PARTNERSHIP HEALTHPLAN OF CALIFORNIA
PHYSICIAN ADVISORY COMMITTEE ~ MEETING NOTICE

Members: (20)

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

Partnership Executive Staff:

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

Regional Medical Directors	Region	Region Directors
Jeffrey Ribordy, MD	Eureka - Del Norte, Humboldt, Mendocino & Lake	Vicky Klakken
Bradley Cox, DO	Redding - Siskiyou, Modoc, Shasta, Lassen, Trinity & Tehama	Tim Sharp
Colleen Townsend	Fairfield - Napa, Yolo & Solano	Kathryn Power
Lisa Ward, MD	Santa Rosa - Marin & Sonoma	Leigha Andrews
R. Doug Matthews, MD	Chico - Glenn, Butte, Sutter, Colusa & Yuba	Rebecca Stark
Matthew Morris, MD	Auburn - Plumas, Sierra, Nevada & Placer	Jill Blake

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

cc: Partnership Commission Chair
Kim Tangermann, Partnership Board Chair

FROM: PAC@partnershipHP.org
DATE: April 4, 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, April 9, 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

Sutter-Roseville
6 Medical Plaza
Roseville, CA 95661

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

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

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

Date: April 9, 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 5th Street
Eureka, CA

Partnership - Auburn Office
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Auburn, CA 95603

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1245 S. Main St.
Willits, CA 95490

Aliados Health
1310 Redwood Way
Petaluma, CA 94999

PUBLIC COMMENTS	**Speaker**	**2 minutes**
	Speaker	**2 minutes**

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.

Welcome / Introductions

I.		**STATUS UPDATES**	**LEAD**	**PG**	**TIME**
A.	**I**	**Chief Executive Officer Administration Updates**	**Ms. Power**		**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. Ward**		**7:58**
3	**I**	Del Norte, Humboldt, Mendocino & Lake	**Dr. Ribordy**		**8:01**
4	**I**	Glenn, Butte, Sutter, Colusa & Yuba,	**Dr. Matthews**		**8:04**
5	**I**	Siskiyou, Modoc, Shasta, Lassen, Trinity & Tehama	**Dr. Cox**		**8:07**
6	**I**	Plumas, Sierra, Nevada & Placer	**Dr. Morris**		**8:10**
II.	*I*	*NEW MEMBER INTRODUCTION*	*LEAD*	*PG*	*TIME*
III.	**A**	**MOTIONS FOR APPROVAL**	**LEAD**	**PG**	**TIME**
A.	**A**	**Review of March 12, 2025 PAC Minutes**	**Dr. Gwiazdowski**	**5**	**8:13**
B.	**A**	**Consent Review: Agenda Items III. B.1, B.2, B.4, B.5 and B.7** **Consent review allows multiple agenda items to be approved with one motion.*	**Dr. Gwiazdowski**	**16 - 100**	**8:15**
1	**C**	**Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – March 19, 2025** ***Acceptance of Draft Meeting Minutes:*** • Q/UAC Agenda • Q/UAC Activities & Minutes • Internal Quality Improvement Meetings March 11, 2025 Quality Improvement Update – March 2025 ***Special Presentations*** *(for reference only, not included in packet)*	**Dr. Gwiazdowski**	**16** **18** **31** **43**	**8:15**

