

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



Members: (21)

Steve Gwiazdowski, M.D. (Chair)	Chris Myers, D.O.	Karen Sprague, MSN, CFNP	Mills Matheson, M.D.
Angela Brennan, D.O.	Christina Lasich, M.D.	Karina Gookin, M.D.	Mustafa Ammar, M.D.
Brent Pottenger, M.D.	Danielle Oryn, D.O.	Malia Honda, M.D.	Suzanne Eidson-Ton, M.D.
Candy Stockton, M.D.	Darrick Nelson, M.D.	Matthew Zavod, M.D.	Teresa Shinder, D.O.
Chester Austin, M.D.	Derice Seid, M.D.	Michelle Herman, M.D.	Vanessa Walker, D.O.
	John McDermott, FNP-PAC		

Partnership Executive Staff:

Sonja Bjork, Chief Executive Officer	Robert Moore, MD, MPH, Chief Medical Officer
Jennifer Lopez, Chief Financial Officer	Katherine Barresi, RN, Chief Health Services Officer
Wendi Davis, Chief Operating Officer	Mark Bontrager, Sr. Director of Behavioral Health
Amy Turnipseed, Chief Strategy & Government Affairs Officer	Tina Buop, Chief Information Officer

Regional Medical Directors

Jeffrey Ribordy, MD, Region Medical Director
Bradley Cox, DO, Region Medical Director
Colleen Townsend, MD, Region Medical Director
Marshall Kubota, MD, Region Medical Director
R. Doug Matthews, MD, Region Medical Director
Vacant, Region Medical Director

Region

Del Norte, Humboldt, Mendocino & Lake
Siskiyou, Modoc, Shasta, Lassen, Trinity & Tehama
Napa, Yolo & Solano
Marin & Sonoma
Glenn, Butte, Sutter, Colusa & Yuba
Plumas, Sierra, Nevada & Placer

Region Directors

Vicky Klakken, Region Director
Tim Sharp, Region Director
Kathryn Power, Region Director
Leigha Andrews, Region Director
Rebecca Stark, Region Director
Jill Blake, Region Director

Kermit Jones, MD, Medical Director for Medicare Services
Jeffrey DeVido, MD, Behavioral Health Clinical Director

Mark Netherda, MD, Medical Director of Quality Improvement

Directors / Managers / Associate Directors

Nancy Steffen, Senior Director, Quality & Performance Improvement	Ledra Guillory, Senior Manager, Provider Relations Reps.
Mary Kerlin, Senior Director, Provider Relations	Kristine Gual, Manager of Performance Improvement
Stan Leung, Pharm.D., Director., Pharmacy Services	Amy McCune, Manager, Quality Incentive Programs
Mohamed Jalloh, Pharm.D., Director of Health Equity	Sue Quichocho, Manager, Quality Measurement
Brigid Gast, RN, Director, Care Coordination	Kevin Jarrett-Lee, RN, Assoc. Dir. of Utilization Management
DeLorean Ruffin, DrPH, Director, Population Health Management	Lisa O'Connell, Associate Dir. of Housing & Incentive Programs
Heather Esget, RN, Director of Utilization Management	Bettina Spiller, MD, Associate Medical Director
Margarita Garcia-Hernandez, Director, Health Analytics	Teresa Frankovich, MD, Associate Medical Director

cc: Partnership Commission Chair

Kim Tangermann, Partnership Board Chair

FROM: PAC@partnershipHP.org

DATE: January 3, 2025

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 packet, as discussion time is limited.

DATE: Wednesday, January 8, 2025

TIME: 7:30 a.m. – 9:00 a.m.

HOSTING LOCATIONS

Partnership HealthPlan of California
4605 Business Center Drive
Fairfield, CA

Partnership – Santa Rosa
495 Tesconi Circle
Santa Rosa, CA

Partnership – Redding
2525 Airpark Drive
Redding, CA

Partnership – Eureka
1036 5th Street
Eureka, CA

Partnership - Auburn
281 Nevada St.
Auburn, CA 95603

Partnership - Chico
2760 Esplande, Suite 130
Chico, CA 95973

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

Ampla Health
935 Market Street
Yuba City, CA 95991

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

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

Aliados Health
1310 Redwood Way
Petaluma, CA 94999

Sutter-Roseville
6 Medical Plaza
Roseville, CA 95661

Communicare+Ole

1590 Drew Ave., Suite 210
Davis, CA 95694

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

Date: January 08, 2025 **Time:** 7:30 – 9:00 a.m. **Location:** Partnership

Partnership HealthPlan of California 4605 Business Center Drive Fairfield, CA	Partnership – Santa Rosa Office 495 Tesconi Circle Santa Rosa, CA	Partnership – Redding Office 2525 Airpark Drive Redding, CA	Partnership – Eureka Office 1036 5 th Street Eureka, CA
Partnership - Auburn Office 281 Nevada St. Auburn, CA 95603	Partnership - Chico 2760 Esplande, Suite 130 Chico, CA 95973	Marin Community Clinic 3260 Kerner Blvd. San Rafael, CA 94901	Ampla Health 935 Market Street Yuba City, CA 95991
Tahoe Forest Health Systems 10976 Donner Pass Rd., Suite 9 Truckee, CA 96161	Office of Dr. Mills Matheson 1245 S. Main St. Willits, CA 95490	Aliados Health 1310 Redwood Way Petaluma, CA 94999	Sutter-Roseville 6 Medical Plaza Roseville, CA 95661

Communicare+Ole
1590 Drew Ave., Suite 210
Davis, CA 95694

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>					
Welcome / Introductions					
I.		STATUS UPDATES	LEAD	PG #	TIME
A.	I	Chief Executive Officer Administration Updates	Ms. Baressi		7:35
B.	I	Chief Medical Officer Health Services Report	Dr. Moore		7:45
C.	I	Regional Medical Director Reports	LEAD	PG #	TIME
1	I	Napa, Yolo & Solano	Dr. Townsend		7:55
2	I	Marin & Sonoma	Dr. Kubota		7:58
3	I	Del Norte, Humboldt, Mendocino & Lake	Dr. Ribordy		8:01
4	I	Glenn, Butte, Sutter, Colusa, Yuba, Plumas, Sierra, Nevada & Placer	Dr. Matthews		8:04
5	I	Siskiyou, Modoc, Shasta, Lassen, Trinity & Tehama	Dr. Cox		8:07
II.	I	COMMITTEE MEMBER HIGHLIGHT	LEAD	PG #	TIME
A.	I	Dr. Derice Seid Medical Director, Marin Community Clinics	Dr. Seid	5	8:10
III.	A	MOTIONS FOR APPROVAL	LEAD	PG #	TIME
A.	A	Review of November 13, 2024 PAC Minutes	Dr. Gwiazdowski	7 - 24	8:20
B.	A	Consent Review: Agenda Items III. B.1, B.2, B.4, and B.5 <i>*Consent review allows multiple agenda items to be approved with one motion.*</i>	Dr. Gwiazdowski	25 - 109	8:21
1	C	Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – October 16 , 2024 <u>Acceptance of Draft Meeting Minutes:</u> <ul style="list-style-type: none"> • Q/UAC Agenda • Q/UAC Activities & Minutes • Internal Quality Improvement Meetings October 8, 2024 • Quality Improvement Update – October 2024 	Dr. Gwiazdowski	25 27 40 50	8:21

III.	A	MOTIONS CONTINUED	LEAD	PG #	TIME																																						
B.	A	Consent Review: Agenda Items III. B.1, B.2, B.3, B.5, and B.7	Dr. Townsend		8:21																																						
2	C	<p><u>Policies/Procedures/Guidelines for Action</u></p> <table border="1"> <thead> <tr> <th colspan="2">Quality Improvement</th> </tr> </thead> <tbody> <tr> <td>MCQG1015</td> <td>Pediatric Preventive Health Guidelines</td> </tr> <tr> <td>MCQP1021</td> <td>Initial Health Appointment</td> </tr> <tr> <td>MPQG1011</td> <td>Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines</td> </tr> <tr> <th colspan="2">Health Equity</th> </tr> <tr> <td>MCEP6002</td> <td>Quality Improvement and Health Equity Committee (QIHEC)</td> </tr> <tr> <th colspan="2">Utilization Management</th> </tr> <tr> <td>MCUP3028</td> <td>Mental Health Services</td> </tr> <tr> <td>MCUP3101</td> <td>Screening and Treatment for Substance Use Disorders</td> </tr> <tr> <td>MPUP3102</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>MCUP3131</td> <td>Genetic Screening and Diagnostics</td> </tr> <tr> <td>MCUP3137</td> <td>Palliative Care: Intensive Program (Adult)</td> </tr> <tr> <th colspan="2">Care Coordination</th> </tr> <tr> <td>MCCP2016</td> <td>Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT)</td> </tr> <tr> <td>MCCP2029</td> <td>Emergency Medical Transportation</td> </tr> <tr> <th colspan="2">Population Health Management</th> </tr> <tr> <td>MCNP9006</td> <td>Doula Services Benefit</td> </tr> </tbody> </table> <p><i>All versions linked within Policy Summary (See page 65)</i></p> <ul style="list-style-type: none"> • Policy Summary • Detailed Synopsis of Changes 	Quality Improvement		MCQG1015	Pediatric Preventive Health Guidelines	MCQP1021	Initial Health Appointment	MPQG1011	Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines	Health Equity		MCEP6002	Quality Improvement and Health Equity Committee (QIHEC)	Utilization Management		MCUP3028	Mental Health Services	MCUP3101	Screening and Treatment for Substance Use Disorders	MPUP3102	Vision Care	MCUP3106	Waiver Programs	MCUP3125	Gender Dysphoria/Surgical Treatment	MCUP3131	Genetic Screening and Diagnostics	MCUP3137	Palliative Care: Intensive Program (Adult)	Care Coordination		MCCP2016	Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT)	MCCP2029	Emergency Medical Transportation	Population Health Management		MCNP9006	Doula Services Benefit		N/A	8:21
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III.	A	MOTIONS CONTINUED Consent Review: Agenda Items III. B.1, B.2, B.3, B.4, B.5	LEAD	PG #	TIME
B.	C	Consent Review: Agenda Items III. B.1, B.2, B.5,	Dr. Gwiazdowski	25 - 109	8:21
3	C	<i>Pharmacy & Therapeutics Committee</i>	<i>Dr. Stan Leung</i>		
4	C	<i>Provider Engagement Group (PEG) Report</i>	<i>Ms. Kerlin</i>		
5	C	Credentials Committee Meeting <ul style="list-style-type: none"> • Summary, October 9, 2024 • Credentialed List, October 9, 2024 • Summary, November 19, 2024 • Credentialed List, November 19, 2024 	Dr. Kubota	73 78 81 85	8:21
6	C	<i>Pediatric Quality Committee</i>			
7	C	Quality Improvement Health Equity Committee Meeting Minutes, November 19, 2024	Dr. Jalloh	91	8:21
C.	A	<i>Physician Advisory Committee (PAC) Membership</i>	<i>Dr. Gwiazdowski</i>		
IV.	I	<i>Old Business</i>			
V.		SPECIAL PRESENTATIONS	LEAD	PG #	TIME
A.	I	Committee Member Roundtable Discussion Top Challenges for 2025	Dr. Moore	N/A	8:22
VI.	I	ADJOURNMENT	LEAD		9:00
		Next PAC on February 12, 2025 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 the [Physician Advisory Committee](https://www.partnershiphp.org/Providers/HealthServices/Pages/Physician-Advisory-Committee.aspx) webpage, linked below.

<https://www.partnershiphp.org/Providers/HealthServices/Pages/Physician-Advisory-Committee.aspx>

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.

Land Acknowledgment: Partnership HealthPlan honors the ancestral stewards of the land on which we meet today and acknowledges the displacement and lost lives due to colonization and ongoing disparities among California Native Americans.

DERICE P. SEID, M.D., M.B.A.

derice@gmail.com

PROFESSIONAL EXPERIENCE

- 2021 – present **MARIN COMMUNITY CLINICS** San Rafael, CA
Medical Director, San Rafael Campus
Establish, review and maintain primary care clinical programs at one of the two busiest sites at the largest federally qualified healthcare center in Marin County, delivering primary care and behavioral health services to its most vulnerable residents. Provide clinical oversight to a team of more than twenty doctors and advance practice providers in primary and subspecialty care. Provide medical and operational management of MCC's Infectious Disease program including HIV care and the Ryan White Program, active tuberculosis and Hepatitis C.
- 2000 – 2021 **DR. DERALD L. SEID, INC.** San Francisco, CA
Physician
Member of two-physician practice. Provide outpatient care of adult and pediatric patients, including long-term management of chronic diseases. Active medical staff privileges at local medical center to provide inpatient, acute and urgent care. Share call responsibilities for after-hour care and hospital admissions.
- 1994 **MEMORIAL SLOAN-KETTERING CANCER CENTER** New York, NY
Assistant to the Physician-in-Chief
Designed implementation plan for major reengineering project involving all patient care areas of the hospital. Defined structure for implementation team including roles and responsibilities for senior executives and other key team personnel. Formulated framework for evaluating affiliation options with other institutions. Evaluated potential partners for fit against financial, marketing and strategic objectives.
- 1993 **CHILDREN'S HOSPITAL OF PHILADELPHIA** Philadelphia, PA
Consultant
Performed environmental and competitive analyses to determine the hospital's current and potential position in the neonatology market. Determined capabilities of the neonatology unit and potential methods for addressing needs of underserved segments. Formulated strategic alternatives and action plans for addressing identified opportunities.
- 1991 **CALIFORNIA PACIFIC HOSPITAL AND MEDICAL CENTER** San Francisco, CA
Administrative Intern
Performed advisory work for newly merged medical center. Conducted feasibility study of combining individual post-graduate medical residency programs including extensive interviews with heads of departments and study of internal structure at both sites. Coordinated development of expanded internal medicine post-graduate program. Assisted in design of requirements for mandatory clinical clerkships. Prepared evaluation of resident satisfaction with available library services at each hospital site; recommendations led to purchase of improved on-line search system.
- 1990 **ST. MARY'S HOSPITAL AND MEDICAL CENTER** San Francisco, CA
Administrative Intern
Designed marketing strategy for outpatient spine center. Formed site assessment and recommendation for relocation of hospital laboratory and phlebotomy station. Conducted cost analysis of hospital environmental services; compared costs of repairing and maintaining in-house laundry equipment with costs of contracting outside laundry services.

COMMUNITY ACTIVITIES

- 2004 – 2022 **HEALTH COUNCIL OF MARIN** San Rafael, CA
Chair, Nominating Committee (2014 – 2015)
Member, Nominating Committee (2012-2015)
Vice President (2008 – 2010)
Active member of advisory body on health issues to the Board of Supervisors and the Marin County Department of Health & Human Services. Advocate for the development and allocation of resources to assure quality and accessible health care to citizens of Marin County.

COMMUNITY ACTIVITIES

- 2003 – 2006 **SOUTH OF KNOLL PARK RENOVATION COMMITTEE** Tiburon, CA
Co-Chairperson
Founding member and co-chair of Tiburon Town Council subcommittee to renovate and rebuild Tiburon's only public playground. Responsible for raising awareness, documenting need for renovation and coordinating safety study for Town. Designed playground structure, coordinated fundraising efforts and oversaw construction of Tot Lot at the park. Currently involved in design and fundraising for adjacent playground for school age children. Construction scheduled to begin Summer 2008.
- 2002 – 2004 **CENTER FOR VOLUNTEER AND NONPROFIT LEADERSHIP OF MARIN** San Rafael, CA
Through Junior League of San Francisco, worked with CEO and leadership team to conceptualize, design and establish BoardMatch Marin, an online board matching program. Member of committee that designed the corresponding workshops, including Board 101 and Board Coaching Consultations. Since its February 2003 inception, BoardMatch Marin has trained 98 individuals and matched 39 participants to local nonprofits.

POST-GRADUATE TRAINING

- CEDARS-SINAI MEDICAL CENTER** Los Angeles, CA
Chief Resident, Combined Internal Medicine and Pediatrics 1998 - 1999
Chairperson, Med-Peds Residency Training Program Recruitment Committee. Group Leader, Pediatric Intensive Care Unit Quality Assurance Team. Member, Housestaff Executive Committee. Intern, Blue Cross of California Medical Department.
- CEDARS-SINAI MEDICAL CENTER** Los Angeles, CA
Resident Physician, Combined Internal Medicine and Pediatrics 1995 - 1998

EDUCATION

- UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE** Philadelphia, PA
Medical Doctor
- THE WHARTON SCHOOL**, University of Pennsylvania Philadelphia, PA
Master of Business Administration
Major in Health Care Management
- UNIVERSITY OF SOUTHERN CALIFORNIA** Los Angeles, CA
Bachelor of Science
Major in Psychobiology, *with honors*

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PARTNERSHIP)
MEETING MINUTES**

Committee: Physician Advisory Committee
Date / Time: November 13, 2024 - 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) Suzanne Eidson-Ton, MD (FF) Teresa Shinder, DO (FF) Karen Sprague, MSN, CFNP (FF) Brent Pottenger, MD (FF) Danielle Oryn, DO (AD) Karina Gookin, MD (AU)	Chester Austin, MD (C) John McDermott, FNP (C) Malia Honda, MD (E) Chris Myers, MD (E) Candy Stockton, MD (E)	Christina Lasich, MD (OMM) Mills Matheson, MD (OMM) Darrick Nelson, MD (R) Vanessa Walker, DO (SH)	FF Fairfield SR Santa Rosa E Eureka R Redding C Chico AU Auburn	MCC Marin Community Clinics OMM Office of Dr. Matheson AM Ampla Health SH Sutter Health
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Members Excused:	Noemi Doohan, MD Brian Evans, MD	Steven Gwiazdowski, MD Michelle Herman, MD	Matthew Zavod, MD
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Members Absent: Mustaffa Ammar, MD (AM)

Visitor: Dr. Derice Seid, Marin Community Clinics

Partnership Staff:	Sonja Bjork, Chief Executive Officer Jennifer Lopez, Chief Financial Officer Wendi Davis, Chief Operating Officer Leigha Andrews, Regional Director Mary Kerlin, Sr. Dir., Prov. Relations (PR) Lisa O’Connell, Director of Enhanced Health Services Doreen Crume, RN, N. Mgr. Care Coord. Stephanie Nakatani, Supervisor, Provider Relations Representatives Vicky Klakken, Dir., North Region Brigid Gast, RN, Dir. of CC	Robert Moore, MD, Chief Medical Officer Katherine Barresi, RN, Chief Health Services Officer Colleen Townsend, MD, Region Medical Director Mark Netherda, MD, Medical Director for Quality Jeffrey DeVido, MD, Behavioral Health Clinical Dir. Stan Leung, Pharm.D., Director, Pharmacy Services Vacant, RN, Assoc. Dir. UM Strategies Sue Quichocho, Mgr., Quality Measurement Amy McCune, Manager of QI Programs Bradley Cox, MD, Northeast Region Medical Director James Cotter, MD, Associate Medical Director	Jeffrey Ribordy, MD, Region Medical Director R. Doug Matthews, MD, Region Medical Director Marshall Kubota, MD, Region Medical Director Teresa Frankovich, MD, Associate Medical Director Nancy Steffen, Dir., Quality & Perf. Improvement Heather Esget, RN, Director, Utilization Mgmt. (UM) Kevin Jarret-Lee, RN, Assoc. Dir. of 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 Monika Brunkal, RPh, Interim Director, Population Health David Lavine, Assoc. Dir. of Workforce Development
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AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	DATE RESOLVED
Public Comments	PAC Chairperson asked for any public comments. None presented.	N/A	N/A
Quorum	16/22 – PAC	Committee quorum requirements met (16).	11/13/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
I.A. Chief Executive Officer Administration Updates	<p>Partnership’s Chief Operations Officer (COO) provided the following report on Partnership activities on behalf of Partnership’s Chief Executive Officer.</p> <ul style="list-style-type: none"> • Recently Passed Guidance <ul style="list-style-type: none"> • Partnership will be vigilant in monitoring changes to Medicare and Medicaid in 2025 with the changes to administration post the presidential election. • Prop 35 was approved for the Managed Care Organization (MCO) tax, which is a tax paid by the MCO. The passage of Prop 35 codifies the requirement for funds to stay within MediCal, meaning more investments in the communities are expected in 2025, 2026, and into the future. <ul style="list-style-type: none"> • Implementation of Prop 35 has a robust stakeholder process which may delay payments until the end of 2025, but information will be communicated as it is received. • Partnership will be hosting webinars in the near future to share how targeted rate increases (TRI) will be administered now that the Department of Health Care Services (DHCS) shared guidance in an All Plan Letter (APL). • All payments tied to January 1, 2024 paid to date through November 1, 2024 will be issued and postmarked to all providers by December 31, 2024. Moving forward, Partnership will communicate a monthly schedule related to the issuance of TRIs. • California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved Reentry Initiative recently took effect in select counties. The CalAIM initiative has requirements for both pre and post release services from incarceration. <ul style="list-style-type: none"> • Yuba County, along with two counties outside Partnership’s network, have gone live with pre-release services providing MediCal benefits to beneficiaries prior to release from correctional facility or institution. • Two transportation providers contracted with Partnership have permission to go into the facility and transport them for transition back into the community. • Siskiyou County is expected to go live sometime in 2025. <p><i>Questions – None</i></p>
I.B. Chief Medical Officer Health Services Report	<p>Partnership’s Regional Medical Director for Napa, Solano, and Yolo Counties presented a brief update on Health Services on behalf of the Chief Medical Officer (CMO).</p> <ul style="list-style-type: none"> • Network Engagement <ul style="list-style-type: none"> • Throughout 2024, Partnership met and collaborated with several area medical societies to influence policy and advocacy within the California Medical Association (CMA). • Many initiatives focused on rural health and obstetrical (OB) access in rural communities. • CMA House of Delegates convened at the end of October and increased support for expanding Family Medicine OB fellowship training to increase the number of individuals able to treat pregnant members in rural and isolated areas. • Additional resolutions increased support for the integration of Certified Nurse Midwives (CNMs) and expanding CNM training programs. • DHCS Updates <ul style="list-style-type: none"> • Partnership is prepared for the DHCS audit taking place in December. • Partnership continues to work on the implementation of a dual special needs program (DSNP), Partnership Advantage, as mandated by DHCS. <ul style="list-style-type: none"> • Partnership is in the final stages of selecting a pharmacy benefit manager (PBM). • Staffing Changes <ul style="list-style-type: none"> • Dr. Lisa Ward has been selected to the position of Partnership’s Medical Director for Sonoma and Marin County, starting in February 2025. • Dr. Marshall Kubota will remain at Partnership while training Dr. Ward. • CMA is often dominated by urban areas. Counties proposed having a rural health caucus within CMA for a forum to discuss rural health issues.

AGENDA ITEM	DISCUSSION / CONCLUSIONS
I.B. Chief Medical Officer Health Services Report, Continued	<ul style="list-style-type: none"> • Partnership Obstetrical Conference <ul style="list-style-type: none"> • Partnership is conducting wide-spread marketing for the upcoming all-day Obstetrical Conference held in various Partnership locations on Monday, March 10, 2025. Additional details are available by clicking here. • This year’s conference will feature a presentation from the Surgeon General of California and focus on several topics. <ul style="list-style-type: none"> • Workforce Development • Managing diabetes while pregnant • Medication Assisted Treated (MAT) for Substance Use Disorder (SUD)
I.C.1. Status Update, Regional Medical	<p>Partnership’s Regional Medical Director for Napa, Solano, and Yolo Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Access to primary care is an ongoing issue in Solano County, but many providers have collaborated in efforts to see more patients through increased access and capacity. • Drug Safe Solano, the Opioid Safety Coalition in Solano County, will be hosting a MAT Harm Reduction Symposium on January 10, 2025, at Touro University, Farragut Inn, 1310 Club Drive, Vallejo, CA, 94592 from 8 a.m. to 3 p.m.
I.C.2. Status Update, Regional Medical	<p>Partnership’s Regional Medical Director for Marin and Sonoma Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Partnership is looking forward to welcoming Dr. Lisa Ward to the staff in February 2025. Dr. Ward has served as the Chief Medical Officer at Santa Rosa Community Health and is a graduate of University of California San Francisco (UCSF) Family Medicine Program. She is familiar with the area and will be a great asset to Partnership. • The current Regional Medical director will stay on staff, but will be transitioning to a part-time role in the spring of 2025. • Dr. Donald Goldyn has been appointed the new Chief Medical Officer of Marin City Health and Wellness. • Providence Santa Rosa Memorial is closing several urgent care clinics, which may cause utilization rates of the emergency department (ED) to increase. • Partnership hosted a successful Quality Improvement Program (QIP) meeting with Sonoma and Marin Counties. • The Regional Medical Director and Region Director have been meeting with many area hospitals and strengthening relationships within the network.
I.C.3. Status Update, Regional Medical	<p>Partnership’s Regional Medical Director for Lake, Mendocino, Humboldt, and Del Norte Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Opendoor Community Health has hired many new providers in Humboldt County which will help improve access to primary care. • Mr. Ryan Zumwalt has been appointed the CEO at K’ima:w Medical Center, which has also hired new providers. • Redwood Rural Health Center announced the hiring of Seth Whitmer as its new Executive Director. • Sutter Coast Hospital in Crystal City added a hospice program but is not yet enrolled and fully certified through MediCal. They have begun the process in hopes of treating Partnership members in near future. • California Attorney General Rob Bonta and Providence St. Joseph came to a preliminary agreement to provide all necessary emergency care services, including abortion care, if determined by deposition. The lawsuit is ongoing.
I.C.4. Status Update, Regional Medical	<p>Partnership’s Regional Medical Director for Glenn, Butte, Sutter, Colusa, Yuba, Plumas, Sierra, Nevada, and Placer Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Ampla Health is opening in North Chico. • Western Sierra Medical Clinic and Sierra Foothills Clinics have completed their merger. • Chape-De Indian Health and Colusa Tribal Health are expanding. • Orchard Hospital in Gridley, CA is linking up with Partnership Telemedicine for hospitals and clinics. • Collaborative meeting with Oroville Hospital in hopes of enrollment into Partnership’s Quality Incentive Program. • Met with Healthy Rural California to discuss continued medical education efforts.

AGENDA ITEM	MOTIONS FOR APPROVAL	RECOMMENDATIONS / ACTION	DATE RESOLVED
III.A.	October 2024 PAC minutes were presented for approval.	<u>MOTION:</u> Dr. Brennan moved to approve Agenda III.A as presented, seconded by, seconded by Dr. Shinder. <u>ACTION SUMMARY:</u> [16] yes, [0] no, [0] abstentions.	11/13/24 Motion carried.
III.B. ▪ III.B.1 ▪ III.B.2 ▪ III.B.3 ▪ III.B.5 ▪ III.B.7	Consent Calendar Review • Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – October 2024 • Policies, Procedures, and Guidelines for Action Policy Summary November 2024 • Pharmacy & Therapeutics Committee - October 10, 2024 Summary and Approved Criteria • Credentials Committee Meeting – September 11, 2024 Summary and Credentialed List • Quality Improvement Health Equity Committee Meeting Minutes, September 24, 2024	<u>MOTION:</u> Nurse Sprague moved to approve Agenda III.B.1, III.B.2, III.B.3, III.B.5 and III.B.7, as presented, seconded by Nurse Sprague. <u>ACTION SUMMARY:</u> [16] yes, [0] no, [0] abstentions.	11/13/24 Motion carried.
III.C	Physician Advisory Committee Membership • Resignation of Dr. Noemi Doohan • Resignation of Dr. Brian Evans • Nomination of Dr. Derice Seid	<u>MOTION:</u> Dr. Eidson-Ton moved to approve Agenda III.C, as presented, seconded by Dr. Brennan. <u>ACTION SUMMARY:</u> [16] yes, [0] no, [0] abstentions.	11/13/24 Motion carried.
III.D	Palliative Care Quality Improvement Program Proposal Measurement Year 2025	<u>MOTION:</u> Dr. Brennan moved to approve Agenda III.D, as presented, seconded by Dr. Shinder. <u>ACTION SUMMARY:</u> [16] yes, [0] no, [0] abstentions.	11/13/24 Motion carried.

AGENDA ITEM	DISCUSSION / CONCLUSIONS											
III.D Palliative Care Quality Improvement Program (QIP) Proposal	<p data-bbox="296 175 1041 232">Palliative Care Quality Improvement Program (QIP) Proposal Summary of Proposed Measure Changes for Measurement Year 2025</p> <p data-bbox="594 269 1157 334" style="text-align: center;">Palliative Care Quality Incentive Program Summary of Proposed 2025 Measures</p> <p data-bbox="814 367 873 394" style="text-align: center;">Key:</p> <p data-bbox="602 415 1083 443" style="text-align: center;">New Measure Change to Measure Design</p> <table border="1" data-bbox="357 467 1329 1446"> <thead> <tr> <th data-bbox="357 467 835 521">2024 Measures</th> <th data-bbox="835 467 1329 521">2025 Recommendations</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="357 521 1329 570" style="text-align: center;">Utilization</td> </tr> <tr> <td data-bbox="357 570 835 784"> <p data-bbox="367 574 825 621">1. Avoiding Hospitalization & Emergency Room Visits</p> <ul data-bbox="401 651 793 698" style="list-style-type: none"> • \$240 PMPM if no inpatient or ED use per calendar month </td> <td data-bbox="835 570 1329 784"> <p data-bbox="877 574 1272 621">1. Avoiding Hospitalization & Emergency Room Visits</p> <ul data-bbox="877 651 1272 698" style="list-style-type: none"> • \$240 PMPM if no inpatient or ED use per calendar month <p data-bbox="846 721 1083 768"><i>CHANGE: No recommended changes</i></p> </td> </tr> <tr> <td colspan="2" data-bbox="357 784 1329 824" style="text-align: center;">Quality</td> </tr> <tr> <td data-bbox="357 824 835 1446"> <p data-bbox="401 824 814 872">2. Completion of POLST & Use of Palliative Care Quality Collaborative (PCQC) Tool</p> <ul data-bbox="401 898 762 945" style="list-style-type: none"> • \$120 PMPM once a signed POLST is documented in PCQC <p data-bbox="401 987 789 1062">3. 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AGENDA ITEM	DISCUSSION / CONCLUSIONS
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IV. A
Old Business

None

V.A
Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care

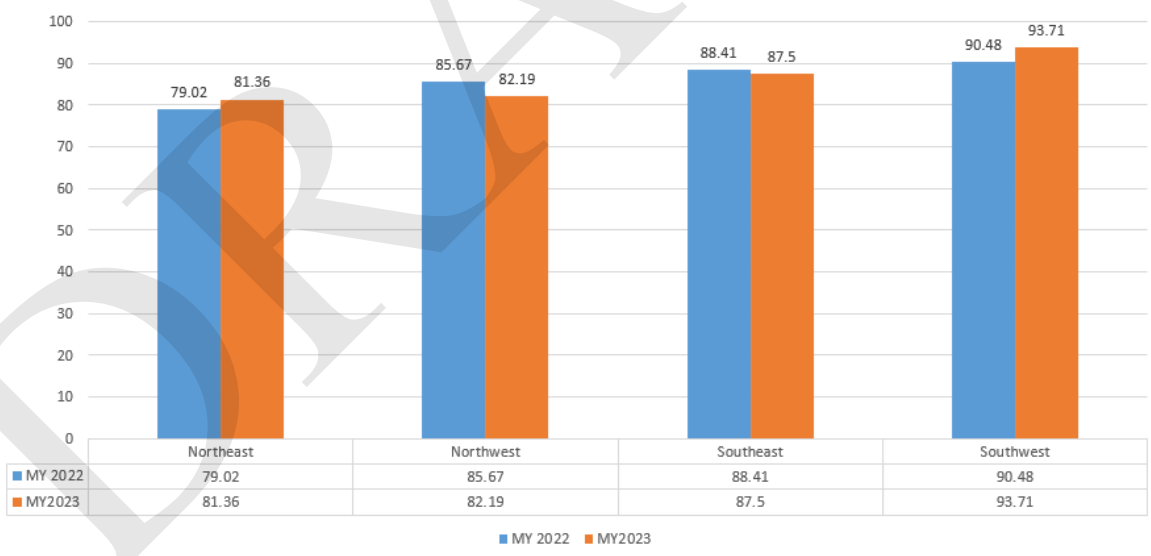
Partnership’s Regional Medical Director for Solano, Napa, and Counties provided a high-level review of how Partnership is working to address perinatal services across its network through initiatives for obstetrical and perinatal care.

This overview provides the most comprehensive information but does not include all services available for pregnant members.

Healthcare Effectiveness Data and Information Set (HEDIS©) data drives many of the efforts in perinatal services offered by Partnership. The information below reflects HEDIS© data, much of which is positive, but some measures fall below the 50th percentile. Prenatal and postnatal care appointments have been declining in some regions. Partnership is implementing initiatives to improve those rates across the network.

**Timely preventative prenatal care is an appointment within the first trimester.*

Partnership HEDIS MCAS Year Over Year Measure Performance- Prenatal Care



- The NCQA's Quality Compass Medicaid **50th percentile rate (84.23%)** was met across 3 of 4 Partnership regions (Northeast, Southeast, Southwest) for the HEDIS® MCAS Measure for Prenatal and Postpartum Care (PPC) – Prenatal Care in MY 2023. The NCQA's Quality Compass Medicaid **90th percentile rate (91.07%)** was met across 1 of 4 Partnership regions (Southwest) for the HEDIS® MCAS Measure for Prenatal and Postpartum Care (PPC) – Prenatal Care in MY 2023. Partnership's Northwest region did not meet the NCQA's Quality Compass Medicaid 50th percentile rate in MY2023.

**AGENDA
ITEM**

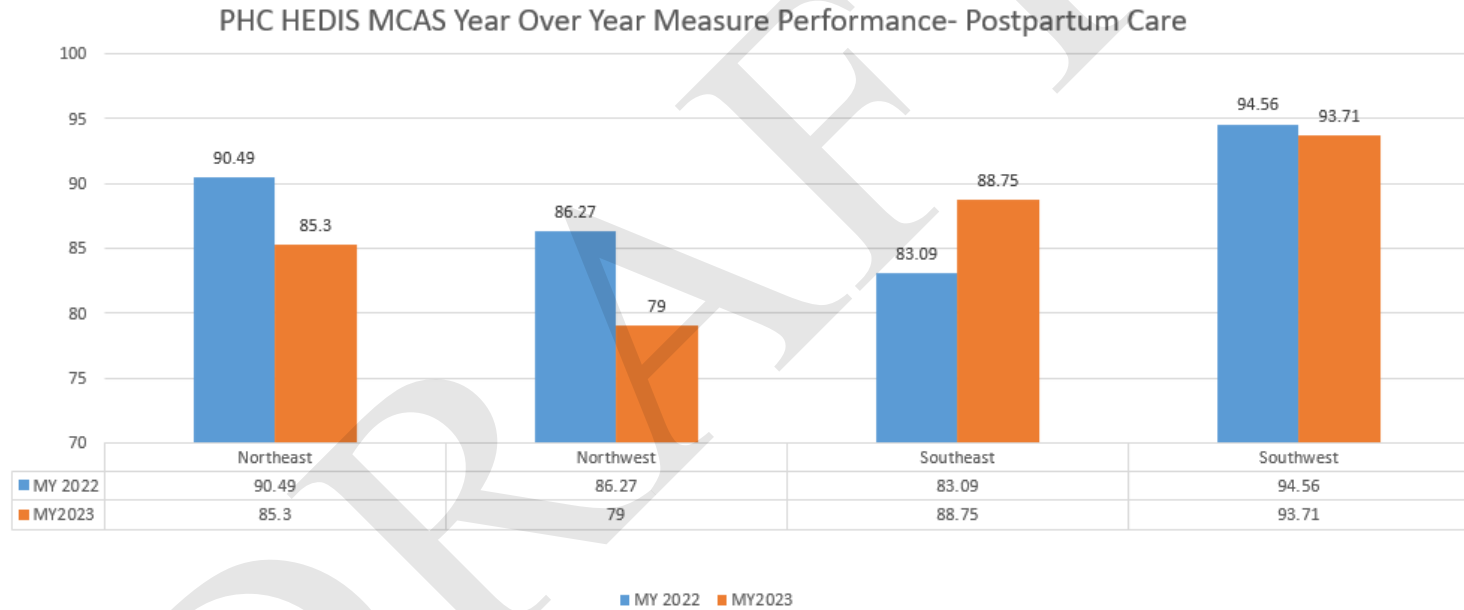
V.A
Partnership
Initiatives for
Obstetrical and
Perinatal Care,
Ensuring
Access and
Quality in
Perinatal Care

DISCUSSION / CONCLUSIONS

**Timely postnatal care is two postpartum visits within 84 days of delivery.*



**Partnership HEDIS Year Over Year Measure
Performance- Postpartum Care**



- The NCQA's Quality Compass Medicaid **50th percentile rate (78.10%)** was met across all Partnership regions for the HEDIS® MCAS Measure for Prenatal and Postpartum Care (PPC) – Postpartum Care in MY 2023. The NCQA's Quality Compass Medicaid **90th percentile rate (84.59%)** was met across 2 of 4 Partnership regions (Southeast and Southwest) for the HEDIS® MCAS Measure for Prenatal and Postpartum Care (PPC) – Postpartum Care in MY 2023. Partnership's Northeast and Northwest regions did not meet the NCQA's Quality Compass Medicaid 90th percentile rate in MY2023.

