatment benefit. Seven counties in the Northern Region have contracted with PHC. Benefits such as Out-Patient Treatment and Residential Treatment.</li> </ul> </li> </ul> <p><b>PHC’s “Big 5” Projects</b></p> <ol style="list-style-type: none"> <li>1. National Committee on Quality Assurance (“NCQA” Accreditation)</li> <li>2. Healthcare Effectiveness Data Information Set (“HEDIS” Scores)</li> <li>3. Core Computer System Replacement (“HealthEdge”)</li> <li>4. Drug Treatment Services (the “Wellness &amp; Recovery Program”)</li> <li>5. California Advancing and Innovating MediCal (the “CalAIM” Waiver)</li> </ol>	<p><i>Monica Thoma inquired about the Elimination of the CBAS and MSSP programs, wanting to know what those acronyms stood for and what their purposes are. Sonja Bjork provided a brief description for both. Community-Based Adult Services (CBAS) offers services to eligible older adults and/or adults with disabilities to restore or maintain their optimal capacity for self-care and delay or prevent inappropriate or personally undesirable institutionalization. The Multipurpose Senior Services Program (MSSP) Waiver provides Home and Community-Based Services to Medi-Cal eligible individuals who are 65 years or older and disabled as an alternative to nursing facility placement. The MSSP waiver allows the individuals to remain safely in their homes.</i></p>



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Agenda Topic	Discussion/Conclusions	Action Items
<p><b>2. Report on Board Meeting from CAC Board Member</b> <i>Amby Burum</i></p>	<ul style="list-style-type: none"> <li>• Open Door Names Humboldt County, Tory Starr as its new Chief Executive Officer.</li> <li>• Census: Important to complete survey before October 2020.</li> <li>• Prop 56: Behavioral Health grants to help individuals connect with counselors.</li> <li>• Exit Audit had zero findings of problems.</li> <li>• Outcall Project: TLC4C19 will attempt to reach 65,000 members.</li> <li>• Teleworking goal was 90% which was reached.</li> <li>• Influx of new Medi-Cal members due to COVID-19.</li> <li>• Pharmacy carve out goes into effect January 2021.</li> <li>• PHC’s Board Clerk, Cindy McCamey has retired.</li> </ul>	<p><i>None</i></p>
<p><b>3. Policy and Program Update</b> <i>Amy Turnipseed</i></p>	<p><b>1. Governor’s May Revise</b></p> <ul style="list-style-type: none"> <li>• Projected budget deficit of \$54 billion.</li> <li>• Impacts for Health Plans and our Members:               <ul style="list-style-type: none"> <li>○ Medi-Cal Managed Care Plan Rates Cuts</li> <li>○ Elimination of “optional” benefits (audiology services, speech therapy services, optometric and optician/optical lab services, podiatric services, incontinence cream and washes, acupuncture services, nurse anesthetist services, occupational therapy services, physical therapy services, and pharmacist services)</li> </ul> </li> </ul>	<p><i>Wendy Longwell wanted to know if there was any discussion in the State budget in regard to transportation. Amy Turnipseed responded saying since Transportation is not an essential health benefit, it could be one of the items impacted by budget cuts.</i></p>





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<p><b>3 Policy and Program Update Continued</b> <i>Amy Turnipseed</i></p>	<ul style="list-style-type: none"> <li>○ Elimination of the CBAS and MSSP programs no sooner than July 1, 2020.</li> <li>○ California Advancing and Innovating Medi-Cal (CalAIM) postponed.</li> <li>○ Proposal to provide Full-Scope Medi-Cal to Undocumented Older Adults is removed.</li> </ul> <p><b>2. Governor’s Proposal to Carve Out Pharmacy</b></p> <ul style="list-style-type: none"> <li>• The Governor and DHCS continue to move forward with the pharmacy benefit being carved out of managed care plans on January 1, 2021.</li> <li>• PHC continues to work with the state to ensure continuity of care for our members and to prevent any gaps in care.</li> <li>•</li> </ul> <p><b>3. Wellness and Recovery (formerly Drug Medi-Cal)</b></p> <ul style="list-style-type: none"> <li>• The Drug Medi-Cal Waiver would allow counties to increase access to substance use disorder (SUD) services for adolescents and adults who are eligible for Medi-Cal.</li> <li>• Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano counties are working together with PHC to prepare a Regional Implementation Plan better integrate SUD services provided to our members. We are calling our program <i>Wellness and Recovery</i>.</li> <li>• We hope to have the <i>Wellness and Recovery</i> benefit starting in July 1, 2020.</li> </ul>	<p><i>None</i></p>





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<p><b>III. New Business</b></p> <p><b>1. Timely Access Standards</b> <i>Amy Turnipseed</i></p> <p><b>2. 2020-2023 Strategic Plan Update</b> <i>Amy Turnipseed</i></p> <p><b>3. Population Needs Assessment Report</b> <i>Catherine Thomas</i></p>	<ul style="list-style-type: none"> <li>• DHCS requires a PCP non-urgent appointment be available within 10 business days from request</li> <li>• DHCS requires a PCP non-urgent specialty care appointment be available within 15 business days from request.</li> </ul> <p>Strategic Planning has been postponed until the State Budget is finalized and we can see how it will effect Partnership HealthPlan. An update will be provided at the September CAC meeting.</p> <p><b>Overview</b></p> <ul style="list-style-type: none"> <li>• Formerly known as the Group Needs Assessment (GNA)</li> <li>• Annual assessment to identify member health status and gaps in services.</li> <li>• Goal: Improve health outcomes for our members.</li> </ul> <p><b>Timeline</b></p> <ul style="list-style-type: none"> <li>• January – February 2020: Collect and Compile Data Sources</li> <li>• February 2020: Submit to NCQA – Submit to DHCS</li> <li>• March 2020: Review and Approval Process – IQI/QUAC</li> <li>• April 2020: Review and Approval Process – PAC</li> <li>• June 2020 CAC Review – Submit final PNA to DHCS</li> </ul>	<p><i>Wendy Longwell inquired if these standards included psychiatry appointments as well. Amy Turnipseed said she would research provide follow-up with an answer.</i></p> <p><i>None</i></p> <p><i>Monica Thoma requested clarification on how many counties the report reflected. Catherine Thomas clarified it was a culmination of the 14 counties within PHC's network.</i></p>



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<p><b>3. Population Needs Assessment Report Continued</b> <i>Catherine Thomas</i></p>	<p><b>Data Sources</b></p> <ul style="list-style-type: none"> <li>• 2019 Consumer Assessment of Healthcare Provider and Systems (CAHPS) Survey Results.</li> <li>• 2019 Health Disparities Report</li> <li>• 2018 MY Healthcare Effectiveness Data and Information Set (HEDIS) results.</li> <li>• PHC Medical and Pharmacy Claims Data</li> <li>• 2019 County Health Rankings</li> <li>• United States Census Bureau</li> <li>• County Community Health Needs Assessment</li> </ul> <p><b>Action Plan</b></p> <ul style="list-style-type: none"> <li>• Engage with Hispanic/Latino members to increase well-child visits</li> <li>• Engage with American Indian/Alaska Native members to increase Breast Cancer Screening.</li> <li>• Improve gender sensitivity awareness with PHC Staff.</li> </ul>	<p><i>Monica Thoma requested clarification on the Health Disparities Results Report in regard to what the, “No’s” and “Yes’s” mean. Catherine Thomas clarified that, “No” means they are doing well in compared to the white population and “Yes” means they have a very low performance.</i></p> <p><i>Monica Thoma asked where the emphasis will be placed in regard to the Vulnerable Population, Preventative Services or the Action Plan. Catherine Thomas said the Health Education Department is focusing on engaging members, but the report will also be shared with Provider Relations and other Departments within PHC to help focus on solutions for all.</i></p> <p><i>Wendy Longwell and Monica Thoma approved the report.</i></p>



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<p><b>4. COVID-19</b> <i>Dr. Michael Vovakes</i></p>	<ul style="list-style-type: none"> <li>• COVID-19 means Coronavirus Disease 2019 and is caused by a novel (new) coronavirus, which is called SARS-CoV-2 (Serious Acute Respiratory Syndrome Coronavirus 2).</li> <li>• Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.</li> <li>• Infection is spread from person to person by droplets when we speak, cough or sneeze. Transmission from objects is less likely but could occur.</li> <li>• Adults over 65 years of age and especially those with underlying medical conditions are at higher risk for severe illness and death. Children are at much lower risk of infection, but there is a newly recognized serious illness in some infected children.</li> <li>• Cloth face coverings, frequent handwashing and social distancing can prevent spread of this disease. Public health testing, contact tracing, isolation and quarantine also can contain this virus. (South Korea has had less than 300 deaths)</li> <li>• Diagnosis of this disease is by nasal swab and can be done at no cost at the OptumServe test site at Shasta College for anyone with or without symptoms. (Children need to be at least 12 years old)</li> </ul>	<p><i>Amby Burum asked if a blood transfusion from someone who has antibodies was a way to assist someone who has COVID-19.</i></p> <p><i>Dr. Vovakes said the United States is currently studying the process and is requesting volunteers.</i></p>



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<b>5. Post Meeting Survey</b> Michelle Mootz	Michelle introduced the new Post Meeting Survey and explained the purpose of it. Feedback is highly encouraged as it provides valuable insight, helping PHC get a sense of member satisfaction and improve in areas for the next meeting.	<i>None</i>
<b>IV. Additional Business/Other Items</b>  <b>1. Open Forum for CAC Guests</b>	Wendy Longwell wanted to remind everyone the Disability Action Center (DAC) can provide assistance for those who deal with power outages. Grants available: <ul style="list-style-type: none"> <li>• Risk Options Grants: Offers assistance with speech impediments; no age requirements. An iPad is provided with programs on it to increase communication.</li> <li>• Help SSI and SSPI clients who need assistance applying for CalFresh.</li> </ul>	
<b>V. Adjournment</b>  <b>Next Meeting</b>	Meeting adjourned at 1:55 pm  September 3, 2020  Minutes recorded by: Chelsea Breshears	

**Consumer Advisory Committee:  
Policy and Program Update  
Sept 2020**

**1. State Budget is Signed**

- The Governor signed the State's budget on June 29, 2020.
- The deal between the Governor and the Legislature rejected several billions in health and human services cuts initially proposed in the May Revise.
- There were some significant payment impacts to health plans including a 1.5% rate reduction retroactive from July 2019 and an unfunded Long Term Care (LTC) payment increase.

**2. Public Safety Power Shutoffs (PSPS) & Fire Season**

- PHC is preparing for another brutal fire season with expected PSPS.
- PHC continues to work with county emergency services leaders to ensure our members are informed of resources in their communities.
- If you do have home medical equipment that needs electricity there are resources available if your power goes out. PHC does its best to post resources on its website as we become aware of them.

**3. Governor's Proposal to Carve out Pharmacy**

- The Governor and DHCS continue to move forward with the pharmacy benefit being carve out of managed care on January 1, 2021.
- PHC continues to work with the state to ensure continuity of care for our member and to prevent any gaps in care.

