

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
PHYSICIAN ADVISORY COMMITTEE ~ MEETING NOTICE**



Members:

Steve Gwiazdowski, M.D. (Chair)
Angela Brennan, D.O.
Michele Herman, M.D.
Candy Stockton, M.D.
Melanie Thompson, D.O.

Brian Evans, M.D.
Mills Matheson, M.D.
Darrick Nelson, M.D.
Danielle Oryn, D.O.
Matthew Zavod, M.D.

Teresa Shinder, D.O.
Karen Sprague, MSN, CFNP
Suzanne Eidson-Ton, M.D.
Chris Myers, D.O.

Partnership Staff:

Sonja Bjork, Chief Executive Officer
Tim Sharp, Northern Regional Director
Patti McFarland, Chief Financial Officer
Marshall Kubota, MD, Regional Medical Director
Jeffrey Ribordy, MD, Northern Regional Medical Dir.
Stan Leung, Pharm.D., Director, Pharmacy Services
R. Doug Matthews, Regional Medical Director

Robert Moore, MD, MPH, Chief Medical Officer
Katherine Barresi, RN, Chief Health Services Officer
Mary Kerlin, Senior Dir., Provider Relations (PR) Dept.
Mark Netherda, MD, Medical Director for Quality
Colleen Townsend, MD, Regional Medical Director
Nancy Steffen, Sr. Director, Quality & Performance Improvement

Ad Hoc Partnership Executive Management Members:

Wendi West, Chief Operating Officer
Mark Bontrager, Behavioral Health Administrator

Kirt Kemp, Chief Information Officer

Directors / Managers / Medical Director

Brigid Gast, RN, Dir., Care Coordination
Rebecca Boyd Anderson, RN, Dir., Population Health
James Cotter, MD, Associate Medical Director
Bradley Cox, DO, Associate Medical Director
Doreen Crume, RN, N. Manager, Care Coordination
Jeffrey DeVido, MD, Behavioral Health Clinical Director
Teresa Frankovich, MD, Associate Medical Director
Margarita Garcia-Hernandez, Assoc. Dir., Hlth Analytics
Kristine Gual, Mgr. of Performance Improvement
Ledra Guillory, Senior Prov. Relations Rep. Manager
Mark Glickstein, MD, Associate Medical Director
Amy McCune, Manager, Quality Incentive Programs

Lisa O'Connell, Assoc. Director of Housing & Incentive Programs
Sue Quichocho, Manager, Quality Measurement
Karl Santos, Director, Network Operations
Lynn Scuri, Regional Director
Heather Esget, RN, Dir. of Utilization Management
Kevin Jarrett-Lee, RN, Assoc. Dir. of Utilization Management
Kevin Spencer, Senior Director of Member Services
Bettina Spiller, MD, Associate Medical Director
Aaron Thornton, MD, Associate Medical Director
Diane Wong, Pharm.D., Senior Clinical Pharmacist
Melissa McCartney, Dir. Transportation Services

cc: Partnership Commission Chair

Alicia Hardy, Partnership Board Chair

FROM: Sarah Browning

DATE: January 5, 2024

SUBJECT: PHYSICIAN ADVISORY COMMITTEE MEETING

The Physician Advisory Committee will meet as follows and will continue to meet the second Wednesday of every month (July and December are tentative.) Please review the Meeting Agenda and attached packet, as discussion time is limited.

DATE: Wednesday, January 10, 2024

TIME: 7:30 a.m. – 9:00 a.m.

IN-PERSON LOCATIONS

Partnership HealthPlan of California
4605 Business Center Drive
(Please Park in Front of Bldg.)
Fairfield, CA

Partnership – Sonoma Office
495 Tesconi Circle
Santa Rosa, CA

Partnership – Redding Office
2525 Airpark Drive
Redding, CA

Partnership – Eureka Office
1036 5th Street
Eureka, CA

Aliados Health
1310 Redwood Way
Petaluma, CA 94999

Office of Dr. Mills Matheson
1245 S. Main St.
Willits, CA 95490

Marin Community Clinic
3260 Kerner Blvd.
San Rafael, CA 94901

Tahoe Forest Health Systems
Gateway Conference Room
10976 Donner Pass Rd., Suite 9
Truckee, CA 96161

Ampla Health
935 Market Street
Yuba City, CA 95991

Sutter Rehabilitation Institute
Administrative Conference Room
6 Medical Plaza Drive
Roseville, CA 95661

Butte County Public Health
Sycamore Room
2080 E. 20th St., Ste 180
Chico, CA 95928

Please contact Partnership's Executive Assistant to the Chief Medical Officer with additional questions at (707) 863-4228, or e-mail pac@partnershiphp.org.

I = Information Only

A = Action Item

C = Consent Review

**REGULAR MEETING OF PARTNERSHIP HEALTHPLAN OF CALIFORNIA'S
PHYSICIAN ADVISORY COMMITTEE (PAC) - AGENDA**

Date: January 10, 2024

Time: 7:30 – 9:00 a.m.

Location: Partnership

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4605 Business Center Drive
(Please Park in Front of Bldg.)
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Partnership – Redding Office
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2080 E. 20th St, Suite 180
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PUBLIC COMMENTS			Speaker	2 minutes	
			Speaker	2 minutes	
<i>This Brown Act meeting may be recorded. Any audio or video tape record of this meeting, made by or at the direction of Partnership, is subject to inspection under the Public Records Act and will be provided without charge, if requested.</i>					
<i>Welcome / Introductions</i>					
I.		STATUS UPDATES	LEAD	PG #	TIME
A.	I	Chief Executive Officer Administration Updates	Ms. Bjork		7:35
B.	I	Chief Medical Officer Health Services Report	Dr. Moore		7:40
C.	I	Regional Medical Director Reports	LEAD	PG #	TIME
1	I	Napa & Southeast Counties	Dr. Townsend		7:50
2	I	Southwest Counties	Dr. Kubota		7:55
3	I	Northwest & Northeast Counties	Dr. Ribordy		8:00
4	I	Eastern Counties	Dr. Matthews		8:05
II.	I	OFFICE PRACTICE UPDATE	LEAD	PG #	TIME
A.	I	Sutter Roseville Dr. Vanessa Walker, Chief Medical Executive	Dr. Walker	5	8:10
III.	A	MOTIONS FOR APPROVAL	LEAD	PG #	TIME
A.	A	Review of November 8, 2023 PAC Minutes (Pages 8 – 22)	Dr. Moore	8	8:20
B.	A	Consent Review: Agenda Items III. B.1, B.2, B.5 <i>*Consent review allows multiple agenda items to be approved with one motion.*</i>	Dr. Moore	23-73	8:21
1	C	Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – November 15, 2023 <u>Acceptance of Meeting Minutes:</u> <ul style="list-style-type: none"> Q/UAC Agenda Q/UAC Activities & Minutes Internal Quality Improvement meetings November 7, 2023 Quality Improvement Update – November 2023 <u>Special Presentations (For Reference Only. Not Included in Packet)</u> <ul style="list-style-type: none"> Grand Analysis: Member Experience Grand Analysis: Network Access and Adequacy 2023 	Dr. Moore	23 25 38 47	8:22

III.	A	MOTIONS CONTINUED	LEAD	PG #	TIME																																								
B.	A	Consent Review: Agenda Items III. B.1, B.2, B.5 (Pages 23-73)	Dr. Moore		8:22																																								
2	C	<p><u>Policies/Procedures/Guidelines for Action</u></p> <table border="1" data-bbox="285 233 1037 1224"> <thead> <tr> <th colspan="2">Quality Improvement</th> </tr> </thead> <tbody> <tr> <td>MPQG1011 —</td> <td>Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines</td> </tr> <tr> <td>A.</td> <td>Non-Physician Medical Practitioners Agreement</td> </tr> <tr> <th colspan="2">Utilization Management</th> </tr> <tr> <td>MCUP3102 —</td> <td>Vision Care</td> </tr> <tr> <td>MCUP3106 —</td> <td>Waiver Programs</td> </tr> <tr> <td>MCUP3125 —</td> <td>Gender Dysphoria/Surgical Treatment</td> </tr> <tr> <td>MCUP3137 —</td> <td>Palliative Care: Intensive Program (Adult)</td> </tr> <tr> <td>MCUP3142 —</td> <td>CalAIM Community Supports (CS)</td> </tr> <tr> <td>A.</td> <td>Community Supports Criteria Matrix and HCPCS Code Chart</td> </tr> <tr> <td>MCUP3143 —</td> <td>CalAIM Service Authorization Process for Enhanced Care Management (ECM) and/or Community Supports (CS)</td> </tr> <tr> <td>B.</td> <td>ARCHIVE – Authorization for ROI</td> </tr> <tr> <td>B.</td> <td>NEW Enhanced Care Management (ECM) HCPCS Code Chart</td> </tr> <tr> <th colspan="2">Care Coordination</th> </tr> <tr> <td>MCCP2029 —</td> <td>Emergency Medical Transportation</td> </tr> <tr> <th colspan="2">Population Health Management</th> </tr> <tr> <td>MCND9006 —</td> <td>Doula Services Benefit (NEW)</td> </tr> <tr> <td>A.</td> <td>Medi-Cal Doula Services Recommendation</td> </tr> <tr> <th colspan="2">Grievance & Appeals</th> </tr> <tr> <td>CGA022 —</td> <td>Member Discrimination Grievance Procedure</td> </tr> </tbody> </table> <p><i>All versions linked within Policy Summary</i></p> <ul style="list-style-type: none"> • Policy Summary • Detailed Synopsis of Changes 	Quality Improvement		MPQG1011 —	Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines	A.	Non-Physician Medical Practitioners Agreement	Utilization Management		MCUP3102 —	Vision Care	MCUP3106 —	Waiver Programs	MCUP3125 —	Gender Dysphoria/Surgical Treatment	MCUP3137 —	Palliative Care: Intensive Program (Adult)	MCUP3142 —	CalAIM Community Supports (CS)	A.	Community Supports Criteria Matrix and HCPCS Code Chart	MCUP3143 —	CalAIM Service Authorization Process for Enhanced Care Management (ECM) and/or Community Supports (CS)	B.	ARCHIVE – Authorization for ROI	B.	NEW Enhanced Care Management (ECM) HCPCS Code Chart	Care Coordination		MCCP2029 —	Emergency Medical Transportation	Population Health Management		MCND9006 —	Doula Services Benefit (NEW)	A.	Medi-Cal Doula Services Recommendation	Grievance & Appeals		CGA022 —	Member Discrimination Grievance Procedure	Dr. Moore		8:22
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III.	A	MOTIONS CONTINUED Consent Review: Agenda Items III. B.3, B.5, B.6.	LEAD	PG #	TIME
B.	C	Consent Review: Agenda Items III. B.1, B.2, B.5 (Pages 23-73)	Dr. Moore		8:22
3	C	Pharmacy & Therapeutics Committee	Dr. Stan Leung		
4	C	Provider Engagement Group (PEG) Report	Ms. Kerlin		
5	C	Credentials Committee Meeting <u>Approval of Action Items & Material Reviewed October & November</u> <ul style="list-style-type: none"> • Summary, October 11, 2023 • Credentialed List, October 11, 2023 • Summary, November 8, 2023 • Credentialed List, November 8, 2023 	Dr. Kubota	62 66 68 72	8:22
6	C	Pediatric Quality Committee	Dr. Ribordy		
C.	A	Physician Advisory Committee (PAC) Membership <ul style="list-style-type: none"> • Nomination of Dr. Malia Honda 	Dr. Moore	74	8:23
IV.	I	OLD BUSINESS			
		None			
V.	I	SPECIAL PRESENTATIONS	LEAD	PG #	8:30
A.	I	Addressing the Sexually Transmitted Diseases (STDs) Epidemic in Yuba County – California Health Care Improvement Project	Dr. Phuong Luu	77	8:30
B.	I	Workforce Development Updates Provider Recruitment & Retention Programs	David Lavine	78	8:45
VI.	I	ADJOURNMENT	LEAD		9:00
		Next PAC on February 14, 2024 at 7:30 a.m.	Dr. Gwiazdowski		

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

Government Code §54957.5 requires that public records related to items on the open session agenda for a regular committee meeting be made available for public inspection. Records distributed less than 72 hours prior to the meeting are available for public inspection at the same time they are distributed to all members, or a majority of the members of the committee. The committee has designated the Executive Assistant to the Chief Medical Officer 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 Physician Advisory Committee Agenda and supporting documentation is available for review from 8:00 AM to 5:00 PM, Monday through Friday at all Partnership regional offices (see locations under the Meeting Notice). It can also be found online at www.partnershiphp.org.

In compliance with the Americans with Disabilities Act (ADA), Partnership 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 Executive Assistant to the Chief Medical Officer at least two (2) working days before the meeting at (707) 863-4228 or by email at pac@partnershiphp.org. Notification in advance of the meeting will enable Partnership to make reasonable arrangements to ensure accessibility to this meeting and to materials related to it.

Contact

www.linkedin.com/in/vanessajwalker (LinkedIn)

Top Skills

Change Management

Telemedicine

Electronic Medical Record (EMR)

Honors-Awards

40 under 40 Honoree

Young Professionals Honoree

Vanessa Walker, DO

Chief Medical Executive, Sutter Roseville Medical Center
Roseville, California, United States

Summary

Energetic pulmonary/critical care physician with outstanding communication and leadership talents. Skilled in partnering with multiple healthcare providers and administrators to deliver excellent care to complex patients.

Experience

Sutter Health

4 years 9 months

Chief Medical Executive for Sutter Roseville Medical Center

August 2023 - Present (6 months)

Roseville, California, United States

Medical Director eICU Valley Area

May 2019 - Present (4 years 9 months)

Sacramento, California

Medical Director of Physician Quality Sutter Roseville Medical Center

August 2020 - August 2023 (3 years 1 month)

Pulmonary Medicine, Infectious Disease & Critical Care Consultants

Medical Group, Inc.

Pulmonary and Critical Care Medicine Physician

July 2014 - Present (9 years 7 months)

San Joaquin Valley College

Medical Director of Respiratory Therapy Program

May 2018 - Present (5 years 9 months)

Rancho Cordova, California

Sutter Independent Physicians

Co-Medical Director for Service Excellence

December 2017 - March 2021 (3 years 4 months)

Duke University

Pulmonary and Critical Care Medicine Fellow

July 2011 - June 2014 (3 years)

- Provide care to both inpatients and outpatients in the area of pulmonary medicine
- Supervise resident care in the Medical Intensive Care Unit
- Serve as consulting physician in the area of pulmonary medicine for providers of various surgical and medical sub-specialties
- Organize the transfer of critically ill patients from outside hospitals to the Duke Medical Intensive Care Unit and provide medical advice when intensive care unit beds are unavailable

Northern Nevada Medical Center

Hospitalist

October 2010 - June 2011 (9 months)

- Provided inpatient medical care to patients in both general medical and intensive care settings
- Performed inpatient internal medicine consultations for various surgical sub-specialty physicians
- Served as medical consultant for psychiatrists operating a psychiatric inpatient hospital

University of Nevada Reno

4 years

Chief Resident

July 2010 - June 2011 (1 year)

- Educated resident physicians in multiple areas of internal medicine
- Organized morning report and noon conferences and maintained an online webpage detailing the speakers' information and providing educational content to residents
- Created and maintained a detailed yearlong schedule for all residents including daily call schedules, clinics, back-up calls, and vacations
- Supervised resident activities as an attending physician on the wards, in clinic, and in procedure clinic

Resident Physician

July 2007 - June 2010 (3 years)

- Provided medical care to adult patients in both an inpatient and outpatient setting
- Served on Graduate Medical Education Committee

- Served as member of Resident Performance Review Committee
- Served as member of Curriculum Committee

Education

Kansas City University of Medicine and Biosciences
Doctor of Osteopathic Medicine (D.O.) · (2003 - 2007)

Duke University - The Fuqua School of Business
Master of Management in Clinical Informatics · (2012 - 2013)

Lincoln Memorial University
Bachelor's of Science, Medical Technology · (1999 - 2003)

Folsom High School
· (1995 - 1999)

Motions for Approval

Minutes for Physician Advisory Committee, November 2023

Consent Calendar

Physician Advisory Committee Membership

PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PARTNERSHIP)
MEETING MINUTES

Committee: Physician Advisory Committee
Date / Time: November 8, 2023 - 7:30 to 9:00 a.m.

Brown Act flexibilities have ended. Voting members are required to attend in-person at one of Partnership Healthplan's posted locations.

Members Present:	Angela Brennan, DO (FF) Steve Gwiazdowski, MD (FF) Theresa Shinder, MD, (FF) Suzanne Eidson-Ton, MD (FF)	Karen Sprague, MSN, CFNP (FF) Mills Matheson, MD (OMM) Candy Stockton, MD (E) Darrick Nelson, MD (R)	Michele Herman, MD (FF) Melanie Thompson, DO (MCC) Willard Hunter, MD (E) Matthew Zavod, MD (FF)	FF = Fairfield E = Eureka SR = Santa Rosa OMM = Office of Mills Matheson MCC = Marin Community Clinics AM = Ampla Health	A=Aliados Health R = Redding TF = Tahoe Forest
Members Excused:	Chris Myers, MD Danielle Oryn, DO	Bill Hunter, MD			
Members Absent:	Matthew Symkowick, MD				
Visitor:	Dr. Brian Evans, Chief Medical Officer, Tahoe Forest Health (TF) Megan Shirley, PA-C, Population Health Medical Director, Tahoe Forest Health (TF) Dr. Mustafa Ammar, Chief Medical Officer, Ampla Health (AM) Dr. Malia Honda, Physician, OpenDoor Eureka Community Health & Wellness Center (E) Mr. Dean Germano, Chief Executive Officer, Shasta Community Health Center (R)				
Partnership Staff:	Sonja Bjork, Chief Executive Officer Patti McFarland, Chief Financial Officer Wendi West, Northern Executive Director Lynn Scuri, Regional Director Mary Kerlin, Sr. Dir., Prov. Relations (PR) Lisa O'Connell, Associate Director of Housing and Incentive Programs Doreen Crume, RN, N. Mgr. Care Coord. Stephanie Nakatani, Supervisor, Provider Relations Representatives Vicky Klakken, Mgr, North Region Brigid Gast, RN, Dir. of CC	Robert Moore, MD, Chief Medical Officer Katherine Barresi, RN, Sr. Director, Health Services Colleen Townsend, MD, Regional Med. Director Mark Netherda, MD, Director for Quality Jeffrey DeVido, MD, Behavioral Health Clinical Dir. Stan Leung, Pharm.D., Director, Pharmacy Services Debra McAllister, RN, Assoc. Dir. UM Strategies Sue Quichocho, Mgr., Quality Measurement Amy McCune, Manager of QI Programs Bradley Cox, MD, Associate Medical Director James Cotter, MD, Associate Medical Director	Jeffrey Ribordy, MD, Northern Regional Medical Director Marshall Kubota, MD, Regional Medical Director Teresa Frankovich, MD, Associate Medical Director Nancy Steffen, Dir., Quality & Perf. Improvement (N) Heather Esget, RN, Director, Utilization Mgmt. (UM) Vacant, RN, Assoc. Dir. of Utiliz. Management (UM) Kristine Gual, Mgr. of Performance Improvement Isaac Brown, Director, Quality Management Mohamed Jalloh, Pharm.D., Director, Health Equity Megan Shelton, Project Manager, Quality Improvement (QI) Rebecca Boyd Anderson, Director, Population Health		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	DATE RESOLVED
Public Comments	PAC Chairperson asked for any public comments. None presented.	N/A	N/A
Quorum	12/16 – PAC	Committee quorum requirements met (12).	11/08/2023

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	DATE RESOLVED
I.A. Chief Executive Officer Administration Updates	<p>Partnership’s Chief Executive Officer (CEO) provided the following report on Partnership activities.</p> <ul style="list-style-type: none"> • Medi-Cal Redetermination <ul style="list-style-type: none"> • California has put forth much effort in order to get the word out that people needed to complete paperwork for eligibility to stay on Medi-Cal. • Many beneficiaries have lost coverage for administrative reasons, such as not completing a form, rather than changes in income. It is estimated as much as 50% of losses were due to procedural issues. • Much patience is needed for health plans and providers in terms of directing people to the right place to take care of eligibility requirements. • Many providers have outreach workers and eligibility sisters at their practices, and Partnership appreciates the hard work through the redetermination process. • Partnership’s Member Services department is also reaching out to members, and many members are calling the State for help. • Partnership has seen a trend in losses of between 8,000 and 9,000 members per month for three months, which is predicted to continue. • There is a Cure Process, which allows members to correct eligibility within 90 days of being notified of loss of coverage, but it requires members start all over, which takes longer. • The economy is an unknown factor in membership because membership goes up when it worsens. Undocumented workers will also be covered in 2024, but actuarial estimates are conservative. • Partnership has begun an advertising campaign on the radio, Hulu®, and print at bus stops to encourage members to stay with Partnership now that Kaiser Direct is a competitor in eight of the 24 counties. • County Expansion <ul style="list-style-type: none"> • Partnership will be in 24 counties when the Physician Advisory Committee meets again in January. • Each county must pass an ordinance before the County Board of Supervisors because Partnership is a County-Organized Hhealth Plan. • Additionally, expansion into additional counties requires a new formula for representation on Partnership’s Board of Commissioners. The new formula utilizes number of members to determine representation, and in the end, the Board of Commissioners will have about 38 members. • Boards of Supervisors usually meet twice per month, and there has been much effort to meet and gain approval. Those efforts will continue throughout November and December. • Health Equity Practice Transformation Grant <ul style="list-style-type: none"> • State-funded grant providing large amounts of funding for primary care practices to focus on health equity efforts. • There was an extremely tight time frame between when the details for the application were made available and the application was due. Partnership hosted webinars and had a special team of people within the Quality Improvement department to assist with the application process in reviewing drafts and providing feedback. • A total of 56 applications were submitted from practices caring for Partnership members. • News of awardees will be provided at a later date, but practices must first achieve targeted milestones before receiving the funds. Partnership will assist in tracking and ensuring funds are sent when they are earned. 	For information only, no formal action required.	11/08/23

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	DATE RESOLVED
I.A. Chief Executive Officer Administration Updates, Continued	<ul style="list-style-type: none"> • Transitioning Members in and out of Partnership <ul style="list-style-type: none"> • Members who are currently assigned to Kaiser through Partnership will be transitioning out of Partnership to join Kaiser Direct effective January 1, 2024. • Members received the first notice at the beginning of October and the second notice at the beginning of November with instructions to contact Partnership with questions regarding changing plans. • Partnership has not been given any information from the state and is not expected to have the list of new members or the data files for approved authorizations until December. • The most frequently asked question by members is if they will be able to keep their current doctor. • For those who were with Anthem and California Health and Wellness, Partnership has gone to extensive contracting efforts to ensure every provider willing to be a part of Partnership’s network has been contracted. • Call waiting times have been longer due to the volume of calls from new members and those transitioning to Kaiser Direct. • Transitions and expansions like this affect various different operational departments in different ways. Within Partnership, Health Services and Member Services have always been at the forefront for every single urgent question. Partnership created an escalation pathway within the health plan and the leadership team to make sure, if things are not lining up, our new provider partners and our existing provider partners know who to contact and know that Partnership is still focused on providing a high level of customer service and reliability. • Continuity of Care <ul style="list-style-type: none"> • Continuity of Care protections are in place with regards to existing authorizations. Partnership will honor existing authorizations for anybody who has an authorization with the any of the exiting managed care plans. • Treatment Authorization Request (TAR) data will need to be ingested into Partnership’s system for service type CPT Codes, providers, etc., so that the providers are on the other end can see that it is okay to bill. • Members are confused and concerned if they have some procedures or chemo scheduled soon and asking if they need to keep their appointments or if they can see a doctor. There is a lot of communication and planning around all of this from both the Utilization Management and the Care Coordination teams. • When Partnership receives the information about the authorizations, if we see hospitals, providers, specialist, or anybody that Partnership is not contracted with yet, then our Provider Relations team can get a hold of them to ask if they want to contract with Partnership or would like a letter of agreement to preserve that care. • Claims will likely not be received until February or March. • Pharmacy <ul style="list-style-type: none"> • The state carved out the pharmacy benefit, but left everything that is a Physician Administered Drug (PAD), which can become confusing between whether it will be administered at the pharmacy or at the physician’s office. Partnership has been fielding many of those questions. • The most frequently asked question lately is regarding COVID boosters because the state is billed for them and not MCPs as a covered benefit. This has created a financial burden on some health centers because they must first purchase the vaccine and bill the state after it is administered, but excess inventory will become a sunk cost so practices are conservative in how much they order. • Many practices are pushing patients ages 12+ to the pharmacy for the vaccine, but many pediatric practices have not ordered or received it from the Vaccine For Children (VFC) program. 		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	DATE RESOLVED
<p>I.B. Chief Medical Officer Health Services Report</p>	<p>Partnership’s Chief Medical Officer (CMO) presented a brief update on Health Services activities.</p> <ul style="list-style-type: none"> • Guests at Physician Advisory Committee (PAC) <ul style="list-style-type: none"> • Partnership’s CMO welcomed Dr. Mustafa Ammar from Ampla Health and thanked him for hosting PAC. • Partnership Primary Care Provider Orientation <ul style="list-style-type: none"> • Orientation for new providers was held in Chico on Friday, November 3, 2023. Another will be held in Auburn on November 17, 2023. Notes from the meetings are available at this link. • Better Birthing Coalition <ul style="list-style-type: none"> • Several providers visited Eureka to meet with Providence St. Joseph and a number of other health organizations to develop a model of culturally appropriate, consistent maternity care for tribal community members. K’ima:W Medical Center and Providence St. Joseph were awarded \$100,000 by the CARESTAR Foundation to develop the coalition. • Hoping to take best practices and share with other hospitals providing deliveries for tribal community members. • Medicare Dual Special Needs Program (D-SNP) <ul style="list-style-type: none"> • Takes effect January 2026, but there are many steps to prepare diligently. • Planning efforts have begun in existing and future expansion counties. • Access to Specialty Care <ul style="list-style-type: none"> • Hearing from primary care and specialists in the northern region that the biggest groups of specialists are focused in Partnership’s current region in the Redding area. • Specialists in Eureka and throughout Humboldt County are retiring and not being replaced. • Not all specialties are affected equally, as some are easier to access than others due to the number in a given area. • Traditionally, the hospitals have taken the lead on the recruiting of specialties in their communities. There are the ones who put up some incentive dollars to bring in specialists, but the biggest payer is Medicare, not Medi-Cal. Hospitals depend upon some of those procedural elements, and some of their income really depends upon having those specialists available. • The biggest driver for specialty access, because Medicare is their primary line of business, is the fact that Medicare reimbursement every year threatens to be cut, but then it is not. Over a 23-year period of time, there has been a 10% increase in Medicare, which is 30-40% below other costs. • With inflation taking a larger bite out of that, and with COVID causing many to leave practicing medicine, specialty loss is accentuated in this recent period. • Telemedicine was the main strategy to address access previously, but it is not effective for all specialties and has become so commonplace and strained that telemedicine alone is no longer helpful. • Partnership approached the California Hospital Association (CHA) to address the issue because they often take the lead with this type of recruitment. • Partnership’s Workforce Development team agreed to do a survey and study the issue more in depth to determine what are some of the policy levers or methods that we could use to focus on this aside from the federal policy, which is Medicare reimbursement needing to be increased. There are bills in Congress proposing increases. • Partnership will be presenting questions to CHA for policy advocacy or interventions to assist and understand the drivers. 	<p>For information only, no formal action required.</p>	<p>11/08/23</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	DATE RESOLVED
I.B. Status Update, CMO Medical, Continued	<ul style="list-style-type: none"> • Access to Specialty Care Continued <ul style="list-style-type: none"> • Partnership’s CMO asked the PAC attendees what are some good questions to ask the specialists who are still practicing in rural areas and PCPs dealing with the loss of specialties that would help to get at the issues and better understand the drivers of loss of specialty access. <ul style="list-style-type: none"> • One practice conducts stay interviews and asks questions that are more broad and open-ended, not necessarily focused on reimbursement, which may be helpful. They ask: <ul style="list-style-type: none"> • <i>What keeps you here?</i> • <i>What would happen that would make you consider leaving?</i> • Dean Germano of Shasta Community Health Care spoke about recruiting in the Redding area and stated when a group falls below a threshold, recruiting one can be a challenge and needing to recruit two or three becomes a very high bar. <ul style="list-style-type: none"> • Partnership’s Southeast Region Medical Director suggested asking practices to define a threshold and minimum number of specialists for ideal staffing to sustain services. • Mr. Germano stated it might be good to ask whether the specialist would support subspecialty training in their community. He reflected on Nebraska as a state that has almost no-shortage areas mainly because they have sub specialty training throughout the entire state, which is a big lift. • Dr. Herman of La Clinica suggested if the problem cannot be addressed by supplying more specialists, then training the primary care workforce to handle more routine care and avoid referrals would be beneficial, a program such as the Echo Program for diabetes care. Specialists could provide standards to PCPs for when the specialty is really required: <ul style="list-style-type: none"> • <i>What might be what areas in your in your specialties where training may help reduce the number of referrals so you can focus on the ones that you uniquely treat, for example, abdominal pain, chronic pain, and things like this.</i> • <i>What would a specialist like to see a PCP try first before referring to specialty care?</i> • Dr. Ammar of Ampla Health shared his successes in hiring rheumatologists, cardiologists, and psychiatrists and stated if community health clinics can hire their own specialists that it would be helpful to the community. He furthered that there is a shortage and everyone is asking for higher pay, even in those in primary care. • Dr. Angela Brennan of NorthBay Health suggested more specialty training at the Family Residency level. Partnership’s CMO replied that a Family Residency Director shared that new graduates out of medical school have more of a basic, remedial medical education because they are receiving fewer hours of education as programs in years past. Family Medicine residents have to obtain core skills, and more advance skills require more hours of instruction, so there is a tension between how much can be learned within the constraints of the hours of education in the program. • Dr. Theresa Shinder of Communicare-Ole stated the idea of e-Consult is great, but in reality, it is a challenge to find time in a primary care setting to conduct. One reason many do referrals is they do not have time to research the latest medications and treatments. As strengths are built, practices have to figure out how to squeeze PCP time into a busy practice. 	For information only, no formal action required.	11/08/23

AGENDA ITEM	DISCUSSION / CONCLUSIONS
<p>I.B. Status Update, CMO Medical, Continued</p> <p>I.C.1. Status Update, Regional Medical,</p>	<ul style="list-style-type: none"> • Train the Trainer Programs <ul style="list-style-type: none"> • Full scholarships are available for community health clinics for programs through UC Davis, such as the Train the Trainer Psychiatry Fellowship. <p>Partnership’s Regional Medical Director for the Southeast Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Solano County <ul style="list-style-type: none"> • Ongoing meetings for workgroups to address quality care or quality improvement initiatives. One workgroup recently did a deep dive for a driver diagram looking at the reasons for the health inequities based on race in Solano County for pediatric patients. • Clinical leaders have started an access Solano County group with the same health centers to look at ways they can open up access for primary care across this region since most health centers here locally are closed to new patients. Primary care access remains an issue in Solano County. • Obstetrical Access <ul style="list-style-type: none"> • Perinatal collaborative has been successful in Solano County. Over the last couple of months, the community health centers have been able to staff up as it relates to prenatal care providers, reducing the wait time for the first trimester prenatal appointment. In the health centers, most people can get in within a week for their first prenatal visit, if not the same day that they present for their pregnancy test. NorthBay Health appointments are still about four to six weeks out. The intention is to staff up in the community health centers so that NorthBay can really focus on the high-risk and higher-complication pregnancies. • Sutter is still a bit about four to six weeks out for new patient visit. They are also attempting to staff up for prenatal providers and have been somewhat successful. They are continuing to focus their prenatal care only on patients who are assigned to them and their practices. Over the last six months, appointment waittimes have gone from 12 weeks for the first visit to less than two weeks for most practices due to the work that has been done in the community health centers. Collectively, they have seen every patient they could, and NorthBay added an extra two to three patients during lunch hours. • Physician Movement <ul style="list-style-type: none"> • Communicare+ Ole finalized the first step of their merger. • Winters Healthcare is opening a new site in Esparto at the QB Valley Health and Community Center. • Harvest Pediatrics in Napa is now affiliated with a private medical practice called Pediatric Medical Associates, which has more locations throughout Sacramento and Folsom.
<p>I.C.2. Status Update, Regional Medical</p>	<p>Partnership’s Regional Medical Director for Southwest Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Noemi C. Doohan, MD, PhD, MPHA has been appointed the new Public Health Officer for Lake County. • Tanya Phares, DO, MPH, FACP, FACPM has been appointed the new Public Health Officer for Sonoma County. • Recently attended the Innovation Summit, put on a by Lake County and the administration, with many of the health care leaders from both Lake and Mendocino Counties largely focusing on benefits. There, Partnership was well represented and met with Mr. Zachary Ray, who is a consultant for North Coast Opportunities and facilitated a discussion to enhancing cultural awareness, partnerships, and California Advancing and Innovating Medi-Cal (CalAIM) initiatives for tribal healthcare systems.

