



**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
CONSUMER ADVISORY COMMITTEE**

**THURSDAY, December 9, 2021 12:00pm – 1:30pm**

**PHC’s Southeast Regional office at: 4605 Business Center Drive, Fairfield, CA 94534  
East Building (Conference Room A, B & C– 1<sup>st</sup> floor)**

**Due to COVID-19 and Social Distancing**, Committee members, members of the public, and, Partnership staff are ***strongly 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 the location 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.***

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

*AB361 authorizes public meetings with Brown Act requirements to be held via teleconference or telephone. It waives the Brown Act requirement for physical presence at the meeting for members, the clerk, and/ or other personnel of the body as a condition of participation for a quorum, due to the state of emergency caused by the spread of COVID-19 and the risk to the health or safety of attendees meeting in person would present.*

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*PHC’s Mission Statement is “to help our members, and the communities we serve, be healthy”*

		Lead	Page	Time
1	<b>Introductions</b> <i>Introduce attendees and what area they represent. Ice Breaker question for CAC members and PHC presenters: <b>In one word, what are you most grateful for this year?</b></i>	<b>Araceli Gutierrez</b> <i>Member Services Supervisor</i>		12:00
2	<b>Public Comments</b> <i>At this time, please review the agenda. Community advocates or members of the public who are usually not part of this committee may address the committee on any non-agenda item of interest that is within the subject matter jurisdiction of the committee. For agenda items, please wait until the committee’s consideration of that item. Speakers will be limited to three (3) minutes. Please note: Any new agenda items that require action will be scheduled for a future meeting.</i>	<b>Araceli Gutierrez</b> <i>Member Services Supervisor</i>		
3	<b>Approval of September 2021 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>		
<b>I.</b>	<b>Old Business</b>			
1	<b>Follow up questions from September CAC meeting</b> <i>Update on referral issue shared by PHC Guest.</i>	<b>Araceli Gutierrez</b> <i>Member Services Supervisor</i>		12:25

<b>II. Standing Agenda Items</b>				
<b>0</b>	<i>Note: Go to CalAIM ECM presentation then return to order</i>			
<b>1</b>	<b>HealthPlan Update</b> <i>Brief recap of latest Board meeting &amp; HealthPlan Updates</i>	<b>Sonja Bjork</b> <i>Chief Operation Officer</i>		12:45
<b>2</b>	<b>Report on Board Meeting from CAC Board Member</b> <i>Brief highlights of the last Board Meeting</i>	<b>Sonja Bjork</b> <i>Chief Operation Officer</i>		12:55
<b>III. New Business</b>				
<b>1</b>	<b>CalAIM Enhanced Care Management (ECM) &amp; Community Supports (ILOS) Update</b> <i>Presentation on ECM</i>	<b>Danielle Biasotti &amp; Janelle Ramirez</b> <i>Care Coordination</i> <b>&amp;</b> <b>Debra McAllister &amp; Paola De La Cruz</b> <i>Utilization Management</i>	14-26	12:30
<b>2</b>	<b>Annual PHC Member Satisfaction Results</b> <i>Informational Presentation on 2021 CAHPS Survey Results</i>	<b>Kevin Spencer</b> <i>Member Services Director</i>	27-37	1:05
<b>3</b>	<b>CAC Achievements for the Year</b> <i>Brief Summary of CAC Achievements in 2021</i>	<b>Maria Cabrera</b> <i>Member Services Supervisor</i>		1:20
<b>IV. Additional Business/Other items</b>				
<b>1</b>	<b>Open discussion</b> <i>Thank you to CAC members</i>	<b>Araceli Gutierrez</b> <b>&amp; All</b>		1:25
<b>V. Adjournment</b>				
<b>1</b>	Next Meeting: Thursday March 10, 2022			

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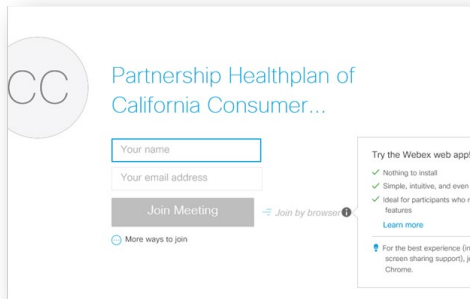
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This agenda contains a brief description of each item to be considered. Except as provided by law, no action shall be taken on any item not appearing on the agenda.