**4. Wellness and Recovery (formerly Drug Medi-Cal)**

- The Drug Medi-Cal Waiver allows counties to increase access to substance use disorder (SUD) services for adolescents and adults who are eligible for Medi-Cal.
- Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano counties worked with PHC to prepare a Regional Implementation Plan better integrate SUD services provided to our members. We are calling our program *Wellness and Recovery*.
- **PHC went live in those counties July 1, 2020!!!**



## **Consumer Advisory Committee**

Report from the Chief Executive Officer, Liz Gibboney

September 2020

### **1. PHC's COVID-19 Response**

- PHC Employees
- Members
- Providers

### **2. State Programs**

- Long Term Care at Home Program
- MediCal Rx

### **3. Major Projects Updates**

- National Committee on Quality Assurance ("NCQA" Accreditation)
- Healthcare Effectiveness Data Information Set ("HEDIS" Scores)
- Drug Treatment Services (the "Wellness & Recovery Program")
- California Advancing and Innovating MediCal (the "CalAIM" Waiver)

### **4. Racism and Health Equity Work**

### **5. PHC's Strategic Plan for 2020-2023**

### **6. Questions & Answers**



# Consumer Advisory Committee (CAC)

*Fall 2020*

La Rae Banks, MBA-HM  
Director of Grievance & Appeals



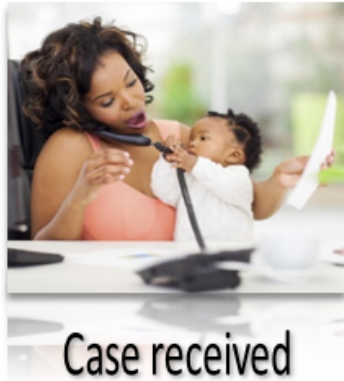
# Background



**Effective July 1, 2017, Department Health Care Services (DHCS) mandated through APL 17-006 that Medi-Cal members have a right to report problems to their health plan and the health plan has an responsibility to investigate.**

**The Grievance & Appeals department oversees this responsibility**

# Member Filing & Investigation Process



THE PROCESS: 72 hours – 44 Days

Clinical Assessments

Acknowledgements

Investigate

Resolve Issue(s)

Issue Resolution Letter

## Recipient of Notifications

- ✓ Member
- ✓ Authorized Representative (if filing case)
- ✓ Provider on behalf of Member (if filing case)

Summary of the standard process. Variations can occur depending on type of case, expedited status, case outcomes, or member's decisions

Appeal

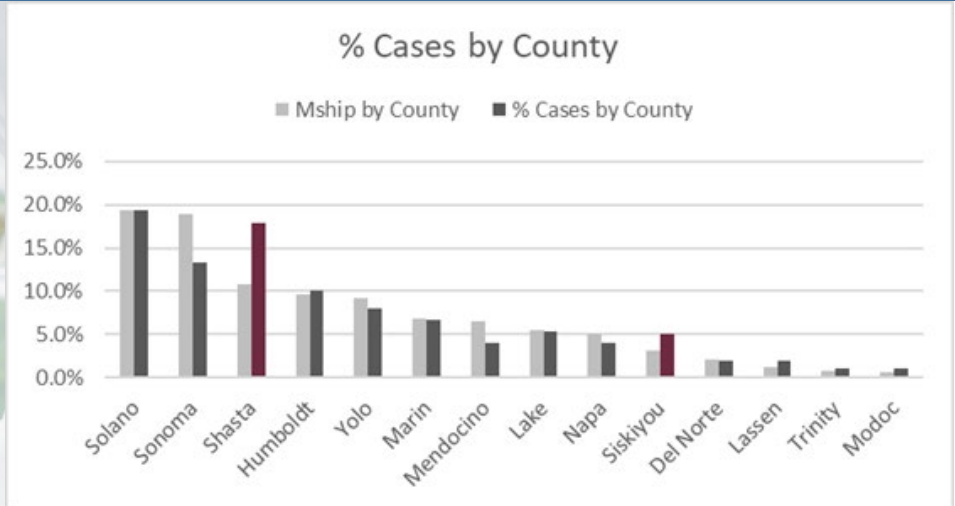
Grievance

Exempt

State Hearing

# Who Filed Cases in 2019?

- PHC served an average of 545,558 members per month
- 5,449 investigated and closed cases
- 3,871 unique members filed the 5,449 cases
- Represented 16 ethnicities & spoke 13 different languages
- 50% filed by Solano, Sonoma and Shasta counties



# How Data Describes Filers

## ETHNICITIES OF FILING MEMBERS

Ethnicity	% of Cases	# of Cases
White	60.0%	3267
Hispanic	12.5%	683
Unknown	8.4%	457
Black	7.8%	425
Other	7.2%	390
Native American	1.5%	83
Other Asian	0.9%	50
Filipino	0.7%	37
Asian/Pacific	0.3%	17
Vietnamese	0.1%	7
Japanese	0.1%	7
Chinese	0.1%	7
Hawaiian	0.1%	6
Guamanian	0.1%	5
Korean	0.1%	4
Laotian	0.0%	2
Samoan	0.0%	1
Cambodian	0.0%	1
<b>Total Cases</b>		<b>5,449</b>

**PHC does not discriminate**

## GENDER OF FILING MEMBERS

Gender	% of PHC Mship	# of Cases	% of Cases
Female	52.8%	3358	62%
Male	47.2%	2047	38%
unknown	0%	44	1%
	<b>100.1%</b>	<b>5449</b>	

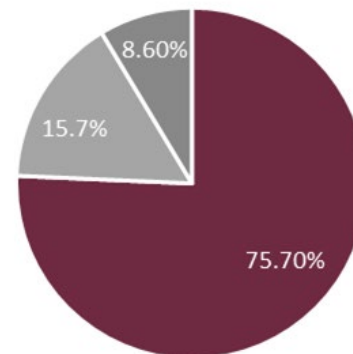
*The profile of the most commonly filing member is a white female between 50-59 years old, speaks English, resides in Solano, and PHC is her only coverage*

## AGE OF FILING MEMBERS

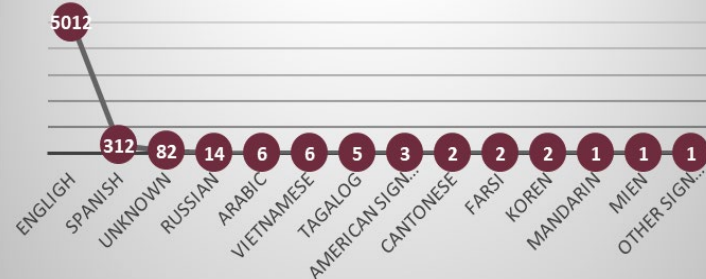
Age	# of Cases	% of Cases
0-18	756	13.9%
19-29	408	7.5%
30-39	661	12.1%
40-49	752	13.8%
50-59	1399	25.7%
60-64	871	16.0%
65+	602	11.0%
<b>Total Cases</b>	<b>5,449</b>	

## PHC Prime for most Filing Members

■ PHC Prime ■ Mcare Prime ■ OHC



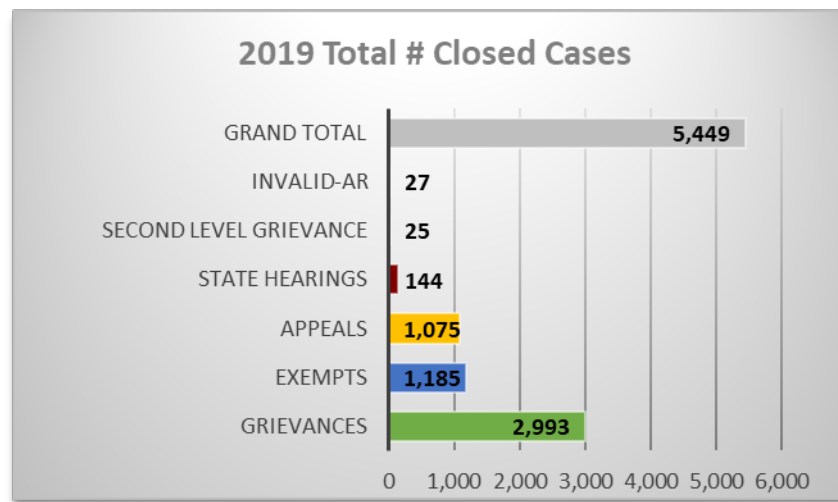
## # Filed Cases by Language



# 2019 Statistics

How many members were unhappy?

- 5,449 Total Cases in 2019
- For every 1,000 members, less than 1 case filed
- 99.99% Closed timely
- No lost State Hearings

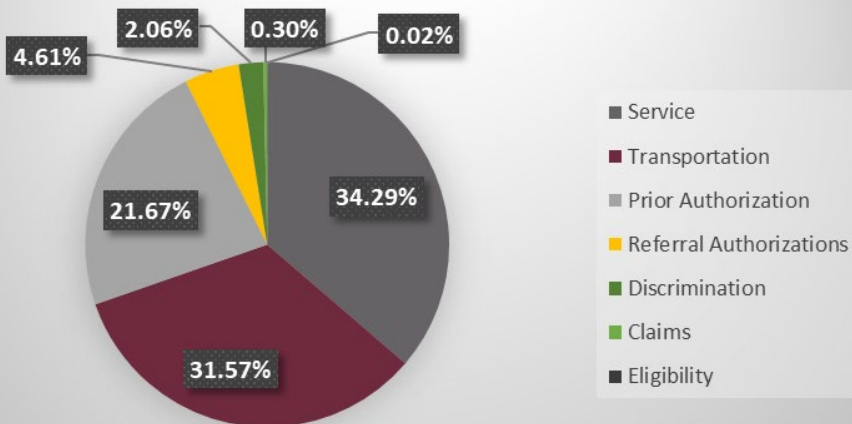




# Reasons

Why were they unhappy?

## Overall Reasons of Dissatisfaction



## 3 Key Problems

1. Did not receive the service they expected from their provider
2. Problems with the Non-Medical Transportation (NMT) Benefit
3. Wanted medications denied through the TAR<sup>1</sup> process

<sup>1</sup> The Treatment Authorization Process (TAR) is how we review requests for medical services or medications provided to our members

# Solutions

What has been done to fix it?

## Provider Service

- Provide member with resources & tools regarding their condition
- Referral to Care Coordination
- Referral to Carenet Health



## Transportation

- Added new taxi providers
- Change to MTM Customer Service scripts
- New GMR form and member letters
- MTM hired 240 new Customer Service reps

## Medications

- New Denial Letters
- Clearly identifies approval and unmet criteria
- Applies to all services approved or denied thru TARs



# Internal Improvements

Innovation at work!

## Investigations

- Better investigations that identify main problems
- Standardized Investigations

## Technical

- Many changes to our computer systems
- Many new reporting abilities
- Both help to identify problems so we can fix them

## Monitoring

- Work closer with our Delegates like MTM
- Helpful Monthly Meetings
- Identify new trending problems as members report them
- Work on long term solutions



The background is a collage of various papers and documents. Some papers are white with large black question marks, while others are light blue. A prominent red question mark is visible on a white paper in the center-right. The papers are layered and slightly offset, creating a sense of depth and movement.

# References

2020 Grievance & Appeals Annual Report

# Questions

2020

# Grievance & Appeals Annual Report



## OUR MISSION

*To help our members, and the communities we serve, be healthy*



## Company Overview

*Partnership HealthPlan of California (PHC) is a non-profit community based health care organization that contracts with the State to administer Medi-Cal benefits through local care providers to ensure Medi-Cal recipients have access to high-quality comprehensive cost-effective health care. Beginning in Solano County in 1994, PHC now provides services to 14 Northern California counties - Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity and Yolo. As of June 2020, PHC provides quality health care to 551,305 lives.*

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## Executive Summary

PHC is committed to member satisfaction. When members understand their PHC Medi-Cal benefits, understand how to access them, and service meets expectations, we believe members are likely to seek care and maintain their health. We invite all members to tell us about any concerns or challenges they encounter so that we can help remove any barriers.

Members can feel confident that PHC's Grievance & Appeals process is compliant with All Plan Letter (APL) 17-006 by the Department of Healthcare Services (DHCS). PHC successfully passed the 2020 DHCS audit without any findings. There is proper oversight of G&A activities through sharing of case trends, drivers of member dissatisfaction, and proposed solutions in various internal and external committees, fulfilling the requirements of the Brown Act. This wide exposure across multiple committees provides comprehensive oversight and collaborative solutions to ensure member experience is optimal.

The purpose of this executive report is to summarize observations and overall dissatisfaction trends, as reported by members. Members express their dissatisfaction by filing Grievance, Appeal, Exempt and State Hearing cases. There were 5,449 investigated and closed cases in 2019. This represents less than one (1) case filed per 1,000 members. 50% of all cases were filed from members residing in Solano, Sonoma, and Shasta County. 99.9% of all cases were closed within timeframes set by DHCS. Overall trending concerns fell into the following DHCS categories: Quality of Service, Benefits/Coverage, and Accessibility. Important steps have been taken to strengthen the reporting capability of G&A trends over the past year. Reporting Interest (RI) categories allow us to isolate specific areas of dissatisfaction beyond generic DHCS categories and make meaningful member improvements. These functionalities identified the top drivers of member dissatisfaction in 2019:

- Services by providers did not meet expectations
- Dissatisfactory execution of the non-medical transportation benefit
- Denied medications through the Treatment Authorization Request (TAR) process.