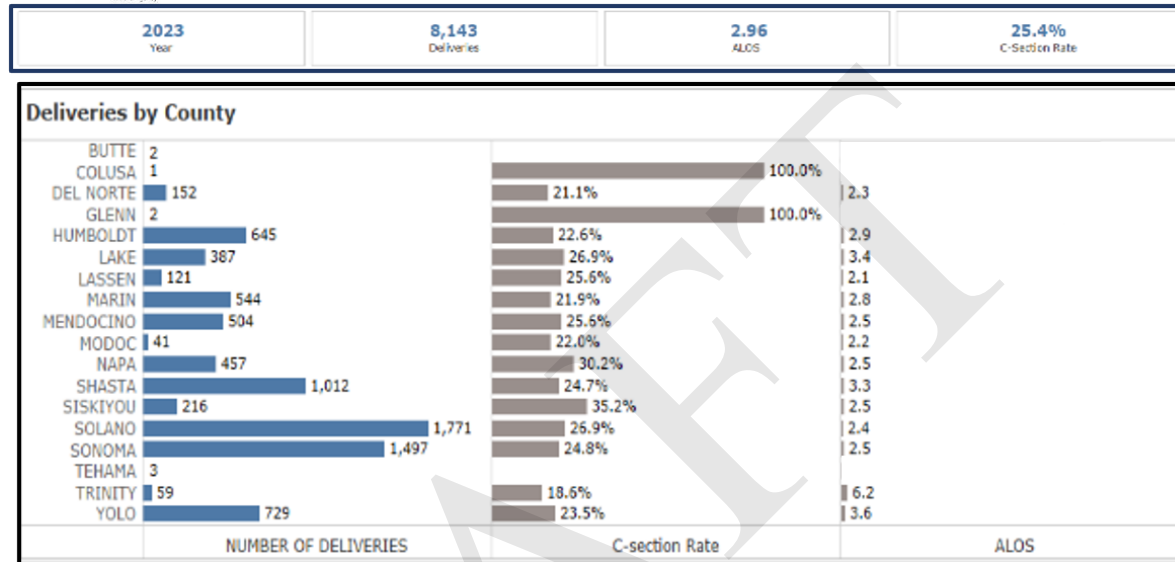
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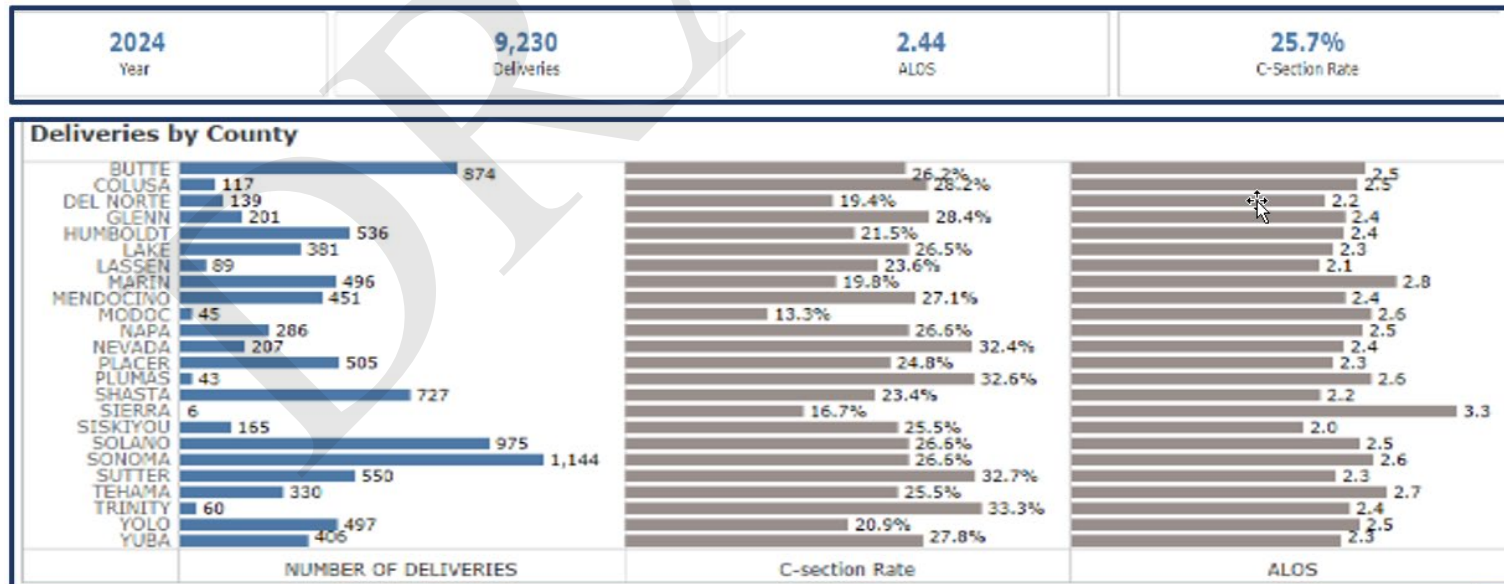
V.A
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Perinatal Care,
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Perinatal Care

DISCUSSION / CONCLUSIONS

Partnership HealthPlan Perinatal Members Served in 2023



Partnership HealthPlan Perinatal Members Served in 2024
(Expansion year through November based on claims data)



**AGENDA
ITEM**

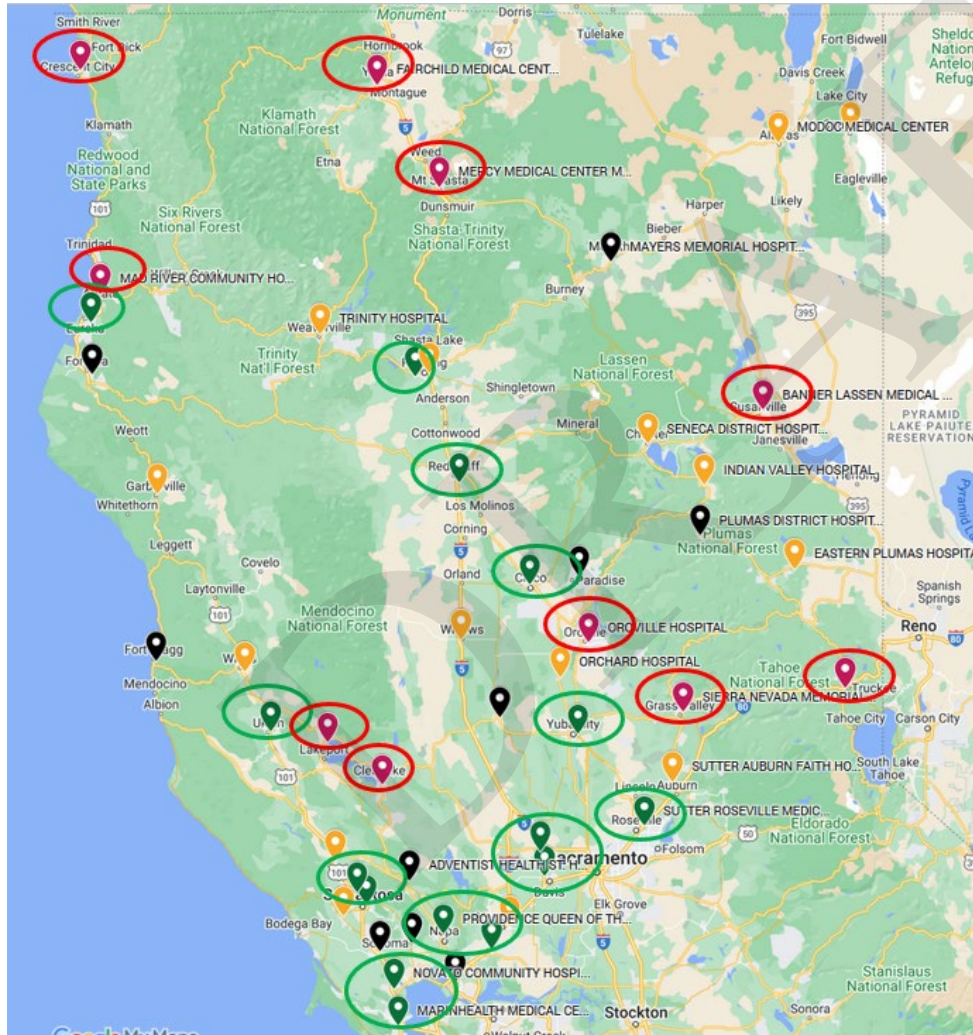
DISCUSSION / CONCLUSIONS

V.A Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care

The Partnership Perinatal Challenge: Closure of Maternity Units

11 OB unit closures in eight years

- Number of hospitals providing OB services decreased from 34 to 23. **See note below (excluding Kaiser)*
- 29% of hospitals providing OB services closed their units.
- Rate of about one closure per year for eight years or 3% per year.
- This is part of a nation-wide trend.
- **Half of all rural counties in the U.S. have no maternity services.**




Loss of Maternity Services Over Time

Maternity Units in 50 non-Kaiser hospitals in Partnership service area

- Closed >10 yrs (15)
- Current: >500 Deliveries/year (15)
- Closed <10 yrs (10)
- Current: Risk of Closure (10)

[Click here for link to map.](#)

**Mad River Community Hospital in Arcata, CA, Humboldt County, closed its OB unit October 31, 2024.*

AGENDA ITEM	DISCUSSION / CONCLUSIONS
<p>V.A Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care</p>	<p>Effect of OB Unit Closures</p> <p>The loss of OB services in any community is very multi factorial. In cases of low volume in rural areas, it has become difficult to maintain staffing and recruiting care providers. Care providers are not limited to physicians and midwives performing deliveries, but also includes trained nurses and anesthesiologists.</p> <p>Additionally, particularly in rural areas in Partnership’s region, there are financial issues related to low volume. There’s a higher payer mix of MediCal members causing some of those rural hospitals to struggle financially more so than a hospital with a more diversified payer mix in an urban area.</p> <p>Mitigating Closure Factors – Partnership Perinatal Portfolio</p> <p><u>Questions Partnership considers in offering services and programs:</u></p> <ul style="list-style-type: none"> • How do we optimize the benefits for our members? • How do we improve access via quality incentive programs for our provider network? • How do we ensure our provider practices have the education they need about services and current guidelines? <div data-bbox="396 649 1902 857" style="text-align: center;">  <p>The banner features the Partnership Health Plan of California logo on the left, which includes a stylized red and white graphic and the text 'PARTNERSHIP HEALTH PLAN of CALIFORNIA A Public Agency'. To the right of the logo, the text 'Partnership Health Plan Perinatal Portfolio' is displayed in white on a blue background.</p> </div> <ul style="list-style-type: none"> • Optimizing Benefits for our Members <ul style="list-style-type: none"> • Partnership Health Perinatal Services • Doula services • Enhanced Care Management: Population of Focus Birth Equity • Quality Incentive Programs <ul style="list-style-type: none"> • Perinatal QIP • Hospital QIP • Enhanced Care Management QIP • Provider Education Initiatives <ul style="list-style-type: none"> • Monthly Webinars • Clinical Practice outreach • Perinatal Care Symposium • Policy <ul style="list-style-type: none"> • Health Plan Policy • Work Force development • Regional and Statewide advocacy

AGENDA ITEM	DISCUSSION / CONCLUSIONS
<p>V.A Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care</p>	<p>Partnership Health Perinatal Services: Comprehensive Perinatal Services 2.0</p> <p>Through working within our communities, Partnership has an opportunity to work in health care in policy within the health plan and in creating policy supporting workforce development both regionally and statewide.</p> <p>In response to changes of the state’s changes to comprehensive perinatal services (CPSP), Partnership developed Partnership Health Perinatal Services (PHPS). A webinar was recently held to share information about the program. At the time CPSP was developed, there was no behavioral health or nutrition services integrated into MediCal. CPSP added those elements to support better outcomes and was a success for many years, but concerns were raised about the oversight of CPSP, and programs fell to the managed care plans (MCPs).</p> <ul style="list-style-type: none"> • Four Domains of Services <ul style="list-style-type: none"> • Health Education and Care Management <ul style="list-style-type: none"> • Individual Assessments and Individual Care Plans: each trimester and post-partum, • Health Education and Care Management during and after pregnancy • Behavioral Health <ul style="list-style-type: none"> • Education Perinatal Case Managers, Comprehensive Perinatal Health Worker (CPHW), LVN, RN • Behavioral Health Therapy” PsyD, LCSW, MSW, SUD counsellors • Nutrition Care <ul style="list-style-type: none"> • Education Perinatal Case Manager, CPHW, RN, LVN • Counselling, and Medical Nutrition Therapy (MNT): Nutrition Health Coaches, RD • Prenatal Medical Care <ul style="list-style-type: none"> • Standardized Clinical care per ACOG guidelines. • Physicians, Nurse Practitioner, Physician Assistant, Nurse Midwives, Licensed Midwives • Doula Services • Non-Clinical pregnancy support demonstrated to improve pregnancy outcomes and satisfaction with birthing experience. • Partnership members are eligible for up to 8 regular visits, 3 extended visits, and Labor & Delivery support. <ul style="list-style-type: none"> • No referral or formal recommendation for this service • Current Status <ul style="list-style-type: none"> • 70 contracted doulas serving 17 counties and over 900 claims paid in the last 90 days. • Interested doulas can contact doulaservices@partnershiphp.org <p>These are not clinical services. They do not require a referral or a recommendation. Members can look on the Partnership website on the directory and select doula in their county. MediCal providers can connect people to doulas in their community.</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS
<p>V.A Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care</p>	<p>Enhanced Care Management: Birth Equity Population of Focus</p> <ul style="list-style-type: none"> • ECM <ul style="list-style-type: none"> • Focused efforts of outreach and support to prenatal practices and organizations that serve African American/ Black and/or American Indian/ Alaskan Native communities. • Current Network <ul style="list-style-type: none"> • Total number of ECM providers: • Multiple contracted provider organizations in each county • Current Access/ Utilization <ul style="list-style-type: none"> • 180 members served <p>Tribal Birth Equity Initiative Goal</p> <div style="text-align: center;"> <p>Goal: To create the best possible outcomes for Native American children/babies</p> <pre> graph TD A[Goal: To create the best possible outcomes for Native American children/babies] --> B[Core Curriculum/Trainings] A --> C[Capacity Building Funding] </pre> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 45%;"> <p><u>Core Curriculum/Trainings</u></p> <ul style="list-style-type: none"> • Case management of pregnant individuals • California Indian Customized Curriculum </div> <div style="border: 1px solid black; padding: 5px; width: 45%;"> <p><u>Capacity Building Funding</u></p> <ul style="list-style-type: none"> • IPP funding • Grants provided to cover educational trainings • Fund case manager recruitment support </div> </div> <p>Tribal Perinatal Program</p> <p>Goal is to enhance and strengthen the maternal care systems in the tribes with evidence-based practices and culturally congruent information.</p> <ul style="list-style-type: none"> • Shared Curriculum Topics, including <ul style="list-style-type: none"> • Family Spirit Curriculum (32 hours) • Hear Her Campaign (1 hour) • Trauma Informed care • Mental health first aid • Motivational Interviewing (Basic training 4 days) • Supporting pregnant individuals with substance use disorder (2 hours initially) Potential 4P's Plus program • Business support (customized to the program) 1 hour • Case Management Boundary Setting • ECM Care Manager Core Training (2 hours) <ul style="list-style-type: none"> • reporting requirements, care plan components • Doula Specific Training (16 hours) • PHPS Case Manager Core Training • Overview of other perinatal resources - CPSP, GTP, Sweet Success (1 hour)

AGENDA ITEM	DISCUSSION / CONCLUSIONS			
<p>V.A Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care</p>	<p>Tribal Perinatal Program Progress</p> <p style="background-color: #d9ead3; border: 1px solid black; padding: 5px; text-align: center;">Cohort groups are dependent on when the tribal health center starts the Tribal Perinatal Program.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 10px;"> <p>Cohort 1 April 2024</p> </td> <td style="text-align: center; padding: 10px;"> <p>Cohort 1.5 June 2024</p> </td> <td style="text-align: center; padding: 10px;"> <p>Cohort 2 October & November 2024</p> </td> </tr> </table> <ul style="list-style-type: none"> • Pit River Health Services • Northern Valley Indian Health • Lake County Tribal Health • Round Valley Indian Health • United Indian Health Service • Chapa-De Indian Health Project • Consolidated Tribal Health Center • Feather River Tribal Health • Greenville Tribal Health • Karuk Tribal Health • Lassen Indian Health Center • Redding Rancheria Indian Health SVS • Sonoma County Indian Health Project <p>Perinatal QIP</p> <ul style="list-style-type: none"> • Perinatal QIP <ul style="list-style-type: none"> • Incentives for perinatal practice for: <ul style="list-style-type: none"> • First Trimester Prenatal Care • 2 Post Partum Visits • Vaccines in pregnancy: TDAP and Influenza • 29 Parent Organizations and 97 sites • Year Over Year Improvement in Prenatal and Post Partum Visits <ul style="list-style-type: none"> • Vaccination rates decreased after COVID and starting to rise in some areas. • Areas of Focus for Improvement <ul style="list-style-type: none"> • Post Partum Care: Prenatal Care rates: Del Norte, Humboldt and Trinity Counties • Prenatal Care: Del Norte Humboldt, Lassen, Shasta 	<p>Cohort 1 April 2024</p>	<p>Cohort 1.5 June 2024</p>	<p>Cohort 2 October & November 2024</p>
<p>Cohort 1 April 2024</p>	<p>Cohort 1.5 June 2024</p>	<p>Cohort 2 October & November 2024</p>		

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care	<p>Provider Engagement and Education</p> <ul style="list-style-type: none"> • Raising Quality and Improving Outcomes: Clinical Provider Engagement Series <ul style="list-style-type: none"> • CME earning presentations with individual prenatal care organizations • Provides updates in clinical guidelines related to pregnancy care • Shares data from State, County and Partnership resources regarding perinatal care • Shares practice specific Perinatal Quality Incentive Program data • Reviews with each organization best/promising for perinatal care • 2025 to focus on PHPS and updated guidelines • Perinatal Care Symposium <ul style="list-style-type: none"> • Next March 10, 2025 – New Solutions to Common Challenges • 2023 Symposium Shuttering of Maternity Care • Partnership Health Perinatal Services <ul style="list-style-type: none"> • Kick Off webinar in Sept 2024 • Monthly webinars starting in January 2025 • Building a Doula Network • Partner with local initiatives to train doulas • Local outreach and convening of doulas and hospital/ outpatient providers • Monthly Introductory Webinars reviewing process for doulas to participate as MediCal provider, contract and credential with Partnership • Ongoing trainings to meet the needs of our members: <ul style="list-style-type: none"> • Motivational Interviewing • Trauma Informed Care • Mental Health First Aid • Neonatal Airway Management <ul style="list-style-type: none"> • 2-hour hands-on experiential training to learn updated techniques and tools for airway newborn management • Focusses on training L&D, Pediatric, Emergency Department and EMS teams • Training + Neonatal Airway Scope provided to rural hospitals • Basic Life Support/Obstetrics <ul style="list-style-type: none"> • Day Long experiential training to learn approaches to addressing Obstetric Urgencies • For non-medical professionals who work with pregnant individuals/ families - doulas, non-medical first responders, perinatal case managers • Advanced Life Support/Obstetrics <ul style="list-style-type: none"> • Day long experiential, CME eligible training for clinicians to address obstetrical urgencies • Focus on clinicians who care for pregnant individuals: Family Medicine Providers, Midwives, Emergency Medicine providers, Nurses, EMTs

AGENDA ITEM	DISCUSSION / CONCLUSIONS
<p>V.A Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care</p>	<p>Member Engagement: Partnership Growing Together Program</p> <p>Member Education and Engagement Through Targeted Outreach</p> <p>Member Engagement</p> <ul style="list-style-type: none"> • Phone call check ins <ul style="list-style-type: none"> ○ Prenatal x 3 ○ Postpartum x 2 ○ Healthy Babies up to 7 • Perinatal incentives - \$25 x 2 and \$50 X 2 <ul style="list-style-type: none"> ○ TDAP vaccine ○ Flu Vaccine ○ Postpartum exams before 84 days • Case Management follow-up as needed <ul style="list-style-type: none"> ○ At-Risk Members ○ At-Risk Babies <ul style="list-style-type: none"> • Healthy Baby incentives - \$25 x 4 <ul style="list-style-type: none"> ○ 2 Well-child visits before 3 months ○ 2 Well-child visits between 4-6 months ○ 2 Well Child visits between 9-15 months NEW ○ 2 Well Child visits between 15-30 months NEW • Incentive - \$100 gift card NEW <ul style="list-style-type: none"> • For receiving all required immunizations, including 2 flu, on time by 24 months. Requires record verification <p>Partnership Policy Focused Initiatives</p> <p>Work Force Development</p> <ul style="list-style-type: none"> • Recruitment and Retention policies includes Midwives and • Incentivize hospitals to include Family Medicine and Midwives as eligible medical staff to provide obstetrics care. <p>Leveraging advocacy through professional organizations</p> <ul style="list-style-type: none"> • California Medical Association -- Resolutions Developed and Passed <ul style="list-style-type: none"> • Expansion of Family Medicine+OB fellowship trained physicians to practice in rural areas • Integration of Certified Nurse Midwives in obstetrics teams • California Academy of Family Physicians Resolutions <ul style="list-style-type: none"> • Supports Access to Safe OB Services or All Californians • Supports Efforts to have basic hospital maternity services within 60 minutes transport in good weather

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care	<p>Policy Solutions to Consider</p> <ul style="list-style-type: none"> • Adapt /Update Reimbursement Models <ul style="list-style-type: none"> • Favor changes to reflect the costs for hospital and birth center costs that are not accounted for in current models and are especially harmful to low volume facilities. • An all-payer model that shifts hospital payments to an annual global hospital budget for inpatient and outpatient service – This was modelled in Maryland successfully. • Consider Alternative Models for Birth Services <ul style="list-style-type: none"> • Stand By Perinatal Services • Alternative Birth Centers (ABCs) - Revise licensing requirements focusing on existing accreditation standards. <p>Questions regarding PHPS can be directed to</p> <ul style="list-style-type: none"> • PerinatalQIP@partnershipHP.org • TribalBirthEquity@partnershipHP.org • Dr. Colleen Townsend at ctownsend@partnershipHP.org. <p>Questions/Comments</p> <p>Committee member, Dr. Christina Lasich, shared a recent case where a patient began to experience a seizure due to an amniotic fluid embolism (AFE) while undergoing a caesarian section delivery. The patient’s life was saved by a locum physician, and the infant was treated by a locum pediatrician. All were exceptionally grateful both the infant and adult patient are healthy as a result.</p> <p>Dr. Lasich also shared the cost of the locum OB/GYN who saved the patient’s life costs the hospital \$42K per week due to costs of services and housing at long-term-stay hotels. She questioned the employment model of locums providers filling in gaps and how permanent residency can compete to become the employment model of choice. Dr. Lasich shared locums providers have the additional benefits of avoiding credentialing, housing payments, and logistics coordination because all of that work is completed on the locums’ behalf by the hiring facility. A locums provider shows up to work and leaves after the term is completed. It is a challenging model for competition of hiring permanent staff.</p> <p>Partnership’s Dr. Colleen Townsend responded by acknowledging the trend of hiring locums to fill in staffing shortages and the issues in addressing the root cause of locums work in trying to mitigate those conditions over time to shift to a more sustainable model allowing for more continuity and better overall cost for healthcare systems. All of Partnership’s efforts to improve alternative birthing sites does not negate the need for hospital-based care. It is an interesting time for staffing healthcare services.</p> <p>Dr. Shinder of CommuniCare+Ole furthered her experience in working with many locums over the years creates a delicate issue because the locums providers are highly skilled and have had excellent outcomes. She observed the barrier is usually flexibility afforded to locums providers and their ability to choose locations, duration, and non-working hours for optimal work-life balance many are seeking. She also shared an idea for having internal locums to see what that internal flexibility mobility could be like to staff in these situations. She noted it could be effective for outpatient side care but proposed it may be beneficial for hospitals to offer flexibility for permanent staff since locums are extremely expensive.</p>

VI. Adjournment		
PAC adjourned at 8:48 a.m.	Next PAC on Wednesday, January 8, 2025 at 7:30 a.m. Brown Act flexibilities have ended.	

For Signature Only

The foregoing minutes were APPROVED AS PRESENTED on

Date

Steve Gwiazdowski, M.D., Committee Chairperson

The foregoing minutes were APPROVED WITH MODIFICATION on

Date

Steve Gwiazdowski, M.D., Committee Chairperson

DRAFT

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

Date: Nov. 20, 2024

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
2760 Esplanade Ave., Ste 130, Chico 95973 | Temp Conf Room

Other Locations:

Open Door Community Health Center, 3770 Janes Road, Arcata

Partnership Staff only may join by Web-ex:

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

Partnership 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 recording 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.

Welcome / Introductions / Public welcome at cited locations

	Item	Lead	Time	Page #
I.	Call to Order – Welcome/Introductions/Announcements/Approval/Acceptance of Minutes			
1	<i>Approval of</i> • Oct. 16 Quality/Utilization Advisory Committee (Q/UAC) Minutes			5 - 19
2	<i>Acknowledgment and acceptance of draft</i> • Oct. 8 Internal Quality Improvement (IQI) Committee Meeting Minutes • Sept. 23 Quality Improvement Health Equity Committee (QIHEC) Minutes • Aug. 29 Member Grievance Review Committee (MGRC) Minutes • Oct. 3 Population Needs Assessment (PNA) Committee Minutes		7: 30	21 - 59
II.	Standing Updates			
1	Quality and Performance Improvement Program Update	Nancy Steffen	7:33	61 - 75
2	HealthPlan Update <i>Q/UAC voters are asked to help with NCQA Health Equity Accreditation efforts by completing this survey:</i> https://www.surveymonkey.com/r/QUACDEI	Robert Moore, MD	7:38	--
IV.	New Business – Consent Calendar			
	Consent Calendar 2023 PCP QIP Program Evaluation – <i>direct questions to Athena Beltran-Nampraseut</i> Grievance & Appeals PULSE Quarterly – <i>direct questions to Latrice Innes</i> UM Delegation to Capitated Hospitals – <i>direct questions to Tony Hightower, CPhT</i>	All	7:43	77
				79 - 102
				103 - 113
				115
	Quality Improvement Policies			
	MCQG1015 – Pediatric Preventive Health Guidelines			117 - 130
	MCQP1021 – Initial Health Appointment			131 - 140
	MPQG1011 – Non-Physician Medical Practitioners & Medical Assistants Practice Guideline	141 - 149		

	Item	Lead	Time	Page #
	Utilization Management Policies			
	MCUP3102 – Vision Care			151 - 153
	MCUP3106 – Waiver Programs			154 - 159
	MCUP3125 – Gender Dysphoria/Surgical Treatment			160 - 164
	MCUP3137 – Palliative Care Intensive Program (Adult)			165 - 172
	Transportation Policies			
	MCCP2016 – Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT)			173 - 184
	MCCP2029 – Emergency Medical Transportation			185 - 187
	Member Services			
	MP300 – Member Notification of Provider Termination of Change in Location			189 - 192
V.	New Business – Discussion Policies			
	Synopsis of Changes		--	193 - 199
	Health Equity			
	Health Equity: MCEP6002 – Quality Improvement and Health Equity Committee (QIHEC) <i>CLEAN copy begins on p.206</i>	Mohamed Jalloh, Pharm.D	7:46	201 - 210
	Population Health			
	MCNP9006 – Doula Services Benefit	Hannah O’Leary, MPH	7:52	211 - 219
	Behavioral Health			
	MCUP3028 – Mental Health Services	Mark Bontrager	7:58	221 - 233
	MCUP3101 – Screening and Treatment for Substance Use Disorders		8:04	234 - 257
	Utilization Management			
	MCUP3131 – Genetic Screening & Diagnostics	Colleen Townsend, MD	8:10	258 - 391
VI.	Presentations			
1	Grand Analysis: Member Experience MY 2023 / RY 2024 <i>Consumer Assessment of Healthcare Providers & Services (CAHPS) NCQA ME 7 Report begins on p. 409</i>	Anthony Sackett, Kory Watkins, MBA	8:16	393 - 465
2	Grand Analysis: Network Access <i>Assessment of Network Adequacy NCQA NET 3, Elements A-B Report begins on p. 481</i>	Renee Trosky, BSRRT	8:35	467 - 515
VII. FYI	2025 QI Committees Meeting Schedule and Material Deadlines	<i>Direct issues and edits to Leslie Erickson</i>		517
	2025 QI Committees Presentations Calendar			518
	Health Services and Other External Policies before 2025 IQI/QUAC			519 - 523
Adjournment scheduled for 8:55 a.m. Q/UAC next meets 7:30 a.m. Wednesday, Jan. 15, 2025 – HAPPY HOLIDAYS!				

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEETING MINUTES**

Quality and Utilization Advisory Committee (Q/UAC) Meeting
Wednesday, Nov. 20, 2024 / 7:32 a.m. – 8:55 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, 2023 lifting of California's Public Health Emergency.

<p><u>Voting Members Present</u> Steven Gwiazdowski, MD, FAAP Emma Hackett, MD, FACOG Brandy Lane, PHC Consumer Member</p>	<p>Brian Montenegro, MD Meagan Mulligan, FNP-BC John Murphy, MD</p>	<p>Michael Strain, PHC Consumer Member Chris Swales, MD Jennifer Wilson, MD</p>
<p><u>Voting Members Absent:</u> Sara Choudhry, MD; Phuong Luu, MD; Robert Quon, MD, FACP; Randolph Thomas, MD</p>		
<p><u>Partnership Ex-Officio Members Present:</u> Bides, Robert, RN, BSN, Mgr, Member Safety – Quality Investigations, QI Cox, Bradley, DO, Regional Medical Director (Northeast) Devido, Jeff, MD, Behavioral Health Clinical Director Esget, Heather, RN, BSN, ACM, Director of Utilization Management Frankovich, Terry, MD, Associate Medical Director Glickstein, Mark, MD, Associate Medical Director Hightower, Tony, CPhT, Associate Director, UM Regulations Jalloh, Mohamed “Moe”, Pharm.D, Dir. of Health Equity (Health Equity Officer) Jones, Kermit, MD, JD, Medical Director for Medicare Services Katz, Dave, MD, Associate Medical Director Kubota, Marshall, MD, Regional Medical Director (Southwest) Leung, Stan, Pharm.D, Director of Pharmacy Services</p>	<p>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 O’Connell, Lisa, Director, Enhanced Health Services Randhawa, Manleen, Senior Health Educator, Population Health Ribordy, Jeff, MD, Regional Medical Director (Northwest) Ruffin, DeLorean, DrPH, Director of Population Health Spiller, Bettina, MD, Associate Medical Director 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, Director, Grievance and Appeals</p>	
<p><u>Partnership Ex-Officio Members Absent:</u> Barresi, Katherine, RN, BSN, PHN, NE-BC, CCM, Chief Health Services Officer Cotter, James, MD, Associate Medical Director Gast, Brigid, MSN, BS, RN, NEA-BC, Senior Director, Care Management</p>	<p>Guillory, Ledra, Senior Manager of Provider Relations Representatives Guevarra, Angela, RN, Associate Director, Care Coordination (SR) Hartigan, Nicole, RN, Associate Director, Care Coordination (NR) Kerlin, Mary, Senior Director of Provider Relations</p>	
<p><u>Guests:</u> Beltran-Nampraseut, Athena, Program Manager II, QI (PCP QIP) Blake, Jill, Regional Director (Auburn) Bontrager, Mark, Sr. Director of Behavioral Health, Administration Brunkal, Monika, RPh, Associate Director, Population Health Campbell, Anna, Health Policy Analyst, Utilization Management Devan, James, Manager of Performance Improvement, QI Erickson, Leslie, Program Coordinator II, QI (scribe) Gual, Kristine, PMP, CPHQ, Director of Quality Measurement, QI</p>	<p>Jarrett-Lee, Kevin, Associate Director of Utilization Management Klakken, Vicky, Regional Director (Northwest) Matthews, Richard “Doug,” MD, Regional Medical Director (Chico) Maxwell, Aaron, Director of Transportation Services McCune, Amy, Manager of Quality Incentive Programs, QI O’Leary, Hannah, MPH, Manager of Population Health, Pop Health Quichocho, Sue, Manager of Quality Measurement, QI Sackett, Anthony, Program Manager II, QI (CAHPS®)</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<p>I. Call to Order</p> <p>Public Comment – <i>None made</i></p> <p>Introductions <i>None made</i></p> <p>Approval of Minutes</p>	<p>Chair Robert Moore, MD, MPH, MBA, called the meeting to order at 7:32 a.m. from the Redding – Airpark office.</p> <p>The Oct. 16, 2024 Q/UAC Minutes were approved as presented without comment.</p> <p><i>Acknowledgment and acceptance of draft meeting minutes of the</i></p> <ul style="list-style-type: none"> • Oct. 8 Internal Quality Improvement (IQI) Committee • Oct. 3 Population Needs Assessment (PNA) Committee • Sept. 23 Quality Improvement Health Equity Committee (QIHEC) • Aug. 29 Member grievance Review Committee (MGRC) 	<p>Unanimous Approval of Q/UAC Minutes as presented: Steven Gwiazdowski, MD Second: Chris Swales, MD</p> <p>Unanimous Acceptance of other Minutes: Steven Gwiazdowski, MD Second: Meagan Mulligan, FNP</p>
II. Standing Updates		
<p>1. Quality Improvement (QI) Department Update</p> <p><i>Nancy Steffen, Sr. Dir. of Quality and Performance Improvement</i></p>	<ul style="list-style-type: none"> • The locum pilot we have been pursuing over the last several months is designed to bring short term access and a focus to preventative care screenings in measures that we have been struggling with: in HEDIS® (Health Effectiveness and Data Information Set), in particular, we have been focused on well-child visits and cervical cancer screening. This is a money set-aside that we offered to our lower performing QIP provider organizations, four of which accepted this opportunity. They were able to secure a physician vs. a nurse practitioner or other advancing clinician and for a series of weeks, looked at ways they could meet those needs as well as acute visit needs, thereby freeing up providers to see their regular patients who are members. <ul style="list-style-type: none"> ○ Two Tribal Health providers participated in this opportunity. ○ Community Medical Center was offered an extension beyond the initial four-week grant period, simply because they were willing to serve some of our direct Members and focus on child and adolescent well child measure, which is an area of focus in our disparity at present, particularly in the Southeast counties. It is pairing nicely with those providers who were offered capacity enhancement grants, those grant offerings we put forward for those providers who were absorbing our displaced Dignity members earlier this year. <p>We will do a comprehensive evaluation, which will inform how this might be integrated in our ongoing performance improvement work as we address some of our lagging HEDIS measures.</p> <ul style="list-style-type: none"> • We will continue to update this committee on our mobile mammography program and event days. The program continues to gain efficiencies both with our vendor partner, Alinea, and with our provider network too. 	<p>For information only: no formal action required.</p> <p>There were no questions for Nancy.</p>
<p>2. HealthPlan Update</p> <p><i>Robert Moore, MD Chief Medical Officer</i></p>	<ul style="list-style-type: none"> • We are pleased to welcome back Chief Executive Officer Sonja Bjork, who has been on extended medical leave. • We are preparing for our annual Department of Health Care Services audit coming in the first weeks of December. DHCS will likely tell us that that we will be accountable for sanctions for county-level performance, instead of region-wide performance. We have many concerns and have pushed back with little success: we will be doing additional analysis to counter their proposal. 	<p>There were no questions for Dr. Moore.</p> <p>The “Partnership Advantage” Model of Care will be presented to</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<ul style="list-style-type: none"> We do not know as yet how the recent federal election results might effect Medi-Cal and Medi-Cal managed care at the Centers for Medicare and Medicaid Services (CMS). Various trade organization are monitoring developments. The recent California Medical Association (CMA) House of Delegates meeting focused on rural health and equity and obstetrics access, both of which are high priorities for Partnership. Seven or eight of our Medical Directors attended, together with many of our physician providers. A CMA majority is urban focused, so this was a step in the right direction to put our issues in front of the membership. “Partnership Advantage,” our developing Medicare line of business, is going live Jan. 1, 2026 in eight of our 24 counties: Del Norte, Humboldt, Mendocino, Lake, Marin, Sonoma, Napa, and Solano. Preparations are proceeding. We anticipate an initial enrollment of perhaps 3-5,000 members. Note, that although DHCS is mandating that Partnership do this, commercial plans across the country are abandoning Medicare Advantage markets. The financial feasibility is somewhat tenuous: our larger Medi-Cal program should be able to keep it afloat even if it is not profitable for many years. 	<p>Q/UAC at its Feb. 19, 2025 meeting.</p> <p><i>Meeting postscript:</i> Dr. Moore’s November Medical Directors Newsletter was emailed to Q/UAC clinical members on Nov. 28.</p>
III. Old Business – None		
IV. New Business – Consent Calendar (Committee Members as Applicable)		
Consent Calendar	<p>2023 PCP QIP Program Evaluation ¹ – <i>direct questions to Athena Beltran-Nampraseut</i> Grievance & Appeals PULSE Quarterly – <i>direct questions to Latrice Innes</i> UM Delegation to Capitated Hospitals – <i>direct questions to Tony Hightower, CPhT</i></p> <p><i>Health Services Policies</i> <u>Quality Improvement</u> MCQG1015 – Pediatric Preventive Health Guidelines – <i>pulled to audible an addition</i> MCQP1021 – Initial Health Appointment MPQG1011 – Non-Physician Medical Practitioners & Medical Assistants Practice Guideline</p> <p><u>Utilization Management</u> MCUP3102 – Vision Care MCUP3106 – Waiver Programs MCUP3125 – Gender Dysphoria/Surgical Treatment – <i>pulled to audible a deletion</i> MCUP3137 – Palliative Care Intensive Program (Adults)</p> <p><u>Transportation Policies</u> MCCP2016 – Transportation Policy for Non-Emergency Medical (NMT) and Non-Medical Transportation (NMT) MCCP2029 – Emergency Medical Transportation</p> <p><i>Non-Health Services Policy</i> <u>Member Services</u> MP300 – Member Notification of Provider Termination of Change in Location</p>	<p>Motion to approve without the two pulled policies: Meagan Mulligan, FNP- BC Second: Brian Montenegro, MD <i>Approved unanimously</i></p> <p>Motion to approve MCQG1015 as amended: Steven Gwiazdowski, MD Second: Brian Montenegro, MD <i>Approved unanimously</i></p> <p>Motion to approve MCUP3125 as amended: Chris Swales, MD Second: Steven Gwiazdowski, MD <i>Approved unanimously</i></p>