AGENDA ITEM	DISCUSSION / CONCLUSIONS
I.C.3. Status Update, Regional Medical	<p>Partnership’s Regional Medical Director for the Northwest Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Better Birthing Coalition is a partnership between K’ima:W Medical Center and Providence St. Joseph to try and improve the birth experience of tribal community members. There was a presentation at K’ima:W Medical Center with St. Joseph’s staff and roughly 20 Partnership team members, where time was spent at the ceremony sites at the Hoopa Reservation in Trinidad. Hopes are to expand to other sites in the future. Dr. Townsend of Partnership conducted a presentation on the new doula benefit attempting to recruit more doulas for the area, which is an ongoing process for all Partnership counties. The Better Birthing Coalition is a wonderful program of which we are already seeing benefits. • Humboldt County internist Bruce Kessler, M.D., received Humboldt County’s Physician of the Year Award. Although retired from practice, Dr. Kessler continues to work closely with the community. • Ms. Penny Figas, Executive Director of Humboldt Del Norte County Medical Society, will be retiring after 45+ years. Her replacement is being trained for a seamless transition. • Hill Country Clinics decided to close their site on Gold Street and move all operations over to Center of Hope, driven by damage to the Gold St. building sustained during heavy rainfall. • Rumbling PT and Performance PT (physical therapy) are terming their contracts with Partnership. Performance PT may be closing in the near future. PT access remains an issue in this area. • Steven Licata, DO has been appointed the new Medical Director at Shingletown Medical Center. • Mountain Valley Clinic has hired a new cardiologist. • James C. Mu, MD has been appointed Public Health Officer for Shasta County. • Mr. Dean Germano is retiring as CEO from Shasta Community Medical Center after 32 years. Mr. Germano will retire in March 2024.
I.C.4. Status Update, Regional Medical	<p>Partnership’s Regional Medical Director for the Northwest Counties presented a brief update on activities on behalf of Partnership’s Regional Medical Director for the Eastern Counties.</p> <ul style="list-style-type: none"> • Ampla Health is one of the new expansion county providers with a number of clinics in the eastern region. Over the next year, Ampla Health will be adding seven new clinics in the area. • Plumas District Hospital has been without maternity services for quite some time, but they are in the process of trying to reestablish maternity care due to being in such a remote area requiring birthing parents in the area to travel long distances for care. • NorthBay Neonatology will be conducting training on neonatal airway management at Plumas District Hospital in the near future, with potential for other locations in 2024. • Partnership’s new Eastern Region Manager has been selected and should start near the end of November. • Healthy Rural California in Chico, CA is starting a psychiatry residency program in July 2024 and has already conducted 50 interviews with residents and medical students for four slots.

AGENDA ITEM	DISCUSSION / CONCLUSIONS
II.A. Office Practice Update	<p>Matthew Zavod, MD, MHCDS, FACS, President & CEO, Woodland Clinic Medical Group provided an overview of activities.</p> <p>Woodland Medical Group appreciates the working relationship with Partnership HealthPlan of California and is proud to contribute to the community.</p> <p>Dr. Zavod grew up in Central Connecticut in a rural town of about 7,000 people. He attended medical school in Philadelphia at Thomas Jefferson University, followed by a surgical internship at the University of Vermont in Burlington and six years of ear-nose-throat specialty there and at Dartmouth. Afterwards, he spent a year in Toronto, Canada in a facial plastic and reconstruction surgery fellowship. His specialty work is focused around skin cancer and facial reconstructive surgery, shying away from cosmetic surgery. Woodland Medical Group has established a program where they are able to clear cancers with frozen sections and microscopes in a similar way to Mohs surgery.</p> <p>Dr. Zavod progressed through the hospital system run by Dignity Health. Working for Woodland Medical Group offered more flexibility to make changes as a private medical corporation. Woodland Medical Group was founded in 1911 and served as the seed for Yolo County. There were seven nurses in Woodland who had established a sanitarium in 1905 who later moved into a house that is still standing today as it was in 1907. Patients would come to be treated at a central location, which was important because, before the reclamation in the central valley, it was impossible to get anywhere when the wind changed because everything would flood. It was challenging to travel to patients, so they had patients come to them for births and surgeries. Four doctors later joined the nurses. One of the nurses who ran the sanitarium later got married and left, so the nursing portion became disbanded. The four doctors then decided to differentiate and focus on separate areas of medical practice, forming an early type of multi-specialty group and later moved to a new hospital in 1911 to expand. Another hospital was built in the 1960s where Dignity Memorial Woodlands stands today. The group was really built to serve the surrounding community, which is still the standard today.</p> <p>The community expects the medical group to be able to take care of everything locally. Looking at the numbers, Woodland Medical Group keeps about 77% of the actions performed as clinicians on-site. The rest are sent to Dignity hospitals in Sacramento, UC Davis, or UC San Francisco (UCSF). The group is comprised of 150 clinicians; 100 are physicians and the other 50 are allied health professionals, such as nurse practitioners and physicians assistants. There is an optometry practice, behavioral health therapy, audiology, and certified nurse midwives to offer diverse services.</p> <p>About half of the clinical revenue comes from capitation, of which about 50% is from Partnership. Partnership Healthplan allows the medical group to afford to achieve its mission. Woodland Medical Group appreciatively cares for 18,000 Partnership members. Woodland Medical Group has a very collaborative nature, which is partly why it does well with managed care plans (MCP). Whenever there is a question regarding care and possible referrals or ordering consultation, physicians will call others for next steps to improve efficiency of care for the patients.</p> <p>Woodland Medical Group has started a significant project to redesign primary care to address access to care issues, which are pervasive everywhere. Although people need more clinicians, access to care is not an issue likely to be solved through hiring. The group is attempting to refashion what the demand looks like. Understanding in 2023, taking care of a population does not mean bringing them into the inside of a building. If charged with taking care of a population of 38,000 capitated members who need care, patients need to be provided with in-between visits outside of the office setting. By doing so, when the need to have someone come in arises, there will be more space inside the building and more access. It takes resources to accomplish this, and Woodland Medical Group is now working hard with the Dignity Health Medical Foundation and Dignity Health Corporation, which runs the hospitals and agree this is a good idea, to provide the needed resources. Dignity Health Medical Foundation is in charge of all operations, only hiring licensed clinicians, nursing medical assistants, and the physical plant. It is a partnership that allows us to care for more patients.</p> <p><i>Questions/Comments</i></p> <p>Karen Sprague, FNP, of Community Medical Centers (CMC), praised Dignity Woodland for partnering with CMC to provide OB deliveries and treating the patients with a very high standard of care no differently than any other patients.</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	DATE RESOLVED
III.A. Approval of Minutes	October 2023 PAC minutes were presented for approval.	<u>MOTION:</u> Dr. Brennan moved to approve October 2023 minutes as presented, seconded by Dr. Herman <u>ACTION SUMMARY:</u> [12] yes, [0] no, [0] abstentions. Motion carried.	11/08/23
III.B.1 Quality/ Utilization Advisory Committee (Q/UAC) III.B.2 Policies, Procedures, and Guidelines for Action III.B.3 Pharmacy & Therapeutics Committee III.B.5 Credentials Committee Meeting Summary III.B.6 Pediatric Quality Committee	There were no items pulled for additional discussion from the Consent Calendar All changes to policies from Policy Summary were approved.	<u>MOTION:</u> Dr. Herman moved to approve Agenda III.B.1, III.B.2, III.B.3, III.B.5, and III.B.6 as presented, seconded by Dr. Shinder <u>ACTION SUMMARY:</u> [12] yes, [0] no, [0] abstentions. Motion carried.	11/08/23
III.C Physician Advisory Committee (PAC) Membership	Dr. Brian Evans was nominated to join PAC as a voting member. Dr. Bill Hunter and Dr. Matthew Symkowick tendered their resignations from PAC.	<u>MOTION:</u> Dr. Eidson-Ton moved to approve Agenda III.C as presented, seconded by Dr. Shinder. <u>ACTION SUMMARY:</u> [12] yes, [0] no, [0] abstentions. Motion carried.	11/08/23

AGENDA ITEM	DISCUSSION / CONCLUSIONS
<p>V.A Creating a Sustainable Strategy for Primary Care</p>	<p>Mr. Judson Howe of Adventist Health provided a presentation specifically looking at the recruiting and retaining of PCPs and the role of a hospital CEO in that process. The medical community has crossed the tipping point in rural California, and according to Washington Post, across the entire country on access to primary care and efficacy of not just recruiting, but also retaining physicians.</p> <p>Judson Howe is the Adventist Health North Coast Network President, overseeing six hospitals in Mendocino, Lake, and Napa Counties. Adventist has a behavioral health hospital in Vallejo as well. There are also 71 clinics that extend into those same counties, but also up and down the I-5 corridor. In aggregate, there are about 430,000 visits a year. The payer mix is 35 to 40% Medi-Cal, and therefore Partnership HealthPlan. Focusing on the underserved components of the network, there are about 235,000 people that are served, 55,000 of which are under an inpatient institutional risk arrangement with Partnership HealthPlan that has largely shaped the capacity for a reframing of our relationships with physicians around outcomes and value. As an aside, Mr. Howe stated he has been working in Northern California for 10 years, moving from Southern California. There are many value-based arrangements in Southern California, specifically in the market he was serving, which was Glendale - a largely a fee-for-service driven ecosystem and an over-embedded community. It was quite different from working in rural health. There are significant health inequities untold at a state and federal level, especially in California.</p> <p>A recent article from Washington Post reported the percentage of doctors in adult primary care has been declining for years and is now about 25%. More than 100 million Americans do not have usual access to primary care, a number that has nearly doubled since 2014. The number of Health Professional Shortage Areas (HPSA) is staggering. In the next decade, California will need an additional 4,100 primary care providers to meet projected demands. The Lake County PCP shortage is the second worst as measured by the state of California. Mendocino County has the 12th worst industry in California. Rural Northern California is short by about 45 primary care doctors by our traditional physician needs assessment using the National ratios of doctors per 100,000, not risk adjusting or population adjusting in any way. In 2022, those two counties hired just three PCPs. That number improved significantly in 2023, but the average number of days it takes to fill a PCP position in Mendocino and Lake Counties is now about a 1,000 days. In terms of patient impact, and Partnership HealthPlan where one of the quality metrics is access to care, Adventist Health is looking at 60 days for the next available access to a primary care appointment. For context, Mendocino County is about four times the national average and state average for community members living in HPSAs. Medicare beneficiaries with substance use disorders (SUD) are about double the state and national average and slightly less than double for alcohol use disorders. Adverse Childhood Experiences (ACEs) are about four times the national average, so the state of healthcare in Northern California is perpetuating a multi-generational system.</p> <p>There are some hypotheses testing transactional medicine, or fee-for-service medicine, in underserved communities, whether they be urban or rural, is leading to investments in actions as opposed to the continuums, which is impairing communities' ability to invest and coordinate care. It is creating competition where collaboration is needed. Traditional fee-for-service reimbursement mechanisms incentivize health systems to pay for visits as opposed to paying for outcomes. Health centers are finding creative ways to meet demand through utilization of community health coaches and community health workers (CHWs) to a broader capacity similar to what we saw in the movements in the Federally Qualified Health Centers (FQHCs) in the 1960s and 1970s. What we are seeing out of the Camden Coalition work in New Jersey is a need to extend physicians capacity with a lower licensed physician and access points for community members. This is leading to a misaligned value between physicians, health systems, and FQHCs. Patient-centric strategies, one of them including inbox management for physicians, is setting up a portal for community members that are in-panel to the doctors. This provides a great way for patients to reach their doctors directly, but adversely it creates an administrative burden for several hours of work for physicians after clinical hours that did not exist 10 years ago. Prioritizing people with means and shortening visits is not a long-term solution to access to care issues. Shorter visits and lack of access to primary care is affecting specialty practices as well. Many specialist have shared frustrations that today's practice is much more primary care focused today versus 10 years ago. The specialists are providing the care, but it is affecting their ability to be in perioperative spaces, which may be due to PCPs feeling a finite ability to address all medical needs of increasingly sick patients with multiple systems failing.</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS
<p>V.A Creating a Sustainable Strategy for Primary Care, Continued</p>	<p>In Mendocino County alone, there are 91,000 missed primary care visits due to the lack of access. This is actually an expression of lack of access points to our community members for care close to home. Many people do not have means to drive or good access to public transportation. When you move into the ranch counties and tribal counties, it becomes really challenging for people to access care, which is a health inequity issue that disproportionately affects Latinos, blacks, Native American populations, and an unseen demographic of multi-generational rural poverty that exists north of the Sonoma County line.</p> <p>The question needs to be reframed from, “How do we get more access to primary care,” or “how do we make physicians more productive,” or “how do we get more physicians” from a place of scarcity to <i>“How do we redesign our value propositions to earn the practices of primary care physicians?”</i> in order to create a place of abundance. Adventist Health has engaged Dr. Dave Smith of University of North Dakota to develop a community framework that assesses the viability of primary care in rural communities, creating five classes inside the framework: Geographic; Economic; Scope of Practice; Medical Support; Hospital and Community Support. Ukiah Valley serves as the pilot location for this insightful work. The framework revealed many strengths from Northern California that attract people to the communities, such as the climate, recreational opportunities, wine country, and redwood forests. However, when recruiting based on these things, the type of providers and physicians applying are not really aligned with serving the health inequities in Northern California. Through this proposed framework, we shifted recruiting to focus on health inequities and finding people that wake up in the morning and decide to go into medicine with the mindset of, “How do I live out that type of medicine inside a domestic setting?”</p> <p>There are areas of opportunities and weaknesses. The stability of the physician workforce is weak. Mental health access points are significantly impaired. There are limited specialists and PCPs in the area, and affordable housing continues to be a challenge. Administration is an area of weakness within the scope of practice class of the framework, but is the one easiest to address as the face of the administration. To address the issue, a meeting called Incubate was held with community stakeholders in the Ukiah Valley, leaning on advice from Benjamin Anderson who developed a waiting list of PCPs in southwestern Kansas where recreational opportunities are far more scarce than they are here. Mr. Anderson developed a waiting list of PCPs. He was asked to evaluate how we can better retain and recruit, and he said that is the problem is “you,” which is the systems around engaging with providers and if the value and mission statements on your wall match the practice experience and experiences of your doctors on the ground. Mr. Anderson shared, “Ultimately, physicians go into medicine and sacrifice years of their lives to become top in their field because they want to make a difference in the world, and right now you're creating moral injury in your in your clinic practices. So what can you do to better run alongside them and create alternative value propositions for them?”</p> <p>This became a big state of humility for big corporation. Adventist Health is a \$6B corporation, small by California standards, but seen as a big corporate player. How do we go about creating a low barrier on conversations for our communities and partners and community-based organizations in a non-threatening way? Adventist started the Incubate process where we were vulnerable and laid out the results of the community Apgar, encouraging Dignity and Providence and other health care groups to take a look at this as well to form some community activism. From a health equity and social justice perspective, how do we become a resource in that work? Incubate handed this work over to a task force led by Daphne Macniel, a longtime activist who was very involved with saving the redwoods back in the 70s and 80s. She has worked a lot on education justice, and health justice is her latest passion. The nice thing with Daphne is she knows nothing more than a general layperson about health care, so our health literacy is forced to adjust our vernacular to terms the community can understand. Community members know they do not have access to care, but they do not realize doctors are burning out and giving all they can. Jeremy Main, a nurse practitioner who led central Massachusetts’ COVID response, joined Daphne to run alongside her and lend a professional voice to help in her work. The two of them co-chair the taskforce, which meets quarterly around this work.</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS
<p>V.A Creating a Sustainable Strategy for Primary Care, Continued</p>	<p>Six highlights out of the recent meeting focus on building trust, not innovation, and show we are listening and letting the community lead on health equity solutions. They are: Community Celebration; Find Resolution for Physician Meal Plan, Streamline Contract Process; Design Communication Channel with Admin and Community Stakeholders; Hire and Start Residency Program Coordinator; Pathway to Privileges for Full Spectrum Family Medicine. We brought in additional resources for the residency and streamlined our entire contract process so that as people leave site visits they have a contract offer within 48 hours. We opened up a recruiting list to the town and allow the community to participate in our recruiting process. We are recognizing that what the community needs is the provider, not just for Adventist Health or Mendocino Community Health Care (MCHC), to be in the community with either model. We have designed open communication channels, so the executives of the FQHCs and the Adventist Health President meet monthly with physicians just to talk about a state of the union.</p> <p>One additional highlight that has been a transformation is an appreciation for a full spectrum of Family Medicine. Many of our communities are bigger than the smallest rural communities in the United States, but we can become a hub for a full spectrum family medicine, allowing doctors to practice OBGYN if they so choose. We are working with our FQHCs to create capacity for our residents to train on full spectrum Family Medicine. We are even exploring the potential for Family Medicine doctors to do screening underneath the guidance of endoscopy experts.</p> <p>As for global humanitarian efforts, while reading through some of Paul Farmer's work and the peer review work and maturation around that and the ethics of global health, Mr. Howe asked himself, "Why is it that doctors could be in a country with much lower income and fewer resources, alive and really closely attached to their practice, but there are communities that they're burning out?" He believes this is an alignment with values and wanted to experiment to prorate contracts for doctors to allow them to work 75% in the United States and 25% either domestically or internationally to focus on public health or humanitarian efforts outside of the traditional fee-for-service per visit health center model. As a result of this, he flew to Guatemala recently and met with an organization called DOCS for Hope that built a hospital down in a rural mining village of Canilla, Guatemala. What they did was actually innovative 10 years ago when six of them reached out to 400 hospitals across the United States and said they want to work together in a community on the condition of a .75 contract, meaning pay 75% of a full-time-equivalent (FTE) to allow them to spend .25 of their careers outside of the community, and they will rotate in a way that provided a 4.0 FTE in the local community.</p> <p>As a result of that, they put two FTEs inside Guatemala, and they did this for a decade until life circumstances became an issue and they had to change their capacity. Those six physicians had a good run supporting global health, bringing back to northeastern Iowa that health care really is upstream and value-based. Canilla had a significant need for primary care visits, and they created that capacity, but the one thing that created more capacity was their work with the Canadian Army Corps of Engineers building an aqueduct for fresh water for the community. I would ask our Northern California communities, <i>"What is the equivalent of our aqueducts for our communities that actually would yield better health outcomes for our communities?"</i></p> <p>On December 11, 2023, Dr. Elliott Fisher from the Dartmouth Institute, who worked significantly with the Obama Administration in developing the Administration for Community Living (ACL) language in the Affordable Care Act (ACA), will be coming out and spending time in Northern California. He believes Northern California is a place where we have the ability to build network adequacy by recognizing our vulnerability and working together from providers to payers and across providers between health systems and recognizing that this is a health justice issue. As an invitation, anyone interested in coming to Ukiah on December 11th is welcome to attend and be part of the conversation. We are looking at ways to coordinate conversations and believe that things like private- equity backed health plans can actually pull resources out of rural communities, such as managed Medicare. We hope to come together in ways that create capacity for alternative payment models out Centers for Medicare & Medicaid Services (CMS), like Partnership HealthPlan on the Medicaid side, to keep dollars inside of our local communities as opposed to leaving our communities. Mr. Howe ended the presentation there and asked what resonated and what did not to use any advice from the physicians attending PAC.</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS
<p>V.A Creating a Sustainable Strategy for Primary Care, Continued</p>	<p><i>Questions/Comments</i></p> <p>Dr. Gwiazdowski asked in terms of the needs assessment, with respect to manpower needs pertaining to graduates of medical schools, if there have been any longitudinal studies looking at the number of FTEs that graduating students once they get through their medical school internship, residencies, and fellowships how embedded they are and how much they are leaning into the practice of medicine. Meaning, for every graduate, if there is an average graduate working a full FTE or .6 FTE and how that has longitudinally changed over the years. He furthered the reason for asking is because in his own microcosm, it seems as though a lot of physicians he has worked with through the years in in a certain specialty may are now replaced by a .6 or .7 FTE, most of whom are not working full FTEs and wondered if that is just an exception seen in his specialty close to home or if that is a trend seen nationally.</p> <p>Mr. Howe answered that he thinks that shift is actually broader and believes there is a demographic shift in medicine from a male dominated, patriarchal profession to one more egalitarian as a multi-gender profession having to adjust to more accommodations for people that may have different life priorities than the generation of 25 years ago. Work/life balance is a big driver in current staffing levels. Additionally, one can see in a supply demand situation where it is the supply that is short so we have to create and modify our value proposition to this workforce in a way that accommodates what is balancing for their life. Mr. Howe finds there are more doctors aligned around this mindset of humanitarian value aligned work. He has attended medical conferences where he is joined by those working with DOCS for Hope and meeting more and more people like them. There is a combination of the partners in health crowd, frontiers crowd, former army or former military personnel crowd, and also a faith-based crowd. Collectively what he sees as a trend for gravitation towards value aligned work</p> <p>Dr. Suzanne Eidson-Ton of Communicare+ Ole furthered upon Dr. Gwiazdowski's question and stated the gender shift was part of the beginning of changing attitudes towards full-time work, but there is also a generational shift, especially with the newest classes of graduating physicians and not just a women-in-the-workforce issue with the newer generation not willing to work in a system that does not align with their personal values, and definitely not on a full-time basis.</p> <p>Mr. Howe responded that he has spent a lot of time with Family Medicine doctors in the last year, sensing a moral injury from treating patients in short visits, and seeing sicker and sicker patients. They are being forced into ethical dilemmas in the timeframe constrained inside their visits and experiencing burnout. The Incubate work started looking at how they can renew their passion for medicine with global health, but it matures back to what is in the local communities that can be done to reframe and perhaps consider prorated contracts and asking Public Health Officers what their top priorities are and if any grants to help accomplish these goals. <u><i>How can we give that entrepreneurial spirit back to the doctors to address the health inequities of their communities?</i></u></p> <p>Dr. Gwiazdowski shared that he hears anecdotal stories from both experienced and newer physicians stating the Electronic Medical Records (EMR) platforms seem to be a headwind to throughput of patient care and asked Mr. Howe if that is a trend as well.</p> <p>Mr. Howe answered the EMR systems were designed to be billing systems and not patient care systems. He hopes in the coming years artificial intelligence (AI) technology will enable physicians to spend less time on administrative burdens. AI may create a new set of ethical challenges if incorporated into the visit, but some of the technology being introduced is groundbreaking and may play a larger role in health care within the next two to three years.</p> <p>Dr. Eidson-Ton responded that CommuniCare+ Ole is piloting an AI program for documentation and will discuss further with Mr. Howe at a later time.</p> <p>No further questions or comments. Meeting adjourned.</p>

V. Adjournment			
PAC adjourned at 9:14am	Next PAC on Wednesday, January 10, 2024 at 7:30 a.m. Brown Act flexibilities have ended.		

For Signature Only

The foregoing minutes were APPROVED AS PRESENTED on: _____
Date

Robert Moore, M.D., on behalf of Committee Chairperson

The foregoing minutes were APPROVED WITH MODIFICATION on: _____
Date

Robert Moore, M.D., on behalf of Committee Chairperson

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
QUALITY/UTILIZATION ADVISORY COMMITTEE (Q/UAC)
MEETING AGENDA**

Date: Nov. 15, 2023

Time: 7:30 – 8:55 a.m.

Locations: Partnership HealthPlan of California

4665 Business Center Drive, Fairfield, CA 94534 | Napa/Solano Room
2525 Airpark Drive, Redding, CA 96002 | Trinity Alps Conference Room
495 Tesconi Circle, Santa Rosa, CA 95401 | Santa Rosa Huddle Room

Other Locations:

2021 Hillridge Drive, Fairfield, CA 94534
Open Door Community Health Center: 3770 Janes Road, Arcata, CA 95519

PHC Staff only may join by Web-ex:

<https://partnershiphp.webex.com/meet/quac> Meeting # 809 114 256

PHC Staff only may join by Telephone:

1-844-621-3956 Access Code: 809 114 256

This Brown Act meeting may be recorded. Any audio or video tape record of this meeting, made by or at the direction of PHC, is subject to inspection under the Public Records Act and will be provided without charge, if requested.

Welcome / Introductions / Public welcome at cited locations

	Item	Lead	Time	Page #
I.	Call to Order – Approval/Acceptance of Minutes			
1	<i>Approval of Quality/Utilization Advisory Committee (Q/UAC) Minutes of Oct. 18, 2023</i>	Robert Moore, MD	7:30	5 – 17
2	<i>Acknowledgment and acceptance of</i> • Internal Quality Improvement (IQI) Committee Meeting Minutes of Oct. 10, 2023			18 – 26
II.	Standing Updates			
1	Quality and Performance Improvement Program Update	Nancy Steffen	7:35	27 – 36
2	HealthPlan Update	Robert Moore, MD	7:43	--
III.	Old Business – first discussed at September or October meetings			
	Synopsis of Changes			37 – 40
1	MPQG1011 – Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines revised post Sept. 20 Q/UAC	Mark Netherda, MD	7:51	41 – 50
2	MCUP3125 – Gender Dysphoria/Surgical Treatment revised post Sept. 20 Q/UAC	Marshall Kubota, MD	7:58	51 – 55
3	MCNP9006 – Doula Services Benefit (NEW POLICY) revised post Oct. 18 Q/UAC	Rebecca Boyd Anderson, RN	8:05	57 – 64
IV.	New Business – Consent (Committee Members as Applicable)			
	Consent Calendar	All	8:12	65
	Grievance & Appeals PULSE Report – Issue 11, November 2023 – <i>direct questions to Latrice Innes</i>			67 – 75
	Care Coordination Policy			
	MCCP2029 – Emergency Medical Transportation			77 – 79
	Utilization Management Policies			
	MCUP3102 – Vision Care			80 – 82

	Item	Lead	Time	Page #
	MCUP3106 – Waiver Programs			83 – 88
	Grievance & Appeals Policy			
	CGA022 – Member Discrimination Grievance Procedure			89 – 94
	Member Services Policy			
	MP300 – Member Notification of Provider Termination or Change in Location			95 – 98
V.	New Business – Discussion Policies			
	Synopsis of Changes			99 – 101
	Utilization Management			
	MCUP3137 – Palliative Care: Intensive Program (Adult)	Jim Cotter, MD	8:16	103 – 122
	MCUP3142 – CalAIM Community Supports	Debra McAllister, RN	8:23	123 – 138
	MCUP3143 – CalAIM Service Authorization Process for Enhanced Care Management (ECM) and/or Community Supports (CS) <i>old Attachment B is archived, effective 1/10/2024</i>		8:30	139 – 153
VI.	Presentations			
1	Grand Analysis: Member Experience	Anthony Sackett Kory Watkins	8:33	155 – 170
2	Grand Analysis: Network Access and Adequacy 2023 <i>presentation & narrative documents included</i>	Renee Trosky	8:47	171 – 218
	Transportation Update – <i>direct questions to Melissa McCartney</i>			219 – 224
FYI	Draft 2024 Calendar of Presentations to QI Committees – <i>direct questions to Leslie Erickson</i>			225 – 226
	Adjournment scheduled for 8:55 a.m. – NO MEETING IN DECEMBER – Q/UAC next meets 7:30 a.m. Wednesday, Jan. 17, 2024			

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEETING MINUTES**

Quality and Utilization Advisory Committee (Q/UAC) Meeting
Wednesday, Nov. 15, 2023 / 7:30 a.m. – 9:47 a.m. Napa/Solano Room, 1st Floor

Q/UAC has now returned to in-person meetings governed by Brown Act requirements following the Feb. 28 lifting of California's Public Health Emergency.