This report highlights improvements made in 2019 to improve these areas, including those as a result of our pursuit for full accreditation by National Committee for Quality of Assurance (NCQA). Progress has produced meaningful improvements to the investigation process improving communication with members and noted problem areas.

This report excludes cases for members assigned to Kaiser Permanente as their primary care provider. It also excludes cases for services administered through Beacon Health Options. Kaiser Permanente and Beacon Health Options are delegates for managing Exempt, Grievance, Appeal and State Hearing cases on behalf of PHC for members that they serve.

All case statistics herein are reported with a 95% confidence level.

*La Rae Banks*  
*Director of Grievance & Appeals*

# TABLE OF CONTENTS

- INTRODUCTION TO GRIEVANCE & APPEALS** ..... 4
  - The Role of Grievance & Appeals* ..... 4
  - The Definition of Case Types* ..... 4
  - The Member Filing & Investigation Process* ..... 6
- STATISTICS** ..... 7
  - Total # Closed Cases* ..... 7
  - Rate per 1,000 Members* ..... 9
  - DHCS Timeframes* ..... 9
- DRIVERS OF MEMBER DISSATISFACTION** ..... 10
  - Member Demographics* ..... 10
  - Cases by Geography* ..... 12
  - Key Drivers of Dissatisfaction* ..... 13
  - DHCS/NCQA Categories* ..... 15
- IMPROVEMENTS** ..... 17
  - Member Improvements* ..... 17
  - Operational Improvements* ..... 18
- CASE REVIEWS** ..... 20
  - Exempt Case* ..... 20
  - Appeal Case* ..... 21
  - Grievance Case* ..... 22
  - Second Level Grievance Case* ..... 23
  - State Hearing Case* ..... 24
- CONTACT US** ..... 25

# INTRODUCTION TO GRIEVANCE & APPEALS

## *The Role of Grievance & Appeals*

The healthcare system is a complex infrastructure and can be difficult for many members to navigate and obtain services. Beginning July 1, 2017, APL 17-006 provided all members with the right to report any dissatisfaction to their Managed Care Plan (MCP). Partnership HealthPlan of California (PHC), a MCP, welcomes the member grievance and appeals process. It allows our members to inform us of any concerns or challenges with their health care experience and give us the opportunity to resolve them. Outcomes can strengthen our members' understanding of their benefits, improve service delivery, refine benefit administration, resolve disputes between parties and reveal training opportunities. The process promotes constructive communication and peaceful accountability across all stakeholders.

PHC is governed by the guidelines set forth by DHCS. It is also in the process of acquiring an accreditation by NCQA, inspiring many operational improvements. The Grievance & Appeals (G&A) Department is responsible for end-to-end investigation of all Grievance, Appeal, State Hearing and Exempt cases. It resides under the External and Regulatory Affairs Department, outside of all medical and operational departments to minimize internal conflicts of interest and ensure members have objective investigations.

G&A has two divisions: the Investigation Team and the Compliance Team. The Investigation Team is responsible for case investigations. It is staffed with clinical and non-clinical team members who manage all cases within this report. The Compliance Team is responsible for DHCS-mandated G&A reporting, oversight of G&A casework by delegates and implementation of DHCS and NCQA as it relates to G&A standards, internal and external audit.

## *The Definition of Case Types*

Member dissatisfaction is reported under four (4) different types of cases, in compliance with DHCS definitions. The following provides a definition of each case type, typical examples, and DHCS investigating turnaround times, as applicable.



### **Exempt**

*Definition: A Grievance resolved by Member Services by next business day, but member does not want to file Grievance*

- Dissatisfaction documented, tracked and assessed for any violation to professional standards of care, discrimination, HIPAA violations, fraud, waste and/or abuse
- All cases reviewed by Medical Director and/or Grievance Clinical Nurses for potential Quality of Care concerns
- No formal response to member



### **Appeal**

*Definition: Request to reconsider an Adverse Benefit Determination*



- Member disputing a denied Medi-Cal benefit or service
- A Notice of Action (NOA) must have been issued and Appeal request filed within 60 days of issuance
- Must be investigated and closed within 30 calendar days, 44 calendar days with an extension or 72 hours if expedited



### **Grievance**

*Definition: Request to consider anything other than an Adverse Benefit Determination*

- Member dissatisfied with their experience, including allegations of discrimination, HIPAA violations, fraud, waste and/or abuse
- Can be filed at any time regardless of the date of incident
- Must be investigated and closed within 30 calendar days, 44 calendar days with an extension or 72 hours if expedited



### **Second Level Grievance**

*Definition: Request to reconsider the outcome of a Grievance (effective May 1, 2019)*

- This is a new case type inspired by NCQA accreditation
- Member dissatisfied with their experience, including allegations of discrimination, HIPAA violations, fraud, waste and/or abuse
- Can be filed at any time regardless of the date of incident
- Must be investigated and closed within 30 calendar days, 44 calendar days with an extension or 72 hours if expedited



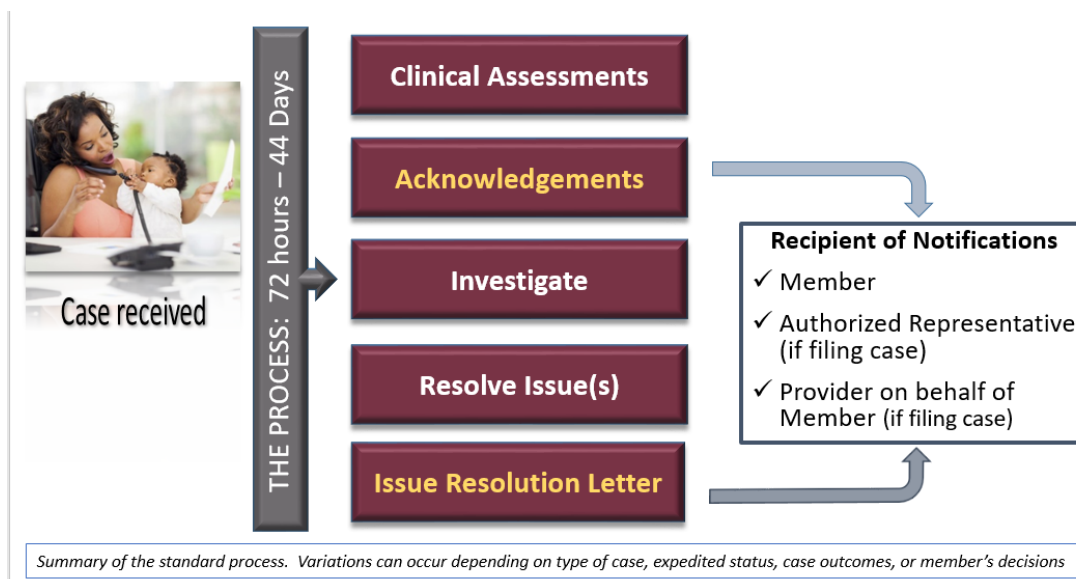
### **State Hearing**

*Definition: A formal court hearing by the CA Department of Social Services (CDSS) to reconsider PHC's decision*

- Member files a hearing with a judge when dissatisfied with Appeal decision
- Request for State Hearing must be filed within 120 days from Notice of Resolution Letter (NAR) date
- Cases are heard by an Administrative Law Judge (ALJ) who considers evidence, testimony, laws, PHC policy, etc. and issues a court order reflecting the new ruling

When a case is filed by a person who was not authorized by the member, the case type defaults to Invalid AR (Invalid Authorized Representative). PHC attempts to contact the member and obtain their permission to proceed with the investigation. If obtained, the case is converted to a Grievance. If not, it remains classified as an Invalid AR. PHC records the dissatisfaction for tracking purposes but the case cannot be investigated without the member's consent.

## The Member Filing & Investigation Process



**How are cases filed?** The process starts when a member is dissatisfied and reports this to PHC. PHC encourages communication between the member and PHC by allowing filing of cases by phone, online, mail, in person at a PHC office or through a contracting provider.

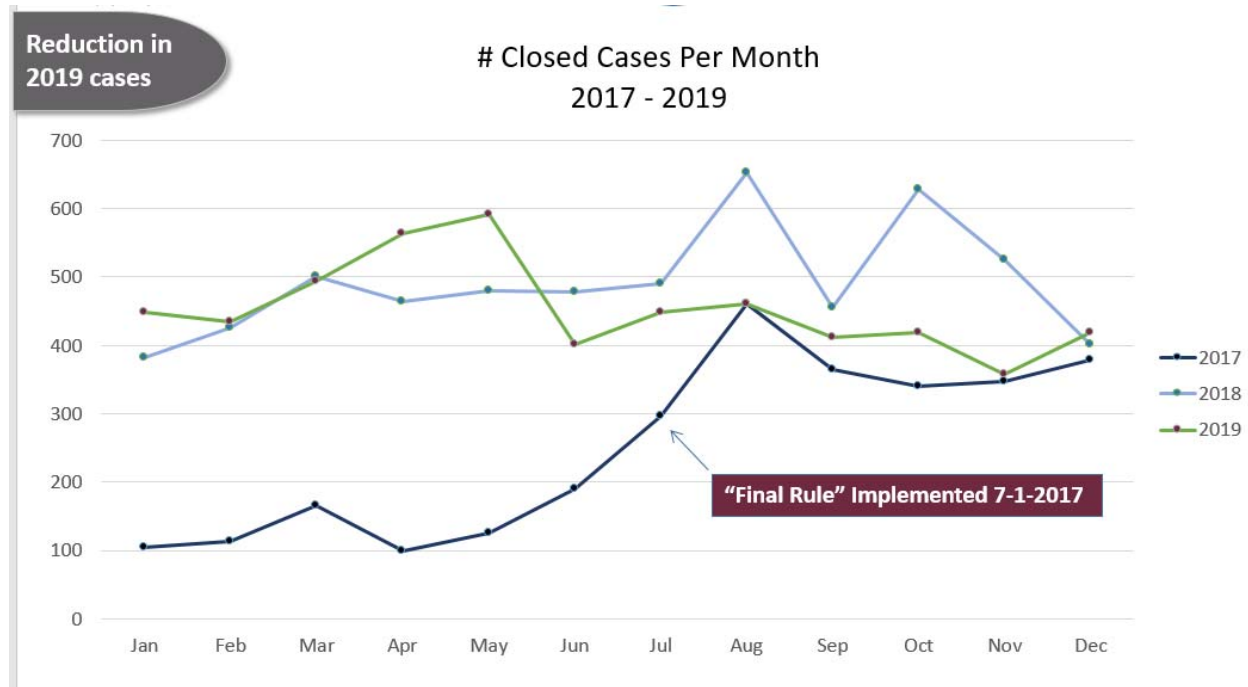
**The investigation process** - Upon PHC's receipt of case, G&A contacts the member to confirm receipt and gain any other pertinent facts. A Medical Director or a Registered Nurse completes a clinical assessment of the reported dissatisfaction. The case is assessed for any quality of care concerns, immediate clinical needs and then provides clinical guidance to the G&A Coordinator. The G&A Coordinator thoroughly analyzes the case, obtains needed medical records, seeks evidence from interested parties and develops a plan to address all of the member's concerns. Once the resolution is complete, the G&A Coordinator calls the member to discuss the outcome and documents the resolution in a formal letter called a Notice of Resolution Letter (NAR), which is mailed to all parties of interest.

**A word about discrimination** - PHC does not tolerate discrimination. PHC follows State civil rights laws and Section 1557 of the Affordable Care Act (ACA), which adds additional protection beyond Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975. PHC investigates all allegations of discrimination by any member. A 1557 Civil Rights Coordinator, who is specially trained in all Federal and State civil rights laws, oversees these cases. When allegations fall under a Section 1557 protected class, the investigation process includes an assessment and decision by PHC's Cultural and Linguistics team. PHC reports all Section 1557 allegations to DHCS on members' behalf, regardless of our findings. Members are also provided contact information to the Office for Civil Rights with the U.S. Department of Health and Human Services so they can pursue further action.