¹ As time permitted, Athena also presented her report to Q/UAC. See summation at the end of this document.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Rachel Newman, RN, pulled MCQG1015 to audible an addition at VI.C.2. Vaccines for Children (VFC) is not mandatory if a provider site has less than 200 children assigned and refers out to appropriate facilities following the Advisory Committee on Immunization Practices (ACIP) recommended immunization schedule. Referrals should be documented in the Electronic Health Record (EHR). Dr. Moore noted that sites with too few patients cannot maintain an inventory of vaccines without it going bad.</p> <p>Both Dr. Moore and Anna Campbell thanked Q/UAC voter Chris Swales, MD, for his pre-review of MCUP3125. At Dr. Swales' suggestion, we are deleting that policy section that previously recommended 12 continuous months of living in a gender role before reassignment surgery is performed. This is not a legal requirement.</p>	<p><u>Next Steps:</u> All policies go to Jan. 8, 2025 Physician Advisory Committee (PAC)</p>
V. New Business – Discussion Policies		
Policy Owner: Health Equity – <i>Presenter: Mohamed Jalloh, Pharm.D, Director, Health Equity (Health Equity Officer)</i>		
<p>MCEP6002 – Quality Improvement and Health Equity Committee (QIHEC)</p>	<p>Changes suggested by senior Health Services leadership at Oct. 8 IQI are now incorporated into this policy revision. Per Nov. 12 IQI, the Medical Director for Medicare Services and the Director, Enhanced Health Services are now QIHEC members.</p> <p>Section I. Related Policies. Added MCNP9002 – Cultural & Linguistic Program Description. Section VI.B.1.b: Added that Members are invited to join at the discretion of the co-chairs. Section VI.B.1.c: Updated number of official voting members to 9 to 15 to ensure ability to meet quorum threshold and ensure progress of the meeting. Section VI.B.1.c. 3-4): Added language mirrors MCNP9022 provisos: QIHEC makes a good faith effort to recruit individuals representing the racial/ethnic, linguistic, gender identity that are represented in our counties. Ideally, the committee is looking to include individuals representing such groups in our network – especially groups that constitute at least 5% of the population at a minimum. Annually, the Health Equity Officer reviews the composition of the committee and will work with committee members to make a good faith effort to meet such thresholds. In alignment with the Consumer Advisory Committee Guiding Principles (see MCND9002, Attachment F), eligible Partnership members, and legal parents, guardians or conservators of an eligible minor (under age 18) Partnership member are eligible to join. Section VI.B.1.c.6): Amended to acknowledge that prospective members may be asked to sign Conflict of Interest an Confidentiality agreements. Section VI.B.6: Changed meeting frequency from quarterly to every other month due to large number of items that QIHEC will need to review. Section VI.B.7: Revised language around the expected content of meeting minutes and the internal departments that receive these minutes and then send them on to DHCS. Section VI.C.6 & 7: Added responsibilities to analyze results of Members' grievances around discrimination and any actions taken by the U.S. Equal Employment Opportunity Commission. Section VI.C.12: Added that feedback from Partnership's Community Advisory Committee (CAC) will be solicited for continued Diversity, Equity, and Inclusion (DEI) training programs.</p>	<p>There were no questions.</p> <p>Motion to approve as presented with the additional internal staff: Brian Montenegro, MD Second: Meagan Mulligan, FNP</p> <p style="text-align: right;"><i>Approved unanimously</i></p> <p><u>Next Steps:</u> Jan. 8, 2025 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Section VI.C.13: Added that QIHEC will review, provide input, and vote to approve Partnership’s Quality Achievement Community Reinvestment plans in the “Cultivating Improved Health” use category if the Health Plan is subject to the quality achievement community reinvestment requirement by DHCS.</p> <p>Dr. Jalloh went through the synopsis. In future, QIHEC may go from meeting every other month to meeting monthly to meet DHCS expectations around health equity work. Note: after the meeting packet was distributed, we added our Tribal Health Liaison, our Associate Director for Transportation and our PMO director as standing QIHEC members.</p>	
<p>Policy Owner: Population Health – Presenter: Hannah O’Leary, MPH, Manager of Population Health</p>		
<p>MCNP9006 – Doula Services Benefit</p>	<p>Changed instances of “PHC” to “Partnership, and Partnership URL changed to the current standard (PartnershipHP.org), small grammar changes. Various parts removed that are no longer relevant or are best conveyed in other policies. (See Related Policies section.)</p> <p>Section I: added MCND9002 Cultural and Linguistic Program Description to Related Policies.</p> <p>Section VI.A.2: added that doulas are “trained birth workers.”</p> <p>Section VI.E.2.d.1: added “The extended postpartum visits are billed in 15-minute increments, up to three hours, up to two visits per pregnancy per individual, provided on separate days.”</p> <p>Section VI.E.3.b: added “the LPHA can note the medical need for the member or include chart notes that specify the need for additional visits.”</p> <p>Section VI.H.3: added “1.Refer to sections VI.E.2. for a description of doula services authorized under the DHCS standing recommendation and section VI.E.3. for services that require prior authorization.”</p> <p>Section VI.I.2: added “Doulas are not prohibited from teaching classes that are available at no cost to Members to whom they are providing doula services.”</p> <p>Section VI.K.4.a: added “Doulas must submit claims with diagnosis and procedure codes as outlined by DHCS. Please refer to Attachment B for the list of codes.</p> <p>Section VI.K.4.b: added “Partnership will submit data related to doula services utilization and provider network per DHCS requirements.”</p> <p>New Attachment B: Doula Crosswalk Coding Information This attachment adds a resource for doulas looking for DHCS diagnosis codes. Doulas are required to include a DHCS diagnosis code on their claims.</p>	<p>There were no questions.</p> <p>Motion to approve as presented: Chris Swales, MD Second: Meagan Mulligan, FNP</p> <p style="text-align: right;"><i>Approved unanimously</i></p> <p><u>Next Steps:</u> Jan. 8, 2025 PAC</p>
<p>Policy Owner: Behavioral Health – Presenter: Mark Bontrager, Senior Director, Behavioral Health</p>		
<p>MCUP3028 – Mental Health Services</p>	<p>This policy was updated to include changes per APL 22-029 Revised, Dyadic Services & Family Therapy Benefit.</p> <p>Section I: Policy MCQG1015 – Pediatric Preventive Health Guidelines was added as a Related Policy</p> <p>Section III. B. – D.: Definitions were added for Dyad, Dyadic Services Benefit, and Managed Behavioral Healthcare Organization.</p> <p>Section VI.A.4.d.4): Language around our closed loop referral process in response to a DHCS Focused Audit</p>	<p>Motion to approve as presented: Meagan Mulligan, FNP Second: Brian Montenegro, MD</p> <p style="text-align: right;"><i>Approved unanimously</i></p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Section VI.J.: This new section was added to describe how Partnership covers family therapy.</p> <p>Section VI.N.3.: This paragraph was added to explain how Partnership will execute MOUs with County Mental Health Plans for the purpose of sharing clinical data in order to better coordinate care of Members, improve quality and meet the requirements of the Behavioral Health Quality Incentive Program (BHQIP).</p> <p>Section VI.O.: This new section was added to describe the Dyadic Services Benefit.</p> <p>Section VII.N. and O.: Two new References were added for APL 22-029 Revised: Dyadic Services & Family Therapy Benefit (03/20/2023) and California Welfare and Institutions Code section 14132.755, Dyadic Behavioral Health Visits</p> <p>Mark went through the synopsis, clarifying that the added dyad definition refers to child/parent caregiver. The closed looped referral language now reflects that Partnership must ensure that, when making a referral to a county-level system of care for specialty mental health or SUD services, Partnership needs to ensure there is another appointment set in that other system of care and that we know the results of that appointment. Section VI.4.d.4, notes that if Partnership is unable to confirm with the other system of care that the appointment was fulfilled, we will seek confirmation with the Member. We note that family therapy is a covered benefit. We add a lengthy description of the dyadic services benefit, which is really a behavioral health well-child visit that is to occur on the same schedule as a medical well-child visit going forward. It is a bit of a cut and paste from the APL but it is now contained herein.</p> <p>Rachel Newman, RN, noting that the Pediatric Preventive Health Guidelines had been added to the Related Policies list, asked if the Adult guidelines should be added as well. Mark said no as this dyadic benefit is only available to members aged 20 and below and their caregiver. There is no applicability to adults, he said. Jeff Ribordy, MD, and Mark Netherda, MD, concurred.</p>	<p><u>Next Steps:</u> Jan. 8, 2025 PAC</p>
<p>MCUP3101 – Screening and Treatment for Substance Use Disorders</p>	<p>Section IV. Attachments: Policy attachments C. and D. were Archived. Instead, the requirements for Brief Behavioral Counseling Intervention/ Referral can be found in the main MCUP3101 policy document. Due to this change, Attachment E. became Attachment C.</p> <p>Section VI.A.3.b.: Recommended ICD 10 codes for medical specialists providing office visits for SUD treatment were updated to F11.xx or F10.xx. to avoid the requirement for a RAF.</p> <p>Section VI.B.3.a. and VI.C.8.a. : Deleted the word “outpatient.”</p> <p>Section VI.C.3.c. : Deleted part of this paragraph describing the Application to be a Contracted Brief Behavioral Counseling Intervention/ Referral to Treatment Provider. Attachments C and D regarding the application process have been Archived.</p> <p>Section VI.C.5. and 5.e. and 5.e.1) : Deleted the word “Contracted”</p> <p>Mark explained that VI.A.3.b. expands coding that can be used to bill Medication Assisted Treatment (MAT) without the requirement of a RAF. We eliminated the specific 10.2 and 11.2 for alcohol dependence and opioid dependence and allowed other subcategories of those classifications to remove any potential RAF needs for MAT services. The reference to contracted brief behavioral health providers and the subsequent Attachment C associated with that is removed as we never had anyone</p>	<p>There were no questions.</p> <p>Motion to approve as presented: Meagan Mulligan, FNP Second: Brian Montenegro, MD <i>Approved unanimously</i></p> <p><u>Next Steps:</u> Jan. 8, 2025 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>exercise contracting as a brief behavioral health intervention provider. Currently, primary care providers and their staff can bill for a brief intervention under an H code.</p> <p>Dr. Moore said that when Screening and Treatment for SUD was first covered by the state maybe a decade ago, the county folks thought they could potentially bill Partnership for this little slice of services and get reimbursed; however, the amount of effort it takes to bill for a relatively few bucks is not worth it.</p>	
<p>Policy Owner: Utilization Management – <i>Presenter: Colleen Townsend, MD, Regional Medical Director (Southeast)</i></p>		
<p>MCUP3131 – Genetic Screening & Diagnostics</p>	<p>Minor changes in the main policy: VII. A. Updated CDC hyperlink in References IX: Updated “Position Responsible for Implementing Procedure” to say “Chief Health Services Director.” <u>Attachment A Updates:</u> Code 81220: Added ICD codes E84, X38.49 and Z31.5 as criteria Code 81221: Changed to require No TAR per MD review and cost <\$500 Code 81222: Changed to require No TAR per MD review and cost <\$500 Code 81232: New coded added for DPYD gene analysis. TAR is required with criteria that Patient had severe and unexpected toxicity (such as myelosuppression, mucositis, diarrhea, neurotoxicity, cardiotoxicity) during treatment with Fluorouracil or Capecitabine chemotherapy Code 81259: Changed to require No TAR per MD review and cost <\$500 Codes 81272 and 81273: Added ICD codes D47.01 and D47.02 as criteria Code 81336: Changed to require No TAR per MD review and cost <\$500 Code 81337: Changed to require No TAR per MD review and cost <\$500 Code 81405: Added SLSLC22A5 gene (for carnitine deficiency or carnitine uptake defect) as criteria: Allowable when the newborn screen is positive for low carnitine levels or when there is clinical suspicion Code 81406: Added DSP gene as criteria: The patient has clinical features suspicious for Arrhythmogenic Right Ventricular Myopathy ICD 10 code I42. Code 81408: Added COL1A1, COL1A2 genes (Osteogenesis Imperfecta) as criteria with ICD code Q78 Code 81412: New coded added for Ashkenazi Jewish-associated disorders. A TAR is required with documented criteria to include Patient is considering pregnancy or is currently pregnant and Patient reports they are of Ashkenazi Jewish descent. Code 81420: New statement added to say “Reimbursement will be limited to one of the following Noninvasive Prenatal Tests per pregnancy: PLA code 0327U or CPT code 81420 or CPT code 81507. Concurrent or repeat use of these services during the same pregnancy is not covered unless there is documentation of medical necessity.” Codes 81457, 81458 and 81459: New codes added for Solid Organ Neoplasm genomic sequence analysis panel. A TAR is required with various criteria stated for both somatic and germline testing. Codes 81462: New code added for Solid Organ Neoplasm genomic sequence analysis panel. A TAR is required with criteria to include The patient has a diagnosis of on-small cell lung cancer, and The patient is medically unable to undergo invasive biopsy or tumor tissue testing is not feasible, and Management is</p>	<p>There were no questions.</p> <p>Motion to approve as presented: John Murphy, MD Second: Emma Hackett, MD <i>Approved unanimously</i></p> <p><u>Next Steps:</u> Jan. 8, 2025 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>contingent on the test results.</p> <p>Code 81507: New statement was added to say “Reimbursement will be limited to one of the following Noninvasive Prenatal Tests per pregnancy: PLA code 0327U or CPT code 81420 or CPT code 81507. Concurrent or repeat use of these services during the same pregnancy is not covered unless there is documentation of medical necessity.”</p> <p>Codes 81517: New code added for Liver disease, analysis of 3 biomarkers. No TAR is required. No Criteria listed.</p> <p><u>Attachment C Updates:</u></p> <p>Code 0014M: Deleted effective 01/01/2024</p> <p>Code 0204U: Deleted effective July 2024</p> <p>Code 0242U: Criteria for this code updated to include Hormone receptor-positive, Human Epidermal Growth Factor Receptor 2 (HER2)-negative breast cancer. Criteria removed: “The patient is medically unable to undergo invasive biopsy or tumor tissue testing is not feasible.”</p> <p>Code 0276U: Code description updated to remove these words: “Hematology (inherited thrombocytopenia)”</p> <p>Code 0327U: : New statement added to say “Reimbursement will be limited to one of the following Noninvasive Prenatal Tests per pregnancy: PLA code 0327U or CPT code 81420 or CPT code 81507. Concurrent or repeat use of these services during the same pregnancy is not covered unless there is documentation of medical necessity.”</p> <p>Code 0329U: Criteria for this code updated with somatic testing guidelines.</p> <p>Code 0331U: Deleted.</p> <p>Code 0334U: Criteria for this code updated with somatic testing guidelines.</p> <p>Code 0337U: Deleted</p> <p>Code 0338U: Deleted</p> <p>Code 0342U: Deleted</p> <p>Code 0343U: Deleted</p> <p>Code 0344U: Deleted</p> <p>Code 0353U: Deleted</p> <p>Code 0354U: Deleted</p> <p>Code 0379U: Criteria updated with somatic testing guidelines.</p> <p>Code 0391U: Criteria updated with somatic testing guidelines.</p> <p>Code 0397U: Deleted</p> <p>Code 0408U: New code added for Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability. A TAR is required.</p> <p>Code 0409U: New code added for Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability. A TAR is required.</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Code 0448U: New code added for Oncology (lung and colon cancer), DNA, qualitative, next-generation sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffin-embedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options. A TAR is required.</p> <p>Code 0471U: New code added for Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations. A TAR is required.</p> <p>Code 0473U: New code added for Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden. A TAR is required.</p> <p>Code 0475U: New code added for Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer. A TAR is required.</p> <p>Code 0488U: New code added for Obstetrics (fetal antigen noninvasive prenatal test), cell-free dna sequence analysis for detection of fetal presence or absence of 1 or more of the rh, c, c, d, e, duffy (fya) or kell (k) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected. A TAR is required.</p> <p>Code 0494U: New code added for Red blood cell antigen (fetal rhd gene analysis), next-generation sequencing of circulating cell-free dna (cfDNA) of blood in pregnant individuals known to be rhd negative, reported as positive or negative. A TAR is required.</p> <p>Dr. Townsend reiterated that the policy itself has only minor changes. Most changes have to do with the addition of codes that still require a TAR and the deletion of those that no longer require a TAR. Partnership makes every attempt to avoid unnecessary denials when the evidence clearly supports the use of particular genetic tests in workups, she added. Dr. Townsend thanked Anna Campbell her work on this policy.</p>	
VI. Presentations		
<p>Grand Analysis: Member Experience MY 2023 / RY 2024</p> <p><i>Anthony Sackett, Program Manager II (CAHPS®) and</i></p>	<p>The Member Experience Grand Analysis (MEGA) is required for NCQA accreditation. Anthony reviewed the highlights of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) scores, and key learnings that came out of the regulated survey and the non-regulated survey put into the field to drill down on some insights in the adult population only. Kory recounted MY 2023 grievances and appeals and second-level grievance numbers, data that does not encompass the 10 counties Partnership expanded into in CY 2024.</p> <p>The five measures of the patient/member experience are spread across three categories: getting care (access), satisfaction with plan physicians, and satisfaction with the plan and plan services, and are essentially what NCQA looks at when they are rating our patient experience Star rating. There are two access composites: these scores only represent the summary rates, the most favorable outcomes, so when the question is asked it's "always" or "usually." Seventy-four percent of adult respondents "always or usually" got needed care, while 68.1% similarly responded to</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<p><i>Kory Watkins, MBA-HM, Director, Grievance & Appeals</i></p>	<p>“getting care quickly;” still, these measures slightly underperformed from the previous year regulated survey. “Rating of personal doctor” garnered the highest possible rating of 9 to 10 with 70% of respondents, a 3.1% bump above last year, putting us at the 64th percentile in HEDIS QI benchmark rankings. (“Rating of specialists” was pulled out of the measure set.) The highest negative summary rate change came in the “rating of health care,” which experienced a -9.4% drop from last year’s regulated adult survey. Despite the declines, the overall health plan rating remains at 3.5 (out of 5) Stars for the second year in a row.</p> <p>John Murphy, MD, asked whether the HEDIS® Quality Compass benchmarks were commercial or Medicaid or combined? Manager of Quality Measurement Sue Quichocho responded that the benchmarks are nationwide for Medicaid</p> <p>Anthony said that while the regulated survey was underway, the team composed of QI, Pop Health, and other department staff collaborated in a drill-down survey look at additional data sources to assess “benefit literacy.” They discovered theme related questions specific to Medi-Cal covered benefits through Partnership or State-covered, for example, Denti-Cal or Pharmacy. Nearly one-half (47%) of respondents rated their understanding of benefits as “fair” or “poor.” Where did they go to seek understanding? A third (35.7%) sought out provider or office staff, followed by contacting Partnership directly (29.1%), followed by the self-serve modality between the website and member handbook. These relate to overall health care delivery, so when we think about influence, these questions relate. Of note, this is the first year that we did the adult survey non-regulated and the combined completes; both the regulated and non-regulated together totaled almost 1,200, so we believe this population provided us some new key learnings. (For a complete list of all those, reference Appendix C.)</p> <p>The Child (not being submitted to NCQA) performed better than did the Adult in several of the measures, except rating of health care, so there was a similarity in satisfaction. (Anthony encouraged everyone to look at the appendices for the drivers behind the data.) “Getting care quickly” saw a +2.6% bump above MY 2022.</p> <p>In general, when we think about health equity, adult and child members considering their overall mental and physical health between “fair” and “good” are essentially scoring lower satisfaction than the other members within the survey populations. American Indian or Alaskan Natives are expressing dissatisfaction across several measures.</p> <p>Kory presented grievance data comparing CY 2023 to CY 2022. Our grievances in this grand analysis are classified into the five NCQA categories: access, attitude/service, billing/financial, quality of care and quality of provider office. We are measuring those grievances using the average Partnership membership and coming to grievances per 1,000 members. That measurement gives us a good benchmark on categories and against other plans. If a threshold is not met, that means we had more than a 10% increase in filings. Transportation issues, including rude drivers or transportation making folks late to appointments, had much to do with the attitude/service threshold not being met, Kory noted. For quality of care, treatment plan disputes is probably our biggest category. Overall, 2023 grievances jumped 28.5% from 2022. The biggest driver in the increase was Transportation: 42% of 2023 grievances filed were Transportation related, compared to 22% in 2022.</p> <p>Appeals and Second Level Grievances decreased from 1.19 to 1.02 in 2023. We do very few second-level grievances, and these will be going away next year. (The nine second-level cases in 2023 “quality of care” primarily consist of treatment plan disputes.) Otherwise, we were under the 10% threshold change and thereby “met” the other four NCQA categories’ appeals thresholds.</p> <p>Anthony said complete details of the interventions for the past fiscal year can be found in appendices A&B. For FY 2024-2025, we’re really looking at addressing access through understanding the primary care and specialty care landscapes and expanding the “your partner in health” branding campaign. We are proactively looking at G&A data and focusing on service and attitude in Transportation.</p> <p>Dr. Moore noted that there were some important findings in the drill down survey and asked Anthony to summarize highlights. Anthony again mentioned benefit literacy and tackling the instances where members got misinformation and had to call the Plan. This is not showcased in the</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>NCQA ME 7 but we are working with Member Services and Pop Health on some input from the annual leadership retreat, surveying line staff across both departments and developing a triage list of the most common questions asked throughout the year. We hope to evaluate and recommend how to standardize communications (both to members and the provider network) The other thing of interest is the members do not mind waiting long in the waiting room; they just want to get into care when they need it.</p> <p>Nancy Steffen commented that one of the important things to note is how many members didn't understand their benefits. When we asked "who do you seek help from?", they trust their provider to help them. We need to help our provider network help our members navigate.</p> <p>Dr. Murphy noted that, currently, about 1 in 4 or 5 are actually using the member website. Have we seen that notching up over the years as the digital divide somewhat narrows, or are we finding that just 3 out of 4 members just don't go to the website? Anthony said we could take this question back to our Communications department where they do track the analytics of page hits and visits. We are currently working on restructuring our website and the method to deliver member communication, whether that is through the portal, texting and different communication modalities to help.</p> <p>Dr. Murphy added that 1 out of 3 are calling Partnership, "which is a lot of call volume. It's interesting to see how people contact service providers in their lives." (He noted we can't call Google or Meta.)</p> <p>Dr. Netherda read out Dr. Dave Katz's chat composed as this discussion ensued. Dr. Katz suggested that in his primary care practice experience in urban Sacramento, many patients he sees are not literate either in English or the language of their birth or computer literate or have ready access to the Internet. If you are not literate, you will not go to a website. You are going to call someone. Also, we all know that age plays a huge part in this. As our younger people age up and become more used to that website, we'll see that change over time.</p> <p>Dr. Murphy recommended looking at the literature regarding patient portal utilization in the safety net. Anthony said we are looping in members of the CAHPS committee and looking at multiple modalities to communicate with the members. Appendix A references member informative sessions being led by our Member Services department.</p> <p>Dr. Katz commented that if a provider attempts to help a member by looking at our website, some answers may be hard to interpret. He recommends posting a facts sheet that answers common questions. Anthony said we are looking at ways to better utilize info graphics to streamline our website and speak more plainly too.</p> <p>Population Health Director DeLorean Ruffin asked if we are ever assessed on utilization of how we are promoting to our members the use of the portal? Anthony responded we do track utilization and that "we got a nice bump when we expanded to the 10 counties."</p> <p>Dr. Moore concluded that our current website absolutely fails at clearly describing the benefits. Even many Partnership staff would have a hard time finding some answers. The 2025 Member Handbook, which is DHCS mandated, however, "is far superior" to any he has seen since being at Partnership. Our website needs improvement, and we have a whole project focused on that; however, if our goal is that everybody understands everything about benefits, we are going to fail. Dr. Moore expects the Transportation benefit will be one of the top three to address because even many of our providers don't know about it. The Provider Directory is on the list of things that need to be improved as well.</p>	
Grand Analysis: Network Access MY 2023	A scheduling miscommunication prohibited this presentation. Please refer to the materials included in the Q/UAC packet and to the draft Nov. 7 Internal Quality Improvement (IQI) Committee minutes for more information.	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<p>2023 PCP QIP Program Evaluation</p> <p><i>Athena Beltran-Nampraseut, CPhT, Program Manager II, QI</i></p>	<p>The PCP QIP runs on a calendar year: Jan. 1 – Dec. 31. We had a total of 11 clinical measures divided among three main categories: chronic disease management, preventative screening and pediatric access. The measure assignment varies depending on the practice type. Our clinical targets are set at the 75th percentile for full points and the 50th percentile for partial points and also based on the Quality Compass benchmarks, the same benchmarks mentioned earlier in the CAHPS presentation. The exception to this rule is the colorectal measure: we instead use our own internal data to create our targets. We chose to use the 50th percentile for full points and the 25th percentile for partial points.</p> <p>We had (four) non-clinical measures divided among two measure categories: appropriate use of resources and access and operations. The fifth, Patient Experience, is a stand-alone measure, with two different options of how a provider can earn points: the CG CAHPS with points on access and communication or the survey option, based on a two-part submission.</p> <p>The Unit-of-Service measure set is separate from the core measure set so its payment methodology is different and calculated outside of the core measurement set. Participation is optional and incentives are earned by submission to the inbox: the exceptions are blood lead screening, part two of the dental varnish, and tobacco use screening. The incentives for these three are based on claims data.</p> <p>For MY 2023, we moved diabetes management: retinal eye exams, and the PCP office visits from MY 2022 monitoring status into the core measurement set. For the UOS measures, we retired both the alcohol misuse screening and the initial health assessment.</p> <p>With MY 2023, we implemented a new payment methodology, the equity adjustment, the intent of which is to make out incentives fair across the network. There is a gateway to these adjustments: a provider must have at least 100 assigned members and the core adjustment is made up of four factors: acuity of patient panel; socio-demographic risk at patient level rolled up to PCP site level; site difficulty in recruiting PCP physicians, and lower-than-average baseline per visit resources available to PCP. Disaster adjustments and pediatric access adjustments can also apply.</p> <p>Looking at plan-wide performance year-over-year (2021-2023), we see seven of the 11 2023 measures had an increase in performance over 2022. The top three measures with the largest relative change were immunizations for adolescents (+7.15% increase), followed by HbA1c good control (+ 5.99%) and breast cancer screening (+4.06%). WCV – first 15 months and child and adolescent WCV also improved (+3.92% and +4.04% respectively).</p> <p>More providers in 2023 than in 2022 earned partial points for both pediatric access clinical measures. Cervical cancer screening, breast cancer screening and immunization for children also had a higher percentage of providers earning partial points compared to the prior MY. So too Diabetes – HbA1c. More providers in 2023 than in 2022 earned full points in these same measures.</p> <p>The PCP QIP also offers relative improvement (RI) to further incentivize. A site must meet 50th percentile targets and achieve a RI of 10% or more on an existing clinical measure.</p> <p>Athena then went over a graph which charted partial points, full points, and RI per clinical measure plan wide: 26% of providers achieved full points in the child and adolescent WCV measure based on RI, increasing YoY performance. Looking at the lower end of the RI scale, only about 6% of our providers earned full points based on RI in the cervical cancer screening measure; 53% of our providers earned no points for this measure in 2023.</p> <p>We saw a decline in YoY performance for the non-clinical domain measures. Note that we do not apply RI to our non-clinical measures.</p> <p>Looking at the PCP Office Visits and the Risk-adjusted Readmission (RAR), however, 72% and 69% of participants, respectively, achieved full points. This is great to report because Risk-adjusted Readmission is considered one of our most difficult non-clinical domain measures.</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>There were a total of nine UOS measures, each with its own incentive payout amount. In MY 2023, we had higher payouts than in 2022 for three of these measures: health equity, dental fluoride varnish, and tobacco use screening. But we have had less than 30% provider participation in each measure YoY, 2021-2023. Advance Care Planning continues to have the highest participation rate YoY for all UOS measures and had the largest payout in 2023.</p> <p>For 2023, we had a total incentive payout of \$38.5M. With the equity adjustment applied to our methodology the baseline PMPM rate was \$4 and the weighted average earned PMPM was \$7.08. Eight of the 14 counties earned a higher payout in 2023 than they did in 2022. Plan-wide, the payout was \$182,726 above 2022 payout. Humboldt, Lake and Napa saw the largest increase in payout 2023 over 2022, respectively earning between \$526 – 900K more in 2023 than in 2022. Sonoma, Marin, and Yolo had a decrease in payouts.</p> <p>In summary, 2023 programmatic changes were the addition of one new clinical measure: diabetes retinal eye exams, and one non-clinical measure: PCP office visits; the retirement of two UOS measures: alcohol misuse screening and IHA; and equity adjustments. Seven of our 11 clinical measures saw improvement from prior measurement year. Four clinical measures ended above the 50th percentile HEDIS® benchmark and two above the 75th percentile HEDIS® benchmark.</p> <p>Based on MY 2023 and 2024 performance and the updated guidelines, we have the following recommendations for MY 2025:</p> <ul style="list-style-type: none"> • Expand BCS age range from 50-75 years of age range to 40-75 year of age. • Add new clinical measures: chlamydia screening, WCV in the first 15-30 months of life, topical fluoride in children, and reduction of Inequity adjustment • New UOS measure: academic detailing • Replace non-clinical RAR with Follow-up within 7 days after Hospital Discharge measure • Update Peer-led and Pediatric group visit UOS measures • Raise thresholds back to 75th percentile for partial points and 90th percentile for full points. <p>The Physician Advisory Committee (PAC) approved this 2025 measure set on Oct. 9.</p> <p>Dr. Murphy had no questions. “We just appreciate the program,” he said. “The motivation has been helpful. We appreciate the methodology and wish more health plans did the same.”</p>	
<p>VIII. Adjournment – Q/UAC adjourned at 8:55 a.m. HAPPY DECEMBER HOLIDAYS! Q/UAC next meets at 7:30 a.m. Wednesday, Jan. 15, 2025.</p>		
<p><i>Respectfully submitted by: Leslie Erickson, Program Coordinator II, QI</i></p> <p>Signature of Approval: _____ Date: _____</p> <p>Robert Moore, MD, MPH, MBA Chief Medical Officer and Committee Chair</p>		

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
INTERNAL QUALITY IMPROVEMENT (IQI) COMMITTEE MEETING MINUTES
Tuesday, Nov. 12, 2024 / 1:30 – 3:25 PM

Members Present:

Andrews, Leigha, MBA, Regional Director, Southeast
 Barresi, Katherine, RN, BSN, PHN, NE-BC, CCM, Chief Health Services Officer
 Bides, Robert, RN, BSN, Manager of Member Safety – Quality Investigations, QI
 Brundage O’Connell, Lisa, MHA, Director of Enhanced Health Services
 Campbell, Anna, Policy Analyst, Utilization Management
 Garcia-Hernandez, Margarita, PhD, Director of Health Analytics
 Hightower, Tony, CPhT, Associate Director, UM Regulations
 Innes, Latrice, Manager of Grievance & Appeals Compliance

Jalloh, Mohamed “Moe,” Pharm.D, Health Equity Officer
 Klakken, Vicki, Regional Director, Northwest
 Kubota, Marshall, MD, Regional Medical Director – Southwest
 Leung, Stan, Pharm.D, Director of Pharmacy Services
 Matthews, Richard “Doug,” MD, Regional Medical Director – Chico
 Netherda, Mark, MD, Medical Director for Quality, Committee Vice-Chair
 Newman, Rachel, RN, BSN, Manager, Clinical Compliance – Quality Inspections
 Randhawa, Manleen, Senior Health Educator, Population Health
 Ruffin, DeLorean, DrPH, MPH, Director of Population Health

Members Absent:

Ayala, Priscila, Director, Network Services
 Bjork, Sonja, JD, Chief Executive Officer
 Boyle, Shannon, RN, Manager of Care Coordination Regulatory Performance
 Brown, Isaac, MHA, MBA, Director of Quality Management, Quality Improvement
 Brunkal, Monika, RPh, Assoc. Dir., Population Health
 Davis, Wendi, Chief Operating Officer
 Esget, Heather, RN, BSN, ACM, Director of Utilization Management

Gast, Brigid, MSN, BS, RN, NEA-BC, Sr. Director, Care Management
 Jones, Kermit, MD, JD, Medical Director for Medicare Services
 Kerlin, Mary, Senior Director, Provider Relations
 Moore, Robert, MD, MPH, MBA, Chief Medical Officer, Committee Chair
 Sharp, Tim, Regional Director, Northeast
 Steffen, Nancy, Senior Director of Quality and Performance Improvement
 Turnipseed, Amy, Senior Director of External and Regulatory Affairs
 Villasenor, Edna, Senior Director, Member Services and G&A

Guests:

Arrazola, Kelcie, Provider Education Specialist, Provider Relations
 Beltran-Nampraseut, Athena, CPhT, Program Manager, PCP/QIP
 Bikila, Dejene, Manager of Data Science, Finance
 Blake, Jill, Regional Director, Auburn
 Bontrager, Mark, Senior Director of Behavioral Health, Health Services
 Chebolu, Radha, Senior Health Data Analyst II, Finance
 Clark, Kristen, Manager of Quality & Training, Member Services
 Devan, James, Manager of Performance Improvement, QI
 Donahue, Celena, Improvement Advisor, QI (Eureka)
 Ducay, Robert, Senior Director of Fiscal Policy & Strategy, Finance
 Erickson, Leslie, Program Coordinator II, QI (scribe)
 Hanusiak, Kenzie, Senior Manager of Regulatory Affairs & Compliance
 Harris, Matthew, Provider Education Specialist, Provider Relations
 Harris, Vander, Senior Health Data Analyst I, Finance
 Jamali, Shahrzad, Improvement Advisor, QI (Chico)
 Johnson, Krystal, County Child Welfare Liaison, Behavioral Health
 Kung, Jen, Senior Health Data Analyst II, Finance
 Lee, Donna, Manager of Claims, Claims
 Maxwell, Aaron, Director of Transportation Services
 McCune, Amy, Manager of Quality Incentive Programs, QI
 Moore, Jordan, Provider Education Specialist, Provider Relations

Moraghebi, Roudabeh, Manager of Health Analytics, Finance
 Nakatani Phipps, Stephanie, Manager of PR Representatives, Provider Relations
 Nguyen, Tom, Manager of Health Analytics, Finance
 O’Leary, Hannah, MPH, Manager of Population Health, Pop Health
 Power, Kathryn, Regional Director, Southeast
 Quichocho, Sue, Manager of Quality Measurement, QI
 Rathnayake, Russ, Senior Health Data Analyst I, Finance
 Robertello, Kimberly, Senior Medicare QI Program Manager, QI
 Roberts, Dorian, Improvement Advisor, QI (Redding)
 Romero, Liz, Improvement Advisor, QI (Fairfield)
 Sackett, Anthony, Program Manager II, QI (MEGA)
 Selig, Barbara, Manager of Quality Improvement Programs, QI
 Sivasankar, Shivani, Senior Data Scientist, Finance
 Stark, Rebecca, Regional Director, Chico
 Thomas, Andrea, Project Manager I, QI
 Thomas, Penny, Sr. Health Data Analyst, Finance
 Townsend, Colleen, MD, Regional Medical Director, Southeast
 Trosky, Renee, Manager of PR Compliance, Network Services
 Vaisenberg, Liat, Associate Director of Health Analytics, Finance
 Vance, Brooke, Program Manager I, Network Services
 Watkins, Kory, MBA-HM, Director of Grievance & Appeals
 Wellander, Emily, Improvement Advisor, QI (Santa Rosa)