<table>
<tr><th>III.</th><th>A</th><th>MOTIONS CONTINUED</th><th>LEAD</th><th>PG</th><th>TIME</th></tr>
<tr><td>B.</td><td>A</td><td>Consent Review: Agenda Items III. B.1, B.2, B.4, B.5 and B.7</td><td>Dr. Townsend</td><td></td><td>8:15</td></tr>
<tr><td>2</td><td>C</td><td><u>Policies/Procedures/Guidelines for Action</u>
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<tr><th colspan="2"><u>Policies/Procedures/Guidelines for Action</u>
Quality Improvement</th></tr>
<tr><td>MPQP1002</td><td>Quality/Utilization Advisory Committee</td></tr>
<tr><td>MPQP1003</td><td>Physician Advisory Committee (PAC) Policy</td></tr>
<tr><td>MPQP1004</td><td>Internal Quality Improvement Committee</td></tr>
<tr><th colspan="2">Care Coordination</th></tr>
<tr><td>MCCP2024</td><td>Whole Child Model For California Children’s Services (CCS) New Attachment B</td></tr>
<tr><td>MCCP2023</td><td>Transportation-Related Travel Expenses: Lodging, Meals, Attendants, Parking and Tolls (Archived)</td></tr>
<tr><th colspan="2">Utilization Management</th></tr>
<tr><td>MCUP3124</td><td>Referral to Specialists (RAF) Policy</td></tr>
<tr><td>MCUP3126</td><td>Behavioral Health Treatment (BHT) for Members Under the Age of 21</td></tr>
<tr><td>MPUG3002</td><td>Acupuncture Services Guidelines</td></tr>
<tr><td>MPUP3018</td><td>Health Services Review of Observation Code</td></tr>
<tr><td>MPUP3059</td><td>Negative Pressure Wound Therapy (NPWT) Device/Pump</td></tr>
<tr><th colspan="2">Population Health Management</th></tr>
<tr><td>MCND9002</td><td>Cultural & Linguistic Program Description Attachment F Archived</td></tr>
<tr><th colspan="2">Transportation</th></tr>
<tr><td>MPTP2503</td><td>Transportation-Related Travel Expenses: Lodging, Meals, Attendants, Parking and Tolls (New)</td></tr>
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All versions linked within Policy Summary (See page 55)
• Policy Summary
• Detailed Synopsis of Changes</td><td></td><td>55
56</td><td>8:15</td></tr>
<tr><td>3</td><td>C</td><td>Pharmacy & Therapeutics Committee</td><td>Dr. Stan Leung</td><td></td><td></td></tr>
<tr><td>4</td><td>C</td><td>Provider Engagement Group (PEG) Report
• Summary, March 18, 2025</td><td>Ms. Kerlin</td><td>63</td><td></td></tr>
<tr><td>5</td><td>C</td><td>Credentials Committee Meeting
• Summary, February 12, 2025
• Credentialed List, February 12, 2025</td><td>Dr. Netherda</td><td>69
73</td><td>8:15</td></tr>
<tr><td>6</td><td>C</td><td>Pediatric Quality Committee</td><td>Dr. Ribordy</td><td></td><td></td></tr>
<tr><td>7</td><td>C</td><td>Quality Improvement Health Equity Committee
• Meeting Minutes, March 18, 2025</td><td>Dr. Jalloh</td><td>78</td><td>8:15</td></tr>
<tr><td>C.</td><td>A</td><td>Physician Advisory Committee Membership</td><td>Dr. Gwiazdowski</td><td></td><td></td></tr>
<tr><td>D.</td><td>A</td><td>Hospital Quality Incentive Program Proposal
Measurement Year 2025-2026</td><td>Mr. Foster</td><td>94</td><td>8:17</td></tr>
<tr><td>E.</td><td>A</td><td>Perinatal Quality Incentive Program Proposal
Measurement Year 2025-2026</td><td>Mr. Foster</td><td>98</td><td>8:20</td></tr>
<tr><td>IV.</td><td>I</td><td>Old Business</td><td></td><td></td><td></td></tr>
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V.		SPECIAL PRESENTATIONS	LEAD	PG	TIME
A.	I	**Investing in Clinicians for the Long Run:** Shasta Community Health Center's Multi-faceted Retention and Recruitment Approach	**Dr. Darrick Nelson**	**101**	**8:25**
VI.	**I**	**ADJOURNMENT**	**LEAD**		**9:00**
		Next PAC on March 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 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.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PARTNERSHIP)
MEETING MINUTES

Committee: **Physician Advisory Committee**
Date / Time: **March 12, 2025 - 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:	Steven Gwiazdowski, MD *(FF)* Angela Brennan, DO *(FF)* Teresa Shinder, DO *(FF)* Brent Pottenger, MD *(FF)*	Michele Herman, MD *(FF)* Karen Sprague, MSN, CFNP *(FF)* Malia Honda, MD *(SR)* John McDermott, FNP *(C)* Chester Austin, MD *(C)*	Derice Seid, MD *(MCC)* Mills Matheson, MD *(OMM)* Darrick Nelson, MD *(R)* Chris Myers, MD *(E)*	*FF Fairfield* *SR Santa Rosa* *E Eureka* *R Redding* *C Chico* *AU Auburn*	*MCC Marin Community Clinics* *OMM Office of Dr. Matheson* *SH Sutter Health*
Members Excused:	Candy Stockton, MD Vanessa Walker, DO	Mustaffa Ammar, MD Matthew Zavod, MD	Christine Lasich, MD		
Members Absent:	Danielle Oryn, DO				
Visitor:					

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, Director, Quality Measurement Isaac Brown, Director, Quality Management Mohamed Jalloh, Pharm.D., Director, Health Equity Megan Shelton, Project Manager, Quality Improvement DeLorean Ruffin, DrPH, Director, Population Health David Lavine, Assoc. Dir. of Workforce Development

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	DATE RESOLVED
Public Comments	PAC Chairperson asked for any public comments. None presented.	N/A	N/A
Quorum	14/20 – PAC	Committee quorum requirements met (16).	03/12/25

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.

I.A. Chief Executive Officer Administration Updates	**Partnership's Chief Executive Officer (CEO) provided the following report on Partnership activities.**
	
	Monitoring Changes to Medicaid
	• Local, nonprofit safety-net plans have been meeting regularly, including a meeting in Washington D.C. advocating to preserve Medicaid.
	• Partnership is monitoring for all possible scenarios and taking every opportunity to advocate, including meeting with Republican Congressman Doug LaMalfa and Congressman Kevin Kiley to discuss what cuts will mean for members received MediCal. Partnership received very good reception from them and their staff.
	  • In Congressman LaMalfa's district, 42% of residents receive MediCal with Partnership.
	  • In Congressman Kiley's district along the Nevada border, 21% of residents receive MediCal with Partnership.
	• Partnership works closely with all of the hospitals, physicians, help centers, and other in the network to carry the message forward.
	• The most persuasive arguments come from the true stories of members in their districts.
	• Should cuts be made, Partnership is preparing for many possible scenarios to be determined at state or federal levels:
	  • Reduction in targeted rate increases and hospital-directed payments
	  • Implementation of work requirements
	  • Changing eligibility requirements
	• Partnership is working closely with the California Medical Association (CMA) and California Primary Care Association (CPCA) to advocate for Medicaid.
	• **California Advancing and Innovating Medi-Cal (CalAIM) Justice Involved Implementation**
	  • Yuba County has implemented.
	  • Siskiyou and Sutter Counties aim to go live by April 1, 2025.
	  • All remaining counties aim to go live before October 1, 2026.
	