**How long does the process take?** All Grievance and Appeal cases are investigated and closed within 30-days of receipt. If it is in the member's best interest, some cases are extended an additional 14-days to allow for evidence collection or to conduct a thorough investigation. However, if a PHC Medical Director determines a member's life or health is in immediate jeopardy, the case will be investigated and closed within 72-hours.

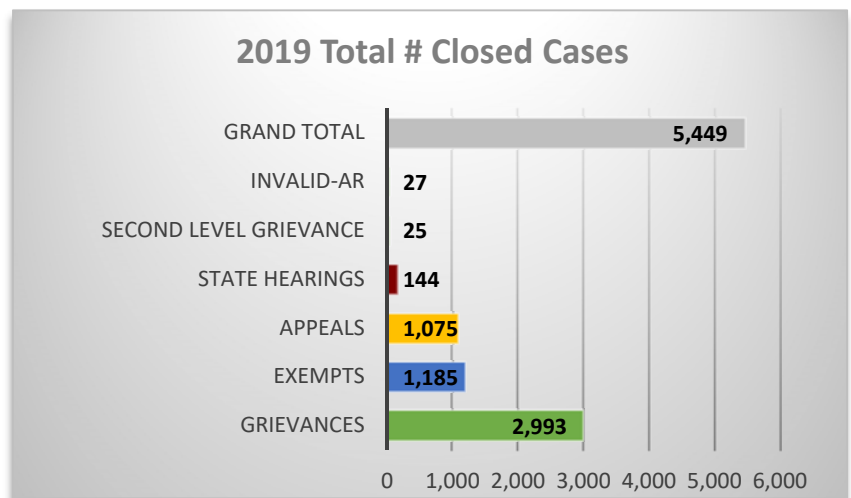
## STATISTICS

### Total # Closed Cases

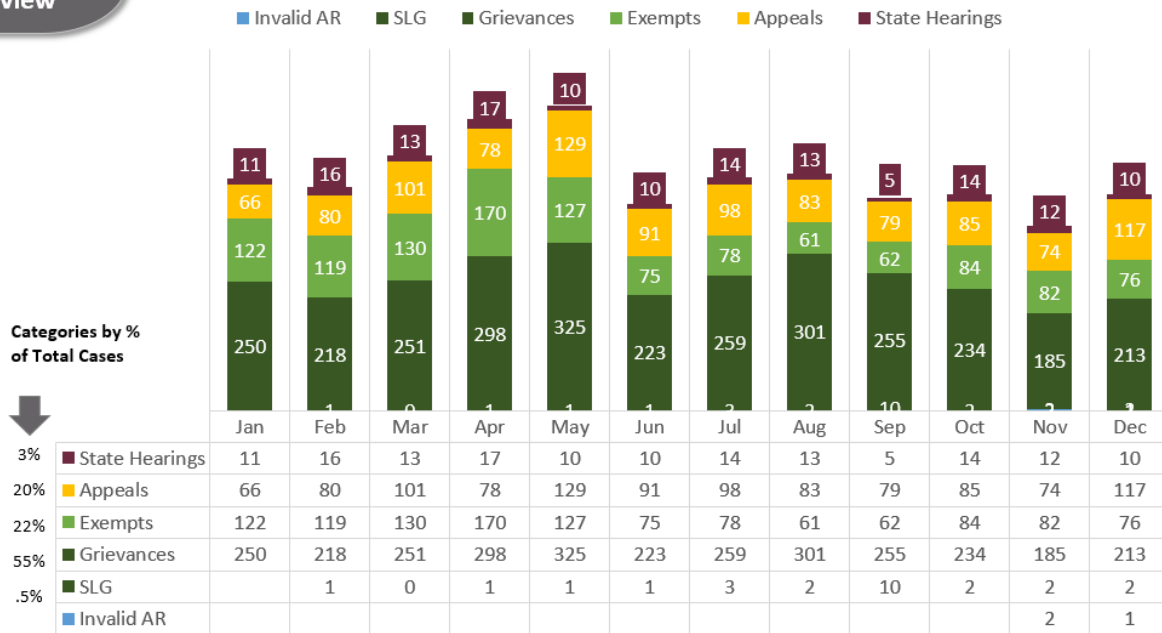


**A Multi-Year View** - Since the introduction of the Final Rule APL 17-006 in July 2017, case volumes have increased year over year. The number of Closed Cases per Month (CCPM) was 297 in July 2017. It reached a high of 651 in August 2018 one (1) year later. By August 2019, case volumes dropped considerably to 460 CCPM, closing the year with 419 CCPM in December.

**How many cases were investigated in 2019?** In 2019, PHC investigated and closed 5,449 cases. Ultimately, the total volume of 2019 cases was 7% lower than 2018, closing 5,449 and 5,884 respectively. This reduction in the number of cases was the result of many internal improvements to enhance operational efficiencies and member experience. Progress to meet NCQA standards also produced a more thorough investigative progress.



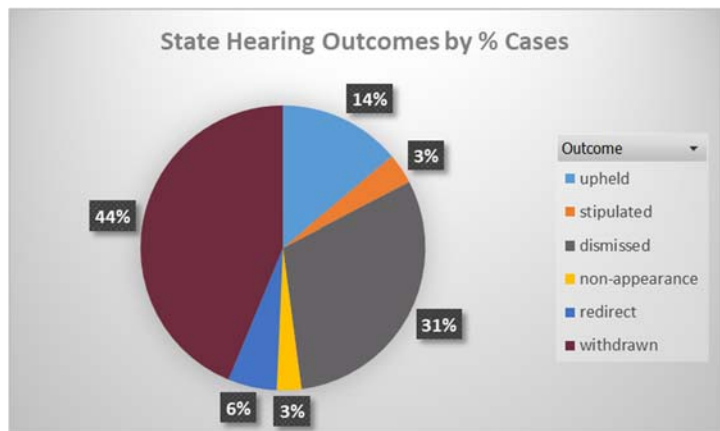
2019 Closed Cases by Month



**Volume by case type** - All cases were not received in equal volume. Historically, Grievances have been the number one type of case filed. Sequentially, Exempts, Appeals and State Hearings follow closely in its path. Following suit, Grievances (54.93%) were the most commonly filed case, followed by Exempts (21.75%), Appeals (19.73%), State Hearings (2.64%), Second Level Grievances (0.46%), respectfully. There were 27 cases (0.50%) reported by a party not authorized by the member and therefore not investigated, referred to as Invalid AR.

**Why are Exempts declining?** Closing at 22%, there was a notable decline in Exempt cases throughout 2019. Unlike 2019, Exempt cases represented 30% of all cases in 2018. Consequently, Grievances represented 55% of all cases by the end of 2019, compared to 49% in 2018. These trends suggest members were more comfortable filing official Grievances to address their dissatisfaction and seek assistance for a resolution.

**No overturned State Hearings** - When members are dissatisfied with Appeal decisions, they have the right to go to court. Members filed 145 State Hearings. 82% were never heard by an Administrative Law Judge because the case was withdrawn, dismissed, misrouted to PHC or the member did not show for court. Of the remaining 17% that went to court, the Administrative Law Judge agreed with PHC’s findings.



## Rate per 1,000 Members

**Is the volume high?** PHC served an average of 545,558 members per month in 2019. Excluding members assigned to Kaiser Permanente, PHC's other contracting providers served an average of 481,518 members per month. PHC investigated and closed 5,449 cases out of 481,518 members. There were only 0.87 cases filed per 1,000 members.

These statistics suggest that most PHC members experience benefits that are comprehensive, meet most of their healthcare needs, and result in a positive experience.

CASE TURNAROUND TIMES	
Case Types	Rate per 1,000
State Hearings	0.02
Appeals	0.17
Exempts	0.19
Second Level Grievance	0.00
Grievance	0.48
<b>TOTAL RATE P/1,000</b>	<b>0.87</b>

Note: Total rate per 1,000 was rounded up

## DHCS Timeframes

**Case Processing Times** - Through APL 17-006, DHCS mandates the length of time that PHC has to investigate and close cases. Grievance and Appeal cases must be completed within 30-days of receipt. If additional time is needed to investigate, collect evidence, obtain medical records or involve any other attributes that could result in an outcome that is in member's best interest, PHC is allowed to extend the case an additional 14 days. To the contrary, if a member requests an urgent review and a PHC Medical Director

determines that their life or health is in imminent jeopardy, PHC must investigate the case and close the case within 72 hours. NCQA shares these same standards.

Timeframe	Standard	# Closed Cases	# Late	PERFORMANCE
Standard	≤ 30 days	3,872	2	99.95%
Expedited	≤ 72 hrs	46	2	95.65%
Extension	≤ 44 days	150	0	100.00%
<b>Overall Performance</b>		<b>4,068</b>	<b>4</b>	<b>99.90%</b>

PHC received 4,068 Grievances and Appeals by members. PHC investigated and closed 99.90% of them within these DHCS and NCQA Turnaround Times (TAT) times. There were only four (4) cases closed outside of the mandatory timeframes.

**Acknowledgement Letters** - Within five (5) calendar days of receiving a case, DHCS mandates that PHC notify members in written format that their case has been received. This acknowledgement letter identifies the date PHC received their request, the subject of dissatisfaction, an overview of the process and contact information for questions. However, there are exceptions to this rule. Acknowledgement letters do not apply when members formally withdraw their Grievance or Appeal within the first (5) days. Also, Exempt and State Hearing cases are excluded from this rule.

Beginning in 2020, PHC will start measuring and reporting this performing metric.

## DRIVERS OF MEMBER DISSATISFACTION

### Member Demographics

PHC served an average of 545,558 members per month in 2019. There were 3,871 unique members who filed the 5,449 investigated cases during the reporting period. This represents less than 1% of PHC's total population. Some members filed more than one case during the year. Research identified that 50 unique members filed six (6) more cases during the year.

Filing members spanned the spectrum of age, ranging from birth to over 65 years old. However, the most likely to file was a member 50-59 years old.

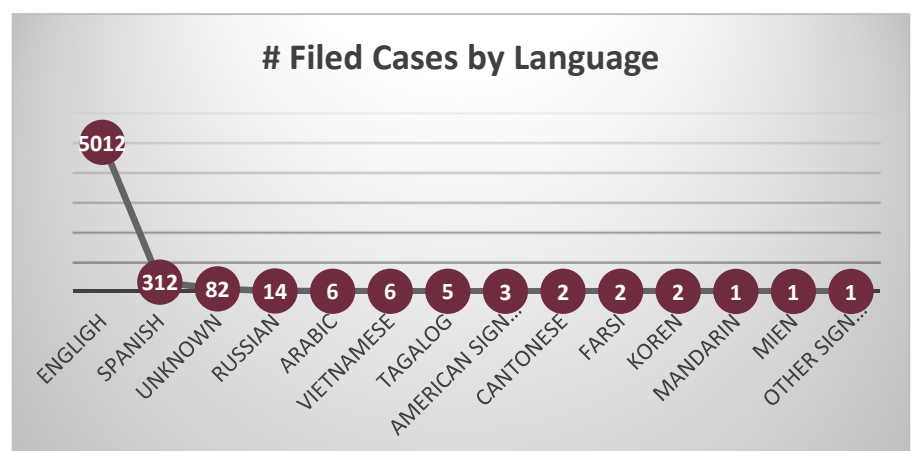
Although males filed cases, the most common filing member is a female. She filed 62% of all cases compared to 38% of males.

GENDER OF FILING MEMBERS			
Gender	% of PHC Mship	# of Cases	% of Cases
Female	52.8%	3358	62%
Male	47.2%	2047	38%
unknown	0%	44	1%
	100.1%	5449	

AGE OF FILING MEMBERS		
Age	# of Cases	% of Cases
0-18	756	13.9%
19-29	408	7.5%
30-39	661	12.1%
40-49	752	13.8%
50-59	1399	25.7%
60-64	871	16.0%
65+	602	11.0%
<b>Total Cases</b>	<b>5,449</b>	

*The profile of the most commonly filing member is a white female between 50-59 years old, speaks English, resides in Solano, and PHC is her only coverage*

Thirteen (13) different languages were represented across all cases. Most filing members spoke English, but Spanish and Russian were also popular languages. PHC uses translation services to ensure verbal and written communications are conducted in the language that our members are most comfortable with. Some members prefer to speak in English, but prefer their written communication in another preferred language. PHC can easily accommodate such requests.