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<p>I. Call to Order</p> <p>Introductions</p> <p>Approval of Minutes</p>	<p>Medical Director for Quality and IQI Vice Chair Mark Netherda, MD, remotely attended and called the meeting to order at 1:31 p.m. in the vacation absence of Chief Medical Officer and Committee Chair Robert Moore, MD, MPH, MBA.</p> <p>Latrice Innes corrected the Oct. 8 IQI minutes as follows: it was MP300, and not CGA022, that was pulled from the consent calendar for discussion.</p> <p><i>Acknowledgement and Acceptance of draft meeting minutes of the</i></p> <ul style="list-style-type: none"> • Aug. 29 Member Grievance Review Committee (MGRC) • Oct. 3 Population Needs Assessment (PNA) Committee 	<p>Motion to approve IQI Minutes as corrected: Latrice Innes Second: Lisa O’Connell, MHA</p> <p>Motion to accept other minutes: Marshall Kubota, MD Second: Lisa O’Connell, MHA</p>
<p>II. Old Business – Returning from Oct. 8 IQI</p>		
<p>Policy Owner: Health Equity – Presenter: Mohamed “Moe” Jalloh, Pharm.D, Director of Health Equity/Health Equity Officer</p>		
<p>MCEP6002 – Quality Improvement and Health Equity Committee (QIHEC)</p>	<p>Changes suggested by senior Health Services leadership at Oct. 8 IQI are now incorporated into this policy revision.</p> <p>Section I. Related Policies. Added MCNP9002 – Cultural & Linguistic Program Description.</p> <p>Section VI.B.1.b: Added that Members are invited to join at the discretion of the co-chairs.</p> <p>Section VI.B.1.c: Updated number of official voting members to 9 to 15 to ensure ability to meet quorum threshold and ensure progress of the meeting.</p> <p>Section VI.B.1.c. 3-4): Added language mirrors MCNP9022 provisos:</p> <ul style="list-style-type: none"> • QIHEC makes a good faith effort to recruit individuals representing the racial/ethnic, linguistic, gender identity that are represented in our counties. Ideally, the committee is looking to include individuals representing such groups in our network – especially groups that constitute at least 5% of the population at a minimum. Annually, the Health Equity Officer reviews the composition of the committee and will work with committee members to make a good faith effort to meet such thresholds. • In alignment with the Consumer Advisory Committee Guiding Principles (see MCND9002, Attachment E), eligible Partnership members, and legal parents, guardians or conservators of an eligible minor (under age 18) Partnership member are eligible to join. <p>Section VI.B.1.c.6): Amended to acknowledge that prospective members may be asked to sign Conflict of Interest and Confidentiality agreements.</p> <p>Section VI.B.6: Changed meeting frequency from quarterly to every other month due to large number of items that QIHEC will need to review.</p> <p>Section VI.B.7: Revised language around the expected content of meeting minutes and the internal departments that receive these minutes and then send them on to the Department of Health Care Services (DHCS).</p> <p>Section VI.C.6 & 7: Added responsibilities to analyze results of Members’ grievances around discrimination and any actions taken by the U.S. Equal Employment Opportunity Commission.</p> <p>Section VI.C.12: Added that feedback from Partnership’s Community Advisory Committee (CAC) will be solicited for continued Diversity, Equity, and Inclusion (DEI) training programs.</p> <p>Section VI.C.13: Added that QIHEC will review, provide input, and vote to approve Partnership’s Quality Achievement Community Reinvestment plans in the “Cultivating Improved Health” use category if the Health Plan is subject to the quality achievement community reinvestment requirement by DHCS.</p>	<p>Motion to approve as amended: Doug Matthews, MD Second: Colleen Townsend, MD</p> <p><u>Next Steps:</u> Nov. 20 Quality/Utilization Advisory Committee (Q/UAC) Jan. 8, 2025 Physician Advisory Committee (PAC)</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Dr. Jalloh went through the synopsis, adding that although QIHEC now meets every other month, it might meet monthly as we near National Committee for Quality Assurance Health Equity Accreditation (NCQA HEA). Quarterly impact reports will be submitted to the State.</p> <p>Anna Campbell asked whether Enhanced Health Services (EHS) should be represented on QIHEC. Dr. Netherda noted that perhaps Kermit Jones, MD, should also sit on QIHEC. Dr. Jalloh agreed. The Director of EHS and the Medical Director for Medicare Services are now added to the policy’s staffing list.</p>	
III. New Business Consent Calendar (Committee Members as applicable)		
	<p>(Old Business) Member Services’ MP300 – Member Notification of Provider Termination of Change in Location <i>returned from October</i> Grievance & Appeals’ PULSE Quarterly UM delegation to Capitated Hospitals</p> <p><i>Health Services Policies</i> <u>Quality Improvement</u> MCQG1015 – Pediatric Preventive Health Guidelines – <i>Anna Campbell pulled to suggest edit</i> MCQP1021 – Initial Health Appointment MPQG1011 – Non-Physician Medical Practitioners & Medical Assistants Practice Guideline</p> <p><u>Utilization Management</u> MCUP3102 – Vision Care MCUP3106 – Waiver Programs MCUP3125 – Gender Dysphoria/Surgical Treatment MCUP3137 – Palliative Care Intensive Program (Adult)</p> <p><u>Transportation</u> MCCP2016 – Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT) MCCP2029 – Emergency Medical Transportation</p> <p><i>Non-Health Services Policies</i> <u>Credentialing</u> MPCR100 – Credential and Re-credential Decision Making Process MPCR102 – Provider Directory Accuracy MPCR300 – Physician Credentialing and Re-credentialing Requirements</p> <p>Anna Campbell pulled MCQG1015 to delete MPCP2002 (California Children’s Services) from the Related Policies section as all 24 Partnership counties will be under the Whole Child Model for California Children’s Services (MCCP2024) and MPCP2002 will be archived, effective Jan. 1, 2025.</p>	<p>The Consent Calendar but for MCQG1015 was approved as presented: Marshall Kubota, MD Second: Lisa O’Connell, MHA</p> <p>Motion to approve MCQG1015 as amended: Marshall Kubota, MD Second: Lisa O’Connell, MHA</p> <p><u>Next Steps:</u> QI, UM, and Transportation policies will go to the Nov. 20 Quality/ Utilization Advisory Committee (Q/UAC) and the Jan. 8, 2025 Physician Advisory Committee (PAC)</p> <p><i>Post-meeting Note:</i> <i>Credentialing policies passed the Credentials Committee on Nov. 13.</i></p>
IV. New Business – Discussion Policies		
Policy Owner: Population Health Management – Presenter: Hannah O’Leary, MPH, Manager of Population Health		
MCNP9006 – Doula Services Benefit	<p>Changed instances of “PHC” to “Partnership, and Partnership URL changed to the current standard (PartnershipHP.org), small grammar changes. Various parts removed that are no longer relevant or are best conveyed in other policies. (See Related Policies section.)</p>	<p>Motion to approve as presented: Marshall Kubota, MD</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Section I: added MCND9002 Cultural and Linguistic Program Description to Related Policies.</p> <p>Section VI.A.2: added that doulas are “trained birth workers.”</p> <p>Section VI.E.2.d.1: added “The extended postpartum visits are billed in 15-minute increments, up to three hours, up to two visits per pregnancy per individual, provided on separate days.”</p> <p>Section VI.E.3.b: added “the LPHA can note the medical need for the member or include chart notes that specify the need for additional visits.”</p> <p>Section VI.H.3: added “1.Refer to sections VI.E.2. for a description of doula services authorized under the DHCS standing recommendation and section VI.E.3. for services that require prior authorization.”</p> <p>Section VI.I.2: added “Doulas are not prohibited from teaching classes that are available at no cost to Members to whom they are providing doula services.”</p> <p>Section VI.K.4.a: added “Doulas must submit claims with diagnosis and procedure codes as outlined by DHCS. Please refer to Attachment B for the list of codes.</p> <p>Section VI.K.4.b: added “Partnership will submit data related to doula services utilization and provider network per DHCS requirements.”</p> <p>New Attachment B: Doula Crosswalk Coding Information This attachment adds a resource for doulas looking for DHCS diagnosis codes. Doulas are required to include a DHCS diagnosis code on their claims.</p> <p>Mark Netherda, MD, commented that the language in the VI.I.2 addition seemed awkward. Hannah noted that it is drawn from the Department of Health Care Services (DHCS) All Plan Letter (APL) 23-024, and Dr. Netherda said he had no objection to it remaining as worded. There were no questions.</p>	<p>Second: Colleen Townsend, MD</p> <p><u>Next Steps:</u> Nov. 20 Q/UAC Jan. 8, 2025 PAC</p>
<p>Policy Owner: Behavioral Health – Presenters: Anna Campbell, UM Policy Analyst, and Mark Bontrager, Senior Director of Behavioral Health</p>		
<p>MCUP3028 – Mental Health Services</p>	<p>This policy was updated to include changes per APL 22-029 Revised, Dyadic Services & Family Therapy Benefit.</p> <p>Section I: Policy MCQG1015 – Pediatric Preventive Health Guidelines was added as a Related Policy</p> <p>Section III. B. – D.: Definitions were added for Dyad, Dyadic Services Benefit, and Managed Behavioral Healthcare Organization.</p> <p>Section VI.J.: This new section was added to describe how Partnership covers family therapy.</p> <p>Section VI.N.3.: This paragraph was added to explain how Partnership will execute MOUs with County Mental Health Plans for the purpose of sharing clinical data in order to better coordinate care of Members, improve quality and meet the requirements of the Behavioral Health Quality Incentive Program (BHQIP).</p> <p>Section VI.O.: This new section was added to describe the Dyadic Services Benefit.</p> <p>Section VII.N. and O.: Two new References were added for APL 22-029 Revised: Dyadic Services & Family Therapy Benefit (03/20/2023) and California Welfare and Institutions Code section 14132.755, Dyadic Behavioral Health Visits</p> <p>Anna noted that the dyadic language additions should have been in the policy when it was last approved at PAC in August. She also noted the addition of Partnership’s definition of “closed loop referral” that is common to many of our policies.</p>	<p>There were no questions.</p> <p>Motion to approve as presented: Lisa O’Connell, MHA Second: Katherine Barresi, RN</p> <p><u>Next Steps:</u> Nov. 20 Q/UAC Jan. 8, 2025 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Mark added that the closed loop definition foreshadows how closed loop referrals will be working in future: Partnership does have an obligation to make sure that the referral is made and that the appointment is kept. He noted that the additional verbiage on referrals to county substance use disorder services is in response to a Corrective Action Plan (CAP) placed on Partnership via a recent DHCS audit.</p>	
<p>Policy Owner: Behavioral Health – Presenter: Anna Campbell, UM Policy Analyst</p>		
<p>MCUP3101 – Screening and Treatment for Substance Use Disorders</p>	<p>Section IV. Attachments: Policy attachments C and D were archived. Instead, the requirements for Brief Behavioral Counseling Intervention/ Referral can be found in the main MCUP3101 policy document. Due to this change, Attachment E becomes Attachment C.</p> <p>Section VI.A.3.b.: Recommended ICD 10 codes for medical specialists providing office visits for SUD treatment were updated to F11.xx or F10.xx. to avoid the requirement for Referral Authorization (RAF).</p> <p>Section VI.B.3.a. and VI.C.8.a. : Deleted the word “outpatient.”</p> <p>Section VI.C.3.c. : Deleted part of this paragraph describing the Application to be a Contracted Brief Behavioral Counseling Intervention/ Referral to Treatment Provider. Attachments C and D regarding the application process are archived.</p> <p>Section VI.C.5. and 5.e. and 5.e.1): Deleted the word “Contracted”</p> <p>Anna noted that this policy was last before IQI in May, but that Dr. Moore has since asked for some corrections. Some codes have been changed to give providers more flexibility regarding the use of RAFs.</p>	<p>There were no questions.</p> <p>Motion to approve as presented: Margarita Garcia-Hernandez, PhD Second: Leigha Andrews, MBA</p> <p><u>Next Steps:</u> Nov. 20 Q/UAC Jan. 8, 2025 PAC</p>
<p>Policy Owner: Utilization Management – Presenter: Colleen Townsend, MD, Regional Medical Director (Southeast)</p>		
<p>MCUP3131– Genetic Screening & Diagnostics</p>	<p>Minor changes in the main policy:</p> <p>VII. A. Updated CDC hyperlink in References</p> <p>IX: Updated “Position Responsible for Implementing Procedure” to say “Chief Health Services Director.”</p> <p>Attachment A Updates:</p> <p>Code 81220: Added ICD codes E84, X38.49 and Z31.5 as criteria</p> <p>Code 81221: Changed to require No TAR per MD review and cost <\$500</p> <p>Code 81222: Changed to require No TAR per MD review and cost <\$500</p> <p>Code 81232: New coded added for DPYD gene analysis. TAR is required with criteria that Patient had severe and unexpected toxicity (such as myelosuppression, mucositis, diarrhea, neurotoxicity, cardiotoxicity) during treatment with Fluorouracil or Capecitabine chemotherapy</p> <p>Code 81259: Changed to require No TAR per MD review and cost <\$500</p> <p>Codes 81272 and 81273: Added ICD codes D47.01 and D47.02 as criteria</p> <p>Code 81336: Changed to require No TAR per MD review and cost <\$500</p> <p>Code 81337: Changed to require No TAR per MD review and cost <\$500</p> <p>Code 81405: Added SLSLC22A5 gene (for carnitine deficiency or carnitine uptake defect) as criteria: Allowable when the newborn screen is positive for low carnitine levels or when there is clinical suspicion</p> <p>Code 81406: Added DSP gene as criteria: The patient has clinical features suspicious for Arrhythmogenic Right Ventricular Myopathy ICD 10 code I42.</p> <p>Code 81408: Added COL1A1, COL1A2 genes (Osteogenesis Imperfecta) as criteria with ICD code Q78</p>	<p>There were no questions.</p> <p>Motion to approve as presented: Doug Matthews, MD Second: Marshall Kubota, MD</p> <p><u>Next Steps:</u> Nov. 20 Q/UAC Jan. 8, 2025 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Code 81412: New coded added for Ashkenazi Jewish-associated disorders. A TAR is required with documented criteria to include Patient is considering pregnancy or is currently pregnant and Patient reports they are of Ashkenazi Jewish descent.</p> <p>Code 81420: New statement added to say “Reimbursement will be limited to one of the following Noninvasive Prenatal Tests per pregnancy: PLA code 0327U or CPT code 81420 or CPT code 81507. Concurrent or repeat use of these services during the same pregnancy is not covered unless there is documentation of medical necessity.”</p> <p>Codes 81457, 81458 and 81459: New codes added for Solid Organ Neoplasm genomic sequence analysis panel. A TAR is required with various criteria stated for both somatic and germline testing.</p> <p>Codes 81462: New code added for Solid Organ Neoplasm genomic sequence analysis panel. A TAR is required with criteria to include The patient has a diagnosis of on-small cell lung cancer, and The patient is medically unable to undergo invasive biopsy or tumor tissue testing is not feasible, and Management is contingent on the test results.</p> <p>Code 81507: New statement was added to say “Reimbursement will be limited to one of the following Noninvasive Prenatal Tests per pregnancy: PLA code 0327U or CPT code 81420 or CPT code 81507. Concurrent or repeat use of these services during the same pregnancy is not covered unless there is documentation of medical necessity.”</p> <p>Codes 81517: New code added for Liver disease, analysis of 3 biomarkers. No TAR is required. No Criteria listed.</p> <p><u>Attachment C Updates:</u></p> <p>Code 0014M: Deleted effective 01/01/2024</p> <p>Code 0204U: Deleted effective July 2024</p> <p>Code 0242U: Criteria for this code updated to include Hormone receptor-positive, Human Epidermal Growth Factor Receptor 2 (HER2)-negative breast cancer. Criteria removed: “The patient is medically unable to undergo invasive biopsy or tumor tissue testing is not feasible.”</p> <p>Code 0276U: Code description updated to remove these words: “Hematology (inherited thrombocytopenia)”</p> <p>Code 0329U: Criteria for this code updated with somatic testing guidelines.</p> <p>Code 0331U: Deleted.</p> <p>Code 0334U: Criteria for this code updated with somatic testing guidelines.</p> <p>Code 0337U: Deleted</p> <p>Code 0338U: Deleted</p> <p>Code 0342U: Deleted</p> <p>Code 0343U: Deleted</p> <p>Code 0344U: Deleted</p> <p>Code 0353U: Deleted</p> <p>Code 0354U: Deleted</p> <p>Code 0379U: Criteria updated with somatic testing guidelines.</p> <p>Code 0391U: Criteria updated with somatic testing guidelines.</p> <p>Code 0397U: Deleted</p> <p>Code 0408U: New code added for Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability. A TAR is required.</p> <p>Code 0409U: New code added for Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability. A TAR is required.</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Code 0448U: New code added for Oncology (lung and colon cancer), DNA, qualitative, next-generation sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffin-embedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options. A TAR is required.</p> <p>Code 0471U: New code added for Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations. A TAR is required.</p> <p>Code 0473U: New code added for Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden. A TAR is required.</p> <p>Code 0475U: New code added for Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer. A TAR is required.</p> <p>Code 0488U: New code added for Obstetrics (fetal antigen noninvasive prenatal test), cell-free dna sequence analysis for detection of fetal presence or absence of 1 or more of the rh, c, c, d, e, duffy (fya) or kell (k) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected. A TAR is required.</p> <p>Code 0494U: New code added for Red blood cell antigen (fetal rhd gene analysis), next-generation sequencing of circulating cell-free dna (cfdna) of blood in pregnant individuals known to be rhd negative, reported as positive or negative. A TAR is required.</p> <p>Dr. Townsend noted that the policy itself is not changing much this year insofar how the review and approval of genetic testing requests occur. Most updates were in the removal of those codes not requiring a Treatment Authorization Request (TAR). More codes were added. Doctors Townsend and Moore regularly review all codes.</p>	
V. Presentations		
<p>1. Quality and Performance Improvement Update</p> <p><i>James Devan, Manager of Performance Improvement</i></p>	<ul style="list-style-type: none"> • Measurement Year (MY) 2025 proposed Primary Care Provider Quality Incentive Program (PCP QIP) measure set was approved at October PAC. • Quality Measure Score Improvement work continues. A new internal committee has formed to develop an organization-wide strategy to address lagging measure performance under pediatric well-care visits. • The QI Locum Pilot Initiative developed earlier this year as a short term-solution to provide access to clinicians with the goal of improving Health Care Effectiveness Data Information Set (HEDIS®) performance, specifically well-child visits and cervical cancer screenings, was well received by many. Community Medical Center completed the initial grant activities and has been awarded an extension: their locum will be funded through the end of 2024 to continue focusing on well-child visits, including up to 120 Direct Members. • The Mobile Mammography Program continues to be highly effective: 518 mammograms have been completed plan-wide through Oct. 11. Eleven more event dates are scheduled this calendar year. 	<p><i>For information only.</i></p> <p>Dr. Netherda commented that the physician locum pilot has been exciting as access to care is critical. Marhsall Kubota, MD, commented that locums serving with Partnership for six months would need to be accredited by Partnership. This timeframe, however, is likely to change soon to a 60-day window, he added.</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<p>2. 2023 PCP QIP Program Evaluation</p> <p><i>Athena Beltran-Nampraseut, CPhT, Program Manager</i></p>	<p>This Quality Incentive Program (QIP) runs on a calendar year. Measurement Year (MY) 2023 clinical measures were nearly identical to those for MY 2022, although two counseling measures for children were dropped and retinal eye exams were added to comprehensive diabetes care. Providers earned partial or full points across 11 measures in one of three clinical domains: chronic disease management, preventive screening or pediatric access (depending on provider type) and on five non-clinical measures across appropriate use of resources, access and operations, and patient experience. Targets for 10 clinical measures were set against HEDIS® Quality Compass benchmarks but for the colorectal cancer screening measure for which Partnership had to devise our own targets. Furthermore, providers could opt in to earn incentives on Unit of Service (UOS) measures, which were based on claims data and incentivized differently.</p> <p>An equity adjustment was added to the payment methodology. The gateway was that providers must have at least 100 assigned members. Core adjustments could be made on the acuity of the patient panel; socio-demographic risk rolled up to the PCP site level; site difficulty in recruiting PCP physicians, and lower than average baseline per visit resources available to the PCP. Further, “disaster” and “pediatric access” adjustments could be added if applicable to the per member per month (PMPM) rate.</p> <p>In a 2021-2023 year-over year (YoY) plan-wide look at the 11 clinical measures, seven saw an increase in relative change in 2023 above 2022: Immunizations for adolescents (+7.15%), diabetes HbA1c good control (+5.99%), and breast cancer screening (+4.06%) were the highest. Both MY 2023 provider “partial point” and “full points” earnings outperformed MY 2022 in both pediatric access measures (i.e., well-child visits first 15 months, and child and adolescent WCV); three preventative screenings measures (i.e., cervical cancer screening, breast cancer screening, and immunizations for adolescents), and one chronic disease management measure (i.e., diabetes – HbA1 good control).</p> <p>Athena went through the Relative Improvement (RI) methodology. Plan-wide MY 2023 saw a relative decline in the non-clinical domain (i.e., avoidable ED visits and risk-adjusted readmissions), yet 69% of participants earned full points in risk adjustment readmissions; 72% of participants earned full points in PCP office visits.</p> <p>UOS participation has been low YoY, with less than 30% of providers choosing to participate. Just 20% participated in the dental fluoride varnish UOS. YoY advance care planning has enjoyed both the highest participation and, in MY 2023, the highest payout.</p> <p>MY 2023 incentive payouts totaled \$38.5M; the weighted average earned PMPM was \$7.08. Overall by county, Del Norte, Humboldt, Lake, Lassen, Mendocino, Napa, Shasta, and Trinity providers earned more in MY 2023 than they did the prior year.</p> <p>In summary, MY 2023 QIP performance improved above prior year in seven of the 11 clinical measures. Four measures ended above the 50th HEDIS® benchmark; two ended about the 75th percentile benchmark.</p> <p>Dr. Kubota asked, and Athena confirmed, that dental fluoride has now moved to a monitoring measure in MY 2024. Dr. Netherda then thanked Athena and her manager, Amy McCune, for their hard work.</p> <p>Anna Campbell asked if the removal of alcohol screening from the measure list would have any impact on our policies. Dr. Netherda replied that providers are expected to do this screening as a matter of course: our site review team looks for this standard of care to be met.</p>	<p>2025 Program Recommendations:</p> <ul style="list-style-type: none"> • Expand BCS age range from 50-75 years-old to 40-75 yo • Add new clinical measures: chlamydia screening, WCV in the first 15-30 months, and topical fluoride in children. Reduce inequity adjustment, and add academic detailing to the UOS list • Replace non-clinical risk adjusted readmissions with follow-up within 7 days after hospital discharge measure • Update the peer-led and pediatric group visit UOS measure • Raise thresholds back to 75th percentile for partial points and 90th percentile for full points

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<p>3. Grand Analysis: Member Experiences MY 2023 / RY 2024</p> <p><i>Anthony Sackett, Program Manager II, QI and Kory Watkins, MBA-HM, Director of Grievance and Appeals</i></p>	<p>Anthony spoke on the MY 2023/RY 2024 regulated Consumer Assessment of Healthcare Providers and Systems (CAHPS®) scores and the unregulated survey results too and Kory of the 2023 grievances and appeals and second-level grievances before they addressed key learnings and answered questions.</p> <p>Nearly 1,200 Members responding to the regulated Adult CAHPS survey gave their highest marks to “rating of personal doctor,” coming in at the 64th % HEDIS® benchmark, or +3.1 % higher than in last year’s survey. Overall, the adult survey confirmed our 3.5 Star rating as published by the National Committee of Quality Assurance (NCQA) in September.</p> <p>Key findings of the non-regulated Adult survey showed that 47% of Members had no better than a fair or poor understanding of their benefits and available services. About 35.7% of these Members said they asked their providers or provider’s staff for help in understanding their benefits; another 29.1% would call Partnership. More insights are reported in this report’s Appendix C. Despite improved “rating of personal doctor” in both the regulated Adult and regulated Child surveys, “rating of health care” had negative rate changes from 2022 of -9.4% and -5.3%, respectively, each scoring lower than the average plan score.</p> <p>Kory noted that the number of grievances filed grew 28.5% (from 2,556 to 3,572) while membership across the 14 counties grew 6.3%. Of the five NCQA grievance categories – access, attitude/service, billing/financial, quality of care, and quality of provider office – only billing/financial and quality of provider office met the threshold of less than a 10% change from MY 2022. The driver behind increased negative numbers on access and attitude is largely attributable to transportation benefit issues. Rising dissatisfaction with quality of care was driven by disagreements with treatment plans.</p> <p>Regarding appeals and second-level grievances, the rate per 1,000 members decreased from 1.19 in 2022 to 1.02 in 2023; only quality of care failed to meet the threshold: each of these nine cases had to do with disagreement with treatment plans.</p> <p>More details will be available in the PULSE report to be submitted to both IQI and Q/UAC in March 2025.</p> <p>Anthony went over coming organizational goals (see sidebar) before opening to comments and questions. Dr. Kubota was quick to note that Partnership’s Transportation staff has done a “fabulous” job given the volume of calls; unfortunately, dissatisfaction here can perhaps unfairly drive the rating of the health plan. Anthony agreed but said the situation could improve as we begin to track dissatisfaction with “bad drivers.”</p> <p>Anna expressed surprise that of the adults saying they had only fair or poor understanding of their member benefits, only 7.9% said they have looked at the Member Handbook. Do they not find answers there? Anthony noted that Member Services does mail out member packets that include the Member Handbook and they are actively looking at other ways to reach Members.</p> <p>Doctors Netherda and Kubota noted that Member concerns about pharmacy benefits till get pinned on Partnership rather than the State’s Medi-Cal Rx carveout vendor. Anthony added that Partnership also has no control over Denti-Cal but we get dinged on that as well.</p>	<p>2024/2025 Organizational Goal #4: Access & Member Experience:</p> <ul style="list-style-type: none"> • Understand the landscape of our specialty provider network, identify gaps, and develop targeted action plans • Understand the landscape of our primary care provider network, identify gaps, and develop targeted action plans • Expand the “Your Partner in Health” branding campaign and implement an action plan to improve/increase member awareness
<p>4. Grand Analysis:</p>	<p>Renee prefaced her remarks by stating that “availability” speaks to cultural and language considerations; “accessibility” to geographic issues. Together, these elements assess our network adequacy for both primary and specialty care.</p>	<p>For details, please see the narrative backing up the</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<p>Network Access</p> <p><i>Renee Trosky, Manager of PR Compliance, Network Services</i></p>	<p>Network adequacy data elements include member grievances (ME7 NCQA “access” category), CAHPS survey (ME7), the Population Needs Assessment (PNA), out-of-network requests (UM), practitioner availability cultural and linguistic needs (Net 1 A), practitioner availability ratio and geographic distribution (Net 1 B, C), and accessibility of services (Net 2 A, C).</p> <p>In 2023, our members submitted 3,572 grievances, 43% of which may be attributed to access. This is similar to 2022, during which 41% of the 2,556 grievances submitted involved access. In 2023, appeals and second-level grievance totals decreased by 10% from 2022 but 50.1% of these were access concerns, compared to 43% in 2022.</p> <p>A comparison of 2022 and 2023 CAHPS Adult survey composite scores show that “getting needed care” improved slightly while “getting care quickly” declined slightly in 2023. In both years, Partnership failed to meet its benchmarks on both. Similarly, the Child Survey failed to meet 2023 benchmarks.</p> <p>As a Plan, Partnership met its CY 2023 goal of less than 20 out-of-network (OON) per 1,000 members. OON referrals in the more rural Northern Region was 3.8 per 1,000 Members; in the South, OON referrals was 1.8 per 1,000 Members. Modoc, Siskiyou and Del Norte counties logged the highest OON requests per 1,000 Members; while Napa, Mendocino, Yolo, and Humboldt ranked highest in Members utilizing their approved OON referrals. Renee noted that, in general, about one-half of all referrals are not used by Members.</p> <p>In 2023, Partnership met its primary care ratio goals in each of the four categories: primary care practitioner, family or general practice practitioner to Member, pediatrician to children, and internists to adults. Likewise, 2023 Third Next Available (3NA) primary care routine appointment accessibility goals were also met for primary care of adults, primary care for children, newborn appointments and primary urgent care.</p> <p>Between May 1, 2023 and Dec. 1, 2023, Partnership recruited to the network 66 new primary care practitioners, 27 of whom went to six of our most rural northern counties. Partnership continues to support workforce development strategies to recruit and retain physicians, nurse practitioners, physician assistants and licensed behavioral health counselors, including substance use disorders counselors. CY 2024 workforce development also included strengthening recruitment of support specialty providers by adding obstetrics providers (physicians, women’s health nurse practitioners, certified nurse midwives) whose clinical care focuses on perinatal care, including labor and delivery.</p> <p>The 2024 Grand Analysis work is now underway and could be presented to committee as early as September 2025, scheduling permitting, Renee concluded.</p>	<p>presentation in today’s meeting packet.</p> <p>Doctors Netherda and Kubota agreed that provider re-education work needs to occur regarding OON, particularly in the 10 expansion counties: not every patient should be referred to Stanford. Moreover, providers should not jump over closer-to-home specialty providers and go straight to tertiary care referrals, Dr. Kubota added.</p> <p>Anna Campbell was curious about North and South differences in utilizing referrals, and Dr. Netherda agreed it would be interesting to ask Members who did not utilize their referral appointments why they did not.</p>
<p>VI. Adjournment</p>		
<p>Dr. Netherda adjourned the meeting at 3:25 p.m. IQI will next meet Tuesday, Jan. 7, 2025.</p>		
<p><i>Respectfully Submitted by Leslie Erickson, Program Coordinator II, Quality Improvement</i></p> <p>Approval Signature: _____ Date: _____</p> <p><i>Mark Netherda, MD</i> <i>Medical Director for Quality, Vice Chair</i></p>		



**QI DEPARTMENT UPDATE
 NOVEMBER 2024
 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"> • Measurement Year (MY) 2025 proposed measure set was approved at the October Physician Advisory Committee (PAC) meeting. • MY2024 CG CAHPS data has been received, providers will be notified in early November with results. • The MY2023 PCP QIP Evaluation will be presented this month in all quality committee meetings.
LONG TERM CARE QUALITY IMPROVEMENT PROGRAM (LTC QIP)	<ul style="list-style-type: none"> • Quality Assurance Performance Improvement (QAPI) program attestations continue to be received from contracted LTC and Skilled Nursing Facilities (SNFs). These requests were made by Partnership in response to DHCS' LTC benefit standardization and subsequent All-Plan Letters (APL) specifying new quality improvement and quality monitoring requirements.
PALLIATIVE CARE QUALITY IMPROVEMENT PROGRAM (PALLIATIVE CARE QIP)	<ul style="list-style-type: none"> • Payments for January – June 2024 performance will distribute this month. • The MY2025 proposed measure set was approved at October PAC.
PERINATAL QUALITY IMPROVEMENT PROGRAM (PQIP)	<ul style="list-style-type: none"> • Fiscal Year (FY) 2023-2024 incentive payments are scheduled for distribution later this month. • Supplemental QIP payment for reassigned Dignity Health members will also distribute this month.
ENHANCED CARE MANAGEMENT QUALITY IMPROVEMENT PROGRAM (ECM QIP)	<ul style="list-style-type: none"> • No updates
HOSPITAL QUALITY IMPROVEMENT PROGRAM (HQIP)	<ul style="list-style-type: none"> • FY 2023-2024 incentive payments are scheduled for distribution later this month.
<u>QUALITY DATA TOOLS</u>	
TOOL	UPDATE
PARTNERSHIP QUALITY DASHBOARD (PQD)	<ul style="list-style-type: none"> • N/A
eREPORTS	<ul style="list-style-type: none"> • MY2025 eReports development has begun with the annual Business Requirements Document (BRD) nearly finalized. • First stage User Acceptance Testing (UAT) will begin next month.

<u>PERFORMANCE IMPROVEMENT (PI)</u>	
ACTIVITY	UPDATE
<p>STATE MANDATED WORK: PERFORMANCE IMPROVEMENT PROJECT (PIP) & PLAN-TO-DO- STUDY-ACT (PDSA) CYCLE</p>	<p><i>Institute for Healthcare Improvement (IHI) / DHCS Medi-Cal Child Health Equity Collaborative</i></p> <ul style="list-style-type: none"> • This collaborative is focused on improving child health equity, specifically for pediatric well-care visits. • Partnership and Stallant Health and Wellness in Del Norte County are collaborating in a project. The populations of focus are Native American / Alaskan Native and Hispanic populations. Defined Aims for targeted populations are as follows: <ul style="list-style-type: none"> ○ Partnership in collaboration with Stallant Health & Wellness will increase the annual well-care visit completion rates for the Native American/Alaskan Native population who are 3-17 years of age from 8% to 25% by March 2025. ○ Partnership in collaboration with Stallant Health & Wellness will increase their annual well-care visit completion rates for the Hispanic population who are 3-17 years of age from 20% to 40% by March 2025. • The 3rd phase of this collaborative began on 08/22/2024 and focuses on conducting a Plan-Do-Study-Act (PDSA) cycle. <ul style="list-style-type: none"> ○ Through additional discovery, it was determined that a vast majority of the patients assigned to Stallant who are Native American/Alaskan Native are seeking care at another local contracted primary care provider. Efforts are currently underway to initiate member re-assignment to accurately represent where each member is seeking care, and therefore has shifted the focus of this PDSA to only the Hispanic population. ○ Stallant has launched a PDSA focusing on additional touch points prior to scheduled pediatric well care visits. The goals are to better ensure the parent/guardian is educated on the reasons for and importance of well-care visits, as well as ensuring access to necessary pre-appointment paperwork in advance of the appointment. This includes making sure the paperwork is available in Spanish, where needed. <p><i>IHI / DHCS Medi-Cal Behavioral Health Demonstration Collaborative</i></p> <ul style="list-style-type: none"> • DHCS and IHI have also launched a Behavioral Health Demonstration Collaborative to continue the work already started by the California Advancing and Innovating Medi-Cal (CalAIM) initiative. Partnership, along with the Nevada County Behavioral Health Department, were selected by DHCS to participate in this collaborative. • The Partnership/Nevada County DBP team is currently selecting an initial intervention to pilot in fall 2024. • This collaborative will run April 2024 through June 2025. It has three (3) Action Periods where quick interventions will be implemented within Nevada County and evaluated to impact the following measures:

- % of Medi-Cal members with 30-day follow up after Emergency Department visit for mental illness (FUM)
- % of Medi-Cal members with 30-day follow-up after Emergency Department visit for substance abuse (FUA)

Performance Improvement Projects (PIPs) Update

As a contracted managed care plan (MCP), DHCS assigned two (2) PIPs to Partnership that will be completed over 2023–2026. Annual submissions for both PIPs were submitted to DHCS on 09/11/2024.

- 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:
 - Partnership piloted an intervention with newborns born at NorthBay Medical Center, the only hospital in Solano County that is open to Medi-Cal members. The intervention will pilot the use of navigators. The pilot focuses on assisting these families in enrolling in the Growing Together Program, completing the Newborn PCP Selection Form, and ensuring that they have begun the Medi-Cal enrollment process for their newborns.
 - Cycle 1 of the pilot is complete. Cycle 2 will continue the intervention with newborns born at NorthBay as part of Population Health’s post-partum follow-up outreach, and also explore opportunities to add additional L&D’s in proximity to Solano County to the pilot.
- Improving the Percentage of Provider Notifications for members with Serious Mental Health (SMH) Diagnosis within 7 Days of Emergency Department (ED) Visit.
 - Partnership is piloting an intervention with a provider organization (PO) to increase rates for follow-up visits for members with a recent ED visit with a mental health diagnosis.
 - Partnership and the Provider Organization began work on Cycle 1 in September 2024. The Provider Organization will use ED alerts that they receive via their Epic OCHIN EMR to track, schedule, and complete follow up visits with members. Partnership will verify that the visit coding results in closed care gaps for the FUM measure. Best practices from Cycle 1 have potential to be spread to other provider organizations using Epic.

DHCS Comprehensive Quality Improvement (QI) & Health Equity (HE) Process

- Based on MY2022 HEDIS performance, DHCS has assigned Partnership additional accountability work around the Behavioral Health, Children’s Health, and Reproductive Health and Cancer Prevention measure domains. This work, called the Comprehensive Quality Improvement and Health Equity Process, will require Partnership to complete strategies and action plans for 2024 activities meant to improve HEDIS rates in the included domains.
- Partnership submitted progress reports to DHCS on strategies and action items to improve HEDIS measure performance on 10/25/2024.

	<ul style="list-style-type: none"> • An overview of strategies planned to improve performance on each measure domain include: <ul style="list-style-type: none"> Children’s Health: <ul style="list-style-type: none"> ○ Development of data reporting that will be reviewed with providers highlighting missed opportunities (i.e. episodes where patients were seen via an office visit, but preventative services were not completed) to capture pediatric services, such as well child visits. ○ Analysis of the issue of delayed newborn Medi-Cal enrollment’s impact on claims capture for the Well Child Visit Birth – 15 Months measure and design of interventions to expedite newborn Medi-Cal enrollment. Behavioral Health Domain: <ul style="list-style-type: none"> ○ Collection of County Department of Public Health data around Follow-Up Visits for ED Visits with a Mental Health Diagnosis using the Sacramento Valley MedShare Health Information exchange to improve real-time visibility of ED visits, specialty mental health encounters, and outpatient visits. ○ Piloting the use of embedded Community Health Workers in several EDs within Partnership’s network to complete referrals for Partnership members presenting with a mental health or substance use diagnosis. Reproductive Health and Cancer Prevention Domain: <ul style="list-style-type: none"> ○ Improving breast cancer screening rates in imaging center deserts, using mobile mammography events and interventions with imaging centers with significant access challenges. ○ Piloting the use of chlamydia home screening kits with a partner provider(s).
<p>QUALITY MEASURE SCORE IMPROVEMENT</p>	<ul style="list-style-type: none"> • A new internal committee was formed and conducted an initial kick-off meeting to develop an organization-wide strategy to address lagging measure performance under pediatric well-care visits (i.e. 6 visits within the first 15 months of life). The goal of this new committee is to develop a strategic approach that brings together all current efforts, as well as: <ul style="list-style-type: none"> ○ Initiate additional efforts needed to improve performance ○ Raise awareness and leverage operational expertise of all staff and departments within Partnership ○ Inform providers and engage members • Practice Facilitation coaching continues with nine (9) provider organizations throughout the provider network. At present, most practices are focusing on implementing interventions to impact SMART Aims. Expansion (i.e. Chico and Auburn) Region practices are engaged in optimizing the data tier for their QIP measures and planning a strategy for meeting benchmarks during their first year with Partnership. Providers participating in Practice Facilitation in 2024 include: <ul style="list-style-type: none"> ○ Solano County Family Health Services (Fairfield Region) ○ Community Medical Center (Fairfield Region) ○ Consolidated Tribal Health Project (Eureka Region)

	<ul style="list-style-type: none"> ○ Adventist Health Clearlake – Lake, Butte, and Tehama Counties (Eureka, Redding, and Chico Regions) ○ Adventist Health Ukiah Valley – Mendocino County (Eureka Region) ○ Ampla Health (Chico Region) ○ Northern Valley Indian Health (Chico and Fairfield Region) ○ Wellspace Health (Auburn Region) ○ Western Sierra Medical Clinic (Auburn Region)
IMPROVEMENT ACADEMY	<ul style="list-style-type: none"> ● The ABCs of Quality Improvement training will happen on 11/07/24 in Fairfield. Promotion for the 01/30/2025 session in Ukiah is underway.
JOINT LEADERSHIP INITIATIVE (JLI)	<ul style="list-style-type: none"> ● Fall Sessions are underway. Ampla’s first JLI was held on 10/14/2024. Remaining sites are scheduled and include: <ul style="list-style-type: none"> ○ Shasta Community Health Center – 11/18/2024 ○ Fairchild Medical Center – 12/12/2024 ○ Solano County Family Health Services – 12/17/2024
REGIONAL IMPROVEMENT MEETINGS	<ul style="list-style-type: none"> ● The 4th quarter Redding and Eureka Regional Improvement (quarterly) meetings are scheduled: <ul style="list-style-type: none"> ○ Northeast focus: 11/18/2024 ○ Northwest focus: 11/26/2024 ● The Santa Rosa Region (Marin and Sonoma Counties) held a Regional Quality meeting on 10/17/2024. The meeting featured presentations on 2024 QIP “sprint” activities and a provider presentation on promising practices in assigning priority rankings to pediatric members with screenings approaching due dates. ● The Solano QIP Improvement (SQIP-I) Regional Bi-Monthly meeting was held on 10/03/2024. The meeting featured an update on the W15 Disparity PIP interventions in Solano County.

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>

QI PROGRAM & PROJECT MANAGEMENT

ACTIVITY	UPDATE
STATE MANDATED WORK: EQUITY AND PRACTICE TRANSFORMATION (EPT) PROGRAM	<ul style="list-style-type: none"> ● The DHCS Equity and Practice Transformation (EPT) Program is a statewide initiative with the goal of advancing health equity while reducing COVID-19 driven care disparities. The funding is divided between three (3) programs; the Initial Planning Incentives Payments (IPIP), the Provider Directed Payment Program (PDPP), and the Statewide Learning Collaborative (SLC). ● Partnership received \$1,526,085.49 in Initial Planning Incentives Payments (IPIP) funding. <ul style="list-style-type: none"> ○ \$10,000 was awarded to twenty-three (23) qualifying provider organizations through the IPIP program. The IPIP is geared toward small and medium-sized independent practices to support their planning and application process for the Provider Directed Payment Program (PDPP). ○ The EPT strategy team continues to explore utilization for the remaining IPIP funds. A subset of funds will be allocated to tribal health

organizations to support improvement efforts. More information will follow as plans for the allocation of funds continue to develop.

- All twenty-seven (27) provider organizations, who were invited by DHCS to participate in the PDPP, sent acceptance responses to DHCS by the 01/26/2024 deadline. Partnership had the third most accepted applications of all managed care plans with a 49% acceptance rate vs 29% state-wide. The accepted provider organizations are spread across each of Partnership’s sub-regions, including five (5) provider organizations recently contracted with Partnership from the 2024 expansion counties, eight (8) tribal health centers, and seven (7) provider organizations already engaged under Partnership’s EPE program. DHCS is recalculating the final award amounts, due to the budget revisions.
 - EPT practices were required to submit Key Performance Indicator (KPI) reports on 11/01/2024 by 11:59 p.m.
 - Required Key Performance Indicator (KPI) Reporting on empanelment and access administrative metrics; Empanelment, Continuity, and Third Next Available Appointment.
 - EPT practices have as early as 11/01/2024 and up until 11/01/2025 to submit the below milestone deliverables:
 - Empanelment and Access Milestone 1: Empanelment Assessment
 - Empanelment and Access Milestone 2: Empanelment Policy and Procedure
 - Data to Enable Population Health Management (PHM) Milestone 1: Data Governance and HEDIS Reporting Assessment and Data Governance Policy and Procedure.
 - EPT milestone deliverable templates to guide practices on their submissions are available on Population Health Learning Center’s website: <https://pophealthlearningcenter.org/milestones-and-deliverables/>
 - PHLC will have until 11/30/24 to review the milestone deliverable submissions and will send Managed Care Plans (MCPs) a report of all milestone deliverables EPT practices have and have not submitted later this month.
 - DHCS will operationalize EPT payments from December 2024 – February 2025.
 - MCPs should receive EPT payment from DHCS by March 2025, which they will send to EPT practices by April 2025.
- The Statewide Learning Collaborative (SLC) is meant to support practices awarded the PDPP funding in the implementation of practice transformation activities, sharing and spread of best practices, practice coaching activities, and achievement of quality and equity goals stated in their PDPP applications. Participation in the SLC is a requirement for all participants in the PDPP.
 - To remain in the EPT program, practices will need to demonstrate 80% attendance in the Practice Track and Learning Community sessions of the EPT Technical Assistance.