<p><u>Members Present</u> Steven Gwiazdowski, MD, FAAP Brandy Lane, PHC Consumer Member Brian Montenegro, MD</p>	<p>John Murphy, MD Robert Quon, MD, FACP Michael Strain, PHC Consumer Member (<i>Santa Rosa</i>)</p>	<p>Chris Swales, MD Randolph Thomas, MD Jennifer Wilson, MD</p>
<p><u>Members Absent:</u> Sara Choudhry, MD; Emma Hackett, MD, FACOG</p>		
<p><u>Partnership Ex-Officio Members Present:</u> Barresi, Katherine, RN, BSN, PHN, NE-BC, CCM, Chief Health Services Officer Bides, Robert, RN, BSN, Manager of Quality Assurance & Member Safety, QI Boyd Anderson, Rebecca, RN, MSN, PHN, CCM, Director of Population Health Cox, Bradley, DO, Associate Medical Director Devido, Jeff, MD, Behavioral Health Clinical Director Frankovich, Terry, MD, Associate Medical Director Gast, Brigid, MSN, BS, RN, NEA-BC, Director of Care Coordination Glickstein, Mark, MD, Associate Medical Director Jalloh, Mohamed, Pharm.D, Dir. of Health Equity (Health Equity Officer) Katz, Dave, MD, Associate Medical Director</p>	<p>Kubota, Marshall, MD, Regional Medical Director (Southwest) Leung, Stan, Pharm.D, Director of Pharmacy Services Moore, Robert, MD, MPH, MBA, Chief Medical Officer – Chair Netherda, Mark, MD, Medical Director for Quality – Vice Chair Newman, Rachel, RN, BSN, Manager, Clinical Compliance – Quality Inspections Ribordy, Jeff, MD, Northern Regional Medical Director Scuri, Lynn, MPH, Regional Director (Southwest) Steffen, Nancy, Senior Director of Quality and Performance Improvement Thornton, Aaron, MD, Associate Medical Director Townsend, Colleen, MD, Regional Medical Director (Southeast) Watkins, Kory, MBA-HM, Associate Director, Grievance and Appeals</p>	
<p><u>Partnership Ex-Officio Members Absent:</u> Cotter, James, MD, Associate Medical Director Esget, Heather, RN, BSN, ACM, Director of Utilization Management Guillory, Ledra, Senior Manager of Provider Relations Representatives Guevarra, Angela, RN, Associate Director, Care Coordination (SR)</p>	<p>Hartigan, Nicole, RN, Associate Director, Care Coordination (NR) Hightower, Tony, CPhT, Associate Director, UM Regulations Kerlin, Mary, Senior Director of Provider Relations Spiller, Bettina, MD, Associate Medical Director</p>	
<p><u>Guests:</u> Boyle, Shannon, RN, Manager of Care Coordination Regulatory Performance Brown, Isaac, Director of Quality Management Browning, Sarah, Executive Assistant to the CMO Brunkal, Monika, RPh, Assoc. Director of Population Health Campbell, Anna, Health Policy Analyst, Utilization Management Erickson, Leslie, Program Coordinator I, QI (scribe) McAllister, Debra, RN, Director of Utilization Management Strategies</p>	<p>Nakatani-Phipps, Stephanie, Lead Senior Provider Relations Rep O’Leary, Hannah, Senior Health Educator, Population Health Quichocho, Sue, Manager of Quality Measurement, QI Rodriguez, Cindy, Project Coordinator II, Member Safety, QI Sackett, Anthony, Program Manager II, Quality Improvement Trosky, Renee, Program Manager II, Provider Relations Veneracion, Bianca, Program Manager, UM</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<p>I. Call to Order</p> <p>Public Comment – <i>None made</i></p> <p>Approval of Minutes</p>	<p>Chair Robert Moore, MD, called the meeting to order at 7:31 a.m.</p> <p>The Oct. 18, 2023 Q/UAC Minutes were approved as presented.</p> <p><i>Acknowledgment and acceptance of:</i></p> <ul style="list-style-type: none"> Oct. 11, 2023 Internal Quality Improvement (IQI) Committee Minutes 	<p>Approval of Q/UAC Minutes: Robert Quon, MD Second: Steven Gwiazdowski, MD</p> <p>Acceptance of IQI Minutes: Robert Quon, MD Second: John Murphy, MD</p>
<p>II. Standing Updates</p>		
<p>1. Quality Improvement (QI) Department Update</p> <p><i>Nancy Steffen, Senior Director of Quality & Performance Improvement</i></p>	<ul style="list-style-type: none"> The Nov. 3 comprehensive review of the Primary Care Providers Quality Improvement Program (PCP QIP) presented in Chico for those clinicians and quality leaders in the 10 new East Region counties joining Partnership Jan. 1, 2024 was well attended. Another is planned Nov. 17 in Auburn. The high-level benefit overview also touched on many intersecting parts related to CalAIM (California Advancing and Innovating Medi-Cal). Twelve of 26 hospitals participating in our Hospital QIP, among them our smallest hospital located in Trinity County, have scored 90% or more of available points: six of these scored 100%. Final Fiscal Year (FY) 2022-2023 payments were distributed at the end of October. We are seeing strong engagement and ongoing work in this program. We will offer a six-month (January-June 2024) measurement set opportunity to East Region hospitals. We have successfully closed out our Department of Health Care Services Corrective Action Plan (DHCS CAP) on our Measurement Year (MY) 2021 HEDIS® (Healthcare Effectiveness Data and Information Set) results. [We will continue corrective action work with our lower performers answerable to the MCAS (Managed Care Accountability Set).] Our Enhanced Provider Engagement (EPE) strategy, with its inclusion of the modified QIP (i.e., the narrowed measurement set devoted to our highest priority clinical measures reflecting HEDIS® concerns) was one reason why. The one-on-one conversations devoted to assessing provider organization (PO) primary care and organizational needs helped prepare those who thereafter applied to the State’s Equity and Practice Transformation Directed Payment Program. We will continue this coaching work, and those who are subject to the modified QIP will be evaluated based on year-end 2023 performance. Those leaving or remaining in the modified set, as well as those who will be newly subject to it, will be informed of their status prior to the March 2024 eReports launch. The State will announce its Equity and Practice Transformation awardees on Dec. 11 based in part on Partnership’s recommendations, which are due at the end of November. Partnership will update this committee on the successful applicants in the New Year. Fifty-six POs across Partnership’s current and 10 expansion counties applied. We estimate as much as \$85M in total could be awarded to successful Partnership POs during the five-year program. Rural providers, Tribal Health providers, and many of our Federally Qualified Health Centers (FQHCs) were qualified to participate. Q/UAC members are encouraged to review Partnership’s ongoing performance improvement initiatives. In January, we will share an update on our Cologuard pilot. In May, we will update on our expanded 	<p>For information only: no formal action required.</p> <p>There were no questions for Nancy.</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Mobile Mammography Program, which began as a QI pilot.</p> <ul style="list-style-type: none"> Partnership will undergo its annual DHCS audit during the first two weeks in December, while also undergoing our NCQA (National Quality Assurance Committee) Health Plan Accreditation renewal. NCQA will provide Partnership with selected file samples on Nov. 27, and the NCQA Program Management team will meet separately with impacted departments on Nov. 30 in advance of the virtual file review survey scheduled for Dec. 11-12. 	
<p>2. HealthPlan Update</p> <p><i>Robert Moore, MD, Chief Medical Officer</i></p>	<ul style="list-style-type: none"> This is a busy time with the two audits Nancy mentioned and 10 new counties joining Partnership Jan. 1. New populations of focus will continue to challenge us in our Enhanced Care Management efforts. Partnership will dip into its reserves for a two-year period to fund the Board-approved expansion into the 10 counties. Our Finance team is doing a magnificent job of working with DHCS to make sure we have a sustainable plan going forward. We have negotiated contracts with all the hospitals and the major, large primary care organizations in this new East Region. Several clinical leaders have or will begin attending our Physician Advisory Committee (PAC), including Sutter Roseville’s Chief Medical Officer. We have signed contracts with perhaps 40% of East Region specialty care providers. The rest – mostly smaller, independent specialists – are in the contracting process. The State last week began to send enormous data files to Partnership, so we are now learning who these new East Region members are and who may have prior authorizations. Any Treatment Authorization Requests (TARs) approved by our new members’ previous health plans will be honored. Partnership will waive the referral authorization process during the first 90 days; however, open RAFs made before Jan. 1 may require work. Partnership is acquainting the East Region PCPs with our referral process, which in some cases differ from what the PCPs previously knew. Partnership’s Transportation benefit will vastly expand with the addition of the 10 counties. Many of the 56 Equity Practice Transformation applications Nancy mentioned are strong, especially those among the 51 that Partnership coached through the process. Medicare is coming: we are only two years, one month, and a few days away from starting D-SNP (Dual Eligible Special Needs Plans), which will include Medicare Part D. (Partnership’s last Medicare effort was in Napa, Yolo and Solano counties about a decade ago.) Director of Pharmacy Services Stan Leung, Pharm.D, and his team are working on generating the infrastructure for developing a contract with a pharmacy benefit manager for D-SNP. The bid will be based on a “model of care,” which is being developed by Chief Health Services Officer Katherine Barresi, RN, her team, and others in Health Services. In the coming year, we will be bringing on strategic staff with Medicare expertise. Medicare patients engender more administrative work than do Medi-Cal patients because of CMS (Centers for Medicare and Medicaid) requirements. MY2022 Managed Care HealthPlan Rankings will be shared with the Board in December. Partnership is assessed according to its four regions, each ranked on a single composite score of all accountable HEDIS® measures. Three of our four regions moved up in the rankings. Thank you to <ul style="list-style-type: none"> Sarah Browning, “my assistant who helped put together that great (October) meeting with our Native American health centers.” 	<p>For information only: no formal action required.</p> <p>There were no questions for Dr. Moore.</p> <p>The MY2022 Managed Care HealthPlan Rankings was not included in the Q/UAC packet but was emailed to Q/UAC members after the meeting.</p> <p>The link to Dr. Moore’s November 2023 Medical Directors Newsletter was emailed to Q/UAC physicians on Nov. 20.</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<ul style="list-style-type: none"> ○ Robert Quon, MD, for agreeing to continue his Q/UAC service even though Kaiser will no longer be affiliated with Partnership come Jan. 1, 2024. ○ Steven Gwiazdowski, MD, who will be demonstrating a video laryngoscope to Mad River Hospital (Plumas County) nurses, doctors, and EMTs. Partnership is giving one such unit to Mad River. (Dr. Gwiazdowski in turn thanked Brian Montenegro, MD, for “doing the heavy lifting” in research and preparation.) Dr. Moore added that Partnership hopes to roll out the equipment to all hospitals in 2024 – even those who do not do obstetrics – because it provides an easier way to intubate infants, especially for those clinicians who do not often perform such procedures. ○ Randolph Thomas, MD, for advocating adding enuresis alarms to the Partnership Medical Equipment Distribution (PMED) program. Partnership has found such a device and is now working on rewriting the instructions for patients’ ease of understanding and use. 	
III. Old Business – Discussion Policies		
Policy Owner: Quality Improvement – Presenter: Mark Netherda, MD, Medical Director for Quality		
<p>MPQG1011 – Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines</p> <p><i>Synopsis of additional changes made pursuant to Sept. 20 Q/UAC comments:</i></p> <p>IQI on Nov. 7 approved the policy as updated here with this additional change: VI.C.5: <i>The first sentence now reads:</i> Whenever necessary, the NPMP shall perform emergency care necessary to sustain life applying current standards of care. This includes, but is not limited to, basic first aid,</p>	<p>Gender neutral language changes throughout the policy.</p> <p>Section III. Definitions clarified.</p> <p>NPMP includes CNMs and LMs, in lieu of “nurse midwives.”</p> <p>Midwifery recognizes that not all midwives are nurses; gender reference deleted.</p> <p>CNM and LM are updated according to the Medical Board of California website.</p> <p>Updated Purpose acknowledges that not all NPMPs and MAs work at primary care sites.</p> <p>Updated VI. Guideline/Procedure.</p> <p>Supervision language updated to meet current regulations. Scope of supervision is clarified.</p> <p>VI.B.2: is added: Written standardized procedures or practice agreements, depending on the requirements for the category of NPMP being supervised, must be developed and maintained and agreed upon by the supervising physician and NPMP. Documents must be available to Partnership’s Site Review team.</p> <p>VI.B.3: Chart review language updated.</p> <p>VI.B.4. deletes statement of physician responsibility at all times because it was too broad.</p> <p>VI.B.5: Supervision ratios are clarified.</p> <p>VI.B.6: last sentence on NPMP authorizations deleted as too vague.</p> <p>VI.C.2: Reference language broadened to include online sources.</p> <p>VI.C.5: Whenever necessary, the NPMP shall perform emergency care necessary to sustain life <i>applying current standards of care.</i></p> <p>VI.E: “Medication” is dropped from “Prescribing” title as being too limiting.</p> <p>VI.F.1: CNM and LM Guidelines reworked to match 2021 legislation.</p> <p>VI.F.4: Collaborative agreement wording now consistent with current legislation.</p> <p>VI.H: The broad provisions of Assembly Bill 890 are added to Nurse Practitioner Guidelines. The bill requires an NP to first work as a 103 NP in good standing for at least 3 years prior to becoming a 104 NP; thus, the Board of Registered Nursing will not be able to certify 104 NPs until 2026.</p> <p>VI.H.5.a: now includes a statement that the Nursing Practice Act (NPA) does not require physician</p>	<p>Motion to approve as amended: Steven Gwiazdowski, MD Second: Robert Quon, MD</p> <p><u>Next Steps:</u> Jan. 10, 2024 Physician Advisory Committee (PAC)</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<p>establishment and maintenance of the airway, CPR, and administration of oxygen and emergency medications.</p>	<p>countersignature of nurse practitioner charts. Some possible exceptions for third-party reimbursement and some malpractice insurance carrier requirements are noted. VI.I: Medical Assistant Guidelines are augmented with some common activities in new subsection i. VII. References augmented with legislation. Minor changes to Attachment A.</p> <p>Dr. Netherda went through the policy redlines, noting that Chris Swales, MD, and Brian Montenegro, MD, on Sept. 20 expressed concern about the supervising physician being responsible for the physician assistants at all times: it doesn't mean they have to be present at all times but ultimately, the activities of the physician assistant do fall on the physician. This is specific in the regulations, so that language is in VI.G.6: "Per the Medical Board of California, the supervising physician is responsible for ..."</p> <p>Dr. Montenegro suggested language be added (similar to what is in the proposed doula policy) that nurse midwives practicing independently without physician supervision on low-risk pregnancies should follow ACOG (American College of Obstetricians/Gynecologists) guidelines. Several Partnership physicians and Q/UAC physicians debated. Dr. Netherda meanwhile looked at the ACOG website section on midwifery, which notes "ACOG supports the standards used by the American Midwifery Certification Board, which credentials certified nurse midwives. ACOG's joint statement with the American College of Nurse Midwives supports CNMs and CMs practicing to the full extent of their credentials, training and experience."</p> <p>Dr. Quon cautioned that we would risk regulatory audit issues were we to make this policy more restrictive than others, and Dr. Gwiazdowski agreed that we do not want to create two standards of care. Dr. Quon added that what we should look at is how we evaluate our licensed independent practitioners (LIPs) and allied health professionals (AHPs).</p> <p>Q/UAC agreed to approve the policy as presented, amending VI.F.1.a with an additional sentence: CNMs and LMs may practice independently for low-risk pregnancies and births, prenatal, intrapartum, and postpartum care, family planning care, and immediate care of the newborn. <i>At all times, nurse midwives are expected to practice under the standards used by the American Midwifery Certification Board (AMCB), which credentials midwives.</i></p> <p>Dr. Thomas, asked how VI.J.1 ("The patient must be informed that the provider is a NPMP, and be granted the opportunity to see a physician if they choose") is to work if a physician is not available at the time of the appointment. Dr. Moore replied that giving the patient the choice between seeing the NPMP or rescheduling to a later time to see a physician is important, not least because some practices try to force their patients to see NPMPs, which is against state law.</p>	
<p>Policy Owner: Utilization Management – Presenter: Marshall Kubota, MD, Regional Medical Director (Southeast)</p>		
<p>MCUP3125 – Gender Dysphoria/ Surgical Treatment</p>	<p>VI.C. Specified that we will refer to the "most recent" version of WPATH criteria since it changes periodically. Also clarified that the CMO or physician designee review authorization requests "for medical necessity."</p>	<p>Motion to approve as amended: Chris Swales, MD Second: Robert Quon, MD</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<p><i>Synopsis of additional changes made pursuant to Sept. 20 Q/UAC comments:</i></p>	<p>VI.C.2. Clarified that gender reassignment/ affirming surgery is a covered benefit under DHCS guidelines specified by APL 20-018. However, we also state that PHC reviews requests according to “most recent WPATH criteria.” We make this distinction because there have been no recent updates to state guidelines.</p> <p>VI.C.2.f.1) Replaced “transwomen” with “transfeminine”</p> <p>VI.C.2.f.2) Replaced “transmen” with “transmasculine”</p> <p>VI.C.2.g. Added statement to say “It is suggested that health care professionals consider gender-affirming genital procedures in eligible transgender and gender diverse adults seeking these interventions when there is evidence the individual has been stable on their current treatment regime (which may include at least 6 months of hormone treatment or a longer period if required to achieve the desired surgical result unless hormone therapy is either not desired or is medically contraindicated).”</p> <p>VI.C.2.h.2)-4): updated language to say that hormone therapy before surgery may be appropriate unless it is not clinically indicated, not desired, or is contraindicated for the individual, but is no longer a requirement for approval.</p> <p>VI.C.2.h.4)b): Added sentence to say “Exceptions can be made if there are safety considerations for the patient.”</p> <p>VII.A Updated Reference for WPATH to specify we will use the current version of their criteria.</p> <p>Dr. Kubota went through the synopsis, saying the State’s All Plan Letter (APL) tends to lag behind the WPATH recommended criteria. We have asked the State to please catch up.</p> <p>Dr. Moore thanked Dr. Swales for again reviewing this policy before the meeting today. Dr. Kubota added that Dr. Swales helped us with the issue of hormone therapy prior to surgery. Oftentimes, it is advisable to have hormone therapy primarily because it changes the tissues and can make some of these surgeries technically simpler to do, Dr. Kubota said. WPATH, however, has changed its recommendation of 12 months of hormone therapy to making it optional. It then becomes a flexible discussion between the surgeon and the member.</p> <p>Dr. Swales asked if VI.C.2.h.4)b) (“12 months living in a gender role”) is a requirement. He pointed out that there are situations where it may not be safe for a patient to live in their gender identity, at home, or at work, or at school. As a requirement, that may put members in danger. Dr. Kubota said this is not specified in the APL, and Q/UAC agreed to add the sentence noted in the synopsis above. Q/UAC also accepted Dr. Swales’ suggested changes to VI.C.2.f.1-2) as noted above.</p>	<p><u>Next Steps:</u> Jan. 10, 2024 PAC</p>
<p>Policy Owner: Population Health – Presenter: Rebecca Boyd Anderson, RN, Director of Population Health</p>		
<p>MCNP9006 – Doula Services Benefit NEW POLICY</p> <p><i>Synopsis of changes made pursuant to Oct. 18 Q/UAC</i></p>	<p>Based on IQI and QUAC October 2023 recommendations, this new policy has been updated as follows:</p> <p>Related Policies - CalAIM ECM policies have been added as Related Policies:</p> <p>I. MCCP2032 – CalAIM Enhanced Care Management (ECM)</p> <p>J. MCUP3142 – CalAIM Authorization Process for Enhanced Care Management (ECM) and/or Community Supports (CS)</p> <p>III.C: Definition of Doula was updated to specify that they are trained and credentialed by Partnership. Also clarified that doulas provide support “before, during, and after miscarriage, stillbirth, and abortion.”</p>	<p>Motion to approve as presented: Robert Quon, MD Second: Jennifer Wilson, MD</p> <p><u>Next Steps:</u> Jan. 10, 2024 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<p><i>comments:</i></p>	<p>VI.B: Language regarding Partnership standards for Doulas was removed and moved down to new section VI.L.</p> <p>VI.E.1: Eligibility section updated to all pregnant or pregnant in the last 365 days are “recommended to receive” the doula services benefit and a licensed provider “may” provide a recommendation.</p> <p>VI.E.1.d: Added that doulas must document a collaborating licensed provider in the medical records.</p> <p>VI.F.1.e: Added that California Perinatal Services Program (CPSP) providers must be licensed.</p> <p>VI.G.5: Removed phrase “medically necessary services.” Although this language is stated in the APL, it is not correct as doulas, by definition, do not perform medically necessary services. This correction has been escalated to DHCS by Dr. Moore.</p> <p>VI.G.7: Statement on how Partnership will track quality and utilization measures was simplified and further information on this topic was stated in new section below at VI.L.</p> <p>VI.L: New section on Oversight and Quality Monitoring of the Doula Benefit was added per QUAC recommendations in October.</p> <p>The Internal Quality Improvement (IQI) Committee on Nov. 7 approved the updated policy with these additional changes:</p> <p>VI.D.1.b: Members qualifying for doula services are given information about how doulas can provide support during pregnancy, postpartum, and after childbirth, during miscarriage, stillbirth, and abortion. <i>(parentheses deleted)</i></p> <p>VI.E.2: The DHCS standing recommendation for doula services implemented on Nov 3, 2023 authorizes the following: ...</p> <p>VI.G.5 now reads: Partnership will monitor the network to ensure an appropriate network of doulas and coordinate for out-of-network (OON) access to doula services if an in-network doula provider is not available.</p> <p>VI.G.6 now reads: If the pregnant member desires to have a doula during labor and delivery, Partnership will work with in-network hospitals and birthing centers to allow the doula to be present, in addition to the support person(s).</p> <p>VI.6.7 now reads: Partnership will track quality and utilization measures for doula services as recommended by DHCS.</p> <p>Dr. Moore, before Rebecca presented today’s discussion, noted that Q/UAC’s previous objection to language suggesting there was a “medical necessity for doula services” was forwarded to DHCS. That agency has now deleted this language from the governing APL 23-024 (Aug. 24, 2023) in its Nov. 3 revision.</p> <p>Rebecca thanked Chief Health Services Officer Katherine Barresi, RN, for the language added to VI.L: “Partnership shall monitor the doula benefit to ensure access, quality outcomes, and/or health equity needs and trends. Examples are listed below.” She then thanked Q/UAC members for their robust engagement in this policy development.</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Dr. Gwiazdowski questioned why Partnership removed the statement in VI.B. about penalties if doulas failed to follow our standards. Rebecca replied that it was unnecessary as it is implicit in the contracting language. (Dr. Moore added that the quality pathway has more opportunities for appeals than does the contracting pathway.)</p> <p>Colleen Townsend, MD, noted that subsequent to Q/UAC’s Oct. 18 meeting, the State actually wrote a standing recommendation, which obviates the need for a clinician or a health plan or a practice to write a standing recommendation, or for a clinician or health plan to write a recommendation that needs to be presented to the doula. That standing recommendation has been published by DHCS and has been incorporated into the policy changes.</p>	
IV. New Business – Consent (Committee Members as Applicable)		
Consent Calendar	<p>Grievance & Appeals PULSE Report – Issue 11, November 2023 – <i>direct any questions to Latrice Innes</i></p> <p><i>Health Services Policies</i> <u>Care Coordination</u> MCCP2029 – Emergency Medical Transportation</p> <p><u>Utilization Management</u> MCUP3102 – Vision Care MCUP3106 – Waiver Programs</p> <p><i>Grievance & Appeals Policy</i> CGA022 – Member Discrimination Grievance Procedure</p> <p><i>Member Services Policy</i> MP300 – Member Notification of Provider Termination or Change in Location</p>	<p>Motion to approve as presented: Steven Gwiazdowski, MD Second: Jennifer Wilson, MD</p> <p><u>Next Steps:</u> All but MP300 go to Jan. 10, 2024 PAC</p>
V. New Business – Discussion Policies		
Policy Owner: Utilization Management – Presenter: Robert Moore, MD, MPH, MBA, Chief Medical Officer		
MCUP3137 – Palliative Care: Intensive Program (Adult)	<p>This policy was updated to specifically include Remote Hospice Level Care.</p> <p>Section VI.B.2.d.1)b) In reference to required RN visit each month for enrolled palliative care members, this language was added: “If face-to-face visits with the RN are not possible due to distance or other operation issues, palliative care providers may submit charges under the “virtual only care” billing code T2025-GT.”</p> <p>Section VI.B.3.d. Specified required visit details to be added to medical records for remote members seen only through telemedicine.</p> <p>Section VI.B.4. Added a new paragraph for Remote Hospice Level Care to specify a 30 mile radius, approval from a PHC Medical Director, and the billing code to use, T2025-TN.</p> <p>In response to the end of the public health emergency and expansion into the 10 counties, Partnership has created a new category of virtual-only palliative care separate from the in-person standard, Dr. Moore said. We have an in-person/virtual hybrid too. We also have another level: if a person is not eligible for hospice</p>	<p>There were no questions.</p> <p>Motion to approve as presented: Chris Swales, MD Second: Brian Montenegro, MD</p> <p><u>Next Steps:</u> Jan. 10, 2024 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>because they live too far from a hospice but they enter that hospice level of care, we have a different rate and code for that higher level of care. We have several tiers in our contract but we needed the policy to describe them.</p>	
<p>Policy Owner: Utilization Management – Presenter: Debbie McAllister, RN, Director, Utilization Management</p>		
<p>MCUP3142 – CalAIM Community Supports</p>	<p>Policy Updated for new guidance from DHCS. Section I.H. Deleted Related Policy MCCL01 Claims Processing Standards because it is an internal policy that external readers cannot view. Instead, readers are directed a page in our Provider Manual for claim information in section VI.J.1.a.4) Section VI.B.4. Added paragraph to define corrective actions PHC will take if any inappropriate, inequitable, and/or discriminatory effects are found in Community Supports service authorizations. Section VI.F.1.f. Regarding Housing Transition Navigation Services, Added statement to clarify “These services do not assist members with ongoing rental costs.” Section VI.F.2.a.1) and 1)a) Clarified that housing deposits may be approved but cannot constitute “ongoing rental cost.” Also added that housing deposits can only be approved one additional time with documentation demonstrating what has changed and how this service would be more successful on the second attempt. Section VI.F.3.b. Added that Housing Tenancy and Sustaining Services is a service only available for a single duration in a member’s lifetime. But also added that they may be approved for one additional time with documentation demonstrating what has changed and how this service would be more successful on the second attempt. Section VI.F.4.a.5) Deleted “Recuperative care setting” from list of inpatient hospital settings from which members may be exiting to go to short-term post-hospitalization housing. Section VI.F.6.c.1) Defined a list of chronic conditions for which medically-tailored meals may be provided. Section VI.F.6.e. Deleted “medically supportive food and nutrition services, including medically tailored groceries and healthy food vouchers” from the list of Medically Tailored Meal options. Section VI.F.7.a. and c. For Respite Services, specified that services are provided in the member's own home or in an approved out-of-home location. Also stated that services cannot be provided virtually, or via telehealth. Section VI.G.3.e. For Continuity of Care, stated that “PHC intends to adhere to Continuity of Care guidelines for transitioning members receiving CS services not offered by PHC but offered at a previous MCP. Members who have an active prior authorization for services not offered by PHC at the time of the transition will be authorized for a six-month span of the service. Requests for additional date spans will be reviewed on a case by-case basis.” Section VI.H.4. Stated that effective 09/01/2023, PHC follows guidance from the DHCS document “CalAIM Data Guidance-Community Supports Member Information Sharing,” We will share required CS authorization file data elements and CS contracted providers will share the required CS Provider Return transmission file data elements using s-FTP. Section VII.E. - G. Updated References.</p>	<p>Motion to approve as presented: Steven Gwiazdowski, MD Second: Robert Quon, MD <u>Next Steps:</u> Jan. 10, 2024 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>E. Updated DHCS Medi-Cal Community Supports Policy Guide to the July 2023 version.</p> <p>F. Added a Reference for the CalAIM Data Guidance - Community Supports Member Information Sharing (April 2023)</p> <p>G. Added Reference for DHCS APL 23-025 Diversity, Equity, and Inclusion Training Program Requirements (09/14/2023)</p> <p>Attachment A: Narrative descriptions for Community Supports services were updated to reflect changes made in the body of the policy.</p> <p>Debbie went through the synopsis of changes. Dave Katz, MD, wondered if VI.F.7 should be made more clear that the member could be residing in a family member’s home yet still retain their own residence. Debbie said that if the member is residing in their own or other approved home during the time of service, that service will be approved.</p> <p>There were no other questions or comments.</p>	
<p>MCUP3143 – CalAIM Service Authorization Process for Enhanced Care Management (ECM) and/or Community Supports (CS)</p>	<p>Policy Updated for new guidance from DHCS.</p> <p>Section IV.B. Attachment B deleted, and other Attachments moved up in position. Attachment B was the ECM Release of Information (ROI) Form, which is no longer required to be submitted with an ECM TAR.</p> <p>Section VI.A.4.b.4). For ECM TAR requirement, noted that Reauthorization will be approved up to a maximum of 6 months.</p> <p>Section VI.A.4.c. and d. These two sections were deleted as the ECM ROI form and also the Individualized Care Plan (ICP) are no longer required to be submitted with an ECM TAR.</p> <p>Section VI.C.1.-2. Added new policy section to describe Members Transitioning from Another Managed Care Plan for those joining PHC from 10 expansion counties as of January 1, 2024.</p> <p>Section VII References:</p> <p>H. Updated DHCS CalAIM ECM Policy Guide to the September 2023 version.</p> <p>I. Updated DHCS Medi-Cal Community Supports Policy Guide to the July 2023 version.</p> <p>J. Added DHCS 2024 Medi-Cal Managed Care Plan Transition Policy Guide (09/29/2023).</p> <p>Attachment A: Narrative descriptions for Community Supports services were updated to reflect changes in DHCS guidance.</p> <p>Attachment B: ECM ROI form deleted as an attachment because the ROI is no longer required to be submitted with an ECM TAR. It will still be used to share information and those details are found in policy MCCP2032 CalAIM Enhanced Care Management (ECM).</p> <p>Attachment C: This Attachment became Attachment B and changes were made as follows:</p> <ul style="list-style-type: none"> • Edits were made based on DHCS provider billing guidance around HCPCS and modifier descriptions. • Rate revisions were also made based on the increased ECM provider reimbursement. • The conditions column includes more details on TARs and/or billing information. • We remove the County(ies) column from the document as it is no longer needed. <p>Attachment D: This Attachment became Attachment C. No other changes.</p>	<p>There were no questions.</p> <p>Motion to approve as presented: Jennifer Wilson, MD Second: Randy Thomas, MD</p> <p><u>Next Steps:</u> Jan. 10, 2024 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
VI. Presentations		
<p>Grand Analysis: Member Experience (<i>aka</i> MEGA)</p> <p><i>Anthony Sackett, Program Manager II, QI and Kory Watkins, Associate Director, Grievance & Appeals</i></p>	<p>Anthony introduced this retrospective look-back for dates of service that occurred in 2022: July 1 through the end of the calendar year. The results do include the CAHPS® (Consumer Assessment of Healthcare Providers and Systems) regulated survey and Grievance & Appeals filings for CY 2022. The report also includes a glossary of terms.</p> <p>We had four department goals to focus on; nine departments cross-organization wide supported, totaling 42 individual participants. We met our first milestone as an organization with getting our NCQA health plan rating for the child population. We came out at a 3.5-Star.</p> <p>NCQA standards define the framework we use while conducting our analysis. Grievance & Appeals has to consolidate into five NCQA categories [i.e., access, billing/financial, quality of provider office, attitude/service, and quality of care]; they already define DHCS categories as we receive those filings from our members. The prioritization threshold is any \geq10% increase above the prior year as baseline for G&A.</p> <p>We use CAHPS® to track our benchmarks year-over-year. The national survey response rates have declined from a high of 64% high in 2010 to 35% participation today. There has been a decline in the downward trend from a national score perspective: the adult response rates are at 11.5%; for child, a little bit lower at 9.9%. Partnership’s response rates were 14.3% and 14.9%, respectively: we over sample as a strategy to ensure that we meet the regulated minimum requirements of a 100 responses per rating and composite question. There are eight composite categories. In the adult survey “care coordination” scored 86.6% (73rd percentile of the 2022 HEDIS® quality compass benchmark). In the child survey, Partnership scored 90.5% (51st percentile on benchmark) in “rating of personal doctor,” and 89.9% (73rd percentile on benchmark) in “customer service.”</p> <p>Kory clarified that in each of the five G&A (<i>aka</i> NCQA) categories, we’re comparing CY 2021 to CY 2022. We are looking for any increases that exceed 10 percent. We exceeded the 10% threshold for the quality of care cases from 71 (grievances) in 2021 to 105 in 2022. About 58% of those (grievance) cases consist of treatment plan disputes. For appeals and second-level grievances, Partnership exceeded the 10% threshold in all categories but for “quality of provider office,” and that’s only because we didn’t have any such cases. Our total appeals increased 18% from 2021-2022, which is why we we exceeded the 10% threshold. That is notable because our membership increased only about 4.4%.</p> <p>Access issues continued to affect our members in 2022, particularly in the rural service areas. We have challenges attracting and retaining clinical staff. This remains an opportunity for improvement.</p> <p>Dr. Moore commented that had we chosen to report the adult CAHPS survey, rather than the pediatric, Partnership would now likely earn a 4-Star NCQA rating. (He added that DHCS did the exact same survey, and the scores were flipped, which he said was “interesting.”) After much discussion, Partnership will switch back next year to the adult survey.</p> <p>Dr. Moore encouraged Q/UAC members to read the report details and to suggest items for future consideration/inclusion as we are always looking to improve our grand analysis. For example, Partnership is considering adding some satisfaction questions around our transportation benefit, particularly as this will be a new service opportunity for the majority of members residing in the 10 expansion counties.</p> <p>Dr. Katz asked if this reported patient experience with access corresponds to any hard data that we have. Dr. Moore said it did and thanked him for the apt segue into our <u>Access and Availability Survey</u>.</p>	
<p>Grand Analysis: Network Access and Adequacy 2023</p>	<p>Net 3 is a combination of all of the net reports: the availability of practitioners, accessibility of services, and assessment of network adequacy. Network adequacy data points include, in addition to Member Grievances and the CAHPS surveys, the Population Needs Assessment (PNA),</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<p><i>Renee Trosky, Program Manager II, Provider Relations</i></p>	<p>Out-of-Network Requests (OON), Practitioner Availability: Cultural and Linguistics Needs, and Practitioner Availability: Ratio and Geographic Distribution.</p> <p>Member grievance is a big part of it. Kory and Anthony went into detail on all the scores; this report’s ME7 grievance data focuses on Access. In 2022, 41% of the 2,555 grievances submitted by our members were attributable to Access, compared with 34% of the 2,745 grievances submitted in 2021. (One notable finding: Partnership met the access threshold in 2022 despite a .15 increase of grievances per 1,000 members.) In 2022, Access contributed 43% of the 642 Appeals and Second-Level Grievances filed</p> <p>Looking at the CAHPS composite (adult) scores, in “getting needed care” and “getting care quickly,” we were able to meet benchmarks in 2021, but we fell short in 2022. With children, last year we failed to meet the benchmark for both in 2021; but were able to meet the 2022 benchmark for “getting care quickly.”</p> <p>We approved 683 of 1,748 OON requests submitted April 2022-March 2023 OON, with 48.8% of those being in the Northern Region, specifically Modoc, Siskiyou, and Del Norte counties. Plan-wide, only 325 (18.6%) of these referrals were actually used.</p> <p>As far as our ratios go, for primary care we were able to meet those plan-wide, according to our April 1, 2023 snapshot. We were also able to meet primary care appointment availability goals as well, as evidenced in our annual 3rd Next Available Survey conducted in March 2023.</p> <p>In summary of the 2020-2021 year, we partially met our goals for grievance data; however, we experienced a 19% increase in Appeals and Second Level Grievances. We did not meet our CAHPS® composite scores, although we were able to bring up the pediatric “getting care quickly.” We were able to meet our thresholds for the rest: OON requests, ratios, geographic distribution, and our 3rd Next Available. (We did have a few provider types in Lassen County that fell below the geographic time-and-distance standard, however.) Details are available in the Network Adequacy Report narrative included in the packet.</p> <p>Renee went through identified interventions that could perhaps improve primary care access, including the updated (January 2021-January 2024) work force development program of sign-on bonuses being paid out over a 36-month term for physicians, NPs, and PAs. Renee said the sign-on bonuses are working well. Dr. Swales later commented, however, that this alone will be insufficient to ensure successful recruitment and retention over the long-term.</p> <p>Dr. Katz thought perhaps that our hard data does not correspond to the patients’ experience in grievance, and he suggested that next year we might dig deeper to ascertain more specifics about what the members may be unhappy about. Perhaps it is our thresholds that are too low?</p> <p>Dr. Moore replied that these reports serve different purposes and that there are subgroups within the data. Not all the drill-down is presented in this high-level report. When you look in the drill down for 3NA specialty providers, we find in the Northern Region that there are certain specialties that are below the standard, and in the Southern Region, there are others. NCQA, however, allows us to put them altogether from an overall network adequacy perspective.</p> <p>This does not preclude us from diving in and identifying the areas that need the most, Dr. Moore continued. Our tools for network adequacy in a rural setting are limited. And there’s a shortage: we’re losing specialists across the region. PCPS are having difficulty recruiting: there’s a 25% vacancy rate across the network. We have 54 different initiatives to work on primary care access alone.</p> <p>Director of Quality Management Isaac Brown added that surveys are perception, and not necessarily to a numerical standard. We are trying to set a standard and see if we are meeting it while simultaneously looking at ways to engage with our members and understand what <i>their</i> standards are. Member to member, there will be different responses about expectations based off individual circumstances.</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Dr. Murphy asked questions about the Network Adequacy Report. He noted a reference that some providers refuse to see members and asked if that is allowed. Dr. Moore said no, and that is why we take action. Dr. Murphy also saw a community clinic referenced in terms of a relatively large number of grievances in keeping with their large member assignment; however, he thought a larger member assignment might not explain a relatively larger rate. Overall, Dr. Murphy said the reports combine in “a great and cogent presentation of a large amount of data.”</p> <p>Dr. Murphy also asked if Partnership has a member advisory council. Dr. Moore said the Consumer Advisory Committee (CAC) is a robust group that meets quarterly. (Anthony added that CAC’s work is not called out in the MEGA but it is in the annual QI Evaluation.) Dr. Moore noted that Renee’s reports will be presented to CAC in December.</p> <p>Dr. Swales expressed concern that in the next 10 years, we will have 50,000 fewer primary care doctors working. He added that residency program spots have increased just five percent whereas the number of people expecting medical services has increased 25%. Already, his practice can’t hire anybody, he said.</p> <p>Dr. Moore closed the discussion by saying that today (Nov. 15) Partnership is hosting a kick-off presentation on quality for all the residency programs in the entire Partnership region. He added that where there was once just two local residency programs, there are now about 13. Dr. Townsend added that Touro University has announced that next academic year, they will increase their residency spots from the current 135 to 180. She noted Touro has a good track record of settling their residents in Northern California practices.</p>	
VII. FYI	<p>Transportation Update – <i>direct questions to Melissa McCartney, Director of Transportation Services</i> Draft 2024 Calendar of Presentations to QI Committees – <i>direct questions to Leslie Erickson</i></p>	
VIII. Adjournment – The Committee adjourned at 9:12 a.m. Q/UAC next meets at 7:30 a.m. Wednesday, Jan. 17, 2024.		
<p>Respectfully submitted by: Leslie Erickson, Program Coordinator I, QI</p> <p>Signature of Approval: _____ Date: _____</p> <p>Robert Moore, MD, MPH, MBA Committee Chair</p>		