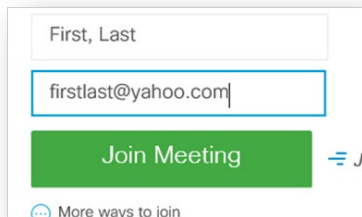
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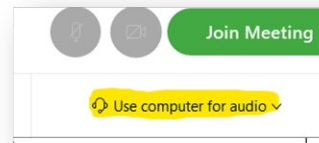
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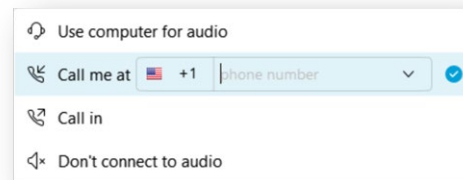
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## MEETING MINUTES

### Consumer Advisory Committee (Southern Region)

**THURSDAY, SEPTEMBER 9, 2021, 12:00pm – 1:30pm**

**PHC’ Southeast Regional office at: 4605 Business Center Drive, Fairfield, CA 94534  
East Building (Conference Room A, B & C – 1st floor)**

**Attendees:** Beverly Franklin, Eugene Korte, Wendy Ostergaard, Darnice Richmond, Lance LeClair

**Phone Attendees:** Marcelo Matta, Krissie Matta (Guest), Stan Gow, William Remak, Michael Strain and Mariana Munguia, Lulu Zhang

**Partnership Attendees:** Sonja Bjork, Amy Turnipseed, Brittany Spears, Aaron Maxwell, Catherine Thomas, Peggy Hoover, Amanda Bernal, Dr. Kubota, Kory Watkins, La Rae Banks, Mori McLennan, Jose Puga, Joe Chiminiello, Araceli Gutierrez, Melissa Schumann and Allyson Chudnofsky

**Absent:** Lasonja Porter, Frances Porter, Jeanette Perez, Liz Gibboney and Dr. Moore

Agenda Topic	Topics	Comments/Discussions/Action Items
<b>Introduction</b> <i>Araceli Gutierrez</i>	Housekeeping rules and directions were given. Roll call and introductions from all participants were conducted and each member was asked to answer the following question: “What is your favorite Fall desert?”	<i>Guest/member expressed issues with PHC transportation benefit.</i>
<b>Public Comments</b> <i>Araceli Gutierrez</i>	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.	<i>None</i>
<b>Approval of June 2021 Minutes</b> <i>Araceli Gutierrez</i>	The June 2021 meeting minutes were reviewed and approved	<i>Darnice Richmond motioned to approve minutes. Eugene Korte seconded and the June 2021 minutes were approved.</i>