	<ul style="list-style-type: none"> • Population Health Learning Center (PHLC) hosts bi-monthly "All MCP EPT Meetings" to share updates, on behalf of DHCS, related to EPT technical assistance and the program as a whole. <ul style="list-style-type: none"> ○ In the last "All MCP EPT Meeting" it was announced that MCPs will be reporting on the Assigned and Seen Improvement, one (1) of the four (4) administrative measures within the Key Performance Indicator (KPI) milestone deliverables. ○ PHLC is soliciting feedback from MCPs and working with DHCS to develop the KPI measure specifications. ○ Claims data will be used to get the most accurate picture of how practices are doing, however, the type of claims data required is still being determined. ○ If data will not be pulled from HEDIS software, there is concern about creating a new software/project to pull data from with limited resources. ○ A subset of the EPT strategy team met with PHLC's Director of Analytics and Impact to voice their data concerns. ○ PHLC is hosting Data Workgroup sessions to discuss the specifications for practice-level data reporting on HEDIS-like measures. More information to come as PHLC finalizes these specifications.
<p>CAPACITY ENHANCEMENT GRANTS</p>	<ul style="list-style-type: none"> • For the first time in Partnership's 30-year history, contract negotiations were not fulfilled prior to the expiration of a provider contract. Dignity Health's contract termination affected over 64,000 members in Nevada, Shasta, Siskiyou, Tehama, and Yolo counties for several weeks in April through June. In response to this disruption, the Capacity Enhancement Grant (CEG) was created and offered to providers who agreed to take member assignments previously with Dignity Health. <ul style="list-style-type: none"> ○ The second and final installment of CEG funding totaled \$1,441,857.50. ○ Each CEG Awardee received a portion of the total funding based on their newly assigned membership on 10/24/2024.
<p>LOCUM PILOT INITIATIVE</p>	<p>The QI Locum Pilot Initiative was developed as a short-term solution to provide access to clinicians with the goal of improving HEDIS performance in preventative care, specifically well-child visits and cervical cancer screenings. This offering is designed as a limited Grant Program, whereby participating Provider Organizations are granted funds to select and hire a Locum Tenens Provider for a 4-week period.</p> <ul style="list-style-type: none"> • A total budget of \$250,000 was approved; participating Providers receive up to: <ul style="list-style-type: none"> ○ \$45,000 when hiring a Physician; or ○ \$31,600 when hiring an Advanced Practicing Clinician. • The Grant is paid in two installments: <ul style="list-style-type: none"> ○ 1st installment upon signing the Agreement, 50% of eligible funds ○ 2nd installment upon completing the 4-week assignment and post-program survey, remaining 50% • The initial cohort of providers was selected from those participating in the PCP Modified QIP. <ul style="list-style-type: none"> ○ Six (6) offers to apply were made and four applications were received.

- All four (4) applications were reviewed and accepted into the pilot program.
- Locum assignment periods will be carried out asynchronously through the end of 2024. Weekly Provider check-ins and data collection are conducted by a Partnership Improvement Advisor throughout the Locum Provider’s employment.
- Locum Providers are alleviating a backlog of well-child and adolescent visits.
- Locum Providers are covering urgent care which allows patients to schedule visits with their preferred physician.
- Hill Country Community Clinic initially hired a locum who was unable to fulfill the requirements of the position. A new locum contract has been executed with an anticipated start date of 11/04/2024, beginning with three (3) days of onboarding.
- Round Valley Indian Health is developing a plan to utilize two (2) retired clinicians, a medical doctor and a nurse practitioner, to complete the grant activities before the end of the calendar year. Knowledge of the practice and experience with their EMR will speed up the onboarding process.
- Community Medical Center completed the initial grant activities and has been awarded an extension; their locum will be funded through the end of 2024 to continue focusing on well-child visits, including up to 120 Direct Members in the surrounding area.
- Pit River Health Service is utilizing an existing locum, blocking time periodically for scheduled well-child visits and cervical cancer screenings. Grant activities will be completed through the end of 2024.
- Recipients of the Capacity Enhancements Grant who utilized Locum Tenens as short-term interventions are being surveyed for their experience and best practices to bolster pilot data.
- A round-table style debrief was held on 10/09/2024, a total of 24 people came together in discussion, including 14 provider staff (representing all 4 practices participating in the pilot), 4 Partnership Improvement Advisors and the QI Program & Project Management Team. Topics included: Managing a Grant, Recruiting and Onboarding, Program Impact on the Practice and Patients, and overall Program Review. Feedback captured during the session will be included in a comprehensive evaluation towards the completion of the first phase of the program.

Provider Organization	Total Award	Locum Assignment and Status
Hill Country Community Clinic	\$31,600	Locum is in contract, anticipated start date November 4.
Pit River Health Service	\$31,600	Focus: Well Child Visits and Cervical Cancer Screenings. Visits are being scheduled and tracked through the end of the year.
Round Valley Indian Health	\$45,000	Developing plan: Retired MD and NP will work part-time to address Well Child Visits &

		Cervical Cancer Screenings through the remainder of 2024.
Community Medical Center	\$31,600	Focus: Child/Adolescent Well Care & Immunizations Initial program complete; an extension to the contract has been granted through December 2024.

QUALITY MEASURE SCORE IMPROVEMENT
MOBILE MAMMOGRAPHY PROGRAM

- Between 07/01/2024 to 10/31/2024, Partnership sponsored 28 Mobile Mammography event days with 19 provider organizations at 27 provider sites.

Completed Event Days 07/01/2024 – 10/31/2024				
Legacy Region	# of Provider Organizations	# of Provider Sites	# of Event Days	# of Completed Partnership Screenings
ER	3	5	5	68
NE	7	8	9	163
NW	2	7	7	145
SE	2	2	2	43
SW	5	5	5	99
Plan Wide	19	27	28	518

- One (1) event day in the Northwest Region was held at a Tribal Health Center in Humboldt County.
- One (1) event day in the Northeast Region was held at a Tribal Health Center in Trinity County.
- One (1) event day in the Eastern Region was held at a Tribal Health Center in Tehama County.
- Upcoming Mobile Mammography events in November and December include:

Upcoming Event Days 11/01/2024 – 12/31/2024			
Legacy Region	# of Provider Organizations	# of Provider Sites	# of Event Days
ER	3	6	6
NE	1	1	1
NW	1	1	1
SE	1	1	1
SW	2	2	2
Plan Wide	8	11	11

- In response to several inquiries on upcoming events, the following list is included to detail participating provider organizations with completed and upcoming event days:

Northwest Region

8/20/2024 K'ima:w Medical Center
 8/28/2024 Open Door Community Health Centers (Willow Creek Community Health Center)
 9/24/2024 Open Door Community Health Centers (Del Norte Community Health Center)
 9/25/2024 Open Door Community Health Centers (McKinleyville Community Health Center)
 9/26/2024 Open Door Community Health Centers (Arcata Community Health Center)
 9/27/2024 Open Door Community Health Centers (Eureka Community Health Center)
 9/28/2024 Open Door Community Health Centers (Redwood Community Health Center)
 11/11/2024 K'ima:w Medical Center

Northeast Region

7/24/2025 Shasta Community Health Centers (Shasta Community Health Center)
 7/24/2025 Shasta Community Health Centers (Shasta Community Health Center)
 8/19/2024 Chum Creek Healthcare - Redding Rancheria (Redding Rancheria Trinity Health Center)
 8/21/2024 Hill Country Community Clinic Inc, (Chum Creek)
 8/22/2024 Mountain Valley Health Centers (Butte Valley Health Center)
 8/23/2024 Anderson Walk in Medical (Anderson Walk in Medical Clinic)
 8/29/2024 Hill Country Community Clinic Inc, (Round Mountain)
 10/24/2024 Shingletown Medical Center
 10/25/2024 Surprise Valley Medical Clinic
 11/12/2024 Shasta Community Health Centers (Shasta Community Health Center)

Southwest Region

9/4/2024 Alexander Valley Regional Medical Center (Alexander Valley Healthcare)
 9/11/2024 Long Valley Health Center
 9/12/2024 West County Health Centers (Russian River Health and Wellness Center)
 9/13/2024 Alliance Medical Centers (Healdsburg Clinic)
 10/21/2024 Ritter Health Center
 11/14/2024 Marin City Health & Wellness Center
 11/21/2024 Consolidated Tribal Health Center

Southeast Region

9/5/2024 Community Medical Centers (Community Medical Center Dixon)
 9/6/2024 Elica Health Centers (Elica Health Centers - Halyard)
 11/15/2024 Community Medical Centers (Community Medical Center Vacaville)

Eastern Region

7/26/2024 Ampla Health (Ampla Health Chico Medical)
 7/27/2024 Ampla Health (Ampla Health Orville Medical)
 8/30/2024 Ampla Health (Ampla Health Richland Medical)
 10/22/2024 PeachTree Healthcare (Peach Tree Health)
 10/23/2024 Greenville Rancheria (Greenville Rancheria - Red Bluff)
 11/13/2024 Sierra Family Health Center
 11/18/2024 Ampla Health (Ampla Health Richland Medical)
 11/19/2024 Rolling Hills (Rolling Hills Clinic - Red Bluff)
 11/20/2024 Rolling Hills (Rolling Hills Clinic - Coming)
 12/13/2024 Ampla Health (Ampla Health Lindhurst Medical)
 12/14/2024 Ampla Health (Ampla Health Chico Medical)

- The Primary Care Provider Quality Incentive Program (PCP QIP) Breast Cancer Screening 50th percentile benchmark has been met in the Southeast and Southwest Regions for the 2024 measure year.

<p>QI TRILOGY PROGRAM</p>	<ul style="list-style-type: none"> • The following QI Trilogy Documents received formal Board approval in October and were submitted by the Regulatory Affairs and Compliance Department to the Department of Healthcare Services (DHCS). <ul style="list-style-type: none"> ○ FY 2024/25 QI Program Description ○ FY 2023/24 QI Work Plan (Final Updates) ○ FY 2023/24 QI Program Evaluation ○ FY 2024/25 QI Work Plan (Goal Submissions)
<p>CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS® (CAHPS) PROGRAM</p>	<ul style="list-style-type: none"> • The (MY 2023 RY 2024) Annual Member Experience (ME 7) analysis will be presented formally at Committee (IQI and Q/UAC) in November. • The CAHPS program is preparing for the next survey cycle (MY 2024 RY 2025) including development of supplemental questions and decision as to which formal population (Adult or Child) survey results will be submitted to NCQA for Patient Experience Rating and overall Healthplan Star Rating. • The strategic planning/implementation of the non-regulated (drill down) CAHPS® survey revealed key findings relative to member dissatisfaction. Goal activities over the past two fiscal years helped shape drill down questions to identify barriers related to common benefit questions and/or benefit confusion. Survey results and analysis offered insights for leadership to target improving member benefit literacy through additional actions related to assessment, staff engagement, and continued member engagement. • Fiscal Year (FY) 2024-25 Organization Goal #4 - Access to Care and Member Experience Improvement: Multiple departments are actively collaborating on eight goal milestones. The designated goal lead submitted FY Q1 goal update providing a summary of five goal champions within the following departments: Communication, HR/ Work Force Development, Member Services, and Quality Improvement. <ul style="list-style-type: none"> ○ Goal percentage complete as of FY Q1: 29.88% • All goals are expected to be MET by the end of the FY 24-25 goal period.
<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 over the course of 2024. Status updates include: <ul style="list-style-type: none"> ○ Resource planning to recruit, hire, and onboard staff dedicated to Expansion Counties is nearly complete. An additional HEDIS Analyst and Program Coordinator are planned for posting in early 24/25. ○ The Perinatal QIP is underway and began offering incentives under the ECDS measure for East Region Providers that contract with DataLink. ○ The last session of the HEDIS focused monthly office hours was held on 11/13/2024. The goal of these office hours has been to strengthen providers’ understanding of how quality is measured by Partnership under its Annual HEDIS projects. ○ In-depth Site Review trainings to address DHCS Site Review tool changes are ongoing with new sessions being scheduled, as needed.

	<ul style="list-style-type: none"> ○ East Region providers have been engaged in many Regional Collaborative events focused on PCP QIP needs such as: <ul style="list-style-type: none"> ▪ Monthly “How to Succeed in the PCP QIP” sessions. ▪ Operations meetings where Performance Improvement (PI) and Quality Incentive Program (QIP) teams attend to support East Region provider’s QIP performance. ▪ Annual Tribal Health Convening with Partnership <ul style="list-style-type: none"> ● Chapa-De, Feather River, Greenville Rancheria, and Rolling Hills attended the 10/07/24 event. ○ East Region participation in 2024 Joint Leadership Initiative (JLI) meetings have been identified with the following Provider Organizations (POs): <ul style="list-style-type: none"> ▪ Ampla Health ▪ Adventist Health (East Region sites will be included with their established JLI)
<p>BLOOD LEAD SCREENING INITIATIVE</p>	<ul style="list-style-type: none"> ● Partnership has completed two (2) rounds of Blood Lead testing grants for point-of-care (POC) devices for primary care providers and has closed its 3rd grant offering. <ul style="list-style-type: none"> ○ The first round resulted in ten (10) POC device awardees along with two (2) reimbursements for recently purchased POC devices. ○ The second round has resulted in eleven (11) POC device awardees along with fifteen (15) reimbursements for recently purchased POC devices. Second round devices were recently delivered to participating sites. ○ The third round launched closed on 09/30/2024 with four (4) POC device awardees. ● The program is transitioning from a round-based application process to an ongoing, continuous application period. This means applicants will no longer need to wait for specific rounds to apply. Instead, they can submit applications at any time. We are currently updating all materials to reflect this new approach and developing a targeted promotional strategy aimed at reaching low-performing participants who have not applied before.

QUALITY ASSURANCE AND PATIENT SAFETY

ACTIVITY	UPDATE
<p>POTENTIAL QUALITY ISSUES (PQI) FOR THE PERIOD: 10/01/2024 TO 10/31/2024</p>	<ul style="list-style-type: none"> ● PQI referrals received during this period: 27. Out of 27, 21 cases were referred from Grievance and Appeals, 1 from a Regional Medical Director, 1 from Utilization Management, 1 from Care Coordination and 3 from other sources. ● PQI cases reviewed at the Peer Review Committee: 1 case ● Cases processed and closed to completion: 19 cases ● Focused Review: 1 case is being currently reviewed ● PQI cases that are currently open: 89 cases

<p>FACILITY SITE REVIEWS (FSR) & MEDICAL RECORD REVIEWS (MRR) FOR THE PERIOD: 09/30/2024 TO 10/25/2024</p>	<ul style="list-style-type: none"> As of 10/29/2024, Partnership is responsible for conducting site reviews across a total of 451 PCP and OB sites, with an additional 29 reviews required due to multiple patient check-ins within larger sites. In total, this requires managing a total of 480 periodic site reviews. <p>Primary Care and OB Reviews – for the most recent reporting period:</p> <table border="1"> <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>Auburn</td> <td>0</td> <td>1</td> <td>N/A</td> <td>0</td> </tr> <tr> <td>Chico</td> <td>1</td> <td>2</td> <td>1</td> <td>1</td> </tr> <tr> <td>Eureka</td> <td>1</td> <td>3</td> <td>1</td> <td>3</td> </tr> <tr> <td>Fairfield</td> <td>5</td> <td>3</td> <td>0</td> <td>2</td> </tr> <tr> <td>Redding</td> <td>0</td> <td>0</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Santa Rosa</td> <td>1</td> <td>1</td> <td>0</td> <td>1</td> </tr> </tbody> </table>	Region	# of FSR conducted	# of MRR conducted	# of FSR CAP issued	# of MRR CAP issued	Auburn	0	1	N/A	0	Chico	1	2	1	1	Eureka	1	3	1	3	Fairfield	5	3	0	2	Redding	0	0	N/A	N/A	Santa Rosa	1	1	0	1
Region	# of FSR conducted	# of MRR conducted	# of FSR CAP issued	# of MRR CAP issued																																
Auburn	0	1	N/A	0																																
Chico	1	2	1	1																																
Eureka	1	3	1	3																																
Fairfield	5	3	0	2																																
Redding	0	0	N/A	N/A																																
Santa Rosa	1	1	0	1																																

HEALTHCARE EFFECTIVENESS DATA INFORMATION SET (HEDIS)

ACTIVITY	UPDATE
Annual HEDIS® Projects	<p>MY2024 Annual Audits:</p> <ul style="list-style-type: none"> Planning is underway for the MY2024 Annual Audits: <ul style="list-style-type: none"> DHCS Managed Care Accountability Set (MCAS) – Kickoff Date targeted to occur in November 2024 NCQA Health Plan Accreditation (HPA) – Readiness Assessment scheduled in November 2024 The Non-Clinical team has started outreach to the provider network to confirm contact information, EHR for client collected and new providers. Thank you to those who have responded to our outreach.
HEDIS® Program Overall	<ul style="list-style-type: none"> New Supplemental Data Source being assessed: <ul style="list-style-type: none"> Efforts are underway to validate and integrate a new supplemental data resource through one of NCQA’s approved data aggregators. This data source is anticipated to provide additional supplemental data to support several HEDIS measures. Primary focus will begin with the depression screening measures along with the W30 measure. A W30 medical record review (MRR) will be conducted as a special project to identify compliant supplemental medical record documentation, via the PCP QIP, that will support HEDIS administrative rate for MY2024. This review will be performed along with the annual MRR set to launch February 2025. Partnership’s HEDIS Week was conducted 10/21/2024 – 10/25/2024. We received positive feedback from staff. The HEDIS team received the survey results from T&D, which they will use to plan for next year. <p>HRP: Conversion of PHC’s core claims system from Amisys to HRP</p> <ul style="list-style-type: none"> A final round of testing is planned to begin in November 2024 to support the overall pending implementation of Health Rules Payer-Health Edge (HRP)

	<p>Geographic Expansion:</p> <ul style="list-style-type: none"> Continued preparation is underway to begin plan-wide reporting as required by DHCS (MCAS) and NQCA (HPA) reporting. Additional County-Level Oversampling will be conducted for all 24 counties, as proposed and accepted by DHCS. <p>D-SNP Preparation:</p> <ul style="list-style-type: none"> Efforts are in progress to prepare for baseline data capture & integration to support the D-SNP implementation planned for January 2026. A Program Manager I has been hired to support the business requirements needed to support the development and implementation of Partnership’s D-SNP based on integration of Medicare’s specific requirements.
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NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) ACCREDITATION

ACTIVITY	UPDATE
NCQA Health Plan Accreditation (HPA)	<ul style="list-style-type: none"> The NCQA Program Management Team met with our NCQA consultant to assess the changes made to the 2025 HPA Standards and Guidelines and obtained clarification, as needed. This included focused discussion around the changes made to the former System Controls, now known as Information Integrity and the new QI 3 standard. Information learned from our NCQA consultant will be shared with Business Owners, as applicable. The NCQA Program Management Team will work with Business Owners to address the new requirements or any modification of the existing requirements, so Partnership can continue to maintain HPA compliance based on NCQA’s look-back period, timelines, and/or expectations. HPA Key Activities for FY 24-25: <ul style="list-style-type: none"> All Business Owners (BOs) submitted the annual HPA Work Plan for Milestone 2, and the 2024-2026 HPA Report Schedule for Milestone 3, by the 10/18/2024 due date, with the exception of one department. The NCQA Program Management Team continues to work with the BOs based on edits made under the annual HPA Workbook, and clarify the list of evidence in alignment with NCQA’s look-back period, timelines, and/or expectations. Additionally, all annual reports remain on track for timely submissions and review by the NCQA Consultant. Risks associated with the untimely submission of the Workbook and Report Schedule will be escalated to the NCQA Steering Committee. Milestone 4 is in progress, with the next quarterly file review audits being due in November and December 2024. To date, no issues have been reported.
NCQA Health Equity Accreditation (HEA)	<ul style="list-style-type: none"> The six-month look-back period for the HEA Initial Survey will begin in December 2024. The NCQA Program Management team continues to work closely with all Business Owners to ensure all documented processes are in compliance and necessary screenshots have been captured prior to the start of the look-back period.

	<ul style="list-style-type: none">● HEA Key Activities for FY 24-25:<ul style="list-style-type: none">○ Milestone 2 required Business Owners to review, and update as needed, the HEA Workbook, which consists of the HEA Work Plan and Evidence Submission Library. The HEA Workbooks have been submitted, with the exception of one department. The NCQA Program Management Team will work with Business Owners to obtain clarifications, as needed. Risks associated with the untimely submission of the Workbook will be escalated to the NCQA Steering Committee.○ Milestone 3 remains in progress. There are three (3) components to this milestone:<ul style="list-style-type: none">▪ Documented Processes: Business Owners provided their acknowledgement that documented processes meet the scope of review by the 10/25/2024 due date, with the exception of one department.▪ Materials: In progress. Business Owners are to submit all applicable screenshots by 11/15/2024. On track for timely completion.▪ Analysis Reports: In progress. Analysis Reports remain on track for timely completion and review by our NCQA Consultant.
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Partnership

Policy & Procedure Updates

January
2025

Policy Number	Policy/Procedures/Guidelines	Version Links
<p>The following documents were reviewed by the Quality / Utilization Advisory Committee (Q/UAC) in November 2024.</p> <p>**All policy versions hyperlinked for review.</p> <p>Highlighted policies have significant changes, new attachments, or were amended during the Q/UAC meeting. Redline versions contain attachments.</p> <p>Please review all drafts and the detailed Synopsis of Changes.</p>		
Quality Improvement		
MCQG1015	Pediatric Preventive Health Guidelines	C CD RD
MCQP1021	Initial Health Appointment	C CD RD
MPQG1011	Non-Physician Medical Practitioners & Medical Assistants	C CD RD
Health Equity		
MCEP6002	Quality Improvement and Health Equity Committee (QIHEC)	C CD RD
Utilization Management		
MCUP3028	Mental Health Services	C CD RD
MCUP3101	Screening and Treatment for Substance Use Disorders New Attachment C Archived Attachments D and E	C CD RD
MPUP3102	Vision Care	C CD RD
MCUP3106	Waiver Programs	C CD RD
MCUP3125	Gender Dysphoria/Surgical Treatment	C CD RD
MCUP3131	Genetic Screening and Diagnostics	C CD RD
MCUP3137	Palliative Care: Intensive Program (Adult)	C CD RD
Care Coordination		
MCCP2016	Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT)	C CD RD
MCCP2029	Emergency Medical Transportation	C CD RD
Population Health Management		
MCNP9006	Doula Services Benefit New Attachment B	C CD RD

Synopsis of Changes to Discussion Policies

Below is an overview of the policies that will be discussed at the Nov. 20, 2024 Quality/Utilization Advisory Committee (Q/UAC) 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 & 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: Health Equity – Moe Jalloh, Pharm.D, Director of Health Equity (Health Equity Officer)			
MCEP6002 – Quality Improvement and Health Equity Committee (QIHEC)	201-210 <i>CLEAN copy begins on p. 409</i>	<p>Changes suggested by senior Health Services leadership at Oct. 8 IQI are now incorporated into this policy revision. Per Nov. 12 IQI, the Medical Director for Medicare Services and the Director, Enhanced Health Services are now QIHEC members.</p> <p>Section I. Related Policies. Added MCNP9002 – Cultural & Linguistic Program Description.</p> <p>Section VI.B.1.b: Added that Members are invited to join at the discretion of the co-chairs.</p> <p>Section VI.B.1.c: Updated number of official voting members to 9 to 15 to ensure ability to meet quorum threshold and ensure progress of the meeting.</p> <p>Section VI.B.1.c. 3-4): Added language mirrors MCNP9022 provisos:</p> <ul style="list-style-type: none"> • QIHEC makes a good faith effort to recruit individuals representing the racial/ethnic, linguistic, gender identity that are represented in our counties. Ideally, the committee is looking to include individuals representing such groups in our network – especially groups that constitute at least 5% of the population at a minimum. Annually, the Health Equity Officer reviews the composition of the committee and will work with committee members to make a good faith effort to meet such thresholds. • In alignment with the Consumer Advisory Committee Guiding Principles (see MCND9002, Attachment F), eligible Partnership members, and legal parents, guardians or conservators of an eligible minor (under age 18) Partnership member are eligible to join. <p>Section VI.B.1.c.6): Amended to acknowledge that prospective members may be asked to sign Conflict of Interest an Confidentiality agreements.</p> <p>Section VI.B.6: Changed meeting frequency from quarterly to every other month due to large number of items that QIHEC will need to review.</p> <p>Section VI.B.7: Revised language around the expected content of meeting minutes and the internal departments that receive these minutes and then send them on to DHCS.</p> <p>Section VI.C.6 & 7: Added responsibilities to analyze results of Members’ grievances around discrimination and any actions taken by the U.S. Equal Employment Opportunity Commission.</p>	Health Services Member Services Provider Relations

Synopsis of Changes to Discussion Policies

Policy Number & 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.C.12: Added that feedback from Partnership’s Community Advisory Committee (CAC) will be solicited for continued Diversity, Equity, and Inclusion (DEI) training programs.</p> <p>Section VI.C.13: Added that QIHEC will review, provide input, and vote to approve Partnership’s Quality Achievement Community Reinvestment plans in the “Cultivating Improved Health” use category if the Health Plan is subject to the quality achievement community reinvestment requirement by DHCS.</p>	
Policy Owner: Population Health Management – Presenter: Hannah O’Leary, MPH, Manager of Population Health			
MCNP9006 – Doula Services	211 - 219	<p>Changed instances of “PHC” to “Partnership, and Partnership URL changed to the current standard (PartnershipHP.org), small grammar changes. Various parts removed that are no longer relevant or are best conveyed in other policies. (See Related Policies section.)</p> <p>Section I: added MCND9002 Cultural and Linguistic Program Description to Related Policies.</p> <p>Section VI.A.2: added that doulas are “trained birth workers.”</p> <p>Section VI.E.2.d.1: added “The extended postpartum visits are billed in 15-minute increments, up to three hours, up to two visits per pregnancy per individual, provided on separate days.”</p> <p>Section VI.E.3.b: added “the LPHA can note the medical need for the member or include chart notes that specify the need for additional visits.”</p> <p>Section VI.H.3: added “1.Refer to sections VI.E.2. for a description of doula services authorized under the DHCS standing recommendation and section VI.E.3. for services that require prior authorization.”</p> <p>Section VI.I.2: added “Doulas are not prohibited from teaching classes that are available at no cost to Members to whom they are providing doula services.”</p> <p>Section VI.K.4.a: added “Doulas must submit claims with diagnosis and procedure codes as outlined by DHCS. Please refer to Attachment B for the list of codes.</p> <p>Section VI.K.4.b: added “Partnership will submit data related to doula services utilization and provider network per DHCS requirements.”</p> <p>New Attachment B: Doula Crosswalk Coding Information This attachment adds a resource for doulas looking for DHCS diagnosis codes. Doulas are required to include a DHCS diagnosis code on their claims.</p>	Provider Relations, Providers, Member Services

Synopsis of Changes to Discussion Policies

Policy Number & 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: Behavioral Health – Presenter: Mark Bontrager, Senior Director of Behavioral Health			
MCUP3028 – Mental Health Services	221 - 233	<p>This policy was updated to include changes per APL 22-029 Revised, Dyadic Services & Family Therapy Benefit.</p> <p>Section I: Policy MCQG1015 – Pediatric Preventive Health Guidelines was added as a Related Policy</p> <p>Section III. B. – D.: Definitions were added for Dyad, Dyadic Services Benefit, and Managed Behavioral Healthcare Organization.</p> <p>Section VI.A.4.d.4): Language around our closed loop referral process in response to a DHCS Focused Audit</p> <p>Section VI.J.: This new section was added to describe how Partnership covers family therapy.</p> <p>Section VI.N.3.: This paragraph was added to explain how Partnership will execute MOUs with County Mental Health Plans for the purpose of sharing clinical data in order to better coordinate care of Members, improve quality and meet the requirements of the Behavioral Health Quality Incentive Program (BHQIP).</p> <p>Section VI.O.: This new section was added to describe the Dyadic Services Benefit.</p> <p>Section VII.N. and O.: Two new References were added for APL 22-029 Revised: Dyadic Services & Family Therapy Benefit (03/20/2023) and California Welfare and Institutions Code section 14132.755, Dyadic Behavioral Health Visits</p>	Provider Relations Providers Member Services
MCUP3101 – Screening and Treatment for Substance Use Disorders	234 - 257	<p>Section IV. Attachments: Policy attachments C. and D. were Archived. Instead, the requirements for Brief Behavioral Counseling Intervention/ Referral can be found in the main MCUP3101 policy document. Due to this change, Attachment E. became Attachment C.</p> <p>Section VI.A.3.b.: Recommended ICD 10 codes for medical specialists providing office visits for SUD treatment were updated to F11.xx or F10.xx. to avoid the requirement for a RAF.</p> <p>Section VI.B.3.a. and VI.C.8.a. : Deleted the word “outpatient.”</p> <p>Section VI.C.3.c. : Deleted part of this paragraph describing the Application to be a Contracted Brief Behavioral Counseling Intervention/ Referral to Treatment Provider. Attachments C and D regarding the application process have been Archived.</p> <p>Section VI.C.5. and 5.e. and 5.e.1) : Deleted the word “Contracted”</p>	Provider Relations Configuration

Synopsis of Changes to Discussion Policies

Policy Number & 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 – <i>Presenter: Colleen Townsend, MD, Regional Medical Director (Southeast)</i>			
MCUP3131 – Genetic Screening and Diagnostics	258 - 391	<p>Minor changes in the main policy: VII. A. Updated CDC hyperlink in References IX: Updated “Position Responsible for Implementing Procedure” to say “Chief Health Services Director.” <u>Attachment A Updates:</u> Code 81220: Added ICD codes E84, X38.49 and Z31.5 as criteria Code 81221: Changed to require No TAR per MD review and cost <\$500 Code 81222: Changed to require No TAR per MD review and cost <\$500 Code 81232: New coded added for DPYD gene analysis. TAR is required with criteria that Patient had severe and unexpected toxicity (such as myelosuppression, mucositis, diarrhea, neurotoxicity, cardiotoxicity) during treatment with Fluorouracil or Capecitabine chemotherapy Code 81259: Changed to require No TAR per MD review and cost <\$500 Codes 81272 and 81273: Added ICD codes D47.01 and D47.02 as criteria Code 81336: Changed to require No TAR per MD review and cost <\$500 Code 81337: Changed to require No TAR per MD review and cost <\$500 Code 81405: Added SLSLC22A5 gene (for carnitine deficiency or carnitine uptake defect) as criteria: Allowable when the newborn screen is positive for low carnitine levels or when there is clinical suspicion Code 81406: Added DSP gene as criteria: The patient has clinical features suspicious for Arrhythmogenic Right Ventricular Myopathy ICD 10 code I42. Code 81408: Added COL1A1, COL1A2 genes (Osteogenesis Imperfecta) as criteria with ICD code Q78 Code 81412: New coded added for Ashkenazi Jewish-associated disorders. A TAR is required with documented criteria to include Patient is considering pregnancy or is currently pregnant and Patient reports they are of Ashkenazi Jewish descent. Code 81420: New statement added to say “Reimbursement will be limited to one of the following Noninvasive Prenatal Tests per pregnancy: PLA code 0327U or CPT code 81420 or CPT code 81507. Concurrent or repeat use of these services during the same pregnancy is not covered unless there is documentation of medical necessity.”</p>	Providers Configuration

Synopsis of Changes to Discussion Policies

Policy Number & Name	Page Number	<p style="text-align: center;">Summary of Revisions</p> <p style="text-align: center;">(Please include why the change was made, i.e. NCQA, APL, Medi-Cal guidelines, clarification etc.)</p>	<p style="text-align: center;">External Documentation</p> <p style="text-align: center;">(Notice required outside of originating department)</p>
		<p>Codes 81457, 81458 and 81459: New codes added for Solid Organ Neoplasm genomic sequence analysis panel. A TAR is required with various criteria stated for both somatic and germline testing.</p> <p>Codes 81462: New code added for Solid Organ Neoplasm genomic sequence analysis panel. A TAR is required with criteria to include The patient has a diagnosis of on-small cell lung cancer, and The patient is medically unable to undergo invasive biopsy or tumor tissue testing is not feasible, and Management is contingent on the test results.</p> <p>Code 81507: New statement was added to say “Reimbursement will be limited to one of the following Noninvasive Prenatal Tests per pregnancy: PLA code 0327U or CPT code 81420 or CPT code 81507. Concurrent or repeat use of these services during the same pregnancy is not covered unless there is documentation of medical necessity.”</p> <p>Codes 81517: New code added for Liver disease, analysis of 3 biomarkers. No TAR is required. No Criteria listed.</p> <p><u>Attachment C Updates:</u></p> <p>Code 0014M: Deleted effective 01/01/2024</p> <p>Code 0204U: Deleted effective July 2024</p> <p>Code 0242U: Criteria for this code updated to include Hormone receptor-positive, Human Epidermal Growth Factor Receptor 2 (HER2)-negative breast cancer. Criteria removed: “The patient is medically unable to undergo invasive biopsy or tumor tissue testing is not feasible.”</p> <p>Code 0276U: Code description updated to remove these words: “Hematology (inherited thrombocytopenia)”</p> <p>Code 0327U: : New statement added to say “Reimbursement will be limited to one of the following Noninvasive Prenatal Tests per pregnancy: PLA code 0327U or CPT code 81420 or CPT code 81507. Concurrent or repeat use of these services during the same pregnancy is not covered unless there is documentation of medical necessity.”</p> <p>Code 0329U: Criteria for this code updated with somatic testing guidelines.</p> <p>Code 0331U: Deleted.</p> <p>Code 0334U: Criteria for this code updated with somatic testing guidelines.</p> <p>Code 0337U: Deleted</p> <p>Code 0338U: Deleted</p> <p>Code 0342U: Deleted</p> <p>Code 0343U: Deleted</p> <p>Code 0344U: Deleted</p>	

Synopsis of Changes to Discussion Policies

Policy Number & 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>Code 0353U: Deleted</p> <p>Code 0354U: Deleted</p> <p>Code 0379U: Criteria updated with somatic testing guidelines.</p> <p>Code 0391U: Criteria updated with somatic testing guidelines.</p> <p>Code 0397U: Deleted</p> <p>Code 0408U: New code added for Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability. A TAR is required.</p> <p>Code 0409U: New code added for Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability. A TAR is required.</p> <p>Code 0448U: New code added for Oncology (lung and colon cancer), DNA, qualitative, next-generation sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffin-embedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options. A TAR is required.</p> <p>Code 0471U: New code added for Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations. A TAR is required.</p> <p>Code 0473U: New code added for Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden. A TAR is required.</p> <p>Code 0475U: New code added for Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer. A TAR is required.</p> <p>Code 0488U: New code added for Obstetrics (fetal antigen noninvasive prenatal test), cell-free dna sequence analysis for detection of fetal presence or absence of 1 or more of the rh,</p>	

Synopsis of Changes to Discussion Policies

Policy Number & Name	Page Number	<p style="text-align: center;">Summary of Revisions (Please include why the change was made, i.e. NCQA, APL, Medi-Cal guidelines, clarification etc.)</p>	<p style="text-align: center;">External Documentation (Notice required outside of originating department)</p>
		<p>c, c, d, e, duffy (fya) or kell (k) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected. A TAR is required.</p> <p>Code 0494U: New code added for Red blood cell antigen (fetal rhd gene analysis), next-generation sequencing of circulating cell-free dna (cfdna) of blood in pregnant individuals known to be rhd negative, reported as positive or negative. A TAR is required.</p>	

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

Pg. 1 of 5* = by phone conference

Committee: Credentials Committee
 Date: 10/09/2024 7:00am
 Members Present: Steven Gwiazdowski, MD*; David Gorchoff, 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; Priscila Ayala, Director of Network Services; Heidi Lee, Senior Manager of Systems and Credentialing; J’aime Seale, Credentialing Lead; Alex Lopez, Credentialing Specialist; Ashnilta Sen*, Credentialing Specialist; Elizabeth Rios*, Credentialing Specialist; Nolan Smith*; Credentialing Specialist, Maegan Ojeda*; Credentialing Specialist, Mare-Paule Uwase*; Credentialing Specialist, Morgan Brambley*; Credentialing Specialist, Ashlee Grove*; Credentialing Specialist, Kelly Serpa*; Credentialing Specialist, Alisa Crews-Gerk*

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 7:00am. 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 9/11/2024 Credentials Meeting Summary.	II. The Credentials Committee Meeting Summary for 9/11/2024 was reviewed by the Committee.	II. The Summary were reviewed. A motion for approval of the Summary was made by Dr. David Gorchoff, MD and seconded by Dr. Bradley Sandler, MD. Meeting Summary were unanimously approved without changes.		10/9/2024
III. Old Business. a. Update on provider	III. Old Business – a. Dr. Kubota brought to the attention to the Committee information for a provider. Dr. Kubota updated the Credentials Committee on the status of the provider’s retraining and re-entry program. Dr. Kubota informed the	III. Old Business a. Old Business for the provider was reviewed by the committee. A motion to continue with quarterly chart reviews was made by Dr. David Gorchoff, MD and seconded by Dr. Steven Gwiazdowski and unanimously		10/9/2024

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
b. Update on provider	<p>committee that the second chart review was received and to continue credentialing with quarterly chart reviews. The committee had no changes or objections to the motion for approval.</p> <p>b. Dr. Kubota brought to the attention to the Committee information for a provider. Dr. Kubota informed the Credentials Committee of the status for the providers UCSD reentry program enrollment and progression. The second chart review was received and per Dr. Moore, the reviews received have been quality chart reviews. Dr. Moore recommended to the committee to continue with quarterly chart reviews.</p>	<p>approved without changes.</p> <p>b. Old Business for the provider was reviewed by the committee. A motion to continue with chart reviews was made by Dr. David Gorchoff, MD and seconded by Dr. Steven Gwiazdowski, MD and was unanimously approved without changes.</p>		10/9/2024
<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 26-28.</p> <p>b. Dr. Kubota referred the Credentials Committee to the MPCR200 Clean/Routine Practitioners and Ancillary Practitioners list on pages 29-31. These practitioners are approved by Dr. Kubota pre-Credentials Committee meeting.</p> <p>c. Review and Approval of Revised Policies presented by J'aime Seale. J'aime explained the policies MPCR 15 Doula Credentialing and Re-Credentialing Criteria, MPCR 17 Primary Care Provider Criteria Form, MPCR200 Credentials Committee and CMO Credentialing Program Responsibilities and MPCR300 Physician Credentialing and Re-Credentialing</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 Dr. Steven Gwiazdowski, MD and seconded by Dr. David Gorchoff, 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 of practitioners was made by Dr. David Gorchoff, MD and seconded by Dr. Steven Gwiazdowski, 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 Dr. David Gorchoff, MD and seconded by Dr. Steven Gwiazdowski, MD. The Committee unanimously approved the revised policies.</p>		<p>10/9/2024</p> <p>10/9/2024</p> <p>10/9/2024</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
d. Exception for Historic Probations and Accusations for provider	<p>Requirements all had minor changes to language and verbiage on the policies listed.</p> <p>d. Dr. Kubota explained to the Credentials Committee of a historical probation not previously reviewed regarding the provider. The provider has had many issues reported by NPDB starting back in 2015. Dr. Gorchoff asked Dr. Kubota if this a single case or multiple. Dr. Kubota shared a timeline of the cases the provider was accused of. Dr. Kubota stated that the suspension of privileges in 2015 was the base of all the other issues that followed. Dr. Gorchoff also questioned was the provider ok to practice with reprimand. Dr. Kubota informed the committee that the provider has completed all requirements for being on probation and currently has a license with no restrictions.</p>	d. The Committee reviewed the probation for the provider. A motion to approve the historic probations and accusations was made by Dr. David Gorchoff, MD seconded by Dr. Steven Gwiazdowski, MD. The Committee unanimously approved the exception for historic probations and accusations.		10/9/2024
e. Exception for Historic Probations and Accusations for provider	e. Dr. Kubota explained to the Credentials Committee of an accusation not previously reviewed regarding the provider. Dr. Kubota informed the committee that a patient filed a complaint with the Board of Behavioral Sciences in 2022 alleging the provider engaged in a dual relationship with the patient causing emotional harm. Dr. Kubota recommended to the committee to approve with monitoring.	e. The Committee reviewed the accusation for the provider. A motion to approve with monitoring was made by Dr. David Gorchoff, MD seconded by Dr. Steven Gwiazdowski, MD. The Committee unanimously approved the exception for historic probations and accusations.		10/9/2024
f. Exception for Historic Probations and Accusations for provider	f. Dr. Kubota explained to the Credentials Committee of a probation not previously reviewed regarding the provider. Dr. Kubota informed the committee that the Medical Board of California placed the provider on probation until May 2024. Dr. Kubota stated that the provider has completed all requirements to complete probation and there are no restrictions on prescribing or providing care to patients seen in the clinic.	f. The Committee reviewed the probation for the provider. A motion to approve with monitoring was made by David Gorchoff, MD seconded by Dr. Steven Gwiazdowski, MD. The Committee unanimously approved the exception, historic probations and accusation.		10/9/2024

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
g. Exception for Historic Probations and Accusations for provider	g. Dr. Kubota explained to the Credentials Committee of probation not previously reviewed regarding the provider. Dr. Kubota informed the committee that the provider has had many convictions dating back to 2000 - 2006 and the most recent conviction resulting in probation for another DUI. Based on the information provided by Dr. Kubota, Dr. Gwiazdowski posed the question has this provider enrolled into any detox programs or rehab due to the pattern and nature of the convictions against the provider? Dr. Moore responded that the provider had received psych evaluations. Dr. Ribordy added that it seems the provider has turned their life around and has taken the steps to continue providing care to patients. Dr. Kubota stated the provider was on probation until 2028.	g. The Committee reviewed the probation for the provider. A motion to approve with monitoring was made by David Gorchoff, MD seconded by Dr. Steven Gwiazdowski, MD. The Committee unanimously approved the exception, historic probations and accusation.		10/9/2024
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 on page 353. b. The Credentials Committee was asked to review the Practitioner Monitoring List on pages 354-355. Dr. Kubota reminded the committee that the credentialing department monitors these boards for any actions regarding our providers. Informational only.	V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List. a. The Credentials Committee members reviewed the report. A motion for approval of the Ongoing Monitoring of Sanctions Report was made by David Gorchoff, MD and seconded by Dr. Steven Gwiazdowski, MD. The Committee unanimously approved. b. <i>Informational only.</i>		10/9/2024
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 356.	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 Dr. Steven Gwiazdowski, MD and seconded by David Gorchoff, MD. The Credentialing Committee unanimously approved.		10/9/2024

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
VII. Meeting Adjourned.	VII. Meeting adjourned.			