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
INTERNAL QUALITY IMPROVEMENT (IQI) COMMITTEE MEETING MINUTES
Tuesday, Nov. 07, 2023 / 1:31 – 3:22 PM

Members Present:

Barresi, Katherine, RN, BSN, PHN, NE-BC, CCM, Sr Director of Health Services
 Boyle, Shannon, RN, Manager of Care Coordination Regulatory Performance
 Brown, Isaac, Director of Quality Management, Quality Improvement
 Brunkal, Monika, RPh, Assoc. Dir., Population Health
 Campbell, Anna, Health Services Policy Analyst, Utilization Management
 Esget, Heather, RN, BSN, ACM, Director of Utilization Management
 Gast, Brigid, MSN, BS, RN, NEA-BC, Dir. of Care Coordination
 Hightower, Tony, CPhT, Associate Director, UM Regulations
 Innes, Latrice, Manager of Grievance & Appeals Compliance, Administration
 Jalloh, Mohamed “Moe,” Pharm.D, Health Equity Officer

Kubota, Marshall, MD, SW Regional Medical Director
 Leung, Stan, Pharm.D, Director of Pharmacy Services
 Moore, Robert, MD, MPH, MBA, Chief Medical Officer, Committee Chair
 Netherda, Mark, MD, Medical Director for Quality, Committee Vice-Chair
 Newman, Rachel, RN, BSN, Manager, Clinical Compliance – Quality Inspections
 O’Leary, Hannah, Manager of Population Health
 Scuri, Lynn, MPH, SW Regional Director
 Sharp, Tim, Regional Director (Northeast)
 Steffen, Nancy, Senior Director of Quality and Performance Improvement

Members Absent:

Ayala, Priscila, Associate Director of Provider Relations
 Bides, Robert, RN, BSN, Manager of Quality Assurance & Member Safety, QI
 Bjork, Sonja, JD, Chief Executive Officer
 Boyd Anderson, Rebecca, RN, MSN, PHN, CCM, Director of Population Health
 Garcia-Hernandez, Margarita, PhD, Director of Health Analytics

Kerlin, Mary, Senior Director, Provider Relations
 Klakken, Vicki, Regional Manager (Northwest)
 Turnipseed, Amy, Senior Director of External and Regulatory Affairs
 Villasenor, Edna, Director of Member Services Call Center

Guests:

Booth, Garnet, Manager of PR Reps, Provider Relations
 Browning, Sarah, Executive Assistant to the CMO
 Chandler, Stephanie, Project Manager I, Quality Improvement
 Chebolu, Radha, Sr. Health Data Analyst, Finance
 Clark, Kristen, Supervisor of Quality & Training, Member Services
 Cox, Bradley, DO, Associate Medical Director,
 Devan, James, Manager of Performance Improvement (NR), QI
 Devido, Jeff, MD, Behavioral Health Clinical Director
 Erickson, Leslie, Program Coordinator I, QI (scribe)
 Gaul, Kristine, Manager of Performance Improvement (SR), QI
 Kim, Amanda, Senior Project Manager, Quality Improvement
 Kung, Jen, Senior Health Data Analyst I, Finance
 Lee, Donna, Manager of Claims, Claims
 Liu, Simon, Senior Health Data Analyst I, Finance

McAllister, Debbie, RN, Director, UM Strategies
 McCartney, Melissa, Director of Transportation Services
 Quichocho, Sue, Manager of Quality Measurement, Quality Improvement
 Robinson, Gary, Program Manager II, regulatory Affairs & Compliance
 Rodekohr, Dianna, Project Manager I, Configuration
 Rodriguez, Cindy, Project Coordinator II, QI
 Sackett, Antony, Project Manager II, QI
 Salehi, Tiphannie, Sr. Health Data Analyst I, Finance
 Santos, Rose, RN, BSN, Supervisor, Clinical Compliance, QI
 Thomas, Penny, Senior Health Data Analyst I, Finance
 Townsend, Colleen, MD, SE Regional Medical Director
 Trosky, Renee, Program Manager, Provider Relations
 Watkins, Kory, Associate Director, Grievance & Appeals

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
I. Call to Order Approval of Minutes	Chief Medical Officer and Committee Chair Robert Moore, MD, MPH, MBA called the meeting to order at 1:31 p.m. The Oct. 10, 2023 IQI Committee minutes were approved as presented without comment.	Motion to approve IQI Minutes: Marshall Kubota, MD Second: Katherine Barresi, RN

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
II. Old Business		
Policy Owner: Quality Improvement – Presenter: Mark Netherda, MD, Medical Director for Quality		
MPQG1011 – Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines	<p>John Murphy, MD, pulled this policy from the Sept. 20 Quality/Utilization Advisory Committee (Q/UAC) Consent Calendar. He and other Q/UAC physicians the questioned certain supervision provisions and language. Dr. Netherda took back the policy and made changes:</p> <p>Gender neutral language changes throughout the policy.</p> <p>Section III. Definitions clarified.</p> <ul style="list-style-type: none"> • NPMP includes CNMs and LMs, in lieu of “nurse midwives.” • Midwifery recognizes that not all midwives are nurses; gender reference deleted. • CNM and LM are updated according to the Medical Board of California website. <p>Updated Purpose acknowledges that not all NPMPs and MAs work at primary care sites.</p> <p>Updated VI. Guideline/Procedure. Supervision language updated to meet current regulations. Scope of supervision is clarified.</p> <p>VI.B.2 is added: Written standardized procedures or practice agreements, depending on the requirements for the category of NPMP being supervised, must be developed and maintained and agreed upon by the supervising physician and NPMP. Documents must be available to Partnership’s Site Review team.</p> <p>VI.B.3: Chart review language updated.</p> <p>VI.B.4. deletes statement of physician responsibility at all times because it was too broad.</p> <p>VI.B.5: Supervision ratios are clarified.</p> <p>VI.B.6: last sentence on NPMP authorizations deleted as too vague.</p> <p>VI.C.2: Reference language broadened to include online sources.</p> <p>VI.C.5: Whenever necessary, the NPMP shall perform emergency care necessary to sustain life <i>applying current standards of care.</i></p> <p>VI.E: “Medication” is dropped from “Prescribing” title as being too limiting.</p> <p>VI.F.1: CNM and LM Guidelines reworked to match 2021 legislation.</p> <p>VI.F.4: Collaborative agreement wording now consistent with current legislation.</p> <p>VI.H: The broad provisions of Assembly Bill 890 are added to Nurse Practitioner Guidelines. The bill requires an NP to first work as a 103 NP in good standing for at least 3 years prior to becoming a 104 NP; thus, the Board of Registered Nursing will not be able to certify 104 NPs until 2026.</p> <p>VI.H.5.a now includes a statement that the Nursing Practice Act (NPA) does not require physician countersignature of nurse practitioner charts. Some possible exceptions for third-party reimbursement and some malpractice insurance carrier requirements are noted.</p> <p>VI.I: Medical Assistant Guidelines are augmented with some common activities in new subsection i.</p> <p>VII. References augmented with legislation. Minor changes to Attachment A.</p> <p>Dr. Netherda went through the synopsis of changes. One of the reasons it came back through committee is Q/UAC physicians on Sept. 20 had suggested the policy could contain language that some NPs will be able to practice independently beginning in 2026.</p>	<p>Motion to approve as amended: Marshall Kubota, MD Second: Katherine Barresi, RN</p> <p>Additional approved amendment:</p> <p>VI.C.5: <i>The first sentence now reads:</i> Whenever necessary, the NPMP shall perform emergency care necessary to sustain life applying current standards of care. This includes, but is not limited to, basic first aid, establishment and maintenance of the airway, CPR, and administration of oxygen and emergency medications.</p> <p><u>Next Steps:</u> Nov. 15 Q/UAC Jan. 10, 2024 Physician Advisory Committee (PAC)</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Anna Campbell asked whether this policy now should be used as a “source document” for other policies, (e.g., MCUP3146 – Street Medicine) that discuss NPMPs. Dr. Moore said no, we will gradually change the language in other policies as they come up for their annual reviews.</p> <p>Dr. Moore recommended new language for VI.C.5 and IQI agreed.</p>	
<p>Policy Owner: Utilization Management – Presenter: Marshall Kubota, MD, Regional Medical Director (Southwest)</p>		
<p>MCUP3125 – Gender Dysphoria/ Surgical Treatment</p>	<p>Chris Swales, MD, pulled MCUP3125 at Q/UAC Sept. 20. <i>The full transcript of this lengthy policy discussion was provided to Marshall Kubota, MD, Colleen Townsend, MD, and UM staff for consideration in making further edits.</i></p> <p>As per discussion at QUAC Sept. 20, this policy has been further updated as follows: VI.C. Specified that we will refer to the “most recent” version of WPATH criteria since it changes periodically. Also clarified that the CMO or physician designee review authorization requests “for medical necessity.” VI.C.2. Clarified that gender reassignment/ affirming surgery is a covered benefit under DHCS guidelines specified by APL 20-018. However, we also state that PHC reviews requests according to “most recent WPATH criteria.” We make this distinction because there have been no recent updates to state guidelines. VI.C.2.g. Added statement to say “It is suggested that health care professionals consider gender-affirming genital procedures in eligible transgender and gender diverse adults seeking these interventions when there is evidence the individual has been stable on their current treatment regime (which may include at least 6 months of hormone treatment or a longer period if required to achieve the desired surgical result unless hormone therapy is either not desired or is medically contraindicated).” VI.C.2.h.2)-4): updated language to say that hormone therapy before surgery may be appropriate unless it is not clinically indicated, not desired, or is contraindicated for the individual; no longer a requirement for approval. VII.A Updated Reference for WPATH to specify we will use the current version of their criteria.</p> <p>Dr. Kubota went through the synopsis. There have been some changes in the World Professional Association for Transgender Health (WPATH) guidelines regarding gender-affirming hormones.</p>	<p>Motion to approve as presented: Katherine Barresi, RN Second: Mark Netherda, MD</p> <p>At Dr. Moore’s direction, staff emailed both the policy as revised and approved today and an updated synopsis of changes to Dr. Swales on Nov. 8.</p> <p><u>Next Steps:</u> Nov. 15 Q/UAC Jan. 10, 2024 PAC</p>
<p>Policy Owner: Population Health – Presenter: Katherine Barresi, RN, Chief Health Services Officer</p>		
<p>MCNP9006 – Doula Services Benefit</p>	<p>DHCS released APL 22-031 on 12/27/22, later superseded by APL 23-024 on 8/24/23. These APLs give Medi-Cal MCPs guidance regarding the qualifications for providing doula services, effective for dates of service on or after Jan. 1, 2023. This policy was created to define the doula services Medi-Cal benefit (effective January 1, 2023) including services offered and pathways to certification.</p> <p><i>Based on recommendations from IQI and QUAC in October 2023, this new policy has been updated as follows:</i></p> <p>Related Policies - CalAIM ECM policies have been added as Related Policies: I. MCCP2032 – CalAIM Enhanced Care Management (ECM) J. MCUP3142 – CalAIM Authorization Process for Enhanced Care Management (ECM) and/or Community Supports (CS) III.C: Definition of Doula was updated to specify that they are trained and credentialed by Partnership. Also clarified that doulas provide support “before, during, and after miscarriage, stillbirth, and abortion.” VI.B: Language regarding Partnership standards for Doulas was removed and moved down to new section VI.L.</p>	<p>Motion to approve as amended: Debbie McAllister, RN Second: Mark Netherda, MD</p> <p>Additional Approved amendments: VI.D.1.b: Members qualifying for doula services are given information about how doulas can provide support during pregnancy, postpartum, and after childbirth, during miscarriage,</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>VI.E.1: Eligibility section updated to all pregnant or pregnant in the last 365 days are “recommended to receive” the doula services benefit and a licensed provider “may” provide a recommendation.</p> <p>VI.E.1.d: Added that doulas must document a collaborating licensed provider in the medical records.</p> <p>VI.F.1.e: Added that California Perinatal Services Program (CPSP) providers must be licensed.</p> <p>VI.G.5: Removed phrase “medically necessary services.” Although this language is stated in the APL, it is not correct as doulas, by definition, do not perform medically necessary services. Dr. Moore has escalated this correction to DHCS.</p> <p>VI.G.7: Statement on how Partnership will track quality and utilization measures was simplified and further information on this topic was stated in new section below at VI.L.</p> <p>VI.L: New section on Oversight and Quality Monitoring of the Doula Benefit was added per QUAC recommendations in October.</p> <p>Katherine went through the synopsis and thanked Dr. Netherda and Dr. Townsend for their help. Dr. Townsend noted that additional guidance had been received from DHCS just prior to this meeting and suggested amending VI.E.2, VI.G.5, VI.G.6, and VI.G.7 accordingly. IQI agreed.</p> <p>Dr. Kubota asked who would do the sample chart review as mentioned in VI.L.1.c. Katherine replied this has yet to be decided but will most likely be a group comprised of Health Services leadership and staff. The group may also contain a Partnership-credentialed doula. The language has been left flexible for these reasons.</p>	<p>stillbirth, and abortion. <i>(parentheses deleted)</i></p> <p>VI.E.2: The DHCS standing recommendation for doula services implemented on Nov 3, 2023 authorizes the following: ...</p> <p>VI.G.5: Partnership will monitor the network to ensure an appropriate network of doulas and coordinate for out-of-network (OON) access to doula services if an in-network doula provider is not available.</p> <p>VI.G.6: If the pregnant member desires to have a doula during labor and delivery, Partnership will work with in-network hospitals and birthing centers to allow the doula to be present, in addition to the support person(s).</p> <p>VI.G.7: Partnership will track quality and utilization measures for doula services as recommended by DHCS.</p> <p><u>Next Steps:</u> Nov. 15 Q/UAC Jan. 10, 2024 PAC</p>
<p>III. New Business (Committee Members as applicable) – Consent Calendar</p>		
	<p>Grievance & Appeals PULSE Report – Issue 11, November 2023 – <i>direct any questions to Latrice Innes</i></p> <p>Health Services Policies <u>Care Coordination</u> MCCP2029 – Emergency Medical Transportation</p> <p><u>Utilization Management</u> MCUP3102 – Vision Care MCUP3106 – Waiver Programs</p> <p>Grievance & Appeals Policy</p>	<p>The Consent Calendar was approved as presented: Debbie McAllister, RN Second: Katherine Barresi, RN</p> <p>Dr. Moore encouraged everyone to read the PULSE Report’s “excellent” coverage of discrimination.</p> <p><u>Next Steps:</u></p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
CGA022 – Member Discrimination Grievance Procedure <i>Member Services Policy</i> MP300 – Member Notification of Provider Termination or Change in Location		Nov. 15 Q/UAC Jan. 10, 2024 PAC
IV. New Business – Discussion Policies		
Utilization Management – <i>Presenter: Tony Hightower, CPhT, Associate Director, UM Regulations</i>		
MCUP3137 – Palliative Care: Intensive Program (Adult)	<p>This policy was updated to specifically include Remote Hospice Level Care.</p> <p>Section VI.B.2.d.1)b) In reference to required RN visit each month for enrolled palliative care members, this language was added: “If face-to-face visits with the RN are not possible due to distance or other operation issues, palliative care providers may submit charges under the “virtual only care” billing code T2025-GT.”</p> <p>Section VI.B.3.d. Specified required visit details to be added to medical records for remote members seen only through telemedicine.</p> <p>Section VI.B.4. Added a new paragraph for Remote Hospice Level Care to specify a 30-mile radius, approval from a PHC Medical Director, and the billing code to use, T2025-TN.</p> <p>Tony went through the synopsis of changes. Dr. Moore suggested removing “Medical Director” from VI.B.4, and IQI agreed.</p> <p>Sarah Browning asked what timeframe is meant by “recent” face-to-face visit as specified in VI.B.3.d. Dr. Moore said it goes back to the Treatment Authorization Request (TAR). Tony clarified that the “recertification” is required to occur within three months. (See VI.B.2.b: “The Palliative Care Management TAR will be approved for three months.” See also VI.B.3.a.1)a): “The registered nurse must see the patient face-to-face a minimum of once in every 12-week period,” which prefaces VI.B.2.d1)b) noted above.)</p>	<p>Motion to approve as amended: Debbie McAllister, RN Second: Mark Netherda, MD</p> <p>VI.B.4: is amended: Remote Hospice Level Care A member who lives in an area remote from Medi-Cal Hospice providers may be cared for under the intensive palliative care benefit at a higher reimbursement rate. The member must be pre-approved via PHC’s TAR process for palliative care to allow for billing under code T2025-TN.</p> <p><u>Next Steps:</u> Nov. 15 Q/UAC Jan. 10, 2024 PAC</p>
Utilization Management – <i>Presenter: Debbie McAllister, RN, Director, UM Strategies</i>		
MCUP3142 – CalAIM Community Supports	<p>Policy Updated for new guidance from DHCS.</p> <p>Section I.H. Deleted Related Policy MCCL01 Claims Processing Standards because it is an internal policy that external readers cannot view. Instead, readers are directed a page in our Provider Manual for claim information in section VI.J.1.a.4)</p> <p>Section VI.B.4. Added paragraph to define corrective actions PHC will take if any inappropriate, inequitable, and/or discriminatory effects are found in Community Supports service authorizations.</p> <p>Section VI.F.1.f. Regarding Housing Transition Navigation Services, Added statement to clarify “These services do not assist members with ongoing rental costs.”</p> <p>Section VI.F.2.a.1) and 1)a) Clarified that housing deposits may be approved but cannot constitute “ongoing rental cost.” Also added that housing deposits can only be approved one additional time with documentation demonstrating what has changed and how this service would be more successful on the second attempt.</p> <p>Section VI.F.3.b. Added that Housing Tenancy and Sustaining Services is a service only available for a single duration in a member’s lifetime. But also added that they may be approved for one additional time with documentation demonstrating what has changed and how this service would be more successful on the second attempt.</p>	<p>Motion to approve as amended: Katherine Barresi, RN Second: Marshall Kubota, MD</p> <p>The first sentence of VI.G.3.e is amended to “PHC intends to adhere to Continuity of Care guidelines for transitioning members receiving CS services not offered by PHC but offered by a previous MCP.”</p> <p>Attachment A was amended to delete the phrase “are determined to be at risk of</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Section VI.F.4.a.5) Deleted “Recuperative care setting” from list of inpatient hospital settings from which members may be exiting to go to short-term post-hospitalization housing.</p> <p>Section VI.F.6.c.1) Defined a list of chronic conditions for which medically-tailored meals may be provided.</p> <p>Section VI.F.6.e. Deleted “medically supportive food and nutrition services, including medically tailored groceries and healthy food vouchers” from the list of Medically Tailored Meal options.</p> <p>Section VI.F.7.a. and c. For Respite Services, specified that services are provided in the member's own home or in an approved out-of-home location. Also stated that services cannot be provided virtually, or via telehealth.</p> <p>Section VI.G.3.e. For Continuity of Care, stated that “PHC intends to adhere to Continuity of Care guidelines for transitioning members receiving CS services not offered by PHC but offered at a previous MCP. Members who have an active prior authorization for services not offered by PHC at the time of the transition will be authorized for a six-month span of the service. Requests for additional date spans will be reviewed on a case by-case basis.”</p> <p>Section VI.H.4. Stated that effective 09/01/2023, PHC follows guidance from the DHCS document “ CalAIM Data Guidance- Community Supports Member Information Sharing,” We will share required CS authorization file data elements and CS contracted providers will share the required CS Provider Return transmission file data elements using s-FTP.</p> <p>Section VII.E. - G. Updated References. E. Updated DHCS Medi-Cal Community Supports Policy Guide to the July 2023 version. F. Added a Reference for the CalAIM Data Guidance - Community Supports Member Information Sharing (April 2023) G. Added Reference for DHCS APL 23-025 Diversity, Equity, and Inclusion Training Program Requirements (09/14/2023)</p> <p>Attachment A: Narrative descriptions for Community Supports services were updated to reflect changes made in the body of the policy.</p> <p>Debbie went through the synopsis. She said gestational diabetes was removed as an example of eligibility criteria for medically tailored meals as discussed in Attachment A both because no qualifying member was asking for such and there is no evidence that meal provisions have materially improved any member’s diabetic condition.</p> <p>Dr. Kubota asked if housing is a single benefit throughout the Medi-Cal system. Debbie said it is but Partnership cannot call its members’ former managed care plans to ask if they had already enjoyed a housing deposit. Dr. Moore added that the current language implies that it is a one-time benefit, and that the policy as now written is adequate.</p> <p>Debbie substituted “by” in lieu of “at” in VI.G.3.e. Dr. Kubota suggested removing “are determined to be at risk of experiencing homelessness” as an eligibility criteria in Attachment A, and IQI agreed.</p>	<p>experiencing homelessness” in the several “housing” eligibility section narratives.</p> <p><u>Next Steps:</u> Nov. 15 Q/UAC Jan. 10, 2024 PAC</p>
<p>MCUP3143 – CalAIM Service Authorization Process for Enhanced Care Management (ECM) and/or Community Support (CS)</p>	<p>Policy Updated for new guidance from DHCS</p> <p>Section IV.B. Attachment B deleted, and other Attachments moved up in position. Attachment B was the ECM Release of Information (ROI) Form which is no longer required to be submitted with an ECM TAR.</p> <p>Section VI.A.4.b.4). For ECM TAR requirement, noted that Reauthorization will be approved up to a maximum of 6 months.</p> <p>Section VI.A.4.c. and d. These two sections were deleted as the ECM ROI form and also the Individualized Care Plan (ICP) are no longer required to be submitted with an ECM TAR.</p> <p>Section VI.C.1.-2. Added new policy section to describe Members Transitioning from Another Managed Care Plan for those joining PHC from 10 expansion counties as of January 1, 2024.</p>	<p>Motion to approve as amended: Mark Netherda, MD Second: Isaac Brown</p> <p>As in MCUP3142, Attachment A was amended to delete the phrase “are determined to be at risk of experiencing homelessness” in the several</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Section VII.H. and I. Updated References. H. Updated DHCS CalAIM ECM Policy Guide to the September 2023 version. I. Updated DHCS Medi-Cal Community Supports Policy Guide to the July 2023 version. Attachment A: Narrative descriptions for Community Supports services were updated to reflect changes in DHCS guidance. Attachment B: ECM ROI form deleted as an attachment because the ROI is no longer required to be submitted with an ECM TAR. It will still be used to share information and those details are found in policy MCCP2032 CalAIM Enhanced Care Management (ECM). Attachment C: This Attachment became Attachment B. No other changes. Attachment D: This Attachment became Attachment C. No other changes.</p> <p>Debbie went through the synopsis. Added sections VI.C.1 & 2 clarify that members enrolling in Partnership from one of the 10 expansion counties, who on Jan. 1, 2024 enjoyed ECM and/or CS in their MCP or fee-for-service plan, shall automatically be authorized for ECM and/or CS at Partnership, whether or not Partnership offers the specific benefit, for a period of at least six months. Should these services prove effective with these new expansion county members, Partnership may consider offering the same to members in our core 14 counties, Debbie said.</p> <p>MCUP3143 Attachment A is identical to that of MCUP3142 and likewise is amended.</p>	<p>“housing” eligibility section narratives.</p> <p><u>Next Steps:</u> Nov. 15 Q/UAC Jan. 10, 2024 PAC</p>
V. Presentations		
<p>1. Quality and Performance Improvement Update</p> <p><i>Nancy Steffen, Senior Director of Quality and Performance Improvement</i></p>	<ul style="list-style-type: none"> Partnership’s Primary Care Provider Quality Improvement Program team will present a comprehensive review of the PCP QIP Nov. 17 in Auburn for Eastern Region providers. A like in-person symposium occurred Nov. 3 in Chico for Eastern Region medical and quality leadership. Measurement Year (MY) 2022-2023 Hospital QIP payments were distributed in October. Twelve of 26 hospitals – including a small hospital in Trinity County – each scored above the 90th percentile. The six-month (January – June 2024) HQIP measurement set for expansion counties will be ready for publication Dec. 1. The HQIP team in December will meet in-person and online with six expansion county hospitals being invited to participate in the HQIP. The Department of Health Care Services (DHCS) on Nov. 2 reviewed and then closed Partnership’s Corrective Action Plan (CAP) that had resulted from Partnership’s MY 2021 Health Effectiveness Data and Information Set (HEDIS®) performance. Partnership will continue to deploy these strategies – including Enhanced Provider Engagement (EPE) and a Modified PCP Quality Incentive Program – in 2024. Partnership expects to identify providers subject in 2024 to the Modified PCP QIP in February, so provider sites can be notified in parallel to the March 2024 eReports release. Fifty-six sites in Partnership’s provider network – including 11 POs in the expansion counties and some Tribal Health centers – submitted an application for the Provider Directed Payment Program (PDPP) of DHCS’s Equity Practice Transformation Program, a one-time \$700 million statewide initiative occurring Jan. 1, 2024 through Dec. 31, 2028. Based on the funding criteria, these providers together could draw down \$85 million upon completion of infrastructure and practice transformation activities over the five-year program. Well child visits in the African-American population residing in Solano County is likely to be a focus at the Nov. 30 Regional Interdepartmental Communications Quality and Access Improvement (RICQA) meeting. A Nov. 16 call with NCQA surveyors should clarify any outstanding issues and allow us to submit any additional documentation by Nov. 21. Surveyors will then randomly select file samples, providing them to Partnership on Nov. 27. The electronic Virtual File Review is scheduled for Dec. 11-12. 	
<p>2. Grand Analysis:</p>	<p>Anthony’s and Kory’s joint report focused on FY 2022-2023 CAHPS® score improvement activities, and the methodology and analysis of same, finishing with a summary and areas of opportunities through identified interventions. Last year, we performed better in the child survey than we did on the adult and so this year, we chose to utilize the child survey. This year, however, we did better on the adult survey. Forty-two individuals participated in the</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<p>Member Experience</p> <p><i>Anthony Sackett, Project Manager II, QI and Kory Watkins, Associate Director, G&A</i></p>	<p>improvement activities around the child CAHPS survey, which likely will result in a 3.5-Star NCQA HealthPlan Accreditation rating on renewal at the end of this year. (Had Partnership instead selected to focus its efforts on the adult CAHPS survey, we would have narrowly missed a 4.0-Star rating.)</p> <p>Grievance & Appeals’ compressed its total grievances/appeals and second-level grievance components into five NCQA categories: access, billing/financial/quality of provider office, attitude/service, and quality of care. Their performance ratio was set by grievances filed per 1,000 members. The prioritization threshold was met when a change equaled or exceeded 10%.</p> <p>Anthony noted that the Covid pandemic continued to impact our CAHPS scores during this period. CAHPS key considerations were the 2022 benchmarks derived from HEDIS® Quality Compasses and NCQA 1-100. Overall, national Medicaid composite scores during the period dropped in part due to lower response rates to the survey questions; however Partnership over samples, ensuring that our response rate exceeded the national response for both child and adult survey.</p> <p>Partnership’s 2022-2023 adult care coordination composite score rose to 85.6% (73rd percentile on 2023 HEDIS® Quality Compass), up from 81.3% for 2021-2022. On the child survey, the customer service composite score rose to 89.9% (73rd percentile on HEDIS), and 90.5% (51st percentile on HEDIS) for composite rating of personal doctor.</p> <p>Ninety-one percent of grievances filed resulted from access or attitude concerns. Kory reported that grievance filings increased 18%, although our membership only increased 4%, and that we did meet the 10% threshold in all but the quality of care category, where most of what we saw involved payment disputes. In appeals and second-level grievances, one quality of care issue was filed this year; in 2021, there were none. Quality of provider office grievances dropped from 39 in 2021 to four in 2022, and improved from one appeals and second-level grievance in 2021 to zero in 2022. Kory concluded that year-over-year, total grievance filings are down but appeals and second-level grievances are up. We need to focus on access and attitude/service, particularly in the rural areas where we need to attract providers, she said.</p> <p>Anthony summarized that Partnership should continue its foundation focus and view opportunities through a health equity lens to improve the member experience. We might do this through active listing and improving operational awareness of member-supporting activities by removing work silos between departments. Areas of opportunities to improve access include the Workforce Development Resident Retention Program, efforts to increase by 25% direct-to-member (DTM) telehealth utilization, and expanding transportation services. The “rating of health plan” may improve through development and utilization of a texting platform and Communications’ branding campaign now underway.</p> <p>Dr. Moore asked whether Partnership should choose the adult or child CAHPS survey next year. No one ventured an opinion.</p> <p>Isaac Brown was curious why G&A thresholds are based on 1,000 members and why 10% is the threshold of change. Dr. Moore replied that we have a threshold because NCQA says we must. The 10% itself is artificial and the results could look odd when the number change itself is small, Dr. Moore said.</p> <p>Nancy noted that Senior Director of Member Services Kevin Spencer will present this report to the Board of Commissioners in December.</p>	
<p>3. Grand Analysis: 2023 Network Access and Adequacy</p> <p><i>Renee Trosky, Program Manager, Provider Relations</i></p>	<p>Renee built upon Anthony’s and Kory’s report, stating that other data elements that affect provider network adequacy include the Population Needs Assessment or PNA, out-of-network requests (OON), and the Net 1 and Net 2 reports (i.e., practitioner availability around cultural and linguistic needs and by ratio and geographic distribution, and accessibility of services, respectively). We met some thresholds despite an increase in second-level grievances.</p> <p>Partnership met its own 2021 benchmarks for the two adult CAHPS® composite scores (i.e., “getting needed care” and “getting care quickly”) but failed to do so in 2022. Partnership had just 2.5 OON requests per 1,000 members, successfully meeting the <= 20 threshold.</p> <p>Plan-wide, PCPs, whether family or general practitioners, pediatricians or internists, all successfully met ratio (Net 1B) performance goals. There were hiccups, however, for geographic distribution (Net 1C) in Lassen County. Plan-wide, PCPs also met or exceeded routine appointment accessibility standards (i.e., =>90%) as captured in the annual point-in-time Third Next Available Survey, although there were regional differences here too.</p> <p>Detailed information is contained in the Network Adequacy Report included in this packet. Interested parties are encouraged to read it.</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Renee closed with sharing activities to improve access to primary care and ongoing efforts to prevent loss of access. These include the updated workforce development program and expanded efforts to strengthen recruitment of various clinicians; continued support of the primary care QIP, direct-to-member telehealth, and support of eConsult expansion.</p>	
<p>4. Transportation Update</p> <p><i>Melissa McCartney, Director, Transportation Services</i></p>	<p>Partnership brought in-house non-medical transportation (NMT) in April 2023. (NMT is transportation by private or public vehicle for people who do not have another way to get to their appointment.) Utilization in the first six months of the in-house program was more than we anticipated. September 2023 NMT in-house utilization totaled 48,513; October trips too were nearly 49,000, although October call volume was down slightly.</p> <p>Melissa reported on several things that are going right:</p> <ul style="list-style-type: none"> • getting more members to their appointments and improving member satisfaction • better communication with clinic and community partners • expanded service hours • responsive and improving support from our software vendor • better scheduling controls • increasing our transportation provider network as we expand into the 10 East Region counties in the new year, and • a competitive marketplace that is lowering rates and equaling cost savings. <p>One bump in the road is that phone capacity has impacted service levels. This is somewhat mitigated by the six transportation specialists who started Oct. 16 and should improve even more as five more employees start with Partnership on Nov. 13. There had been some delays with gas mileage reimbursements; however, we are caught up through October. Partnership is working on ways to more securely and safely transport “51-50s.”</p> <p>In 2nd Quarter 2024, Partnership will bring in-house NEMT (i.e., NMT by ambulance, wheelchair van or litter van for those who cannot use public or private transportation). A provider and member portal not unlike an Uber app on a smart phone, is in the works to intake trip requests by mid-2024. QI will be providing some data analytics assistance for better fraud, waste and abuse identification, as well as workforce development support around long-distance trips. (Melissa said some trips can be more than 400 miles.)</p> <p>Transportation will cooperate with CAHPS member experience and service recovery surveys. The department is also working with other managed care plan transportation teams to share resources and best practices and – via the Local Health Plans of California – surface advocacy issues to the State.</p> <p>There were no questions for Melissa. Dr. Moore commented that our transports for specialty care are of interest and that this information may be added into Provider Relations’ next Grand Analysis: Network Access and Adequacy report.</p>	
<p>VI. Adjournment</p>		
<p>Dr. Moore adjourned the meeting at 3:22 p.m. IQI will not meet in December. IQI next meets Tuesday, Jan. 9, 2024.</p>		
<p><i>Respectfully Submitted by Leslie Erickson, Program Coordinator I, Quality Improvement</i></p> <p><i>Approval Signature:</i> _____ <i>Date:</i> _____</p> <p><i>Robert Moore, MD</i> <i>Chief Medical Officer and Committee Chair</i></p>		