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<b>Old Business</b> <i>Araceli Gutierrez</i>	<b>Follow up questions from June's CAC meeting</b>	<i>No follow-up items or items that needed action taken.</i>
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Standing Agenda Items		
<b>Health Plan Update</b> <i>Sonja Bjork</i>	<p><b>Sonja Bjork</b>, Chief Operation Officer, gave a brief recap of the latest Board meeting &amp; health plan updates.</p> <ul style="list-style-type: none"> <li>• California State Budget               <ul style="list-style-type: none"> <li>○ Budget for 2021-2022 is \$267 billion. \$123 billion is set aside for MediCal.</li> <li>○ Medi-Cal will be available for people who are over 50 and do not have documentation</li> <li>○ We look forward to this starting in May 2022</li> </ul> </li> <li>• Response to pandemic and local disaster intendents               <ul style="list-style-type: none"> <li>○ Addressing Homelessness: CalAIM will be giving out money for case management and funding for people to receive housing</li> <li>○ More money will be available for student behavioral health and mental health services</li> </ul> </li> <li>• Rx Carve-Out               <ul style="list-style-type: none"> <li>○ State contracted with Magellan to oversee</li> <li>○ CAC members to be secret shoppers</li> <li>○ Sonja would like feedback</li> </ul> </li> <li>• ECM               <ul style="list-style-type: none"> <li>○ Enhanced Case Management</li> </ul> </li> <li>• ILOS</li> </ul>	<p><i><b>Lance:</b> In regards to the Homeless Program. How to access this benefit? Call PHC?</i></p> <p><i><b>Amy:</b> Gain access by educating the provider network, call PHC. Multiple approaches to how people can gain services.</i></p> <p><i><b>Darnice:</b> Will there be a new copay? Out of Pocket?</i></p> <p><i><b>Sonja:</b> This will remain the same.</i></p> <p><i><b>Bill:</b> Some of the meds are covered by Medicare. Will they receive a list of medications that are on the form that are covered under the new system?</i></p> <p><i><b>Sonja:</b> This only applies to Medi-Cal.</i></p> <p><i><b>Lulu:</b> PCP denied my referral.</i></p> <p><i><b>Sonja:</b> Call PHC, Grievance and Appeals. The people there will listen to you and help figure it out.</i></p> <p><i><b>Wendy:</b> What about TARS?</i></p> <p><i><b>Sonja:</b> Some meds pick up fine and some require authorization. Magellan will handle authorizations. Also, call the number on the letter</i></p>



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	<ul style="list-style-type: none"> <li>○ In Lieu of Services</li> <li>● Phoenix Project- New Claims System</li> </ul>	
<p><b>Report on Board Meeting</b> <i>Lance LeClair</i></p>	<p><b>Lance LeClair</b>, Consumer board member, presented highlights of the last Board meeting.</p> <p><b><u>Chief Executive Officer Report-CEO Liz Gibboney</u></b></p> <ul style="list-style-type: none"> <li>● One of the many health bills being watched, CEO reported the legislator passed the “main” bill which includes an expansion of full scope Medi-Cal to undocumented adults over age 50, Elimination of the asset test for some members, and extension of postpartum coverage from 60 days to a full year.</li> <li>● DHCS announced \$350 million “COVID-19 Vaccination Incentive Plan” to close gap between Medi-Cal COVID vaccination rates and the general public. Dr Moore, CMO is currently working on developing the best ways to implement the incentives.</li> <li>● The Wellness &amp; Recovery Program marked its 1<sup>st</sup> anniversary on July 1<sup>st</sup>, PHC is working closely with UCLA on a program to evaluate the program.</li> </ul> <p><b><u>Metrics &amp; Financial Report-Patti McFarland</u></b></p>	<p><i>Lance: Thanked members and staff. Honored to represent the members and have this opportunity.</i></p> <p><i>No questions or comments.</i></p>



