



Board of Commissioners Meeting Agenda

February 26, 2025: 10:00 a.m. – 2:00 p.m.

In-person Locations:

Partnership Offices

4605 Business Center Drive, Fairfield, CA (Conference Center)

2525 Airpark Dr., Redding, CA

1036 Fifth Street, Eureka, CA

495 Tesconi Circle, Santa Rosa, CA

249-299 Nevada Street, Auburn, CA

External Sites

Plumas Bank Chico located at 900 Mangrove Ave, Chico, CA

Plumas District Hospital located at 1065 Bucks Lake Rd., Quincy, CA

The Westin DC Downtown located at 999 9th Street Northwest Washington, DC

Public comment is welcome during designated "Public Comments" time frames or by emailing comments to the Board Clerk at Board_FinanceClerk@partnershiphp.org by 5:00p.m on February 25, 2025. Comments received will be read during the meeting.

| 10:00AM – Opening | | | |
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| 1.1 | Call to Order | | Chair |
| 1.2 | Roll Call | | Clerk |
| 1.3 | ACTION: Approval of Agenda and Board Meeting Minutes for December 4, 2024 | 1-17 | Chair |
| 1.4 | ACTION: Resolution to Approve the New Appointment of Emery Cowan to the Partnership Board as a Solano County Representative | 18-19 | Sonja Bjork |
| 1.5 | ACTION: Resolution to Accept the Resignation of Dr. Lisa Santora from the Partnership Board as a Marin County Representative and Commend her for her Service | 20-21 | Sonja Bjork |
| 1.6 | ACTION: Resolution to Approve the New Appointment of Dr. Lisa Warhuus to the | 22-23 | Sonja Bjork |

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| | Partnership Board as a Marin County Representative | | |
| 1.7 | ACTION: Resolution to Approve the New Appointment of Pedro Toledo to the Partnership Board as a Marin County Representative | 24-25 | Sonja Bjork |
| 1.8 | ACTION: Resolution to Accept the Resignation of Shelby Boston from the Partnership Board as a Butte County Representative and Commend her for her Service | 26-27 | Sonja Bjork |
| 1.9 | ACTION: Resolution to Approve the New Appointment of Tiffany Rowe to the Partnership Board as a Butte County Representative | 28-29 | Sonja Bjork |
| 1.10 | ACTION: Resolution to Approve Recognition for the Hospital QIP Top Performers for 2023-2024 | 30-31 | Sonja Bjork / Dr. Moore |
| 1.11 Commissioner Comment | | | Chair |
| 1.12 Public Comment | | | Chair |
| 1.13 | INFORMATION: CEO Report | 32-34 | Sonja Bjork |
| 1.14 | INFORMATION: Partnership Member Update on Attending the Insuring Uninsured Project (ITUP) Conference | | Yan "Jaime" Faurot |
| 11:00AM – Consent Calendar | | | |
| 2 & 3 | ACTION: Consent Calendar <ul style="list-style-type: none"> ▪ 2.1 Resolution to Ratify Finance Committee’s Approval to Accept Commissioner Dr. Matthew Morris’ Resignation from the Partnership Board as a Sierra County Representative ▪ 3.1 Resolution to Accept all Partnership Committee Minutes, Partnership Policies and Program Descriptions Approved by the Physician Advisory Committee ▪ 3.2 Resolution to Approve Membership Changes to the Physician Advisory Committee ▪ 3.3 Resolution to Approve the Appointment of Board Commissioner Nancy Starck to the Governance & Compliance Committee ▪ 3.4 Resolution to Approve the Appointment of Board Commissioner Dr. Phuong Luu to the Governance & Compliance Committee ▪ 3.5 Resolution to Approve the Appointment of Tracy Mendez, Acting Chief Executive Officer for Aliados | 35-36 37-38 39-40 41-42 43-44 45-46 | Chair |

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| | <p>Health, to the Strategic Planning Committee</p> <ul style="list-style-type: none"> ▪ 3.6 Resolution to Approve the Appointment of Robin Schurig, Executive Director of the Health Alliance of Northern California (HANC), to the Strategic Planning Committee ▪ 3.7 Resolution to Approve the Appointment of Wendy Longwell, former Board Commissioner, Consumer Representative and currently employed at the Disability Action Center, to the Strategic Planning Committee ▪ 3.8 Resolution to Approve the Reappointment of Cathryn Couch as a Sonoma County Representative ▪ 3.9 Resolution to Approve Changes to Partnership’s Brown Act Compliance Policy, CMP-20 ▪ 3.10 Resolution to Accept Commissioner Ryan Nowling’s Resignation from the Partnership Board as a Lassen County Representative | <p>47-48</p> <p>49-50</p> <p>51-52</p> <p>53-62</p> <p>63-64</p> | |
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- [PAC Approved Policy Updates](#)
- [Consumer Advisory Committee – December 2024](#)
- [Finance Committee – January 2025](#)
- [Finance Committee – February 2025](#)
- [Governance / Compliance Committee – February 2025](#)
- [Physician Advisory Committee – January 2025](#)
- [Physician Advisory Committee – February 2025](#)
- [Quality and Utilization Advisory Committee \(Q/UAC\) – January 2025](#)
- [Quality and Utilization Advisory Committee \(Q/UAC\) – February 2025](#)
- [Strategic Planning Committee – January 2025](#)

11:05AM – Regular Agenda Items

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| 4.1 | ACTION: Resolution to Approve Renaming Consumer Advisory Committee to Community Advisory Committee and Approve Designating the Board of Commissioners to serve as the Selection Committee for the Community Advisory Committee. | 65-67 | Sonja Bjork / Wendi Davis |
| 4.2 | ACTION: Resolution to Approve Appointments to Partnership’s Community Advisory Committee | 68-71 | Sonja Bjork / Wendi Davis |
| 4.3 | ACTION: Resolution to Approve the Semi-Annual Board Dashboard | 71-85 | Wendi Davis |
| 4.4 | ACTION: Resolution to Approve the Compliance Dashboard for Q42024 | 86-88 | Danielle Ogren |

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| 4.5 | ACTION: Resolution to Approve Commendations and Appreciation for Board Commissioner Viola Lujan's Service to Partnership | 89-90 | Sonja Bjork |
| 11:45AM-12:05PM – Lunch | | | |
| 12:05PM – Reports | | | |
| 5.1 | INFORMATION: Metrics and Financial Update | 91-104 | Jennifer Lopez |
| 5.2 | INFORMATION: Operations Update | 105-106 | Wendi Davis |
| 5.3 | INFORMATION: Legislative & Media Update | 107-110 | Dustin Lyda |
| 5.4 | INFORMATION: CMO Report on Quality | 111-112 | Dr. Moore |
| 5.5 | INFORMATION: Medicare Update | | Amy Turnipseed |
| 1:00PM – Education Sessions | | | |
| 6.1 | INFORMATION: Information Technology Update | | Tina Buop |
| 6.2 | INFORMATION: Population Health Update | | DeLorean Ruffin, DrPH |
| 2:00PM – Adjournment | | | |

Upcoming Meetings:

4/22/2025 – Strategic Planning Retreat Board Dinner
4/23/2025 – April Board Meeting and Strategic Planning Retreat at Winters Hotel
6/25/2025 – June Board Meeting
8/27/2025 – August Board Meeting
10/22/2025 – October Board Meeting
12/3/2025 – December Board Meeting

Government Code §54957.5 requires that public records related to items on the open session agenda for a regular commission 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 Commission. The Commission has designated the Board Clerk 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 Board 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. 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 Board Clerk at least ten (10) days prior to the scheduled meeting at (707) 863-4516 or by email at Board_FinanceClerk@partnershiphp.org. Notification in advance of the meeting will enable the Board Clerk to make reasonable arrangements to ensure accessibility to this meeting and to materials related to it.



**MINUTES OF THE MEETING OF
PARTNERSHIP HEALTHPLAN OF CALIFORNIA BOARD OF COMMISSIONERS**
Held at Partnership Offices:

4605 Business Center Drive, Fairfield, CA (Conference Center)

2525 Airpark Dr., Redding, CA

1036 Fifth Street, Eureka, CA

495 Tesconi Circle, Santa Rosa, CA

249-299 Nevada Street, Auburn, CA

2760 Esplanade Ave, Suite 130, Chico, CA

External Sites

Plumas District Hospital located at 1065 Bucks Lake Rd., Quincy, CA

**On
December 4, 2024**

Members Present: Jonathon Andrus, Darcie Antle, Shelby Boston, Jayme Bottke, Ranell Brown, Brion Burkett, Christopher Champlin, Christy Coleman, Noemi Doohan, M.D, Dean Germano, Ryan Gruver, Liz Hamilton, Alicia Hardy, Randall Hempling, Dave Jones, Elizabeth Kelly, Scott Kennelly, Belle Knight, Liz Lara-O'Rourke, Viola Lujan, Phuong Luu, M.D., Nunie Matta., Matthew Morris, M.D., Ryan Nowling, Robert Oldham, M.D., Jonathan Porteus, PhD, Kathryn Powell, Lisa Santora, M.D., Nancy Starck, Tory Starr, Nolan Sullivan, Kim Tangermann (Chair), Jennifer Yasumoto, Jim Yoder

Members Excused: Gena Bravo, Cathryn Couch, JoDee Johnson, Andrew Miller, M.D., Stacy Sphar, DNP

Staff: Marc Agudelo, Leigha Andrews, Katherine Barresi, Jill Blake, Isaac Brown, Tina Buop, Jessica Cifolelli, Alexandra Chappell, Dell Coats, Wendi Davis, Marisa Dominguez, Naomi Gordon, Amber Gross, Curtis Hardwick, Mohamed Jalloh, PharmD, Mary Kerlin, Vicky Klakken, Marshall Kubota, M.D., James Legere, Jennifer Lopez, Dustin Lyda, Richard Matthews, M.D., Robert Moore, M.D., Danielle Ogren, Kathryn Power, Jose Puga, Jeff Ribordy, M.D., Melissa Schumann, Tim Sharp, Derick Stacy, Rebecca Stark, Nancy Steffen, Amy Turnipseed, Colleen Valenti, Edna Villasenor, Kory Watkins, Brent Weinberg, Sonja Bjork, CEO, and Ashlyn Scott, Board Clerk

Guests: Gary Boggs, Krissy Matta

| AGENDA ITEM | DISCUSSION | MOTION / ACTION |
|---|--|---|
| 1.0 Opening | <p>Commissioner Kim Tangermann, Board Chair, called the bi-monthly meeting to order and welcomed everyone to the meeting, in person and at all remote Partnership HealthPlan offices.</p> <p>Board members were reminded to abstain from voting on any agenda item where they might have a conflict of interest, and to state their name before asking questions or making motions. As a reminder, Commissioner Tangermann read the Partnership Mission Statement: “to help our members, and the communities we serve, be healthy.” She also stated that members of the public would have an opportunity to speak at designated times throughout the agenda.</p> | None |
| 1.2 Roll Call | Ashlyn Scott, Clerk of the Commission, called the roll indicating there was a quorum. | None |
| 1.3 & 1.4 Approval of Agenda and the Board Meeting Minutes for October 9, 2024 | Chairwoman Tangermann asked if anyone had changes for the agenda or corrections to the October 9, 2024 minutes. Hearing no requests for modification, she asked for a motion to approve the agenda and minutes. | <p><i>Commissioner Burkett moved to approve the agenda and minutes as presented, seconded by Commissioner Matta.</i></p> <p><u>ACTION SUMMARY:</u> <i>Yes: 33 No: 0 Abstention: 0 Excused: 5 (Bravo, Couch, Johnson, Miller, Sphar)</i></p> <p>MOTION CARRIED</p> |
| 1.5 Resolution to Approve the Lassen County Board Appointment of Ryan Nowling | Sonja Bjork, Chief Executive Officer, introduced Ryan Nowling, Chief Executive Officer at Northeastern Rural Health Clinics, who the Lassen County Board of Supervisors appointed to the Partnership Board of Commissioners. Chairwoman Tangermann requested a motion to approve Mr. Nowling’s appointment. | <p><i>Commissioner Germano moved to approve the agenda and minutes as presented, seconded by Commissioner Andrus.</i></p> <p><u>ACTION SUMMARY:</u> <i>Yes: 33 No: 0 Abstention: 0 Excused: 5 (Bravo, Couch, Johnson, Miller, Sphar)</i></p> |

| | | MOTION CARRIED |
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| 1.6 Commissioner Comment | Chairwoman Tangermann asked if there were any commissioner comments. Hearing none, she moved to Public Comment. | None |
| 1.7 Public Comment | <p>Chairwoman Tangermann asked if there were any public comments.</p> <p><i>Gary Boggs, a Partnership member, expressed his gratitude for the transportation services provided by Partnership. He shared that he currently uses the Nevada County public bus, which offers low-cost passes for low-income individuals and seniors. However, he noted that starting in January, the bus pass fee will increase to \$45 for low-income and senior riders, and \$90 for non-disabled individuals under 65. Mr. Boggs emphasized that this price increase would place an undue burden on vulnerable individuals. He requested that Partnership consider covering the cost of bus passes under the transportation benefit.</i></p> <p><i>Wendi Davis, Chief Operating Officer overseeing the Transportation Department, responded that she would contact Mr. Boggs to discuss the issue further. Public Transportation, including bus passes, is already included in this benefit.</i></p> | None |
| 1.9 CEO Report | <p>Sonja Bjork, Chief Executive Officer, gave a report on the following topics:</p> <p>2024 Election Results Partnership is closely monitoring potential changes to Medicaid policy under the incoming Trump administration. President-elect Trump has nominated Robert F. Kennedy Jr. as the Secretary of Health and Human Services and Dr. Mehmet Oz as the Administrator of the Centers for Medicare and Medicaid Services (CMS). While we expect possible reductions to the Medicaid budget with the new administration, there is significant uncertainty. We will continue to track developments and maintain a fiscally conservative approach in preparation for any unforeseen changes or emergencies.</p> <p>California’s Proposition 35 passed in the November election with 67% approval and ensures that MCO Tax dollars can only be used to support the Medi-Cal program.</p> <p>Quality Sanctions Partnership was sanctioned \$475,000 by DHCS for not meeting quality measures. In response, Partnership has requested a meet and confer with DHCS and plans to appeal, as most of the fine can be attributed to not meeting a fluoride measure. Since Partnership does not cover dental services and was not provided with dental data, we believe this penalty is unjust. We have submitted a comprehensive appeal package and are now awaiting DHCS’s response. DHCS is expected to publicly announce quality sanctions of managed care plans within the next two weeks.</p> <p><i>Commissioner Starr asked whether DHCS had adjusted the sanctions to address the challenges</i></p> | None |

rural areas face in accessing healthcare.

Ms. Bjork responded that Dr. Moore would provide more details on the sanctions in his CMO Report. She added that Partnership advocated for adjustments for counties with low Healthy Places Index (HPI) scores and while the state did recognize some of the issues faced by rural counties, we believe the adjustment was insufficient.

Community Reinvestment Policy

DHCS is expected to finalize the Community Reinvestment Policy soon, in accordance with the 2024 contract requirements. This policy mandates that managed care plans allocate a portion of their net income back into the communities they serve. Our Board members are well aware of the significant community investments that Partnership has always made. An example is our Provider Recruitment Program, where we provide funding to help bring providers to our rural service areas. Partnership, along with our sister health plans and association have expressed concerns about the policy. The policy suggests that health plans base their investments on the number of Medi-Cal beneficiaries they serve. This is a concern for Partnership, as some areas within our service region have a smaller Medi-Cal population relative to the total population yet still require significant community investments. There are also concerns that our current programs, such as workforce development, may not be recognized under the policy.

The policy guidance indicates that plans will only be required to make community investments if they are profitable. Given that Partnership anticipates a deficit due to the 10-county expansion and the implementation of a Medicare/D-SNP product, it remains unclear whether the community investment requirements will apply to us.

Commissioner Luu shared that DHCS is directing counties to seek funding from managed care plans. She advocated for a meeting with DHCS, Partnership and other managed care plans (MCPs) and local health jurisdictions.

Commissioner Morris shared that Partnership's Provider Recruitment Program has been a significant asset to his organization, allowing them to stay competitive with larger organizations.

Memoranda of Understandings (MOUs) Status Update – Effective January 1, 2024, managed care plans are required to establish MOUs with several types of third-party entities. Partnership is required to track the status of all MOUs for the 24 counties in our service area. We are making gradual progress in executing the MOUs, as DHCS may issue a Corrective Action Plan (CAP) or impose a fine if they deem our efforts inadequate. Additionally, starting January 1, 2025, a new MOU for Local Education Agencies (LEAs) will be required. However, we have not yet received the approved template from DHCS. Once we do, we will distribute it to the appropriate contacts.

Commissioner Luu added that DHCS has not yet shared the MOU template for the Justice Involved Initiative.

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| | <p><i>Commissioner Porteus inquired about the status of the Justice Involved Initiative in any of the Partnership counties.</i></p> <p><i>Commissioner Luu, who oversees the Justice Involved initiative for Yuba County—one of the three counties statewide currently implementing it—explained that the program involves assessing the healthcare status and prerelease services for every inmate and juvenile inmate set to be released. She added that the inmates are assigned case management, connected to a primary care provider (PCP), referred to specialty providers when necessary, and released with a 30-day supply of any prescribed medications.</i></p> | |
| <p>3 Consent Calendar</p> | <p>Chairwoman Tangermann stated that all items on the consent calendar would be approved with one motion unless someone requests to pull an item for further discussion.</p> <p>Hearing no requests, she asked for a motion to approve the Consent Calendar and resolutions 3.1, 3.2, 3.3 and 3.4.</p> <ul style="list-style-type: none"> ▪ 3.1 Resolution to Accept all Advisory Committee Minutes, Partnership Policies and Program Descriptions Approved by PAC ▪ 3.2 Resolution to Approve Membership Changes to the Physician Advisory Committee ▪ 3.3 Resolution to Approve the Quality Improvement and Health Equity Transformation Program (QIHETP) ▪ 3.4 Resolution to Approve the Cultural & Linguistic Program Description | <p><i>Commissioner Porteus moved to approve Resolutions 3.1, 3.2, 3.3 and 3.4 as presented, seconded by Commissioner Antle.</i></p> <p><u>ACTION SUMMARY:</u> <i>Yes: 32</i> <i>No: 0</i> <i>Abstention: 0</i> <i>Excused: 5 (Bravo, Couch, Johnson, Miller, Sphar)</i> <i>Not Present for Vote: 2 (Andrus, Bottke)</i></p> <p>MOTION CARRIED</p> |
| <p>4.1 Annual Board Compliance Training and Resolution to Approve Calendar Year 2025 Compliance Plan, and Audit Work Plan</p> | <p>Danielle Ogren, Director of Regulatory Affairs and Program Development and Compliance Officer requested approval of the 2025 Compliance Program Dashboard, Compliance Plan and Audit Work Plan. The Compliance Plan for 2025 has been updated to reflect new regulators (CMS and DMHC) in 2026, outlines Partnership’s risk assessment process, and revises committee attendee lists to recognize new positions. The Board has the ultimate duty to ensure that Partnership maintains a robust and effective compliance program. The Board delegates compliance oversight to the CEO and the CEO further delegates to the Compliance Officer. Partnership’s subcommittee structure and Fraud Waste and Abuse Program framework are also included in the Compliance Plan. Each year the Compliance Team conducts an annual risk assessment survey, which helps inform the Internal Audit & Monitoring Work Plan, a document that outlines Partnership’s monitoring and audit activities for the calendar year.</p> <p>Ms. Ogren presented the Annual Compliance Training to Commissioners. The presentation emphasized the critical role of the Board in overseeing compliance with federal health care</p> | <p><i>Commissioner Hardy moved to approve Resolution 4.1 as presented, seconded by Commissioner Andrus.</i></p> <p><u>ACTION SUMMARY:</u> <i>Yes: 34</i> <i>No: 0</i> <i>Abstention: 0</i> <i>Excused: 5 (Bravo, Couch, Johnson, Miller, Sphar)</i></p> |

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| | <p>program requirements, as outlined by the Office of Inspector General (OIG). The presentation highlighted the need for the Board to understand the relationship between Partnership’s Regulatory Affairs & Compliance (RAC), Operations, and Executive teams. Key areas of focus for 2025 include the implementation of enhanced change management processes, preparations for the Medicare go-live in 2026, strengthening delegation oversight and monitoring, and improving internal monitoring and auditing practices.</p> <p>If a Board member receives a call from a regulator, they are advised to respond accurately as possible to questions. Any potential privacy, fraud, waste, or abuse incidents should immediately be reported to Partnership via the Compliance Hotline or Incident Reporting Form. If needed, the Compliance Officer should be contacted for further guidance. Board members and employees must avoid situations where personal, professional, or fiduciary interests could interfere with Partnership’s objectives. Board members are required to abstain from votes where conflicts exist and must complete the FPPC Form 700, Statement of Economic Interests annually. Board members, employees, and contractors must protect confidential member, employee, and business information. Partnership upholds ethical practices, ensuring that confidential information is not misused for personal gain. Board members are required to review and sign the Confidentiality Agreement annually. Additionally, Partnership’s Code of Conduct is reviewed annually and outlines the importance of compliance with the law, public integrity, confidentiality, and representing Partnership appropriately. There were no substantiative changes in 2024. Board members are required to review and attest to receiving the Code of Conduct. Both the confidentiality policy, CMP-10, and the Code of Conduct have been distributed to Board members.</p> <p>Ms. Ogren’s presentation was distributed to Board members and is available upon request.</p> | <p>MOTION CARRIED</p> |
| <p>4.2 Resolution to Approve the Compliance Dashboard for Q32024</p> | <p>Ms. Ogren presented the Regulatory Affairs & Compliance Dashboard for Q32024 and requested Board approval.</p> | <p><i>Commissioner Hardy moved to approve Resolution 4.2 as presented, seconded by Commissioner Powell.</i></p> <p><u>ACTION SUMMARY:</u> <i>Yes: 34</i> <i>No: 0</i> <i>Abstention: 0</i> <i>Excused: 5 (Bravo, Couch, Johnson, Miller, Sphar)</i></p> <p>MOTION CARRIED</p> |
| <p>4.3, 4.4, 4.5, 4.6 Resolutions to Approve Commendations and</p> | <p>Ms. Bjork acknowledged the four Board Commissioners who will be vacating their seats effective December 31, 2024, as a result of their respective counties losing a seat due to the implementation of the updated Board seat formula, which was adopted on January 1, 2024.</p> | <p><i>Commissioner Hardy moved to approve Resolution 4.3 as presented, seconded by Commissioner Porteus.</i></p> |

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| <p>Appreciation for Board Commissioners Dr. Noemi Doohan, Alicia Hardy, Randall Hempling and Tory Starr</p> | <ul style="list-style-type: none"> ▪ 4.3 Resolution to Approve Commendations and Appreciation for Board Commissioner Dr. Noemi Doohan’s Service to Partnership ▪ 4.4 Resolution to Approve Commendations and Appreciation for Board Commissioner Alicia Hardy’s Service to Partnership Resolution to Approve ▪ 4.5 Commendations and Appreciation for Board Commissioner Randall Hempling’s Service to Partnership ▪ 4.6 Resolution to Approve Commendations and Appreciation for Board Commissioner Tory Starr’s Service to Partnership | <p><i>Commissioner Germano moved to approve Resolution 4.4 as presented, seconded by Commissioner Hempling.</i></p> <p><i>Commissioner Jones moved to approve Resolution 4.5 as presented, seconded by Commissioner Knight.</i></p> <p><i>Commissioner Starck moved to approve Resolution 4.6 as presented, seconded by Commissioner Porteus.</i></p> <p><u>ACTION SUMMARY:</u> <i>Yes: 34</i> <i>No: 0</i> <i>Abstention: 0</i> <i>Excused: 5 (Bravo, Couch, Johnson, Miller, Sphar)</i></p> <p>MOTIONS CARRIED</p> |
| <p>5.1 Metrics and Financial Update</p> | <p>Jennifer Lopez, Chief Financial Officer, presented Partnership’s metrics and financials for the month ending September 30, 2024. Partnership reported a surplus of just under \$1.5 million, reducing the year-to-date deficit to \$18.6 million. Medi-Cal revenue was unfavorable, partly due to a risk corridor related to lower-than-expected expenses for the undocumented population.</p> <p>For our expansion region, we about a month’s worth of complete expense data for this new service area it will take approximately three years to fully understand the trends for the new region. Until then, we will maintain a conservative approach to projecting incurred but not reported (IBNR) expenses. On the revenue side, Partnership has not yet received final rates for the 2024 calendar year, and with anticipated changes at CMS under the incoming administration, there is added uncertainty. DHCS has provided draft rates for calendar year 2025, which has raised concerns across most health plans. Consequently, some health plans have frozen discretionary spending, and if the CY 2025 draft rates are not adjusted, all plans could be impacted.</p> <p>Finance Update: Partnership is hosting two webinars on Medi-Cal Targeted Rate Increases (TRI) program to help providers understand the complex policy. We will also offer technical assistance webinars once providers begin receiving payments. There are strict rules tied to these funds, and we want to serve</p> | <p>None</p> |

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| | <p>as a helpful resource for our providers.</p> <p>Following the passage of Proposition 35, we anticipate continued rate increases for Medi-Cal providers. Our current understanding is TRI investments for calendar years 2025 and 2026 will focus on the following categories: Effective 2025:</p> <ul style="list-style-type: none"> • Primary Care (including obstetrics and non-specialty mental health services) • Specialty Care • Community and Hospital Outpatient Procedures • Abortion and Family Planning • Supports for Safety Net Clinics • Emergency Department (Facility and Physician) Services • Designated Public Hospitals • Ground Emergency Medical Transportation • Behavioral Health Facilities • Graduate Medical Education • Medi-Cal Workforce Pool <p><i>Commissioner Lujan asked if the incoming administration could potentially interfere with CMS approval of Prop 35 / MCO Tax.</i></p> <p><i>Ms. Lopez responded that if the waiver passes before the end of the year as expected, it would be valid through calendar year 2026.</i></p> <p><i>Commissioner Hardy asked about the progress of hiring new staff in relation to the lower-than-expected administrative costs.</i></p> <p><i>Naomi Gordon, Chief of Human Resources, responded that there are currently 114 job postings. While the organization is actively hiring, there has been a decrease in applications due to the holiday season.</i></p> | |
| <p>5.2 Operations Update</p> | <p>Wendi Davis, Chief Operating Officer, presented an update on Partnership’s operations, highlighting efforts to improve Well Child Visits and HEDIS scores. Partnership staff has engaged local practices in Solano and Shasta counties, hosting Saturday clinics and piloting locum physician staffing to increase patient access. Additionally, a Disparity Sprint initiative targets increased well-child visits among American Indian, Alaska Native, and Pacific Islander populations, and Western Sierra Medical Clinic in Nevada County is exploring a group visit model.</p> <p>In October, Yuba County launched the CalAIM Justice Involved Initiative, with Partnership’s Justice Liaison, Ron Klinger, coordinating with various county departments to prepare for pre-release Medi-Cal services and post-release care. Innovative solutions, like training transportation providers to offer specialized rides for members released from jail, have helped address rising</p> | <p>None</p> |

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| | <p>demand. A new app for booking rides is also being tested for a January 2025 rollout.</p> <p>The Medi-Cal Substance Use treatment program (DMC-ODS) is expanding, with new provider types like Tribal Healers and Traditional Helpers being integrated. To improve member experience and meet regulatory requirements, Partnership is bringing its Behavioral Health Access Line in-house to improve service coordination.</p> <p>Starting January 2025, 4,500 CCS members will transition to Partnership’s CCS Whole Child Model, with proactive outreach and support from Care Coordination and Member Services. Additionally, member outreach has expanded, with 12 education sessions held in the community, and nearly 50 more planned for 2025.</p> <p><i>Ms. Starck shared her enthusiasm about the new Partnership transportation phone application.</i></p> <p>Ms. Davis’ full report is included in the Board packet.</p> | |
| <p>5.3 Media & Legislative Update</p> | <p>Dustin Lyda, Director of Communications and Public Affairs, presented a legislative update to the Board, with the results and potential impacts of the November election. Donald Trump won both the Electoral College and popular vote, while Republicans gained control of both houses of Congress and 27 governorships. Key policy factors include concerns over the economy, inflation, immigration, democracy, and abortion.</p> <p>President-elect Trump has nominated Robert F. Kennedy Jr. as the Secretary of Health and Human Services and Dr. Mehmet Oz as the Administrator of the Centers for Medicare and Medicaid Services (CMS). We are closely monitoring the potential reenactment of the 2019 public charge inadmissibility rule, which in some cases, deterred immigrants from seeking public benefits.</p> <p>Governor Newsom has called a special session with the legislature to allocate funds for potential lawsuits against the Trump administration. During the previous Trump Administration, California filed over 100 lawsuits. Proposition 35, which passed in the November election with 67% approval, ensures that MCO Tax dollars can only be used to support the Medi-Cal program. The new legislative session began on December 2, with a 35-bill limit per member. Notably, there will be new committee leadership, and Partnership is closely monitoring the appointment of a new chair for the Senate Health Committee, following Senator McGuire’s departure.</p> <p><i>Commissioner Lujan expressed her appreciation for Partnership’s efforts in sharing information for immigrants. She emphasized the importance of collaboration among organizations to support the Latino community and ensure access to resources, particularly for food, healthcare, and housing.</i></p> <p>Mr. Lyda’s presentation was distributed to Board members and is available upon request.</p> | <p>None</p> |
| <p>5.5 Quality Update</p> | <p>Dr. Moore, Chief Medical Officer presented his report on quality to the Board, first by recognizing the top performers in the Hospital QIP for MY 2023-24. Twenty-nine hospitals were eligible for</p> | <p>None</p> |

Partnership's Hospital Pay for Performance program in MY 2023-24 For those invited in the new counties, the program was just for the first 6 months of 2024.