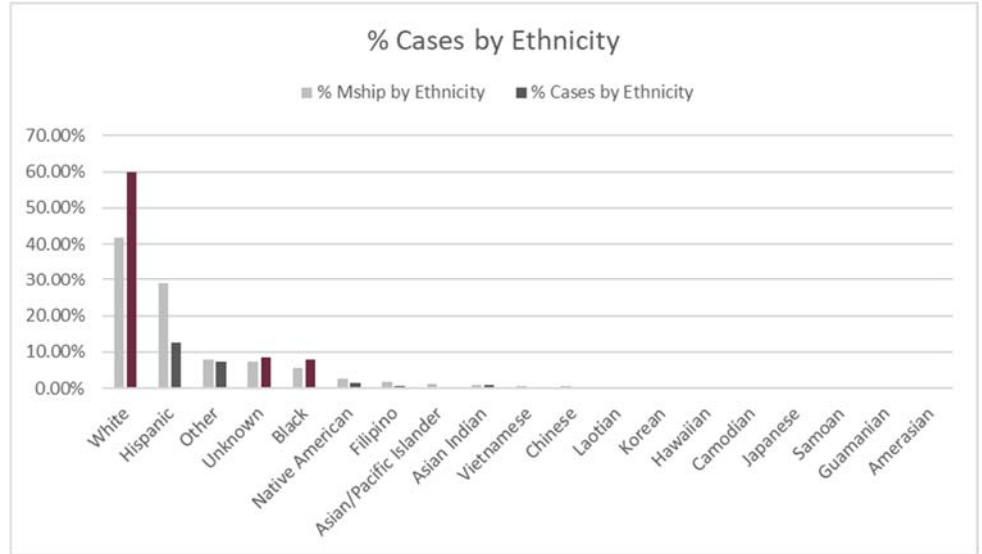


Medi-Cal membership fluctuates monthly as qualification varies. Throughout 2019, PHC's membership represented 19 different ethnicities, including two unknown ethnic groups. Interestingly, PHC received a case from 18 of the 19 different ethnic categories.

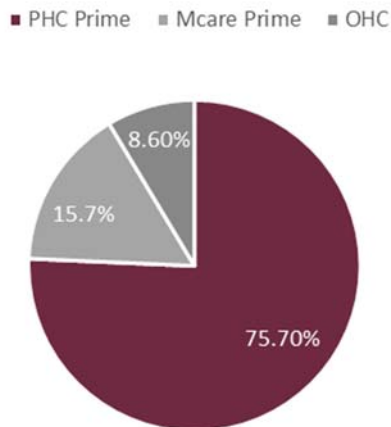
Some ethnic groups filed more cases than predicted. Although Whites

represented 41.9% of the total membership, they filed 60.0% of all cases. Blacks represented 5.64% of the membership, but filed 7.8% cases. 7.40% of our membership is unknown, but they filed 8.4% cases.

Medi-Cal is typically the payer of last resort when a member has other coverage. While PHC is prime for 75.70% of the filing members, 24.30% of our members are insured with another carrier and experienced some problem with the coordination of benefits.



### PHC Prime for most Filing Members



ETHNICITIES OF FILING MEMBERS		
Ethnicity	% of Cases	# of Cases
<b>White</b>	<b>60.0%</b>	<b>3267</b>
Hispanic	12.5%	683
Unknown	8.4%	457
Black	7.8%	425
Other	7.2%	390
Native American	1.5%	83
Other Asian	0.9%	50
Filipino	0.7%	37
Asian/Pacific	0.3%	17
Vietnamese	0.1%	7
Japanese	0.1%	7
Chinese	0.1%	7
Hawaiian	0.1%	6
Guamanian	0.1%	5
Korean	0.1%	4
Laotian	0.0%	2
Samoan	0.0%	1
Cambodian	0.0%	1
<b>Total Cases</b>		<b>5,449</b>

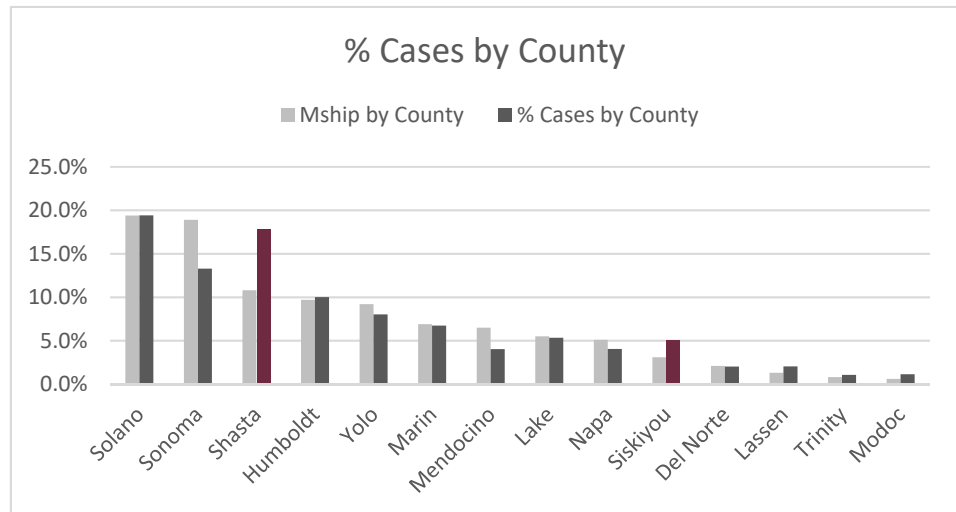


## Cases by Geography

PHC's 545,558 members were stratified across its service area of 14 different counties. In descending order by percentage of members per county, the 14 counties are Solano, Sonoma, Shasta, Humboldt, Yolo, Marin, Mendocino, Lake, Napa, Siskiyou, Del Norte, Lassen, Trinity and Modoc.

Of the 5,449 cases investigated in 2019, 50% were filed by a member who resided in Solano, Sonoma or Shasta County.

Relative to its membership size, Sonoma, Mendocino, and Yolo had the least number of cases, suggesting member satisfaction is higher in these areas.



Outliers were Shasta and Siskiyou, where the percentage of total filed cases exceeded the percentage of members in the noted county. For example, Shasta represented approximately 10.8% of PHC's total membership. However, 18% of the 5,449 cases were filed by members who resided in Shasta County. Likewise, Siskiyou represented 3.8% of all PHC members, but 5% of the 5,449 cases were filed by members who resided in Siskiyou. For all other counties, the correlation between membership size and filed counties were within an expected range.

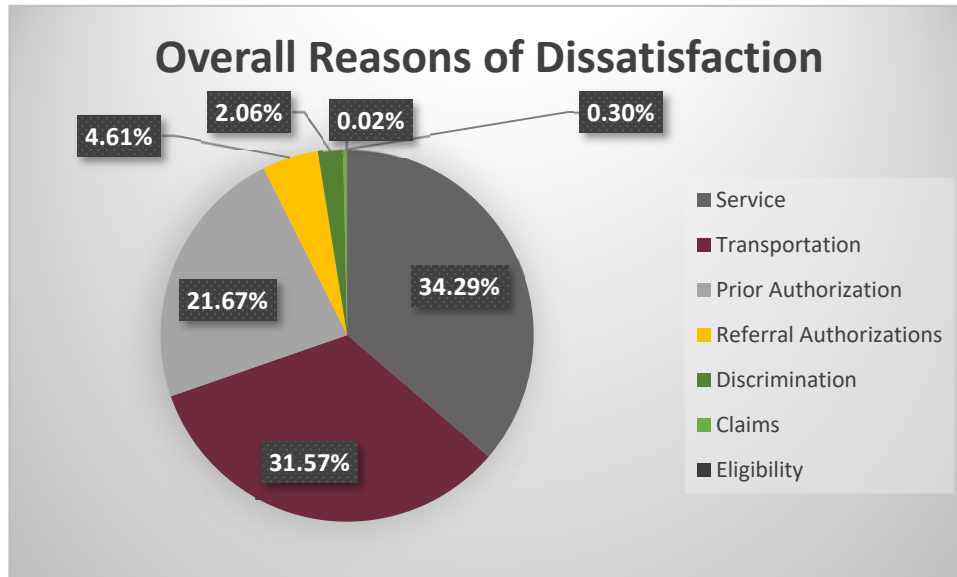
# CASES BY COUNTY		
County	Mship by County	# Cases by County
Solano	19.4%	1058
Sonoma	18.9%	724
Shasta	10.8%	970
Humboldt	9.7%	546
Yolo	9.2%	437
Marin	6.9%	367
Mendocino	6.5%	220
Lake	5.5%	291
Napa	5.1%	221
Siskiyou	3.1%	274
Del Norte	2.1%	110
Lassen	1.3%	111
Trinity	0.8%	58
Modoc	0.6%	62
<b>TOTALS</b>	<b>100%</b>	<b>5,449</b>

While county residency is a key indicator, it is noteworthy to acknowledge that members in the city of Redding filed the highest number of cases.

# CASES BY TOP 10 CITIES	
City	# Cases by City
Redding	514
Vallejo	328
Santa Rosa	322
Fairfield	261
Vacaville	213
W Sacramento	197
Anderson	188
Eureka	185
Napa	151
San Rafael	118



## Key Drivers of Dissatisfaction



Member dissatisfaction is disruptive when seeking healthcare services. To understand it is the first step towards solving it. Using PHC's internal dynamic reporting system, member dissatisfaction is bucketed in core categories: Eligibility, Authorizations, Claims, Service, Discrimination and Transportation. The purpose of the section is to highlight the most frequently observed disruptions that caused members to be dissatisfied using their PHC Medi-Cal plan.

**What drove members to be dissatisfied?** Representing 87% of all reported issues, the three driving reasons that triggered dissatisfaction:

- ✓ 34.29% of members did not receive the service they expected
- ✓ 31.57% of members experienced a problem using their Non-Medical Transportation (NMT) benefit administered through Medical Transportation Management (MTM)
- ✓ 21.67% of members contested a denied benefit through the Treatment Authorization Process (TAR) or had trouble with the process

**Service** - The main reported issue with regard to service was a disagreement with the provider's plan to treat their health, also known as treatment plan disputes. This issue is frequently coupled with reports of poor communication or general rudeness from the provider.

When providers communicate to members about how to treat their health, members lose the message if they do not understand, feel dismissed, feel judged or buy into the benefits of given advice. It results in members attempting to prescribe their own course of treatment or a request to change providers. It can also lead into allegations of rudeness, discrimination, malpractice, bad service or poor quality of care.

**Transportation** – The problems with transportation are isolated to the NMT benefit, which provides travel to Medi-Cal covered services by public transportation, taxi, ride share program or reimburses drivers arranged by the member. There are three trending issues: missed/failed rides, poor service and denied benefits.

*Missed/failed rides* - Members reported problems with approved and scheduled rides. Some were not executed because a taxi or ride share driver was not available at the travel time, leaving the member without transportation to their appointment. Other times, the driver missed the trip because they came too late, too early or never showed. Consequently, a few members reported adverse reactions to their health because they are unable to obtain needed medical treatment. This is especially true for members undergoing dialysis treatment or surgical procedures.

Accompanying reports of missed/failed rides, members frequently reported that MTM did not call them before a trip was canceled. Although this is MTM's best practice, to call every member upon an interruption to a scheduled trip, research identified that MTM does not identify its company name on caller ID for any outbound calls. Consequently, trip interruptions occurred because many members did not answer their phone calls. Members reported that they do not answer phone calls from unknown numbers or those perceived as spam. Because MTM was unable to follow safety guidelines when making alternative travel arrangements, which include advising members of a new driver's identity, taxi company or vehicle information, trips were canceled. Other research identified taxi drivers communicated directly with members instead of going through MTM. As travel changes occurred, MTM was uninformed and unable to intervene. Lastly, research identified several cities with an insufficient number of taxi companies to meet travel demands. Members who resided in Redding, Santa Rosa, Petaluma, Cloverdale or Clearlake frequently reported approved, scheduled, but missed trips.