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	<ul style="list-style-type: none"> <li>• PHC Membership had an increase of 1,662 members for the month, for a total PHC membership of 616,313 members</li> <li>• For the month ending June 30, 2021, PHC reported a net surplus of \$21 million, and YTD of \$26.3 million</li> </ul> <p><b><u>Operations Report- Sonja Bjork, COO</u></b></p> <ul style="list-style-type: none"> <li>• PHC’s Project Management Office is evaluating the process of accepting Release of Information (ROI) forms through our PHC website, currently they are processed manually. Member Services handles roughly 600 ROI forms monthly, of which 15% require follow-up. The change would alert the member that information received was incomplete and will allow electronic signature from the member.</li> <li>• Member Services is launching a new system, “Call Center 2.0”. It will be a powerful and very important tool to improve helping the members, also it will improve demographics available to staff so that they can provide increased member support. It will begin at the end of 2021.</li> <li>• PHC is working hard in preparing for CalAIM (ECM-Enhanced case management) which will launch in January 2022 in 5 counties, including Napa, Shasta, Marin, Mendocino &amp; Sonoma. CalAIM will launch in PHC remaining 9 counties in July 2022. In Lieu of Services (ILOS) will also go live January 1, 2022.</li> </ul>	
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	<ul style="list-style-type: none"> <li>○ ILOS are 14 different services that PHC has an opportunity to provide alternate, more cost effective solutions, which may be preferred by the member. For example, care at home instead of in a long term care facility.</li> <li>● The Member incentive Pilot Programs continue in Lake &amp; Mendocino counties for Well Child Visits, which is for children 3-6 y/o, and Women eligible for Mammogram screenings. The incentives are \$25-\$30 respectively. The Well Child Program in Lake County is being extended an additional 3 months. Current data shows 34% of eligible children have obtained an exam &amp; gift card. The Mammogram Project is also extended, however, data is showing a low uptake of women obtaining the exams &amp; gift cards.</li> </ul> <p><b><u>Chief Medical Officer Report- Dr. Moore, CMO</u></b></p> <ul style="list-style-type: none"> <li>● Increasing the vaccination rate in the Medi-Cal population. Possible ideas include pop-up vaccination clinics that have been made public by community partners.</li> <li>● To structure a program which allows \$50 gift cards to be used as incentive.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Dr, Moore, CMO will update the Board at their next meeting.</li> <li>➤ <b><u>Housing Grants Report</u></b></li> <li>• Fully Distributed Housing Grants of \$10,566,373 Humboldt, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou and Yolo</li> <li>• Actively Being Distributed - \$6,726,873 Del Norte, Lake, Lassen, Marin, Mendocino, Shasta, Siskiyou, Solano, Sonoma and Yolo</li> <li>• Projects Not Started - \$196,390 Trinity</li> <li>❖ <b><u>REGULAR AGENDA ITEMS</u></b></li> <li>▪ Passed Resolution to Approve Annual &amp; Semi-Annual Dashboard-the dashboard reflects PHC’s major focus areas and priorities. It allows PHC to measure key areas, such as tracks Membership totals, Call Center responses and times, Grievances and other key areas</li> <li>❖ <b><u>CONSENT CALENDAR</u></b></li> <li>▪ Board approved the Population Health Management Strategy &amp; Program Description for 2021. This helps PHC identify the strategies used to meet the needs of our</li> </ul>	
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	<p>member population within the context of our members various communities.</p>	
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New Business		
<p><b>2021 Grievance &amp; Appeals Annual Report</b> <i>Kory Watkins</i></p>	<p><b>Kory Watkins</b>, Grievance &amp; Appeals Compliance Manager, presented an overview of Grievance &amp; Appeals annual report from last year.</p> <ul style="list-style-type: none"> <li>• Overview           <ul style="list-style-type: none"> <li>• <i>G&amp;A Process</i></li> <li>• <i>Let’s members tell us all about problems</i></li> <li>• <i>G&amp;A system has a lot of benefits</i></li> <li>• <i>The healthcare system is hard</i></li> <li>• <i>We encourage members to speak up</i></li> <li>• <i>Reporting problems can also help other members with the same issues. This also helps with training opportunities</i></li> </ul> </li> </ul>	<p><i>No questions or comments.</i></p>