Providence-St. Joseph System:

- a. Petaluma Valley Hospital 100%
- b. Redwood Memorial Hospital 100%
- c. Healdsburg District Hospital 100%
- d. St. Joseph Hospital Eureka 100%
- e. Queen of the Valley Hospital 90%
- f. Santa Rosa Memorial Hospital 90%

Adventist System:

- a. Adventist Health Howard Memorial 100%
- b. Adventist Health Mendocino Coast 100%
- c. Adventist Health Ukiah Valley 97%
- d. Adventist Health Clearlake 95%

Other Hospitals:

- a. Sonoma Valley Hospital 100%
- b. Tahoe Forest Hospital 100%
- c. Banner Lassen Medical Center 98%
- d. Marin General Hospital (MarinHealth) 93%
- e. Trinity Hospital (Very small hospital) 92%

We will be inviting representatives of these hospitals to attend our February Board meeting to be recognized.

2023 HEDIS Sanctions: In October, DHCS proposed a \$475,000 sanction on Partnership HealthPlan due to underperformance on 16 HEDIS measures, specifically in the Managed Care Accountability Set. A significant portion (\$362,752.20) of this amount was due to low performance on topical fluoride varnish for children. However, this data was incomplete, particularly for FQHCs, RHCs, and Tribal health centers. Partnership was able to demonstrate that dental access for children was above the national median. A meeting with DHCS was held in November to argue for the exclusion of three problematic measures, which could reduce the sanction to \$87,753.88. Currently, no adjustment has been made, but DHCS is reviewing the appeal.

2024 HEDIS Sanctions: In September, DHCS announced plans to impose sanctions at the county level for 2024, which Partnership opposed due to concerns over fairness and validity. DHCS's rationale for these county-level sanctions was to promote rural health equity, a goal Partnership shares but contests in terms of its relation to health plan control. Issues with county-level sanctions include the lack of testing or pilot data, a small sample size for measures, and inconsistent standards compared to race-based inequities. Partnership plans to contest this policy vigorously and has requested a meeting with DHCS to further address concerns. Partnership will continue to bring

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| | updates on this matter to the Board. | |
| 5.5 Medicare / D-SNP Update | <p>Amy Turnipseed, Chief Strategy & Government Affairs Officer, provided an update on Partnership’s efforts to establish a Medicare/D-SNP line of business by 2026, as required by DHCS. Partnership currently serves approximately 55,000 Medicare members across eight counties. We anticipate low enrollment in the initial years of the D-SNP program. Partnership submitted a notice of intent to CMS in November 2024, with the full application and model of care document (MOC) due in February 2025. The MOC is a quality improvement tool required by CMS and NCQA for approval of Medicare Advantage plans.</p> <p>Partnership began contracting with providers in late summer and, as of December 1st, has signed agreements with 193 providers. For the first year, providers will be paid a percentage of the Medicare fee schedule with an incentive program for primary care. The network adequacy submission to CMS is also due in February 2025. For Medicare, Partnership will be regulated by CMS and DMHC. To ensure compliance, staff are conducting a Compliance Gap assessment with a consultant, focusing on key priorities such as compliance structure, regulatory guidance, and audit processes. Regular updates on the assessment will be provided to the Governance and Compliance Committee.</p> <p><i>Commissioner Porteus asked how much experience Partnership intends to gain in the initial 8 counties before expanding the D-SNP line of business to additional counties.</i></p> <p><i>Ms. Turnipseed replied that the decision to expand will likely depend on membership and enrollment in the initial counties, which will help assess the financial feasibility before moving into other counties.</i></p> | None |
| 6.1 Member Experience / Grand Analysis | <p>Edna Villasenor, Senior Director of Member Services & Grievance, Isaac Brown, Director of Quality Management and Kory Watkins, Director of Grievance & Appeals, presented the results of the Fiscal Year 23-24 Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey. The 2023 CAHPS Survey used benchmarks from HEDIS Quality Compass and NCQA. This year, Partnership’s Quality Improvement department began administering the survey, using our survey vendor, Press Ganey, and was conducted from February to May.</p> <p>Partnership’s CAHPS scores decreased since last year, however it is important to note that while the survey is designed to assess the health plan, it also reflects the various touchpoints members experience within the healthcare system, including doctor office visits, transportation services, and phone interactions. Additionally, nationwide the healthcare workforce is experiencing critical staffing shortages and the American Hospital Association (AHA) reported that between 2019 and 2020, vacancies in various healthcare roles, such as nursing and respiratory therapy, increased significantly. The ongoing</p> | None |

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| | <p>shortage is expected to worsen, with projections indicating a potential shortfall of 3.2 million healthcare workers by 2026.</p> <p>Partnership will continue to focus on improving access, health plan ratings, and member experience. Analyzing Grievance & Appeals (G&A) data will help guide improvement activities. Efforts will also be made to improve member benefit literacy by enhancing member-facing materials and standardizing Partnership staff responses to frequently asked benefit questions. To improve access, Partnership will continue efforts in understanding the landscape of primary care and specialty provider networks, identifying gaps, and developing targeted action plans.</p> <p>Areas of opportunities to increase member experience identified from the survey included:</p> <ul style="list-style-type: none"> • Positive Reputation and Brand Identity • Effective Communication • Member Engagement and Adherence • Enhanced Digital Experience <p><i>Commissioner Matta expressed excitement about Partnership's plan to start sending member communications via text.</i></p> <p><i>Commissioner Porteus inquired whether the CAHPS data is available by county.</i></p> <p><i>Ms. Bjork explained that the survey vendor does not provide CAHPS data broken down by county.</i></p> <p><i>Dr. Moore added that by next year, we should be able to provide county-level data for the Clinician & Group (CG) CAHPS survey.</i></p> <p><i>Ms. Bjork also noted that member experience will be a key focus at the April Board retreat and encouraged Board members to share innovative ideas to improve scores.</i></p> <p>The Member Experience / Grand Analysis presentation was distributed to Board members and is available upon request.</p> | |
| <p>6.2 Provider Satisfaction Survey Results</p> | <p>Katherine Barresi, Chief Health Services Officer, presented an update on Partnership's Utilization Management and Care Coordination departments. Utilization Management focuses on promoting high-quality care while controlling costs, with core functions including prior authorization, case management, and provider education. In 2024, Partnership processed 324,648 authorizations, an increase of 28.1% from the previous year. Trends show a rise in average length of stay (LOS),</p> | <p>None</p> |

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| | <p>driven by nursing bed shortages and social/behavioral challenges. To address this, Partnership is implementing new tools such as Extended Length of Stay (ELOS) meetings with designated hospitals to review patients at the facility and discuss complex discharges. As a result of the ongoing meetings, the average length of stay has decreased by one full day at two acute care facilities.</p> <p>The Care Coordination Department organizes and manages healthcare services to ensure that all aspects of a patient's care are well-coordinated and effectively communicated among various healthcare providers and stakeholders. In 2024, the Care Coordination department experienced a 170% rise in case volume compared to the previous year. A notable spike in cases occurred in late spring, driven by the expiration of the Dignity contract and an unprecedented number of Continuity of Care (CoC) requests. The department oversees all case management programs including:</p> <ul style="list-style-type: none"> • Access to Care (Basic Case Management) • Complex Case Management • California Children’s Services Whole Child Model • Transitional Care Services • Continuity of Care • Health Risk Assessment (HRA) requirements <p>Looking ahead, Health Services will continue to expand benefits and services, including Enhanced Care Management, Community Supports, street medicine and doula services. Additionally, new provisions in the 2024 Medi-Cal contract will require services such as closed-loop referrals and DEI provider training.</p> <p>Ms. Barresi’s full presentation was distributed to Board members and is available upon request.</p> | |
| Adjournment | Chairwoman Tangermann adjourned the meeting at 2:02P.M. | None |

Respectfully submitted by:
Ashlyn Scott, Board Clerk

Board Approval Date: 02/26/2025

Signed: _____
Ashlyn Scott, Clerk

BOARD MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
1.4

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Solano County Board of Supervisors

Topic Description:

On December 10, 2024, Emery Cowan, Solano County Director of Health and Social Services, was appointed by the Solano County Board of Supervisors to the Partnership HealthPlan of California Commission (known as the Board) as a County Representative.

Ms. Cowan has been appointed to fulfil the remainder of the term of former Board Commissioner, Gerald Huber, which expires on December 31, 2026.

Reason for Resolution:

To obtain Board approval to appoint Emery Cowan to the Partnership Board as a Solano County Representative.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Solano County Board of Supervisors, the Board is asked to approve the new appointment of Emery Cowan to the Partnership Board.

**BOARD MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
1.4

Resolution Number:
25-

**IN THE MATTER OF: APPROVING THE NEW SOLANO COUNTY
APPOINTMENT OF EMERY COWAN TO THE PARTNERSHIP BOARD**

Recital: Whereas,

- A. Each county board of supervisors is responsible for appointing representatives to the Partnership Board of Commissioners.
- B. Solano County has a vacancy on the Partnership Board.
- C. The Board has authority to approve appointed Board members.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the new Solano County appointment of Emery Cowan to the Partnership Board.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February, 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Board Clerk

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
1.5

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Partnership Staff

Topic Description:

Partnership Board Commissioner Dr. Lisa Santora, Marin County Public Health Officer, has resigned from the Partnership Board.

Commissioner Santora has made numerous outstanding contributions to Partnership HealthPlan of California and the Commission (known as the Board) since December 2023. She has provided excellent leadership and has been a dedicated volunteer. Her knowledge has been of great value to Partnership, and she has kept the needs of our members, providers and the community as a guiding principle.

Reason for Resolution:

To provide Commissioner Santora with the highest level of commendation and appreciation for her excellent service.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership staff, the Board is asked to approve the commendations and appreciation for the support Commissioner Dr. Lisa Santora has provided to Partnership and the Board.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
1.5

Resolution Number:
25-

IN THE MATTER OF: COMMENDATIONS AND APPRECIATION FOR DR. LISA SANTORA’S SERVICE TO PARTNERSHIP AND THE BOARD

Recital: Whereas,

- A. Dr. Lisa Santora valuable advice and support for Partnership and the Board.
- B. Dr. Lisa Santora was a faithful and active member of the Board.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the highest level of commendations and appreciation for Commissioner Santora’s outstanding service to Partnership and the Board.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

**BOARD MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
1.6

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Marin County Board of Supervisors

Topic Description:

On January 28, 2025, Dr. Lisa Warhuus, Marin County Director of Health and Human Services, was appointed by the Marin County Board of Supervisors to the Partnership HealthPlan of California Commission (known as the Board) as a County Representative.

Dr. Warhuus has been appointed for a four-year term, commencing on February 26, 2025 and concluding on January 28, 2029.

Reason for Resolution:

To obtain Board approval to appoint Dr. Lisa Warhuus to the Partnership Board as a Marin County Representative.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Marin County Board of Supervisors, the Board is asked to approve the new appointment of Dr. Lisa Warhuus to the Partnership Board.

**BOARD MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
1.6

Resolution Number:
25-

**IN THE MATTER OF: APPROVING THE NEW MARIN COUNTY APPOINTMENT
OF DR. LISA WARHUUS TO THE PARTNERSHIP BOARD**

Recital: Whereas,

- A. Each county board of supervisors is responsible for appointing representatives to the Partnership Board of Commissioners.
- B. Marin County has a vacancy on the Partnership Board.
- C. The Board has authority to approve appointed Board members.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the new Marin County appointment of Dr. Lisa Warhuus to the Partnership Board.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February, 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Board Clerk

**BOARD MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
1.7

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Marin County Board of Supervisors

Topic Description:

On January 28, 2025, Pedro Toledo, Chief Executive Officer of Petaluma Health Center, was appointed by the Marin County Board of Supervisors to the Partnership HealthPlan of California Commission (known as the Board) as a Health Center Representative.

Mr. Toledo has been appointed to fulfil the remainder of the term of former Board Commissioner, Dr. Farhan Fadoo, which expires on January 31, 2027.

Reason for Resolution:

To obtain Board approval to appoint Pedro Toledo to the Partnership Board as a Marin County Representative.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Marin County Board of Supervisors, the Board is asked to approve the new appointment of Pedro Toledo to the Partnership Board.

**BOARD MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
1.7

Resolution Number:
25-

**IN THE MATTER OF: APPROVING THE NEW MARIN COUNTY APPOINTMENT
OF PEDRO TOLEDO TO THE PARTNERSHIP BOARD**

Recital: Whereas,

- A. Each county board of supervisors is responsible for appointing representatives to the Partnership Board of Commissioners.
- B. Marin County has a vacancy on the Partnership Board.
- C. The Board has authority to approve appointed Board members.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the new Marin County appointment of Pedro Toledo to the Partnership Board.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February, 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Board Clerk

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
1.8

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Partnership Staff

Topic Description:

Partnership Board Commissioner Shelby Boston, Butte County Employment & Social Services Director/Public Guardian/Public Administrator has resigned from her position with Butte County and the Partnership Board.

Commissioner Boston has made numerous outstanding contributions to Partnership HealthPlan of California and the Commission (known as the Board) since February 2024. She has provided excellent leadership and has been a dedicated volunteer. Her knowledge has been of great value to Partnership, and she has kept the needs of our members, providers and the community as a guiding principle.

Reason for Resolution:

To provide Commissioner Boston with the highest level of commendation and appreciation for her excellent service.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership staff, the Board is asked to approve the commendations and appreciation for the support Commissioner Shelby Boston has provided to Partnership and the Board.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
1.8

Resolution Number:
25-

**IN THE MATTER OF: COMMENDATIONS AND APPRECIATION FOR
SHELBY BOSTON’S SERVICE TO PARTNERSHIP AND THE BOARD**

Recital: Whereas,

- A. Shelby Boston provided valuable advice and support to Partnership and the Board.
- B. Shelby Boston was a faithful and active member of the Board.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the highest level of commendations and appreciation for Commissioner Boston’s outstanding service to Partnership and the Board.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2026 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

BOARD MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
1.9

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Butte County Board of Supervisors

Topic Description:

On January 28, 2025, Tiffany Rowe, Butte County Interim Director/Public Guardian/Public Administrator of Employment & Social, was appointed by the Butte County Board of Supervisors to the Partnership HealthPlan of California Commission (known as the Board) as a County Representative.

Tiffany Rowe has been appointed for a four-year term, commencing on February 26, 2025 and concluding on February 25, 2029.

Reason for Resolution:

To obtain Board approval to appoint Tiffany Rowe to the Partnership Board as a Butte County Representative.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Butte County Board of Supervisors, the Board is asked to approve the new appointment of Tiffany Rowe to the Partnership Board.

**BOARD MEMBER APPOINTMENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
1.9

Resolution Number:
25-

**IN THE MATTER OF: APPROVING THE NEW BUTTE COUNTY APPOINTMENT
OF TIFFANY ROWE TO THE PARTNERSHIP BOARD**

Recital: Whereas,

- A. Each county board of supervisors is responsible for appointing representatives to the Partnership Board of Commissioners.
- B. Butte County has a vacancy on the Partnership Board.
- C. The Board has authority to approve appointed Board members.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the new Butte County appointment of Tiffany Rowe to the Partnership Board.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February, 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Board Clerk

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
1.10

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Partnership Staff

Topic Description:

There were fifteen top performers in Partnership’s Hospital Quality Incentive Program (HQIP) for measurement year 2023-2024. We commend the high performers:

Providence-St. Joseph System:

- a. Petaluma Valley Hospital 100%
- b. Redwood Memorial Hospital 100%
- c. Healdsburg District Hospital 100%
- d. St. Joseph Hospital Eureka 100%
- e. Queen of the Valley Hospital 90%
- f. Santa Rosa Memorial Hospital 90%

Adventist System:

- a. Adventist Health Howard Memorial 100%
- b. Adventist Health Mendocino Coast 100%
- c. Adventist Health Ukiah Valley 97%
- d. Adventist Health Clearlake 95%

Other Hospitals:

- a. Sonoma Valley Hospital 100%
- b. Tahoe Forest Hospital 100%
- c. Banner Lassen Medical Center 98%
- d. Marin General Hospital (MarinHealth) 93%
- e. Trinity Hospital (Very small hospital) 92%

Reason for Resolution:

To recognize the top performing hospitals in the 2023-2024 QIP, which is evidence of the quality care they provided to Partnership members.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership staff, the Board is asked to commend the top performing hospitals in the 2023-2024 QIP.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
1.10

Resolution Number:
25-

**IN THE MATTER OF: COMMENDING THE TOP PERFORMING HOSPITALS IN
THE 2023-2024 HOSPITAL QIP**

Recital: Whereas,

A. There were fifteen top performing hospitals in the 2023-2024 Hospital QIP.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To commend the fifteen top performing hospitals in the 2023-2024 Hospital QIP.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk



Report from the Chief Executive Officer

February 26, 2025

Medicaid/Partnership Advocacy

As Congress contemplates \$880 billion in cuts to the Medicaid program, Partnership leaders traveled to DC to meet with our federal representatives and their staffers. We shared information about how many people in their districts receive their health care benefits through Partnership and emphasized the fragility of the health care delivery system, particularly in rural areas. In particular, we wanted to emphasize how crucial Medicaid coverage is for the residents in their home districts and the many ways that Partnership works to strengthen the provider network of clinics, hospitals and more.

The nomination of Robert Kennedy Jr. as Secretary of the Department of Health and Human Services has been confirmed and the Make America Healthy Again Commission was recently established. Dr. Mehmet Oz, the nominee to oversee CMS is likely to be confirmed and a new leader of the CMS Medicaid Division will be appointed. Our team is watching closely as a variety of proposals and changes to Medicaid are contemplated by Congress and the Administration. Depending on what is actually adopted during the budget reconciliation process, the State will then have to determine what changes will occur to California's Medi-Cal program. Our finance team and actuaries will continue to model and analyze the impact that the most likely proposals would have on Partnership. This will be a topic that our staff and Commission will focus on at the annual Strategic Planning Retreat in April.

State Developments

Rural Health Advocacy: Partnership has continued our focus on providing statewide leadership on rural health issues and championing local partnerships. One area of great concern has been the closure of hospital maternity wards which has meant long travel times for our pregnant members when they are ready to deliver. Since 2012, 56 hospitals have stopped delivering babies. We have worked with our small rural hospitals and other local stakeholders along with Senator McGuire's office on a bill to make changes in the regulations to increase access to community based, culturally centered care for pregnant people within their communities – improving the likelihood that they continue to access care throughout their pregnancy and postpartum. The bill (SB 669) offers an innovative solution to address California's maternal care needs while acknowledging the strain of workforce shortages, financial the declining birth rate. This bill is a crucial step toward ensuring that pregnant people in California, regardless of their zip code, have access to safe, high-quality maternity care.

CY Voluntary Rate Range Program: On Friday, February 21 Partnership sent "call letters" to hospitals and counties who participate in our Voluntary Rate Range Program. Through this program we are able to work with the state to bring federal matching dollars to qualifying providers who have unmet costs as for Partnership covered services provided to Partnership members. By March 21, each participating entity will send to Partnership a letter of interest with the maximum contribution amount and the DHCS Attachment B which outlines the uncompensated costs. Our Finance team held an informational webinar on August 7 and we have been having individual meetings and phone calls to

address individual questions. Those seeking additional information can contact us through a special email address: PHC_IGT@Partnershiphp.org.

CalAIM: The Senate Health Committee will hold a joint hearing with Public Safety on February 26, 2025 regarding the Justice Involved Re-entry Initiative. The committee will hear testimony from a variety of stakeholders, including leaders from counties and CDCR facilities regarding progress on implementing the initiative. We are proud that Yuba County was one of the first to begin services and that Siskiyou and Sutter Counties have submitted their applications to DHCS for review, to go live April 1, 2025. All counties must “go live” with these services by October of 2026.

Transitional Rent: This new program, which offers six months of rent for qualifying individuals, is still getting off the ground. Partnership staff participates in the DHCS-Managed Care Plan Transitional Rent Workgroup and attended a recent meeting on February 5. We look forward to working with our county partners to determine how this funding will be braided in with other funds that support housing and housing stability.

Medicare Update

We are hard at work developing our Medicare duals special needs plan (DSNP) called Partnership Advantage. We recently passed an important milestone when we completed our official application to CMS on February 12. This involved submitting a Model of Care describing our program and detailed information about our provider network. In the next phase, we will wait for feedback from CMS and work to cure any “deficiencies” in our application and will continue our provider contracting efforts.

Funding Opportunities

1. **CalAIM Path CITED – DHCS**
2. **CalAIM and IPP/Access Grants** – Access to primary care is particularly difficult in rural areas, and Partnership intends to utilize access grants to target rural communities to help expand services alongside the provider recruitment program. This is a limited funding opportunity, so the focus will be on specific regions.
3. **CY 2024 Voluntary Rate Range Program** – This is the first year the ten expansion counties will participate in the program. Funds are intended for entities with tax authority to cover uncompensated costs of managed care benefits/services. Due to limited funds, priority will be given to district hospitals, as inpatient costs are the highest. Entities must have a contract with the Partnership for Medi-Cal managed care services in CY 2024 (e.g., Enhanced Care Management or Community Supports). While we are still awaiting exact due dates from DHCS, if the process follows CY 2023’s timeline, IGTs would be due in Nov 2025, with potential fund issuance in Jan 2026. Updates will be shared as DHCS provides them.

Staffing

Partnership currently has 1,382 employees and has 129 open full-time positions. There are positions open across several departments, but the majority of open positions are in IT and Care Coordination. We will continue to recruit and hire staff to meet our regulatory requirements and customer service goals. We have outgrown our offices in Redding and continue to work on preparing the Shasta View property for our employees. In addition, our Chico-based employees will be able to move from their temporary site to our office on Fortress Road by the end of summer.

Partnership welcomed two new medical directors in February, Dr. Lisa Ward and Dr. Matthew Morris. Dr. Matthew Morris is assuming the role of regional medical director of the Auburn office, serving Plumas, Sierra, Nevada and Placer counties. He is a family physician with an additional year of residency in psychiatry. He has been a medical director in several settings, including the Iowa Department of Corrections and the Western Sierra Medical Clinic in the Auburn region. He also served a year on the Partnership Board of Commissioners, representing Sierra County, a position from which he resigned to become a Partnership medical director.

Dr. Lisa Ward is assuming the role of regional medical director for the Santa Rosa office, serving Sonoma and Marin counties. She is also a family physician with many years of leadership experience in several large federally qualified health centers in Sonoma and Marin counties, and most recently, Alliance Medical Center in Healdsburg and Windsor. She is a past president of the California Academy of Family Physicians and continues to be an influential advisor to their leadership team.

Focus on Quality

We continue our intense focus on quality of care for our members. At today's Board meeting, we are happy to honor the top performers in our Hospital Quality Improvement Program. We have a multitude of quality initiatives slated for 2025 and these involve the time, talent and efforts of staff across the company. We will continue important initiatives that include a focus on health equity. These include work with our tribal health partners on birthing pathways, outreach to pregnant African American members and bringing mobile mammography to rural communities.

Grant/Funding Opportunities

CalAIM Path CITED: DHCS has extended the deadline for applications for funding of CalAIM ECM or CS projects to May 2, 2025. Allowable uses for funds include (but are not limited to):

- Increasing provider workforce
- Infrastructure to support integration into CalAIM
- Infrastructure to support CalAIM ECM and Community Support Services
- Monitor ECM or Community Support Services
- Outreach to underresourced and or underserved for ECM or Community Support Services

Partnership CalAIM IPP Grants (Incentive Payment Program) and Access Grants:

Partnership announced another round of funding for projects that support expansion of CalAIM services and that support access in our region. We will be holding an informational webinar on March 4, 2025 from noon to 1:00 p.m. The application period will close May 16. We are required to ensure that our funding does not duplicate funds that the state is dispensing through the Path CITED program. The IPP funding will be directed to:

- Justice Involved Population of Focus (capacity building)
- Access – Projects that support pcp/specialty access for members to establish care
- Rural Focus
- Build Capacity and/or expansion of Short-Term Post Transition Housing or Short-Term Recuperative Care Facilities

Questions can be directed to: Grants@partnershiphp.org

**AGENDA REQUEST FOR RATIFICATION
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

.0

Board / Finance Committee (when applicable)
Meeting Date: January 15, 2025
Board Meeting Date: February 26, 2025

Agenda Item Number:
2.1

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
The Finance Committee and Partnership Staff

Topic Description:

Partnership Board Commissioner Dr. Matthew Morris, Chief Medical Officer at Western Sierra Medical Clinic, has resigned from the Partnership Board.