QI DEPARTMENT UPDATE
NOVEMBER 2023
PREPARED BY NANCY STEFFEN
SENIOR DIRECTOR, QUALITY AND PERFORMANCE IMPROVEMENT

<u>QUALITY IMPROVEMENT PROGRAMS (QIPs)</u>	
PROGRAM	UPDATE
PRIMARY CARE PROVIDER QUALITY IMPROVEMENT PROGRAM (PCP QIP)	<ul style="list-style-type: none"> The proposed measurement set changes for Measurement Year (MY) 2024 were approved by the Physician Advisory Committee (PAC) on 10/11/2023. Changes include retiring the Asthma Medication Ratio measure and adapting the Blood Lead Screening measure from a Unit of Service measure to a Core Clinical measure. These changes align with PHC’s ongoing quality measure score improvement priorities. Two new Unit of Service measures are being added to promote earlier administration of initial HPV and Flu immunizations in the childhood and adolescent populations. Detailed measure specifications for MY2024 are in progress and will be available before year-end. The QIP team will deliver a comprehensive review of the PCP QIP in the upcoming Partnership Symposium for Eastern Region providers. These in-person orientations are for PCP medical and quality leadership in our expansion region. Events are planned in Chico on 11/03/2023 and Auburn on 11/17/2023 from 8:30am to 2:00pm. Interested providers can email the QIP team for further registration details at QIP@partnershiphp.org.
LONG TERM CARE QUALITY IMPROVEMENT PROGRAM (LTC QIP)	<ul style="list-style-type: none"> No updates for this program
PALLIATIVE CARE QUALITY IMPROVEMENT PROGRAM (PALLIATIVE CARE QIP)	<ul style="list-style-type: none"> Payment was successfully processed and distributed last month. This QIP has two payment cycles; October is considered payment Part 1, paying January – June and April is Part 2, paying July – December. The proposed measurement set changes for Measurement Year (MY) 2024 were approved by the Physician Advisory Committee (PAC) on 10/11/2023. Palliative Care Quality Collaborative (PCQC) is terminating the registry with their current vendor. There is no change to the provider upload process at this time. PCQC is offering on-going support to providers who wish to meet with PCQC Leadership. PHC has confirmed there is no interruption to the Palliative QIP data deliverables required for payments.
PERINATAL QUALITY IMPROVEMENT PROGRAM (PQIP)	<ul style="list-style-type: none"> MY2022-2023 payment was successfully processed and distributed last month As noted above under PCP QIP, the QIP team will deliver a comprehensive QIP review, which will also include discussion about the Perinatal QIP, at the upcoming Partnership Symposium for Eastern Region providers in Chico on 11/03/2023 and Auburn on 11/17/2023 from 8:30am to 2:00pm. Interested providers can email the QIP team for further registration details at QIP@partnershiphp.org. Expansion county providers will onboard more fully in preparation for participation in the FY2024-2025 measurement year starting in February 2024.
ENHANCED CARE MANAGEMENT QUALITY	<ul style="list-style-type: none"> Preparation for Q3 2023 payment is in progress.

IMPROVEMENT PROGRAM (ECM QIP)	
HOSPITAL QUALITY IMPROVEMENT PROGRAM (HQIP)	<ul style="list-style-type: none"> • MY2022-2023 payments were successfully processed and distributed last month. Twelve (12) out of 26 hospitals scored above 90%. • The six-month measure set, representing January through June 2024, for the expansion counties is being finalized and will be ready for publication by 12/01/2023. • The Hospital QIP team is scheduling in-person and online education sessions in December with the six expansion county hospitals that are being invited to participate in the HQIP starting January 2024.

QUALITY DATA TOOLS

TOOL	UPDATE
PARTNERSHIP QUALITY DASHBOARD (PQD)	<ul style="list-style-type: none"> • The PQD team continues its focus on preparing for the integration of the HealthRules Payor (i.e., HRP, the new PHC core claims system) by mid-2024.
EREPORTS	<ul style="list-style-type: none"> • 2024 eReports scoping has been completed and development is in progress. The go-live target is 03/01/2024.

PERFORMANCE IMPROVEMENT (PI)

ACTIVITY	UPDATE
STATE MANDATED WORK: <i>PERFORMANCE IMPROVEMENT PROJECT (PIP) & PLAN-TO-DO-STUDY-ACT (PDSA) CYCLE</i>	<ul style="list-style-type: none"> • As a result of MY2021 HEDIS® performance, Partnership continues deploying strategies and action plans cited in its active Corrective Action Plan (CAP) with the Department of Healthcare Services (DHCS). DHCS Quality and Partnership leadership are scheduled to review the final CAP submission in 2023 on 11/02/2023. • Two of the three strategies identified in the ongoing CAP are Enhanced Provider Engagement (EPE) and a Modified Primary Care Provider Quality Incentive Program (PCP QIP). Recent updates include: <ul style="list-style-type: none"> ○ Partnership’s EPE strategy has led to active and ongoing quality coaching activities with several engaged primary care provider organizations (POs). This strategy initially targeted eleven (11) POs with greater than 1,000 assigned members, who earned less than 25% of their clinical points on the PCP QIP for MY2022 and are thereby subject to the <i>Modified PCP QIP</i> in MY2023. This past summer, Partnership sought engagement with twelve (12) additional POs, each with greater than 500 members assigned and less than 33% of clinical points for the MY2022 PCP QIP. These POs are considered at risk of falling subject to the Modified PCP QIP in 2024. ○ The impact of these strategies over the course of 2023 will be more fully evaluated after the grace period for PCP QIP MY2023 is closed at the end of January 2024. PHC expects to identify providers subject to the Modified PCP QIP in 2024 in February so provider sites can be notified in parallel to the eReports 2024 release in March.

- Within all of these interactions, Partnership has been promoting all EPE providers apply for the highly anticipated DHCS Health Equity Practice Transformation (EPT) Payment Program opportunity. Preparing EPE providers for this opportunity has come in the form of partnering to complete quality improvement needs assessments and developing action plans. In recent weeks, PHC QI has also worked closely with providers to review and give feedback on draft EPT applications, due to DHCS on 10/23/2023.
- The application process for the DHCS Equity Practice Transformation (EPT) Payment Program is well underway. The EPT Program is a one-time \$700 million state-wide initiative. The goals of this initiative are focused on advancing health equity while reducing COVID-19-driven care disparities. Eligible POs are encouraged to invest in up-stream care models and partnerships to address health and wellness. There are three components to this initiative:
 - Provider Directed Payment Program (PDPP) (\$650 million statewide): geared toward Primary Care (Pediatrics, Family Medicine or Internal Medicine), Primary Care OB/GYN, or Behavioral Health providers providing integrated behavioral health services in a primary care.
 - A total of fifty-one (51) POs in Partnership’s provider network confirmed they submitted an application to DHCS by the 10/23/2023 deadline. The provider applicants came from all of Partnership’s sub-regions, including eleven (11) POs recently contracted with PHC from the 2024 expansion counties. Based on the funding criteria of the program, there is a possible draw-down of \$85M for Partnership’s POs upon completion of infrastructure and practice transformation activities over the program’s five-year timeline (01/01/2024-12/31/2028).
 - Partnership provided extensive technical assistance to providers that participated in the application process. QI leaders reviewed applications from forty-five (45) POs and provided feedback. QI also supported the application process with an informational webinar and daily office hours during the application writing and submission period.
 - Managed Care Plans (MCPs) are tasked with reviewing applications and making recommendations for consideration to DHCS by 11/27/2023.
 - DHCS anticipates the announcement of the provider cohort by 12/11/2023.
 - Initial Planning Incentive Payments (IPIP) (\$25 million statewide): geared toward small and medium sized independent practices to support their planning and application process.
 - Partnership has had a total of twenty (20) provider organizations apply to participate in the Initial Planning Incentive Payments (IPIP) program. Ten (10) of these POs were already engaged under Partnership’s EPE strategy earlier this year.

	<ul style="list-style-type: none"> ○ <u>Statewide Learning Collaborative (\$25 million)</u>: geared toward practices in Provider Directed Payment Program. More details to come as DHCS releases further information. <ul style="list-style-type: none"> ▪ Partnership continues to actively pursue additional details from DHCS on the EPT Payment Program to guide and support provider applicants in our service region. In addition to managing grant funds, Partnership is offering support to POs requesting coaching and provided consultant support to thirteen (13) POs with PDPP application writing assistance. ● As a contracted MCP, Partnership has been assigned two (2) Performance Improvement Projects (PIPs) by DHCS that will be completed over 2023–2026. Planning activities have begun on both PIP assignments: <ul style="list-style-type: none"> ○ Improving Well Child Visits in the First 15 Months of Life (W30-6) Equity PIP, focused on the Black/African-American Population in Solano County ○ Improving the Percentage of Provider Notifications for members with Serious Mental Health (SMH) Diagnosis within 7 Days of Emergency Department (ED) Visit.
<p>QUALITY MEASURE SCORE IMPROVEMENT (QMSI)</p>	<ul style="list-style-type: none"> ● Several completed and upcoming Mobile Mammography Program events demonstrate ongoing momentum in achieving the Mobile Mammography program goal of completing 40 mobile mammography event days by 12/31/2023. <ul style="list-style-type: none"> ○ Completed Mobile Mammography Events as of 11/01/2023: <ul style="list-style-type: none"> ▪ Partnership has sponsored a total of twenty- seven (27) event days, with eighteen (18) provider organizations (including five (5) tribal health centers), in the following counties: Del Norte, Humboldt, Marin, Mendocino, Shasta, Sonoma, Trinity and Yolo. ▪ Total completed screenings: 826 ▪ Partnership screenings: 585 ○ Upcoming Mobile Mammography events are focused in the Northeast Region, totaling three (3) event days the week of 11/13/2023 with two (2) provider organizations, including 1 tribal health center. ○ Outreach efforts are underway to secure additional Mobile Mammography Program event weeks in the rural Northeast and Northwest Regions. Targeted providers include those who had Breast Cancer Screening HEDIS® rates below the 50th percentile benchmark in MY2022 and remain at risk of being below the benchmark in MY2023; or providers who are located in imaging center deserts with little or no access to local imaging services. ● Partnership collaborated with Mendocino Coast Clinics (MCC) to create two (2) professional, TV and radio-ready videos promoting early childhood vaccinations, which were finalized by the filming contractor in October. These videos will be posted on the future MendocinoVaxFacts.com website, which will be live by the end of 2023. ● The Pediatric-focused Quality Measure Score Improvement (QMSI) workgroup partnered with the PCP QIP team in developing and proposing two new measures to improve uptake of early childhood influenza and adolescent HPV immunizations. These measures were accepted for the PCP QIP in 2024 as Unit of

	<p>Service (UOS) measures to encourage primary care providers to focus on early administration of multiple doses, before members appear in their QIP denominator. In 2022, 57% of PHC’s members turning 2 did not complete the 2-dose series influenza vaccinations and 58% of PHC’s members turning 13 did not complete the 2-dose series HPV vaccinations.</p> <ul style="list-style-type: none"> • In order to support future school-based immunization clinics and partner with our local schools, Partnership engaged a Touro University student intern to develop new materials for schools, including: <ul style="list-style-type: none"> ○ Information about recommended adolescent immunizations that schools can share with their 6th grade students directly prior to an immunization event where Partnership is not scheduled to provide this education (i.e. scalability). ○ Brief module on the HPV vaccine that can be made available to all schools in Partnership’s service area to supplement sex education curriculum. • Partnership currently has eleven (11) provider organizations interested in piloting the Cologuard bulk ordering process. At present, the current status includes: <ul style="list-style-type: none"> ○ Six (6) Providers: Consolidated Tribal Health Project, Alliance Medical Centers, Mountain Communities, Sonoma Valley, Fairchild, and SoHum are all currently in the pilot process. ○ Two (2) providers: Marin Community Centers and Santa Rosa Health Center, are pending a meeting with Exact Sciences to start the pilot process. ○ Three (3) providers, Shasta Community Health Center, West County Health Centers, and OLE have met with PHC but are unsure if they will engage in a pilot at this time. • Practice Facilitation continued in October 2023 with the following organizations: <ul style="list-style-type: none"> ○ Community Medical Center (CMC), Vacaville is focusing on Well-Child Visits 0-15 Months (W30-15), Childhood Immunizations Combo 10 (CIS-10) and Cervical Cancer Screening (CCS); ○ Solano County Family Health (SCFHS), Fairfield is focusing on Adolescent Immunizations (IMA-2) and CIS-10; piloting a project on Well Child Visits (0-15 months) in the Vallejo clinic site. ○ Ole Health, Pear Tree Lane is focusing on Well-Child Visits 0-15 Months (W30-15) and Childhood Immunizations Combo 10 (CIS-10). ○ Adventist Health Clear Lake is focusing on Well Care Visit (WCV), Childhood Immunizations Combo 10 (CIS-10) and Adolescent Immunizations (IMA-2).
<p>IMPROVEMENT ACADEMY</p>	<ul style="list-style-type: none"> • The <i>Let’s Talk Advance Care Planning</i> training was held on 10/12/2023 in Redding. There were 17 attendees representing seven unique organizations, three organizations in attendance are also Enhanced Care Management providers. • An <i>ABCs of Quality Improvement</i> training was held in Redwood Valley on 10/25/2023. There were 23 attendees representing 8 unique organizations. • Improvement Academy continues to offer an <i>Enduring Learning Self-Study</i> webinar on Diabetes Management HbA1C Good Control. Provider staff can view

	<p>this recording on Partnership’s website and receive CME/CE credit through March 2024.</p> <ul style="list-style-type: none"> • A virtual training was hosted by Partnership on 10/05/2023: <i>Incorporating Equity into PDSAs: Linking Quality and Equity in QI Projects</i>. This training was presented by the Health Alliance of Northern California (HANC) and North Coast Clinics Network (NCCN) and topics included using data to identify health disparities, incorporating equity lens into PDSAs, and selecting measures to monitor improvements over time • Planning for 2024 Improvement Academy trainings is underway and will include a new webinar series, <i>Improving Measure Outcomes</i>, which will cover Partnership’s Primary Care Provider Quality Incentive Program (PCP QIP) measures. Content will focus on direct application on best practices including eliminating health disparities with examples from quality improvement teams who are doing the work.
<p>JOINT LEADERSHIP INITIATIVE (JLI)</p>	<p>The Fall JLI series is underway, the Northern Region meetings have concluded with the last being Fairchild Medical Center. One (1) meeting remains in the Southern Region for Solano County Family Health Services. A summary of this series is as follows:</p> <ul style="list-style-type: none"> • Open Door Community Health Centers: 09/19/2023 • Adventist Health: 10/04/2023 • Shasta Community Health Center: 10/09/2023 • Fairchild Medical Center: 10/19/2023 • La Clinica: 10/30/2023 • Solano County Family Health Services: 12/21/2023
<p>REGIONAL IMPROVEMENT MEETINGS</p>	<ul style="list-style-type: none"> • Leaders across Partnership, including QI leaders, participated in Partnership’s first Tribal Health Center Engagement forum, which took place in Sacramento on 10/16/2023. The forum was designed to center around the priorities and needs of tribal communities and tribal health centers, and featured a listening session to elevate tribal health priorities, an overview of numerous Partnership programs and funding opportunities, and a presentation by Southcentral Foundation on the Nuka System of Care. • The Solano QIP Improvement Work Group (SQIP-I) will be held on 11/02/2023. The workgroup discussion will focus on potential barriers to complete well-child visits for Black/African-American children in Solano County age 0-15 months. • Members of Partnership’s QI team attended the annual DHCS Quality Conference in Sacramento on 10/18/2023. Members of Partnership’s PI and Health Education teams presented to the conference on interventions and community partnerships to raise vaccination rates in Shasta County. • The Northwest and Northeast Regional Quality meetings were held on 10/24/2023 and 10/30/2023 respectively. The groups discussed priority measures such as breast cancer screening, cervical cancer screening, controlling high blood pressure, diabetes poor control, well child visits, and immunizations.
<p>REGIONAL INTERDEPARTMENTAL COMMUNICATIONS,</p>	<ul style="list-style-type: none"> • The next RICQA planning session will take place on Wednesday, 11/08/2024 for the fourth and final RICQA meeting, scheduled Thursday, 11/30/2024. The theme will be selected at the planning session.

<p>QUALITY, AND ACCESS IMPROVEMENT (RICQA) MEETINGS</p>	
<p>QI TRILOGY PROGRAM</p>	<ul style="list-style-type: none"> • The following QI Trilogy Documents were presented to and received formal PHC Board of Commissioners approval in October and were subsequently submitted by the Regulatory Affairs and Compliance Department to the Department of Healthcare Services (DHCS). <ul style="list-style-type: none"> ○ FY 2023/24 QI Program Description ○ FY 2022/23 QI Work Plan (final updates) ○ FY 2022/23 QI Program Evaluation ○ FY 2023/24 QI Work Plan
<p>CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS® (CAHPS) PROGRAM</p>	<ul style="list-style-type: none"> • The 2022-23 Member Experience Grand Analysis (ME 7) report is being presented at quality committees, IQI and Q/UAC, in November. • The CAHPS® program provided a Provider Relations news article linking the Member Experience and Telehealth Services and bringing overall awareness of the upcoming survey timing in 2024. • The CAHPS program is preparing for the next survey cycle (MY 2023 RY 2024). This includes considerations for survey oversampling and supplemental questions. • Early planning for another CAHPS drilldown survey is in progress, based on learnings from Partnership’s initial drilldown survey conducted earlier in 2023. • The CAHPS program continues to monitor improvement activities and interventions for those departments who adopted the CAHPS Score Improvement goal and other department goals that align and support improving Member Experience, Access and the overall HealthPlan Rating.
<p>GEOGRAPHIC EXPANSION: QI PROGRESS</p>	<ul style="list-style-type: none"> • The Quality Improvement (QI) Project Plan to onboard the East Region Expansion Counties, to QI functions and programs, began in June 2023 and will continue into late May 2024. Status updates include: <ul style="list-style-type: none"> • Resource planning to recruit, hire, and onboard staff dedicated to Expansion Counties is in progress and will continue through the March 2024. Positions are being filled in Member Safety – Inspections, Quality Incentive Program (QIP), QI Project/Program Management, Performance Improvement (PI), and Member Safety – Investigations. • DHCS accepted the Facility Site Review (FSR) team’s Expansion Site Review list per a required 2024 DHCS Contract Deliverable due in October. The Member Safety-Inspections team continues to receive start-up documents as provider organizations continue in the contracting/credentialing process with Provider Relations, from which QI outreaches to obtain current site review certifications. If there is no current certification available, the Member Safety-Inspections team is scheduling Site Reviews quickly to ensure the each site’s readiness by 01/01/2024. • Refer to the QIP section of this update for specific details on upcoming provider orientation events. Note, the November events scheduled in Chico and Auburn are primarily intended to onboard the East Region counties to PCP and Perinatal QIP measures, but additional QI processes surrounding

administration of Site Reviews, processing of Potential Quality Issues (PQI), and Peer Review will also be included.