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<p><b>Health Educator</b> <i>Amanda Bernal</i></p>	<ul style="list-style-type: none"> <li>• <i>There is a no retaliation policy</i></li> <li>• <i>Additional factors-Covid, social pandemic, stock market crash, wild fires</i></li> <li>• <i>When you call-G&amp;A investigates within 30 days</i></li> <li>• <b>The Numbers</b> <ul style="list-style-type: none"> <li>• <i>There are less issues when less people are going to the doctors</i></li> <li>• <i>Outcome of Appeals-overtured 24% of appeals</i></li> <li>• <i>3% overturn rate</i></li> <li>• <i>Case turnaround time-all but 6 were completed on time</i></li> </ul> </li> <li>• <b>The People</b> <ul style="list-style-type: none"> <li>• <i>Most cases are coming from Redding</i></li> </ul> </li> <li>• <b>The Reasons</b> <ul style="list-style-type: none"> <li>• <i>Eligibility, claims, discrimination, prior authorization, service (46% were service related)</i></li> <li>• <i>PCP taking longer to respond</i></li> <li>• <i>Members are having issues getting care they needed</i></li> <li>• <i>Claims went up in 2020 from 2019</i></li> </ul> </li> <li>• <b>The Improvements</b> <ul style="list-style-type: none"> <li>• <i>Updated laws</i></li> <li>• <i>Better processes</i></li> <li>• <i>New policies and procedures</i></li> <li>• <i>PHC stands strong against discrimination</i></li> </ul> </li> </ul> <p><b>Amanda Bernal</b>, Health Educator, Covid-19 Vaccine Promotion. Group input on ideas for vaccine promotion and survey.</p>	<p><i>Bill: Working with Patty Hayes (Global Organization Network Team) in over 50 countries. Address studying the knowledge and priorities in communities and do studies on population.</i></p> <p><i>Lance: Yolo County is doing a great job with substance abuse treatment centers for example. Maybe split the incentive?</i></p> <p><i>Amanda: Yes, I will follow up with you both after the meeting.</i></p> <p><i>Darnice: My church is giving vaccines.</i></p>
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<p><b>Transportation Benefit</b>  <i>Aaron Maxwell</i></p>	<ul style="list-style-type: none"> <li>• How can we encourage members to get vaccinated?           <ul style="list-style-type: none"> <li>• <i>Hand out gift cards?</i></li> <li>• <i>Identify community partners?</i></li> <li>• <i>Any organizations PHC can connect with to help increase vaccination efforts?</i></li> </ul> </li> </ul> <p><b>Aaron Maxwell</b>, Manager of Transportation Programs, gave an overview of transportation programs.</p> <ul style="list-style-type: none"> <li>• Brief recap           <ul style="list-style-type: none"> <li>• <i>Transportation benefits</i></li> <li>• <i>Emergency Medical Transportation</i></li> <li>• <i>Non-Emergency Medical Transportation</i></li> <li>• <i>Non-Medical Transportation</i></li> <li>• <i>How to access transportation benefits</i></li> <li>• <i>MTM Utilization and Complaints</i></li> <li>• <i>FAQ's</i></li> </ul> </li> </ul>	<p><i>Mariana: La Cremica pop ups have been successful.</i></p> <p><i>Sonja: Speaking on behalf of Beverly. The Wellness Center help people through therapy.</i></p> <p><i>Beverly: Affirmed Queen of the Valley Wellness Center helps people through therapy and offers mobile vaccines.</i></p> <p><i>Lulu: Asked if she would be reimbursed if she takes a taxi to her non-emergency appointment.</i></p> <p><i>Aaron: Unfortunately we cannot provide reimbursement if you schedule your taxi. We are required to only use certified taxis but you can request transportation directly through MTM.</i></p> <p><i>Lance: For non-emergency transportation, how long do the TARs take to get approved?</i></p> <p><i>Aaron: The TAR is only for administrative purposes. We will set the</i></p>
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		<i>transport even before we process the TAR, the approval is not required to get the transport, it is only required for the vendor to receive payment.</i>
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Additional Business/Other Items		
<b>Open Discussion</b> <i>All Sites</i>	Information sharing by committee members	<i>No questions or comments</i>
<b>Adjournment</b> <b>Next Meeting</b>	Meeting adjourned at 1:36 pm December 9, 2021 Minutes recorded by: Allyson Chudnofsky & Araceli Gutierrez	