Commissioner Morris has made numerous outstanding contributions to Partnership HealthPlan of California and the Commission (known as the Board) since April 2024. He has provided excellent leadership and has been a dedicated volunteer. His knowledge has been of great value to Partnership, and he has kept the needs of our members, providers and the community as a guiding principle.

Reason for Resolution:

To obtain Board approval to accept the resignation of Sierra County Representative, Dr. Matthew Morris from the Partnership Board.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Finance Committee and Partnership staff, the Board is asked to accept the resignation of Sierra County Representative, Dr. Matthew Morris from the Partnership Board.

**AGENDA REQUEST FOR RATIFICATION
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board / Finance Committee (when applicable)

Meeting Date: January 15, 2025

Board Meeting Date: February 26, 2025

Agenda Item Number:

2.1

Resolution Number:

25-

**IN THE MATTER OF: ACCEPTING THE RESIGNATION OF BOARD COMMISSIONER
DR MATTHEW MORRIS**

Recital: Whereas,

- A. The Board has authority to accept Commissioner Resignations.
- B. Commissioner Morris has resigned from the Partnership Board.
- C. Dr. Matthew Morris was a faithful and active member of the Board.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To accept Dr. Matthew Morris' resignation from the Partnership Board.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner seconded by Commissioner and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.1

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Partnership Advisory Groups and Committees

Topic Description:

Partnership HealthPlan of California has a number of advisory groups and committees established by the Commission (known as the Board) with direct reporting responsibilities. These are the Compliance / Governance Committee, Consumer Advisory Committee, Finance Committee, Personnel Committee, Physician Advisory Committee and Strategic Planning Committee.

The Physician Advisory Committee (PAC) has responsibility for oversight and monitoring of quality and cost-effectiveness of medical care provided to Partnership's members. A number of other advisory groups and committees have direct reporting responsibilities to PAC. These include the Credentials Committee, Internal Quality Improvement Committee, Member Grievance Review Committee, Over/Under Utilization Workgroup, Pediatric Quality Committee, Peer Review Committee, Pharmacy & Therapeutics Committee, Population Health Management & Health Equity Committee, Member Grievance Review Committee, Quality/Utilization Advisory Committee, Substance Use Services Internal Quality Improvement Subcommittee and Provider Engagement Group.

The Board is responsible for reviewing and accepting all minutes and packets approved by the various advisory groups and committees, and approving the policies, program descriptions, and QIP changes that were approved by the PAC, in December 2024 and January through February 2025.

Reason for Resolution:

To provide the Board the opportunity to review and accept Partnership advisory committee minutes and packets. In addition, to provide the Board with all Partnership policy and program description changes approved and recommended by PAC.

Financial Impact:

Any financial impact to the HealthPlan is included in the budget.

Requested Action of the Board:

Based on the recommendation of Partnership's advisory groups & committees, the Board is asked to accept receipt of all Partnership's committee minutes and committee packets and to approve all policy and program description changes approved by PAC, linked in the agenda.

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.1

Resolution Number:
25-

**IN THE MATTER OF: ACCEPTING ALL PARTNERSHIP HEALTHPLAN OF CALIFORNIA
ADVISORY COMMITTEE MINUTES AND COMMITTEE PACKETS AND TO APPROVE
POLICY AND PROGRAM DESCRIPTION CHANGES APPROVED BY THE PHYSICIAN
ADVISORY COMMITTEE (PAC)**

Recital: Whereas,

- A. The Board has fiduciary responsibility for the operation of the organization.
- B. The Board has responsibility to review and accept all Partnership committee minutes and packets and to review and approve all policy and program description changes approved by PAC.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To accept receipt of all Partnership committee minutes and committee packets.
- 2. To obtain approval for policy and program description changes approved and recommended by PAC.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner seconded by Commissioner and by the following votes:

AYES: Commissioners:
NOES: Commissioners
ABSTAINED: Commissioners
ABSENT: Commissioners
EXCUSED: Commissioners

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.2

Resolution Sponsor:
Dr. Moore, CMO, Partnership HealthPlan of CA

Recommendation by:
The Physician Advisory Committee (PAC)

Topic Description:

Dr. Suzanne Eidson-Ton has resigned from the Physician Advisory Committee as a voting member.

Reason for Resolution:

To accept the resignation of Dr. Suzanne Eidson-Ton from the Physician Advisory Committee.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation from the Physician Advisory Committee, the Board is asked to accept the resignation of Dr. Suzanne Eidson-Ton.

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.2

Resolution Number:
25-

**IN THE MATTER OF: APPROVING PHYSICIAN ADVISORY COMMITTEE
MEMBERSHIP CHANGES**

Recital: Whereas,

- A. Dr. Suzanne Eidson-Ton has resigned from PAC as a voting member.
- B. The Board has authority to approve advisory committee membership changes.

Now, Therefore, It Is Hereby Resolved as Follows:

- 1. To accept the resignation of Dr. Suzanne Eidson-Ton from the Physician Advisory Committee.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.3

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Governance & Compliance Committee

Topic Description:

Board Commissioner Nancy Starck has expressed interest in joining the Governance & Compliance Committee.

Reason for Resolution:

Commissioner Starck is the Legislative & Policy Manager at the Humboldt County Department of Health and Human Services and has expressed interest in joining the Governance & Compliance Committee.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Governance & Compliance Committee, the Board is being asked to accept the appointment of Commissioner Starck to the committee as a new member.

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.3

Resolution Number:
25-

IN THE MATTER OF: APPROVING THE NEW APPOINTMENT OF NANCY STARCK TO THE GOVERNANCE & COMPLIANCE PLANNING COMMITTEE

Recital: Whereas,

- A. Commissioners are encouraged to join at least one committee and Commissioner Starck has expressed an interest in joining the Governance & Compliance Committee.
- B. The committee has a vacant seat available.
- C. The Board has authority to appoint advisory committee members.

Now, Therefore, It Is Hereby Resolved as Follows:

- 1. To accept the appointment of Commissioner Nancy Starck to the Governance & Compliance Committee.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners

ABSTAINED: Commissioners

ABSENT: Commissioners:

Kim Tangermann, Chair

Date

BY: _____
Ashlyn Scott, Clerk

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.4

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Governance & Compliance Committee

Topic Description:

Board Commissioner Dr. Phuong Luu has expressed interest in joining the Governance & Compliance Committee.

Reason for Resolution:

Dr. Phuong Luu is the Bi-county Public Health Officer for Sutter and Yuba Counties and a member of the Partnership Board. Dr Luu has expressed interest in joining the Governance & Compliance Committee.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Governance & Compliance Committee, the Board is being asked to accept the appointment of Commissioner Luu to the committee as a new member.

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.4

Resolution Number:
25-

**IN THE MATTER OF: APPROVING THE NEW APPOINTMENT OF DR
PHUONG LUU THE GOVERNANCE & COMPLIANCE PLANNING COMMITTEE**

Recital: Whereas,

- A. Commissioners are encouraged to join at least one committee and Commissioner Luu has expressed an interest in joining the Governance & Compliance Committee.
- B. The committee has a vacant seat available.
- C. The Board has authority to appoint advisory committee members.

Now, Therefore, It Is Hereby Resolved as Follows:

- 1. To accept the appointment of Commissioner Dr. Phuong Luu to the Governance & Compliance Committee.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners

ABSTAINED: Commissioners

ABSENT: Commissioners:

Kim Tangermann, Chair

Date

BY: _____
Ashlyn Scott, Clerk

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.5

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Strategic Planning Committee

Topic Description:
Tracy Mendez has expressed interest in joining the Strategic Planning Committee (SPC).

Reason for Resolution:
Tracy Mendez is the Acting Chief Executive Officer for Aliados Health, a regional association of 17 community health centers with sites in Marin, Napa, Sonoma, Contra Costa, Solano, and Yolo counties. Tracy Mendez has expressed interest in joining the Strategic Planning Committee.

Financial Impact:
There is no financial impact to the HealthPlan.

Requested Action of the Board:
Based on the recommendation of the Strategic Planning Committee the Board is being asked to accept the appointment of Tracy Mendez to the committee as a new member.

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.5

Resolution Number:
25-

IN THE MATTER OF: APPROVING THE NEW APPOINTMENT OF TRACY MENDEZ TO THE STRATEGIC PLANNING COMMITTEE

Recital: Whereas,

- A. Tracy Mendez is well qualified for the Strategic Planning Committee and has expressed an interest in joining the committee.
- B. The committee has a vacant seat available.
- C. The Board has authority to appoint advisory committee members.

Now, Therefore, It Is Hereby Resolved as Follows:

- 1. To accept the appointment of Tracy Mendez to the Strategic Planning Committee.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners

ABSTAINED: Commissioners

ABSENT: Commissioners:

Kim Tangermann, Chair

Date

BY: _____
Ashlyn Scott, Clerk

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.6

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Strategic Planning Committee

Topic Description:
Robin Schurig has expressed interest in joining the Strategic Planning Committee (SPC).

Reason for Resolution:
Robin Schurig is the Executive Director of the Health Alliance of Northern California (HANC), a network of federally qualified health centers working to promote the health and well-being of our communities in rural and frontier Northern California. Robin Schurig has expressed interest in joining the Strategic Planning Committee.

Financial Impact:
There is no financial impact to the HealthPlan.

Requested Action of the Board:
Based on the recommendation of the Strategic Planning Committee the Board is being asked to accept the appointment of Robin Schurig to the committee as a new member.

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.6

Resolution Number:
25-

**IN THE MATTER OF: APPROVING THE NEW APPOINTMENT OF ROBIN
SCHURIG TO THE STRATEGIC PLANNING COMMITTEE**

Recital: Whereas,

- A. Robin Schurig is well qualified for the Strategic Planning Committee and has expressed an interest in joining the committee.
- B. The committee has a vacant seat available.
- C. The Board has authority to appoint advisory committee members.

Now, Therefore, It Is Hereby Resolved as Follows:

- 1. To accept the appointment of Robin Schurig to the Strategic Planning Committee.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners

ABSTAINED: Commissioners

ABSENT: Commissioners:

Kim Tangermann, Chair

Date

BY: _____
Ashlyn Scott, Clerk

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.7

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Strategic Planning Committee

Topic Description:

Wendy Longwell has expressed interest in joining the Strategic Planning Committee (SPC).

Reason for Resolution:

Wendy currently works at the Disability Action Center and is a former Partnership Board Commissioner. Wendy Longwell has expressed interest in joining the Strategic Planning Committee.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Strategic Planning Committee the Board is being asked to accept the appointment of Wendy Longwell to the committee as a new member.

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.7

Resolution Number:
25-

IN THE MATTER OF: APPROVING THE NEW APPOINTMENT OF WENDY LONGWELL TO THE STRATEGIC PLANNING COMMITTEE

Recital: Whereas,

- A. Wendy Longwell is well qualified for the Strategic Planning Committee and has expressed an interest in joining the committee.
- B. The committee has a vacant seat available.
- C. The Board has authority to appoint advisory committee members.

Now, Therefore, It Is Hereby Resolved as Follows:

- 1. To accept the appointment of Wendy Longwell to the Strategic Planning Committee.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners

ABSTAINED: Commissioners

ABSENT: Commissioners:

Kim Tangermann, Chair

Date

BY: _____
Ashlyn Scott, Clerk

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.8

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Approved by:
Sonoma County Board of Supervisors and Partnership Staff

Topic Description:

The Sonoma County Board of Supervisors met on January 7, 2025 and reappointed Cathryn Couch as a Sonoma County Representative to the Partnership Board for another 4-year term of office, commencing on January 1, 2025 and terminating on December 31, 2029.

Reason for Resolution:

To get Board approval to reappoint Cathryn Couch to the Partnership Board representing Sonoma County.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Sonoma County Board of Supervisors and Partnership Staff, the Board is asked to approve the reappointment of Cathryn Couch.

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.8

Resolution Number:
25-

**IN THE MATTER OF: APPROVING BOARD COMMISSIONER REAPPOINTMENT OF
CATHRYN COUCH**

Recital: Whereas,

- A. The Sonoma County Board of Supervisors reappointed Cathryn Couch to the Partnership Board for another 4-year term of office.
- B. The Board has authority to approve Commissioner appointments.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the Sonoma County reappointment of Cathryn Couch.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioner:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.9

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Partnership Staff

Topic Description:

Partnership's Brown Act Compliance policy, CMP20 requires annual Board approval, as it specifies the Brown Act meeting requirements pursuant to the California Government Code Section 54950.

Additionally, the policy was updated to include information on the opinion issued by the California Office of the Attorney General on July 24, 2024, which determined if a member of a Brown Act board or committee member has a ADA-qualifying disability that prevents in-person attendance, the member may participate in a public meeting remotely as a reasonable accommodation.

Reason for Resolution:

To obtain Board approval for edits to the Brown Act Compliance policy, CMP-20.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership staff, the Board is asked to approve Partnership's Brown Act Compliance policy, CMP-20.

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.9

Resolution Number:
25-

IN THE MATTER OF: APPROVING EDITS TO THE BROWN ACT COMPLIANCE POLICY, CMP-20

Recital: Whereas,

- A. The Board is responsible for review and approval of HealthPlan policies related to Brown Act meeting requirements.
- B. It is important to maintain an updated policy that accurately describes Brown Act meeting requirements.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve edits to the Brown Act Compliance Policy, CMP-20.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

| | | | |
|--|--|---|---|
| Policy/Procedure Number: CMP-20 (Formerly ADM-22) | | Lead Department: Administration | |
| Policy/Procedure Title: Brown Act Compliance | | <input type="checkbox"/> External Policy <input checked="" type="checkbox"/> Internal Policy | |
| Original Date: 09/01/2009 | | Next Review Date: 02/25/2026 Last Review Date: 02/26/2025 | |
| Applies to: | <input checked="" type="checkbox"/> Medi-Cal | <input type="checkbox"/> Healthy Kids | <input type="checkbox"/> Employees |
| Reviewing Entities: | <input type="checkbox"/> IQI | <input type="checkbox"/> P & T | <input type="checkbox"/> QUAC |
| | <input type="checkbox"/> OPERATIONS | <input type="checkbox"/> EXECUTIVE | <input type="checkbox"/> COMPLIANCE <input type="checkbox"/> DEPARTMENT |
| Approving Entities: | <input checked="" type="checkbox"/> BOARD | <input checked="" type="checkbox"/> COMPLIANCE | <input type="checkbox"/> FINANCE <input type="checkbox"/> PAC |
| | <input checked="" type="checkbox"/> CEO <input type="checkbox"/> COO | <input type="checkbox"/> CREDENTIALING | <input type="checkbox"/> DEPT. DIRECTOR/OFFICER |
| Approval Signature: <i>Sonja Bjork, CEO</i> | | Approval Date: 02/26/2025 | |

I. RELATED POLICIES:

N/A

II. IMPACTED DEPTS.:

All

III. DEFINITIONS:

- A. Posted: Notices of meetings, including agendas, must be posted at least 72 hours prior to the meeting in a location that is accessible 24 hours a day for the 72 hours prior to the meeting.
- B. Teleconference Meeting: A teleconference meeting is a meeting in which one or more members of the Board attend the meeting from a remote location via electronic means, transmitting audio or audio/video.

IV. ATTACHMENTS:

- A. PHC Partnership Regularly Scheduled Meetings

V. PURPOSE:

To ensure compliance with the Ralph M. Brown Act.

VI. POLICY / PROCEDURE:

- A. Policy.
 - 1. As defined in California Government Code section 54952(b), governing subsidiary bodies of the Board may be subject to the Ralph M. Brown Act. In accordance with the Ralph M. Brown Act, the meetings listed in Attachment A are designated as either closed or open to the public.
 - 2. Interested members of the public, including, but not limited to the media, members of Partnership HealthPlan of California ("Partnership") and other concerned individuals may attend meetings listed as open to the public. Portions of meetings may be closed to the public pursuant to closed sessions criteria set forth in Government Code section 54950, et seq.
 - 3. Regularly scheduled meeting are subject to notice and agenda requirements

| | | | |
|--|---------------------|--|----------------------|
| Policy/Procedure Number: CMP-20 (Formerly ADM-22) | | Lead Department: Administration | |
| Policy/Procedure Title: Brown Act Compliance | | External Policy Internal Policy | |
| Original Date: 09/01/2009 | | Next Review Date: 02/25/2026 Last Review Date: 02/26/2025 | |
| Applies to: | Medi-Cal | Healthy Kids | Employees |

pursuant to California Government Code section 54954.2.

4. Pursuant to California Government Code section 54953, a Teleconference Meeting may be held under the following circumstances:
 - a. In compliance with the general Ralph M. Brown Act teleconferencing requirements specified by California Government Code section 54953(b)(+).
 - b. (AB 2449) and through January 1, 2026, Under the there are limited circumstances allowing Teleconference Meetings meetings to be held via teleconferencing during a proclaimed state of emergency, outside of the general (prepandemic) Ralph M. Brown Act teleconferencing requirements as specified by California Government Code section 54953(e); or
 - a. Until January 1, 2026, under the limited circumstance allowing Teleconference Meetings when the majority of the legislative body is present from a single physical location and an individual member of the legislative body participates remotely due to a just cause or an emergency circumstance, as specified by California Government Code section 54953(f).
 - b.

4.5. As of July 24, 2024, The California Office of the Attorney General issued an opinion that determined if a member of Partnership's Board or Brown Act committees has an ADA-qualifying disability that prevents in-person attendance, the member may participate in a public meeting remotely as a reasonable accommodation.

B. Procedure.

1. Agendas for regularly scheduled meetings shall be posted at least 72 hours prior to the meeting on the Partnership website and ~~publically~~ publicly at the Partnership's meeting locations, including all teleconference call locations, except for teleconferencing pursuant to 54953(e) or 54953(f).
2. For special meetings, at least 24 hours advance notice will be provided in the case of special meetings.
3. One hour notice may be provided in the case of an emergency meeting, unless that meeting is held due to a dire emergency.
4. If requested, the agenda shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof.
5. The agenda shall include information regarding how, to whom, and when a request for disability-related modification or accommodation, including auxiliary aids or services, may be made by a person with a disability who requires a modification or accommodation in order to participate in the public meeting.
6. Regularly scheduled Partnership meetings open to the public are outlined in Attachment A. All other meetings not designated as open are closed to the public as specified. Requirements for agenda posting for closed meetings are listed under Attachment A.
7. If Board or committee members participate in meetings via a teleconference location, each teleconference location must be fully accessible to members of the public and the procedure for posting the agenda, listed in section (1) above, must be followed, except for teleconferencing pursuant to 54953(e) or 54953(f).
8. If a Board or Brown Act committee member requests to attend a public meeting remotely due

| | | | |
|--|-----------------|--|------------------|
| <u>Policy/Procedure Number: CMP-20 (Formerly ADM-22)</u> | | <u>Lead Department: Administration</u> | |
| <u>Policy/Procedure Title: Brown Act Compliance</u> | | <u>External Policy</u> <u>Internal Policy</u> | |
| <u>Original Date: 09/01/2009</u> | | <u>Next Review Date: 02/25/2026</u> <u>Last Review Date: 02/26/2025</u> | |
| <u>Applies to:</u> | <u>Medi-Cal</u> | <u>Healthy Kids</u> | <u>Employees</u> |

to an ADA-qualifying disability, the Board or Brown Act committee member and the Board or committee must follow the following procedures:

- a. The Board member must participate using real-time two-way audio and video streaming.
- b. The Board member must identify any adult present in the room with them.
- b-c. If the Board member's remote connection is disrupted, the rest of the Board cannot take action until the connection is reestablished

VII. REFERENCES:

- d. California Government Code Section 54950 et. seq., (also known as the Ralph M. Brown Act.)
~~et. seq., (also known as the Ralph M. Brown Act.)~~

VIII. DISTRIBUTION:

- A. PowerDMS
- B. Directors

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:

- A. Department contacts are responsible for ensuring department compliance with the Ralph M. Brown Act.
- B. Compliance Department is responsible for auditing compliance with the Ralph M. Brown Act.

X. REVISION DATES / APPROVED BY BOARD:

- Medi-Cal
- A. 06/18/10, 12/06/11, 12/04/12, 03/26/13, 8/26/15, 09/07/16, 05/17/2017, 08/23/2018, 12/04/2019, 11/19/2020, 12/02/2021, 08/15/2024, 2/20/2025
- B. Board Resolution 3.6 on 6/28/17
- C. Board Resolution 3.6 on 12/04/2019
- ~~C-D.~~ Board Resolution 3.9 on 2/26/2025

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PREVIOUSLY APPLIED TO:

- Partnership Advantage:
CMP-20 – 09/01/2009 to 01/01/2015
- Healthy Families:
CMP-20 – 10/01/2010 to 03/01/2013
- Healthy Kids:
CMP-20 – 06/18/2010 to 12/31/2016

| | | | |
|--|-----------------|--|------------------|
| <u>Policy/Procedure Number: CMP-20 (Formerly ADM-22)</u> | | <u>Lead Department: Administration</u> | |
| <u>Policy/Procedure Title: Brown Act Compliance</u> | | <u>External Policy</u> <u>Internal Policy</u> | |
| <u>Original Date: 09/01/2009</u> | | <u>Next Review Date: 02/25/2026</u> <u>Last Review Date: 02/26/2025</u> | |
| <u>Applies to:</u> | <u>Medi-Cal</u> | <u>Healthy Kids</u> | <u>Employees</u> |

ATTACHMENT A
**REGULARLY SCHEDULED
PUBLIC PARTNERSHIP
MEETINGS**

Revised 2/15/2024

| MEETING | Open or Closed? | Agenda Publicly Posted? |
|---|---------------------|-------------------------|
| <i>External/Commission</i> | | |
| Commission (Board) | Open ¹ | Yes |
| Governance Committee | Open ¹ | Yes |
| CEO Evaluation Committee | Closed ⁴ | No |
| Consumer Advisory Committee (CAC) | Open ¹ | Yes |
| Credentialing | Closed ³ | No |
| Finance Committee | Open ¹ | Yes |
| Peer Review (sub-committee of Q/UAC) | Closed ³ | No |
| Physicians Advisory Committee | Open ¹ | Yes |
| Provider Engagement Group (PEG) | Closed | No |
| Quality Improvement and Health Equity Committee | Closed | No |
| Quality/Utilization Advisory Committee (Q/UAC) | Open ² | Yes |
| Strategic Planning Committee | Open ² | Yes |
| Personnel, Policies and Benefits Committee | Open ² | Yes |

¹ This meeting is open if the Committee was created by the Commission (charter, ordinance, resolution, formal action or Bylaws) and/or Commissioners have an official seat.

² This meeting is open because it is a standing committee which has jurisdiction over a particular subject area.

³ This meeting is closed under CA Evidence Code §1157.

⁴ This meeting is closed under CA Government Code §54957.

Note: Meetings can also be considered closed if it is a meeting of a committee that is non-standing, advisory and is comprised only of less than a quorum of members of the Commission.

| | | | | |
|--|--|---|---|---|
| Policy/Procedure Number: CMP-20 (Formerly ADM-22) | | | Lead Department: Administration | |
| Policy/Procedure Title: Brown Act Compliance | | | <input type="checkbox"/> External Policy <input checked="" type="checkbox"/> Internal Policy | |
| Original Date: 09/01/2009 | | Next Review Date: 02/25/2026 Last Review Date: 02/26/2025 | | |
| Applies to: | <input checked="" type="checkbox"/> Medi-Cal | <input type="checkbox"/> Healthy Kids | <input type="checkbox"/> Employees | |
| Reviewing Entities: | <input type="checkbox"/> IQI | <input type="checkbox"/> P & T | <input type="checkbox"/> QUAC | |
| | <input type="checkbox"/> OPERATIONS | <input type="checkbox"/> EXECUTIVE | <input type="checkbox"/> COMPLIANCE | <input type="checkbox"/> DEPARTMENT |
| Approving Entities: | <input checked="" type="checkbox"/> BOARD | <input checked="" type="checkbox"/> COMPLIANCE | <input type="checkbox"/> FINANCE | <input type="checkbox"/> PAC |
| | <input checked="" type="checkbox"/> CEO | <input type="checkbox"/> COO | <input type="checkbox"/> CREDENTIALING | <input type="checkbox"/> DEPT. DIRECTOR/OFFICER |
| Approval Signature: Sonja Bjork, CEO | | | Approval Date: 02/26/2025 | |

I. RELATED POLICIES:

N/A

II. IMPACTED DEPTS.:

All

III. DEFINITIONS:

- A. Posted: Notices of meetings, including agendas, must be posted at least 72 hours prior to the meeting in a location that is accessible 24 hours a day for the 72 hours prior to the meeting.
- B. Teleconference Meeting: A teleconference meeting is a meeting in which one or more members of the Board attend the meeting from a remote location via electronic means, transmitting audio or audio/video.

IV. ATTACHMENTS:

- A. Partnership Regularly Scheduled Meetings

V. PURPOSE:

To ensure compliance with the Ralph M. Brown Act.

VI. POLICY / PROCEDURE:

- A. Policy.
1. As defined in California Government Code section 54952(b), governing subsidiary bodies of the Board may be subject to the Ralph M. Brown Act. In accordance with the Ralph M. Brown Act, the meetings listed in Attachment A are designated as either closed or open to the public.
 2. Interested members of the public, including, but not limited to the media, members of Partnership HealthPlan of California (“**Partnership**”) and other concerned individuals may attend meetings listed as open to the public. Portions of meetings may be closed to the public pursuant to closed sessions criteria set forth in Government Code section 54950, et seq.
 3. Regularly scheduled meeting are subject to notice and agenda requirements

| | | | |
|--|-----------------|--|------------------|
| Policy/Procedure Number: CMP-20 (Formerly ADM-22) | | Lead Department: Administration | |
| Policy/Procedure Title: Brown Act Compliance | | External Policy Internal Policy | |
| Original Date: 09/01/2009 | | Next Review Date: 02/25/2026 Last Review Date: 02/26/2025 | |
| Applies to: | Medi-Cal | Healthy Kids | Employees |

pursuant to California Government Code section 54954.2.