Note: Detailed information and recordings of Performance Improvement related webinars are posted to the PHC Website: <http://www.partnershiphp.org/Providers/Quality/Pages/PIATopicWebinarsToolkits.aspx>

QUALITY ASSURANCE AND PATIENT SAFETY

ACTIVITY	UPDATE																				
POTENTIAL QUALITY ISSUES (PQI) FOR THE PERIOD: 09/27/2023 - 10/26/2023	<ul style="list-style-type: none"> • There were 13 referrals received for this time period which were from Grievance and Appeals (9), Other (2), External Sources (1) and Medical Director (1). • In total, 18 cases were processed and closed during this period. • There are 46 cases currently open. • One new case was presented to the Peer Review Committee (PRC) in the September 2023 meeting. 																				
FACILITY SITE REVIEWS (FSR) & MEDICAL RECORD REVIEWS (MRR) FOR THE PERIOD: 10/02/2023 - 10/27/2023	<p>Primary Care and OB Reviews:</p> <table border="1" data-bbox="412 877 1446 1167"> <thead> <tr> <th>Region</th> <th># of FSR conducted</th> <th># of MRR conducted</th> <th># of FSR CAP issued</th> <th># of MRR CAP issued</th> </tr> </thead> <tbody> <tr> <td>North</td> <td>5</td> <td>5</td> <td>0</td> <td>5</td> </tr> <tr> <td>South</td> <td>5</td> <td>4</td> <td>0</td> <td>3</td> </tr> <tr> <td>Expansion</td> <td>2</td> <td>0</td> <td>2</td> <td>0</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • New sites opened this period → Oroville Family Medicine Practice and Oroville Women’s Health-Midwifery 	Region	# of FSR conducted	# of MRR conducted	# of FSR CAP issued	# of MRR CAP issued	North	5	5	0	5	South	5	4	0	3	Expansion	2	0	2	0
Region	# of FSR conducted	# of MRR conducted	# of FSR CAP issued	# of MRR CAP issued																	
North	5	5	0	5																	
South	5	4	0	3																	
Expansion	2	0	2	0																	

HEALTHCARE EFFECTIVENESS DATA INFORMATION SET (HEDIS)

ACTIVITY	UPDATE
Annual HEDIS® Projects	<ul style="list-style-type: none"> • Preparation continues for the Annual MY2023 HEDIS projects. • Annual MY2023 HEDIS Audit Kickoff meetings have been scheduled on the following dates: <ul style="list-style-type: none"> ○ Health Services Advisory Group (HSAG) for DHCS Managed Care Accountability Set based Annual project: 11/09/2023 ○ Advent Advisory for NCQA HealthPlan Accreditation based Annual project – 11/29/2023 • Provider Information Forms (PIF) were sent out plan-wide to providers in the first week of October 2023. Updates are in progress as information is received. • PHC has received several ECDS test data files and initial Roadmap documents from the ECDS Providers. Thank you for your timely submissions. • The HEDIS/QIP ECDS Data Integration Project Timeline for participating QIP providers is detailed below: <ul style="list-style-type: none"> ○ 10/15/2023 – Submit test file via Secure File Transfer Protocol (SFTP)**

	<ul style="list-style-type: none"> ○ 10/15/2023 – Submit draft of ECDS ROADMAP to PHC** ○ 10/27/2023 - Extension to submit test data and Roadmap documents will be granted if notification was received by the QIP team by 10/16/2023. ○ 11/01/2023 – The QIP deadline for sites to submit the final corrected data if discrepancies were identified. Providers are highly encouraged to submit the corrected data file immediately in case there are additional errors** ○ Over 11/01/2023 through 01/31/2024, the Partnership HEDIS team will conduct Primary Source Verification per the requirements of the Annual HEDIS projects. ○ Over 01/07/2024 through 01/14/2024, providers must submit final 2023 data file –using the exact programming used for the test file –via sFTP. <p>**Partnership is confirming receipt of accepted ROADMAPs and data files to providers as they are reviewed and validated.</p>
<p>HEDIS® Program Overall</p>	<ul style="list-style-type: none"> ● Continuing progress to support testing for the transition from PHC’s core claims system, Amisys, to the new claims system, Health Rules Payor (HRP), targeted for full implementation May 2024.

NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) ACCREDITATION

ACTIVITY	UPDATE
<p>NCQA Health Plan Accreditation</p>	<ul style="list-style-type: none"> ● The NCQA Program Management Team uploaded all survey documents, including the file review universes, to the NCQA web-based platform, Interactive Review Tool (IRT). Submission of all survey documents was completed on 10/16/2023. ● The Post Renewal Survey activities begin as of 11/09/2023, when NCQA provides initial findings and outstanding issues to Partnership. A survey conference call is scheduled with NCQA on 11/16/2023, during which Partnership can clarify the outstanding issues with the surveyors before providing any additional documents by 11/21/2023. Only documents that existed prior to 10/17/2023 will be accepted as additional documentation. Considering a few key activities will take place beginning the week of Thanksgiving through the New Year’s holiday, all Business Owners and the selected delegates have acknowledged the timeline and confirmed a back-up contact who will support providing additional clarification to NCQA, as needed. ● Partnership’s Virtual File Review Survey is scheduled for 12/11/2023 and 12/12/2023. Random file samples will be selected by NCQA and provided to Partnership on 11/27/2023. Selected files, including Partnership and delegate files, will be reviewed electronically during the Virtual File Review Survey. The NCQA Program Management Team will meet with the impacted departments (Provider Relations, Grievance and Appeals, Utilization Management, Pharmacy and Care Coordination) separately on 11/30/2023 to go over the audit logistics and notate questions, if any, to be discussed with Partnership’s NCQA consultant. All file review participants and executives are invited to attend the Opening Session on 12/11/2023. In addition, when all file reviews are complete, all Business Owners

	<p>and executives are invited to participate at the Closing Conference, where the NCQA surveyors will go over the strengths and opportunities for all survey requirements. An agenda for the two (2) day Virtual File Review Survey will be available after 11/16/2023.</p> <ul style="list-style-type: none"> • As part of Milestone 1 of the FY 23-24 NCQA-related Department Goal or FY 23-24 key activities for those departments that have chosen not to participate, Business Owners submitted the 2024-2026 HPA Report Schedule by 10/31/2023. Edits notated will be reviewed by the NCQA Program Management Team to confirm the reports will meet compliance in accordance to NCQA’s look-back period, timelines, and/or expectations. Subsequently, Business Owners will submit all draft reports for our consultant’s review and incorporate edits, as needed, to meet the completion date as indicated in the HPA Report Schedule.
<p>NCQA Health Equity Accreditation</p>	<ul style="list-style-type: none"> • The NCQA Program Management Team has scheduled HEA Business Owner Check-in Meetings from 10/26/2023 to 11/27/2023. The NCQA Program Management Team will review the activities outlined under the Action Items Tracker, discuss areas that may be at risk or delayed and answer questions in regards to the key HEA activities and timeline. • The NCQA Program Management Team provided the FY 23-24 HEA Work Plans and 2024-2025 HEA Report Schedules to Business Owners on 09/27/2023. Business Owners are required to submit the completed Work Plan and Report Schedule by 11/17/2023 in order to fulfill Milestone 2 of the FY 23-24 NCQA-related Department Goal. Subsequently, Business Owners will submit all draft reports for our NCQA consultant’s review and incorporate edits, as needed, to meet the completion date as indicated in the HEA Report Schedule. • The HE 2 Work Group continues to meet biweekly to develop the framework for compliance with Health Equity Standard, HE 2: Race/Ethnicity, Language, Gender Identity and Sexual Orientation Data. The Work Group is led by the IT Data Governance Team and involves participants from QI and Health Equity. Input from other departments will be sought, as needed, throughout the fiscal year.



Partnership

Policy & Procedure Updates

January
2024

Policy Number	Policy/Procedures/Guidelines	Version Links		
<p>The following documents were reviewed by the Quality / Utilization Advisory Committee (Q/UAC) in November 2023.</p> <p>**All policy versions hyperlinked for review. <u>Highlighted policies have significant changes</u>, new attachments, or were amended during the Q/UAC meeting. Please review detailed Synopsis of Changes.</p>				
Quality Improvement				
MPQG1011	Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines	C	RD	CD
	A. Non-Physician Medical Practitioners Agreement	C	RD	CD
Utilization Management				
MCUP3102	Vision Care	C	RD	CD
MCUP3106	Waiver Programs	C	RD	CD
MCUP3125	Gender Dysphoria/Surgical Treatment	C	RD	CD
MCUP3137	Palliative Care: Intensive Program (Adult)	C	RD	CD
MCUP3142	CalAIM Community Supports (CS)	C	RD	CD
	A. Community Supports Criteria Matrix and	C	RD	CD
MCUP3143	CalAIM Service Authorization Process for Enhanced Care Management (ECM) and/or Community Supports (CS)	C	RD	CD
	B. ARCHIVE – Authorization for ROI	C	X	X
	B. NEW Enhanced Care Management (ECM) HCPCS Code Chart	X	RD	CD
Care Coordination				
MCCP2029	Emergency Medical Transportation	C	RD	CD
Population Health Management				
MCND9006	Doula Services Benefit (NEW)	X	RD	CD
	A. Medi-Cal Doula Services Recommendation			CD
Member Services				
MP300	Member Notification of Provider Termination or Change in Location	C	RD	CD
Grievance & Appeals				
CGA022	Member Discrimination Grievance Procedure	C	RD	CD

C = Current Policy

RD = Redline Draft

CD = Clean Draft

Synopsis of Changes to Discussion Policies

Below is an overview of the policies that will be discussed at the Nov. 7, 2023 Internal Quality Improvement (IQI) Committee meeting. It is recommended that you look over the changes to each and note any questions or comments you may have to help keep a progressive meeting agenda.

Policy Number	Policy Name	Page Number	Summary of Revisions (Please include why the change was made, i.e., NCQA, APL, Medi-Cal guidelines, clarification, etc.)	External Documentation (Notice required outside of originating department)
Policy Owner: Utilization Management - Presenter: Tony Hightower, CPhT, Associate Director, UM Regulations				
MCUP3137	Palliative Care: Intensive Program (Adult)	81 – 88	<p>This policy was updated to specifically include Remote Hospice Level Care.</p> <p>Section VI.B.2.d.1)b) In reference to required RN visit each month for enrolled palliative care members, this language was added: “If face-to-face visits with the RN are not possible due to distance or other operation issues, palliative care providers may submit charges under the “virtual only care” billing code T2025-GT.”</p> <p>Section VI.B.3.d. Specified required visit details to be added to medical records for remote members seen only through telemedicine.</p> <p>Section VI.B.4. Added a new paragraph for Remote Hospice Level Care to specify a 30 mile radius, approval from a PHC Medical Director, and the billing code to use, T2025-TN.</p>	<p>Providers Provider Relations Member Services</p>
Policy Owner: Utilization Management - Presenter: Debbie McAllister, RN, Director of UM Strategies				
MCUP3142	CalAIM Community Supports	89 – 104	<p>Policy Updated for new guidance from DHCS.</p> <p>Section I.H. Deleted Related Policy MCCL01 Claims Processing Standards because it is an internal policy that external readers cannot view. Instead, readers are directed a page in our Provider Manual for claim information in section VI.J.1.a.4)</p> <p>Section VI.B.4. Added paragraph to define corrective actions PHC will take if any inappropriate, inequitable, and/or discriminatory effects are found in Community Supports service authorizations.</p> <p>Section VI.F.1.f. Regarding Housing Transition Navigation Services, Added statement to clarify “These services do not assist members with ongoing rental costs.”</p> <p>Section VI.F.2.a.1) and 1)a) Clarified that housing deposits may be approved but cannot constitute “ongoing rental cost.” Also added that housing deposits can only be approved one additional time with documentation demonstrating what has changed and how this service would be more successful on the second attempt.</p>	<p>Providers Provider Relations Member Services</p>

Synopsis of Changes to Discussion Policies

Policy Number	Policy Name	Page Number	Summary of Revisions (Please include why the change was made, i.e., NCQA, APL, Medi-Cal guidelines, clarification, etc.)	External Documentation (Notice required outside of originating department)
			<p>Section VI.F.3.b. Added that Housing Tenancy and Sustaining Services is a service only available for a single duration in a member’s lifetime. But also added that they may be approved for one additional time with documentation demonstrating what has changed and how this service would be more successful on the second attempt.</p> <p>Section VI.F.4.a.5) Deleted “Recuperative care setting” from list of inpatient hospital settings from which members may be exiting to go to short-term post-hospitalization housing.</p> <p>Section VI.F.6.c.1) Defined a list of chronic conditions for which medically-tailored meals may be provided.</p> <p>Section VI.F.6.e. Deleted “medically supportive food and nutrition services, including medically tailored groceries and healthy food vouchers” from the list of Medically Tailored Meal options.</p> <p>Section VI.F.7.a. and c. For Respite Services, specified that services are provided in the member's own home or in an approved out-of-home location. Also stated that services cannot be provided virtually, or via telehealth.</p> <p>Section VI.G.3.e. For Continuity of Care, stated that “PHC intends to adhere to Continuity of Care guidelines for transitioning members receiving CS services not offered by PHC but offered at a previous MCP. Members who have an active prior authorization for services not offered by PHC at the time of the transition will be authorized for a six-month span of the service. Requests for additional date spans will be reviewed on a case by-case basis.”</p> <p>Section VI.H.4. Stated that effective 09/01/2023, PHC follows guidance from the DHCS document “ CalAIM Data Guidance- Community Supports Member Information Sharing,” We will share required CS authorization file data elements and CS contracted providers will share the required CS Provider Return transmission file data elements using s-FTP.</p> <p>Section VII.E. - G. Updated References. E. Updated DHCS Medi-Cal Community Supports Policy Guide to the July 2023 version.</p>	

Synopsis of Changes to Discussion Policies

Policy Number	Policy Name	Page Number	Summary of Revisions (Please include why the change was made, i.e., NCQA, APL, Medi-Cal guidelines, clarification, etc.)	External Documentation (Notice required outside of originating department)
			<p>F. Added a Reference for the CalAIM Data Guidance - Community Supports Member Information Sharing (April 2023)</p> <p>G. Added Reference for DHCS APL 23-025 Diversity, Equity, and Inclusion Training Program Requirements (09/14/2023)</p> <p><u>Attachment A: Narrative descriptions for Community Supports services were updated to reflect changes made in the body of the policy.</u></p>	
MCUP3143	CalAIM Service Authorization Process for Enhanced Care Management (ECM) and/or Community Supports (CS)	105 – 119	<p>Policy Updated for new guidance from DHCS</p> <p>Section IV.B. Attachment B deleted, and other Attachments moved up in position. Attachment B was the ECM Release of Information (ROI) Form which is no longer required to be submitted with an ECM TAR.</p> <p>Section VI.A.4.b.4). For ECM TAR requirement, noted that Reauthorization will be approved up to a maximum of 6 months.</p> <p>Section VI.A.4.c. and d. These two sections were deleted as the ECM ROI form and also the Individualized Care Plan (ICP) are no longer required to be submitted with an ECM TAR.</p> <p>Section VI.C.1.-2. Added new policy section to describe Members Transitioning from Another Managed Care Plan for those joining PHC from 10 expansion counties as of January 1, 2024.</p> <p>Section VII.H. and I. Updated References.</p> <p>H. Updated DHCS CalAIM ECM Policy Guide to the September 2023 version.</p> <p>I. Updated DHCS Medi-Cal Community Supports Policy Guide to the July 2023 version.</p> <p>Attachment A: Narrative descriptions for Community Supports services were updated to reflect changes in DHCS guidance.</p> <p>Attachment B: ECM ROI form deleted as an attachment because the ROI is no longer required to be submitted with an ECM TAR. It will still be used to share information and those details are found in policy MCCP2032 CalAIM Enhanced Care Management (ECM).</p> <p>Attachment C: This Attachment became Attachment B. No other changes.</p> <p>Attachment D: This Attachment became Attachment C. No other changes.</p>	Providers Provider Relations Member Services

Summary and Credentialed List Pending - Will send in updated packet.

PHC (PARTNERSHIP HEALTHPLAN OF CALIFORNIA) MEETING SUMMARY
 (Confidential – Protected by CA. Evidence Code 1157)



Pg. 1 of 3* = by phone conference

Committee: Credentials Committee
 Date: October 11, 2023 7:00 AM
 Members Present: Steven Gwiazdowski, MD; David Gorchoff, MD*; Michele Herman, MD; Madeleine Ramos, MD*; Bradley Sandler, MD*

PHC Staff:
 Marshall Kubota, MD*; PHC Regional Medical Director; Robert Moore, MD, MPH, MBA, PHC Chief Medical Officer; Jeffery Ribordy, MD*; Medical Director; Mark Netherda, MD*; Medical Director; Priscila Ayala, Associate Director of Provider Relations; Heidi Lee, Senior Manager of Systems and Credentialing; Brooke Vance, Credentialing Supervisor; Sam Coss*, Credentialing Specialist; J'aime Seale, Credentialing Specialist; Kelcie Arrazola, Credentialing Specialist; Elizabeth Rios*, Credentialing Specialist; Nolan Smith*, Credentialing Specialist. Maria Sacapanio*, Credentialing Specialist

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
I. Meeting called to order. a. Voting member reminder.	I. PHC Regional Medical Director Marshall Kubota, MD called the meeting to order at 7:00 AM. Credentials Committee roll call taken by J'aime Seale. Dr. Kubota reminded everyone that all items discussed are confidential. a. Marshall Kubota, MD, PHC Regional Medical Director, reminded The Credentials Committee of who the voting members are, and voting is restricted to non-PHC staff. Dr. Kubota reminded the committee that all information discussed is confidential in nature.			
II. Review and approval of 9/10/2023 Credentials Meeting Summary.	II. The Credentials Committee meeting Summary for 9/10/ 2023 were reviewed by the Committee.	II. Summary were reviewed. A motion for approval of the Summary was made by Steven Gwiazdowski, MD and seconded by David Gorchoff, MD. Meeting Summary were unanimously approved without changes.		10/11/2023
III. Old Business. a. Update on provider	III. Old Business – a. Dr. Kubota provided an update to the committee on a provider whose Clinical privileges were terminated from a Hospital in 2020. Dr. Kubota presented the committee with the provider's responses to the additional information requested. Dr. Moore directed a question about Quality Review to Dr. Mark Netherda, Medical Director of Quality Improvement, who stated he will have	III. Old Business a. The Committee reviewed the update on the provider. A motion to approve credentialing was made by David Gorchoff, MD and seconded by Madeleine Ramos, MD. The Committee unanimously approved to add to the Monthly Practitioner Monitoring List for 1 year.		10/11/2023

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
	to review the provider's charts with a Podiatrist. Per page 5, the provider directs his patients to see a PCP or go to ER for emergencies. Dr. David Gorchoff notes, if this provider is doing surgery on patients, are they going to get the care they need if an issue arises? Dr. Steven Gwiazdowski brings up a point about the policy for hospital privileges, and that it may be out dated. Dr. Moore agrees and will review the policy. Dr. Moore suggests re-credentialing, with peer review of 10 charts with the results brought back to the committee.			
<p>IV. New Business</p> <p>a. Review and Approval of Routine Practitioner List.</p> <p>b. MPCR200 Clean/Routine Practitioners and Ancillary Practitioners</p> <p>c. Review and Approval of Revised Policies.</p>	<p>IV. New Business</p> <p>a. Dr. Kubota referred the Credentials Committee to review the routine list of practitioners on pages 6-7</p> <p>b. Dr. Kubota referred the Credentials Committee to the MPCR200 Clean/Routine Practitioners and Ancillary Practitioners list on pages 8-11. These practitioners are approved by Dr. Kubota pre-Credentials Committee meeting.</p> <p>c. Review and Approval of Revised Policies presented by Brooke Vance. Brooke explained, MPCR200, Credentialing Committee and CMO Credentialing Program Responsibilities; MPCR17, Standards for Contracted Primary Care Physicians; MPCR300, Physician Credentialing and Re-Credentialing Requirements; MPCR15, Doula Credentialing and Re-Credentialing Criteria. Brooke stated the information is consent calendar only. Dr. Kubota asked about the updated policy regarding the 90 days for locums. Dr. Moore explained we used to cred locums working 6 months or more and it changed to 90 days per DHCS. Dr. Madeline Ramos asks, what about locums that come in for only 1 week at a time? Dr. Moore states the policy is for a rolling 90 days.</p>	<p>IV. New Business</p> <p>a. The Committee reviewed the list of practitioners. A motion to approve the list of practitioners was made by Bradley Sandler, MD and seconded by Steven Gwiazdowski, MD. The Committee unanimously approved the routine list.</p> <p>b. The Credentials Committee reviewed the MPCR200 Clean/Routine list. A motion to approve the list practitioners was made by Bradley Sandler, MD and seconded by Michele Herman, MD. The Committee unanimously approved the MPCR200 Clean/Routine and Ancillary Practitioners list.</p> <p>c. The Committee reviewed the Revised Policies. A motion to approve the revised policies was made by Steven Gwiazdowski, MD and seconded by Michele Herman. The Committee unanimously approved the revised policies.</p>		<p>10/11/2023</p> <p>10/11/2023</p> <p>10/11/2023</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
d. Discussion on provider	d. Dr. Kubota directed the Credentials Committee to a provider who completed a one-year Transitional Year and 21 months of Family Medicine Residency. Dr. Gwiazdowski asked about the academic concern that was addressed by the Residency. Dr. Moore states that as far as context is concerned, this provider is fairly close to meeting the policy. Dr. Moore also compares how some ER doctors that are certified in emergency medicine, want to make the transition into Family Medicine that have no training in that field. Whereas the provider has now been in practice for 6 years, and an almost complete residency in Family Medicine.	d. The Credentials Committee reviewed the information for the provider. A motion to approve the provider for credentialing was made by Michele Herman, MD and seconded by Madeleine Ramos, MD. The Committee unanimously approved.		10/11/2023
V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List. a. Review and Approval of Ongoing Monitoring of Sanctions Report. b. Practitioner Monitoring List.	V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List. a. Review and Approval of Ongoing Monitoring of Sanctions Report. The Credentials Committee was asked to review and approve the Ongoing Monitoring of Sanctions Report, page 40. b. The Credentials Committee was asked to review the Practitioner Monitoring List on pages 41-42. Dr. Kubota reminded the committee that the credentialing department monitors these boards for any actions regarding our providers.	V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List. a. The Credentials Committee members reviewed the reports. A motion for approval of the Ongoing Monitoring of Sanctions Report was made by Bradley Sandler MD and was seconded by Michele Herman, MD. The Committee unanimously approved. b. <i>Informational only.</i>		10/11/2023 10/11/2023
VI. Review and Approval of Consent Calendar Items. a. Report of Long Term Care Facility, Hospital, and Ancillary provider list.	VI. Review and Approval of Consent Calendar Items. a. Dr. Kubota asked the Credentials Committee members to review the report of Long Term Care Facility, Hospital, and Ancillary provider list on page 43.	VI. Review and Approval of Consent Calendar Items. a. The Credentials Committee members reviewed the list of Consent Calendar Items. A motion for approval was made by Bradley Sandler, MD and seconded by Michele Herman, MD. The Credentialing Committee unanimously approved.		10/11/2023 10/11/2023
VII. Meeting Adjourned.	VII. Meeting adjourned.			

Credentials Meeting Summary for 10/11/2023 respectfully prepared and submitted by Kelcie Arrazola, Credentialing Specialist I.



Chairman Signature of Approval _____
Marshall Kubota, M.D., PHC Credentialing Chairman