*Poor service* - Members reported poor service with their driver, siting conditions of the vehicle, rude behavior and unsafe or poor driving skills. Multiple incidents with this experience resulted in multiple Grievances for the same member. When members have a poor experience with a taxi company, they demand an alternative taxi company with better service. In areas where taxi company options are limited, this limits members' travel options. Members also reported they could not reach MTM Customer Service in January and February 2019. They experienced long hold times. MTM reported only 49.49% of PHC calls were answered within 30 seconds with a 9.95% abandonment rate, while performance standards require 80% of all calls answered within 30 seconds with a 5 % abandonment rate.

*Denied benefits* - Lastly, members experienced problems obtaining gas mileage reimbursement (GMR) when they chose their own driver or requested travel by taxi instead of public transportation. Problems seeking reimbursement are related to inefficient notification with members. Members reported they were unaware of the 60-day filing limit to file a GMR claim. They were unaware that a GMR claim must be accompanied by documentation that their driver was legally able to drive on the day of travel; MTM requires a copy of the driver's driving license, vehicle registration and proof of car insurance. Other times, members failed to obtain the provider's signature on the GMR form, as proof that they attended their doctor's appointment. Consequently, their claim was denied, often without written notice to the member.

**Prior Authorization** – Members reported the most dissatisfaction with denied medication than any other benefit approved through the TAR process. Members expressed their desire to a denied medication because of its perceived health benefits or prior use, regardless of its formulary status, quantity supply limits, step therapy requirements or medical criteria. Approximately 17% of all reported concerns about denied TARs, included dissatisfaction about the TAR process. Members alleged requested TARs were delayed or refused by the provider, pharmacy or PHC. Many concerns about medications were regarding opioids.

### DHCS/NCQA Categories

MEMBER CONCERNS BY DHCS CATEGORIES						
DHCS Category	Exempt	Grievance	Appeal	State Hearings	2nd Level Grievances	TOTALS
Accessibility	317	401	2	2	6	728
Benefits\Coverage	57	184	78	21	1	341
Referral	59	117	64	9	0	249
Quality of Care\Service	847	2,216	379	32	18	3,492
OTHER	434	2,073	1,007	125	24	3,663
<b>TOTALS</b>	<b>1,714</b>	<b>4,991</b>	<b>1,530</b>	<b>189</b>	<b>49</b>	<b>8,473</b>

DHCS has a uniform reporting methodology that requires all MCPs to classify member-reported concerns into five (5) core categories.

- *Accessibility* – barriers to prevent entry to a provider or service
- *Benefits/Coverage* – contested provisions or availability of a Medi-Cal benefit or service
- *Referrals* – unable to obtain services outside of assigned medical group or county
- *Quality of Care/Service* – dissatisfaction with the quality of medical care or service received
- *Other* – not included in the above

PHC evaluated all member-reported concerns and classified them accordingly. Because a case can have more than one concern, totals exceed the actual 5,449 cases investigated and closed. From DHCS perspective, the driver of member satisfaction in 2019 was related to Quality of Care/Service or possibly unknown as reported through the Other category. A deep dive analysis using PHC’s internal reporting system confirmed the majority of issues are related to Service, as highlighted in the Key Drivers of Dissatisfaction report. Of the 3,492 Quality of Care/Service concerns, approximately 104 Quality of Care cases were identified and referred to the Quality Improvement Department for further investigation.

MEMBER CONCERNS BY NCQA CATEGORIES						
NCQA Category	Exempt	Grievance	Appeal	State Hearings	2nd Level Grievances	TOTALS
Quality of Care	90	0	14	0	0	104
Quality of Practitioner's Site	7	0	0	0	0	7
Attitude/Service	3,402	889	970	26	121	5,408
Billing/Financial	217	187	14	9	5	432
Access	104	53	135	0	8	300
<b>TOTALS</b>	<b>3,820</b>	<b>1,129</b>	<b>1,133</b>	<b>35</b>	<b>134</b>	<b>6,251</b>

Like DHCS, NCQA has five (5) core categories. However, categories vary in classifications and definitions. NCQA categories highlight the same drivers for member dissatisfaction as PHC’s internal reporting and DHCS Categories, Attitude/Service.

## IMPROVEMENTS

### *Member Improvements*

Case classifications reveal that the majority of issues were related to members' experience and/or service. Represented by the number of Exempt, Grievance and Second Level Grievance cases, they capture 77.27% of all reported issues. All other issues were related to a benefit denied by PHC, which represented 27.73% of all reported issues via Appeal and State Hearing cases. The improvement opportunity lies with better communication and execution of the benefits as members use their Medical plan. Recall that the three key drivers of member dissatisfaction are related to service, the NMT benefit and prior authorization of medications. The following improvement efforts were pursued in 2019 to reduce member abrasion.

**Service Improvements** – Treatment plan disputes can be minimized with improved communication between the member and their provider. However, PHC does not interfere with this relationship. Our goal is to bridge the communication gap by empowering members with knowledge and resources about their health condition and treatment options. Improved understanding leads to better communication with their healthcare providers and personal investment in their health.

Traditionally, the investigation process for treatment plan disputes included a quality of care assessment and outreach to the provider to obtain their perspective of the incident. New in 2019, the investigation process provides resources to help members achieve long-term success beyond the incident reported. PHC frequently refers members to PHC's 24-hour nurse line through Carenet Health, who is able to answer questions and explain providers' recommendations patiently and in simple language. Members are also connected to a Health Care Guide in Care Coordination where similar conversations occur, along with navigation assistance connecting them to additional providers and services, as needed.

**Transportation Improvements** – A trigger of dissatisfaction for missed/failed rides was no communication with members upon a trip interruption or denied benefit. Goals were to improve communication between parties and better promote all available NMT benefits.

**Missed/Failed Rides** - Several exploratory discussions between PHC and MTM revealed that MTM is unable to change their caller ID such that "MTM" displays on outbound calls. They were also unable to communicate with members via text or email upon a trip interruption. However, MTM improved their customer service scripting with members. When trips were scheduled, MTM Customer Service Representatives proactively advise members that MTM would call them if any interruptions occurred. They encouraged members to answer all phone calls, as an unreturned phone call could lead to a trip cancellation. Additionally, MTM contracted with additional transportation providers to reduce missed/failed rides. Special concentration was given to Redding, Santa Rosa, Petaluma, Cloverdale and Clearlake, improving travel partners where travel demands were high.

Traditionally, the investigation process, for missed/failed rides included a recount of events and informed members accordingly. New in 2019, the process also educates members about the GMR benefit and includes a GMR form for members who frequently encounter missed rides or have limited drivers in their service area.

*Poor service* – PHC expects all members to receive optimal service as they navigate the healthcare system. This includes service by a taxi or ride share provider, as well as Customer Service when they call MTM.

Exploratory discussions identified that MTM on boarded a large new client on January 1, 2019 causing call center performance to decline and prevent PHC members from reaching MTM Customer Service. To mitigate poor service levels, MTM placed a Florida-based client on a dedicated 800 phone number. They also hired and trained 240 new Customer Service Representatives between January and March 2019. MTM Customer Service call statistics resolved to satisfactory levels in March 2019. Related to unsatisfactory service levels by taxi or Lyft drivers, MTM coaches the specific driver about expected service stands upon each investigation. Results are shared with members accordingly in Grievance resolutions.

*Denied Benefits* - Related to denied GMR benefits, the claim form was revised highlighting the process and requirements for approval. Proactive education helped members to understand the parameters for benefit approval. In the first quarter of 2020, a new Notice of Action (NOA) letter was implemented identifying missing information on GMR claims, when applicable. The letter specifies missed information such as a driver's car registration, proof of insurance, driver's license or signed GMR so that members can resolve their claim. Related to other denied NMT benefits, it was discovered that NOA letters were not consistently generated. This was resolved in the first quarter of 2020. Additionally, some NOA letters issued reasons suggesting denied rides due to reasons of medical necessity, which was incorrect. All NOA denial reasons were reviewed and improved, however further enhancements are underway.

***Prior Authorization Improvements*** – Members have a right to contest disputed benefits. The opportunity for PHC is to improve communication with members so that denial reasons are clear.

As PHC prepared for NCQA accreditation, PHC thoroughly revised member notification letters. New in 2019, NOA and NAR letters now highlight the approval criteria to cover denied benefits and specify which criteria was unmet. The letter also includes member-specific rationale for the decision, along with references on which the denial was based. Letter revisions were inspired by NQCA standards and greatly improve communication with members.

## *Operational Improvements*

PHC's commitment to operational excellence resulted in many improvements to the investigation process. The following highlights 2019 improvements made that had a direct influence on improving member satisfaction.

***Investigation Process Improvements*** - The investigation process was much improved by standardizing Grievance and Appeal cases. Enhancements now identify a series of milestones for the Investigation Team to achieve within their case to successfully investigate it. Investigations now include a thorough review of historical barriers, root cause analysis and events contributing to the reported issue. Resolutions are no longer transactional, but work to resolve members' issues, while helping them to understand how to navigate the healthcare system. These improvements, along with new formal



training, resulted in more thorough and timely investigations with consistent outcomes. When possible, the resolution includes tips and resources for the member to minimize future disruptions and/or maximize their PHC Medi-Cal benefits. This has reduced the number of members returning for the same issue.

***Delegation Oversight Improvements*** - Improved oversight of delegated entities, such as MTM and Beacon Health, identified opportunities for improvement and training. Much of the operational work with MTM is highlighted herein. However, there was also an improvement in contract terms between PHC and MTM. New contractual terms effective February 1, 2019 required MTM to investigate transportation providers as directed by PHC's Grievance and Appeal process. New terms also specify timeframes for submitting their investigative results to PHC, ultimately supporting DHCS-mandated timelines. MTM is also required to provide support for State Hearings, both in the investigation process and in court attendance, as needed.

For Beacon Health, increased oversight revealed their Customer Service representatives were incorrectly trained on the Medi-Cal G&A process. Many members who express dissatisfaction were not offered the option of filing a Grievance to resolve their issue. Beacon Health revisited DHCS requirements, developed a new training program, designated a discrimination Grievance Coordinator and retrained their teams widely by October 2019.

***Technical Improvements*** - Numerous system and reporting enhancements were implemented. Multiple system enhancements improved the staff's ability to track casework milestones, monitor casework deliverables, specify providers, record key reporting indicators and improve recording of case decisions. PHC also improved reporting functionalities through the development of RI's. As depicted throughout this report, PHC can conduct a deep analysis identifying specific areas of member dissatisfaction and develop custom solutions. Further enhancements, implemented in January 2020 will allow PHC to report provider-specific trends as reported by members.

***In conclusion***, PHC made significant improvements to identify the real drivers of member dissatisfaction in 2019. Creative solutions worked to minimize member abrasion while seeking treatment, improve execution of the NMT benefit and increase communication with members in the prior authorization process. PHC is committed to continuous improvement. Our members' point of view matters at PHC. We look forward to reporting future enhancements in the next annual report.

## CASE REVIEWS

This is a reference section. It provides case examples from the 2019 G&A Case Detail Report reflecting trending issues discussed in this report. These are actual 2019 actual cases with Personal Health Information (PHI), Personal Identifiable Information (PII), and providers' identity removed.

### Exempt Case

The following case reflects an Exempt about a treatment plan dispute. There was no contact with the member since they declined to file an official Grievance. However, the case is tracked and reviewed for any potential quality of care concerns with the provider.