4. Pursuant to California Government Code section 54953, a Teleconference Meeting may be held under the following circumstances:
 - a. In compliance with the general Ralph M. Brown Act teleconferencing requirements specified by California Government Code section 54953(b);
 - b. Under the limited circumstances allowing Teleconference Meetings during a proclaimed state of emergency, as specified by California Government Code section 54953(e); or until January 1, 2026, under the limited circumstance allowing Teleconference Meetings when the majority of the legislative body is present from a single physical location and an individual member of the legislative body participates remotely due to a just cause or an emergency circumstance, as specified by California Government Code section 54953(f).
5. As of July 24, 2024, The California Office of the Attorney General issued an [opinion](#) that determined if a member of Partnership’s Board or Brown Act committees has an ADA-qualifying disability that prevents in-person attendance, the member may participate in a public meeting remotely as a reasonable accommodation.

B. Procedure.

1. Agendas for regularly scheduled meetings shall be posted at least 72 hours prior to the meeting on the Partnership website and publicly at Partnership’s meeting locations, including all teleconference call locations, except for teleconferencing pursuant to 54953(e) or 54953(f).
2. For special meetings, at least 24-hours advance notice will be provided.
3. One hour notice may be provided in case of an emergency meeting, unless that meeting is held due to a dire emergency.
4. If requested, the agenda shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof.
5. The agenda shall include information regarding how, to whom, and when a request for disability-related modification or accommodation, including auxiliary aids or services, may be made by a person with a disability who requires a modification or accommodation in order to participate in the public meeting.
6. Regularly scheduled Partnership meetings open to the public are outlined in Attachment A. All other meetings not designated as open are closed to the public as specified. Requirements for agenda posting for closed meetings are listed under Attachment A.
7. If Board or committee members participate in meetings via a teleconference location, each teleconference location must be fully accessible to members of the public and the procedure for posting the agenda, listed in section (1) above, must be followed, except for teleconferencing pursuant to 54953(e) or 54953(f).
8. If a Board or Brown Act committee member requests to attend a public meeting remotely due to an ADA-qualifying disability, the Board or Brown Act committee member and the Board or committee must follow the following procedures:
 - a. The Board member must participate using real-time two-way audio and video streaming.
 - b. The Board member must identify any adult present in the room with them.
 - c. If the Board member’s remote connection is disrupted, the rest of the Board cannot take action until the connection is reestablished

| | | | |
|--|-----------------|--|------------------|
| Policy/Procedure Number: CMP-20 (Formerly ADM-22) | | Lead Department: Administration | |
| Policy/Procedure Title: Brown Act Compliance | | External Policy Internal Policy | |
| Original Date: 09/01/2009 | | Next Review Date: 02/25/2026 Last Review Date: 02/26/2025 | |
| Applies to: | Medi-Cal | Healthy Kids | Employees |

VII. REFERENCES:

- d. [California Government Code Section 54950](#) et. seq., (also known as the Ralph M. Brown Act.)

VIII. DISTRIBUTION:

- A. PowerDMS
- B. Directors

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:

- A. Department contacts are responsible for ensuring department compliance with the Ralph M. Brown Act.
- B. Compliance Department is responsible for auditing compliance with the Ralph M. Brown Act.

X. REVISION DATES / APPROVED BY BOARD:

Medi-Cal

- A. 06/18/10, 12/06/11, 12/04/12, 03/26/13, 8/26/15, 09/07/16, 05/17/2017, 08/23/2018, 12/04/2019, 11/19/2020, 12/02/2021, 08/15/2024, 2/20/2025
- B. Board Resolution 3.6 on 6/28/17
- C. Board Resolution 3.6 on 12/04/2019
- D. Board Resolution 3.9 on 2/26/2025

PREVIOUSLY APPLIED TO:

Partnership Advantage:

CMP-20 – 09/01/2009 to 01/01/2015

Healthy Families:

CMP-20 – 10/01/2010 to 03/01/2013

Healthy Kids:

CMP-20 – 06/18/2010 to 12/31/2016

| | | | |
|--|-----------------|--|------------------|
| Policy/Procedure Number: CMP-20 (Formerly ADM-22) | | Lead Department: Administration | |
| Policy/Procedure Title: Brown Act Compliance | | External Policy Internal Policy | |
| Original Date: 09/01/2009 | | Next Review Date: 02/25/2026 Last Review Date: 02/26/2025 | |
| Applies to: | Medi-Cal | Healthy Kids | Employees |

ATTACHMENT A

**REGULARLY SCHEDULED
PUBLIC PARTNERSHIP
MEETINGS**

Revised 2/15/2024

| MEETING | Open or Closed? | Agenda Publicly Posted? |
|---|------------------------|--------------------------------|
| <i>External/Commission</i> | | |
| Commission (Board) | Open ¹ | Yes |
| Governance Committee | Open ¹ | Yes |
| CEO Evaluation Committee | Closed ⁴ | No |
| Consumer Advisory Committee (CAC) | Open ¹ | Yes |
| Credentialing | Closed ⁵ | No |
| Finance Committee | Open ¹ | Yes |
| Peer Review (sub-committee of Q/UAC) | Closed ⁵ | No |
| Physicians Advisory Committee | Open ¹ | Yes |
| Provider Engagement Group (PEG) | Closed | No |
| Quality Improvement and Health Equity Committee | Closed | No |
| Quality/Utilization Advisory Committee (Q/UAC) | Open ² | Yes |
| Strategic Planning Committee | Open ² | Yes |
| Personnel, Policies and Benefits Committee | Open ² | Yes |

¹ This meeting is open if the Committee was created by the Commission (charter, ordinance, resolution, formal action or Bylaws) and/or Commissioners have an official seat.

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Note: Meetings can also be considered closed if it is a meeting of a committee that is non-standing, advisory and is comprised only of less than a quorum of members of the Commission.

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.10

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Partnership Staff

Topic Description:

Partnership Board Commissioner Ryan Nowling, former Chief Executive Officer of Northeastern Rural Health Clinics has resigned from the Partnership Board as the Lassen County representative.

Reason for Resolution:

To provide Commissioner Nowling with the highest level of commendations and appreciation for his excellent service.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership staff, the Board is asked to approve the commendations and appreciation for the support Commissioner Ryan Nowling has provided to Partnership and the Board.

**CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
3.10

Resolution Number:
25-

IN THE MATTER OF: COMMENDATIONS AND APPRECIATION FOR RYAN NOWLING’S SERVICE TO PARTNERSHIP AND THE BOARD

Recital: Whereas,

- A. Ryan Nowling provided valuable advice and support for Partnership and the Board.
- B. Ryan Nowling was a faithful and active member of the Board.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the highest level of commendations and appreciation for Commissioner Nowling’s outstanding service to Partnership and the Board.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
4.1

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
and Partnership Staff

Topic Description:

Partnership HealthPlan has had a Consumer Advisory Committee (CAC) since 1994. The CAC has expanded as Partnership has broadened its service area. The CAC is comprised of Partnership members, and their parents / guardians, with representatives from each of Partnership's counties. To align with the changes to the DHCS 2024 Contract amendment & All Plan Letter 25-004, Partnership's CAC, will be re-named as the Community Advisory Committee. New rules also require a more formal process for selecting CAC members, ensuring the selection committee is representative of all counties served, as well as diverse consumer types (e.g., LTSS, foster care, and hard-to-reach populations). It is proposed that the Board of Commissioners serve as the selection committee for the CAC, to meet the new requirements.

The CAC meetings are held quarterly over the lunch hour and members are eligible to receive a meal, attendance stipend and mileage reimbursement. Member Services staff support CAC members by confirming receipt of meeting materials and addressing any potential barriers to participation. Historically, members have been recruited via call centers, community events, and referrals from various organizations.

Key Functions of the CAC:

1. **Staying Informed:** Members are kept up-to-date on benefits, programs, and changes.
2. **Reviewing Materials:** The CAC assesses member-facing communications and materials.
3. **Providing Feedback:** Members share real-time feedback from their experiences with Partnership and the health care delivery system including input from family, friends, and neighbors.
4. **Addressing Regional Concerns:** Identifying and discussing challenges unique to specific regions.
5. **Reviewing Reports:** CAC members review various reports, including Member Satisfaction Surveys and Population Health Assessments (PNA).
6. **Engagement:** Members accompany Partnership staff on site visits, attend community events, and participate in conferences or educational opportunities.
7. **Selection of Board Members:** The CAC helps select three consumers to serve on the Board of Commissioners.
8. **Supporting Cultural Competency:** The CAC plays a role in shaping Partnership's cultural and linguistic services (CLAS).

Additional Responsibilities:

The 2024 contract amendment and APL add several new responsibilities to the CAC, for example:

1. Inform the development of the Provider Manual.
2. Identify and advocate for Preventive Care practices to be utilized by Partnership.
3. Provide input, advice, and make recommendations to address Quality of Care, Health Equity, Health Disparities, Population Health Management, children services, Community Reinvestment Plans, and Community Health Assessments (CHA)/Community Health Improvement Plans (CHIP).

Reason for Resolution:

To obtain Board approval to rename the Consumer Advisory Committee to the Community Advisory Committee and have Board of Commissioners, which has representation from each of Partnership’s twenty four counties, willserve as the Selection Committee for the Community Advisory Committee.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership staff, the Board is asked to approve renaming the Consumer Advisory Committee to the Community Advisory Committee and the Board of Commissioners will now serve as the Selection Committee for the CAC.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
4.1

Resolution Number:
25-

IN THE MATTER OF: APPROVING RENAMING OF THE CONSUMER ADVISORY COMMITTEE TO THE COMMUNITY ADVISORY COMMITTEE AND THE BOARD OF COMMISSIONERS SERVING AS THE SELECTION COMMITTEE FOR THE CAC

Recital: Whereas,

- A. The Board has ultimate responsibility for approving changes to advisory committees
- B. Partnership is committed to conducting business in compliance with all required standards and regulations.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the renaming of the Consumer Advisory Committee to the Community Advisory Committee and the Board of Commissioners will now serve as the Selection Committee for the CAC.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

ATTEST:

BY:

Ashlyn Scott, Clerk

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
4.2

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Partnership Staff

Topic Description:

In accordance with the 2024 Managed Care Plan (MCP) Contract and APL 25-004, MCPs must convene a selection committee tasked with selecting the members of the Community Advisory Committee which will provide the recommendations to the MCP. MCPs must demonstrate a good faith effort to ensure that the CAC selection committee is comprised of a representative sample of each of the persons below to bring different perspectives, ideas, and views to the CAC:

- Persons who sit on the MCP’s Governing Board as applicable and/or the MCP Executive Committee which represent the Medi-Cal line of Business and/or Providers who represent at least Safety Net Providers including Federally Qualified Health Centers/Rural Health Centers, Indian Health Care Providers (IHCP), as applicable; and Behavioral Health Providers; and in addition, person(s) who represent Regional Centers; Local Education Agencies; dental Providers; and Home and Community Based Service Providers.
- Persons who are representatives of each county within the MCP’s Service Area, adjusting for changes in membership diversity.

The CAC selection committee is responsible for selecting new CAC members and/or replacing former CAC members whose position has been vacated. If a CAC member resigns or is asked to resign, the CAC selection committee must make their best effort to promptly replace a vacant CAC seat within 60 calendar days of the CAC vacancy, ensuring that CAC membership continues to be reflective of, and responsive to, the MCP’s Service Area demographics. The CAC selection committee must make good faith efforts to:

- Ensure CAC membership is composed primarily of the MCP’s Members;
- Ensure CAC membership is reasonably reflective of the general MCP Member population in the MCP’s Service Area;
- Ensure adolescents and/or parents and/or caregivers of children, as appropriate, are represented on the CAC;
- Ensure current/former foster youth and/or parents/caregivers of current/former foster youth, as appropriate, are represented on the CAC;
- Ensure members who receive Long Term Supports and Services (LTSS), and/or individuals representing those members, as appropriate, are represented on the CAC;

- Ensure representatives from IHCPs (Indian Health Care Providers) are represented on the CAC; and
- Ensure diverse and hard-to-reach populations are reasonably represented on the CAC, with a specific emphasis on persons who are representative of or serving populations that experience Health Disparities such as individuals with diverse racial and ethnic backgrounds, genders, gender identity, and sexual orientation and physical disabilities.

Reason for Resolution:

To obtain Board approval to approve the appointment to the nominees below as members of the Community Advisory Committee.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership staff, the Board is asked to approve the nominees below to serve as members of the CAC. These individuals are members of the health plan and have served on the plan’s committee formerly known as the “Consumer Advisory Committee.” They are a diverse group who come from all walks of life and bring a wide variety of perspectives to their role. In addition to serving on the former Consumer Advisory Committee, these individuals are very active in their communities- working, volunteering or participating on local and state boards, community based organizations and churches.

- Butte – Eli Seigel
- Butte – Lori Carrillo - Mother of Member Timothy Carrillo
- Colusa – Craig Granum
- Del Norte - Vacant
- Glenn – Vacant
- Humboldt – Christina Thompson
- Humboldt – Jennifer "Jenny" Bentrin
- Humboldt – Margaret Sager
- Humboldt – Miyiosha "Mimi" Aubrey
- Lake – Bethany Redmill
- Lake – Sidnee First
- Lassen – Ellen Payton
- Marin – Jason Fauot
- Marin – Yan "Jaime" Fauot
- Mendocino - Vacant
- Modoc – Lee Walton
- Napa – Beverly Franklin
- Nevada – Harry "Scott" Boggs
- Placer – Brion Burkett
- Plumas – Vacant
- Shasta – Becky Sherman
- Shasta – Belle Knight
- Shasta – Joy Newcom-Wade
- Shasta – Wendy Longwell
- Sierra – Vacant
- Siskiyou - Vacant
- Solano – Catherine Collins
- Solano – Claire Gover

Solano – Eugene Korte
Solano – Jeanette Perez
Solano – Sol McNally - Mother of Member Elikia McNally
Sonoma – Guadalupe Alvarado
Sonoma – Michael Strain
Sonoma – Sandra Mandujano
Sonoma – William "Bill" Remak
Sutter – Vacant
Tehama – Fanechka LaFitte
Trinity – Vacant
Yolo – Lulu Zhang
Yolo – Marcelo "Nunie" Matta
Yuba – Jackie Berg

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
4.2

Resolution Number:
25-

IN THE MATTER OF: APPROVING THE COMMUNITY ADVISORY COMMITTEE NOMINEES

Recital: Whereas,

- A. The Board now serves as the Selection Committee for the Community Advisory Committee and has ultimate responsibility for approving appointments.
- B. Partnership is committed to conducting business in compliance with all required standards and regulations.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the nominations to the Community Advisory Committee.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

ATTEST:

BY:

Ashlyn Scott, Clerk

**REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date:
February 26, 2025

Agenda Item Number:
4.3

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Partnership Staff

Topic Description:

The Semi-Annual Board Dashboard is a tool developed by the Partnership management team that reflects the organization's major focus areas and priorities and allows the Board to track key metrics across the organization.

Reason for Resolution:

To present the Board with the opportunity to review and approve the Semi-Annual Board Dashboard.

Financial Impact:

There is no measurable financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership staff, the Board is asked to approve the Semi- Annual Board Dashboard.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
4.3

Resolution Number:
25-

IN THE MATTER OF: APPROVING THE SEMI-ANNUAL BOARD DASHBOARD

Recital: Whereas,

- A. The Semi-Annual Board Dashboard includes key metrics to monitor Partnership's operations.
- B. The Board has ultimate responsibility for ensuing operational excellence.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the Semi-Annual Board Dashboard.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____

Ashlyn Scott, Clerk



Executive Dashboard

Date: February, 2025

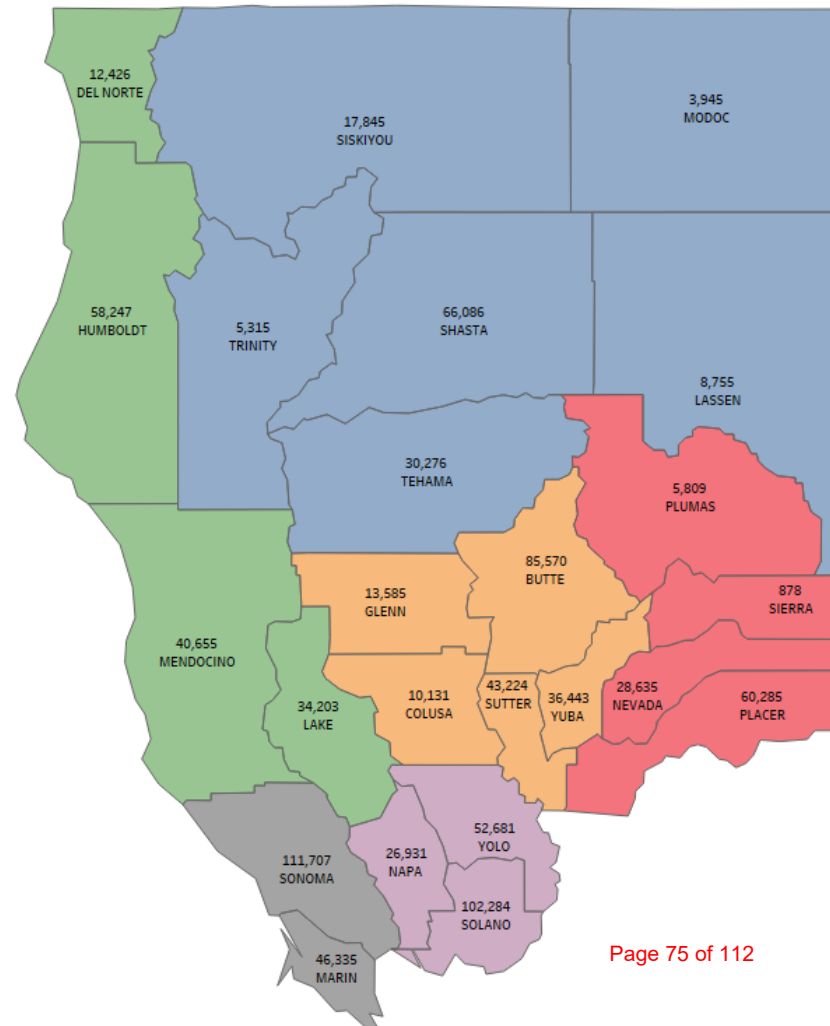
Disclaimer: Data presented in the following slides are a snapshot moment in time. There may be some differences between what is presented below and what you've seen in other presentations.

Membership Dashboard

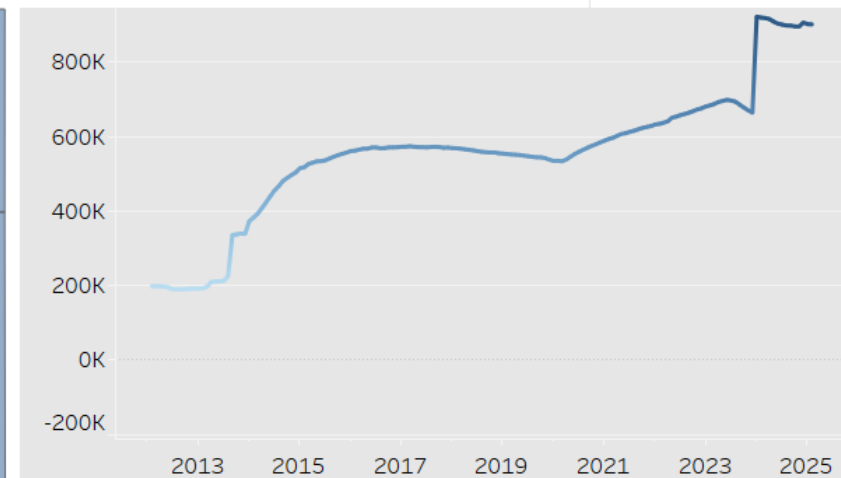
Counties

| Mbr County | Count |
|------------|---------|
| BUTTE | 85,570 |
| COLUSA | 10,131 |
| DEL NORTE | 12,426 |
| GLENN | 13,585 |
| HUMBOLDT | 58,247 |
| LASSEN | 8,755 |
| MARIN | 46,335 |
| MENDOCINO | 40,655 |
| MODOC | 3,945 |
| NAPA | 26,931 |
| NEVADA | 28,635 |
| PLACER | 60,285 |
| PLUMAS | 5,809 |
| SHASTA | 66,086 |
| SIERRA | 878 |
| SISKIYOU | 17,845 |
| SOLANO | 102,284 |
| SONOMA | 111,707 |
| SUTTER | 43,224 |
| TEHAMA | 30,276 |
| TRINITY | 5,315 |
| YOLO | 52,681 |
| YUBA | 36,443 |

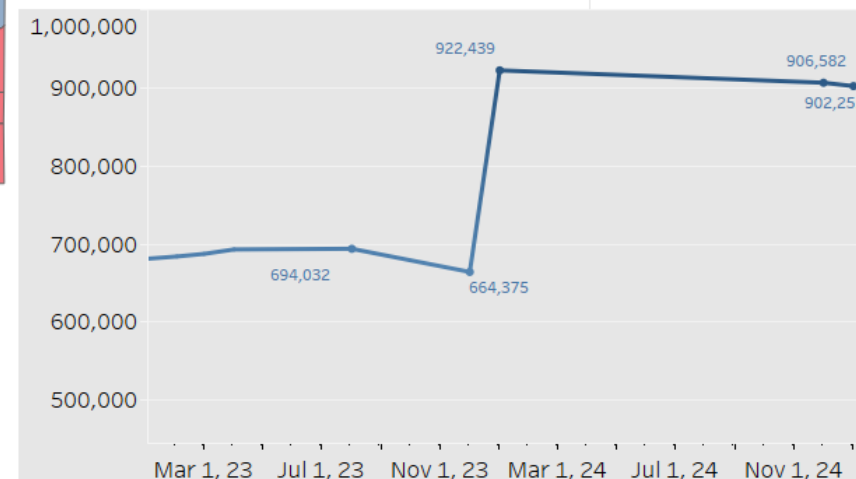
| 902,251 | | | | | |
|---------|---------|---------|-----------|---------|------------|
| Auburn | Chico | Eureka | Fairfield | Redding | Santa Rosa |
| 95,607 | 188,953 | 145,531 | 181,896 | 132,222 | 158,042 |

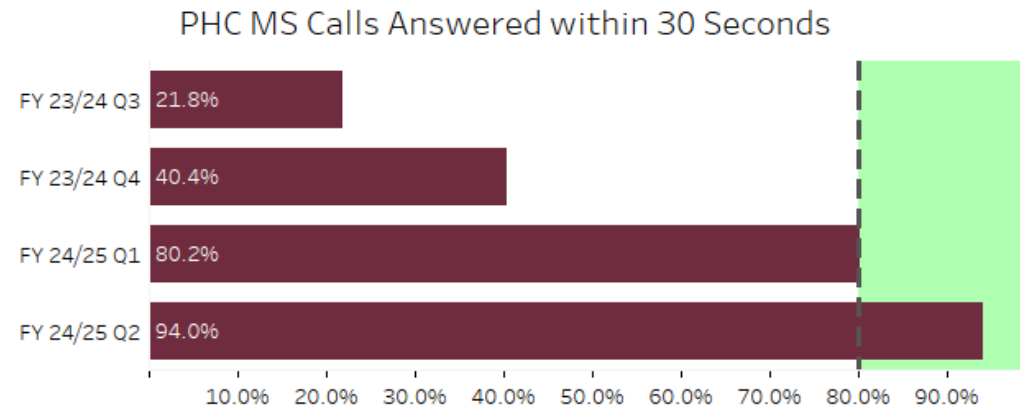


Annual Membership Trend



1/1/23 - Current





MS Average Call Wait Time (in Seconds)

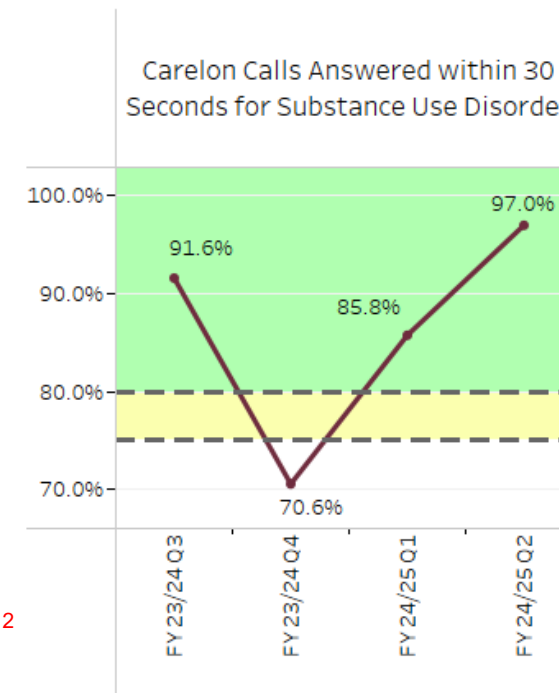
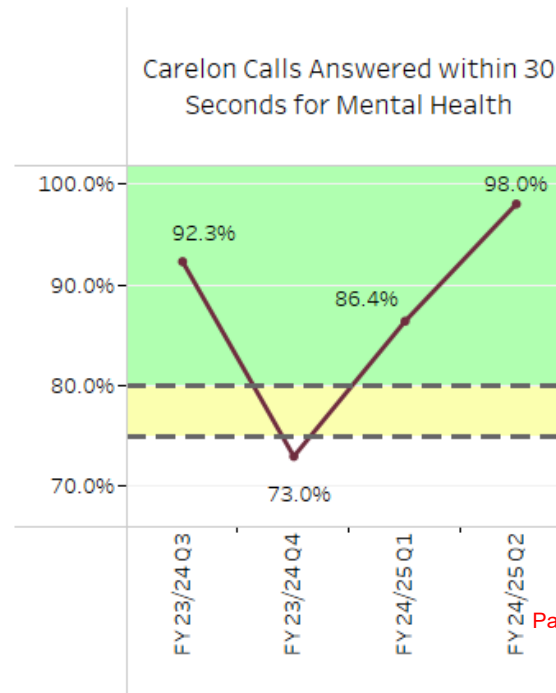
263

217

20

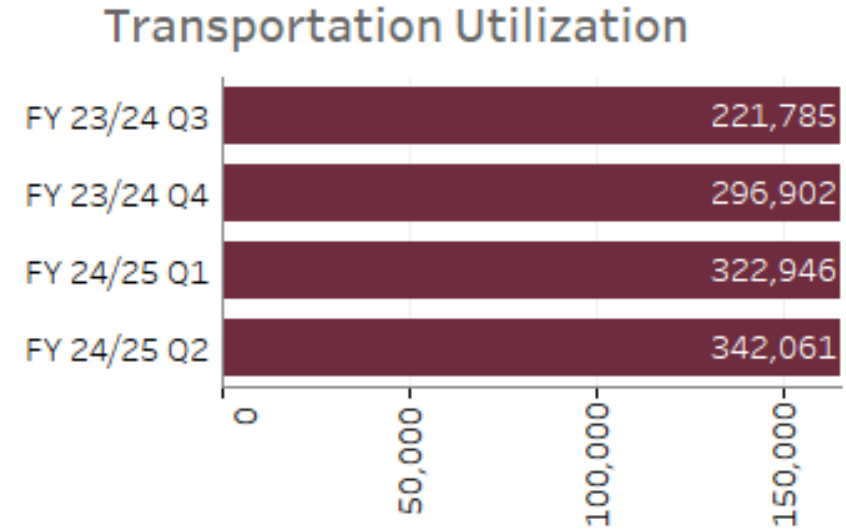
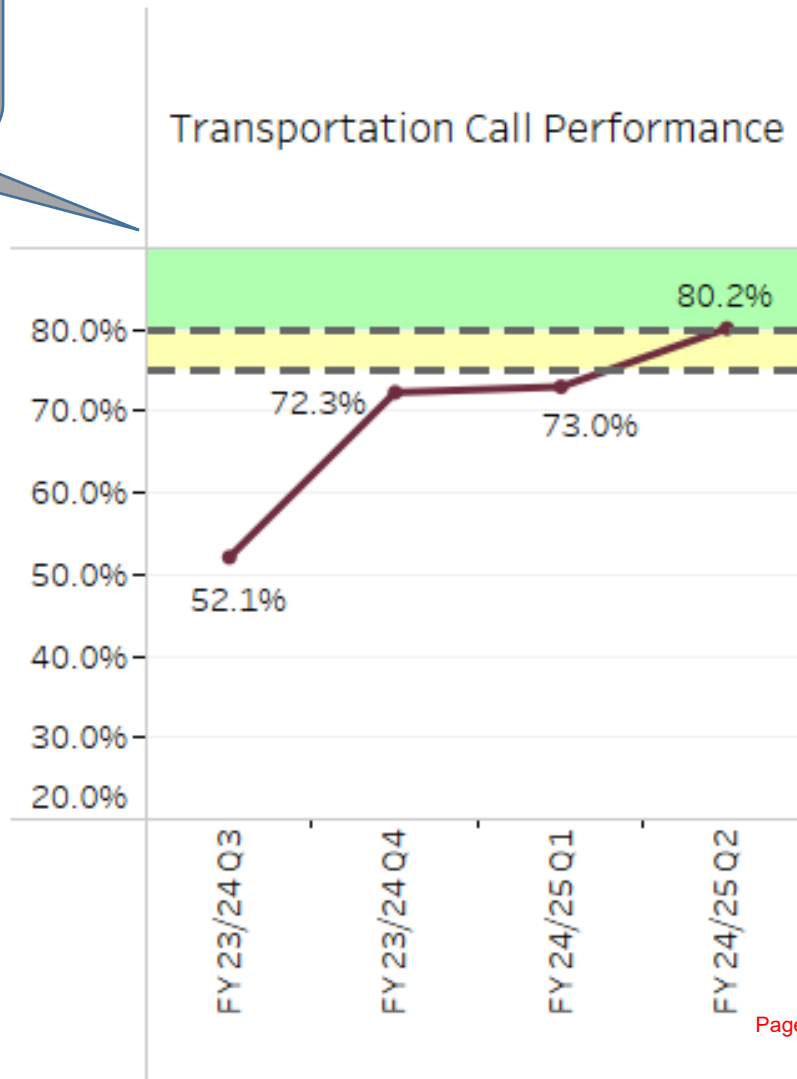
7

Green Threshold < 31 seconds



Transportation Dashboard

Call Performance continues to improve despite utilization of the benefit continuing to increase by 6% from Q1 to Q2.