Date 11/08/2023

App. Type	Full Name	Provider Type Code	Name/Street	County Name	Specialty Description	Board Name	Initial Cert Date	Board Certified	Hospital Name
R	Adams, Roshawn R.,CADC III	W&R	House of Acts Alcohol and Substance Abuse Program	Solano	Wellness and Recovery	California Consortium of Addiction Programs Professionals	12/18/2017	Yes	
I	Addonizio, Ornella MD	W&R	Lassen County Behavioral Health	Lassen	Wellness and Recovery	None		No	
I	Afrasiabi, Ardavan MD	PCP	Oroville Medical Clinic	Butte	Internal Medicine	ABMS of Internal Medicine	08/24/2017	Yes	Admitting Agreement
I	Aiino, Maria Alicia S.,MD	PCP	Oroville Pediatric Practice	Butte	Pediatrics	ABMS of Pediatrics	01/01/2013	Yes	Admitting Agreement
R	Amsden, Christopher F.,MD	SPEC	Curry Medical Center	OOS	Physical Medicine & Rehabilitation	ABMS of Physical Medicine & Rehabilitation	05/14/1989	Yes	Curry General Hospital
I	Ashouian, Nasrin MD	SPEC	Nasrin Ashouian MD Corp	Butte	Nephrology	ABMS of Internal Medicine	11/04/2010	Yes	Enloe Medical Center
I	Austin, Chester J.,MD	PCP	Northern Valley Indian Health (East Ave)	Butte	Family Medicine	Meets MPCR #17, Verified Residency on AMA/AOIA		No	Admitting Agreement
R	Baerlocher, Aniane D.,NP	PCP	Santa Rosa Community Health - Pediatric Campus	Sonoma	Nurse Practitioner	None		No	
I	Bardet, Torrey, BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	08/31/2017	Yes	
R	Barrows, Edward B., MD	SPEC	Providence Medical Group, Humboldt : Urology	Humboldt	Urology	ABMS of Urology	02/28/2021	Yes	Admitting Agreement
I	Basch, Corinne V.,MD	PCP	Full Circle Center for Integrative Medicine	Humboldt	Family Medicine	ABMS of Family Medicine	07/08/1994	Yes	Mad River Community Hospital
I	Bauer, Eric J.,MD	PCP	Adventist Health Ukiah Valley	Mendocino	Family Medicine	ABMS of Family Medicine	04/28/2023	Yes	Adventist - Ukiah Valley
I	Bernard, Gary S.,DO	SPEC	Amplia Health Lindhurst Medical	Yuba	Obstetrics and Gynecology	AOB of Obstetrics-Gynecology	01/01/2023	No	Admitting Agreement
I	Bland, Sarah J.,FNP	PCP	Chapa-De Indian Health (Grass Valley)	Nevada	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	06/20/2017	Yes	
I	Blasic, Vanessa A.,PA-C	PCP	Oroville Endocrinology Practice	Butte	Physician Assistant	National Commission on Certification of Physician Assistants	08/21/2017	Yes	
I	Blessing, Kirsten E.,PA-C	SPEC	Redwoods Rural Health Center	Humboldt	Street Medicine	None		No	
I	Boteho, Ronald J.,MD	SPEC	Lake County Tribal Health Center	Lake	Anesthesiology	ABMS of Anesthesiology	04/14/1989	Yes	Admitting Agreement
I	Brady, Meredith FNP	SPEC	Center of Excellence in Diabetes & Endocrinology	Yolo	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	07/21/2022	Yes	
I	Briggs, Nicole E.,PA-C	PCP	Northern Valley Indian Health (East Ave)	Butte	Physician Assistant Certified	National Commission on Certification of Physician Assistants	05/01/2020	Yes	
R	Byrd, Janet K.,FNP	PCP	Sonoma Valley Community Health Ctr	Sonoma	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	07/02/2014	Yes	
R	Catala, Salvador F.,MD	SPEC	Nephrology Associates	Sonoma	Nephrology	ABMS of Internal Medicine	10/02/2014	Yes	Santa Rosa Memorial Hospital
R	Cassel, Glenn PT	Allied	Western Physical Therapy, Inc.: Mountain View Physical Therapy	Shasta	Physical Therapy	None		No	
R	Centeno, Joseph M.,MD	SPEC	Bay Area Orthopaedic Surgery & Sports Medicine	Solano	Orthopaedic Surgery	ABMS of Orthopaedic Surgery	07/14/2008	Yes	Sutter Solano Medical Center
R	Chang, Warren MD	SPEC	West Coast Kidney	Marin	Internal Medicine	ABMS of Internal Medicine	08/21/2001	Yes	Mills Peninsula Hospitals of Burlingame
I	Ching, Brian T.,MD	SPEC	Oroville Primary Care Practice	Butte	Orthopaedic Surgery	Confirmed per AMA, AOA, ABFAS or Residency Letter		No	Admitting Agreement
I	Chopan, Sultan M.,MD	PCP	Oroville Endocrinology Practice	Butte	Family Medicine	None	07/08/1988	No	Admitting Agreement
I	Clark, Isabel C.,MD	SPEC	NBHG: Center for Specialty Care, A NorthBay Affiliate	Solano	General Surgery	Confirmed per AMA, AOA, ABFAS or Residency Letter		No	Northbay Medical Center
I	Coats, Haylie PA-C	PCP	Northern Valley Indian Health (Butte)	Glenn	Physician Assistant	National Commission on Certification of Physician Assistants	08/30/2022	Yes	
R	Cornwell-Chiu, Vanessa C.,PT	SPEC	NBHG: Northbay Rehab Services OT/PT	Solano	Physical Therapy	None		No	
I	Coudright, Elizabeth C.,LCSW	Allied	Solano County Family Health Services	Solano	Licensed Social Worker	None		No	
R	Cruz, Christian C.,MD	SPEC	West Coast Kidney	Marin	Internal Medicine	ABMS of Internal Medicine	08/24/2004	No	Mills Peninsula Hospitals of Burlingame
I	Culver, Crystal L.,RADT	W&R	Aegis Treatment Centers, LLC - Redding	Shasta	Wellness and Recovery	California Consortium of Addiction Programs Professionals	05/05/2023	Yes	
I	Daly, Carrie BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	10/08/2021	Yes	
I	David, Frederick M.,MD	PCP	Rolling Hills Clinic - Specialty	Tehama	General Surgery	Confirmed per AMA, AOA, ABFAS or Residency Letter		No	Admitting Agreement
I	Dieckmann, Marlowe G.,MD	PCP	Chapa-De Indian Health (Grass Valley)	Nevada	Family Medicine	ABMS of Family Medicine	11/12/2020	Yes	Admitting Agreement
I	Eargle, Amy E.,Psy.D	SPEC	Chapa-De Indian Health (Auburn)	Placer	Psychology	None		No	
R	Edwards, Brittany N.,CNM	SPEC	CommuniCare Health Centers - Salud Clinic	Yolo	Certified Nurse Midwife	American Midwifery Certification Board	06/01/2019	Yes	
I	Ely, Patricia H.,SUDRC	W&R	Aegis Treatment Center LLC - Eureka	Humboldt	Wellness and Recovery	California Substance Use Disorder	09/06/2023	Yes	
I	Ercolani, Matthew C.,MD	SPEC	Oroville Medical Clinic	Butte	Urology	ABMS of Urology	02/28/2022	Yes	Adventist Health- Sonora
R	Erickson, Joel S.,MD	SPEC	Laser Light Treatment Center	Marin	Cardiovascular Disease	ABMS of Internal Medicine	11/08/1989	Yes	Santa Rosa Memorial Hospital
I	Ferguson, Jon E.,DO	SPEC	Jon Ferguson DO Corp	Butte	Internal Medicine	ABMS of Internal Medicine	08/27/2007	Yes	Enloe Medical Center
I	Fielding, Chela L.,LCSW	Allied	Petaluma Health Center	Sonoma	Licensed Social Worker	None		No	
I	Frisius, Ann E.,FNP	SPEC	Rolling Hills Clinic - Specialty	Tehama	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	04/05/2021	Yes	
I	Gamble, Susan R.,MD	PCP	Lake County Tribal Health Southshore Clinic	Lake	Internal Medicine	ABMS of Internal Medicine	12/31/2022	Yes	Adventist Health - St. Helena
I	Garrido, Heather L.,PA-C	PCP	Northern Valley Indian Health (Concord)	Butte	Physician Assistant	National Commission on Certification of Physician Assistants	07/22/2010	Yes	
I	Gausman, Cassidy L.,OT	SPEC	SPOT, Inc.	Shasta	Occupational Therapy	None		No	Not Applicable
I	Gerber, Heather S.,SUDRC	W&R	Hilltop Recovery Services - The Ranch	Lake	Wellness and Recovery	California Substance Use Disorder		Yes	
R	Germain, Rasha MD	SPEC	Providence Medical Group, Sonoma	Sonoma	Neurological Surgery	ABMS of Neurological Surgery	05/04/2019	Yes	Santa Rosa Memorial Hospital
I	Ghatora, Preeti S.,MD	SPEC	Oroville Women's Health	Butte	Obstetrics and Gynecology	ABMS of Obstetrics and Gynecology	12/31/2022	Yes	Admitting Agreement
R	GHDS, Ehsan DO	PCP	NBHG: Center for Primary Care-Green Valley, A NorthBay Affiliate	Solano	Family Medicine	AOB-Family Medicine	10/08/2003	Yes	Admitting Agreement
I	Goodlin, Grant D.,FNP	PCP	Oroville Premier Health Center	Butte	Family Nurse Practitioner	American Nurses Credentialing Center	06/01/2021	Yes	
I	Grove, Matthew A.,DC	SPEC	Oroville Family Practice Associates	Butte	Chiropractic	None		No	Admitting Agreement
I	Gutierrez, Rigoberto O.,MD	SPEC	Oroville Family Medicine Practice 9A	Butte	Obstetrics and Gynecology	Confirmed per AMA, AOA, ABFAS or Residency Letter		No	Admitting Agreement
R	Hadel, Susan T.,NP	PCP	Mendocino Community Health Clinic: Dora Street Health Center	Mendocino	Nurse Practitioner	None		No	
I	Halabi, Wissam J.,MD	SPEC	Enloe Medical Center: DBA Enloe General & Colorectal Surgery Clinic	Butte	Colon and Rectal Surgery	ABMS of Colon and Rectal Surgery	09/22/2018	Yes	Enloe Medical Center
I	Haller-Baker, Shannon M.,PA-C	PCP	Enloe Medical Center: DBA Enloe Prompt Care	Butte	Physician Assistant	National Commission on Certification of Physician Assistants	10/28/2019	Yes	
I	Haselton, Matthew R.,FNP	SPEC	Enloe Medical Center DBA: Enloe Health and Wellness	Butte	Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	07/06/2022	Yes	
I	Hazim, Hani BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	02/28/2018	Yes	
I	Hernandez, Emma L.,BCBA	BHP	BM Behavioral Center, LLC	Solano	Behavioral Health	Behavior Analyst Certification Board	06/22/2023	Yes	
R	Johnson, Jeremy V.,MD	PCP	CommuniCare Health Centers - Salud Clinic	Yolo	Family Medicine	ABMS of Family Medicine	04/24/2023	Yes	Admitting Agreement
I	Jordan-Mapp, Charlene BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	02/28/2019	Yes	
I	Jornlin, William A.,MD	PCP	Chapa-De Indian Health (Auburn)	Placer	Family Medicine	ABMS of Family Medicine	07/09/1999	Yes	Admitting Agreement
I	Kam, Nathan T.,MD	SPEC	Enloe Medical Center DBA: Enloe Digestive Diseases Clinic	Butte	Internal Medicine	ABMS of Internal Medicine	09/10/1986	Yes	Enloe Medical Center
R	Kao, Albert C.,MD	SPEC	West Coast Kidney	Marin	Internal Medicine	ABMS of Internal Medicine	08/19/2003	Yes	Mills Peninsula Hospitals of Burlingame
I	Keiso, Jessica BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	05/31/2018	Yes	
R	Keyser, Eric MD	SPEC	Mercy Redding Heart Center	Shasta	Thoracic & Cardiovascular Surgery	ABMS of Thoracic Surgery	06/02/2006	Yes	Mercy Medical Center of Redding
I	Khan, Elizabeth A.,MD	PCP	Adventist Health Howard Memorial (TeleHealth)	Mendocino	Internal Medicine	ABMS of Internal Medicine	08/14/2019	Yes	Adventist - Howard Memorial
I	Kohl, Arunima MD	PCP	Santa Rosa Community Health - Lombardi Campus	Sonoma	Family Medicine	ABMS of Family Medicine	07/16/2020	Yes	Admitting Agreement
I	Kondle, Venu M.,MD	SPEC	North Valley Nephrology	Sutter	Internal Medicine	ABMS of Internal Medicine	10/29/2018	Yes	Adventist Health + Rideout
I	Kung, Yungtai MD	SPEC	Eye Specialists Med Grp of Napa Vly, Inc.	Napa	Ophthalmology	ABMS of Ophthalmology	10/07/2018	Yes	Queen of the Valley
I	LaRochelle, Jeffrey C.,MD	SPEC	Oroville Endocrinology Practice	Butte	Urology	ABMS of Urology	02/28/2021	Yes	Good Samaritan Hospital of Portland
R	Lazarewicz, Nicolas R.,FNP	PCP	NBHG: Center for Primary Care-Vacaville, A NorthBay Affiliate	Solano	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	08/01/2009	Yes	
I	Lee, Kia FNP	PCP	Feather River Tribal Health (Oroville)	Butte	Family Nurse Practitioner	American Nurses Credentialing Center	09/20/2021	Yes	
I	Lindeman, Jessica BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	08/31/2019	Yes	
R	Loja, Melissa N.,MD	SPEC	NBHG: Heart and Vascular Center - Medical, A Northbay Affiliate	Solano	Vascular Surgery	ABMS Vascular Surgery	05/20/2019	Yes	John Muir Medical Center - Concord
I	Lopez, Michelle BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	09/30/2012	Yes	
R	Maas, Lucertia FNP	PCP	CommuniCare Health Centers - Salud Clinic	Yolo	Family Nurse Practitioner	American Nurses Credentialing Center	11/04/2008	Yes	
I	Mahony, Talia MD	PCP	Marin Community Clinic: San Rafael Clinic	Marin	Pediatrics	Meets MPCR #17, Verified Residency on AMA/AOIA		No	Admitting Agreement
I	Mangahas, Michael F.,MD	PCP	UIHS - Potawot Health Village	Humboldt	Pediatrics	ABMS of Pediatrics	10/18/2018	Yes	Admitting Agreement
I	Manzano, Samantha M.,FNP	PCP	Chapa-De Indian Health (Auburn)	Placer	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	07/13/2020	Yes	
I	Marcus-Gomez, Jessica BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	07/18/2023	Yes	
I	Maser, Christine S.,FNP-C	PCP	Gridley Childrens Clinic	Butte	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	04/05/2019	Yes	
R	Mashinchi, Joseph PAC	SPEC	NBHG: Orthopaedics and Podiatry, A NorthBay Affiliate	Solano	Physician Assistant Certified	National Commission on Certification of Physician Assistants	06/04/2015	Yes	
I	Messenger, Bryan W.,MD	PCP	SCHC: Shasta Community Health Center	Shasta	Family Medicine	ABMS of Family Medicine	07/01/2023	Yes	Admitting Agreement
I	Midha, Sanjiv K.,MD	PCP	Sanjiv Midha MD	Sutter	Pediatrics	ABMS of Pediatrics	10/24/2000	Yes	Admitting Agreement
R	Mitchell, Devery E.,MD	BOTH	Winters Healthcare Foundation	Yolo	Family Medicine	ABMS of Family Medicine	09/02/2020	Yes	Admitting Agreement
I	Moffitt, Veronica C.,PA	PCP	Harmony Health Medical Clinic and Family Resource Center	Yuba	Physician Assistant	National Commission on Certification of Physician Assistants	10/05/2020	No	
I	Moll, Jocelyn FNP	PCP	Oroville Medical Clinic	Butte	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	01/06/2016	Yes	
I	Morris, Kaitlyn BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	01/28/2021	Yes	
I	Mottaghian, Parivash Psy.D	SPEC	Chapa-De Indian Health (Auburn)	Placer	Psychology	None		No	
I	Mulloy, Katharine BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	11/18/2020	Yes	

I	Navedo, Laura BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	11/30/2017	Yes	
I	Ndulue, Chukwuemeka MD	PCP	Chukwuemeka Ndulue, M.D. -Pediatrics	Butte	Pediatrics	Meets MPCR#17, Previously Board Certified in FM, IM, or PEDs	10/28/1992	Yes	Admitting Agreement
I	Nelson, Jessica M., FNP	PCP	Ampla Health Yuba City Medical	Sutter	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	07/08/2019	Yes	
R	Nguyen, Minh T., DO	PCP	Lassen Medical Clinic- Red Bluff	Shasta	Family Medicine	AOB-Family Medicine	07/01/2020	Yes	St Elizabeth Community Hospital
I	Ofill, Christina LCSW	SPEC	Solano Women in Medicine dba SWIM	Lake	Licensed Social Worker	None			
I	Orozco, Natalia P., FNP	PCP	Chapa-De Indian Health (Auburn)	Placer	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	08/01/2011	Yes	
I	Parker, Ariella BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	11/30/2007	Yes	
I	Parvis, Taryn N., AMFT	W&R	UIHS - Potawot Health Village	Humboldt	Associate Marriage and Family Therapist	None		No	
I	Patterson, Nika A., FNP	PCP	Adventist Health Howard Memorial	Mendocino	Adventist Health Practitioner	American Academy of Nurse Practitioners Certification Board	07/14/2017	Yes	
I	Perry, Sara BCBA	SPEC	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	02/28/2017	Yes	
R	Pollock, YaoYao G., MD	SPEC	Providence Medical Group, Sonoma	Sonoma	Medical Oncology	ABMS of Internal Medicine	12/14/2020	Yes	Admitting Agreement
I	Pottmeyer, Edward W., III, MD	SPEC	Shasta Regional Medical Group	Shasta	Thoracic & Cardiac Surgery	ABMS - Thoracic and Cardiac Surgery	06/04/1993	Yes	Shasta Regional Medical Center
I	Pratt, Lissa BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	11/30/2014	Yes	
I	Ramirez, Taylor M., BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	11/30/2017	Yes	
I	Ramsay, Jacqueline C., MD	PCP	Elica Health Centers-Halvard Medical Center	Yolo	Family Medicine	Meets MPCR#17, Previously Board Certified in FM, IM, or PEDs		No	Admitting Agreement
R	Reppun, Ann NP	SPEC	Marin Community Clinic: Campus Clinic	Marin	Nurse Practitioner	None			
I	Rhoades, Craig A., PA-C	PCP	Harmony Health Medical Clinic and Family Resource Center	Yuba	Physician Assistant	National Commission on Certification of Physician Assistants	04/02/2018	Yes	
R	Richardson, Wendy M., PA-C	PCP	Canby Family Practice Clinic	Modoc	Physician Assistant	National Commission on Certification of Physician Assistants	02/05/2009	Yes	
I	Riley, James M., OD	SPEC	UIHS - Potawot Health Village	Humboldt	Optomety	None			
I	Romano, Sandra J. BCBA	BHP	Learning Solutions Kids, Inc.	Yolo	Behavioral Health	Behavior Analyst Certification Board	09/02/2023	Yes	
I	Rothrock, Theresa M., PA-C	SPEC	Shasta Orthopedics & Sports Medicine	Shasta	Physician Assistant Certified	National Commission on Certification of Physician Assistants	03/02/2006	Yes	
I	Rune, Whitney C., ACSW	W&R	UIHS - Potawot Health Village	Humboldt	Wellness and Recovery	None		No	
I	Rush, Amelia BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	02/29/2016	Yes	
I	Saad, Rachelle BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	04/26/2022	Yes	
I	Saavedra, Francisco A., PA	PCP	Feather River Tribal Health (Oroville)	Butte	Physician Assistant	None			
I	Saierno, Carolina BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	07/31/2023	Yes	
I	Saice, Vanessa BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	09/30/2013	Yes	
I	Samsundar, Sarah BCBA	BHP	Burnett Therapeutic Services, Inc.	Napa	Behavioral Health	Behavior Analyst Certification Board	01/27/2023	Yes	
I	Scannell, Lynne M., MD	PCP	Western Sierra Medical Clinic (Grass Valley)	Nevada	Pediatrics	ABMS of Pediatrics	01/01/2011	Yes	Admitting Agreement
I	Seibel, Thomas A., LCSW	SPEC	Chapa-De Indian Health (Auburn)	Placer	Licensed Social Worker	None			
I	Shackelford, Kimberly L., PT	SPEC	Capuchino Therapy Group	Yolo	Physical Therapy	None			
I	Sharma, Aishwarya DO	PCP	Redding Rancheria Tribal Health Center	Shasta	Family Medicine	ABMS of Family Medicine	07/01/2023	Yes	Admitting Agreement
I	Shaw, Fonda K., FNP	PCP	Harmony Health Medical Clinic and Family Resource Center	Yuba	Family Nurse Practitioner	American Nurses Credentialing Center	09/01/2001	Yes	
I	Shaw, Happy FNP	PCP	MVHC - Tulalake Health Center	Siskiyou	Nurse Practitioner	American Academy of Nurse Practitioners Certification Board		Yes	
R	Shaw-Battista, Jennifer C., CNM	SPEC	Elica Health Centers-Halvard Medical Center	Yolo	Certified Nurse Midwife	American Midwifery Certification Board	06/01/2001	Yes	
I	Shively, Michelle M., SUDRC	W&R	Waterfront Recovery Services	Humboldt	Wellness and Recovery	California Substance Use Disorder	08/24/2023	Yes	
I	Simonian, Michael BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	06/23/2022	Yes	
I	Singh, Sachin S., MD	SPEC	Sachin Singh MD	Tehama	SNFist	Confirmed per AMA, AOA, ABFAS or Residency Letter			Admitting Agreement
I	Skowryra, Allysa F., DC	SPEC	Harmony Health Medical Clinic and Family Resource Center	Yuba	Chiropractic	None		No	
I	Smith, Ronald S., PT	Allied	Auburn Orthopedic & Sports Physical Therapy	Placer	Physical Therapy	None		No	
I	Stewart, Stephen L., PA-C	PCP	Pit River Health Service, Inc.	Shasta	Physician Assistant	National Commission on Certification of Physician Assistants	12/08/1995	Yes	
I	Tomasulo, Michele C., FNP	PCP	Ampla Health Yuba City Medical	Sutter	Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	07/24/2013	Yes	
R	Tseng, Robert R., MD	SPEC	West Coast Kidney	Marin	Internal Medicine	ABMS of Internal Medicine	08/22/2000	No	Mills Peninsula Hospitals of Burlingame
I	Tyagi, Neha MD	PCP	Ampla Health Chico Medical & Pediatrics	Butte	Family Medicine	Meets MPCR#17, verified residency by Residency Letter		Not Applicable	Admitting Agreement
I	Vasudevan, Anita MD	PCP	Planned Parenthood Northern CA: Walnut Creek	Solano	Family Medicine	ABMS of Family Medicine	07/01/2023	Yes	Admitting Agreement
R	Vu, Chau MD	SPEC	Evolve Restorative Center	Sonoma	Pain Management	AMBS of Anesthesiology	02/20/2021	Yes	Healdsburg District Hospital
I	Wallace, Kathleen PT	Allied	Redding Rancheria: Churn Creek Healthcare	Shasta	Physical Therapy	None		No	
R	Warren, Jennifer E., NP	PCP	Providence Medical Group, Sonoma - PCP	Sonoma	Family Nurse Practitioner	American Nurses Credentialing Center	08/03/2017	No	
I	Wilkins, Alexandra B., NP	PCP	Chapa-De Indian Health (Grass Valley)	Nevada	Nurse Practitioner	None		No	
R	Williams, Van C., PT	Allied	Van Williams Physical Therapy	Shasta	Physical Therapy	None		No	
R	Wolff, Brian K., SUDRC	W&R	House of Acts Alcohol and Substance Abuse Program	Solano	Wellness and Recovery	California Substance Use Disorder	06/30/2015	Yes	
R	Young, Claude III, RADT	W&R	House of Acts Alcohol and Substance Abuse Program	Solano	Wellness and Recovery	California Consortium of Addiction Programs Professionals	12/13/2021	Yes	

PHC (PARTNERSHIP HEALTHPLAN OF CALIFORNIA) MEETING SUMMARY
 (Confidential – Protected by CA. Evidence Code 1157)



Pg. 1 of 4* = by phone conference

Committee: Credentials Committee
 Date: November 08, 2023 7:00 AM
 Members Present: Steven Gwiazdowski, MD*; David Gorchoff, MD*; Michele Herman, MD*; Madeleine Ramos, MD*; Bradley Sandler, MD*

PHC Staff:
 Marshall Kubota, MD*; PHC Regional Medical Director; Robert Moore, MD, MPH, MBA, PHC Chief Medical Officer; Jeffery Ribordy, MD*; Medical Director; Bettina Spiller, MD* Medical Director; Mark Netherda, MD*; Medical Director; Mary Kerlin, Senior Director of Provider Relations; Priscila Ayala, Associate Director of Provider Relations; Heidi Lee, Senior Manager of Systems and Credentialing; Brooke Vance, Credentialing Supervisor; J'aime Seale, Credentialing Specialist; Kelcie Arrazola, Education Specialist; Ashley Bailey*, Credentialing Specialist; Elizabeth Rios*, Credentialing Specialist; Nolan Smith*, Credentialing Specialist.

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
I. Meeting called to order. a. Voting member reminder.	I. PHC Regional Medical Director Marshall Kubota, MD called the meeting to order at 7:00 AM. Credentials Committee roll call taken by J'aime Seale. Dr. Kubota reminded everyone that all items discussed are confidential. a. Marshall Kubota, MD, PHC Regional Medical Director, reminded The Credentials Committee of who the voting members are, and voting is restricted to non-PHC staff. Dr. Kubota reminded the committee that all information discussed is confidential in nature.			
II. Review and approval of 10/11/2023 Credentials Meeting Summary.	II. The Credentials Committee Meeting Summary for 10/11/2023 were reviewed by the Committee.	II. Summary were reviewed. A motion for approval of the Summary was made by Steven Gwiazdowski, MD and seconded by Michele Herman, MD. Meeting Summary were unanimously approved without changes.		11/8/2023
III. Old Business. a. Update on provider	III. Old Business – a. A provider was previously approved credentialing with restrictions to practice Family Medicine under a group. Part of the approved credentialing with restrictions included, supervision of Medical Director for twelve (12) months, with quarterly progress reports as out lined in MPCR 17. The Fourth and Final progress report and five-page detailed report was reviewed by the Committee.	III. Old Business a. The Committee reviewed the Fourth and Final progress report and five-page detailed report. A motion for approval was made by Bradley Sandler, MD and seconded by Michele Herman, MD. The Committee unanimously approved without changes.		11/8/2023

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
<p>d. CR5 Semi-Annual Evaluation of Practitioner Specific Member Complaints</p> <p>e. PQI 757 Delegated Kaiser Case Summary</p>	<p>with credentialing with the proviso that the provider will send evidence of completion of the didactic portion and completed test results as scheduled.</p> <p>d. Dr. Kubota presented the CR5 Semi-Annual Evaluation of Practitioner Specific Member Complaints for the period of July 1, 2023 through September 30, 2023. Summary of Findings: Number of complaints from Perform Quality Improvement (PQI) is 21. Number of Complaints from Grievance and Appeals (G&A) Total is 11. Per Dr. Kubota’s review there were a total of 2 practitioners involved with a total of 2 complaints. No trend or significant clinic or services issues were identified. No further action needed at this time.</p> <p>e. Dr. Kubota presented the PQI 757 Delegated Kaiser Case Summary. The Peer Review Committee (PRC) requested a review by the Credentials Committee to determine if further action is required by Partnership Healthplan regarding a Kaiser Delegated Peer Review. Dr. Moore stated that due to delegation it is Kaiser’s responsibility to manage credentialing for this case and would not be the responsibility of the Credentials Committee. Dr. Gwiazdowski agrees to refer to Kaiser Peer Review and credentialing for further action.</p>	<p>d. Informational Only</p> <p>e. The Credentials Committee members reviewed the PQI 757 Delegated Kaiser Case Summary. A motion to refer to Kaiser Peer Review was made by David Gorchoff, MD and seconded by Steven Gwiazdowski, MD. The Committee unanimously approved.</p>		<p>11/8/2023</p> <p>11/8/2023</p>
<p>V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List.</p> <p>a. Review and Approval of Ongoing Monitoring of Sanctions Report.</p> <p>b. Practitioner Monitoring List.</p>	<p>V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List.</p> <p>a. Review and Approval of Ongoing Monitoring of Sanctions Report. The Credentials Committee was asked to review and approve the Ongoing Monitoring of Sanctions Report on page 35.</p> <p>b. The Credentials Committee was asked to review the Practitioner Monitoring List on pages 36-37. Dr. Kubota reminded the committee that the credentialing department</p>	<p>V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List.</p> <p>a. The Credentials Committee members reviewed the report. A motion for approval of the Ongoing Monitoring of Sanctions Report was made by Bradley Sandler, MD and seconded by Steven Gwiazdowski, MD. The Committee unanimously approved.</p> <p>b. <i>Informational only.</i></p>		<p>11/8/2023</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
	monitors these boards for any actions regarding our providers.			
VI. Review and Approval of Consent Calendar Items. a. Report of Long Term Care Facility, Hospital, and Ancillary provider list. b. VSP Annual Delegated Audit	VI. Review and Approval of Consent Calendar Items. a. Dr. Kubota asked the Credentials Committee members to review the report of Long Term Care Facility, Hospital, and Ancillary provider list on page 38 and VSP Annual Delegated Audit on page 39.	VI. Review and Approval of Consent Calendar Items. a/b. The Credentials Committee members reviewed the list of Consent Calendar Items. A motion for approval was made by Madeleine Ramos, MD and seconded by Bradley Sandler, MD. The Credentialing Committee unanimously approved.		11/8/2023
VII. Meeting Adjourned.	VII. Meeting adjourned.			

Credentials Meeting Summary for 11/8/2023 respectfully prepared and submitted by J'aime Seale, Credentialing Specialist II.



Chairman Signature of Approval _____
 Marshall Kubota, M.D., PHC Credentialing Chairman