<b>Case #</b>	28580	<b>Beneficiary Name</b>	<i>Confidential</i>
<b>Date Received</b>	9/04/2019	<b>Case Filed by</b>	PHC Member Services
<b>Time Received</b>	13:32:14	<b>G&amp;A Investigator</b>	Grievance Clinical Nurse
<b>Date Closed</b>	09/04/2019	<b>Reporting Category</b>	Quality of Service
<b>Time Closed</b>	14:19		

#### Summary of Member's Concerns

Member reported the following information:

- Office keeps prescribing medication that is not working
- Member does not want to deal with them because they do not listen and constantly change drugs
- Member just wants oxygen
- All the bills make him sick and he feels better without them
- Member is trying to be natural and eat better instead of just taking tons of pills

#### Steps Taken to Resolve

Initial clinical risks assessed by Grievance Registered Nurse  
Case reviewed for quality of care issues by PHC Medical Director

#### PHC Resolution

Here are the results of our research:

- Grievance options offered by Member Services, which member declined
- Member Services informed member of other PCP offices in the area
- This is a quality of service and treatment plan dispute against XXX Medical group
- No quality of care issues identified

## Appeal Case

The following case reflects an Appeal about a denied reimbursement for gas mileage.

<b>Case #</b>	27808	<b>Beneficiary Name</b>	<i>Confidential</i>
<b>Date Received</b>	07/15/2019	<b>Case Filed by</b>	Member
<b>Time Received</b>	12:11:17	<b>G&amp;A Investigator</b>	Grievance Coordinator
<b>Date Closed</b>	08/14/2020	<b>Reporting Category</b>	Benefits/Coverage
<b>Time Closed</b>	14:36		

### Summary of Member's Concerns

Member wants to file an appeal regarding denied GMR for travel on 5/14/2019 and 5/15/2019. Member reported the following information:

- Reimbursement was denied because Member originally had appointments scheduled on 4/30/2019 and 5/1/2019. Member called to get the trip log for reimbursement. Those appointments were cancelled and rescheduled for 5/14/2019 and 5/15/2019.
- She was not informed that she needed new trip logs so she used the ones she had since all the information was the same expect for the dates.
- Now Member told that she should have called to get a new trip #.
- Member was not explained the process and this was the first time she has used the reimbursement service.

### Steps Taken to Resolve

Approved

- Grievance Coordinator contacted member
- Investigation request to MTM
- Appeal overturned by Grievance Supervisor

### PHC Resolution

MTM reviewed phone calls. They found Member not told to contact MTM with any changes or cancellations to the original trip. Appeal decision overturned. Member reimbursed and educated on the GMR benefit and claim submission process.

## Grievance Case

The following case reflects a Grievance about a treatment plan dispute.

<b>Case #</b>	29702	<b>Beneficiary Name</b>	<i>Confidential</i>
<b>Date Received</b>	11/18/2019	<b>Case Filed by</b>	Member
<b>Time Received</b>	10:04:36	<b>G&amp;A Investigator</b>	Grievance Coordinator
<b>Date Closed</b>	12/18/2019	<b>Reporting Category</b>	Quality of Service
<b>Time Closed</b>	09:10		

### Summary of Member's Concerns

Member states he had an appointment with family nurse practitioner, XXXXXX. This was the third appointment he has had with her. Member reported the following information:

- The FNP did not make any eye contact with you during appointment on October 4, 2019
- She avoided having a conversation with you. She only stared at her computer screen or at your chart folder
- FNP has not taken the time to get to know you or your medical history
- FNP treated you like an alcoholic after you told her you took your medication, promethazine, after having a glass of wine
- FNP lowered the dose of your medication, lorazepam 2 mg tablets, without telling you.

### Steps Taken to Resolve

#### Concerns Addressed

- Grievance Coordinator contacted member
- Consulted provider
- Obtained Medical Records

### PHC Resolution

PHC attempted to call the member to discuss our findings. A Notice of Resolution (NAR) Letter was mailed to the member with the following resolution. Here are the results of our research:

- FNP feels she was not judgmental. She was trying to help member understand the dangers of mixing medication with alcohol
- FNP is trying to do her best to provide member with the medical care needed
- Lorazepam 2 mg tablets has been prescribed since 2014. There is no change to the dosage or amount
- Member's medical group has other providers to see for future appointments if not satisfied

## Second Level Grievance Case

The following Second Level Grievance case is regarding a member's dissatisfaction with a driver who do not arrive for a scheduled transportation trip. Dissatisfied with the original Grievance resolution, they requested a second investigation.

<b>Case #</b>	29168	<b>Beneficiary Name</b>	<i>Confidential</i>
<b>Date Received</b>	10/16/2019	<b>Case Filed by</b>	Member
<b>Time Received</b>	11:58:50	<b>G&amp;A Investigator</b>	Grievance Coordinator
<b>Date Closed</b>	11/15/2019	<b>Reporting Category</b>	Accessibility
<b>Time Closed</b>	13:07		

### Summary of Member's Concerns

Member disagrees with resolution on previous Grievance # 28932 and request another investigation.

Member reported the following information:

- Member disagrees with resolution on previous Grievance # 28932.
- Member was scheduled to be picked up on September 25, 2019 at 9:00 pm for a 9:45pm appointment
- Member waited inside of her home for her ride for one hour but the driver never showed
- You requested the driver to call you when they arrived. The driver never called
- The Member and her son reviewed the security camera footage and confirmed the driver never showed up

### Steps Taken to Resolve

Concerns Addressed

- Grievance Coordinator contacted member
- Investigated MTM

### PHC Resolution

PHC attempted to call the member to discuss our findings. A Notice of Resolution (NAR) Letter was mailed to the member with the following resolution. Here are the results of our research:

- MTM confirmed the driver did not show up
- MTM advised that drivers must attempt to call and knock on residence door prior to cancelling a trip. The driver did not try all communication options
- MTM confirmed that the transportation provider has been educated to accommodate all trips as scheduled. If a trip cannot be completed, the provider must advise MTM immediately.

## State Hearing Case

The following State Hearing is regarding a members' denied TAR request for an opioid medication, which was upheld through the Appeal process.

<b>Case #</b>	27110	<b>Beneficiary Name</b>	Confidential
<b>Date Received</b>	5/29/2019	<b>Case Filed by</b>	Member
<b>Time Received</b>	09:48:51	<b>G&amp;A Investigator</b>	State Hearing Representative
<b>Date Closed</b>	08/23/2019	<b>Reporting Category</b>	Benefits/Coverage
<b>Time Closed</b>	08:42		

### Summary of Member's Concerns

Member reported the following information:

Member requesting State Hearing for TAR denial of HYDROCODONE-ACETAMIN 10-325 with no reason why. Member wants for the notice of action to come in the mail. Member does not agree with the county action and would like to have a review of the case by an Administrative Law Judge.

### Steps Taken to Resolve

PHC Research:

- Member diagnosed with fibromyalgia, central pain syndrome, knee pain, osteoarthritis and cervical spine. Currently receiving Hydrocodone-Acetaminophen, quantity 120. Wants quantity increased to 180. Member requesting \$97 reimbursement for purchased medication.

PHC Position:

- TARs for Hydrocodone-Acetaminophen was denied appropriately. Evidence reviewed by PHC's medical director reviewed the case and determined the medical records do not show medical justification for increase dose.

### PHC Resolution

**Decision by Administrative Law Judge:**

**PHC correctly denied the TAR for Hydrocodone-acetaminophen 10-325mg, quantity 180, based on an insufficient showing of medical necessity for the dose increase of the medication at the requested daily dosage level.**

**Order: The claim is denied.**





## CONTACT US

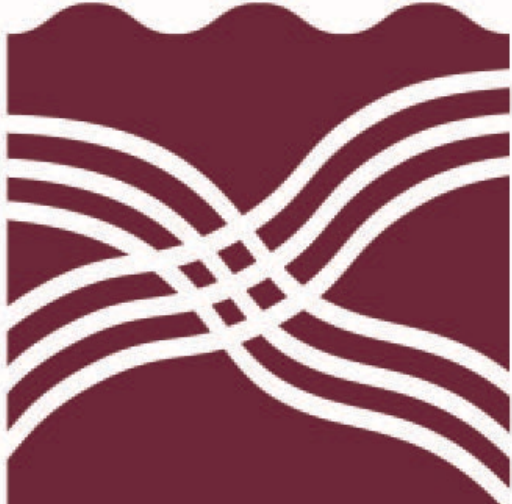
Partnership HealthPlan of California

4665 Business Center Drive  
Fairfield, CA 94534

2525 Airpark Drive  
Redding, CA 96001

[www.partnershiphp.org](http://www.partnershiphp.org)

PARTNERSHIP



HEALTHPLAN

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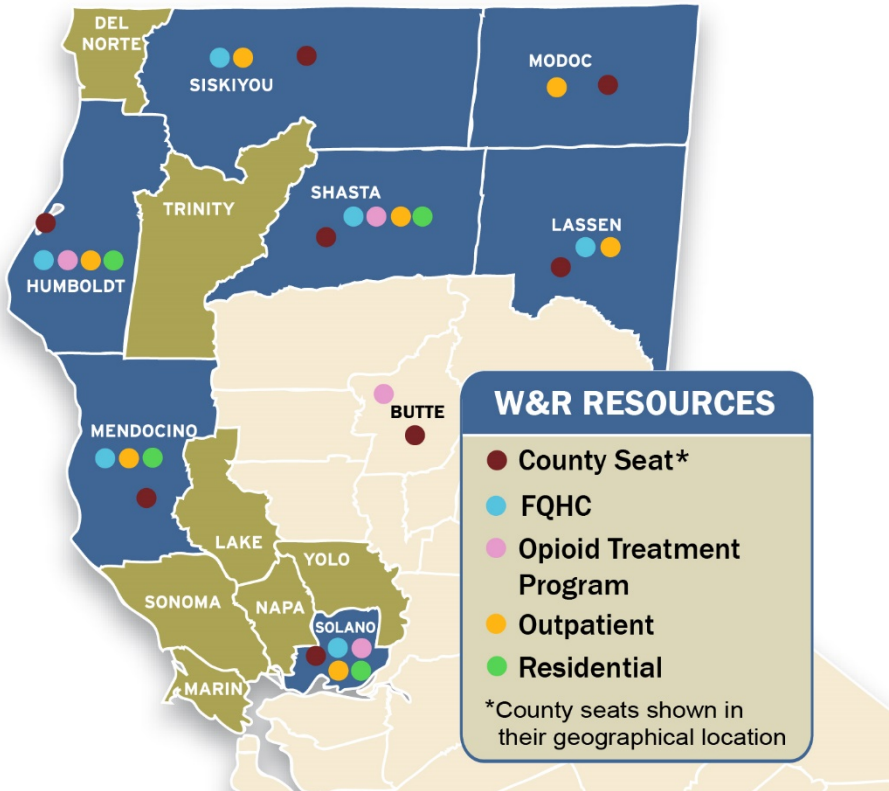
# Wellness and Recovery Benefit (IT'S LIVE!)

Report to PHC Consumer  
Advisory Committee

September 3 and 10, 2020



# PHC and the Wellness and Recovery Program Recap



Starting July 1, 2020, PHC began administering substance use services to Medi-Cal beneficiaries in Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano counties.

## Key Components of the New Benefit

- Full continuum of services
- Central Access Line
- Standardized Medical Necessity Criteria - ASAM
- Care coordination across systems
  - Primary Care
  - Mental Health
  - Substance Use

# Available Levels of Care

- Outpatient and intensive outpatient counseling
- Withdrawal management (detoxification)
- Medication assisted treatment including opioid treatment programs
- Residential treatment
- Recovery/after care services
- Case management



# Who is Covered

PHC members will have access to substance use benefits in the following counties:

Humboldt

Lassen

Mendocino

Modoc

Shasta

Siskiyou

Solano

Additionally, members who reside in the above counties and have Medi-Cal but have not yet been assigned to PHC will be covered for substance use services by this program.

Limited coverage for non-Medi-Cal members.



# Connections to Care to Date

- On average, thirty people a day call the Beacon Call Center to inquire about the benefit and be connected to care (855) 765-9703.
- About 15 people a day are linked to services.
- We are working with our counties to increase awareness and use of the benefit.



# Informing Materials

## WELLNESS & RECOVERY



**1 in 12** Californians have a Substance Use Disorder\*

### How can Partnership HealthPlan of California (PHC) help in your recovery?

We offer substance use treatment services for people who have Medi-Cal and are struggling with drug and/or alcohol addictions.