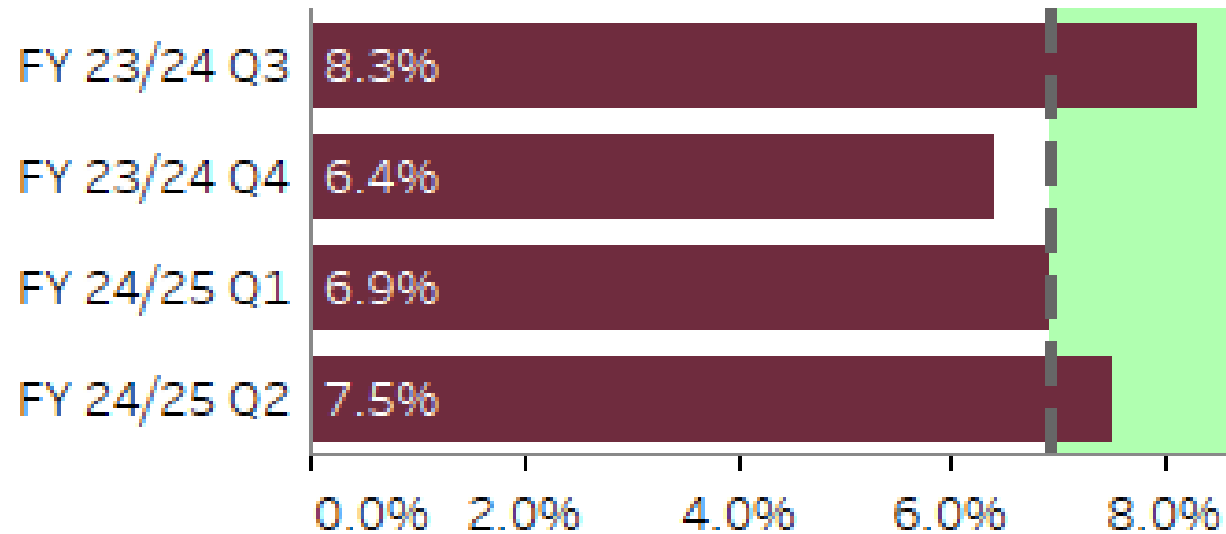


Medical Utilization Dashboard

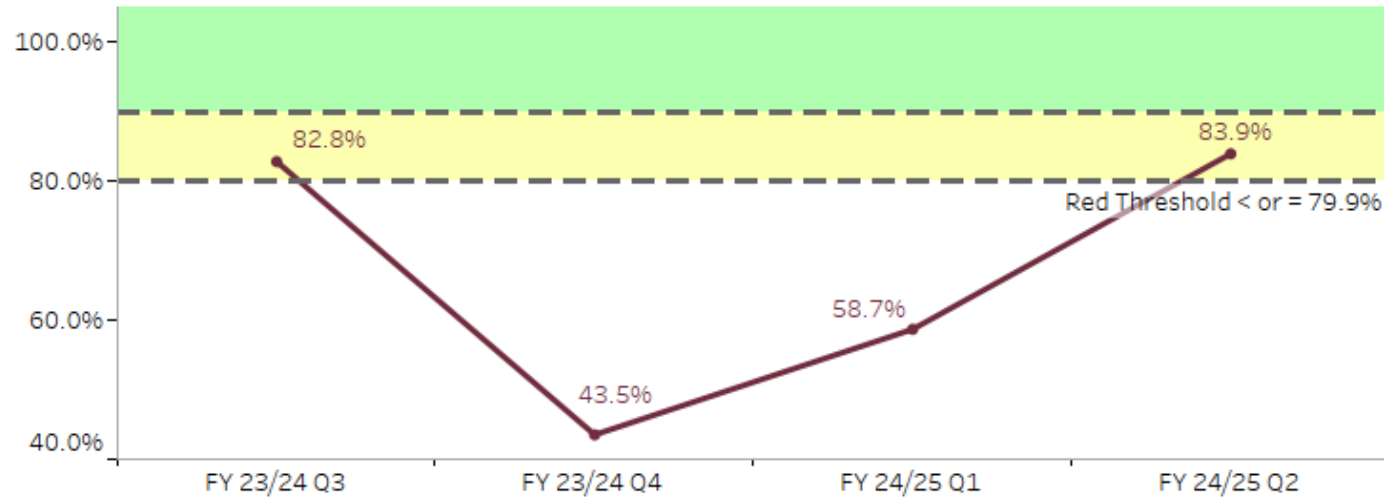


Behavioral Health Utilization

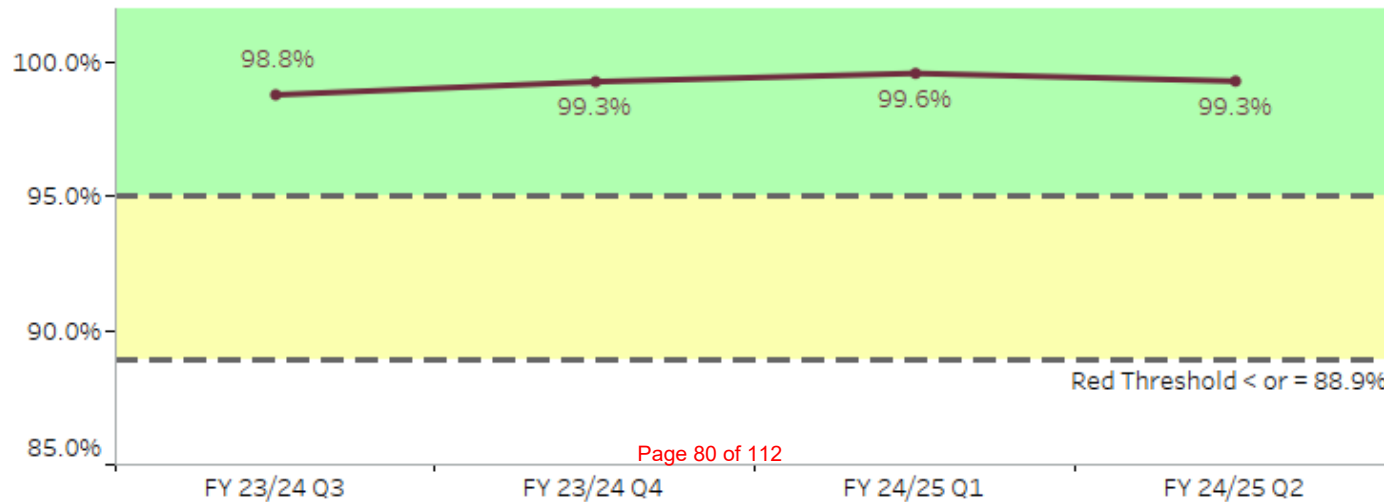
Mental Health Access Plan-Wide Utilization Rate



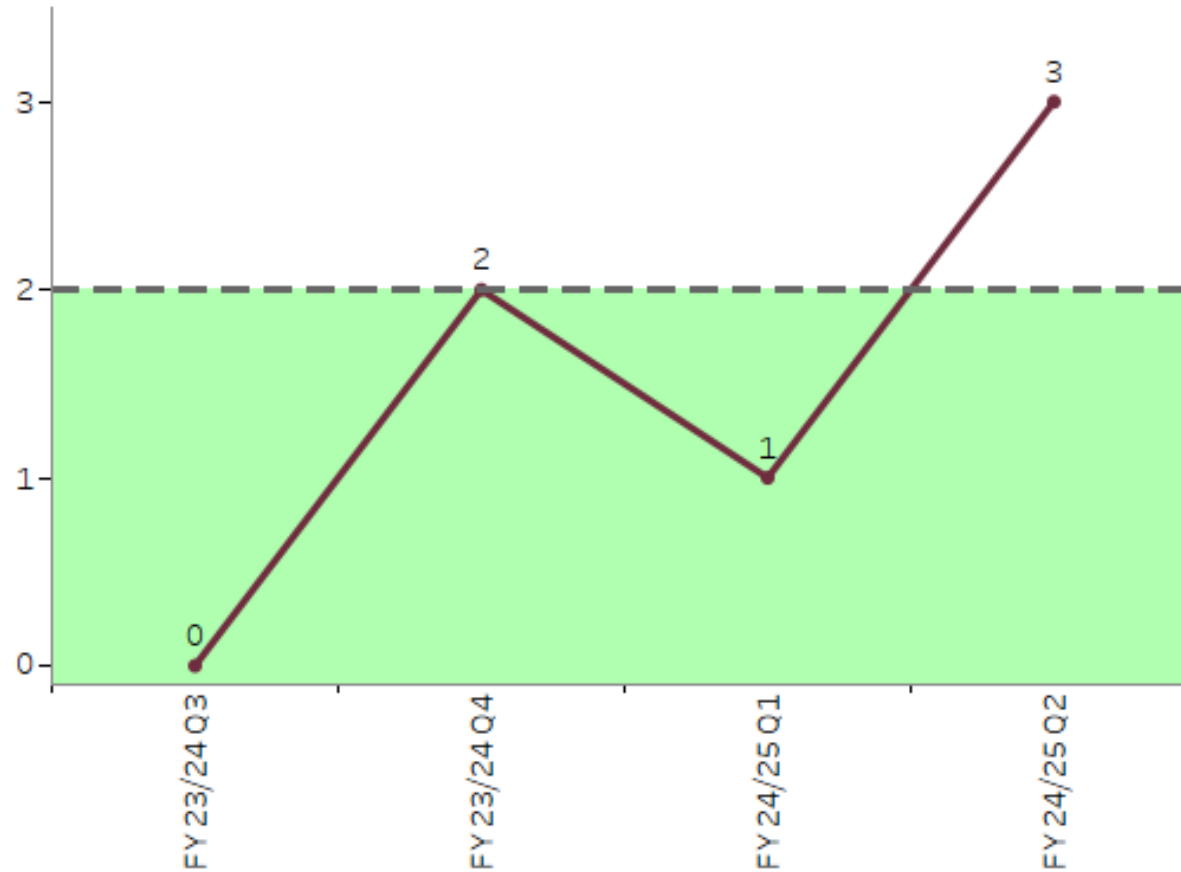
Medi-Cal Outpatient TAR Timeliness



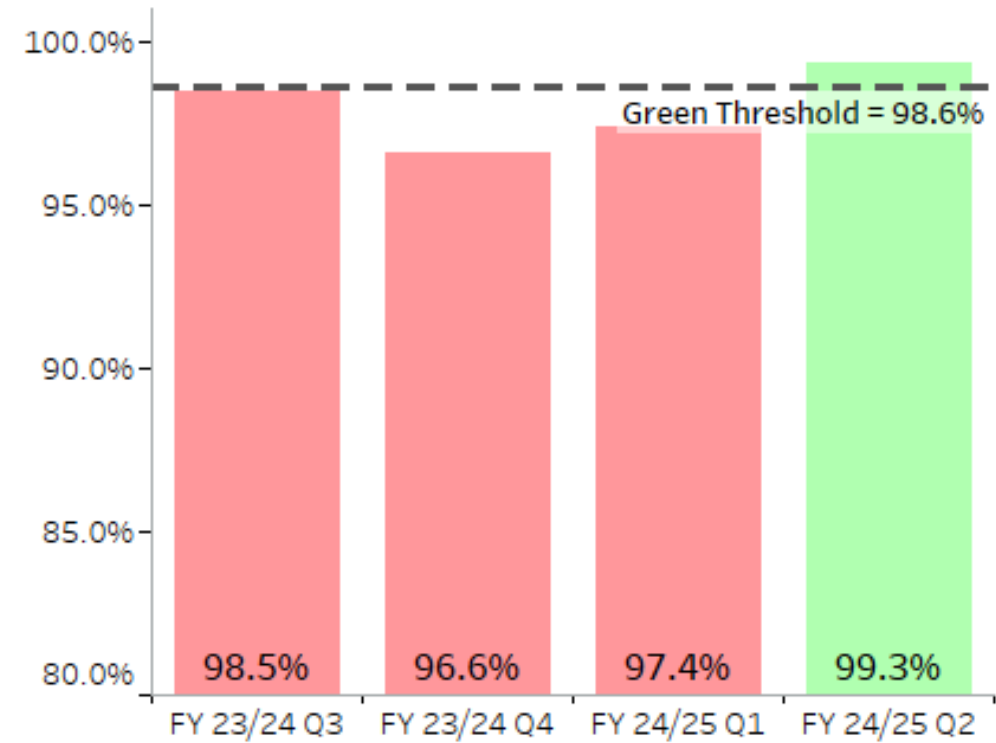
Pharmacy TAR Timeliness



Medi-Cal State Hearings Overturned by DHCS



Medi-Cal Cases Closed within DHCS-Mandated Timeframes

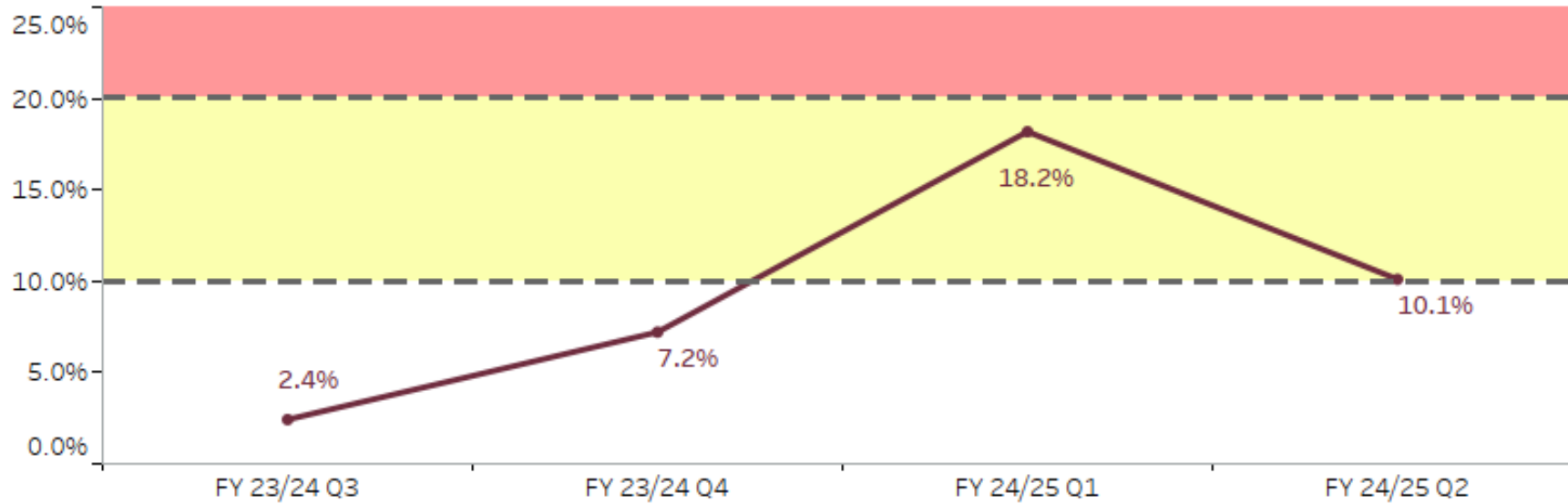


Medical Claims

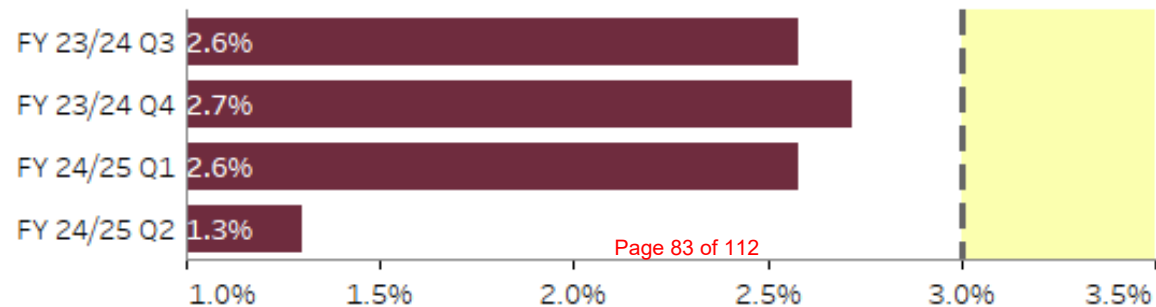
Mental Health Claims

| | Percent of Medi-Cal Claims Auto-Adjudicated | Medi-Cal Claims Accuracy | * Percent of Claims Paid / Denied Within 45 BusinessDays | Percent of Mental Health Claims Paid within 45 Days |
|-------------|---|-----------------------------|--|---|
| FY 23/24 Q3 | 58.0% | 98.1% | 100.0% | 99.0% |
| FY 23/24 Q4 | 58.0% | 98.1% | 99.9% | 99.0% |
| FY 24/25 Q1 | 56.0% | 97.1% | 99.6% | 99.8% |
| FY 24/25 Q2 | 57.3% | Reported one quarter behind | 97.2% | 99.0% |
| | Green Threshold $\geq 55\%$ | Green Threshold $\geq 97\%$ | Green Threshold $\geq 97\%$ | Green Threshold $\geq 95\%$ |

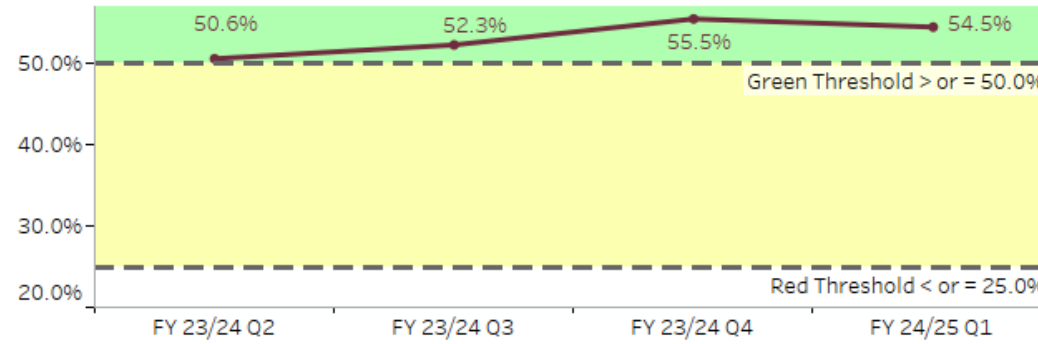
Percentage of Positions Open after 90 days (Actively Recruiting)



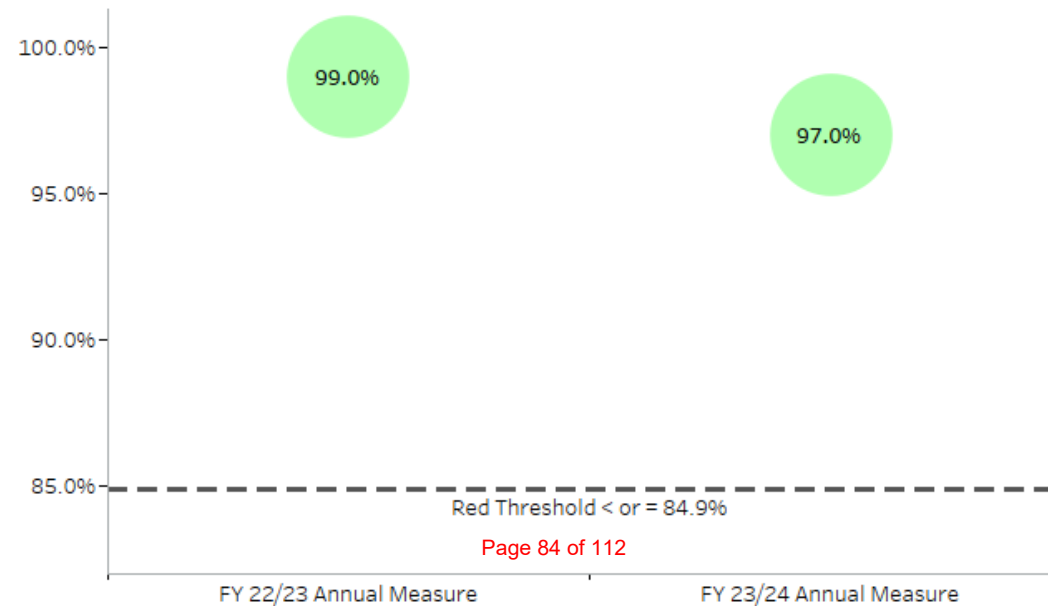
Employee Turnover Rate (All Cause)

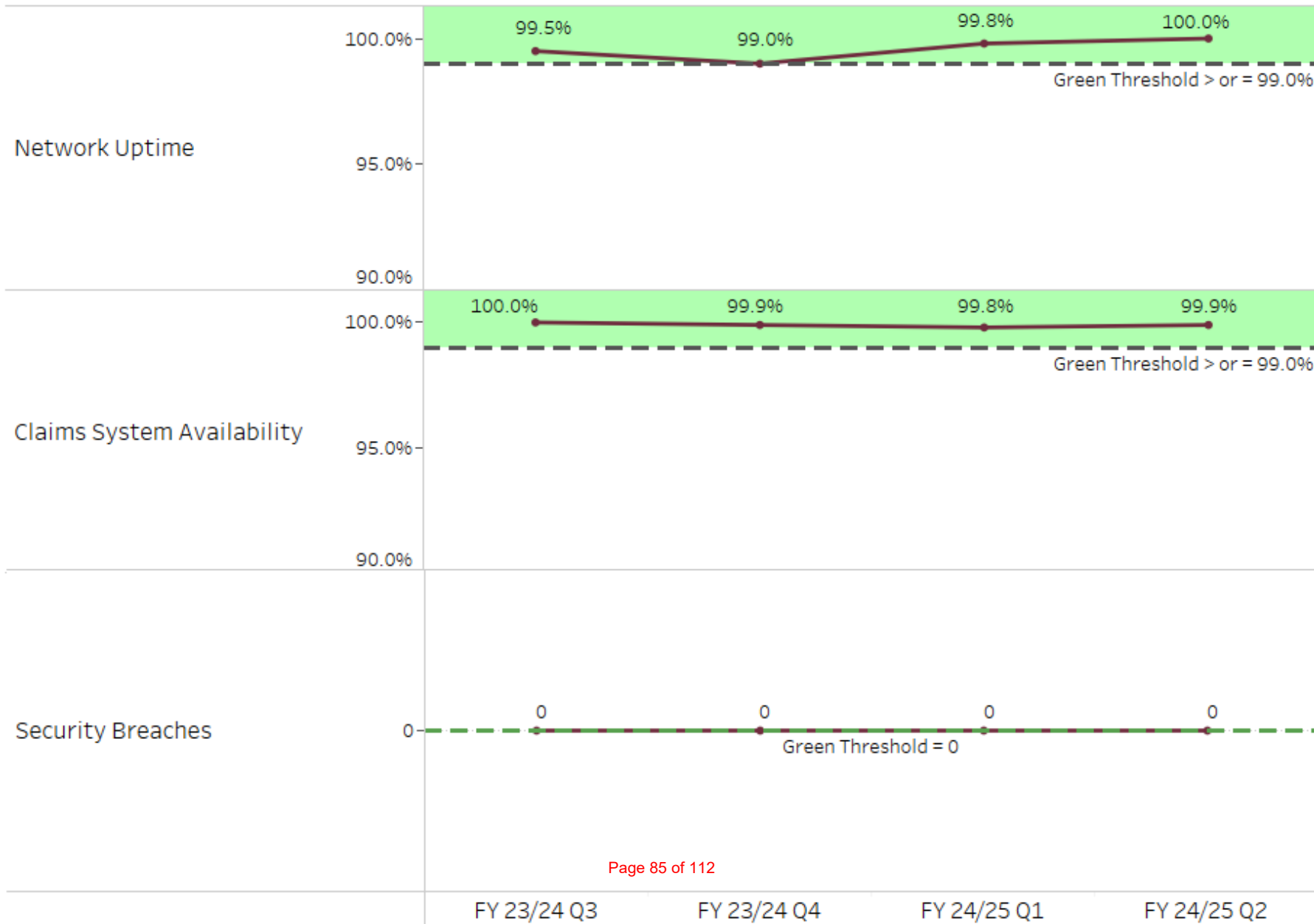


% of Total Specialist Utilization Compared with a Well-Managed Benchmark



Provider Satisfaction (Overall Satisfaction with Plan)





REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
4.4

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Compliance Committee and Partnership Staff

Topic Description:

The Compliance Dashboard outlines activities to track Partnership HealthPlan's Compliance Program and regulatory and contractual requirements.