Credentials Meeting Summary for 10/09/2024 respectfully prepared and submitted by Alex Lopez, Credentialing Specialist I.



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

Date 10/9/2024

October 2024
Clean and Routine Provider List

App. Ty	Full Name	Provider Type	Name/Street	County Name	Specialty Description	Board Name	Initial Cert Date	Board Certified	Hospital Name	Staff Cat
I	Aaron, Paris Gilbert Russ K.,FNP-C	PCP	UIHS - Potawot Health Villag	Humboldt	Family Nurse Practitior	American Academy of Nurse Practitioners Certification Board	06/29/2018	Yes	None	
I	Abouesh, Ahmed I.,MD	SPEC	Enloe Behavioral Health	Butte	Psychiatry & Neurology	None		No	Enloe Medical (Active	
I	Ackerman, Serena M.,CRNA	SPEC	Modoc Medical Clinic	Modoc	Certified Registered Ni	National Board of Certification & Recertification for Nurse Anesthetists	06/14/2007	Yes	Modoc Medical	None
I	Adams, Natashya M.,FNP-C	SPEC	Enloe Digestive Diseases C	Butte	Family Nurse Practitior	American Academy of Nurse Practitioners Certification Board	08/17/2018	Yes	None	
I	Andarza, Lisa BCBA	BHP	Sunrise ABA	Marin	BCBA	Behavior Analyst Certification Board	08/31/2016	Yes	None	
I	Arbuck, Marina MD	PCP	Adventist Health Mendocino	Mendocino	Internal Medicine	Meets MPCR#17, Previously Board Certified in FM, IM, or PEDs	08/24/1999	No	Adventist Health	Provisional
I	Armstrong, Paul L.,PA-C	SPEC	Adventist Health Physicians	Yuba	Physician Assistant Ce	National Commission on Certification of Physician Assistants	12/06/1996	Yes	None	
I	Ayala, Rebecca A.,BCBA	BHP	Autism Advocacy and Interv	Lake	BCBA	Behavior Analyst Certification Board	12/19/2022	Yes	None	
I	Baker, Courtney M.,BCBA	BHP	Blossom Behavioral Health	Solano	BCBA	Behavior Analyst Certification Board	08/31/2017	Yes	None	
I	Barker, Simone A.,MD	SPEC	Sacramento Ear Nose and T	Yolo	Otolaryngology	Confirmed per AMA, AOA, ABFAS or Residency Letter		No	Admitting Agree	None
I	Bateman, Shasta L.,SUDRC	W&R	Empire Recovery Center	Shasta	Wellness and Recover	California Substance Use Disorder	04/19/2024	Yes	None	
I	Bemis, Amanda FNP-BC	PCP	Santa Rosa Community Hes	Sonoma	Family Nurse Practitior	American Nurses Credentialing Center	08/04/2023	Yes	None	
I	Benscoter, Brent J.,MD	SPEC	Sacramento Ear Nose and T	Yolo	Otolaryngology,Head,	ABMS of Otolaryngology-Head and Neck Surgery	06/01/2013	Yes	Sutter Medical (Active	
I	Blair, Belinda FNP-C	SPEC	Providence Medical Group,	Humboldt	Family Nurse Practitior	American Academy of Nurse Practitioners Certification Board	06/25/2016	Yes	None	
I	Bolton, Jovan M.,FNP-BC	PCP	Northeastern Rural Health C	Lassen	Family Nurse Practitior	American Nurses Credentialing Center	06/25/2015	Yes	None	
I	Bonacini, Maurizio MD	SPEC	Providence Medical Group,	Humboldt	Gastroenterology	ABMS of Internal Medicine	11/07/1989	Yes	Admitting Agree	None
I	Borja, Katerina M.,FNP-C	SPEC	MedZed Physician Services	Solano	Family Nurse Practitior	American Academy of Nurse Practitioners Certification Board	07/09/2018	Yes	None	
I	Bowlay-Williams, Robin J.,AGNP-C	PCP	La Clinica - North Vallejo	Solano	Adult-Gerontology Prin	American Academy of Nurse Practitioners Certification Board	08/17/2020	Yes	None	
R	Broderick, Samantha L.,BCBA	BHP	Burnett Therapeutic Service	Napa	BCBA	Behavior Analyst Certification Board	08/31/2016	Yes	None	
I	Bucey, Nancy R.,FNP-BC	SPEC	Enloe General & Colorectal	Butte	Family Nurse Practitior	American Academy of Nurse Practitioners Certification Board	07/15/2020	Yes	None	
I	Buchanan, Daniel G.,PA-C	SPEC	Tahoe Forest MultiSpecialty	Nevada	Physician Assistant Ce	National Commission on Certification of Physician Assistants	11/01/2001	Yes	None	
I	Byrd, Lorraine R.,DO	PCP	ODCHC - Eureka Communi	Humboldt	Pediatrics	AOB of Pediatrics	11/22/1993	Yes	Admitting Agree	None
I	Carlsen, Annette M.,PA-C	PCP	ODCHC - Del Norte Commu	Del Norte	Physician Assistant Ce	National Commission on Certification of Physician Assistants	03/30/2022	Yes	None	
I	Carrillo-Valle, Diana RD	Allied	Ole Health	Napa	Registered Dietitian	Commission of Dietetic Registration	07/19/2024	Yes	None	
I	Chekeni, Faraz MD	PCP	Ole Health	Napa	Pediatrics	ABMS of Pediatrics	10/09/2015	Yes	Admitting Agree	None
I	Chew Murphy, Emma Y.,MD	SPEC	Planned Parenthood Northe	Solano	Obstetrics and Gyneco	Meets MPCR #17, Verified Residency on AMA/AOIA		No	Admitting Agree	None
I	Colin, Isamar BCBA	BHP	Autism Advocacy and Interv	Lake	BCBA	Behavior Analyst Certification Board	12/01/2023	Yes	None	
I	Cooper, Renee T.,DO	PCP	Santa Rosa Community Hes	Sonoma	Family Medicine	ABMS of Family Medicine	09/14/2023	Yes	Admitting Agree	None
I	Dann, Khalilah C.,MD	PCP	Peach Tree Healthcare	Yuba	Family Medicine	ABMS of Family Medicine	11/09/2012	Yes	Admitting Agree	None
I	Deocampo, Melissa D.,FNP-C	PCP	Santa Rosa Community Hes	Sonoma	Family Nurse Practitior	American Academy of Nurse Practitioners Certification Board	08/21/2023	Yes	None	
I	Dibble, Laurie A.,MD	SPEC	Providence Medical Group,	Sonoma	Obstetrics and Gyneco	ABMS of Obstetrics and Gynecology	12/13/1991	Yes	Admitting Agree	None
I	Douglas, Gregory E.,MD	SPEC	Sacramento Community Cli	Placer	Obstetrics and Gyneco	Confirmed per AMA, AOA, ABFAS or Residency Letter		No	Admitting Agree	None
I	Dowdy, Jessica E.,SUDRC	W&R	Aegis Treatment Center LLC	Humboldt	Wellness and Recover	California Substance Use Disorder	05/14/2024	Yes	None	
R	Drexler, Brad MD	SPEC	Brad Drexler, MD	Sonoma	Obstetrics and Gyneco	ABMS of Obstetrics and Gynecology	12/09/1989	Yes	Providence Sar	Active
I	Durkee, Kerry A.,CADC II	W&R	Redwood Recovery Center	Humboldt	Wellness and Recover	California Consortium of Addiction Programs Professionals	07/11/2014	Yes	None	
I	Eison, Alonzo I.,SUDRC	W&R	Hilltop Recovery Services -	Lake	Wellness and Recover	California Substance Use Disorder	06/27/2024	Yes	None	
I	Eison, Tylea CNM	SPEC	Enloe Women's Services- N	Butte	Certified Nurse Midwife	American Midwifery Certification Board	10/01/2023	Yes	None	
I	Fabillar, Rose Anne BCBA	BHP	Sunrise ABA	Marin	BCBA	Behavior Analyst Certification Board	02/28/2019	Yes	None	
I	Ferrer, Jennifer E.,BCBA	BHP	Positive Behavior Supports	Yolo	BCBA	Behavior Analyst Certification Board	08/26/2022	Yes	None	
I	Fields, Tatiana PA-C	SPEC	Tahoe Forest MultiSpecialty	Nevada	Physician Assistant Ce	National Commission on Certification of Physician Assistants	10/01/2015	Yes	None	
I	Flaherty, Elizabeth E.,MD	PCP	ODCHC - Eureka Communi	Humboldt	Pediatrics	Meets MPCR #17, Verified Residency on AMA/AOIA		No	Admitting Agree	None
R	Forbes, Nicole BCBA	BHP	Burnett Therapeutic Service	Napa	Behavioral Health	Behavior Analyst Certification Board	09/30/2013	Yes	None	
I	Fox, Shawn E.,SUDRC	W&R	Hilltop Recovery Services -	Lake	Wellness and Recover	California Substance Use Disorder	05/31/2024	Yes	None	
I	Francisco, Peter BCBA	BHP	Maxim Healthcare Services I	Yolo	BCBA	Behavior Analyst Certification Board	01/22/2024	Yes	None	
I	Furst, Shawn R.,DO	SPEC	Enloe Physical Medicine & f	Butte	Physical Medicine & Ri	ABMS of Physical Medicine & Rehabilitation	07/01/2015	Yes	Enloe Medical (Active	
I	Gafer, Lana MD	SPEC	TeleMed2U	Yolo	Nephrology	ABMS of Internal Medicine	11/18/2009	Yes	Sutter Roseville	Active
I	Garcia, Ying Ju BCBA	BHP	Sunrise ABA	Marin	BCBA	Behavior Analyst Certification Board	02/17/2024	Yes	None	
I	Garlington, Jennifer E.,NP	PCP	Elica Health Centers - Ar	Order Placer	Nurse Practitioner	None		No	None	
I	Gnanashanmugam, Swaminadhan MD	SPEC	Adventist Health Physicians	Napa	Thoracic & Cardiac Su	ABMS - Thoracic and Cardiac Surgery		Yes	Adventist Health	Provisional
I	Hardy, Natasha BCBA	BHP	Autism Advocacy and Interv	Lake	BCBA	Behavior Analyst Certification Board	07/31/2024	Yes	None	
I	Hartman, Amanda C.,MD	PCP	Lake Almanor Clinic- PCP	Plumas	Family Medicine	ABMS of Family Medicine	02/09/2021	Yes	Admitting Agree	None
R	Henriquez, Victoria PA-C	SPEC	Adventist Health St Helena-	Napa	Physician Assistant Ce	National Commission on Certification of Physician Assistants	09/15/2011	Yes	None	
I	Holloway, Colleen W.,PA-C	PCP	Tahoe Forest MultiSpecialty	Nevada	Physician Assistant Ce	National Commission on Certification of Physician Assistants	01/26/2017	Yes	None	
I	Holscher, Donna MD	PCP	Hill Country Comm Clin	R-Shasta	Family Medicine	ABMS of Family Medicine	01/08/1988	Yes	Admitting Agree	None
I	Jacoby, Richard M.,MD	SPEC	Providence Medical Group,	Humboldt	Interventional Cardiol	ABMS of Internal Medicine	11/06/2002	Yes	Providence St J	Active
R	Johnson, Brandon M.,SUDRC	W&R	Visions of the Cross/Men's f	Shasta	Wellness and Recover	California Substance Use Disorder	07/30/2024	Yes	None	
I	Joyner, Ira T.,Jr., MD	SPEC	Sacramento Community	Cl Placer	Obstetrics and Gyneco	ABMS of Obstetrics and Gynecology	12/07/1984	Yes	Admitting Agree	None
I	Jules, Jahdel FNP-C	PCP	Santa Rosa Community Hes	Sonoma	Family Nurse Practitior	American Academy of Nurse Practitioners Certification Board	07/29/2020	Yes	None	
I	Kao, Yu DO	PCP	Northern Valley Indian Hea	l Yolo	Family Medicine	ABMS of Family Medicine	07/31/2019	Yes	Admitting Agree	None
I	Kaplan, Sharon B.,FNP-C	PCP	Feather River Tribal Health	Sutter	Family Nurse Practitior	American Nurses Credentialing Center	07/28/2023	Yes	None	
I	Kay, David N.,DO	SPEC	Compass Palliative Care	Solano	Palliative Care	None		No	Admitting Agree	None
I	Kitlinski-Hong, Christina BCBA	BHP	Kyo Autism Therapy LLC, fk	Marin	BCBA	Behavior Analyst Certification Board	08/16/2024	Yes	None	
I	Klaassen, Michelle E.,LMFT	W&R	Visions of the Cross/ Wome	Shasta	License Marriage and I	None		No	None	
I	Kohatsu, Wendy G.,MD	PCP	Santa Rosa Community Hes	Sonoma	Family Medicine	ABMS of Family Medicine	07/11/1997	Yes	Sutter Santa R	Active
R	Korves, Ashleigh E.,DPM	SPEC	Attenda Medical Group	Sonoma	Foot Surgery	AB of Foot and Ankle Surgery	05/09/2018	Yes	Sutter Santa R	Active

October 2024
Clean and Routine Provider List

App. Ty	Full Name	Provider Type	Name/Street	County Name	Specialty Description	Board Name	Initial Cert Date	Board Certified	Hospital Name	Staff Cat
I	Kwon, Nicole B.,MD	SPEC	Santa Rosa Community Health	Sonoma	Obstetrics and Gynecology	ABMS of Obstetrics and Gynecology	02/25/2019	Yes	Sutter Santa Rosa	Active
I	Lam, Kenrick C.,MD	SPEC	Enloe Orthopedic & Trauma	Butte	Orthopaedic Surgery	Confirmed per AMA, AOA, ABFAS or Residency Letter		No	Enloe Medical Center	Active
I	Larson, Penny L.,MD	SPEC	Capital OB/GYN, Inc.	Yuba	Obstetrics and Gynecology	ABMS of Obstetrics and Gynecology	11/07/2003	Yes		Admitting Agree
I	LaSala-Wood, Susan E.,FNP-C	PCP	UIHS - Potawatow Health Village	Humboldt	FNP-C	American Academy of Nurse Practitioners Certification Board	06/01/2010	Yes		None
I	Leach, Matthew E.,MD	SPEC	TeleMed2U	Yolo	Otolaryngology	None		No		Admitting Agree
R	Leong, Sheldon C.,MD	SPEC	Capital Nephrology Medical	Yolo	Nephrology	ABMS of Internal Medicine	10/16/2017	Yes	Sutter Medical Center	Active
I	Limanon, Chainaronk MD	SPEC	Sacramento Community Clinic	Placer	Obstetrics and Gynecology	ABMS of Obstetrics and Gynecology	11/05/1976	Yes		Admitting Agree
R	Maagdenberg, Tanya MD	SPEC	Capital OB/GYN, Inc.	Yolo	Obstetrics and Gynecology	ABMS of Obstetrics and Gynecology	01/17/2008	Yes	Sutter Medical Center	Active
I	Marino, Natalie G.,MD	PCP	ODCHC - Eureka Community	Humboldt	Family Medicine	ABMS of Family Medicine	11/18/2011	Yes		Admitting Agree
I	Marquette, Jacob T.,DO	PCP	Tahoe Forest MultiSpecialty	Nevada	Family Medicine	ABMS of Family Medicine	07/01/2018	Yes		Admitting Agree
I	Martine, Guadalupe BCBA	BHP	Autism Advocacy and Interv	Lake	BCBA	Behavior Analyst Certification Board	9/31/19	Yes		None
I	Martinez, Bianca M.,CNM	SPEC	CommuniCare Ole - Davis	Yolo	Certified Nurse Midwife	American Midwifery Certification Board	11/01/2022	Yes		None
I	Meckler, Gabriela L.,MD	PCP	West County Health Center	Sonoma	Family Medicine	ABMS of Family Medicine	07/01/2024	Yes		Admitting Agree
I	Meininger, David BCBA	BHP	Pantogran LLC dba Center	Yolo	BCBA	Behavior Analyst Certification Board	06/20/2024	Yes		None
R	Messegee, Jamie R.,MD	SPEC	Providence Medical Group,	Humboldt	Neurosurgery	None		No		Admitting Agree
I	Mickel, Timothy J.,MD	SPEC	North Pacific Cardiology	Humboldt	Orthopaedic Surgery	ABMS of Orthopaedic Surgery	07/24/2012	Yes	Mad River Community	Active
I	Mores, Brenda A.,FNP-C	PCP	Sierra Care Physicians - Pe	Nevada	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	02/29/2024	Yes		None
I	Mullin, Briga I.,MD	PCP	Santa Rosa Community Health	Sonoma	Family Medicine	Meets MPCR #17, Verified Residency on AMA/AOIA		No	Sutter Santa Rosa	Provisional Active
I	Nalla, Shrivani R.,MD	SPEC	TeleMed2U	Yolo	Neurology	ABMS of Psychiatry & Neurology	09/21/2020	Yes		Admitting Agree
I	Nears, Arica J.,Doula	SPEC	MA's Helping Hands Doula	Solano	Doula	None		No		None
I	Nelson, Robin D.,SUDCC II	W&R	Aegis Treatment Centers,	Ll Shasta	Wellness and Recovery	California Substance Use Disorder	10/11/2024	Yes		None
I	Njoroge, Scolastica W.,MD	SPEC	Enloe Women's Services (E	Butte	Obstetrics and Gynecology	ABMS of Obstetrics and Gynecology	11/10/2023	Yes		Admitting Agree
I	Novin, Dianne B.,FNP-BC	PCP	MedZed Physician Services	Solano	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	07/11/2017	Yes		None
I	Oikawa, Alexander PT	Allied	Family Physical Therapy	Placer	Physical Therapy	None		No		None
I	Ojala, Daniel DO	SPEC	Adventist Health Ukiah Valley	Mendocino	General Surgery	Confirmed per AMA, AOA, ABFAS or Residency Letter		No		Admitting Agree
I	Ortega, Michelle SUDCC II	W&R	Archway Recovery Services	Solano	Wellness and Recovery	California Substance Use Disorder	07/07/2023	Yes		None
I	Ombach, Sadie BCBA	BHP	Kyo Autism Therapy LLC, f	Marine	BCBA	Behavior Analyst Certification Board	03/30/2022	Yes		None
I	Orton, Nicole Lac	SPEC	Lyon-Martin Community Health	Solano	Acupuncture	None		No		None
I	Pace, Timothy W.,PA-C	SPEC	Adventist Health St Helena-	Napa	Physician Assistant Certification	National Commission on Certification of Physician Assistants	09/06/2007	Yes		None
I	Pack, Colton BCBA	BHP	Kyo Autism Therapy LLC, f	Marin	BCBA	Behavior Analyst Certification Board	04/06/2022	Yes		None
I	Pandeyarajan, Vijay MD	SPEC	TeleMed2U	Yolo	Gastroenterology	ABMS of Internal Medicine	11/16/2022	Yes		Admitting Agree
I	Patterson, Alicia M.,BCBA	BHP	Autism Advocacy and Interv	Lake	BCBA	Behavior Analyst Certification Board	07/25/2022	Yes		None
R	Patton, Megan BCBA	BHP	Behavior Matters California,	Solano	BCBA	Behavior Analyst Certification Board	09/08/2021	Yes		None
R	Peng, Albert T.,MD	SPEC	Redwood Family Dermatology	Sonoma	Dermatology	ABMS of Dermatology	10/15/2001	Yes		Admitting Agree
I	Perez Gordillo, Nuria NP	SPEC	Mendocino Community Health	Mendocino	Nurse Practitioner	None		No		None
R	Petruncio, Claudia M.,DO	PCP	Adventist Health Howard Mc	Mendocino	Internal Medicine	AOB of Internal Medicine	03/05/1990	Yes	Adventist - How	Active
I	Pierce, Hunter N.,NP	PCP	Solano County Family Health	Solano	Nurse Practitioner	None		No		None
I	Pike, Bradley H.,FNP-C	PCP	Dignity Health - Mercy Pine	Siskiyou	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	10/02/2023	Yes		None
R	Planchard, Sarah L.,PA-C	PCP	Redding Rancheria Tribal H	Shasta	Physician Assistant Certification	National Commission on Certification of Physician Assistants	01/28/2010	Yes		None
I	Popova, Diana PA-C	PCP	Stallant Health - PCP/SPEC	Placer	Physician Assistant Certification	National Commission on Certification of Physician Assistants	06/04/2024	Yes		None
I	Pride, Matthew B.,MD	SPEC	Santa Rosa Community Health	Sonoma	Obstetrics and Gynecology	ABMS of Obstetrics and Gynecology	11/10/2006	Yes	Sutter Santa Rosa	Active
I	Reddy, Gavva Ranadhir R.,MD	PCP	West County Health Center	Sonoma	Family Medicine	ABMS of Family Medicine	07/17/2020	Yes		Admitting Agree
I	Rezac, Kari J.,DO	SPEC	Tahoe Forest MultiSpecialty	Nevada	Physical Medicine & Rehabilitation	ABMS of Physical Medicine & Rehabilitation	07/01/2024	Yes	Tahoe Forest Hospital	Provisional Active
I	Ripp, Gavin P.,DPM	SPEC	Bay Area Foot Care Inc	Yolo	Podiatry	None		No	Mercy Hospital	Courtesy
I	Roberts, Alison CNM	SPEC	Providence Medical Group,	Sonoma	Certified Nurse Midwife	American Midwifery Certification Board	07/01/2015	Yes		None
I	Robins, Ashley C.,RADT	W&R	Archway Recovery Services	Solano	Wellness and Recovery	California Consortium of Addiction Programs Professionals	02/22/2024	Yes		None
I	Ruslie, Ermi FNP-BC	PCP	Peach Tree Healthcare	Yuba	Family Nurse Practitioner	American Nurses Credentialing Center	10/18/2019	Yes		None
I	Sanchez, Claudine J.,BCBA	BHP	Behavior Matters California,	Solano	BCBA	Behavior Analyst Certification Board	10/26/2021	Yes		None
I	Shakya, Arjana MD	PCP	Lassen Medical Clinic- Red	Shasta	Internal Medicine	Meets MPCR#17, verified residency by Residency Letter	07/01/2021	No	St Elizabeth	Co Courtesy
I	Sharma, Pushpendra MD	PCP	Sacramento Community Clinic	Placer	Pediatrics	ABMS of Pediatrics	10/18/2012	Yes		Admitting Agree
I	Shaw, Fonda K.,FNP-BC	PCP	Peach Tree Healthcare - PC	Yuba	Family Nurse Practitioner	American Nurses Credentialing Center	09/01/2001	Yes		None
I	Sheller, Harpreet K.,NP	SPEC	Enloe Northstate Cardiology	Butte	Nurse Practitioner	None		No		None
I	Shevick, David A.,LAc	SPEC	David Shevick LAc	Marin	Acupuncture	None		No		None
I	Some, Nancy L.,FNP-C	PCP	MedZed Physician Services	Solano	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	01/23/2015	Yes		None
I	Steele, Jessica PA-C	SPEC	Fairchild Medical Clinic	Siskiyou	Physician Assistant Certification	National Commission on Certification of Physician Assistants	04/20/2020	Yes		None
I	Sternfeld, Elianna E.,DO	PCP	Providence Medical Group,	Sonoma	Pediatrics	Meets MPCR#17, verified residency by Residency Letter		No		Admitting Agree
I	Stewart, Morgan D.,NP	SPEC	Western Sierra Medical Clin	Nevada	Nurse Practitioner	None		No		None
R	Stirling, Brynn R.,MD	PCP	Adventist Health Ukiah Valley	Mendocino	Pediatrics	ABMS of Pediatrics	10/10/2011	Yes	Ukiah Valley Medical	Active
I	Trivedi, Hirsh D.,MD	SPEC	TeleMed2U	Yolo	Gastroenterology	ABMS of Internal Medicine	11/18/2021	Yes		Admitting Agree
R	Tsao, Coco L.,FNP-C	SPEC	Bay Area Surgical Specialists	Solano	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	06/15/2021	Yes		None
I	Van Buren, Jacquelyn A.,RADT	W&R	Archway Recovery Services	Solano	Wellness and Recovery	California Consortium of Addiction Programs Professionals	07/15/2024	Yes		None
I	Wassie, Maereg A.,MD	SPEC	Enloe Northstate Cardiology	Butte	Interventional Cardiology	ABMS of Internal Medicine	10/16/2023	Yes		Admitting Agree
I	Watson, Mollie T.,SLP	SPEC	North Coast Speech Pathology	Humboldt	Speech & Language Pathology	None		No		None
I	Weber, Joseph M.,PA-C	SPEC	Enloe Neurosurgery & Spine	Butte	Physician Assistant Certification	National Commission on Certification of Physician Assistants	06/01/2017	Yes		None
I	Wenberg, Alicia S.,MD	SPEC	Enloe Women's Services (E	Butte	Obstetrics and Gynecology	ABMS of Obstetrics and Gynecology	12/11/2017	Yes	Enloe Medical Center	Active

October 2024
Clean and Routine Provider List

App. Ty	Full Name	Provider Type Code	Name/Street	County Name	Specialty Description	Board Name	Initial Cert Date	Board Certified	Hospital Name	Staff Cat
I	Wheeler, Kimberly A., FNP-C	SPEC	Enloe Orthopedic & Trauma	Butte	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	05/21/2014	Yes	None	
I	Winters, Ashley S., SUDRC	W&R	Visions of the Cross/ Wome	Shasta	Wellness and Recovery	California Substance Use Disorder	09/05/2024	Yes	None	
I	Wu, Angela BCBA	BHP	Kyo Autism Therapy LLC, f	Marin	BCBA	Behavior Analyst Certification Board	02/17/2023	Yes	None	
I	Wu, Samuel J., MD	SPEC	Adventist Health Physicians	Sutter	Orthopaedic Surgery	Confirmed per AMA, AOA, ABFAS or Residency Letter		No	Adventist Health	Provisional
R	Wynkoop, Walker A., MD	SPEC	Surgical Affiliates of Californ	Solano	Orthopaedic Surgery	ABMS of Orthopaedic Surgery	07/13/1995	Yes	Memorial Hospital	Active
I	Yoshimoto, Jillian E., DO	SPEC	Ampla Health Marysville Me	Yuba	Psychiatry & Neurology	None		No	Admitting Agency	None
R	Young, Rachel A., LMFT	W&R	Ford Street Project	Mendocino	Wellness and Recovery	None		No	None	
R	Yousufi, Umair MD	SPEC	Capital Pediatric Cardiology	Yolo	Pediatric Cardiology	ABMS of Pediatrics	11/06/2014	Yes	Sutter Medical	Active

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

Pg. 1 of 4* = by phone conference

Committee: Credentials Committee
 Date: 11/19/2024 7:00am
 Members Present: Steven Gwiazdowski, MD*; Michele Herman, MD*; Bradley Sandler, MD*

PHC Staff: Marshall Kubota, MD*; PHC Regional Medical Director; Robert Moore, MD, MPH, MBA, PHC Medical Director; Mark Netherda, MD*; Medical Director; Priscila Ayala, Associate Director of Provider Relations; Heidi Lee, Senior Manager of Systems and Credentialing; J'aime Seale, Credentialing Lead; Alex Lopez, 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 7:00am. 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 10/9/2024 Credentials Meeting Minutes.	II. The Credentials Committee meeting minutes for 10/9/2024 were reviewed by the Committee.	II. Minutes were reviewed. A motion for approval of the minutes was made by Dr. Bradley Sandler, MD and seconded by Dr. Michele Herman, MD. Meeting minutes were unanimously approved without changes.		11/19/2024
III. Old Business. a. Update on provider	III. Old Business – a. Dr. Kubota brought to the attention to the committee information for a provider. The provider was previously approved credentialing with quarterly chart reviews. The provider's fourth chart review was received with no issues.	III. Old Business a. Old Business for provider was reviewed by the committee. A motion to Approve Credentialing was made by Dr. Bradley Sandler, MD and seconded by Dr. Steven Gwiazdowski, MD. Committee unanimously approved without changes.		11/19/2024

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
<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>d. Historic Probations and Accusations for provider.</p>	<p>IV. New Business</p> <p>a. Dr. Kubota referred the Credentials Committee to review the routine list of practitioners on pages 19-24</p> <p>b. Dr. Kubota referred the Credentials Committee to the MPCR200 Clean/Routine Practitioners and Ancillary Practitioners list on page 25-39. These practitioners are approved by Dr. Kubota pre-Credentials Committee meeting.</p> <p>c. Review and Approval of Revised Policies was presented by J'aime Seale. J'aime listed the revised policies and the specific changes to each. J'aime brought to the attention of the committee that MPCR 300 moved from 90 days to 60 days for locums to be credentialed. Dr. Moore added that he confirmed with the NCQA consultant that this pertains to locums that are contracted with PHC. Dr. Kubota suggested that we pull MPCR 300 - Physician Credentialing and Re-Credentialing Requirements from the meeting to reevaluate the language used in the policy. Dr. Kubota then asked the committee for their recommendation on the remaining policies. The remaining policies are MPCR 100 - Credential and Re-Credential Decision Making process, MPCR 102 – Provider Directory Accuracy.</p> <p>d. Dr. Kubota explained to the Credentials Committee that this provider is new to PHC. Dr. Kubota stated the prior probations needed to be reviewed but that the provider has served and completed their probations. Dr. Moore asked a question if the provider has had any issues within the last 10 years. Dr. Kubota stated nothing has been reported and there are no restrictions or probations facing the provider at this time.</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 Dr. Bradley Sandler, MD and seconded by Dr. 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 listed practitioners was made by Dr. Bradley Sandler, MD and seconded by Dr. Michele Herman, MD. The Committee unanimously approved the MPCR200 Clean/Routine and Ancillary Practitioners list.</p> <p>c. The Committee reviewed the Revised Policies along with a motion to remove MPCR 300 and to approve the remaining policies was made by Dr. Steven Gwiazdowski, MD and seconded by Dr. Bradley Sandler, MD. The Committee unanimously approved.</p> <p>d. The Committee reviewed the Historic Probations and Accusations for the provider. A motion to approve the credentialing was made by Dr. Bradley Sandler, MD and seconded by Dr. Steven Gwiazdowski, MD. The Committee unanimously approved.</p>		<p>11/19/2024</p> <p>11/19/2024</p> <p>11/19/2024</p> <p>11/19/2024</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
e. Historic Probations and Accusations for provider.	e. Dr. Kubota explained to the Credentials Committee that this provider has had issues stemming from a DUI in 2009. The provider received another DUI in 2012, which lead to his license revoked and being excluded from Medi-Care/Medi-Cal. This provider is still on probation. The committee agreed to recommend credentialing with monitoring.	e. The Committee reviewed the Exception for Historic Probations and Accusations. A motion to approve the credentialing was made by Dr. Bradley Sandler, MD and seconded by Dr. Michele Herman, MD. The Committee unanimously approved.		11/19/2024
f. Exception for a provider.	f. Dr. Kubota explained to the Credentials Committee that the provider is currently on 7years probation effective 12/16/2023 with various terms and conditions. Dr. Kubota explained that due to the provider’s dangerous usage of alcohol the provider is prohibited from engaging in solo practice of medicine, supervising physician assistants and advance practice nurses. Dr. Kubota also mentioned that the provider cannot practice medicine in a practice or patients home, per the medical board.	f. The Committee reviewed the exception for a provider. A motion to approve with monitoring was made by Dr. Bradley Sandler, MD and seconded by Dr. Michele Herman, MD. The Committee unanimously approved the exception.		11/19/2024
g. CR5 Semi-Annual Evaluation	g. Semi-annual Evaluation of Practitioner Specific Member Complaints for the period of July 1,2024 through September 30, 2024 (3 months). Summary of Findings: Number of Complaints from Perform Quality Improvement (PQI) is 18. Number of Complaints from Grievance and Appeals (G&A) 20. Per Dr. Kubota’s review there were a total of 6 practitioners involved with 10 complaints. No trend or significant clinical or services issues were identified; as a result no further action is needed at this time. <i>Information Only</i>	g. <i>Informational only.</i>		11/19/2024
V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List. a. Review and Approval of Ongoing Monitoring of Sanctions Report.	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 on page 208-209.	V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List. a. The Credentials Committee members reviewed the report. A motion for approval of the Ongoing Monitoring of Sanctions Report was made by Dr. Bradley Sandler, MD and seconded by Dr. Steven Gwiazdowski, MD. The Committee unanimously approved.		11/19/2024

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
b. Monthly Practitioner Monitoring List.	b. The Credentials Committee was asked to review the Monthly Practitioner Monitoring List on pages 210-211. Dr. Kubota reminded the committee that the credentialing department monitors these boards for any actions regarding our providers. <i>Informational only.</i>	b. <i>Informational only.</i>		11/19/2024
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 212-213.	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 Dr. Michele Herman, MD and seconded by Dr. Bradley Sandler, MD. The Credentialing Committee unanimously approved.		11/19/2024
VII. Meeting Adjourned.	VII. Meeting adjourned.			

Credentials Meeting Minutes for 11/19/2024 respectfully prepared and submitted by Alex Lopez, Credentialing Specialist I.