We work with a company called Beacon Health Options (Beacon) for these services.

**10%** of those with Substance Use Disorders will receive treatment\*

### What does Beacon do?

Beacon counselors are ready to help you 24 hours a day, seven days a week. A trained health care provider or drug and alcohol counselor will do a screening over the phone.

You will be connected to a treatment provider during the call and be offered access to treatment providers in your area.

### What does treatment cost?

If you have Medi-Cal with no share of cost, then treatment is no cost to you.

If you have Medi-Cal with a share of cost, then you must pay up to the monthly share of cost amount.

**Partnership HealthPlan of California**  
offers substance use treatment services for people who have Medi-Cal and are struggling with drug and/or alcohol addictions

**PHC Wellness & Recovery™**  
HOPE IS HERE



**Call Beacon at  
(855) 765-9703**

TTY users call (800) 735-2929 or 711

# Informing Materials

## What kind of treatment can I get?

Your assessment will help decide the kind of treatment you need. All substance use treatment services are based on medical needs and can include:

- Outpatient/Intensive Outpatient Treatment
- Residential Treatment
- Withdrawal Management
- Opioid Treatment
- Medication Assisted Treatment
- Recovery Services
- Case Management

You will get services from a PHC contracted provider. Some treatment services may need prior approval by PHC.

## How do I know if I can get PHC's Wellness and Recovery services?

You may be able to get these services if you have Medi-Cal and live in one of these counties: Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano. Call Beacon at (855) 765-9703. TTY users call (800) 735-2929 or 711.

If you do not live in one of these counties, contact your county's mental health agency. Or call PHC at (800) 863-4155. TTY users call (800) 735-2929 or 711.

## What if I have been ordered to receive treatment?

Our providers will work with you and the court or child welfare agency to make sure you get the treatment you need.

\*Statistics based on a 2018 study on substance use in California from the California Health Care Foundation



## Visit [www.partnershiphp.org](http://www.partnershiphp.org) for more information on:

- PHC's Drug Medi-Cal Wellness and Recovery Program
- Access to PHC's Drug Medi-Cal Wellness and Recovery Program Member Handbook
- Available providers
- Other services we offer

## Want information mailed to you?

You can get Wellness and Recovery Program information in print, other languages or formats such as braille, large print, and audio at no cost.

**Call PHC at (800) 863-4155.**  
**TTY users call (800) 735-2929 or 711.**

For more information from Beacon, please call their hotline. Beacon is available 24 hours a day 7 days a week. Drug and alcohol counselors are standing by. Call (855) 765-9703. TTY users call (800) 735-2929 or 711.

## Other questions or concerns?

Call us at (800) 863-4155,  
 TTY users call (800) 735-2929 or 711.

We are available Monday through Friday from 8 a.m. to 5 p.m.

*PHC complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.*

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

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

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.

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.



# Other Resources

- PHC website – Wellness and Recovery Page -
  - Information about the benefit
  - Links to webinars on SUD
  - <http://www.partnershiphp.org/Providers/HealthServices/Pages/Drug%20Medi-Cal/Drug-Medi-Cal-Benefit.aspx>
- PHC Provider Directory – Search by Specialty/Substance Use
- <https://providerdirectory.partnershiphp.org/Provider/BasicSearch/>





# Questions



Eureka | Fairfield | Redding | Santa Rosa

# Control Your Asthma

## How Can I Control My Asthma?

Take control of your asthma by taking your asthma medications the way your primary care provider (PCP) tells you to take them.

Avoid triggers that cause you to have an asthma attack. Triggers are different for everyone but include things like:

- Tobacco smoke
- Dust Mites / Cockroaches
- Pets
- Outdoor Activities
- Mold
- Air pollution

## What are Asthma Medicines?

There are two main kinds of asthma medicines:

- Rescue (fast-acting) inhalers
- Controller (long-acting) medicines

### Rescue Inhalers

These medicines help open the airways to stop the symptoms of an asthma attack. They help in minutes. These medications help, but they will not reduce or stop the airway swelling that makes asthma worse.



Commonly used rescue inhalers include:

- Albuterol (Ventolin<sup>®</sup>, ProAir<sup>®</sup>, Proventil<sup>®</sup>)
- Levalbuterol (Xopenex<sup>®</sup>)

### Controller Medications

These medicines help prevent asthma attacks by reducing the swelling in the airways. They manage and control the asthma, not just the symptoms. It is very important that you take these medicine(s) every day the way your PCP tells you to help prevent an asthma attack.

There are different kinds of controller medicines. Some you take by mouth as a tablet and some you inhale into your lungs. Your PCP will pick the best medicines for you.

Commonly used controller inhalers include:

- Fluticasone (Flovent<sup>®</sup>)
- Fluticasone-Salmeterol (Advair<sup>®</sup>)
- Budesonide-Formoterol (Symbicort<sup>®</sup>)
- Budesonide (Pulmicort FlexHaler<sup>®</sup>)
- Mometasone-Formoterol (Dulera<sup>®</sup>)
- Beclomethasone (Qvar Redihaler<sup>®</sup>)

### Tips for Managing Your Asthma

#### Know your triggers and signs of an asthma attack

- Do you wheeze or start coughing before an asthma attack?
- Do you know what your triggers are (pets, smoke, etc)?

#### Know when to take your asthma controller medicine(s) and why its important

- Are you supposed to take 1 puff or 2 puffs from your inhaler?
- Are you supposed to take your medicine(s) 1 time every day or 2 times every day?
- It is important that you take your controller medicine(s) every day because it works best when you do this. This will help prevent the chance of an asthma attack.
- Do not stop taking your medications even if you feel better.

#### Make a daily routine

- Take your medicines at the same time every day.
- Use reminders like a calendar, alarm or journal
- To help remind you to take your medicine(s) every day, keep them where you can see them or where they are easy to get.
- Link your medicines to a daily activity like brushing your teeth.
- Rinse your mouth out after using controller inhalers.

#### Use an asthma action plan or asthma journal

- Talk to your PCP about having an Asthma Action Plan.
- Learn what you should be keeping track of in your plan or journal.

#### Talk to your pharmacist

- Ask for advice on how to use your inhaler to get the best results.
- Ask that all your controller medicine(s) be filled together to help save time when going to the pharmacy.
- Your rescue inhaler (like albuterol) should last you several months when your asthma is under control.

*Partnership HealthPlan of California and your PCP are here to help keep you healthy!  
Talk to your doctor about how you can keep your asthma under control. Your PCP's phone number  
is on the front of your Partnership ID card.*

## **Educational Material Title: Asthma Health Education Material**

*Thank you for participating in our field testing survey. Your feedback will be used to better connect with our members. This survey should take no longer than 5 minutes to complete.*

1. *Does this flyer grab your attention?*

*Yes*

*Somewhat*

*No*

2. *Is the flyer easy to understand?*

*Yes*

*Somewhat*

*No*

3. *Does the message of the flyer make you want to take action?*

*Yes*

*No*

4. *Would you share this flyer?*

*Yes*

*No*

5. *Do you connect to the image on the flyer?*

*Yes*

*Somewhat*

*Not at all*

6. *If you could make changes to this flyer, what would they be?*

*No changes*

*List changes: \_\_\_\_\_*



# Managing Diabetes: Learning the ABCs for Diabetes Control

The ABCs of managing your diabetes are the 3 important numbers that can help you track and control your diabetes.

- **“A” is for A1C.** A1C is a blood test that shows what your blood sugar level has been over the past 3 months. It helps you track how well you are managing your diabetes.
- **“B” is for blood pressure.** High blood pressure makes your heart work harder. Controlling your blood pressure helps lower your risk of heart attack, stroke, or kidney disease.
- **“C” is for cholesterol.** Cholesterol is a type of fat in the blood that can increase the risk of heart disease.

## Why are the ABCs for Diabetes Control important?

Keeping your ABCs in control can help you live a healthier life and lower your risk for getting heart attack, stroke, eye disease, or nerve damage.

The A1C goal for many people is 7 or less. When your A1C level is high, your blood sugar is not in control and you are at risk for diabetes problems.

High blood pressure and high cholesterol are concerns when you have diabetes. Together they can lead to a heart attack, stroke and other life-threatening conditions.

## How can you control your ABCs?

Talk with your doctor to find out what your personal ABC target numbers should be and how often you should check them.

Your doctor can work with you to create a plan that includes healthy eating, exercise, and medications.

## **Educational Material Title: The ABCs of Diabetes Control**

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# Managing Diabetes: Diet and Exercise

Eating a healthy diet and getting regular exercise may help lower your blood sugar and reduce the risk of other health problems related to diabetes. A healthy diet and exercise can also help lower your blood pressure and blood cholesterol levels.

## Diet

**Set a routine.** Eating meals at the same time each day may help manage your blood sugar. Eat the same portion size at each meal. Using a measuring cup can help. Avoid skipping meals as this can lead to over eating.

### Choose healthy foods:

Eat more:	Eat less:
<ul style="list-style-type: none"> <li>• Colorful vegetables (broccoli, green beans, spinach, tomatoes, carrots, eggplant)</li> <li>• Whole grains (brown rice, whole-wheat bread, whole grain tortillas, whole grain pasta, oatmeal)</li> <li>• Fruits (apples, pears, blueberries, strawberries, oranges)</li> <li>• Beans, lentils, nuts</li> </ul>	<ul style="list-style-type: none"> <li>• Sugary drinks (soda, sweet tea, juice)</li> <li>• Processed foods (white bread, white rice, French fries, chips, frozen dinners)</li> <li>• Sweets (cookies, candy, cake, ice cream)</li> <li>• High-fat foods (bacon, sausage, butter, full-fat cheese)</li> <li>• Starchy vegetables (potatoes, corn, peas)</li> </ul>

*\*Ask your doctor for a referral to a dietitian to help you plan your healthy diet.*

## Exercise

Ask your doctor what exercises are safe for you.

**Try to exercise for at least 30 minutes a day, most days of the week.**

**Start** with small steps. If you have not exercised in a while, start with 5 to 10 minutes at a time. Slowly increase the time and the kind of exercise you do. Light walking is a good way to start.

**Find** an activity you enjoy. Walking, dancing, doing housework, bicycling, or playing sports are activities with moderate intensity.

**Drink** plenty of water during exercise to avoid getting dehydrated.

**Check** your blood sugar before and after exercising. This is very important if you take insulin. Keep a healthy snack nearby during exercise in case your blood sugar level drops too low, and you get shaky, dizzy, or weak.

## **Educational Material Title: Managing Diabetes (Diet and Exercise)**

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# Managing Diabetes: Medication Records

Keep a list of all your medications so you know what medications you are taking, how to take them, and why you need them. If your medications change, update your record. Bring all of your medications, and this medication record, to each health care visit.

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Name and Dose of my Medication:	Used for:	How/When to take it:	Notes
Amlodipine Besylate 5 mg	High Blood Pressure	Take 1 pill by mouth every day	I take it at night since it makes me sleepy

## **Educational Material Title: My Medication Record**

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*Not at all*

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*No changes*

*List changes: \_\_\_\_\_*



# Consumer Advisory Committee (CAC) Post Meeting Survey

Date: \_\_\_\_\_

Name (optional): \_\_\_\_\_

## During this Meeting You Found:

	Needs Improvement					Excellent	
The information presented was clear:	1	2	3	4	5	N/A	
The exercises and activities were engaging:	1	2	3	4	5	N/A	
The meeting materials and/or videos were useful:	1	2	3	4	5	N/A	
Overall the meeting was worth my time:	1	2	3	4	5	N/A	

## The Speakers

Communicated information in a way I understood:	1	2	3	4	5	N/A
Engaged with the CAC members:	1	2	3	4	5	N/A
Overall I enjoyed hearing from the speakers:	1	2	3	4	5	N/A

## Participation Feedback

Did the meeting improve your knowledge such as provide skills, increase your knowledge, or introduce you to others?

What was your favorite part of the meeting?

Do you have any ideas for future meetings, such as speakers or topics?

What can we do to improve the meeting experience in the future?