Reason for Resolution:

To ensure Board members have the opportunity to review the Compliance dashboard biannually.

Financial Impact:

There is no measurable impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Compliance Committee, the Board is being asked to approve Partnership's Q42024 Compliance Dashboard.

**REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

Board Meeting Date
February 26, 2025

Agenda Item Number:
4.4

Resolution Number:
25-

**IN THE MATTER OF: APPROVING PARTNERSHIP HEALTHPLAN COMPLIANCE
DASHBOARD FOR Q42024**

Recital: Whereas,

- A. Partnership is committed to conducting business in compliance with all required standards.
- B. The Board has responsibility for reviewing and approving the organizational Compliance Dashboard.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve Partnership's Q42024 Compliance Dashboard.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner seconded by Commissioner and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

ATTEST:

BY: _____
Ashlyn Scott, Clerk

2024 Regulatory Affairs and Compliance Dashboard

| Category | Description | Q1 | Q2 | Q3 | Q4 | YTD | Comments |
|---|--|---------|---------|---------|-------------|-------------|--|
| DELEGATION OVERSIGHT | Annual Delegate / Subcontractor Audits | 0 / 0 | 9 / 9 | 6 / 6 | 3 / 3 | 18 / 18 | |
| When PHC delegates administrative functions that it is required by contract or regulation to perform, PHC retains the ultimate responsibility for the performance of these functions and must monitor and evaluate the performance of these functions when performed by a delegate. | Quarterly percentage to demonstrate the total number of annual delegate/subcontractor audits completed within 30 days following the planned months, as defined by the audit calendar. | #DIV/0! | 100% | 100% | 100% | 100% | |
| | Oversight of Delegate Reporting | 27 / 28 | 19 / 19 | 14 / 14 | 11 / 12 | 71 / 73 | |
| | Percentage of timely submissions of regulatory reports. | 96.4% | 100.0% | 100% | 92% | 97.3% | Partnership's delegate was untimely in submission of one report due to human error and report naming convention. |
| TRAINING | Annual FWA Prevention Training | n/a | n/a | n/a | 1276 / 1277 | 1276 / 1277 | |
| | Percentage of employees that have completed the annual FWA training. <i>*Annual training released in Q4 2021*</i> | n/a | n/a | n/a | 99.9% | 99.9% | |
| | Annual HIPAA Training | n/a | n/a | n/a | 1276 / 1277 | 1276 / 1277 | |
| | Percentage of employees that have completed the annual HIPAA training. <i>*Annual training released in Q3 2021*</i> | n/a | n/a | n/a | 99.9% | 99.9% | |
| | Annual Code of Conduct | n/a | n/a | n/a | 1276 / 1277 | 1276 / 1277 | |
| | Percentage of completed annual Code of Conduct employee attestations. | n/a | n/a | n/a | 99.9% | 99.9% | |
| REGULATORY REPORTING | DHCS Reports Submitted Timely | 47 / 47 | 57 / 57 | 51 / 51 | 62 / 62 | 217 / 217 | |
| Regulatory Affairs works collaboratively with all PHC departments to implement and track the timely submission of regulatory reporting requirements to PHC's governing agencies. | Percentage of regulatory reports submitted timely by RAC to DHCS with no missed due date per RAC Master Tracker and Regulatory Reporting Calendar. | 100.0% | 100% | 100% | 100% | 100% | |
| | Report Acceptance Rate | 46 / 47 | 54 / 57 | 51 / 51 | 60 / 62 | 211 / 217 | |
| | Percentage of standard regulatory reports submitted by RAC and not rejected by DHCS for being incomplete, on the wrong template, or for other findings. | 97.9% | 94.7% | 100% | 97% | 97.2% | |
| HIPAA REFERRALS | Timely DHCS Privacy Notification Filings | 7 / 8 | 6 / 6 | 6 / 6 | 15 / 15 | 34 / 35 | |
| Appropriate safeguards, including administrative policies & procedures, to protect the confidentiality of PHI and ensure compliance with HIPAA regulatory requirements. | Percentage of reportable notifications that PHC filed timely within applicable DHCS required timeframe. <i>*Initial notice within 24 hours, initial PIR within 72 hours, and final PIR within 10 business days. If any deadline is missed, it will be counted as untimely.</i> | 87.5% | 100.0% | 100.0% | 100% | 97.1% | Q4- 15 total reportable incidents submitted to DHCS; however, none of those incidents were deemed breaches |
| FWA REFERRALS | Timely DHCS FWA Notifications | 18 / 18 | 14 / 14 | 23 / 23 | 27 / 27 | 82 / 82 | |
| Regulatory Affairs oversees the Fraud, Waste and Abuse Prevention program intended to prevent, detect, investigate, report and resolve suspected and/or actual FWA in the PHC daily operations and interactions, whether internal or external. | Percentage of reportable notifications that PHC filed timely with DHCS within 10 business of discovery per contractual obligations. | 100.0% | 100% | 100% | 100% | 100% | |

*Threshold percentages for the above measures are as follows:
 ≥ 95% = GREEN 90 - 94.9% = YELLOW < 90% = RED

CAP Tracker

*Please note that the above threshold percentages do not apply here

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
4.5

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Partnership Staff

Topic Description:

Solano County Board Commissioner, Viola Lujan’s board seat term expired on December 31, 2024.

Commissioner Lujan has made numerous outstanding contributions to Partnership HealthPlan of California and the Commission (known as the Board) since March 2011. She has provided excellent leadership and has been a dedicated volunteer. Her knowledge has been of great value to Partnership, and she has kept the needs of our members, providers and the community as a guiding principle.

Reason for Resolution:

To provide Commissioner Lujan with the highest level of commendations and appreciation for her excellent service.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership staff, the Board is asked to approve the commendations and appreciation for the support Commissioner Viola Lujan has provided to Partnership and the Board.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
4.5

Resolution Number:
25-

IN THE MATTER OF: COMMENDATIONS AND APPRECIATION FOR VIOLA LUJAN'S SERVICE TO PARTNERSHIP AND THE BOARD

Recital: Whereas,

- A. Viola Lujan has provided valuable advice and support for Partnership and the Board.
- B. Viola Lujan was a faithful and active member of the Board.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the highest level of commendations and appreciation for Commissioner Lujan's outstanding service to Partnership and the Board.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

FINANCIAL HIGHLIGHTS

Of The Partnership HealthPlan of California

For the Period Ending December 31, 2024

Financial Analysis for the Current Period

Total (Deficit) Surplus

For the month ending December 31, 2024, PHC reported a net surplus of \$12.5 million, bringing the year-to-date surplus to \$16.0 million. Significant variances are explained below.

Revenue

Total Revenue is lower than budget by \$0.7 million for the month and \$29.5 million for the year-to-date. Medi-Cal revenue is \$14.0 million net unfavorable due to the \$26.0 million unbudgeted UIS risk corridor, partially offset by \$11.0 million favorable retro membership and \$1.0 million higher ECM utilization. Directed payments are \$69.8 million unfavorable due to lower than budgeted rates; a corresponding offset is recorded in Healthcare Investment Funds (HCIF). Supplemental revenues are \$32.5 million favorable due to timing of DHCS submissions mainly in the Expansion Counties for AIHS and higher than expected volumes for Maternity Kick. Interest income is \$20.2 million favorable due to higher than anticipated interest rates accompanied with higher than budgeted cash balances. The remaining favorable variance can be attributed to other revenues.

Healthcare Costs

Total Healthcare Costs are lower than budget by \$25.7 million for the month and \$84.2 million for the year-to-date. Non-Capitated Physician and Ancillary expenses are unfavorable to budget by \$103.6 million primarily due to the accrual of TRI and adjustments to IBNR reserves to reflect the latest utilization trend. Total Capitation is \$20.7 million favorable due to the change in funding methods for some health care providers. Long Term Care expenses are \$1.4 million unfavorable due primarily to anticipated rate increases retro to January 2024. Inpatient hospital FFS expense is \$103.5 million favorable due to adjustments to prior fiscal year IBNR reserves driven by lower than anticipated utilization in the new expansion region and current seasonality patterns. HCIF is \$56.2 million favorable due to lower than budgeted rates for directed payments partially offset by the timing of IPP CalAIM incentive payments, which will have a corresponding offset in revenue. The transportation expense is \$7.5 million unfavorable due to an increase in utilization. Quality Assurance expenses are \$18.1 million favorable due to the timing of medical admin expenses. Quality Improvement Programs are \$2.0 million unfavorable due to the timing of incentive grant payouts, which will also have a corresponding offset in revenue.

Administrative Costs

Administrative costs have an overall positive variance, which is \$2.8 million for the month and \$24.9 million for the year-to-date. The primary variance is in Employee costs due to the timing of the filling of open positions, which are primarily geared towards the expansion counties and the fulfilling of the 2024 DHCS Contract requirements. An additional variance is in Occupancy due to the timing of building related costs including repairs, maintenance, and utilities, as well as the depreciation of capitalizable items including the new claims system. The increased negative variance in Computer and Data is primarily due to the timing of licensing cost payments and the timing of computer stock equipment purchases. Most non-Employee and non-Occupancy costs are prorated relatively evenly throughout the year; as the year progresses, the variances between actual and budget in these categories are expected to even out.

FINANCIAL HIGHLIGHTS
Of The Partnership HealthPlan of California
For the Period Ending December 31, 2024

Balance Sheet / Cash Flow

Total Cash & Cash Equivalents increased by \$253.7 million for the month. Inflows of \$593.0 million in State Capitation payments include \$452.9 million in Base and Supplemental Capitation payments and \$140.1 million in Voluntary Rate Range and Directed Payments; Voluntary Rate Range and Directed Payments are expected to be disbursed in the following month. Other inflows include \$32.2 million in CalAIM incentive program payments, \$2.0 million in Drug Medi-Cal payments, \$8.1 million in interest earnings, and the recording of \$58.5 million in board-designated reserve transfers. These inflows were offset by outflows of \$413.1 million in healthcare cost payments, \$6.8 million in Drug Medi-Cal payments, and \$20.5 million in administrative and capital cost payments. The remaining difference can be attributed to other revenues.

General Statistics

Membership

Membership had a total net increase of 10,463 members for the month.

Utilization Metrics and High Dollar Case

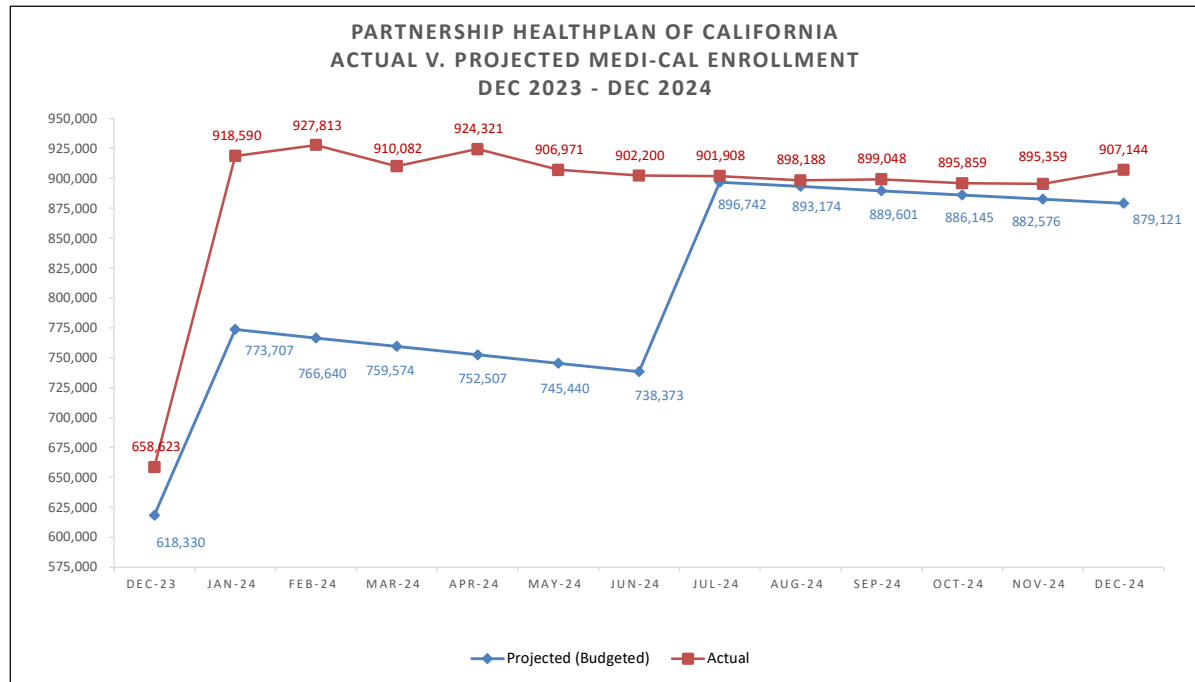
For the fiscal year 2024/25 through December 2024, 378 members reached the \$250,000 threshold with an average cost of \$467,504. For fiscal year 2023/24, 882 members reached the \$250,000 threshold with an average cost per case of \$507,298. For fiscal year 2022/23, 694 members reached the \$250,000 threshold with an average claims cost of \$517,587.

Current Ratio/Reserved Funds

| | |
|--|------------------------|
| Current Ratio Including Required Reserves | 1.39 |
| Current Ratio Excluding Required Reserves: | 0.99 |
| Required Reserves: | \$1,272,663,543 |
| Total Fund Balance: | \$1,263,602,149 |

Days of Cash on Hand

| | |
|------------------------------|---------------|
| Including Required Reserves: | 151.21 |
| Excluding Required Reserves: | 81.22 |



Member Months by County:

| County | Dec-23 | Jan-24 | Feb-24 | Mar-24 | ★ Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 |
|---------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Solano | 134,534 | 103,140 | 105,208 | 102,065 | 105,274 | 102,979 | 102,062 | 101,490 | 101,565 | 102,138 | 101,685 | 101,430 | 103,225 |
| Napa | 33,710 | 27,596 | 28,140 | 27,005 | 27,891 | 27,017 | 27,071 | 26,878 | 26,697 | 26,466 | 26,242 | 26,374 | 26,961 |
| Yolo | 60,230 | 55,624 | 56,087 | 54,327 | 55,592 | 54,076 | 53,489 | 53,332 | 52,195 | 52,185 | 51,806 | 51,458 | 53,062 |
| Sonoma | 128,356 | 109,623 | 112,447 | 108,106 | 112,999 | 110,510 | 110,327 | 110,662 | 110,074 | 110,141 | 109,880 | 110,115 | 112,185 |
| Marin | 49,823 | 46,981 | 48,331 | 46,215 | 48,257 | 46,564 | 46,520 | 46,274 | 46,147 | 46,484 | 46,059 | 46,033 | 46,460 |
| Mendocino | 39,846 | 41,552 | 41,963 | 41,055 | 42,150 | 41,381 | 41,239 | 41,408 | 41,314 | 41,195 | 40,901 | 41,046 | 40,947 |
| Lake | 34,367 | 35,058 | 35,405 | 34,559 | 35,494 | 34,624 | 34,390 | 34,422 | 34,207 | 34,227 | 34,122 | 34,257 | 34,495 |
| Del Norte | 12,426 | 12,527 | 12,610 | 12,316 | 12,675 | 12,401 | 12,214 | 12,252 | 12,327 | 12,382 | 12,404 | 12,387 | 12,420 |
| Humboldt | 58,752 | 60,016 | 60,415 | 59,075 | 60,273 | 58,758 | 58,876 | 58,607 | 58,434 | 58,422 | 58,495 | 58,614 | 58,593 |
| Lassen | 8,600 | 8,864 | 8,952 | 8,576 | 8,793 | 8,668 | 8,714 | 8,765 | 8,802 | 8,753 | 8,814 | 8,754 | 8,756 |
| Modoc | 3,928 | 4,055 | 4,035 | 4,020 | 4,051 | 3,944 | 3,933 | 3,958 | 3,941 | 3,983 | 3,933 | 3,925 | 3,939 |
| Shasta | 69,783 | 70,605 | 70,880 | 69,820 | 70,514 | 68,436 | 67,907 | 67,685 | 67,173 | 67,073 | 66,723 | 66,780 | 66,863 |
| Siskiyou | 18,625 | 19,052 | 19,115 | 17,966 | 18,653 | 18,137 | 18,131 | 18,088 | 17,918 | 17,839 | 17,972 | 18,041 | 17,945 |
| Trinity | 5,643 | 5,660 | 5,739 | 5,567 | 5,704 | 5,607 | 5,540 | 5,540 | 5,464 | 5,437 | 5,422 | 5,380 | 5,419 |
| Butte | - | 85,751 | 85,856 | 86,303 | 85,581 | 84,795 | 84,347 | 84,598 | 84,856 | 85,378 | 85,666 | 85,502 | 85,772 |
| Colusa | - | 10,710 | 10,663 | 10,674 | 10,392 | 10,270 | 10,239 | 10,208 | 10,148 | 10,152 | 10,097 | 10,038 | 10,215 |
| Glenn | - | 13,752 | 13,774 | 13,883 | 13,772 | 13,618 | 13,583 | 13,501 | 13,491 | 13,595 | 13,543 | 13,596 | 13,664 |
| Nevada | - | 28,962 | 28,798 | 28,708 | 28,519 | 28,420 | 28,313 | 28,407 | 28,226 | 28,261 | 28,434 | 28,721 | 28,515 |
| Placer | - | 59,373 | 59,846 | 60,289 | 59,915 | 60,009 | 59,226 | 59,648 | 59,419 | 59,331 | 58,737 | 58,334 | 60,679 |
| Plumas | - | 6,015 | 5,978 | 5,975 | 5,942 | 5,925 | 5,903 | 5,938 | 5,924 | 5,857 | 5,820 | 5,870 | 5,866 |
| Sierra | - | 855 | 870 | 869 | 869 | 865 | 850 | 839 | 852 | 871 | 866 | 892 | 887 |
| Sutter | - | 44,339 | 44,438 | 44,558 | 43,816 | 43,711 | 43,619 | 43,542 | 43,122 | 43,076 | 42,418 | 42,244 | 43,425 |
| Tehama | - | 31,784 | 31,484 | 31,299 | 30,932 | 30,323 | 29,996 | 30,297 | 30,365 | 30,492 | 30,542 | 30,456 | 30,426 |
| Yuba | - | 36,696 | 36,779 | 36,851 | 36,263 | 35,933 | 35,711 | 35,569 | 35,527 | 35,310 | 35,278 | 35,112 | 36,425 |
| All Counties Total | 658,623 | 918,590 | 927,813 | 910,082 | 924,321 | 906,971 | 902,200 | 901,908 | 898,188 | 899,048 | 895,859 | 895,359 | 907,144 |

★ March 2024 actual membership includes Jan & Feb retro correction. The Jan, Feb, and Mar 2024 true memberships are 921,261, 918,516, and 916,708, respectively.

Medi-Cal Region 1: Sonoma, Solano, Napa, Yolo & Marin; Medi-Cal Region 2: Mendocino & Rural 8 Counties; Medi-Cal Region 3: Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama & Yuba

**Partnership HealthPlan of California
Comparative Financial Indicators Monthly Report
Fiscal Year 2024 - 2025 & Fiscal Year 2023 - 2024**

| FINANCIAL INDICATORS | | | | | | | Avg / Month As of | | | |
|---|---------------|---------------|---------------|---------------|---------------|---------------|----------------------|--|---------------|---------------|
| | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | | | YTD | Dec-24 |
| Total Enrollment | 898,490 | 898,153 | 897,450 | 895,408 | 895,235 | 905,698 | | | 5,390,434 | 898,406 |
| Total Revenue | 516,467,263 | 505,732,274 | 517,421,674 | 517,491,108 | 507,895,691 | 520,768,067 | | | 3,085,776,077 | 514,296,013 |
| Total Healthcare Costs | 455,570,291 | 455,587,935 | 449,203,390 | 445,671,531 | 422,571,150 | 440,227,706 | | | 2,668,832,000 | 444,805,334 |
| Total Administrative Costs | 17,164,116 | 20,965,109 | 20,303,694 | 22,663,983 | 19,787,655 | 21,565,509 | | | 122,450,066 | 20,408,344 |
| Medi-Cal Hospital & Managed Care Taxes | 46,566,563 | 46,437,851 | 46,436,656 | 46,083,262 | 46,460,193 | 46,509,845 | | | 278,494,570 | 46,415,762 |
| Total Current Year Surplus (Deficit) | (2,833,707) | (17,258,621) | 1,477,734 | 3,072,332 | 19,076,693 | 12,465,007 | | | 15,999,441 | 2,666,573 |
| Total Claims Payable | 884,509,979 | 911,448,691 | 890,651,592 | 852,864,933 | 830,533,762 | 775,002,932 | | | 775,002,932 | 857,501,981 |
| Total Fund Balance | 1,244,769,003 | 1,227,510,382 | 1,228,988,116 | 1,232,060,447 | 1,251,137,140 | 1,263,602,149 | | | 1,263,602,149 | 1,241,344,539 |
| Reserved Funds | | | | | | | | | | |
| State Financial Performance Guarantee | 1,092,899,000 | 1,093,798,000 | 1,096,923,000 | 1,100,211,000 | 1,102,840,000 | 1,046,032,000 | | | 1,046,032,000 | 1,088,783,833 |
| Board Approved Capital and Infrastructure Purchases | 79,941,518 | 79,360,193 | 77,250,794 | 76,202,434 | 75,447,816 | 73,742,888 | | | 73,742,888 | 76,990,941 |
| Capital Assets | 134,500,819 | 148,731,129 | 150,227,245 | 152,420,562 | 152,556,243 | 152,888,655 | | | 152,888,655 | 148,554,109 |
| Strategic Use of Reserve-Board Approved | 71,002,668 | 71,002,668 | 71,002,668 | 71,002,668 | 71,002,668 | 71,002,668 | | | 71,002,668 | 71,002,668 |
| Unrestricted Fund Balance | (133,575,002) | (165,381,608) | (166,415,591) | (167,776,217) | (150,709,587) | (80,064,063) | | | (80,064,063) | (143,987,011) |
| Fund Balance as % of Reserved Funds | 90.31% | 88.13% | 88.07% | 88.01% | 89.25% | 94.04% | | | 94.04% | 89.61% |
| Current Ratio (including Required Reserves) | 1.45:1 | 1.41:1 | 1.40:1 | 1.40:1 | 1.40:1 | 1.39:1 | | | 1.39:1 | 1.41:1 |
| Medical Loss Ratio w/o Tax | 96.95% | 99.19% | 95.38% | 94.54% | 91.58% | 92.82% | | | 95.07% | 95.07% |
| Admin Ratio w/o Tax | 3.65% | 4.56% | 4.31% | 4.81% | 4.29% | 4.55% | | | 4.36% | 4.36% |
| Profit Margin Ratio | -0.60% | -3.76% | 0.31% | 0.65% | 4.13% | 2.63% | | | 0.57% | 0.57% |

| FINANCIAL INDICATORS | | | | | | | Avg / Month As of | | | | | | | |
|---|---------------|---------------|---------------|---------------|---------------|---------------|----------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | YTD | Jun-24 |
| Total Enrollment | 697,169 | 694,364 | 689,096 | 674,680 | 670,710 | 660,101 | 918,590 | 916,349 | 921,546 | 912,331 | 906,971 | 900,691 | 9,562,598 | 796,883 |
| Total Revenue | 346,807,441 | 341,606,254 | 341,452,348 | 336,820,011 | 333,606,699 | 704,499,918 | 494,922,661 | 507,388,749 | 527,490,882 | 524,377,176 | 544,442,127 | 729,388,400 | 5,732,802,666 | 477,733,555 |
| Total Healthcare Costs | 327,163,476 | 330,010,604 | 317,050,232 | 309,178,329 | 314,689,553 | 312,699,931 | 427,212,628 | 429,268,912 | 475,024,262 | 449,448,163 | 476,657,036 | 383,635,425 | 4,552,038,550 | 379,336,546 |
| Total Administrative Costs | 11,697,451 | 12,604,507 | 11,948,835 | 13,398,097 | 13,672,021 | 13,241,394 | 16,243,013 | 17,074,221 | 15,790,362 | 16,678,381 | 18,392,413 | 19,471,144 | 180,211,837 | 15,017,653 |
| Medi-Cal Hospital & Managed Care Taxes | - | - | - | - | - | 376,406,250 | 46,790,714 | 48,056,922 | 47,537,225 | 47,123,221 | 46,858,980 | 46,582,645 | 659,355,957 | 54,946,330 |
| Total Current Year Surplus (Deficit) | 7,946,514 | (1,008,857) | 12,453,281 | 14,243,584 | 5,245,126 | 2,152,343 | 4,676,307 | 12,988,694 | (10,860,967) | 11,127,412 | 2,533,699 | 279,699,187 | 341,196,322 | 28,433,027 |
| Total Claims Payable | 422,844,079 | 452,077,175 | 486,822,447 | 455,222,013 | 481,847,695 | 499,411,492 | 589,212,971 | 701,582,898 | 808,535,908 | 829,697,152 | 838,350,235 | 886,017,427 | 886,017,427 | 620,968,458 |
| Total Fund Balance | 914,352,902 | 913,344,045 | 925,797,326 | 940,040,910 | 945,286,036 | 947,438,379 | 952,114,686 | 965,103,380 | 954,242,413 | 965,369,824 | 967,903,523 | 1,247,602,710 | 1,247,602,710 | 969,883,011 |
| Reserved Funds | | | | | | | | | | | | | | |
| State Financial Performance Guarantee | 946,269,906 | 964,438,886 | 980,910,354 | 994,265,111 | 1,009,422,758 | 1,026,741,282 | 1,074,004,763 | 1,076,192,481 | 1,092,267,035 | 1,098,614,311 | 1,102,328,343 | 1,135,207,631 | 1,135,207,631 | 1,041,721,905 |
| Board Approved Capital and Infrastructure Purchases | 47,177,080 | 46,374,091 | 45,797,964 | 41,394,205 | 40,388,299 | 39,549,920 | 37,862,493 | 36,225,975 | 35,770,696 | 28,270,742 | 27,812,009 | 26,342,225 | 26,342,225 | 37,747,142 |
| Capital Assets | 118,991,470 | 119,235,734 | 119,254,457 | 123,078,590 | 126,154,438 | 126,341,441 | 127,443,936 | 128,495,663 | 128,366,608 | 135,257,004 | 135,105,115 | 133,498,833 | 133,498,833 | 126,768,607 |
| Strategic Use of Reserve-Board Approved | 70,659,883 | 70,318,568 | 70,455,056 | 71,514,836 | 72,116,668 | 72,116,668 | 72,116,668 | 72,116,668 | 72,116,668 | 72,116,668 | 71,786,668 | 71,002,668 | 71,002,668 | 71,536,474 |
| Unrestricted Fund Balance | (268,745,437) | (287,023,235) | (290,620,505) | (290,211,832) | (302,796,127) | (317,310,932) | (359,313,174) | (347,927,407) | (374,278,595) | (368,888,901) | (369,128,612) | (118,448,647) | (118,448,647) | (307,891,117) |
| Fund Balance as % of Reserved Funds | 77.28% | 76.09% | 76.11% | 76.41% | 75.74% | 74.91% | 72.60% | 73.50% | 71.83% | 72.35% | 72.39% | 91.33% | 91.33% | 75.90% |
| Current Ratio (including Required Reserves) | 1.69:1 | 1.63:1 | 1.49:1 | 1.59:1 | 1.56:1 | 1.43:1 | 1.38:1 | 1.34:1 | 1.33:1 | 1.33:1 | 1.35:1 | 1.45:1 | 1.45:1 | 1.43:1 |
| Medical Loss Ratio w/o Tax | 94.34% | 96.61% | 92.85% | 91.79% | 94.33% | 95.31% | 95.33% | 93.46% | 98.97% | 94.17% | 95.79% | 56.19% | 89.72% | 89.72% |
| Admin Ratio w/o Tax | 3.37% | 3.69% | 3.50% | 3.98% | 4.10% | 4.04% | 3.62% | 3.72% | 3.29% | 3.49% | 3.70% | 2.85% | 3.55% | 3.55% |
| Profit Margin Ratio | 2.29% | -0.30% | 3.65% | 4.23% | 1.57% | 0.66% | 1.04% | 2.83% | -2.26% | 2.33% | 0.51% | 40.96% | 6.73% | 6.73% |