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

Date 11/19/2024

App. Ty	Full Name	Provider Type	City	Name/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
I	Abdoli, Sherwin MD	SPEC		Providence Medical Group,	Sonoma	General Surger	ABMS of Surge	11/10/2022	Yes	Petaluma Valle	Provisional
R	Abhari, Bahareh BCBA	BHP		Positive Behavior Supports	Solano	Behavioral Hea	Behavior Analy:	01/31/2012	Yes	None	
I	Abou Abbass, Ahmad MD	SPEC		Oroville Medical Clinic	Butte	Surgery	ABMS of Surge	11/18/2015	Yes	Admitting Agre	None
I	Abu-sneineh, Leana A.,RD	SPEC		Elica Health Centers-Halyar	Yolo	Registered Diet	Commission of	08/04/2022	Yes	None	
R	Adelman, Mara L.,PA-C	PCP		OLE Health	Solano	Physician Assis	National Comm	10/30/2003	Yes	None	
I	Agudah, Victoria AGNP-C	W&R		Bright Heart Health Medical	Solano	Adult-Gerontolc	American Acad	10/23/2018	Yes	None	
R	Ali, Sharlima LMFT	W&R		Aegis Treatment Centers, L	Shasta	Wellness and F	None		No	None	
I	Amiri, Amir A.,MD	SPEC		NBHG: Center for Specialty	Solano	General Surger	ABMS of Surge	11/16/2009	Yes	NorthBay Medic	Active Attending
R	Anderson, Theresa AGACNP	PCP		ODCHC - Humboldt Open C	Humboldt	Adult Gerontolc	American Acad	05/02/2017	Yes	None	
R	Anker, Bryan N.,MD	PCP		Marin Community Clinic: No	Marin	Family Medicin	ABMS of Famil	07/15/2021	Yes	Admitting Agre	None
I	Ansari, Julia G.,MD	SPEC		Enloe Cardiology Services &	Butte	Cardiovascular	ABMS of Intern	10/20/2014	Yes	Admitting Agre	None
I	Antony, Treesa FNP	PCP		NBHG: Center for Primary C	Solano	Nurse Practitior	None		No	None	
I	Astley, Shanon E.,MD	SPEC		Elica Health Centers-Halyar	Yolo	Addiction Medic	None		No	Admitting Agre	Active
R	Bajada, Diane E.,FNP-BC	SPEC		Lake County Tribal Health C	Lake	Family Nurse P	American Nurs	01/26/2009	Yes	None	
I	Bantea, Viorica PA	PCP		WellSpace Health Arden-Ar	Placer	Physician Assis	National Comm	06/09/1998	No	None	
R	Barsos, Charissa M.,FNP-BC	SPEC		Lake County Tribal Health C	Lake	Family Nurse P	American Nurs	07/29/2015	Yes	None	
I	Baskett, Briahna J.,Doula	SPEC		Mama Nova	Solano	Doula	None		No	None	
R	Beach, Sarah D.,FNP	PCP		ODCHC - Fortuna Commun	Humboldt	Family Nurse P	American Nurs	08/01/2017	Yes	None	
I	Bendele, Candace C.,BCBA-D	BHP		California Sprout MC 1 LLC	Napa	Board Certified	Behavior Analy:	02/28/2015	Yes	None	
R	Benefield, Randall BCBA	BHP		On Your Way Behavior Solu	Sonoma	Behavioral Hea	Behavior Analy:	10/06/2021	Yes	None	
R	Bhat, Anita MD	SPEC		Jiva Health Inc - Concord	Solano	Endocrinology,	ABMS of Intern	11/18/2010	Yes	John Muir Medi	Active Office-Basec
R	Bhat, Jyoti MD	SPEC		Jiva Health Inc - Concord	Solano	Endocrinology,	ABMS of Intern	10/01/2013	Yes	John Muir Medi	Active Office-Basec
I	Bonatto, Justin BCBA	BHP		Behavior Frontiers, LLC	Placer	BCBA	Behavior Analy:	02/28/2017	Yes	None	
R	Bond, Nichole CADC II	W&R		Lassen County Behavioral F	Lassen	Wellness and F	California Cons	02/29/2016	Yes	None	
I	Bosshardt, Thomas L.,MD	SPEC		Banner Health Clinic	Lassen	General Surger	ABMS of Surge	06/09/1998	Yes	Banner Lassen	Locum Tenens
I	Boyd, Ashley BCBA	BHP		Pantogran LLC dba Center	Solano	BCBA	Behavior Analy:	09/17/2024		None	
I	Brennan, Sean BCBA	BHP		Momentum Behavior Servic	Sonoma	BCBA	Behavior Analy:	08/31/2015	Yes	None	
I	Brenner, Shari BCBA	BHP		Burnett Therapeutic Service	Napa	BCBA	Behavior Analy:	11/30/2019	Yes	None	
I	Brine, Marco DC	SPEC		Active Care Chiropractic, Fc	Humboldt	Chiropractic	None		No	Admitting Agre	None
I	Brown, Michelle D.,PMHNP-BC	SPEC		Fairchild Medical Clinic Spe	Siskiyou	Psychiatric Mer	American Nurs	04/02/2019	Yes	None	
I	Bryant, LaTarsha A.,FNP-BC	PCP		Fairchild Medical Clinic (PC	Siskiyou	Family Nurse P	American Nurs	10/01/2007	Yes	None	
R	Burnes, Autumn R.,MD	PCP		Adventist Health Ukiah Vall	Mendocino	Family Medicin	ABMS of Famil	07/14/2020	Yes	Adventist - Uki	Active
R	Call, Donna M.,LAc	SPEC		Donna Maria Call, LAc, DAI	Mendocino	Acupuncture	None		No	None	
I	Cangiamilla, Ashley BCBA	BHP		Kyo Autism Therapy, LLC	Solano	BCBA	Behavior Analy:	10/12/2021	Yes	None	
I	Caples, Connor M.,MD	SPEC		NBHG: Heart and Vascular	Solano	Vascular Surge	ABMS of Surge	05/17/2022	Yes	Admitting Agre	None
R	Cappe, Zoe A.,MD	PCP		La Clinica	Solano	Family Medicin	ABMS of Famil	07/17/2018	Yes	Admitting Agre	None
R	Carrillo, Joseph M.,MD	PCP		Harvest Pediatrics	Napa	Pediatrics	ABMS of Pedia	03/06/1989	Yes	Queen of the V.	Active
R	Cassady, Caris A.,PA-C	SPEC		Providence Medical Group,	Humboldt	Physician Assis	National Comm	10/02/2017	Yes	None	
I	Cawker, Atun PT	Allied		Redding Rancheria Tribal H	Shasta	Physical Thera	None		No	None	
R	Chan, Gladys M.,BCBA	BHP		Positive Behavior Supports	Solano	Behavioral Hea	Behavior Analy:	05/31/2012	Yes	None	
I	Chang, Don N.,MD	SPEC		Summit Nephrology Medica	Placer	Nephrology	American Boar	10/10/2013	Yes	Sutter Roseville	Active
R	Chen, Anne A.,MD	PCP		Anne Chen, M.D.	Solano	Internal Medicir	ABMS of Intern	08/19/2003	Yes	Admitting Agre	Active
I	Choi, Melanie FNP-BC	PCP		WellSpace Health Alhambr	Placer	Family Nurse P	American Nurs	06/03/2024	Yes	None	
I	Chopan, Mustafa MD	SPEC		Oroville Medical Clinic	Butte	Plastic & Recor	Confirmed per /		No	Admitting Agre	None
I	Clunies-Ross, Tanah E.,CNM	SPEC		Mendocino Community Hea	Mendocino	Certified Nurse	American Midw	02/01/2018	Yes	None	
I	Coffey, Morgan G.,FNP-BC	PCP		Redwoods Rural Health Cer	Humboldt	Family Nurse P	American Nurs	09/16/2024	Yes	None	
R	Coggins, Mariah BCBA	BHP		Learning Arts Corp - Novatc	Marin	Behavioral Hea	Behavior Analy:	06/03/2020	Yes	None	
R	Cohen, Stuart H.,MD	SPEC		One Community Health - Inf	Yolo	Infectious Dise	ABMS of Intern	11/13/1984	Yes	Admitting Agre	None
I	Collins, Alyssa BCBA	BHP		ACES 2020, LLC	Sonoma	BCBA	Behavior Analy:	05/31/2018	Yes	None	
I	Crimm, Abigail A.,LAc	Allied		Double Lotus Acupuncture F	Nevada	Acupuncture	None		No	None	
R	D'Anis, Erica L.,NP	PCP		Adventist Health Howard M	Mendocino	Nurse Practitior	None		No	None	
I	Datta, Sasha T.,FNP	PCP		WellSpace Health Alhambr	Placer	Family Nurse P	American Acad	08/02/2024	Yes	None	
R	David, Consuelo V.,MD	SPEC		Direct Dermatology Profess	Solano	Dermatology	ABMS of Derm:	07/23/2015	Yes	Admitting Agre	Active

App. Ty	Full Name	Provider Type	City	Name/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
I	David, Naomi R.,LMFT	BHP		Northern Valley Indian Health	Yolo	License Marria	None		No	None	
I	Dhar, Mrinal MD	SPEC		TeleMed2U	Yolo	Urology	ABMS of Urolo	02/28/2012	Yes	Admitting Agre	None
I	Dominguez, Dana A.,MD	SPEC		Enloe Surgical Oncology	Butte	Surgical Oncolo	None		No	Admitting Agre	None
I	Dong, Steve N.,MD	SPEC		Oroville Medical Clinic	Butte	Urology	ABMS of Urolo	02/28/2015	Yes	Admitting Agre	None
I	Doolin, Shana R.,FNP	PCP		Trinity Community Health Cl	Trinity	Family Nurse P	American Nurs	11/11/2005	Yes	None	
R	Doskalchuk, Yevgeniy L.,PT	Allied		Spring Physical Therapy	Yolo	Physical Therap	None		Not Applica	None	
I	Dudenhoeffer, Sarah J.,DO	PCP		Alliance Medical Center	Sonoma	Family Medicin	ABMS of Famil	07/07/2020	Yes	Admitting Agre	None
I	Dufour, David I.,DC	SPEC		Bay Area Community Health	Solano	Chiropractic	None		No	Admitting Agre	None
R	Duke, Therese M.,SUDRC	W&R		Aegis Treatment Center LLC	Humboldt	Wellness and F	California Subs	11/03/2024	Yes	None	
I	Duncan, Denise D.,FNP-C	PCP		Ampla Health Marysville Me	Yuba	Family Nurse P	American Acad	03/10/2021	Yes	None	
I	Dwyer, Brian PA-C	SPEC		Enloe Orthopedic & Trauma	Butte	Physician Assis	National Comm	09/17/2024	Yes	None	
I	Dyquiango, Monique R.,DPM	SPEC		Bay Area Foot Care Inc	Marin	Podiatry	Confirmed per ,		No	Admitting Agre	None
I	Elliott, Liam FNP	PCP		Alliance Medical Center	Sonoma	Family Nurse P	American Acad	07/27/2023	Yes	None	
R	Elo, Kevin S.,PT	SPEC		Advantage Physical Therap	Shasta	Physical Therap	None		No	None	
I	Elsevier, Hannah MD	SPEC		Santa Rosa Orthopaedic Me	Sonoma	Orthopedic Sur	Confirmed per ,		No	Admitting Agre	None
R	Essapoor, Shayan H.,DPM	SPEC		Bay Area Surgical Specialis	Solano	Podiatry	None		No	John Muir Medi	Active
I	Fan, Zhe BCBA	BHP		Behavior Frontiers, LLC	Placer	BCBA	Behavior Analy	06/03/2020	Yes	None	
I	Favis, Tara L.,FNP-C	PCP		Elica Health Centers - Cadil	Placer	Family Nurse P	American Acad	04/01/2012	Yes	None	
I	Finch, Robert Casey A.,MD	PCP		Greater Sacramento Pediatri	Placer	Pediatrics	ABMS of Pedia	10/13/2022	Yes	Admitting Agre	None
I	Flaum, Jayla PA-C	PCP		Sutter Lakeside Medical Pr	Lake	Physician Assis	National Comm	06/01/2021	Yes	None	
R	Fleminger, Dawn M.,BCBA	BHP		Positive Behavior Supports	Marin	Behavioral Hea	Behavior Analy	08/31/2014	Yes	None	
I	Franco, Diana BCBA	BHP		California Sprout MC 1 LLC	Napa	BCBA	Behavior Analy	08/31/2015	Yes	None	
I	Franz-Mesick, Hannah BCBA	BHP		Momentum Behavior Servic	Sonoma	BCBA	Behavior Analy	05/31/2016	Yes	None	
I	Frassetto, Lynda A.,MD	SPEC		Bay Area Surgical Specialis	Contra Costa	Nephrology	ABMS of Intern	11/04/1992	Yes	Admitting Agre	None
I	Frazier, Louisa J.,PA-C	PCP		Lyon-Martin Community He	Solano	Physician Assis	National Comm	06/21/2022	Yes	None	
I	Galindo, Jamie BCBA	BHP		Pantogran LLC dba Center	Yolo	Behavioral Hea	Behavior Analy	08/31/2019	Yes	None	
I	Galli, Kelleen T.,FNP-C	SPEC		Enloe Orthopedic & Trauma	Butte	Family Nurse P	American Acad	01/25/2016	Yes	None	
I	Gambetti, Alicia N.,FNP-C	SPEC		NBHG: Center for Neurosci	Solano	Family Nurse P	American Acad	11/07/2017	Yes	None	
R	Garcilazo, Herbert A.,BCBA	BHP		Juvo Autism + Behavioral H	Solano	Behavioral Hea	Behavior Analy	11/30/2019	Yes	None	
R	Gardner, Linda A.,FNP	PCP		ODCHC - Willow Creek Cor	Humboldt	Family Nurse P	American Nurs	09/01/2000	Yes	None	
I	Ghalchi, Jasmine PA-C	PCP		Elica Health Centers-Halyar	Yolo	Physician Assis	National Comm	05/20/2019	Yes	None	
I	Gibson, Brooke A.,FNP-C	PCP		Marin Community Clinic: Sa	Marin	Family Nurse P	American Acad	07/28/2023	Yes	None	
I	Gidula, Corissa BCBA	BHP		Burnett Therapeutic Service	Napa	BCBA	Behavior Analy	05/31/2022	Yes	None	
I	Gilbert, Calvin L.,FNP	PCP		Lyon-Martin Community He	Solano	Family Nurse P	American Acad	03/15/2017	Yes	None	
I	Ginsberg, Andrea R.,FNP-C	PCP		West County Health Center:	Sonoma	Family Nurse P	American Acad	05/12/2020	Yes	None	
I	Gonzalez, Leticia M.,FNP-C	SPEC		Planned Parenthood Northe	Solano	Family Nurse P	American Acad	03/18/2015	Yes	None	
I	Goodman, Brandon BCBA	BHP		Multiplicity Therapeutic Serv	Humboldt	Behavioral Hea	Behavior Analy	07/09/2024	Yes	None	
I	Gordon, Kenyetta M.,MD	PCP		Mendocino Community Hea	Mendocino	Family Medicin	ABMS of Famil	12/07/2010	Yes	Admitting Agre	None
I	Gossal, Moemi M.,AGNP-C	PCP		Elica Health Centers	Yolo	Adult-Gerontol	American Acad	09/19/2022	Yes	None	
I	Govardhan, Sparsha NP	PCP		Harvest Pediatrics	Napa	Nurse Practitio	None		No	None	
I	Granados, Jillsbury BCBA	BHP		Behavior Frontiers, LLC	Placer	BCBA	Behavior Analy	05/01/2021	Yes	None	
I	Greeley, Nathaniel R.,PA-C	PCP		Peach Tree Healthcare	Yuba	Physician Assis	National Comm	11/28/2016	Yes	Admitting Agre	None
I	Greenberg, Mark L.,MD	PCP		Fairchild Medical Clinic (PC	Siskiyou	Pediatrics	ABMS of Pedia	11/14/1990	Yes	Fairchild Medic	Locum
I	Greene, Kyle R.,MD	SPEC		Dignity Health dba Mercy O	Shasta	Hematology	ABMS of Intern	10/30/2018	Yes	Mercy Medical	Locum Tenens
R	Grimm, Georgina G.,FNP-C	PCP		ODCHC - Fortuna Commun	Humboldt	Family Nurse P	American Acad	05/02/2017	Yes	None	
I	Guilfoyle, Carrie A.,AGNP-C	PCP		Hill Country Comm Clinic-R	Shasta	Adult Gerontol	American Acad	02/21/2017	Yes	None	
I	Han, Curtis S.,DC	SPEC		Adventist Health Clearlake	Lake	Chiropractic	None		Not Applica	None	
R	Hartung, Claire J.,MD	PCP		Adventist Health Ukiah Vall	Mendocino	Family Medicin	ABMS of Famil	07/20/2020	Yes	Adventist - Uki	Active
R	Haruna, Monica BCBA	BHP		Behavior Bee, LLC	Yolo	Behavioral Hea	Behavior Analy	05/31/2018	Yes	None	
I	Hawkins, Herminia H.,FNP-BC	PCP		Colusa Health Clinic	Colusa	Family Nurse P	American Nurs	11/16/2016	Yes	None	
I	Hawkins, Mitzi MD	SPEC		Lyon-Martin Community He	Solano	Obstetrics and	ABMS of Obste	05/14/2021	Yes	Admitting Agre	None
R	Heller, Lisa M.,PT	Allied		NBHG: Northbay Rehab Sei	Solano	Physical Therap	None		No	None	
I	Hernandez, Alexandra BCBA	BHP		Behavior Frontiers, LLC	Placer	BCBA	Behavior Analy	09/07/2023	Yes	None	

App. Ty	Full Name	Provider Type	City	Name/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
I	Hernandez, Elizabeth C.,FNP-C	PCP		SCHC: Shasta Community I	Shasta	Family Nurse P	American Acad	07/01/2011	Yes	None	
I	Hernandez, Jessica BCBA	BHP		Pantogran LLC dba Center	Solano	BCBA	Behavior Analy:	07/07/2023	Yes	None	
I	Hernandez, Victoria S.,LCSW	Allied		Feather River Tribal Health	Butte	Licensed Clinic	None		No	None	
I	Hoff, Stephen R.,MD	SPEC		Tahoe Forest MultiSpecialty	Nevada	Otolaryngology	ABMS of Otolari	06/01/2011	Yes	Admitting Agree	None
R	Holzappel, Corbin BCBA	BHP		Learning Arts Corp - Novatc	Marin	Behavioral Hea	Behavior Analy:	11/30/2019	Yes	None	
I	Hudson, Ava C.,AGNP	PCP		Stallant Health - PCP/SPEC	Placer	Adult-Gerontolc	American Nursc	03/26/2015	Yes	None	
I	Hughes, Piper J.,MD	SPEC		Summit Nephrology Medica	Placer	Nephrology	American Board	10/16/2017	Yes	Sutter Roseville	Active
R	Jerdee, Valerie C.,MD	SPEC		Allergy & Asthma Medical G	Solano	Allergy & Immu	ABMS of Allerg	10/08/2010	Yes	Admitting Agree	None
R	Johnson, Kaleas S.,AMFT	W&R		Ujima Hope	Solano	Marriage and F	None		No	None	
I	Jones, Andrew J.,MD	PCP		One Community Health - Inf	Yolo	Family Medicin	ABMS of Famil	07/01/2021	Yes	Admitting Agree	None
I	Jorgensen, Kaley BCBA	BHP		Sunrise ABA	Marin	Behavioral Hea	Behavior Analy:	06/06/2021	Yes	None	
I	Joyce, Nanette C.,DO	SPEC		Shriners Hospitals for Child	Yolo	Physical Medici	ABMS of Physic	07/01/2009	Yes	Shriners Hospit	Consulting
R	Kafi, Reza MD	SPEC		Direct Dermatology Profess	Solano	Dermatology	ABMS of Derm:	08/14/2006	Yes	Admitting Agree	Active
I	Kahn, James R.,MD	SPEC		Santa Rosa Community Hez	Sonoma	Dermatology	ABMS of Derm:	11/06/1989	Yes	Admitting Agree	None
R	Kassis, Adrienne P.,MD	PCP		Petaluma Health Center	Sonoma	Family Medicin	ABMS of Famil	07/25/2007	Yes	Admitting Agree	None
I	Kaur, Gurjit MD	PCP		Community Medical Center	Solano	Internal Medicir	ABMS of Intern	08/28/2023	Yes	Admitting Agree	None
R	Kaur, Rajwinder BCBA	BHP		Kyo Autism Therapy LLC, fk	Yolo	BCBA	Behavior Analy:	07/02/2021	Yes	None	
R	Kelly, Jessica BCBA	BHP		Multiplicity Therapeutic Serv	Humboldt	Behavioral Hea	Behavior Analy:	09/24/2021	Yes	None	
I	Kharait, Sourabh MD	SPEC		Summit Nephrology Medica	Placer	Nephrology	American Board	11/22/2019	Yes	Sutter Roseville	Active
R	Kim, Byunghee K.,DPM	SPEC		Bay Area Foot Care Inc	Yolo	Foot Surgery	AB of Podiatric		No	Mercy San Juan	Active
R	Kirk, John H.,MD	SPEC		Sutter Coast Community Cli	Del Norte	Obstetrics and	ABMS of Obste	01/12/2001	Yes	Adventist Healt	Active
I	Kisner, Nancy PA-C	SPEC		Adventist Health	Tehama	Physician Assis	National Comm	03/16/2017	Yes	None	
R	Kivett, William F.,MD	SPEC		William F. Kivett MD, Inc	Sonoma	Dermatology	ABMS of Derm:	10/25/1982	Yes	Healdsburg Dis	Provisional
R	Kleiman, Sean M.,BCBA	BHP		Positive Behavior Supports	Marin	Behavioral Hea	Behavior Analy:	05/31/2018	Yes	None	
R	Kollar, Carlotta BCBA	BHP		Learning Arts Corp - Novatc	Marin	Behavioral Hea	Behavior Analy:	03/31/2021	Yes	None	
R	Koul, Abhinav MD	SPEC		Providence Medical Group,	Sonoma	Gastroenterolo	ABMS of Intern	11/05/2020	Yes	Admitting Agree	None
R	Krinard, Tracy E.,DO	PCP		Petaluma Health Center, Inc	Marin	Family Medicin	ABMS of Famil	07/01/2021	Yes	Admitting Agree	None
I	Kunkle, Robert L.,FNP-BC	SPEC		Colusa Indian Health Clinic	Colusa	Family Nurse P	American Nursc	12/01/2021	Yes	None	
R	Kurtzman, Steven M.,MD	SPEC		Western Radiation Oncolog	San Mateo	Radiation Oncc	ABMS of Radio	06/11/1997	Yes	Admitting Agree	None
I	Lajara, Kassandra M.,BCBA	BHP		California Sprout MC 1 LLC	Napa	BCBA	Behavior Analy:	03/06/2024	Yes	None	
R	Lang, Thalia D.,BCaBA	BHP		Learning Arts Corp - Novatc	Marin	Behavioral Hea	Behavior Analy:	04/27/2021	Yes	None	
R	Latta, Rachel CNM	SPEC		Marin Community Clinic: Ca	Marin	Certified Nurse	American Midw	06/01/2013	Yes	None	
I	Lavan, Malena BCBA	BHP		Pantogran LLC dba Center 1		BCBA	Behavior Analy:	06/15/2020	Yes	None	
I	Learned, Nicole L.,MD	PCP		Tamalpais Pediatrics	Marin	Pediatrics	ABMS of Pedia	10/09/2015	Yes	Admitting Agree	None
I	Lebowitz, Gideon H.,PA-C	PCP		La Clinica - North Vallejo	Solano	Physician Assis	National Comm	05/28/2024	Yes	None	
I	Letvin, Kari C.,FNP-BC	PCP		Santa Rosa Community Hez	Sonoma	Family Nurse P	American Nursc	07/12/2017	Yes	None	
R	Lewis, Daniel G.,MD	SPEC		Lake County Tribal Health C	Lake	Obstetrics and	ABMS of Obste	01/01/1981	Yes	Admitting Agree	None
I	Lomami, Mwingi I.,FNP-C	PCP		Greenville Rancheria	Shasta	Family Nurse P	American Acad	07/01/2011	Yes	None	
R	Lombardo, Christopher P.,MD	SPEC		Adventist Health Clearlake	Lake	Otolaryngology,	ABMS of Otolari	10/25/1985	Yes	Adventist Healt	Active
I	Lucero, Rudy I.,RADT	W&R		Aegis Treatment Centers, L	Shasta	Wellness and F	California Cons	08/06/2024	Yes	None	
I	Lunas, Marrina B.,Doula	SPEC		Marina Doula Services	Lake	Certified Doula	None		No	None	
I	Luther, Joseph B.,PharmD	SPEC		Sebastopol Family Pharmac	Sonoma	Pharmacy	None		No	None	
R	Lyandres, Polina BCBA	BHP		Positive Behavior Supports	Solano	Behavioral Hea	Behavior Analy:	05/31/2015	Yes	None	
I	Magno, Jinno A.,MD	PCP		Mayers Rural Health Center	Shasta	Family Medicin	ABMS of Famil	07/01/2021	Yes	Admitting Agree	None
I	Manucal, Romelea BCBA	BHP		Pantogran LLC dba Center	Solano	Behavioral Hea	Behavior Analy:	03/31/2009	Yes	None	
I	Marek, Thais A.,FNP-C	PCP		Chapa-De Indian Health (Gr	Nevada	Family Nurse P	American Acad	04/09/2018	Yes	None	
R	Marinoff, David N.,MD	SPEC		NBHG: Center for Women's	Solano	Obstetrics and	ABMS of Obste	12/09/1989	Yes	NorthBay Medic	Active
I	Martin, Andrea E.,FNP	PCP		Marin Community Clinic: No	Marin	Nurse Practitior	None		No	None	
I	Martin, Emile BCBA	BHP		Autism Learning Partners	Yolo	BCBA	Behavior Analy:	03/14/2023	Yes	None	
I	Maurer, Toby A.,MD	SPEC		Bay Area Community Health	Solano	Dermatology	ABMS of Derm:	10/23/1995	Yes	Admitting Agree	None
I	Mauricio, Arminda MD	SPEC		Sacramento Community Cli	Placer	Obstetrics and	ABMS of Obste	11/09/2012	Yes	Admitting Agree	Active
I	McCarty, Marie E.,RD	Allied		As You Are Nutrition	Napa	Registered Diet	Commission of	04/27/2018	Yes	None	
I	McCollum, Sharon BCBA	BHP		Behavior Frontiers, LLC	Placer	BCBA	Behavior Analy:	11/30/2019	Yes	None	

App. Ty	Full Name	Provider Type	City	Name/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
I	McKinney, Kelly L.,FNP-BC	SPEC		Planned Parenthood Northe	Butte	Family Nurse P	American Nurs	09/03/2015	Yes	None	
I	McMorris, Latonya AGACNP-BC	SPEC		Enloe Neurosurgery & Spin	Butte	Adult-Gerontolc	American Nurs	06/27/2017	Yes	None	
I	Mendoza, Angela C.,MD	PCP		Tahoe Forest MultiSpecialty	Nevada	Family Medicin	ABMS of Famil	01/26/2024	Yes	Tahoe Forest H	Provisional Active
I	Messinger, Megan H.,DO	PCP		Fairchild Medical Clinic (PC	Siskiyou	Pediatrics	Meets MPCR#1		No	Fairchild Medic	Locum Tenens
I	Mitchell, Shannon M.,PA-C	PCP		Curry Medical Center		Physician Assis	National Comm	05/24/2021	Yes	None	
I	Mohammadi, Farzaneh MD	PCP		Elica Health Centers - North	Placer	Internal Medicir	ABMS of Intern	08/20/1997	Yes	Admitting Agre	None
I	Molin, Nina R.,MD	PCP		Petaluma Health Center	Sonoma	Internal Medicir	ABMS of Intern	08/21/1996	Yes	Admitting Agre	None
I	Montaldo, Mary E.,Psy.D	BHP		Chapa-De Indian Health (A	Placer	Psychology	None		No	None	
I	Montano, Brenda Doula	SPEC		Zines With Sol	Siskiyou	Doula	None		No	None	
R	Moore, Louis H.,PT	Allied		Feather River Tribal Health	Butte	Physical Therap	None		No	None	
I	Mora-Gomez, Christa BCBA	W&R		Positive Behavior Supports	Yolo	BCBA	Behavior Analy:	11/03/2021	Yes	None	
I	Morales Garcia, Teresa BCBA	BHP		Behavior Frontiers, LLC	Placer	BCBA	Behavior Analy:	02/28/2017	Yes	None	
I	Nakagawa, Jenna N.,PA-C	SPEC		MedZed Physician Services	Solano	Physician Assis	National Comm	12/16/2010	Yes	None	
I	Nandani, Priyanka A.,PA-C	PCP		Ole Health	Napa	Physician Assis	National Comm	09/05/2024	Yes	None	
R	Navarro-Shortt, Ilena M.,CADC CAS	W&R		Shasta County Women's Re	Shasta	Wellness and F	California Cons	01/29/2016	Yes	None	
I	Ndame, Jean-Marc J.,CRNA	SPEC		Oroville Medical Clinic	Butte	Certified Regist	National Board	01/27/2020	Yes	Oroville Hospit	Provisional
I	Neal, Michael J.,DO	PCP		Peach Tree Healthcare - PC	Yuba	Internal Medicir	ABMS of Intern	08/24/2011	Yes	Admitting Agre	None
I	Neal, Thomas A.,MD	PCP		Santa Rosa Community He	Sonoma	Family Medicin	ABMS of Famil	07/08/1988	Yes	Sutter Santa R	Active
I	Nelson, Melissa CADC III	W&R		Aegis Treatment Center LLC	Humboldt	Wellness and F	California Cons	05/15/2018	Yes	None	
I	Ngo, Hong BCBA	BHP		Behavior Frontiers, LLC	Placer	BCBA	Behavior Analy:	05/26/2022	Yes	None	
I	Nguyen, Ryan H.,NP	PCP		Ampla Health Lindhurst Mec	Yuba	Nurse Practitior	None		No	None	
I	Nhan, Katrina BCBA	BHP		Behavior Frontiers, LLC	Placer	BCBA	Behavior Analy:	08/31/2019	Yes	None	
I	Niebla, Samuel BCBA	BHP		Center for Social Dynamics	Yuba	BCBA	Behavior Analy:	09/18/2024	Yes	None	
I	Niebuhr, Alaina R.,FNP-C	PCP		Pediatric Medical Associate	Yolo	Family Nurse P	American Acad	02/04/2015	Yes	None	
I	Nimmich, Andrew R.,MD	SPEC		Bay Area Surgical Specialis	Napa	Vascular Surge	Meets MPCR #		No	Admitting Agre	None
I	Nishijima, Celeste M.,BCBA	BHP		Nexus Therapies LLC	Solano	BCBA	Behavior Analy:	08/31/2019	Yes	None	
I	Nocera, Thomas E.,FNP-C	PCP		Santa Rosa Community He	Sonoma	Nurse Practitior	American Acad	06/13/2023	Yes	None	
I	Nunez, Catherine N.,AUD	Allied		Sacramento Ear Nose and T	Yolo	Audiology	None		No	None	
I	Nutter, Tracey L.,AGACNP-BC	W&R		New Life, LLC	Mendocino	Adult-Gerontolc	American Nurs	09/13/2019	Yes	None	
I	Nwokafor, Ugochi MD	PCP		Elica Health Center	Placer	Family Medicin	ABMS of Famil	07/01/2024	Yes	Admitting Agre	None
I	Oberoi, Anubha DPM	SPEC		Petaluma Health Center	Sonoma	Podiatry Foot a	None		No	Admitting Agre	None
I	Okemah, John L.,MD	PCP		Rolling Hills Clinic - Special	Tehama	Internal Medicir	Meets MPCR #		No	Admitting Agre	None
I	Oliveira-Maxfield, Dawn BCBA	BHP		Pantogran LLC dba Center	Yolo	BCBA	Behavior Analy:	02/28/2015	Yes	None	
I	Ortiz, Alexandra I.,FNP-BC	PCP		WellSpace Health Alhambra	Placer	Family Nurse P	American Nurs	05/20/2024	Yes	None	
R	Osgood, Geoffrey D.,II, MD	SPEC		Interventional Radiation Onc	Shasta	Surgical Oncolc	Confirmed per ,		No	Mercy Medical	Active
I	Osorio-Huerta, Guillermo BCBA	BHP		Behavior Frontiers, LLC	Placer	BCBA	Behavior Analy:	03/05/2022	Yes	None	
I	Patel, Meg BCBA	BHP		Kyo Autism Therapy LLC, fk	Marin	BCBA	Behavior Analy:	02/11/2021	Yes	None	
I	Patel, Nisha D.,FNP-C	PCP		Santa Rosa Community He	Sonoma	Family Nurse P	American Acad	09/05/2017	Yes	None	
I	Pattummadith, Suwapang MD	SPEC		Sacramento Community Cli	Placer	Dermatology	ABMS of Derm:	11/23/1976	Yes	Admitting Agre	None
I	Paulsen, Kellie BCBA	BHP		Pantogran LLC dba Center	Yolo	BCBA	Behavior Analy:	11/30/2016	Yes	None	
I	Pellecer, Silvia J.,PA-C	PCP		WellSpace Health Arden-Ar	Placer	Physician Assis	National Comm	09/26/2002	Yes	None	
I	Pena, Elizabeth PA-C	PCP		Solano County Family Healt	Solano	Physician Assis	National Comm	06/28/2024	Yes	None	
I	Pendergast, Heidi L.,RADT	W&R		Archway Recovery Services	Solano	Wellness and F	California Cons	06/28/2024	Yes	None	
I	Pewitt, Justin RADT	W&R		Aegis Treatment Centers, L	Shasta	Wellness and F	California Cons	08/22/2024	Yes	None	
I	Phillips, Lashunda K.,FNP-C	PCP		Peach Tree Healthcare	Yuba	Nurse Practitior	American Nurs	04/15/2023	Yes	None	
I	Pilaczynski, Christopher PA-C	PCP		Glenn Medical Center - Farr	Glenn	Physician Assis	National Comm	03/05/2024	Yes	None	
R	Pirzad, Arman MD	SPEC		Providence Medical Group,	Humboldt	Allergy & Immu	ABMS of Allerg	11/18/2021	Yes	Admitting Agre	None
I	Pope, Mikaela K.,PA-C	PCP		ODCHC: Redwood Commu	Humboldt	Physician Assis	National Comm	11/28/2017	Yes	None	
I	Power, Anton S.,DO	SPEC		New Life, LLC	Mendocino	Wellness and F	ABMS of Psych	09/13/2021	Yes	Admitting Agre	None
I	Pusca, Sorin V.,MD	SPEC		Enloe Cardiology Services (Butte	Thoracic & Car	ABMS of Thora	06/10/2005	Yes	Enloe Medical (Consulting
I	Quick, Catherine FNP-BC	PCP		Adventist Health Clear Lake	Lake	Family Nurse P	American Nurs	10/28/2016	Yes	None	
I	Rainsford, Kevin J.,MD	PCP		Trinity Community Health Cl	Trinity	Internal Medicir	ABMS of Intern	08/21/2001	Yes	Shasta Region	Courtesy
R	Ramirez, Paula RD	Allied		Community Medical Centers	Solano	Registered Diet	Commission of	08/17/2021	Yes	None	

App. Ty	Full Name	Provider Type	City	Name/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
I	Renukarya, Bhavya	BCBA	BHP	ACES 2020 LLC	Solano	BCBA	Behavior Analy	09/22/2020	Yes	None	
R	Riba, Yvonne A.	PA-C	PCP	Lake County Tribal Health C	Lake	Physician Assis	National Comm	05/27/2004	Yes	None	
I	Richardson, Errisha M.	MD	PCP	Elica Health Centers - Mary	Placer	Internal Medicir	ABMS of Intern	08/17/2023	Yes	N.T. Enloe Mer	None
I	Rieders, Daniel E.	MD	SPEC	Adventist Health Ukiah Vall	Mendocino	Cardiovascular	ABMS of Intern	11/20/1985	Yes	Adventist - Uki	Provisional
I	Rigaud, Rachelle A.	MD	SPEC	Oroville Women's Health	Butte	Obstetrics and	Confirmed per		No	Admitting Agre	None
I	Rincon, Paula M.	MD	PCP	Chapa-De Indian Health (Gr	Nevada	Family Medicin	Meets MPCR #		No	Admitting Agre	None
I	Rios, Daniel	MD	PCP	Ole Health	Napa	Internal Medicir	ABMS of Intern	08/22/2000	Yes	Admitting Agre	None
I	Rivera, Maizal C.	FNP-C	PCP	Greenville Rancheria	Shasta	Family Nurse P	American Nurs	10/22/2012	Yes	None	
I	Riveron, Alexander K.	MD	SPEC	Enloe Trauma & Surgery Cli	Butte	Surgery	ABMS of Surge	06/08/2021	Yes	Admitting Agre	None
R	Roberts, Janice M.	FNP-C	SPEC	Adventist Health Physicians	Napa	Family Nurse P	American Acad	07/01/2015	Yes	None	
I	Rodrigues, Annamarie	BCBA	BHP	Kyo Autism Therapy LLC, fk	Marin	BCBA	Behavior Analy	07/19/2024	Yes	None	
I	Rodriguez-Barba, Alejandra	BCBA	BHP	California Sprout MC 1 LLC	Napa	BCBA	Behavior Analy	02/28/2015	Yes	None	
I	Roepcke, Fay L.	MD	SPEC	Planned Parenthood Northe	Solano	Family Plannin	None		Not applica	Admitting Agre	None
R	Rorvig, Leah B.	MD	PCP	Petaluma Health Center	Sonoma	Family Medicin	ABMS of Famil	07/01/2017	Yes	Admitting Agre	None
I	Rybak, Iryna	PA-C	PCP	River Bend Medical Associa	Yolo	Physician Assis	National Comm	05/21/2024	Yes	None	
I	Sagoo, Sukhdeep S.	DO	SPEC	Oroville Primary Care Practi	Butte	Orthopedic Sur	AOB of Orthope	11/23/2016	Yes	Admitting Agre	None
I	Sandhoff, Kelsey	BCBA	BHP	Kyo Autism Therapy LLC, fk	Marin	BCBA	Behavior Analy	08/31/2017	Yes	None	
I	Sata, Holly Y.	MD	SPEC	Interventional Pain Solution	Butte	Pain Medicine	AOB of Anesthe	09/12/1998	Yes	Admitting Agre	None
R	Saxena, Lorelle S.	LAc	Allied	West County Health Center	Sonoma	Acupuncture	None		No	None	
I	Scholten, Melinda Y.	RD	Allied	NBHG: Center for Women's	Solano	Registered Diet	Commission of	10/01/1991	Yes	None	
I	Schow, Marie K.	DO	PCP	Petaluma Health Center	Sonoma	Family Medicin	ABMS of Famil	07/01/2024	Yes	Admitting Agre	None
I	Selby, Tadd L.	MD	SPEC	Oroville Medical Clinic	Butte	Urology	Confirmed per	02/29/1996	Yes	Admitting Agre	None
I	Simchuk, Erik J.	MD	SPEC	Enloe Bariatric Program	Butte	General Surger	ABMS of Surge	02/27/2002	Yes	Enloe Medical	(Active
R	Sivakumaran, Muthumanimoli	MD	PCP	Elica Health Centers-Halyar	Yolo	Pediatrics	ABMS of Pedia	10/12/1994	Yes	Admitting Agre	None
I	Smith, Clara L.	SUDRC	W&R	Aegis Treatment Center LLC	Humboldt	Wellness and F	California Subs	08/04/2024	Yes	None	
I	Smith, Jordyn	FNP-C	PCP	Santa Rosa Community He	Sonoma	Family Nurse P	American Acad	08/06/2021	Yes	None	
R	Sohl, Christopher A.	DO	PCP	La Clinica	Solano	Internal Medicir	American Boar	08/22/2000	Yes	Admitting Agre	None
I	Speir, Jennifer	PA-C	SPEC	NBHG: Neurology	Solano	Physician Assis	National Comm	01/29/2018	Yes	None	
I	Spencer, Terrence S.	MD	SPEC	North Valley Eye Care (Rid	Butte	Ophthalmology	ABMS of Ophth	10/29/2006	Yes	Admitting Agre	None
I	Spin, Gregory D.	DO	SPEC	Summit Nephrology Medica	Placer	Nephrology	American Boar	10/27/2005	Yes	Sutter Roseville	Active
I	Stano, Jacki	BCBA	BHP	Kyo Autism Therapy LLC, fk	Marin	BCBA	Behavior Analy	08/31/2019	Yes	None	
I	Stondell, Dolly A.	MD	PCP	WellSpace Health Alhambra	Placer	Pediatrics	ABMS of Pedia	10/09/1996	Yes	Admitting Agre	None
I	Strand, Garret	DPM	SPEC	Redding Rancheria Tribal H	Shasta	Foot and Ankle	None		No	Mercy Medical	Courtesy
I	Su, Janie	BCBA	BHP	Kyo Autism Therapy LLC, fk	Marin	BCBA	Behavior Analy	05/07/2024	Yes	None	
I	Supple, Brian J.	MD	SPEC	Adventist Health Physicians	Sutter	Surgery	ABMS of Surge	06/04/2002	Yes	Adventist Healt	Provisional
I	Swanson, Vesna	FNP-BC	PCP	Elica Health Center	Placer	Family Nurse P	American Nurs	03/10/2023	Yes	None	
I	Sylvia Wynne, Jacquelyne H.	DO	PCP	Chapa-De Indian Health (Au	Placer	Family Medicin	ABMS of Famil	08/25/2021	Yes	Admitting Agre	None
R	Tang, Emily	NP	PCP	Lake County Tribal Health C	Lake	Nurse Practitio	None		No	None	
I	Tareh, Jason E.	PT	SPEC	Coast Physical Therapy and	Butte	Physical Therap	None		No	None	
I	Tataru, Lori M.	LAc	SPEC	Stone Soup Acupuncture	Butte	Acupuncture	None		No	None	
R	Tepora, Napoleon H.	PT	Allied	NBHG: Northbay Rehab Ser	Solano	Physical Therap	None		Not applica	None	
I	Thomas, Christina G.	MD	PCP	Redding Rancheria Tribal H	Shasta	Pediatrics	ABMS of Pedia	10/09/2014	Yes	Admitting Agre	None
I	Tissier, Elizabeth F.	FNP-C	PCP	WellSpace Health Alhambra	Placer	Family Nurse P	American Acad	01/03/2024	Yes	None	
R	Tong, Kathleen L.	MD	SPEC	Adventist Health Physicians	Napa	Cardiovascular	ABMS of Intern	10/26/2010	Yes	Adventist - Uki	Active
I	Tonthat, Alexander V.	MD	SPEC	Oroville Family Medicine Pr	Butte	Gastroenterolo	None		No	Admitting Agre	None
R	Troia-Cancio, Paolo V.	MD	SPEC	One Community Health - Inf	Yolo	Infectious Dise	ABMS of Intern	11/08/2000	Yes	Admitting Agre	None
I	Truex, Laura A.	BCBA	BHP	California Sprout MC 1 LLC	Napa	BCBA	Behavior Analy	11/30/2016	Yes	None	
I	Turner, Beckie L.	FNP-C	PCP	Ampla Health Chico Medica	Butte	Family Nurse P	American Acad	02/01/2009	Yes	None	
I	Vang, Linda	BCBA	BHP	Sunrise ABA	Marin	BCBA	Behavior Analy	02/28/2019	Yes	None	
I	Vareed, Andrea E.	BCBA	BHP	Behavior Frontiers, LLC	Placer	BCBA	Behavior Analy	03/26/2024	Yes	None	
I	Venditti, Emily	PA-C	PCP	Providence Medical Group,	Sonoma	Physician Assis	National Comm	07/15/2019	Yes	None	
R	Waldman, Sarah E.	MD	SPEC	One Community Health - Inf	Yolo	Infectious Dise	ABMS of Intern	11/14/2016	Yes	Admitting Agre	None
I	Walton, Stacie L.	MD	PCP	One Community Health - Inf	Yolo	Pediatrics	ABMS of Pedia	10/28/1992	Yes	Admitting Agre	None