Date 12/13/2023

App. Type	Full Name	Provider Type Code	Name/Street	County Name	Specialty Description	Board Name	Initial Cert Date	Board Certified	Hospital Name
I	Ademuyiwa, Adetayo R.,MD	SPEC	Adventist Health Physicians Network	Mendocino	Internal Medicine	Meets MPCR#17, Previously Board Certified in FM, IM, or PEDs	08/23/2005	No	Adventist - Ukiah Valley
R	Akashi, Alaric K.,MD	PCP	Marin Community Clinic: Larkspur Clinic	Marin	Internal Medicine	ABMS of Internal Medicine	09/12/1990	Yes	Admitting Agreement
I	Al-Dwaiir, Abdullah M.,MD	SPEC	Ampla Health Chico Medical & Pediatrics	Butte	Internal Medicine	Meets MPCR#17, Previously Board Certified in FM, IM, or PEDs	08/21/2001	No	Admitting Agreement
I	Amani, Ferozuddin PA-C	PCP	Ampla Health Richland Medical	Sutter	Physician Assistant Certified	National Commission on Certification of Physician Assistants	10/21/2004	Yes	
I	Avala, Lakshmi K.,MD	PCP	Avala Pediatrics- Rocklin	Placer	Pediatrics	ABMS of Pediatrics	10/27/2008	Yes	Sutter Roseville Medical Center
I	Ayat, Yasaman LAc	Allied	Rohnert Park Community Acupuncture	Sonoma	Acupuncture	None		No	
I	Bal, Jagdeep S.,MD	PCP	Ampla Health Yuba City Medical	Sutter	Internal Medicine	ABMS of Internal Medicine	08/19/2003	Yes	Admitting Agreement
R	Banks, Stephen J.,MD	SPEC	Adventist Health St Helena	Napa	Radiation Oncology	ABMS of Radiology	06/03/1998	Yes	Northbay Medical Center
I	Bath, Kami FNP	PCP	Ampla Health Yuba City Medical	Sutter	Family Nurse Practitioner	None		No	
I	Blakely, Deborah PAC	PCP	Healdsburg Physician Group-PCP	Sonoma	Physician Assitant	National Commission on Certification of Physician Assistants	09/23/2004	Yes	
I	Bruno, Susan M.,LMFT	SPEC	Harmony Health Medical Clinic and Family Resource Center	Yuba	Marriage and Family Therapy	None		No	
I	Burke, Sarah M.,MD	SPEC	Enloe Women's Services (North)	Butte	Obstetrics and Gynecology	ABMS of Obstetrics and Gynecology	01/21/2020	Yes	Enloe Medical Center
I	Burton, Shelby R.,PA-C	SPEC	Fairchild Medical Clinic (PCP Clinic)	Siskiyou	Physician Assistant	National Commission on Certification of Physician Assistants	06/25/2015	Yes	
I	Cassady, Joseph W.,DO	PCP	Peach Tree Healthcare - PCP	Yuba	Family Medicine	Meets MPCR#17, Previously Board Certified in FM, IM, or PEDs	11/30/2001	No	Admitting Agreement
R	Cassell, Crystal Y.,PT	Allied	Western Physical Therapy, Inc.: Mountain View Physical Therapy	Shasta	Physical Therapy	None		No	
I	Cavaness, Keith M.,DO	SPEC	Enloe Surgical Oncology	Butte	Surgical Oncology	None		No	Enloe Medical Center
I	Chin, Benson MD	SPEC	Peach Tree Clinic - Spec	Yuba	Family Medicine	ABMS of Family Medicine	07/09/1999	Yes	Adventist Health + Rideout
I	Coogan, Lily S.,LAc	Allied	Feather River Tribal Health (Oroville)	Butte	Acupuncture	None		No	
I	Cummings, Brock S.,MD	SPEC	Brock S Cummings MD Inc	Butte	Orthopaedic Surgery	ABMS of Orthopaedic Surgery	07/21/2005	Yes	Enloe Medical Center
I	Di Simone, Christopher MD	SPEC	Providence Medical Group, Sonoma	Sonoma	Hematology	ABMS of Internal Medicine	11/05/2014	Yes	Admitting Agreement
R	Donlin, Timothy W.,RADT	W&R	House of Acts Alcohol and Substance Abuse Program	Solano	Wellness and Recovery	California Consortium of Addiction Programs Professionals	12/26/2019	Yes	
I	Elmanawy, Yousef LAADC	W&R	Archway Recovery Services IOP W & R	Solano	Wellness and Recovery	California Consortium of Addiction Programs Professionals	07/26/2013	Yes	
I	Fisher, Lynna G.,PT	Allied	Sierra Injury and Sports Rehab Inc	Yuba	Physical Therapy	None		No	
I	Fuentes, Ashlee BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	11/30/2017	Yes	
R	Garcia, Luis E.,PA-C	SPEC	Redwood Orthopaedic Surgery Associates	Sonoma	Physician Assistant Certified	National Commission on Certification of Physician Assistants	08/25/2011	Yes	
I	Garcia, Samuel E.,MD	PCP	Ampla Health Orland Medical	Glenn	Family Medicine	ABMS of Family Medicine	07/01/2014	Yes	Admitting Agreement
I	Garrison, Mark S.,DO	SPEC	Enloe Women's Services (South)	Butte	Obstetrics and Gynecology	American Osteopathic Association	12/01/1994	Yes	Enloe Medical Center
I	Gil, Orna MD	SPEC	Trinity Community Health Clinic - OB/GYN	Trinity	Obstetrics and Gynecology	ABMS of Obstetrics and Gynecology	11/11/2005	Yes	Admitting Agreement
R	Gilbert, Daniel R.,DO	SPEC	Providence Medical Group- Napa	Napa	Urological Surgery	AOB of Urological Surgery	09/17/2014	Yes	Admitting Agreement
R	Gilmore, Amber MD	BOTH	Adventist Health Ukiah Valley	Mendocino	Family Medicine	ABMS of Family Medicine	07/01/2019	Yes	Adventist - Ukiah Valley
I	Gorsi, Shamaila MD	PCP	Harmony Health Medical Clinic and Family Resource Center	Yuba	Internal Medicine	ABMS of Internal Medicine	08/25/2016	Yes	Admitting Agreement
I	Guerra, Sofia BCBA	BHP	Burnett Therapeutic Services, Inc.	Napa	BCBA	Behavior Analyst Certification Board	09/13/2021	Yes	
I	Guerrero, Thomas M.,MD	SPEC	Oroville Radiation Oncology	Butte	Radiation Oncology	ABMS of Radiology	06/03/2003	Yes	Admitting Agreement
I	Gullick, Stephanie RD	Allied	Ampla Health Chico Medical & Pediatrics	Butte	Registered Dietitian	Commission of Dietetic Registration	01/24/2014	Yes	
I	Harry, June M.,FNP	PCP	SCHC: Shasta Community Health Center	Shasta	Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	12/18/2018	Yes	
I	Hiatt, Joseph N.,FNP-C	PCP	Elica Health Centers-Halyard Medical Center	Yolo	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	06/16/2023	Yes	
I	Hirsch, Isabel FNP-C	SPEC	Planned Parenthood Northern CA: Eureka	Humboldt	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	06/18/2020	Yes	
I	Hoffman, William G.,MD	PCP	Sutter North Brownsville Family Practice	Yuba	Family Medicine	Meets MPCR#17, Previously Board Certified in FM, IM, or PEDs	10/20/1974	No	Admitting Agreement
I	Holzman, Madelyn MD	SPEC	Madelyn Holzman MD MC	Butte	Urology	ABMS of Urology	02/28/2014	Yes	Enloe Medical Center
R	Honda, Malia A.,MD	BOTH	ODCHC - Eureka Community Health Center	Humboldt	Internal Medicine	ABMS of Internal Medicine	08/16/2017	Yes	Admitting Agreement
I	Hylan, Katherine A.,FNP-C	PCP	Adventist Health Clearlake	Lake	Certified Nurse Midwife	American Midwifery Certification Board	01/01/2016	Yes	
I	Jayakrishnan, Deepa MD	PCP	Ampla Health Richland Medical	Sutter	Family Medicine	ABMS of Family Medicine	07/01/2018	Yes	Admitting Agreement
R	Joba, Ameha DPM	SPEC	Step Up Podiatry Group	Sonoma	Podiatry	AB Podiatric Medicine	10/23/2017	Yes	Santa Rosa Memorial Hospital
I	Johnston, Michael D.,MD	PCP	Oroville Primary Care Practice	Butte	Internal Medicine	ABMS of Internal Medicine	08/18/2009	No	Admitting Agreement
I	Jovel, Iris J.,MD	SPEC	Marin Community Clinic: Campus Clinic	Marin	Obstetrics and Gynecology	Meets MPCR #17, Verified Residency on AMA/AOIA		No	Admitting Agreement
I	Joynt, Claire BCBA	Allied	Sunrise ABA	Marin	Behavioral Health	Behavior Analyst Certification Board	08/18/2021	Yes	
I	Kaur, Gurveen FNP-C	PCP	Ampla Health Richland Medical	Sutter	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	08/08/2017	Yes	
I	Kehm, Christa BCBA	BHP	Autism Intervention Professionals	Solano	BCBA	Behavior Analyst Certification Board	10/28/2021	Yes	
R	Ketchum, Myles J.,MD	PCP	Dignity Health - Mercy Family Practice Clinic	Shasta	Family Medicine	ABMS of Family Medicine	08/04/2020	Yes	Mercy Medical Center of Redding
R	Kim, Ian K.,MD	PCP	CommuniCare Health Centers - Davis Community Clinic	Yolo	Family Medicine	ABMS of Family Medicine	07/18/2020	Yes	Admitting Agreement
I	KleinSmith, Ariella BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	05/22/2023	Yes	
R	Kollen, Robert S.,MD	PCP	Surprise Valley Clinic	Modoc	Internal Medicine	ABMS of Internal Medicine	06/20/1973	Yes	Admitting Agreement
R	Kummerling, Marissa L.,MD	BOTH	ODCHC - Eureka Community Health Center	Humboldt	Family Medicine	ABMS of Family Medicine	06/25/2016	Yes	Admitting Agreement
I	La Valley Willsey, Eve A.,MD	SPEC	Camellia Women's Health	Yolo	Obstetrics and Gynecology	ABMS of Obstetrics and Gynecology	01/15/2016	Yes	Admitting Agreement
I	Lawes, Sally R.,LPCC	W&R	GROUPS Recover Together - W & R and MAT	Shasta	Wellness and Recovery	None		No	
R	Lipman, Zachary J.,MD	SPEC	Interventional Pain Solutions	Shasta	Pain Management & Rehabilitation	None		No	Mercy Medical Center of Redding
I	Lopez, Domasio Y.,SUDCC II	W&R	MedMark Treatment Centers Vallejo	Solano	Wellness and Recovery	California Substance Use Disorder	09/30/2023	Yes	
I	Lowe, Mary K.,FNP-BC	SPEC	Enloe Women's Services	Butte	Family Nurse Practitioner	American Nurses Credentialing Center	06/02/2017	Yes	
I	Magnusson, Peter T.,MD	SPEC	Enloe Cardiology Services & Structural Heart & Valve Center	Butte	Cardiovascular Disease	ABMS of Internal Medicine	10/21/1975	Yes	Enloe Medical Center
I	Mahler, Shealyn M.,RD	Allied	As You Are Nutrition	Napa	Registered Dietitian	Commission of Dietetic Registration	09/28/2023	Yes	
I	Mahmoudi, Jahangir MD	SPEC	Jahangir Mahmoudi, MD Inc.	Sutter	Neurology	ABMS of Internal Medicine	01/30/1981	Yes	Admitting Agreement
I	Marques, Hailey PT	Allied	Sports Rehab Physical Therapy & Pilates	Solano	Physical Therapy	None		No	
I	Marshall, Lara A.,CNM	PCP	Harmony Health Medical Clinic and Family Resource Center	Yuba	Certified Nurse Midwife	American Midwifery Certification Board	10/31/2010	Yes	
R	Martel, James B.,MD	SPEC	James B. Martel MD Inc.	Yolo	Ophthalmology	ABMS of Ophthalmology	11/24/1991	Yes	Mercy San Juan Hospital
I	Martinez, Crystal BCBA	BHP	Center for Social Dynamics	Yuba	Behavioral Health	Behavior Analyst Certification Board	02/28/2019	Yes	
R	McCague, Andrew DO	SPEC	Surgical Affiliates of California - Los Banos	Solano	Surgery	AOB of Surgery	10/03/2015	Yes	Memorial Hospital Los Banos
I	Michaels, Rachel A.,FNP-BC	PCP	Harmony Health Medical Clinic and Family Resource Center	Yuba	Family Nurse Practitioner	American Nurses Credentialing Center	07/15/2023	Yes	
I	Mist, Heidi C.,MD	PCP	SCHC: Shasta Community Health Center	Shasta	Family Practice	None		No	Admitting Agreement
I	Molina, Jose A.,MD	PCP	Ampla Health Arbutle Medical	Colusa	Internal Medicine	Meets MPCR #17, Verified Residency on AMA/AOIA			Admitting Agreement
R	Murray, Angela N.,PA-C	PCP	ODCHC - Fortuna Community Health Center	Humboldt	Physician Assistant Certified	National Commission on Certification of Physician Assistants	08/13/2009	Yes	
R	Naik, Mukesh H.,DO	SPEC	Laksmi Ananta, Inc.	Solano	SNFist	None		Not Applicab	Admitting Agreement
R	Namihas, Bret N.,MD	SPEC	B. Nicholas Namihas, MD	Shasta	Gastroenterology	ABMS of Internal Medicine	11/05/1991	Yes	Mercy Medical Center of Redding
I	Neely, Amber BCBA	BHP	Autism Intervention Professionals	Solano	BCBA	Behavior Analyst Certification Board	11/30/2014	Yes	
I	Nljar, Jagraj S.,MD	SPEC	Ampla Health Yuba City Medical	Sutter	Infectious Disease	ABMS of Internal Medicine	12/31/2016		Admitting Agreement
I	Oliver, Angie AGPCNP-BC	PCP	Adventist Health Clearlake - NO PEDIATRICS	Lake	Adult-Gerontology Primary Care Nurse Practitioner	American Nurses Credentialing Center	04/07/2018	Yes	
I	Oliveros, Eidyil BCBA	BHP	Autism Intervention Professionals	Solano	BCBA	Behavior Analyst Certification Board	04/20/2022	Yes	
R	Paoletti, Laura NP	SPEC	Planned Parenthood Northern CA: Vallejo	Solano	Nurse Practitioner	None			
R	Paredes, Jessica RD CDE	Allied	TeleMed2U	Yolo	Registered Dietitian - Certified Diabetes Educator	Certification Board of Diabetes Care and Education	07/31/2017	Yes	
I	Patterson, Jennifer BCBA	BHP	Autism Intervention Professionals	Solano	BCBA	Behavior Analyst Certification Board	08/09/2023	Yes	
I	Pearce, William F.,MD	SPEC	Oroville Medical Clinic	Butte	Urology	ABMS of Urology	02/28/2014	Yes	Admitting Agreement
I	Pena, Sabrina M.,SUDRC	W&R	Visions of the Cross/ Women's Residential Treatment	Shasta	Wellness and Recovery	California Substance Use Disorder	08/11/2023	Yes	
I	Perry, Brent BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	05/31/2013	Yes	
I	Peterson, John L.,MD	SPEC	Lassen Medical Clinic- Red Bluff	Shasta	Dermatology	ABMS of Dermatology	10/25/1982	Yes	St Elizabeth Community Hospital
I	Pressoir, Kathleen DO	SPEC	TeleMed2U	Yolo	Cardiology	None		No	Admitting Agreement
I	Prushansky, Hayley BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	05/31/2017	Yes	
I	Purewal, Ramanjot K.,PA-C	PCP	Harmony Health Medical Clinic and Family Resource Center	Yuba	Physician Assistant	National Commission on Certification of Physician Assistants	09/06/2018	Yes	

App. Type	Full Name	Provider Type Code	Name/Street	County Name	Specialty Description	Board Name	Initial Cert Date	Board Certified	Hospital Name
I	Queen, Candace BCBA	BHP	Autism Intervention Professionals	Solano	BCBA	Behavior Analyst Certification Board	05/31/2019	Yes	
R	Razavi, Mehrdad MD	SPEC	Innovative Sleep Centers Inc	Shasta	Sleep Medicine	ABMS of Psychiatry & Neurology	11/15/2007	Yes	Admitting Agreement
I	Reeve, Robert B.,MD	SPEC	Reeve Woods Eye Center	Butte	Ophthalmology	ABMS of Ophthalmology	05/14/1988	Yes	Enloe Medical Center
I	Reid, Joanne E.,MD	PCP	Joanne E Reid MD Inc	Glenn	Pediatrics	Meets MPCR#17, Previously Board Certified in FM, IM, or PEDs	10/04/1989	No	Admitting Agreement
I	Renfro, Jasmin J.,SUDRC	W&R	Visions of the Cross/ Women's Residential Treatment	Shasta	Wellness and Recovery	California Substance Use Disorder	08/16/2023	Yes	
R	Reynolds, Kerisimasi L.,DO	SPEC	Surgical Affiliates of California - Los Banos	Solano	Orthopaedic Surgery	Confirmed per AMA, AOA, ABFAS or Residency Letter		No	Memorial Hospital Los Banos
R	Riddell, Gwendolyn R.,CNM	SPEC	Planned Parenthood Northern CA: Ukiah	Mendocino	Certified Nurse Midwife	American Midwifery Certification Board	06/01/2004	Yes	
I	Roach, Sonia BCBA	BHP	Center for Autism and Related Disorders, LLC	Yolo	Behavioral Health	Behavior Analyst Certification Board	06/10/2021	Yes	
I	Roe Craig, Ellen PT	Allied	Capuchino Therapy Group	Yolo	Physical Therapy	None		No	
I	Salonga, Laura BCBA	BHP	Center for Social Dynamics Inc.	Solano	Behavioral Health	Behavior Analyst Certification Board	05/16/2023	Yes	
R	Sangera, Rajveer S.,DO	SPEC	Providence Medical Group, Sonoma- Cardiology	Sonoma	Cardiology	AOB of Cardiology	08/22/2019	Yes	Admitting Agreement
R	Sendher, Rajveen Rosie K.,MD	SPEC	Surgical Affiliates of California - Los Banos	Solano	Orthopaedic Surgery	Confirmed per AMA, AOA, ABFAS or Residency Letter		No	Memorial Hospital Los Banos
I	Serio, Farris N.,DO	SPEC	Curry Medical Center		General Surgery	None		No	Admitting Agreement
R	Shibuya, Barry E.,MD	SPEC	TeleMed2U	Yolo	Rheumatology	ABMS of Internal Medicine	11/05/2003	Yes	Admitting Agreement
I	Skinner, Sara M.,FNP-C	PCP	Ampla Health Lindhurst Medical	Yuba	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	08/26/2015	Yes	
I	Smith, Jennifer BCBA	BHP	Autism Intervention Professionals	Solano	BCBA	Behavior Analyst Certification Board	05/31/2018	Yes	
I	Sohi, Gurleen K.,PA-C	PCP	Ole Health	Solano	Physician Assistant	National Commission on Certification of Physician Assistants	07/14/2023	Yes	
I	Stanley, Alison BCBA	BHP	Autism Intervention Professionals	Solano	BCBA	Behavior Analyst Certification Board	01/31/2011	Yes	
R	Steinberg, Miriam D.,DO	PCP	Providence Medical Group, Humboldt	Humboldt	Family Medicine	ABMS of Family Medicine	07/30/2012	Yes	Admitting Agreement
I	Stephens, Kay MD	SPEC	Kay Stephens MD	Tehama	General Surgery	ABMS of Surgery	06/08/1999	Yes	St Elizabeth Community Hospital
I	Stewart, Thomas A.,MD	SPEC	Enloe Ear, Nose & Throat Clinic	Butte	Otolaryngology,Head, and Neck Surgery	ABMS of Otolaryngology-Head and Neck Surgery	06/01/2011	Yes	Enloe Medical Center
I	Sun, Vincent BCBA	BHP	Autism Intervention Professionals	Solano	BCBA	Behavior Analyst Certification Board	11/30/2018	Yes	
R	Szabo, Lynn M.,PA-C	PCP	UIHS - Crescent City Health Center	Del Norte	Physician Assistant Certified	National Commission on Certification of Physician Assistants	01/22/1988	Yes	
R	Tito, Joseph M.,MD	SPEC	Providence Medical Group, Sonoma	Sonoma	General Surgery	ABMS of Surgery	09/16/1997	Yes	Healdsburg District Hospital
I	Toth, Thomas L.,MD	PCP	Alliance Medical Center	Sonoma	Internal Medicine	ABMS of Internal Medicine	09/12/1990	Yes	Admitting Agreement
I	Tsugawa, Amy BCBA	BHP	Autism Intervention Professionals	Solano	BCBA	Behavior Analyst Certification Board	05/31/2012	Yes	
I	Vien-Sanchez, Tiffany BCBA	BHP	Autism Intervention Professionals	Solano	BCBA	Behavior Analyst Certification Board	12/21/2021	Yes	
I	Wahga, Vimaljit K.,FNP-C	PCP	Ampla Health Lindhurst Medical	Yuba	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	07/01/2019		
I	Wolucka, Dana L.,NP	PCP	Riverside Health Clinic of Colusa	Colusa	Nurse Practitioner	None		No	
R	Wong, Peter L.,MD	SPEC	Surgical Affiliates of California - Los Banos	Solano	Surgery	ABMS of Surgery	02/28/2011	Yes	Memorial Hospital Los Banos
R	Wynne, Walter L.,MD	PCP	Fairchild Medical Clinic (PCP Clinic)	Siskiyou	Internal Medicine	Meets MPCR#17, Previously Board Certified in FM, IM, or PEDs	08/21/1996	No	Fairchild Medical Center
R	Yang, Michael I.,MD	SPEC	Summit Pain Alliance, Inc.	Sonoma	Pain Medicine	ABMS of Anesthesiology	10/01/2011	Yes	Santa Rosa Memorial Hospital

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

TO: Physician Advisory Committee
FROM: Robert Moore, MD, MPH, MBA, Chief Medical Officer
DATE: 01/10/2024
SUBJECT: Partnership Committee Memberships

Appointment

Physician Advisory Committee

Dr. Malia Honda, Attending Physician at OpenDoor Community Health Centers, volunteers to serve as a PAC voting member.

Her appointment as a voting member is recommended.



Malia Honda, MD

Home // Malia Honda, MD



Malia Honda

Malia Honda attended the University of California, San Francisco School of Medicine. In the past she has worked at Planned Parenthood. Malia completed the Residency in Internal Medicine at UCSF before joining Open Door at Eureka Community Health Center.

Malia practices at [Eureka Community Health Center](#) and [Mobile Health Services / Telehealth & Visiting Specialist Center](#).

Open Door Community Health Centers promotes social justice and human dignity through exceptional patient-centered care that improves the health and well-being of our patients, community, and staff.

View Our Notice of Privacy Practices.

Contact

www.linkedin.com/in/malia-honda-50706590 (LinkedIn)

Malia Honda

Attending Physician at Open Door Community Health Centers
Eureka, California, United States

Experience

Open Door Community Health Centers
Attending Physician
September 2017 - Present (6 years 5 months)
Eureka, California

UCSF Medical Center
Resident Physician
June 2014 - June 2017 (3 years 1 month)

Education

University of California, San Francisco
Doctor of Medicine - MD, Medicine · (2009 - 2014)

University of California, Berkeley
Master's degree, Health Sciences/Public Health · (2009 - 2012)

University of California, Santa Cruz
Bachelor's degree, Health Sciences & Anthropology · (2003 - 2007)

Name: Phuong Luu, MD, MHS, FACP

Professional Title, Organization: Bi-County Health Officer, Yuba County and Sutter County

CHIP Title: Addressing the Sexually Transmitted Diseases (STDs) Epidemic in Yuba County

Project Description:

Sexually transmitted diseases (STDs) have increased exponentially in the past several years nationally and statewide. Yuba County as a small rural county in northern California has one of the highest rates of congenital syphilis with a crude rate of greater than 112.9 congenital syphilis cases per 100,000 live births. From 2017 to 2022, the rate of syphilis increased from 17 to 84.1 cases per 100,000.

In California, incarcerated individuals are among the individuals most impacted by STDs. This CHIP project aimed to implement an STDs opt-out testing program for all inmates coming into the Yuba County Jail – a facility with an average jail population in the 180s during the COVID-19 pandemic but is now back to its pre-pandemic level of mid-300s to low 400s. The STDs opt-out testing program was paired with public health staffing of part-time social workers and a nurse to provide social services linkages and medical/behavioral health linkages, respectively.

The planning and implementation of this CHIP project as a public health officer during the height of the COVID-19 pandemic was extremely difficult. This was made more challenging when the proposal to contract with WellPath as the jail medical provider to provide the STDs opt-out testing and treatment was denied by the CA Department of Public Health (CDPH) because WellPath is a for-profit company. Through the project lead's persistence in providing justification for why WellPath was chosen, CDPH ultimately approved the contract with WellPath and the project successfully started in September 2022.

Key Findings and Lessons Learned:

- Successful collaboration between Yuba County Jail, WellPath, and Yuba County Public Health on STDs Opt-Out testing, treatment, and linkages to care prior to release.
- Implemented a simple survey to allow Yuba County Jail and WellPath to submit monthly data regarding total number of inmates agreeing to syphilis, chlamydia, and gonorrhea testing and how many who tested positive were successfully treated.
- Provided wrap-around linkages to care to those inmates who elected to participate in the STDs Opt-Out Program
- Received a National Association of County and City Health Officials (NACCHO) 2023 Promising Practice Award

Next Steps:

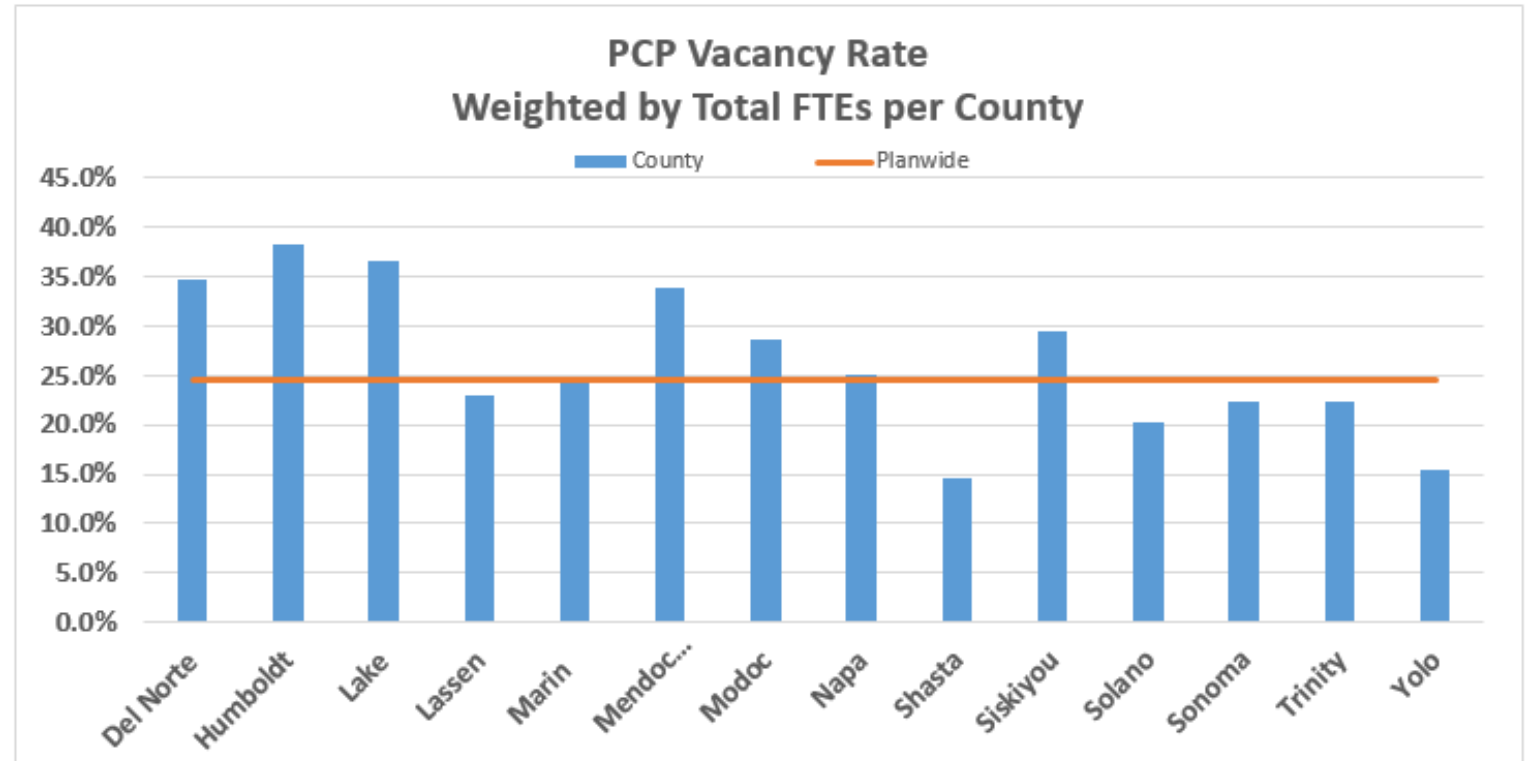
- Continue program at least until STDs Collaborative Grant funding ends in June 2024. There is strong possibility that STDs grant funding will be continued by CDPH.
- Evaluate CalAIM Justice-Involved Initiative set to start in July 2024.

Workforce Development Agenda

- Provider Network Vacancy Rate & Needs Assessment
- Goal Summary
- Provider Recruitment Program (PRP)
- Physician Residency Programs
- Provider Retention Initiative (PRI) Pilot

2022 PCP Vacancy Survey Data

- Survey in fall of 2022
- Providers with over 100 members
- 206 sites responded including all 14 counties
- 296 clinician vacancies, including about 200 physician and 100 NP/PA positions
- The plan wide vacancy rate was 24.5%.



2022-2023 Workforce Needs Assessment

Meetings & Interviews

Nearly 50% of participating Provider Recruitment Program (PRP) organizations interviewed, including:

- CEOs
- COOs
- CMOs
- Medical Directors
- Executive Directors
- HR Directors/ Recruiters

Stakeholders represented:

- FQHCs
- Hospital Based Clinics
- Tribal Health Clinics
- Rural Health Clinics
- Community Based Organizations
- Wellness & Recovery Partners
- (SUD/Drug Treatment Facilities)

Identified Needs

- Enhanced provider recruitment dollar amount
- Enhanced provider recruitment dollar amount for regional medical residents
- Addition of perinatal clinicians to PRP
- Provider retention support for long-practicing and key clinicians
- Streamlined PRP application process workflow
- Connections to health careers pipeline programs
- More data analysis needed

Goal Summary

- Successfully recruit primary care and perinatal clinicians from outside Partnership's region into its service area.
- Increase long-term retention of regional residency program graduates.
- Slow the loss of PCPs, either out of the area, out of clinical medicine roles, or from early retirement.

Provider Recruitment Program 2024 Highlights

Provider Candidates Program Highlights / Incentives Available:

- **\$100,000** for physicians (providing services in family medicine, internal medicine, pediatrics and psychiatry)
- **New - \$120,000** for medical residents training in Partnership's 24-county region (\$20K payable in program year 3 with 5-year post-graduation commitment)
- **\$50,000** for nurse practitioners/physician assistants/certified nurse midwives (NP/PA/CNMs)

Newly Eligible Providers:

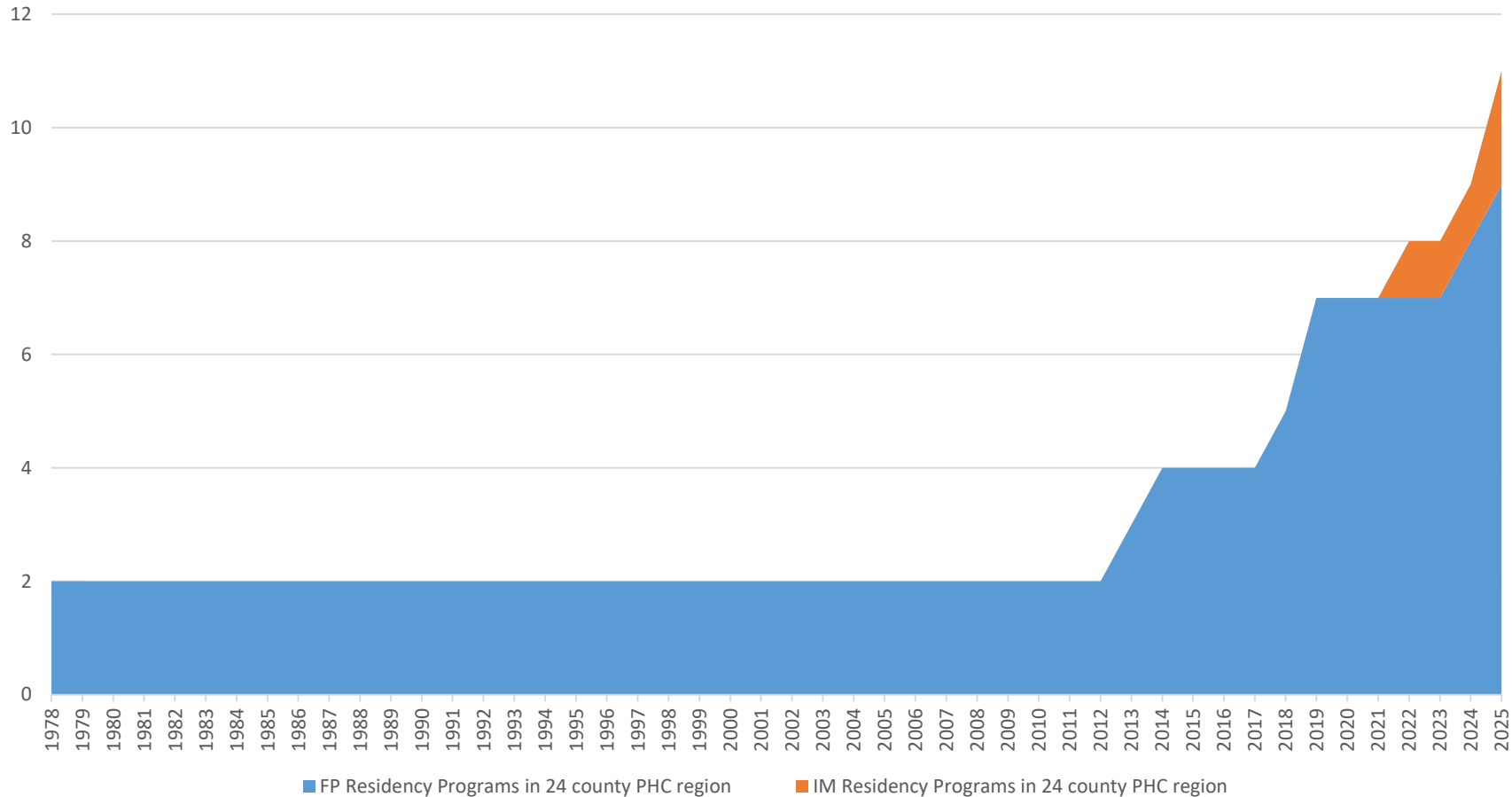
- Obstetric providers (obstetricians, CNMs, family medicine physicians and NPs/PAs, women's health NPs) whose clinical care focuses on perinatal care, including labor and delivery

Behavioral Health Professionals Program Highlights / Incentives Available:

- **\$20,000** signing bonus for licensed BH professionals
- **\$4,000/\$5,000** signing bonus for certified SUD counselors and bilingual certified SUD counselors

Residency Programs in Partnership Geography

Primary Care Residencies in 24 Partnership Counties



Residency Programs in Partnership's Region

County	Residency Program	Resident slots	Expected 2024 graduates	Expected 2026 graduates
Humboldt	St. Joseph Hospital Eureka	6	6	6
Shasta	Shasta Community Health Centers	3	3	3
Shasta	Mercy Redding Family Practice	6	6	6
Sonoma	Santa Rosa Kaiser Family Medicine Program	6	6	6
Sonoma	Sutter Santa Rosa Family Medicine Program	12	12	12
Solano	Napa Solano Kaiser Family Medicine Residency	6	6	6
Mendocino	Adventist Health Family Medicine Residency	6	6	6
Shasta	Shasta Regional Medical Center - Internal Medicine Residency	8	0	8
Placer	Sutter Roseville Internal Medicine Program	13	0	13
Butte	Butte Psychiatric Residency	0	0	0
Butte-Glenn	Family Medicine Residency	TBD	0	0
Del Norte	Sutter Coast Family Medicine Program	2	0	0
Nevada	Sierra Nevada Family Medicine Residency Program	2	0	2
	Total graduates per year	70	45	68



2024 Provider Retention Initiative (PRI) Pilot – Jan 2024

Award	FY 23/24	FY 24/25	FY 25/26	FY 26/27
\$45 K MD/DO	\$7,500	\$7,500	\$15,000	\$15,000
\$30 K NP/PA	\$5,000	\$5,000	\$10,000	\$10,000

The PRI is intended to recognize primary care clinicians in Partnership’s region who have devoted their careers to the safety net, while helping to incentivize additional years of service from them.

Our hope is that the PRI will preserve institutional knowledge and clinical leadership and mentorship within our network, while a younger generation of providers can learn from and train with these committed health professionals before their retirement.

- Provider (MD/DO/NP/PA) must have served with applying organization for 15 years or more and has confirmed commitment of practicing for at least three more years
- Provider eligibility is limited to family medicine, internal medicine and pediatrics
- Provider must serve in a leadership or mentorship capacity within organization
- Given funding limitation, provider organization must complete a competitive grant application



Questions