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Membership and Financial Summary
For The Period Ending December 31, 2024

| CURRENT MONTH | PRIOR MONTH | INC / DEC | MEMBERSHIP SUMMARY | CURRENT YTD AVG | PRIOR YTD AVG | VARIANCE |
|-------------------|---------------------|-------------------|---|-------------------|---------------------|-------------------|
| 905,698 | 895,235 | 10,463 | Total Membership | 898,406 | 681,020 | 217,386 |
| ACTUAL MONTH | BUDGET MONTH | \$ VARIANCE MONTH | FINANCIAL SUMMARY | ACTUAL YTD | BUDGET YTD | \$ VARIANCE YTD |
| 520,768,067 | 521,420,808 | (652,741) | Total Revenue | 3,085,776,077 | 3,115,296,875 | (29,520,798) |
| 440,227,706 | 465,970,767 | 25,743,061 | Total Healthcare Costs | 2,668,832,000 | 2,753,023,208 | 84,191,208 |
| 21,565,509 | 24,357,268 | 2,791,759 | Total Administrative Costs | 122,450,066 | 147,395,841 | 24,945,775 |
| 46,509,845 | 45,432,973 | (1,076,872) | Medi-Cal Managed Care Tax | 278,494,570 | 275,317,914 | (3,176,656) |
| 12,465,007 | (14,340,200) | 26,805,207 | Total Current Year Surplus (Deficit) | 15,999,441 | (60,440,088) | 76,439,529 |

| | | | | |
|--------|--------|--|--------|--------|
| 92.82% | 97.90% | Medical Loss Ratio (HC Costs as a % of Rev, excluding Managed Care Tax) | 95.07% | 96.94% |
|--------|--------|--|--------|--------|

| | | | | |
|-------|-------|--|-------|-------|
| 4.55% | 5.12% | Admin Ratio (Admin Costs as a % of Rev, excluding Managed Care Tax) | 4.36% | 5.19% |
|-------|-------|--|-------|-------|

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Balance Sheet
As Of December 31, 2024

| | <u>December 2024</u> | <u>November 2024</u> |
|---------------------------------------|----------------------|----------------------|
| ASSETS | | |
| Current Assets | | |
| Cash & Cash Equivalents | 1,299,351,349 | 1,045,604,144 |
| Receivables | | |
| Accrued Interest | 2,269,845 | 1,830,945 |
| State DHS - Cap Rec | 1,440,026,051 | 1,521,008,620 |
| Other Healthcare Receivable | 55,101,927 | 50,979,246 |
| Miscellaneous Receivable | 7,691,601 | 7,720,553 |
| Total Receivables | 1,505,089,424 | 1,581,539,364 |
| Other Current Assets | | |
| Payroll Clearing | 1,920 | (3,808) |
| Prepaid Expenses | 10,592,540 | 8,759,012 |
| Total Other Current Assets | 10,594,460 | 8,755,204 |
| Total Current Assets | 2,815,035,233 | 2,635,898,712 |
| Non-Current Assets | | |
| Fixed Assets | | |
| Motor Vehicles | 515,462 | 515,462 |
| Furniture & Fixtures | 7,028,251 | 7,028,251 |
| Computer Equipment | 19,168,910 | 19,168,869 |
| Computer Software | 8,997,689 | 8,997,689 |
| Leasehold Improvements | 124,288 | 124,288 |
| Land | 7,619,204 | 7,619,204 |
| Building | 83,185,784 | 83,185,784 |
| Building Improvements | 39,688,760 | 39,688,760 |
| Accum Depr - Motor Vehicles | (276,052) | (265,289) |
| Accum Depr - Furniture | (6,598,433) | (6,590,342) |
| Accum Depr - Comp Equipment | (16,321,995) | (16,139,856) |
| Accum Depr - Comp Software | (8,608,520) | (8,561,896) |
| Accum Depr - Leasehold Improvements | (124,288) | (124,288) |
| Accum Depr - Building | (13,230,897) | (13,053,149) |
| Accum Depr - Bldg Improvements | (15,027,557) | (14,835,023) |
| Construction Work-In-Progress | 46,748,047 | 45,797,778 |
| Total Fixed Assets | 152,888,653 | 152,556,242 |
| Other Non-Current Assets | | |
| Deposits | 17,260 | 17,260 |
| Board-Designated Reserves | 1,119,474,888 | 1,177,987,816 |
| Knox-Keene Reserves | 300,000 | 300,000 |
| Prepaid - Other Non-Current | 14,532,756 | 14,543,023 |
| Net Pension Asset | 4,919,453 | 4,919,453 |
| Deferred Outflows Of Resources | 1,620,052 | 1,620,052 |
| Net Subscription Asset | 2,790,269 | 2,790,269 |
| Total Other Non-Current Assets | 1,143,654,678 | 1,202,177,873 |

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Balance Sheet
As Of December 31, 2024

| | <u>December 2024</u> | <u>November 2024</u> |
|---|----------------------|----------------------|
| Total Non-Current Assets | 1,296,543,331 | 1,354,734,115 |
| Total Assets | 4,111,578,564 | 3,990,632,827 |
| LIABILITIES & FUND BALANCE | | |
| Liabilities | | |
| Current Liabilities | | |
| Accounts Payable | 265,704,602 | 211,641,613 |
| Unearned Income | 109,464,493 | 77,221,658 |
| Suspense Account | 12,525,053 | 10,761,537 |
| Capitation Payable | 40,296,544 | 40,030,398 |
| State DHS - Cap Payable | 32,633,113 | 32,633,113 |
| Accrued Healthcare Costs | 1,480,651,435 | 1,413,066,912 |
| Claims Payable | 224,461,222 | 180,061,967 |
| Incurred But Not Reported-IBNR | 550,541,710 | 650,471,795 |
| Quality Improvement Programs | 121,732,255 | 113,640,706 |
| Total Current Liabilities | 2,838,010,427 | 2,729,529,699 |
| Non-Current Liabilities | | |
| Deferred Inflows Of Resources | 7,617,910 | 7,617,910 |
| Net Subscription Liability | 2,348,078 | 2,348,078 |
| Total Non-Current Liabilities | 9,965,988 | 9,965,988 |
| Total Liabilities | 2,847,976,415 | 2,739,495,687 |
| Fund Balance | | |
| Unrestricted Fund Balance | (80,064,063) | (150,709,587) |
| Reserved Funds | | |
| State Financial Performance Guarantee | 1,046,032,000 | 1,102,840,000 |
| Board Approved Capital and Infrastructure Purchases | 73,742,888 | 75,447,816 |
| Capital Assets | 152,888,655 | 152,556,243 |
| Strategic Use of Reserve-Board Approved | 71,002,668 | 71,002,668 |
| Total Reserved Funds | 1,343,666,211 | 1,401,846,727 |
| Total Fund Balance | 1,263,602,149 | 1,251,137,140 |
| Total Liabilities And Fund Balance | 4,111,578,564 | 3,990,632,827 |

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Statement of Cash Flow
For The Period Ending December 31, 2024

| | <u>Current Month Activity</u> | <u>Year-To-Date Activity</u> |
|---|-----------------------------------|----------------------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES: | | |
| Cash Received From: | | |
| Capitation from California Department of Health Care Services | 593,026,279 | 2,936,837,892 |
| Other Revenues | 32,445,427 | 35,228,449 |
| Cash Payments to Providers for Medi-Cal Members | | |
| Capitation Payments | (18,184,327) | (144,783,790) |
| Medical Claims Payments | (394,884,760) | (2,307,643,046) |
| Drug Medi-Cal | | |
| DMC Receipts from Counties | 1,950,519 | 24,875,798 |
| DMC Payments to Providers | (6,751,348) | (30,829,391) |
| Cash Payments to Vendors | (5,824,281) | (327,354,697) |
| Cash Payments to Employees | (14,260,282) | (96,167,034) |
| Net Cash (Used) Provided by Operating Activities | 187,517,227 | 90,164,181 |
| CASH FLOWS FROM CAPITAL FINANCING & RELATED ACTIVITIES: | | |
| Purchases of Capital Assets | (390,279) | (20,186,482) |
| Net Cash Used by Capital Financial & Related Activities | (390,279) | (20,186,482) |
| CASH FLOWS FROM INVESTING ACTIVITIES: | | |
| Board-Designated Reserve Transfers | 58,512,928 | 41,774,968 |
| Interest and Dividends on Investments | 8,107,329 | 53,707,591 |
| Net Cash (Used) Provided by Investing Activities | 66,620,257 | 95,482,559 |
| NET (DECREASE) INCREASE IN CASH & CASH EQUIVALENTS | 253,747,205 | 165,460,258 |
| CASH & CASH EQUIVALENTS, BEGINNING | 1,045,604,144 | 1,133,891,091 |
| CASH & CASH EQUIVALENTS, ENDING | 1,299,351,349 | 1,299,351,349 |
| RECONCILIATION OF OPERATING (LOSS) INCOME TO NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES: | | |
| TOTAL OPERATING (LOSS) INCOME | 3,918,778 | (39,115,303) |
| DEPRECIATION | 617,897 | 3,737,040 |
| CHANGES IN ASSETS AND LIABILITIES: | | |
| Other Receivables | (4,093,727) | (22,742,131) |
| California Department of Health Services Receivable | 80,982,569 | (247,871,953) |
| Other Assets | (2,389,022) | (3,060,830) |
| Accounts Payable and Accrued Expenses | 155,920,012 | 477,749,677 |
| Accrued Claims Payable | (55,530,829) | (111,014,494) |
| Quality Improvement Programs | 8,091,549 | 32,482,175 |
| Net Cash Provided (Used) by Operating Activities | 187,517,227 | 90,164,181 |

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

**Statement of Revenues and Expenses
For The Period Ending December 31, 2024**

The Notes to the Financial Statement are an Integral Part of this Statement

| ACTUAL MONTH | BUDGET MONTH | \$ VARIANCE MONTH | ACTUAL MONTH PMPM | BUDGET MONTH PMPM | | ACTUAL YTD | BUDGET YTD | \$ VARIANCE YTD | ACTUAL YTD PMPM | BUDGET YTD PMPM |
|--------------------|---------------------|--------------------|-------------------|-------------------|---|----------------------|----------------------|---------------------|-----------------|-----------------|
| 905,698 | 905,698 | - | | | TOTAL MEMBERSHIP | 5,390,434 | 5,390,434 | - | | |
| | | | | | REVENUE | | | | | |
| 512,042,030 | 515,689,208 | (3,647,178) | 565.36 | 569.38 | State Capitation Revenue | 3,027,835,822 | 3,079,187,775 | (51,351,953) | 561.71 | 571.23 |
| 8,546,229 | 5,548,500 | 2,997,729 | 9.44 | 6.13 | Interest Income | 55,114,742 | 34,955,300 | 20,159,442 | 10.22 | 6.48 |
| 179,808 | 183,100 | (3,292) | 0.20 | 0.20 | Other Revenue | 2,825,513 | 1,153,800 | 1,671,713 | 0.52 | 0.21 |
| 520,768,067 | 521,420,808 | (652,741) | 574.99 | 575.71 | TOTAL REVENUE | 3,085,776,077 | 3,115,296,875 | (29,520,798) | 572.46 | 577.93 |
| | | | | | HEALTHCARE COSTS | | | | | |
| | | | | | Physician Services | | | | | |
| 7,379,437 | 9,059,838 | 1,680,401 | 8.15 | 10.00 | Pcp Capitation | 44,052,446 | 53,674,579 | 9,622,133 | 8.17 | 9.96 |
| 215,409 | 224,307 | 8,898 | 0.24 | 0.25 | Specialty Capitation | 1,278,913 | 1,325,366 | 46,453 | 0.24 | 0.25 |
| 82,551,534 | 71,769,687 | (10,781,847) | 91.15 | 79.24 | Non-Capitated Physician Services | 515,458,096 | 422,968,556 | (92,489,540) | 95.62 | 88.68 |
| 90,146,380 | 81,053,832 | (9,092,548) | 99.54 | 89.49 | Total Physician Services | 560,789,455 | 477,968,501 | (82,820,954) | 104.03 | 88.68 |
| | | | | | Inpatient Hospital | | | | | |
| 16,202,947 | 18,251,299 | 2,048,352 | 17.89 | 20.15 | Hospital Capitation | 97,159,805 | 107,807,487 | 10,647,682 | 18.02 | 20.00 |
| 99,460,154 | 123,594,611 | 24,134,457 | 109.82 | 136.46 | Inpatient Hospital - Ffs | 614,087,809 | 717,557,852 | 103,470,043 | 113.92 | 133.12 |
| 1,612,566 | 1,612,566 | - | 1.78 | 1.78 | Hospital Stoploss | 9,576,274 | 9,576,274 | - | 1.78 | 1.78 |
| 117,275,667 | 143,458,476 | 26,182,809 | 129.49 | 158.39 | Total Inpatient Hospital | 720,823,888 | 834,941,613 | 114,117,725 | 133.72 | 154.90 |
| 53,854,451 | 54,348,754 | 494,303 | 59.46 | 60.01 | Long Term Care | 328,256,657 | 326,869,368 | (1,387,289) | 60.90 | 60.64 |
| | | | | | Ancillary Services | | | | | |
| 1,178,925 | 1,247,663 | 68,738 | 1.30 | 1.38 | Ancillary Services - Capitated | 7,024,635 | 7,383,620 | 358,985 | 1.30 | 1.37 |
| 80,732,317 | 77,517,118 | (3,215,199) | 89.14 | 85.59 | Ancillary Services - Non-Capitated | 466,460,018 | 455,340,951 | (11,119,067) | 86.53 | 84.47 |
| 81,911,242 | 78,764,781 | (3,146,461) | 90.44 | 86.97 | Total Ancillary Services | 473,484,653 | 462,724,571 | (10,760,082) | 87.83 | 85.84 |
| | | | | | Other Medical | | | | | |
| 4,331,759 | 6,914,802 | 2,583,043 | 4.78 | 7.63 | Quality Assurance | 24,845,571 | 42,987,489 | 18,141,918 | 4.61 | 7.97 |
| 70,251,071 | 81,291,028 | 11,039,957 | 77.57 | 89.76 | Healthcare Investment Funds | 429,446,327 | 485,659,793 | 56,213,466 | 79.67 | 90.10 |
| 128,000 | 135,600 | 7,600 | 0.14 | 0.15 | Advice Nurse | 733,100 | 854,400 | 121,300 | 0.14 | 0.16 |
| 920 | 7,100 | 6,180 | - | 0.01 | Hipp Payments | 4,671 | 44,600 | 39,929 | - | 0.01 |
| 12,960,667 | 10,628,845 | (2,331,822) | 14.31 | 11.74 | Transportation | 72,429,183 | 64,920,464 | (7,508,719) | 13.44 | 12.04 |
| 87,672,417 | 98,977,375 | 11,304,958 | 96.80 | 109.29 | Total Other Medical | 527,458,852 | 594,466,746 | 67,007,894 | 97.86 | 110.28 |
| 9,367,549 | 9,367,549 | - | 10.34 | 10.34 | Quality Improvement Programs | 58,018,495 | 56,052,409 | (1,966,086) | 10.76 | 10.40 |
| 440,227,706 | 465,970,767 | 25,743,061 | 486.07 | 514.49 | TOTAL HEALTHCARE COSTS | 2,668,832,000 | 2,753,023,208 | 84,191,208 | 495.10 | 510.74 |
| | | | | | ADMINISTRATIVE COSTS | | | | | |
| 13,591,116 | 15,336,464 | 1,745,348 | 15.01 | 16.93 | Employee | 78,605,589 | 93,562,085 | 14,956,496 | 14.58 | 17.36 |
| 88,570 | 156,294 | 67,724 | 0.10 | 0.17 | Travel And Meals | 490,732 | 984,574 | 493,842 | 0.09 | 0.18 |
| 1,196,609 | 2,573,483 | 1,376,874 | 1.32 | 2.84 | Occupancy | 7,563,448 | 13,016,109 | 5,452,661 | 1.40 | 2.41 |
| 655,903 | 846,601 | 190,698 | 0.72 | 0.93 | Operational | 3,356,750 | 5,201,951 | 1,845,201 | 0.62 | 0.97 |
| 2,717,176 | 2,751,870 | 34,694 | 3.00 | 3.04 | Professional Services | 14,442,857 | 17,792,898 | 3,350,041 | 2.68 | 3.30 |
| 3,316,135 | 2,692,556 | (623,579) | 3.66 | 2.97 | Computer And Data | 17,990,690 | 16,838,224 | (1,152,466) | 3.34 | 3.12 |
| 21,565,509 | 24,357,268 | 2,791,759 | 23.81 | 26.88 | TOTAL ADMINISTRATIVE COSTS | 122,450,066 | 147,395,841 | 24,945,775 | 22.71 | 27.34 |
| 46,509,845 | 45,432,973 | (1,076,872) | 51.35 | 50.16 | Medi-Cal Managed Care Tax | 278,494,570 | 275,317,914 | (3,176,656) | 51.66 | 51.08 |
| 12,465,007 | (14,340,200) | 26,805,207 | 13.76 | (15.82) | TOTAL CURRENT YEAR SURPLUS (DEFICIT) | 15,999,441 | (60,440,088) | 76,439,529 | 2.99 | (11.23) |

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

NOTES TO FINANCIAL STATEMENTS

December 31, 2024

1. ORGANIZATION

The Partnership HealthPlan of California (PHC) was formed as a health insurance organization and is legally a subdivision of the State of California but is not part of any city, county or state government system. PHC has quasi-independent political jurisdiction to contract with the State for managing Medi-Cal beneficiaries who reside in various Northern California counties. PHC is a combined public and private effort engaged principally in providing a more cost-effective method of healthcare. PHC began serving Medi-Cal eligible persons in Solano County in May 1994. That was followed by additional Northern California counties in March 1998, March 2001, October 2009, two counties in July 2011, and eight counties in September 2013. Beginning July 2018 and in accordance with direction from the Department of Health Care Services (DHCS), PHC consolidated its reporting from these fourteen counties into two regions, which are in alignment with the two DHCS rating regions. Beginning January 2024, PHC expanded into ten additional counties, which comprise a third region.

As a public agency, the HealthPlan is exempt from state and federal income tax.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

ACCOUNTING POLICIES:

The accounting and reporting policies of PHC conform to generally-accepted accounting principles and general practices within the healthcare industry.

PROPERTY AND EQUIPMENT:

Effective July 2015, property and equipment totaling \$10,000 or more are recorded at cost; this includes assets acquired through capital leases and improvements that significantly add to the productive capacity or extend the useful life of the asset. Costs of maintenance and repairs are expensed as incurred. Depreciation for financial reporting purposes is provided on a straight-line method over the estimated useful life of the asset. The costs of major remodeling and improvements are capitalized as building or leasehold improvements. Leasehold improvements are amortized using the straight-line method over the shorter of the remaining term of the applicable lease or their estimated useful life. Building improvements are depreciated over their estimated useful life.

INVESTMENTS:

PHC investments can consist of U.S. Treasury Securities, Certificates of Deposits, Money Market and Mutual Funds, Government Pooled Funds, Agency Notes, Repurchase Agreements, Shares of Beneficial Interest and Commercial Paper and are carried at fair value.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

NOTES TO FINANCIAL STATEMENTS

December 31, 2024

RESERVED FUNDS:

As of December 2024, PHC has Total Reserved Funds of \$1.3 billion. This includes \$71.0 million of funds set aside for Board approved Strategic Use of Reserve (SUR) initiatives; this also includes funding for the Wellness & Recovery program. The total SUR amount represents the net amount remaining for all SUR projects that have been approved to date and is periodically adjusted as projects are completed. Reserved funds also includes \$0.3 million of Knox-Keene Reserves.

3. STATE CAPITATION REVENUE

Medi-Cal capitation revenue is based on the monthly capitation rates, as provided for in the State contract, and the actual number of Medi-Cal eligible members. Capitation revenues are paid by the State on a monthly basis in arrears based on estimated membership. As such, capitation revenue includes an estimate for amounts receivable from or refundable to the State for projected changes in membership and trued up monthly through a State reconciliation process. These estimates are continually monitored and adjusted, as necessary, as experience develops or new information becomes known.

4. HEALTHCARE COST

PHC continues to develop completion factors to calculate estimated liability for claims incurred but not reported. These factors are reviewed and adjusted as more historical data become available. Budgeted capitation revenues and healthcare costs are adjusted each month to reflect changes in enrollee counts.

5. QUALITY IMPROVEMENT PROGRAM

PHC maintains quality incentive contracts with acute care hospitals and primary care physicians. As of December 2024, PHC has accrued a Quality Incentive Program payout of \$121.7 million.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

6. **ESTIMATES**

Due to the nature of the operations of the Partnership HealthPlan, it is necessary to estimate amounts for financial statement presentation. Substantial overstatement or understatement of these estimates would have a significant impact on the statements. The items estimated through various methodologies are:

- Value of Claims Incurred But Not Received
- Quality Incentive Payouts
- Earned Capitation Revenues
- Total Number of Members
- Retro Capitation Expense for Certain Providers

7. **COMMITMENTS AND CONTINGENCIES**

In the ordinary course of business, the HealthPlan is party to claims and legal actions by enrollees, providers, and others. After consulting with legal counsel, HealthPlan management is of the opinion any liability that may ultimately be incurred as a result of claims or legal actions will not have a material effect on the financial position or results of the operations of the HealthPlan.

8. **UNUSUAL OR INFREQUENT ITEMS REPORTED IN CURRENT MONTH'S FINANCIAL STATEMENTS**

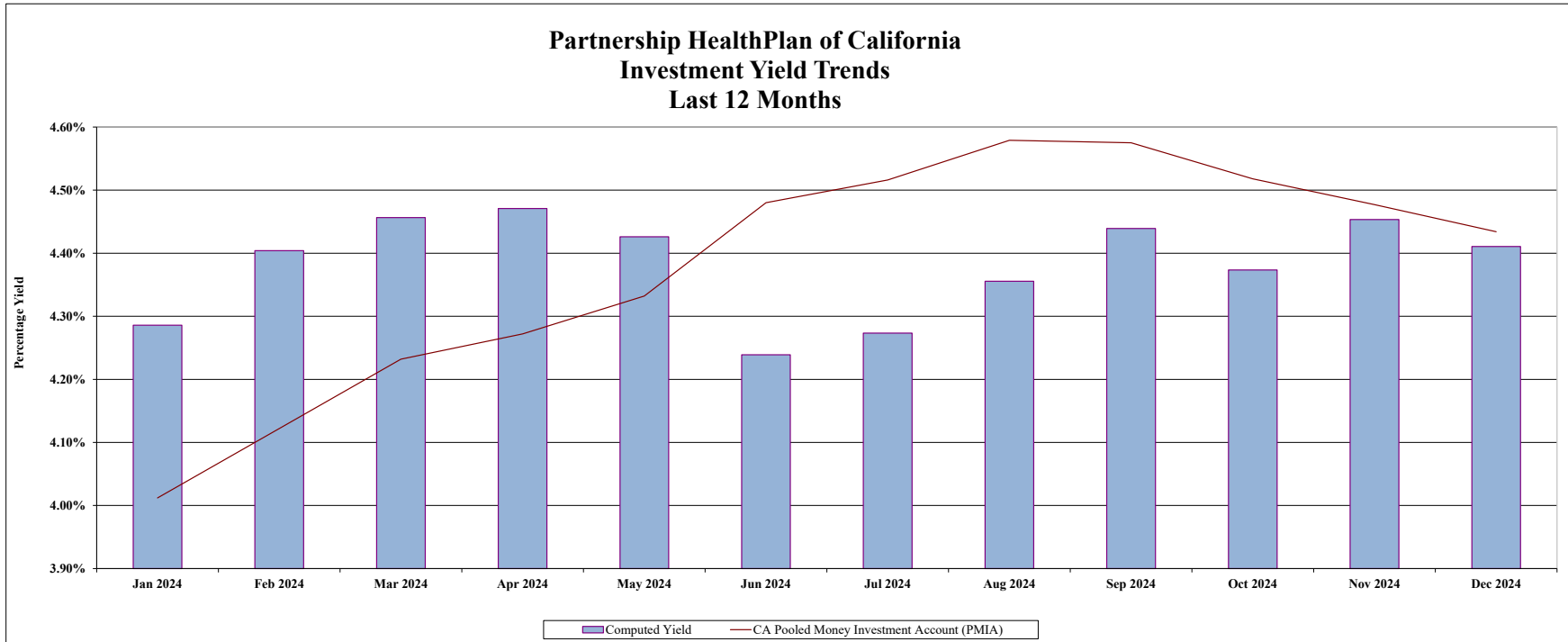
None noted.