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

December, 2021

Danielle Biasotti & Janelle Ramirez,  
Care Coordination

Debra McAllister & Paola Sanchez De  
La Cruz, Utilization Management



# What is CalAIM?

## California Advancing and Innovating Medi-Cal

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

**CalAIM**



# CaAIM Goals

## Goals:

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





# What is ECM?

## Enhanced Care Management

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

# Key Elements

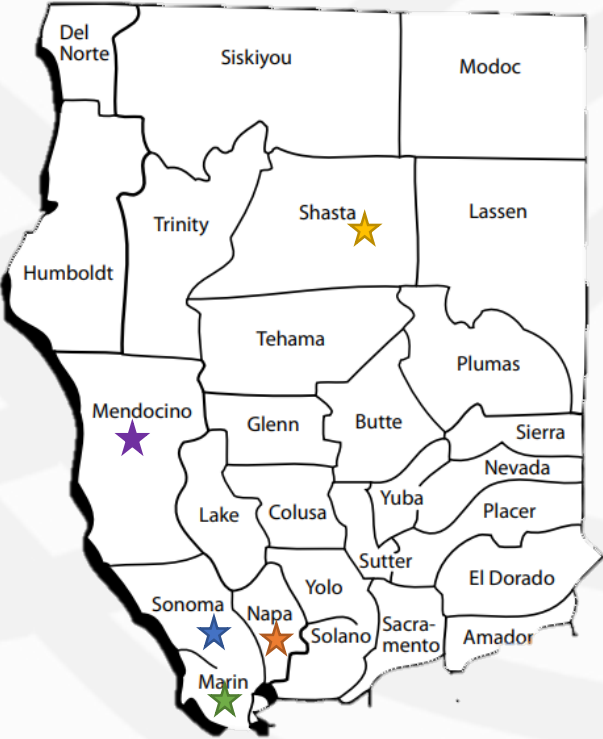
- PHC is working with the current (5) WPC counties 1<sup>st</sup>:
  - Marin
  - Mendocino
  - Napa
  - Sonoma
  - Shasta
- Face-to-Face with members in the community
- 7 Populations of Focus eligible for the benefit
  - For 1/1/22, starting with the Members experiencing:
    - Homelessness,
    - High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

# Go-Live January 2022

## County Maps of **ECM** and **Community Supports**

*(previously termed In Lieu of Services)*

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



# ECM Implementation Timeline

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

# What is Community Supports (ILOS)?

## Community Supports

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

## Examples:

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

# Community Supports (ILOS) Go-Live Services

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

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

# Community Supports (ILOS) Implementation Timeline

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



# Key Differences: ECM vs. Community Supports

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



# Additional Information and Resources

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

## **PHC CalAIM Link:**

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

## **DHCS CalAIM Link:**

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

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**Questions?**





**2020-2021**

**CAHPS Survey  
Results**

**December 2021**

Kevin Spencer



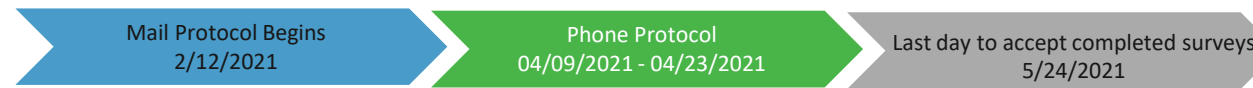
- Key Considerations
- Adult Survey
- Child Survey
- CAHPS Summation
- Areas of Opportunity/Intervention
- Questions?

## CAHPS Survey Key Considerations:

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

# Methodology – Adult Survey

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



**VALID SURVEYS**

✉ Total Number of Mail Completes = 244 (50 in Spanish)  
 ☎ Total Number of Phone Completes = 75 (4 in Spanish)

**Number of undeliverables: 308**

**2021 RESPONSE RATE**

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

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

**RESPONSE RATE COMPARISON**

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

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

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



# CAHPS Scores - Adult

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

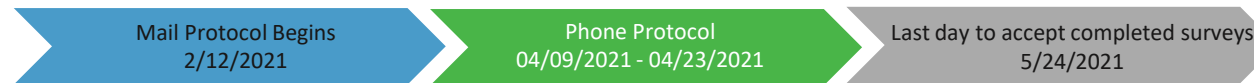
For the Adult Survey, three scores fell below the benchmark (PHC < 25%):

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

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

# Methodology – Child Survey

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



**VALID SURVEYS**

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

**Number of undeliverables: 388**

**2021 RESPONSE RATE**

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

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

**RESPONSE RATE COMPARISON**

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

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

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



# CAHPS Scores - Child

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

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

\*\*NCQA did not provide 2020 Benchmarks

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

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

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

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

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

- **Adult survey:**

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

- **Child survey:**

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

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



**Questions?**