App. Ty	Full Name	Provider Type	City/Name/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
I	Wang, Jackson MD	SPEC	Summit Nephrology Medica	Placer	Nephrology	American Boar	10/02/2014	Yes	Sutter Roseville	Active
I	Wang, Jamila BCBA	BHP	Kyo Autism Therapy LLC, fk	Marin	BCBA	Behavior Analy:	10/17/2022	Yes	None	
I	Watkins, Tiffany K.,SUDRC	W&R	Empire Recovery Center	Shasta	Substance Use	California Subs	05/31/2024	Yes	None	
I	Webber, Lindsey D.,BCBA	BHP	Pantogran LLC dba Center 1		BCBA	Behavior Analy:	02/28/2018	Yes	None	
I	Wellington, Alison Doula	SPEC	Tender PostPartum	Humboldt	Doula	None		No	None	
R	Wempe, Robin E.,PA-C	PCP	La Clinica - North Vallejo	Solano	Physician Assis	National Comm	11/01/2001	Yes	None	
I	White, Britten E.,FNP-C	PCP	MedZed Physician Services	Solano	Family Nurse P	American Acad	01/10/2017	Yes	None	
I	Whitlatch, Lyman W.,MD	SPEC	Enloe Neurosurgery & Spin	Butte	Neurological S	ABMS of Neurc	05/09/2014	Yes	Admitting Agre	None
I	Whittington, Landon D.,MD	SPEC	Kimaw Medical Center	Humboldt	Family Medicin	ABMS of Famil	07/01/2024	Yes	Admitting Agre	None
I	Woldemichael, Bisrat K.,MD	PCP	Peach Tree Healthcare - PC	Yuba	Internal Medicir	Meets MPCR#1		No	Admitting Agre	None
I	Wong, David T.,MD	SPEC	John Muir Specialty Medical	Solano	Gastroenterolo	ABMS of Intern	11/03/1999	Yes	John Muir Medi	Active
R	Wright-Fong, Taryn N.,BCBA	BHP	Positive Behavior Supports	Marin	Behavioral Hea	Behavior Analy:	05/31/2014	Yes	None	
I	Xiong, Wendy BCBA	BHP	Behavior Frontiers, LLC	Placer	BCBA	Behavior Analy:	08/04/2023	Yes	None	
I	Zepeda, Wendy G.,LCSW	Allied	Petaluma Health Center	Sonoma	Licensed Clinic	None		No	None	
I	Zepf, Nancy E.,MD	SPEC	Pediatric Medical Associate	Yolo	Pediatrics	Meets MPCR#1	10/13/1993	No	Admitting Agre	None
R	Zhu, Gefei A.,MD	SPEC	Direct Dermatology Profess	Solano	Dermatology	ABMS of Derm:	10/24/2020	Yes	Admitting Agre	None
I	Zong, Perry MD	SPEC	Valor Oncology - Chico	Butte	Radiation Onco	Meets MPCR#1		No	Admitting Agre	None

MEETING Minutes

Meeting & Project Name: Quality Improvement Health Equity Committee (QIHEC)

Date: November 19, 2024

Time: 7:30 AM – 9:00 AM

Facilitator: Mohamed Jalloh, Pharm.D, Health Equity Officer (HEO)

Coordinator: Vicquita Velazquez

Meeting Locations:

- WebEx

Internal Attendees:

Leigha Andrews; Priscila Ayala; Mark Bontrager; Isaac Brown; Monika Brunkal, RPh; Anna Campbell; Shahrukh Chishty; Dawn R. Cook; Nicole Curreri; Greg Allen Friedman; Latrice Innes; Brandy Isola; Amanda Kim; Vicki Klakken; Marshall Kubota, MD; Yolanda Latham; Sue Lee; John Lemoine; Lilian Merino; Robert Moore, MD; Mark Netherda, MD; Rachel Newman, RN; Hannah O’Leary; Sue Quichocho; Manleen Randhawa; Kimberly Robertello; Dorian Roberts; DeLorean Ruffin, DrPH; Amanda Smith; Christine Smith; Rebecca Stark; Nancy Steffen; Kory Watkins

External Attendees:

Suzanne Edison-Ton, MD; Eva Julian; Valerie Padilla; Arlene Pena; Leila Romero; Candy Stockton, MD; Denise Whitsett; Jeremy Plumb; Tiffany Thomas EdD, Hendry Ton, MD; Lisa Wada

Absent:


Katherine Barresi, RN, BSN, PHN; Robert Bides, RN; Sonja Bjork; Mark Bontrager; Shannon Boyle, RN; Cathryn Couch; Jason Cunningham; Jeffrey DeVido, MD; Nicole Escobar; Heather Esget, RN; Margarita Garcia-Hernandez, Ph.D.; Nisha Gupta; Mary Kerlin; Jaymee James; Tony Hightower; Eva Julian; Kermit Jones, MD; Rachel Joseph; Matthew Konar; Stan Leung, Pharm.D; Liat Vaisenber; Eugene Durrah; Rocio Rodriguez; Saveena Sandhu; Lisa Wada; Harold Wallace; Amy Turnipseed; Edna Villasenor

Agenda Topic	Notes	Action Item
<p>1. Welcome/ Introductions/ Roll Call</p> <p><i>Time: 5 minutes</i> <i>Speaker: Mohamed Jalloh, Pharm.D</i></p>	<ul style="list-style-type: none"> • Introduction of the committee members. • The quorum was met by having 10 members present. 	
	<p>Dr. Jalloh welcomed the committee members and said that the Health Equity team will hire a new person to take over Vicquita’s duties as lead of this meeting. Thank you, Vicquita, for all your good work. The new person will engage with the committee members and hopes to meet with you all in person over the next year.</p>	
<p>2. Tribal Health Liaison Introduction</p> <p><i>Time: 15 minutes</i> <i>Speaker: Yolanda Latham, MBA</i></p>	<p>Yolanda Latham gave us her background, including her joining the Health Equity team and her tribal background as an enrolled member of the Hoopa Valley tribe. Her role in health equity is to integrate tribal health perspectives in the work we do for all communities, collaborate on ensuring health initiatives are relevant to tribal communities, and address any unique challenges faced by tribal communities.</p> <p>We have 21 tribal health programs and 50 physical sites, and the California tribes that we serve are 51 federally recognized tribes in eight non-federally recognized tribes. We have a large rural geographic region. To the top right of California, we have Modoc County, to the top left Del Norte County, to the southwest area down by Marin, and to the east near Placer.</p> <p>Our tribal communities are in areas with snow, road issues, and other things. And this is where our transportation must pick up our members to take them to their appointments.</p>	

Agenda Topic	Notes	Action Item
	<p>Some of her responsibilities and functions as a tribal liaison include reducing tribal community fatigue by aligning with similar initiatives. For instance, if the county or state is working on something, how are we aligning with the tribes and their programs?</p> <p>Also, to deepen the relationship between PHC, tribal public health, and other partners, many tribes have tribal public health authority, but we don't talk about it that often. Those are some things that we should be talking about. It promotes a deeper understanding of tribal needs and Indigenous social determinants of health. And, to support tribal health's response to emerging trends, the example she gives is that we have the times of the year in which we go out and talk about breast cancer screening and mammography, but if there's an emerging trend in a tribal community, are we talking about it? How do we make it relevant?</p> <p>She asked, regarding quality improvement in the health equity committee, how you can help me do my work or help our team. She is looking for feedback and collaboration.</p> <p>Data analysis, analysis, recommendations, and training and education recommendations matter. Your voices matter.</p> <p>Over the past year, she has helped people navigate benefits because they are unfamiliar with them. She also helped develop relationships with other organizations by bringing them together. She plans to do some workshops in the future and then host listening sessions. We ask questions and interact in ways that listen and consider their needs and the services they request.</p>	

Agenda Topic	Notes	Action Item
	<p><i>Question from Dr. Stockton:</i> I know at PHC that you're able to give us in public health certain specific data for our county, statistical data, and diagnostic data for patients who reside within our county. Are you able to do the same thing for tribal public health departments? I'm asking because I've been working on a request from the Yurok tribe, and I only have partial data. Specifically, they've asked us for information about when an individual who's a tribal member dies from an overdose so that they can do outreach and prevention. Do you have information on when they are treated for an overdose and survive, and do you have tribal enrollment data?</p> <p><i>Response from Dr. Moore:</i> California collects data on race, Hispanic ethnicity, present or absent, and tribal enrollment at the time of Medi-Cal enrollment. They do not pass any of that on to us. They have an algorithm where they process it and give us a single race category and which systematically undercounts the American Indian population by somewhere between, you know, sixfold and twelvefold. They don't give us tribal enrollment data. We have asked them to start providing that, and they seem inclined to begin in 2025 to include it with this new population health management product called Medi-Cal Connect.</p> <p><i>Comment from Dr. Stockton:</i> If anybody's interested, we've elected to hand-comb our desk certificates every month and provide the names and dates of birth for all individuals who work corner referral cases, which reduces our list to about 30.</p> <p><i>Comment from Dr. Kubota:</i> We do not get much information when a member dies.</p>	

Agenda Topic	Notes	Action Item
	<p><i>Comment from Yolanda Latham:</i> Dr. Stockton, it would be good to meet again to discuss data and data sovereignty. It is usually led by tribes that want data, but that does not mean you can't reach a method of understanding to get the necessary information. It's a matter of navigating what that looks like, the laws around it, and whether the tribe is willing to work with you.</p>	
<p>2. Meeting Minutes <i>Time: 5 minutes</i> <i>Speaker: Mohamed Jalloh, Pharm.D</i></p>	<p>Dr. Jalloh brought the committee's attention to last month's meeting minutes and asked if anyone in attendance had any questions. There were no questions, and a motion was made to approve the minutes.</p> <ul style="list-style-type: none"> • First motion: Dr. Stockton • Second motion: Denise Whitsett <p>There were no opposed motions.</p>	
<p>3. ALIADOS/HANC Community Update <i>Time: 10 minutes</i></p>	<p>Arlene Pena from Aliados mentioned that some health centers in their network are experiencing limited capacity to expand social determinants of health (SDOH) screenings to all adult populations. Many of their health centers focus on a limited population to screen for SDOH; they have been doing this to support their health centers by developing a health equity dashboard. We have two dashboards, one for blood pressure and the other for breast cancer screenings. They track the demographic data of patient populations for trends related to blood pressure control and breast cancer screening compliance based on the definitions of quality improvement plans.</p> <p>A disparity index graph shows potential disparities among the patient populations. Therefore, we are currently working to train our health centers to roll them out. They plan to launch a regional collaborative in 2025 to use mobile health to address breast and cervical cancer disparities.</p>	

Agenda Topic	Notes	Action Item
	<p>Another highlight is that they launched the Behavioral Health Leads peer group in October, which will meet quarterly. The group will offer a space to share challenges, successes, and best practices for providing BH at community help centers and developing areas for regional collaboration. Guest speakers will be invited to share relevant topics and training. Carla Denner leads the group.</p>	
<p>4. Disparity Data Update: Grievance and Appeals Grand Analysis</p> <p><i>Time: 20 minutes</i> <i>Speaker: Kory Watkins</i></p>	 <p>Kory is the director of Grievance and Appeals, and we are reviewing the process of grievance and appeal cases.</p> <p>In 2023, we processed 5690 cases, including grievances, appeals, and second-level appeals. Our cases have increased since the pandemic. We saw a 39% increase and anticipate an even bigger increase for 2024 due to expansion. Members can file</p>	

Agenda Topic

Notes

Action Item

grievances for any issue. About 3% of the cases we receive include some allegation of discrimination. The member does not have to use the word discrimination. They can allude to discrimination; we will flag it for a higher level and dive deeper into the case.

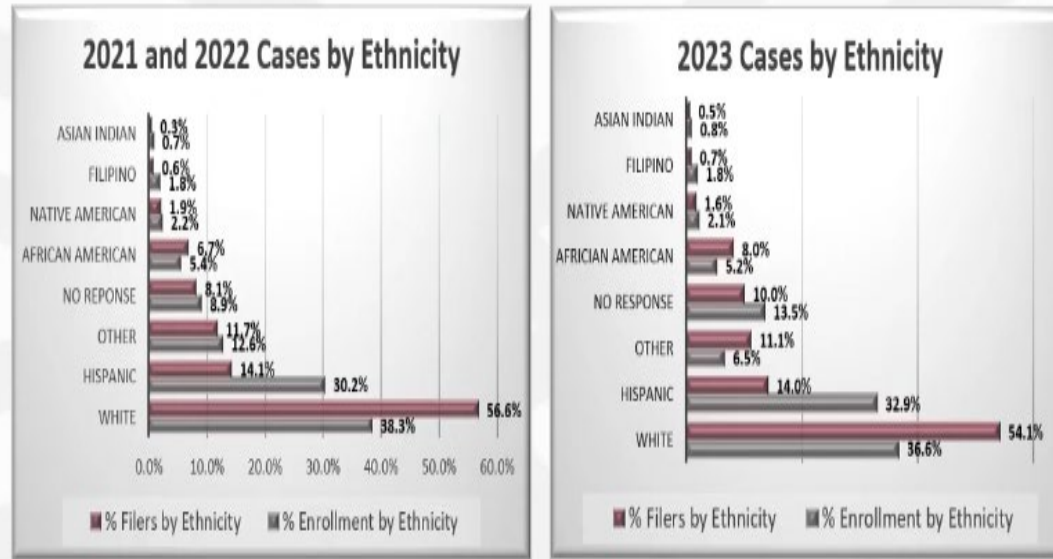


She has compiled last year's data on the right side: the 2023 cases by ethnicity. The left chart is a compilation of 2021 and 2022. The cases did not change much by ethnicity from year to year. However, for 2024, we anticipate a change due to the expansion. Our white members make up 38% of our demographics, but they are filing over half of the grievances.

Agenda Topic

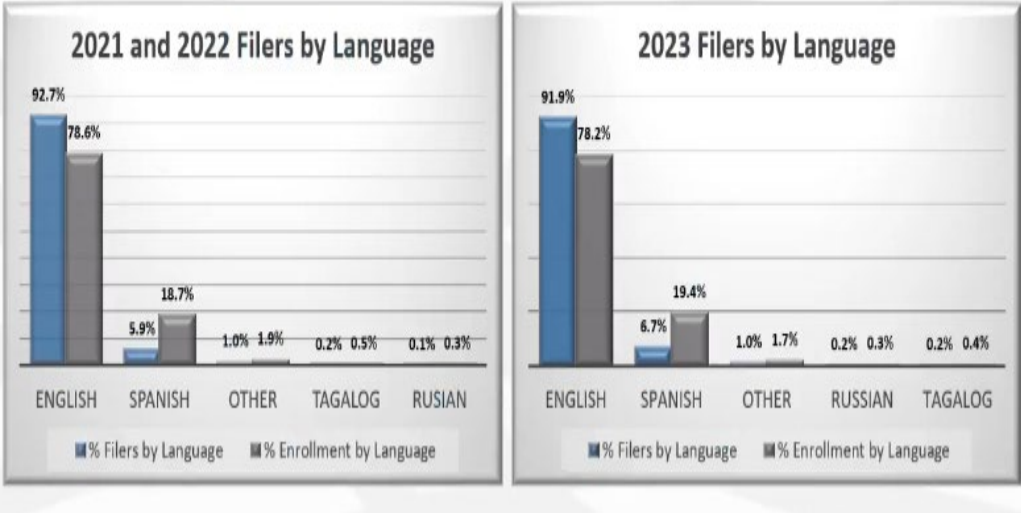
Notes

Action Item

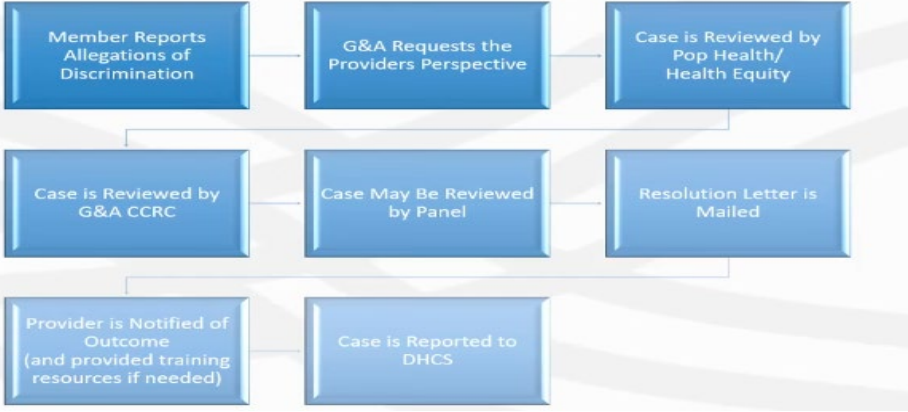


The cases that we receive are broken down by the members' language. So again, here, English is the most common language spoken by our members, the members who file grievances and appeals, and Spanish is the second most common language. Spanish members are underrepresented. They account for a much higher percentage of enrollment than the grievances they file. Only our threshold languages, including Tagalog and Russian, were included, but we do get many other languages, but the number is very low.

Agenda Topic	Notes	Action Item
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Once the case comes in, if the member mentions anything that seems like discrimination, the case will be flagged. The grievance and appeals department will work directly with the provider against whom the allegations are made. G&A works closely with provider relations for grievances, but because of its sensitive nature, they work directly with the provider. We ask for their perspective and questions about what kind of training they provide and how often it is provided. We then send the case to Population Health currently, and in the future, it will be Health Equity for an assessment on their behalf to see if they feel like discrimination likely occurred or likely did not occur. Once they give their assessment, one of our internally certified civil rights coordinators will conduct a holistic review and ask if they think discrimination is likely or unlikely. There are times when there is a difference of opinions, and if that happens, it is reviewed by one of our medical directors, Dr. Jalloh, and Kory.

Agenda Topic	Notes	Action Item
	 <pre> graph TD A[Member Reports Allegations of Discrimination] --> B[G&A Requests the Providers Perspective] B --> C[Case is Reviewed by Pop Health/ Health Equity] C --> D[Case is Reviewed by G&A CCRC] D --> E[Case May Be Reviewed by Panel] E --> F[Resolution Letter is Mailed] F --> G[Provider is Notified of Outcome (and provided training resources if needed)] G --> H[Case is Reported to DHCS] </pre> <p>Once the decision is made, we send a resolution letter to the members, letting them know our findings. We also send a letter to the provider if we find that discrimination likely occurred. We provide the provider with training resources. If discrimination is not likely, we do not send a letter, but we will be updating that process starting in 2025 at the request of one of our providers.</p> <p>When all parties are notified, we report the case to DHCS with all the details.</p>	

Agenda Topic

Notes

Action Item



Discrimination cases can fall into more than one category

Discrimination Categories	# Reported Concerns
Race or Ethnicity	50
Disability	44
Limited English Skills	13
Age	11
Auxiliary Aids and Services	8
Language	3
Language Assistance Services	2
Gender	2
Nationality	2
Sexual Orientation	1
Religion	1

Question from Dr. Jalloh:

What data points would you like to see in the upcoming year?

Response from Dr. Kubota:

It will be interesting to see if the election results decrease the number of grievances filed by the Hispanic population in the coming year.

Response from Dr. Ton:

You might be interested in measuring provider ethnicity. We found that certain ethnicities are discriminated against, and we believe that there's discrimination against providers as well. We've been looking into UC data because we've noticed that providers of certain ethnicities are discriminated against. Some providers feel discriminated against by their patients. We are in the beginning stages of that.

Agenda Topic	Notes	Action Item
	<p><i>Question from Isaac Brown:</i> It would be good to know what the members felt about our process.</p> <p><i>Response from Kory:</i> As I explained earlier, the Department of Healthcare Services does not mandate some of those in the current process. For example, the letter to the provider that we send DHCS does not mandate that, and the letter to the provider that we will begin implementing lets them know that we found discrimination was not likely. So, there are some steps that we can take that are not mandated.</p> <p><i>Comment from Denise Whitsett:</i> In-person meetings and training on microaggressions and cultural humility are impactful. They encourage us to give grace.</p>	
<p>5. Policy Discussion for Health Equity Disparities</p> <p>DEI Training Policy Feedback</p> <p>HE Foundations Policy Feedback</p> <p><i>Time: 20 minutes</i></p> <p><i>Speaker: Mohamed Jalloh, Pharm.D</i></p>	<p>The goal is to align the diversity, equity, and inclusion (DEI) policy with what DHCS wants us to do. As an overview, DHCS has a new all-plan letter saying that as a health plan, we must develop and distribute DEI training to all our contractors and providers, etc. We have a vendor with whom we've signed a contract to create this LMS type of training. And the goal is that we'll be giving this training to all of our new contracted providers starting in June 2025. We will probably deliver this training to over ten to maybe 15000 people over the next two to three years.</p> <p>What can we do to encourage practitioners to take this training?</p> <p><i>Response from Dr. Thomas:</i> Do we have to keep the DEI label, or can you rebrand it to something like implicit-biased training?</p>	

Agenda Topic	Notes	Action Item
	<p><i>Comment from Dr. Jalloh:</i> That is a good idea. I am open to calling it something else, such as “Community Connection Training.”</p> <p><i>Comment from Dr. Ton:</i> I think the acronym DEI is being misused. It would be good to spell it out as Diversity, Equity, and Inclusion and frame it as health equity. A study showed if mandatory training improved the organization’s inclusion mission. It would have been more effective if the training had focused on developing skill sets. We should ask the providers whether the module helped them at all.</p> <p><i>Comment from Dr. Jalloh:</i> We are not going to require every health system to do our training. We will give an opportunity if a health system already has a DEI program, and we know some health systems with such a comprehensive one. They can send it to us with attestation.</p> <p><i>Comment from Sue Lee:</i> I think the DEI training also requires approval in terms of the content. I'm sure we have some great feedback over here. How can we reconcile what we want versus what DHCS will finally stamp the training content?</p> <p><i>Comment from Dr. Jalloh:</i> That is a good question. DHCS does not have a clear plan for its goals; it just wants to ensure that people complete the DEI training.</p> <p><i>Comment from Dr. Kubota:</i> Our training should meet the requirements for their training and ours so that the providers do not have to do it twice.</p>	

Agenda Topic	Notes	Action Item
	<p>Comment from Dr. Jalloh; That is a good point. We can get feedback when we do the pilot.</p> <p>Comment from Dr. Ton: It would also be good to focus on the evaluation. The training should address attitude and how it can help provide services. It should be skills-orientated and attitude-orientated. After the training, it would be good to ask ourselves how this training helped me. Then, we have the data to show why the training was beneficial. Frequently, we see a vocal minority trying to undermine the training.</p> <p><i>Comment from Dr. Jalloh:</i> It would be helpful to see the data so people can see the return on investment in taking the training. The goal is to help save time writing (completing) grievances that the practitioners may receive. Is March a good time for providers to submit their training?</p> <p><i>Response from Valerie Padilla:</i> Yes, that should be enough time. Will you be working with the contracted vendors just as mobile mammography? There was an incident with one of our providers (Alinea). We had a language incident, and they do not do training as an organization.</p> <p><i>Comment from Dr. Jalloh:</i> The APL says we must do training with subcontractors. I must confirm if it is in our contract with them, and I will follow up personally by email.</p>	

Agenda Topic	Notes	Action Item
	<p>Dr. Jalloh continued the conversation by mentioning that we are developing a foundation policy for integrating Health Equity throughout our network.</p> <p>Purpose: Provide guidance on which fundamental changes health organizations can make to help address health disparities</p> <ul style="list-style-type: none"> • Cultural Competency (CC) Training Implementation <ul style="list-style-type: none"> • Strategies to incorporate training and ensure it's receptive to clinical audience • Race-Based Therapeutics <ul style="list-style-type: none"> • Use of appropriate clinical score tools or algorithms • Guidance on use of medical instruments that bears interpretation of biomarkers that may be affected by skin tone • Pain Scale Interpretations based upon skin tone • Veterans/Homeless/Disability-Population Therapeutics <ul style="list-style-type: none"> • Use of key clinical score tools or algorithms <p>Are there any topics you would like to add or remove from the list?</p> <ul style="list-style-type: none"> • Layla mentioned in the chat adding the LGBTQ community. • Denise suggested the deaf and hard-of-hearing community. • Leigha says the disabled community. • Dr. Jalloh mentioned aging 	



Agenda Topic	Notes	Action Item
	<p>We are creating a quick, almost like a PDF playbook, specifically on what health systems should do to be able to identify health disparities.</p> <p>Is there anything the committee would like to add?</p> <ul style="list-style-type: none"> • Strategies on how to Identify Health Disparities • Strategies on how to identify interventions to address health disparities • Strategies on how to connect with patients and integrate their feedback <p>Response from Dr. Ton: One additional suggestion is to prioritize the disparities and resources needed for each group after identifying the health disparities.</p> <p>Comment from Nancy Stephens: The last bullet point concerns strategies for connecting with patients and integrating their feedback. We could consider including a reference to providers interacting with patients because often, they're key in member engagement and identifying the member perspective and how to address it.</p>	

Agenda Topic	Notes	Action Item								
<p>6. QMSI Presentation of Interventions for Disparities</p> <p><i>Time: 15 minutes</i></p> <p><i>Speaker: Brandi Isola</i></p>	<p>I'm here speaking on behalf of our quality measure score improvement workgroups within PHC. We have four of them categorized by health topic, and today, the disparities we'll discuss are specific to our pediatric QMSI work group.</p> <table border="1" data-bbox="552 552 1507 1010"> <thead> <tr> <th>Disparity</th> <th>Proposed Intervention</th> </tr> </thead> <tbody> <tr> <td>Fewer Native Hawaiian and Other Pacific Islander members are receiving annual well care visits than our white members.</td> <td>WCV Enhanced Incentive Pilot (details on next slide)</td> </tr> <tr> <td>Fewer Black/African American members are receiving annual well care visits than our white members.</td> <td>WCV Enhanced Incentive Pilot (details on next slide)</td> </tr> <tr> <td>Not enough of our members aged 3-21 are receiving annual well care visits.</td> <td>WCV Enhanced Incentive Pilot (details on next slide) Plan, Do, Study, Act (PDSA) improvement project with a northwest primary care practice focusing on Spanish speaking and native American members to educate and encourage members to come in for the well child visits. Locum initiative to increase appointment availability for Annual Well Child Visits (2024).</td> </tr> </tbody> </table> <p>The lack of access to our network is a real driver of our low performance. We have an enhanced incentive pilot for the groups.</p> <p>Work with 9 Large Provider Organizations throughout the network* to intensively outreach and incentivize an annual well child visit for 1,031 children and adolescents in a group shown to be experiencing a disparity in this measure.</p> <ul style="list-style-type: none"> • Direct text outreach from PHC to members with care gap. • Includes "direct" members who are not assigned to a PCP and therefore are not directly impacted by the PCP QIP. • \$200 per member who receives a WCV before 12/31/2024 • Evaluate impact and modify, expand or abandon and redirect 	Disparity	Proposed Intervention	Fewer Native Hawaiian and Other Pacific Islander members are receiving annual well care visits than our white members.	WCV Enhanced Incentive Pilot (details on next slide)	Fewer Black/African American members are receiving annual well care visits than our white members.	WCV Enhanced Incentive Pilot (details on next slide)	Not enough of our members aged 3-21 are receiving annual well care visits.	WCV Enhanced Incentive Pilot (details on next slide) Plan, Do, Study, Act (PDSA) improvement project with a northwest primary care practice focusing on Spanish speaking and native American members to educate and encourage members to come in for the well child visits. Locum initiative to increase appointment availability for Annual Well Child Visits (2024).	
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Agenda Topic	Notes	Action Item								
	<p>We're working on it in our various regions but targeting specific subpopulations in these regions.</p> <table border="1" data-bbox="554 548 1455 1016"> <thead> <tr> <th data-bbox="554 548 1003 581">Disparity</th> <th data-bbox="1003 548 1455 581">Proposed Intervention</th> </tr> </thead> <tbody> <tr> <td data-bbox="554 581 1003 760">Fewer Black/African American members are receiving <i>timely prenatal care (visit during first trimester)</i> than white members.</td> <td data-bbox="1003 581 1455 760"><u>Solano Perinatal Clinical Collaborative</u>. Explore expanding to other geographies. Leveraging Enhanced Care Management (ECM) Birth Equity Population of focus to collaborate with and support providers serving this population.</td> </tr> <tr> <td data-bbox="554 760 1003 906">Fewer American Indian/Alaskan Native members are receiving <i>timely prenatal care (visit during first trimester)</i> than white members.</td> <td data-bbox="1003 760 1455 906"><u>Tribal Perinatal Initiative</u> (ECM Birth Equity Population of Focus)</td> </tr> <tr> <td data-bbox="554 906 1003 1016">Fewer American Indian/Alaskan Native members are receiving <i>postpartum care</i> than white members.</td> <td data-bbox="1003 906 1455 1016"><u>Tribal Perinatal Initiative</u> (ECM Birth Equity Population of Focus)</td> </tr> </tbody> </table>	Disparity	Proposed Intervention	Fewer Black/African American members are receiving <i>timely prenatal care (visit during first trimester)</i> than white members.	<u>Solano Perinatal Clinical Collaborative</u> . Explore expanding to other geographies. Leveraging Enhanced Care Management (ECM) Birth Equity Population of focus to collaborate with and support providers serving this population.	Fewer American Indian/Alaskan Native members are receiving <i>timely prenatal care (visit during first trimester)</i> than white members.	<u>Tribal Perinatal Initiative</u> (ECM Birth Equity Population of Focus)	Fewer American Indian/Alaskan Native members are receiving <i>postpartum care</i> than white members.	<u>Tribal Perinatal Initiative</u> (ECM Birth Equity Population of Focus)	
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<p>7. Intervention Discussion for Black Prenatal Care Disparity</p> <p><i>Time: 10 minutes</i></p> <p><i>Speaker: DeLorean Ruffin, DrPH</i></p>	<p>Dr. Ruffin says to review the packet. You'll see the flyer for the December 13th event that we're having at Partnership on-site for our pregnant mothers to celebrate their journey. We want to promote further improved quality of care among our providers until we display our members through a mini photo shoot, so you'll see all those details on the flyer in the packet.</p>									

Agenda Topic	Notes	Action Item
<p>8. Adjournment</p> <p><i>Time: 1 minute</i></p> <p><i>Speaker: Mohamed Jalloh, Pharm.D</i></p>	<p><i>Next Meeting:</i></p> <p><i>January 21st, 2025, via WebEx</i></p>	

Addressing Challenges in Perinatal Care

March 10, 2025

9 a.m. – 4 p.m.

Eureka | Fairfield | Redding

To register, please [click here](#)
or scan the QR code below.



Join Partnership HealthPlan of California as we discuss timely, important topics to improve perinatal services in our network.

Topics Include:

- **Diabetes Management in Pregnancy (Sweet Success)**
- **Infectious Diseases in Pregnancy**
- **Role of Midwifery in Improving Quality and Access**
- **Substance Use Disorder/Opioid Use Disorder and Medication-Assisted Treatment**

Check-in starts at 8:15 a.m. and opening remarks start at 9 a.m.

Continental breakfast and lunch will be served.

Registration ends on Friday, February 21, 2025

AAFP CME and BRN CE continuing education credit will be available.

Questions? Contact Liezel Lago at LLago@partnershiphp.org

Join us for Partnership
HealthPlan of
California's
2025 Regional Medical
Directors Forum!



Date: March 21, 2025

Time: 9 a.m. – 2 p.m.
Check-in starts at 8:30 a.m.

Location: 901 Myrtle Avenue
Eureka, CA 95501

Registration Link: [Click here](#)
or scan the QR code below



Registration ends on March 7, 2025

Breakfast and lunch will be provided.

Invitation extended to:

Medical Directors · Clinical Leads · Administrators · Executive Leads ·
Directors · Quality Improvement Managers

Partnership will present updates on:

New programs · Major Partnership and state policies ·
Mental health and substance use disorder treatment ·
Data review and public health issues · PCP-QIP

Questions? Contact Liezel Lago at llago@partnershiphp.org

Join us for Partnership HealthPlan of California's 2025 Regional Medical Directors Forum!



Date: March 28, 2025

Time: 9 a.m. – 2 p.m.
Check-in starts at 8:30 a.m.

Location: 1830 Hilltop Dr.
Redding, CA 96002

Registration Link: [Click here](#)
or scan the QR code below



Registration ends on March 14, 2025

Breakfast and lunch will be provided.

Invitation extended to:

Medical Directors · Clinical Leads · Administrators · Executive Leads ·
Directors · Quality Improvement Managers

Partnership will present updates on:

New programs · Major Partnership and state policies ·
Mental health and substance use disorder treatment ·
Data review and public health issues · PCP-QIP

Questions? Contact Liezel Lago at llago@partnershiphp.org

Join us for Partnership
HealthPlan of
California's
2025 Regional Medical
Directors Forum!



Date: April 4, 2025

Time: 9 a.m. – 2 p.m.
Check-in starts at 8:30 a.m.

Location: 4605 Business Center Dr
Fairfield, CA 94534

Registration Link: [Click here](#)
or scan the QR code below



Registration ends on March 21, 2025

Breakfast and lunch will be provided.

Invitation extended to:

Medical Directors · Clinical Leads · Administrators · Executive Leads ·
Directors · Quality Improvement Managers

Partnership will present updates on:

New programs · Major Partnership and state policies ·
Mental health and substance use disorder treatment ·
Data review and public health issues · PCP-QIP

Questions? Contact Liezel Lago at llago@partnershiphp.org

Join us for Partnership HealthPlan of California's 2025 Regional Medical Directors Forum!



Date: April 11, 2025

Time: 9 a.m. – 2 p.m.
Check-in starts at 8:30 a.m.

Location:
200 South School Street
Ukiah, CA 95482

Breakfast and lunch will be provided.

Invitation extended to:

Medical Directors · Clinical Leads · Administrators · Executive Leads ·
Directors · Quality Improvement Managers

Partnership will present updates on:

New programs · Major Partnership and state policies ·
Mental health and substance use disorder treatment ·
Data review and public health issues · PCP-QIP

Registration Link: [Click here](#)
or scan the QR code below



Registration ends on March 28, 2025

Questions? Contact Liezel Lago at llago@partnershiphp.org

Join us for Partnership
HealthPlan of
California's
2025 Regional Medical
Directors Forum!



Date: April 25, 2025

Time: 9 a.m. – 2 p.m.
Check-in starts at 8:30 a.m.

Location: 495 Tesconi Circle
Santa Rosa, CA 94501

Registration Link: [Click here](#)
or scan the QR code below



Registration ends on April 11, 2025

Breakfast and lunch will be provided.

Invitation extended to:

Medical Directors · Clinical Leads · Administrators · Executive Leads ·
Directors · Quality Improvement Managers

Partnership will present updates on:

New programs · Major Partnership and state policies ·
Mental health and substance use disorder treatment ·
Data review and public health issues · PCP-QIP

Questions? Contact Liezel Lago at llago@partnershiphp.org

Join us for Partnership HealthPlan of California's 2025 Regional Medical Directors Forum!



Date: May 2, 2025

Time: 9 a.m. – 2 p.m.
Check-in starts at 8:30 a.m.

Location: 915 8th Street, Suite 109
Marysville, CA 95901

Registration Link: [Click here](#)
or scan the QR code below



Registration ends on April 18, 2025

Breakfast and lunch will be provided.

Invitation extended to:

Medical Directors · Clinical Leads · Administrators · Executive Leads ·
Directors · Quality Improvement Managers

Partnership will present updates on:

New programs · Major Partnership and state policies ·
Mental health and substance use disorder treatment ·
Data review and public health issues · PCP-QIP

Questions? Contact Liezel Lago at llago@partnershiphp.org