Partnership HealthPlan of California
Investment Schedule
December 31, 2024

| Name of Investment | Investment Type | Yield to Maturity | Trade Date | Maturity Date | Call Date | Face Value | Purchase Price | Market Value | Credit Rating Agency | Credit Rating |
|---------------------------------------|---------------------|-------------------|------------|---------------|-----------|------------|----------------|-------------------------|----------------------|---------------|
| FUNDS HELD FOR INVESTMENT: | | | | | | | | | | |
| Highmark Money Market | Cash & Cash Equiv | NA | Various | NA | NA | NA | \$ 1,395,276 | \$ 1,395,276 | NA | NR |
| US Treasury Note | Cash & Cash Equiv | 0.01375 | 1/11/2022 | 1/31/2025 | NA | \$ 300,000 | \$ 303,281 | \$ 284,439 | Fitch | AA+ |
| Certificate of Deposit for Knox Keene | Cash & Cash Equiv | 0.0526 | 5/24/2023 | 1/31/2025 | NA | \$ 300,000 | \$ 300,000 | \$ 300,000 | NA | NR |
| FUNDS HELD FOR OPERATIONS: | | | | | | | | | | |
| Merrill Lynch Institutional | Cash for Operations | NA | NA | NA | NA | NA | NA | \$ 74,129,908 | | |
| Merrill Lynch MMA - Checking | Cash for Operations | NA | NA | NA | NA | NA | NA | \$ 2,414,146 | | |
| US Bank - General, MMA, and Sweeps | Cash for Operations | NA | NA | NA | NA | NA | NA | \$ 2,221,641,828 | | |
| Government Investment Pools (LAIF) | Cash for Operations | NA | NA | NA | NA | NA | NA | \$ 75,000,000 | | |
| Government Investment Pools (County) | Cash for Operations | NA | NA | NA | NA | NA | NA | \$ 43,794,453 | | |
| West America Payroll | Cash for Operations | NA | NA | NA | NA | NA | NA | \$ 147,325 | | |
| Petty Cash | Cash for Operations | NA | NA | NA | NA | NA | NA | \$ 3,300 | | |
| GRAND TOTAL: | | | | | | | | <u>\$ 2,419,110,675</u> | | |

**Partnership HealthPlan of California
Investment Yield Trends**

| PERIOD | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 | Dec 2024 |
|---|-------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Interest Income | 8,189,594 | 6,407,270 | 9,509,112 | 8,768,057 | 9,436,106 | 9,367,229 | 9,655,722 | 9,298,928 | 9,343,307 | 10,427,933 | 7,842,623 | 8,546,229 |
| Cash & Investments at Historical Cost | (1) 1,880,659,210 | 2,097,319,746 | 2,404,353,123 | 2,306,818,656 | 2,186,519,113 | 2,295,440,947 | 2,234,052,950 | 2,273,253,498 | 2,415,112,928 | 2,185,207,714 | 2,223,891,960 | 2,419,126,236 |
| Computed Yield | (2) 4.29% | 4.40% | 4.46% | 4.47% | 4.43% | 4.24% | 4.27% | 4.36% | 4.44% | 4.37% | 4.45% | 4.41% |
| CA Pooled Money Investment Account (PMIA) | (3) 4.01% | 4.12% | 4.23% | 4.27% | 4.33% | 4.48% | 4.52% | 4.58% | 4.58% | 4.52% | 4.48% | 4.43% |



NOTES:

- (1) Investment balances include Restricted Cash and Board Designated Reserves
- (2) Computed yield is calculated by dividing the past 12 months of interest by the average cash balance for the past 12 months.
- (3) LAIF limits the amount a single government entity can deposit into LAIF; currently that amount is set at \$75 million.

The past few months the Operations teams have demonstrated exceptional agility and responsiveness by successfully navigating both unplanned events while simultaneously moving forward with preparations for multiple benefit enhancements and strategic initiatives.

Supporting local Communities with Natural Disasters

In the face of recent community challenges, including flooding and severe winter weather, our Operations teams collaborated with local stakeholders to offer support. The Regional Office and Leadership model has enabled us to implement a robust monitoring system to track anticipated weather patterns and specific community concerns. Outreach to county leadership and communication with OES teams has positioned Partnership to offer assistance in a number of situations. Recently Tehama County struggled with a lack of supplies for displaced individuals due to flooding and Tim Sharp, the Redding Regional Director, was able to arrange for sleeping bags and tents to be provided for distribution. In several communities snow and flooding resulted in road closures. Our Transportation Dept responded to a record number of calls in January and put extra effort into accommodating members that required rescheduling or rides to alternate providers due to closures. Vehicles were also put on stand-by in multiple communities to offer assistance with relocating members being evacuated from flooded camps. Unlike traditional transportation services, this sometimes included vans and larger vehicles that could accommodate allowing members to also move their belongings and large volumes of personal items and pets.

Regional Directors proactively reach out to various stakeholders to offer support and inquire about specific needs, but please be reminded to reach out to your local Director whenever you need any assistance that Partnership may be able to provide to provide. This may include special transportation services related to evacuation, even including long term care and hospital inpatients. Support with members that may be in evacuations centers requiring support obtaining medical supplies such as batteries for oxygen, CPAP or other equipment, and any care coordination services. Historically Partnership has assisted with providing emergency supplies such as water, gas cards for generators that PGE supplies and even placing our staff in the community to help with distribution and other roles. We encourage our partners to reach out anytime there is a need, and we will work together to try to fill the gap if possible.

Changing Federal Health Policies

Operations, as well as the Executive team, are closely monitoring the changing federal health policy landscape, including how these changes may affect our Medi-Cal members. Although the full impact of some updates is still largely unknown, we are diligently staging and planning our responses. We have received feedback from multiple primary care providers that primary care visits are down, and no-shows for appointments are increasing. We are providing our staff with specific training and scripting to offer when inquiries or concerns are received from our members regarding coverage, benefits, and other questions. In the Fairfield Region, many cross-sector working groups have formed around ensuring vulnerable patients, including immigrant families, maintain their access to care amid uncertainty. Regional Director, Regional Medical Director, Population Health, Policy, and other teams from Partnership are at the table and are responding to community needs in these forums. Similar work is being organized throughout our 24 counties based on the unique needs and concerns of the community. Partnership will be leveraging our telehealth and transportation benefits to ensure members can continue to receive care comfortably and without worry.

Several representatives from our Operations teams and Regional leadership attended the recent Insure the Uninsured (ITUP) Conference in Sacramento in early February. Attendees were able to collaborate with DHCS leaders, peers from other plans, legislators and other key resources on common issues we are all facing such as responding to rapidly changing federal policies, continued provider shortages, DEI, and specialty areas such as Broadband/Internet needs in rural and remote areas. Tim Sharp, Redding Regional Director, represented Partnership on a panel focused on Broadband.

Benefit Changes and Enhancements

Operations are also deeply invested in implementing the many new programs, initiatives, and requirements under the new 2024 Medi-Cal contract, DHCS APLs and/or strategic organizational goals. Significant progress has been made positioning Partnership well for sustained impact while delivering value and reinforcing our commitment to our mission. In particular our Health Services team has been balancing the recent successful expansion of the CCS Whole Child Model in our eastern, ten (10) counties on Jan 1, 2025 with many other new initiatives such as Transitional Rent and the Justice Initiative.

Today, Partnership now has over 11,000 members in the CCS Whole Child Model across all twenty-four (24) counties. The success of this well-coordinated and smooth transition was led by the Care Coordination department who achieved this through meticulous planning, multi-agency collaboration, family and community engagement while prioritizing the well-being and care of each member. To date the outcome has been overwhelmingly positive, with Partnership gaining praise directly from DHCS *"We cannot thank you enough for being the A team! A team! We are so grateful to have a managed care plan that we are proud to provide services to our Medi-Cal members."* During a call with DHCS our county Public Health partners in Butte, Sutter, Glenn and Colusa all spoke up to highlight that they were *"very appreciative of the individual county meetings that were being held with Partnership staff,"* and that they *"felt very supported by the participation by Partnership."*

Transitional Rent is also a new benefit that will become effective 1/1/2026. Up to six (6) months of rent may be covered for members who qualify for this new benefit. In tight coordination with our County Behavioral Health Departments and local Continuums of Care, Partnership is having early discussions within the communities in our network about awareness, readiness and potential opportunities with flex-pools and other opportunities.

In collaboration with the California Department of Corrections and Rehabilitation (CDCR), all state prisons went live with the Justice Initiative under CalAIM on Feb. 1, 2025. On average, CDCR releases approximately 2,000 individuals monthly. Partnership's Enhanced Health Services team and Justice Liaison have been busy planning, aligning, and working closely with our county behavioral health and probation partners, clinics, and community-based organizations to ensure a successful integration of this new agency partner. Much of this work has also centered around data sharing agreements between the health plan and CDCR.

In our continued effort to improve member experience Partnership will be taking over the Behavioral Health Access Line/Call Center that is currently being operated by Carelon Behavioral Health. In late summer or early fall of 2025, the Call Center along with Care Coordination services and Grievances/Appeals will be managed by internal Partnership staff and operations. The project is well underway to move these activities in-house. The goal is to enhance our member's experience who are seeking behavioral health services.

Technology Upgrades

To support these initiatives, we are also investing in necessary technology upgrades that in some cases are necessary and in others will streamline workflows and improve data management. The largest of these upgrades being the implementation of our Claims system is on track to roll out later this year. We are also planning to retire our current Case Management software platform, Essette, and transition to JIVA this year. This change is necessary to position us for success with our Medicare D-SNP program that will go live in a limited number of counties in 2026. Multiple departments will be utilizing this new program including Utilization Management, Care Coordination, Population Health Management, Pharmacy and Grievance and Appeals. The UM team has been working closely with IT, configuration, and associated departments to ensure a smooth system transition and implementation.

Our teams are committed to keeping all stakeholders informed and updated regarding all of these projects and initiatives. Be sure to watch for bulletins and newsletters containing important details such as training dates and resources and time-sensitive updates.

Early Bills of Interest

[SB 669 \(McGuire\)](#) **Rural hospitals: standby perinatal medical services.**

This bill will increase access to community based, culturally centered care for pregnant people within their communities – improving the likelihood that they continue to access care throughout their pregnancy and postpartum. This bill seeks to establish a narrowly tailored pilot program for rural and critical access hospitals, that do not currently have labor and delivery units, or that are affiliated with an alternative birthing center to offer care through a standby perinatal unit – improving access to full scope labor and delivery services for low-risk pregnancies.

[SB 32 \(Weber\)](#) **Public health: maternity ward closures**

This bill would express the intent of the Legislature to enact legislation to address maternity ward closures.

[SB 250 \(Ochoa Bogh\)](#) **Medi-Cal: provider directory: skilled nursing facilities.**

This bill would require, as part of the health care options information posted by the department, in the provider directory that lists accepted Medi-Cal managed care plans, through the Medi-Cal Managed Care Health Care Options internet website and any other applicable mechanisms, that the directory include skilled nursing facilities as one of the available searchable provider types.

[SB 324 \(Menjivar\)](#) **Medi-Cal: enhanced care management and community supports**

This bill would require a Medi-Cal managed care plan, for purposes of covering the ECM benefit, or if it elects to cover a community support, to give preference to contracting with community providers, as defined, whenever those providers are available in the respective county and have experience in providing the applicable ECM or community support.

[AB 29 \(Arambula\)](#) **Medi-Cal: Adverse Childhood Experiences trauma screenings: providers.**

This bill would require the department to include (1) community-based organizations and local health jurisdictions that provide health services through community health workers and (2) doulas, that are enrolled Medi-Cal providers, as providers qualified to provide, and eligible to receive payments for, ACEs trauma screenings pursuant to the provisions described above.

[AB 55 \(Bonta\)](#) **Alternative birth centers: licensing and Medi-Cal reimbursement**

Under existing law, as a criterion under both the licensing provisions and the Medi-Cal reimbursement, the facility is required to be a provider of comprehensive perinatal services as defined in the Medi-Cal provisions. This bill would remove, under both sets of criteria, the certification condition of being a provider of comprehensive perinatal services as defined in the Medi-Cal provisions.

[AB 220 \(Jackson\)](#) **Medi-Cal: subacute care services.**

This bill would require a health facility that provides pediatric subacute or adult subacute care services pursuant to these provisions to submit with a treatment authorization request, including an electronic treatment

authorization request, a specified form when requesting authorization for subacute care services. The bill would prohibit a Medi-Cal managed care plan from developing or using its own criteria to substantiate medical necessity for pediatric subacute or adult subacute care services with a condition or standard not enumerated in those forms.

AB 257 (Flora) Specialty care network: telehealth and other virtual services.

This bill would, subject to an appropriation, require the California Health and Human Services Agency, in collaboration with the Department of Health Care Access and Information and the State Department of Health Care Services, to establish a demonstration project for a telehealth and other virtual services specialty care network that is designed to serve patients of safety-net providers consisting of qualifying providers, defined to include, among others, rural health clinics and community health centers. The bill would authorize the focus of the project to include increasing access to behavioral and maternal health services and additional specialties prioritized by the agency

AB 315 (Bonta) Medi-Cal: Home and Community-Based Alternatives Waiver - The bill would delete a provision authorizing the expansion of the number of waiver slots up to 5,000 additional slots, and would instead require the enrollment of all eligible individuals who apply for the HCBA Waiver. The bill would require the department, by March 1, 2026, to seek any necessary amendments to the waiver to ensure that there is sufficient capacity to enroll all eligible individuals who are currently on a waiting list for the waiver, as specified. The bill would require the department, by March 1, 2026, to submit a rate study to the appropriate fiscal and policy committees of the Legislature addressing the sustainability, quality, and transparency of rates for the HCBA Waiver. The bill would require that the study include an assessment of the effectiveness of the methods used to pay for services under the waiver, with consideration of certain factors.

AB 350 (Bonta) Health care coverage: fluoride treatments.

This bill would make the application of fluoride or other appropriate fluoride treatment, including fluoride varnish, a covered benefit under the Medi-Cal program for children under 21 years of age. The bill would require the State Department of Health Care Services to establish and promulgate a policy governing billing and reimbursement for the application of fluoride varnish, as specified.

AB 403 (Ortega) Medi-Cal: community health worker services.

The bill would require the department to annually conduct an analysis of the CHW services benefit, submit each analysis to the Legislature, and publish each analysis on the department's internet website, with the first analysis due July 1, 2027.

AB 510 (Addis) Health care coverage: utilization review: appeals and grievances.

This bill would, upon request, require that an appeal or grievance regarding a decision by a health care service plan or disability insurer delaying, denying, or modifying a health care service based in whole or in part on medical necessity, be reviewed by a licensed physician who is competent to evaluate the specific clinical issues involved in the health care service being requested, and of the same or similar specialty as the requesting provider. The bill, notwithstanding the above-described timelines, would require these reviews to occur within 2 business days, or if an enrollee or insured faces an imminent and serious threat to their health, within a timely fashion appropriate for the nature of the enrollee's or insured's condition, as specified. If a health care service plan or disability insurer fails to meet those timelines, the bill would deem the prior authorization request as approved and supersede any prior delay, denial, or modification.

[AB 512 \(Harabedian\)](#) **Health care coverage: prior authorization.**

This bill would shorten the timeline for prior authorization requests to no more than 48 hours for standard requests or 24 hours for urgent requests from the plan's or insurer's receipt of the information reasonably necessary and requested by the plan or insurer to make the determination.

[AB 517 \(Krell\)](#) **Medi-Cal: complex rehabilitation technology: wheelchairs.**

This bill would prohibit the department from requiring prior authorization for the repair of a CRT-powered wheelchair if the cost of the repair does not exceed \$1,250.

[AB 543 \(Gonzalez\)](#) **Medi-Cal: street medicine.**

This bill would set forth provisions regarding street medicine, as defined, under the Medi-Cal program for persons experiencing homelessness. The bill would state the intent of the Legislature that the street medicine-related provisions coexist with, and not duplicate, other Medi-Cal provisions, including, but not limited to, those regarding community health worker services, enhanced care management, and community supports. The bill would require the department to implement a program of presumptive eligibility for persons experiencing homelessness for purposes of full-scope Medi-Cal benefits without a share of cost. The bill would authorize an enrolled Medi-Cal provider to make a presumptive eligibility determination for those persons.



News Updates February 2025

Partnership Press Releases:

[Your Partner in Health: Prenatal Care](#)

Partnership HealthPlan of California – Colleen Townsend, M.D.

December 19, 2024

Prenatal medical care improves the health of the pregnant person and their baby.

Partnership Mentioned:

[Humboldt County Board of Supervisors](#)

Lost Coast Outpost

February 4, 2025

8. Memorandum of Understanding (MOU) with Partnership HealthPlan of California Regarding the Coordination of the Special Supplemental Nutrition Program for Women, Infants, and Children program (WIC Program)... 9. Memorandum of Understanding (MOU) with Partnership HealthPlan of California Regarding the Coordination of Public Health programs in Humboldt County.

[Local healthcare organizations collaborate to recruit and retain medical providers](#)

The Mendocino Beacon

January 23, 2025

In response to the nationwide doctor shortage that has hit rural communities especially hard, local healthcare organizations in Mendocino County are collaborating to recruit and retain medical providers through an initiative called Incubate... Participating clinics included Adventist Health Family Medicine Residency Clinic, Anderson Valley Health Center, ...and Partnership HealthPlan of CA.

[Midwives blame California rules for hampering birth centers amid maternity care crisis](#)

The Sacramento Bee

January 8, 2025

...But the hospital's application for a birth center and a perinatal unit has been "languishing" with the California Department of Public Health, which is "looking for cover from the legislature," said Robert Moore, chief medical officer of Partnership HealthPlan of California, a Medi-Cal managed-care plan serving most of Northern California.

Chief Medical Officer Quality Report

February 26, 2024

1. Maternity Measures for Hospitals (2023 data)

| HOSPITAL NAME | Partnership Regional Office | County | City | NTSVC-Section Rate | | | Breastfeeding Rate (CDPH) | | | Episiotomy Rate | | | VBAC Rate | | | VBAC Routinely Available | Certified Nurse Midwife Delivery Rate | | Early Elective Delivery | | |
|--|-----------------------------|-----------|---------------|--------------------|---------|---------------|---------------------------|---------|---------------|-----------------|---------|---------------|-------------|---------|---------------|--------------------------|---------------------------------------|-------------|-------------------------|-------------|---------------|
| | | | | Denominator | Score % | Rating | Denominator | Score % | Rating | Denominator | Score % | Rating | Denominator | Score % | Rating | | Yes/No | Denominator | Score % | Denominator | Score % |
| Marin Health Medical Center | Santa Rosa | Marin | Greenbrae | 520 | 17.9 | Superior | 1357 | 84.3 | Above Average | 1091 | 0.5 | Above Average | 194 | 40.2 | Superior | Yes | 1453 | 46.2 | 46 | 2.1 | Below Average |
| Santa Rosa Memorial Hospital | Santa Rosa | Sonoma | Santa Rosa | 258 | 20.5 | Above Average | | | | 529 | 0.8 | Above Average | 134 | 39.6 | Superior | Yes | 767 | 45.4 | 66 | 7.58 | Below Average |
| Sutter Santa Rosa | Santa Rosa | Sonoma | Santa Rosa | 501 | 23.4 | Average | | | | 976 | 1.1 | Average | | | | No | 1451 | 0.8 | | | |
| Dignity Health Woodland Memorial Hospital | Fairfield | Yolo | Woodland | 172 | 22.1 | Average | 449 | 80.4 | Above Average | 332 | 0.9 | Above Average | | | | No | 489 | 0 | 34 | 0 | Above Average |
| NorthBay Medical Center | Fairfield | Solano | Fairfield | 398 | 25.4 | Above Average | | | | 875 | 0.7 | Above Average | 219 | 18.3 | Average | Yes | 1326 | 0 | 97 | 0 | Above Average |
| Providence Queen of the Valley Medical Center | Fairfield | Napa | Napa | 234 | 20.5 | Above Average | 574 | 71.95 | Average | 544 | 1.5 | Average | 143 | 28.7 | Above Average | Yes | 797 | 0 | 51 | 1.96 | Below Average |
| Sutter Davis | Fairfield | Yolo | Davis | 449 | 14.5 | Superior | | | | 989 | 1.4 | Average | 151 | 31.8 | Above Average | Yes | 1240 | 60.2 | | | |
| Tahoe Forest Hospital | Auburn | Nevada | Truckee | 147 | 16.3 | Superior | | | | 246 | 1.2 | Average | | | | No | 359 | 0 | 5 | 0 | Above Average |
| Sutter Roseville | Auburn | Placer | Roseville | 867 | 25.7 | Above Average | | | | 1723 | 3 | Average | 336 | 15.5 | Average | Yes | 2477 | 0 | | | |
| Dignity Health Sierra Nevada Memorial Hospital | Auburn | Nevada | Grass Valley | 110 | 30 | Above Average | 313 | 90.1 | Superior | 215 | 4.2 | Average | | | | No | 324 | 4.9 | | | |
| Adventist Health Clear Lake | Eureka | Lake | Clearlake | 38 | 15.8 | Superior | | | | 92 | 2.2 | Average | | | | No | 131 | 0 | 99 | 0 | Above Average |
| Adventist Health Ukiah Valley | Eureka | Mendocino | Ukiah | 228 | 18.9 | Above Average | 714 | 77.17 | Above Average | 501 | 1 | Average | 105 | 14.3 | Average | Yes | 701 | 50.1 | 44 | 0 | Above Average |
| Sutter Coast | Eureka | Del Norte | Crescent City | 63 | 17.5 | Superior | | | | 146 | 2.1 | Average | | | | No | 209 | 0 | | | |
| Sutter Lakeside | Eureka | Lake | Lakeport | 54 | 25.9 | Above Average | | | | 138 | 1.4 | Average | | | | No | 200 | 0 | | | |
| Providence St. Joseph Hospital Eureka | Eureka | Humboldt | Eureka | 217 | 24 | Above Average | 610 | 85.25 | Above Average | 457 | 5 | Below Average | 91 | 15.4 | Average | Yes | 660 | 15.6 | 53 | 0 | Above Average |
| Mad River Community Hospital (closed Oct 31) | Eureka | Humboldt | Arcata | 141 | 19.9 | Above Average | | | | 255 | 1.6 | Average | | | | No | 356 | 19.4 | 14 | 0 | Above Average |
| Banner Lassen Medical Center | Redding | Lassen | Susanville | 68 | 14.7 | Superior | | | | 141 | 6.4 | Below Average | | | | No | 197 | 0 | 23 | 0 | Above Average |
| Dignity Health Mercy Medical Center Mount Shasta | Redding | Siskiyou | Mount Shasta | 53 | 18.9 | Above Average | 102 | 80.39 | Above Average | 116 | 2.6 | Average | | | | No | 156 | 0 | 11 | 9.09 | Below Average |
| Dignity Health Mercy Medical Center Redding | Redding | Shasta | Redding | 546 | 22.2 | Average | 1519 | 78.54 | Above Average | 1126 | 2.3 | Average | | | | No | 1688 | 0 | 89 | 2.25 | Below Average |
| Dignity Health St. Elizabeth Community Hospital | Redding | Tehama | Red Bluff | 189 | 21.7 | Above Average | 519 | 74.95 | Average | 380 | 2.4 | Average | | | | No | 540 | 16.1 | 53 | 0 | Above Average |
| Fairchild Medical Center | Redding | Siskiyou | Yreka | 49 | 32.7 | Above Average | | | | 89 | 4.5 | Average | 27 | 22.2 | Average | Yes | 156 | 0 | 8 | 12.5 | Below Average |
| Adventist Health Rideout Hospital | Chico | Yuba | Marysville | 504 | 24.4 | Above Average | | | | 1127 | 1.6 | Average | 275 | 10.5 | Below Average | Yes | 1705 | 0.1 | | | |
| Oroville Hospital | Chico | Butte | Oroville | | | Not Rated | | | Not Rated | | | Not Rated | | | | | -500 | | | | Not Rated |
| Enloe Medical Center - Esplanade Campus | Chico | Butte | Chico | 648 | 18.2 | Superior | 1729 | 87.45 | Above Average | 1408 | 0.5 | Above Average | 285 | 25.3 | Above Average | Yes | 1913 | 14.3 | 45 | 0 | Above Average |

Key:

| | NTSVC-Section | Early Elective Delivery | Breastfeeding at discharge | Episiotomy Rate | VBAC rate | CNM delivery rate |
|-----------|---------------|-------------------------|----------------------------|-----------------|-----------|-------------------|
| Above Avg | <21.9% | <1% | >75% | <1.2% | >25% | >10% |
| Avg | 22-23.6% | 1-2% | 70-75% | 1.5 - 5.0% | 10 - 25% | |
| Below Avg | >23.6% | >2% | <70% | >5.0% | <10% | <10% |

Highest performers for 2023 were **Marin Health** and **Enloe Medical Center**, who were above average for all measures.

2. DHCS Quality Sanction Update

Measurement Year 2023. In October, DHCS announced an intent to sanction Partnership HealthPlan \$475,000 for performance the four 2023 HEDIS reporting regions on the 16 measures in the Managed Care Accountability Set that were below the national NCQA median.

Of this amount, \$362,752.20 was for low performance on Topical Fluoride Varnish in children. Since topical fluoride varnish is predominantly done by dental care providers, we rely on DHCS to send us this data to use for the HEDIS project. However, DHCS have never sent Dental Fluoride data for dental providers that are FQHCs, RHCs, and Tribal health centers. When we analyzed the data we did have, we back-engineered the dental visit data for children and were able to show DHCS that the services provided were above the national median, so dental access for children appears to be above average.

On November 4, the Partnership leadership team met with DHCS to argue that the topical fluoride varnish measure, as well as two others with major data issues related to actions of DHCS should be excluded from the sanctions calculation. Removal of these three measures would result in a lower sanction of \$87,753.88.

In December, DHCS publicly published the sanctioned amounts which were unchanged after our meeting with them. The Partnership Executive team has appealed this sanction, based on the same arguments we submitted in November. Our hearing date has been set for October 28-30, 2025.

Of note, DHCS is 4 months behind their usual date in releasing the final public results for all plans of the 2023 HEDIS audit.

Measurement Year 2024. In January, DHCS walked back its plan to assign sanctions at the county level, deferring the decision on how to group small counties for sanctions until after the year's data is collected.

As a review, here are the issues with county level sanctions.

1. The variation of performance in our small counties is a reflection of social determinants of health and small area variation within the health care delivery system, which are not within the ability of the Health Plan to resolve.
2. DHCS has not tested or piloted the concept of county level sanctions for validity, fairness, or operationalization before implementing this policy. In fact, they did not review any county level data nor run county level scenario testing before establishing this policy.

Partnership's actuaries have prepared an independent analysis of the statistical validity of county-level sanctions. We will continue to vigorously contest county level sanctions. We are happy to meet with any Commissioner who has questions to discuss this further.