	Questions
	
	How do you stay informed with accurate, up-to-date information?
	
	Partnership has relationships with key stakeholders and lobbyists with whom we compare notes and align approaches. Additionally, Partnership is a member of The Association for Community Affiliated Plans (ACAP) who monitors and reports to health plans. Partnership's vast network of subject matter experts can be trusted to provide reliable information coming out of D.C. Partnership stands ready to responds to any legislative actions as they are implemented.
	
	How do we become involved or make advocacy easier?
	
	Some of the partnering associations have provided templates and scripts. Because Partnership is a public agency, advocacy must be done carefully, but constituents are people who live and work in the areas Partnership serves. Local district offices are excellent points of contact for advocacy via a phone call or a letter. Personal stories from people living in those areas are most persuasive. Partnership can share different templates we have received upon request via email.

AGENDA ITEM	DISCUSSION / CONCLUSIONS

I.B. Chief Medical Officer Health Services Report	**Partnership's Chief Medical Officer (CMO) presented a brief update on Health Services.**
	
	• **Annual Residency Quality Meeting**
	  • Physician Residency program performance improvement forum where residents from any of the residency programs in our regions presented their quality improvement projects as part of residency requirements.
	  • Six presentation were given across five Partnership offices.
	  • The top three were chosen by a panel of judges and received an award of all expenses paid to attend the National Quality meeting in the future.
	• **Residency Programs**
	  • Match day will be held later in March.
	  • The new family residency in Chico, CA will be getting their first match.
	• **State Government Actions**
	  • Senate Bill 669*, introduced by Senator McGuire, to allow standby perinatal units to discontinue the need for multiple obstetrical nurses and staff to be continuously staffed regardless of volume. It is one of only two bills Senator McGuire has agreed to personally champion this year after a meeting was held with Plumas District Hospital and several other who provided a compelling case.
	• **Partnership Events**
	  • Held third Basic Life Support in Obstetrics (BLSO) training in Redding on February 28, 2025, which was well-attended by several nurse practitioners and doulas.
	  • Two Advanced Life Support in Obstetrics (ALSO) courses are planned for May at Mercy Medical Center and Fairchild Medical Center.
	  • Partnership hosted an Obstetrics Conference, Addressing Challenges in Perinatal Care, on Monday, March 10, 2025 across three Partnership offices in Fairfield, Eureka, and Redding on the following topics.
	  • A representative from the California Surgeon General's Office attended to speak on initiatives, maternal mortality, and ideas for screening.
	  • Gestational diabetes and screening
	  • Substance Use Disorder (SUD) screening
	  • Perinatal services
	• **Partnering Agencies**
	  • Advancing Health for Northern California, a magazine published by Healthy Rural California, will be publishing a future article summarizing the many activities Partnership has been involved in over the past few years.

I.C.1. Status Update, Regional Medical	**Partnership's Regional Medical Director for Napa, Solano, and Yolo Counties presented a brief update on activities.**
	• The OB Conference was attended by more than 100 attendees across Partnership's network.
	• Comprehensive Perinatal Services Program (CPSP) has transitioned out of the purview of California Department of Public Health (CPDH) and into the MediCal Managed Care Plans (MCP).
	• Partnership has implemented and is accepting applications for Partnership Health Perinatal Services (PHPS) which updates
	  • OB practices
	  • Prenatal and postpartum care
	  • Nutrition
	  • Social health education
	  • Behavioral health services
	  • Applications for PHPS ensure that our claims and configurations are aligned for your practices for reimbursement and effective tracking of utilized services across the network.
	• Southeast Region Quality meeting will be held where colon-cancer screening and the use of Cologuard implementation will be a primary focus.
	• Planning for Kindergarten Roundup and school vaccination drives are underway.
	• In Yolo County, Partnership is working on solutions to challenges for childhood vision screening.

AGENDA ITEM	DISCUSSION / CONCLUSIONS
I.C.2. Status Update, Regional Medical	**Partnership's Regional Medical Director for Marin and Sonoma Counties presented a brief update on activities.** • Several meetings have been held with Partnership and local leaders. • Santa Rosa Community Health has selected Dr. Patricia Padilla for Chief Medical Officer. • Dental directors meeting was held to promote the implementation of fluoride treatment code Z29.3. • Future meetings are scheduled with rural health centers to discuss quality improvement programs. • The Santa Rosa Regional Medical Directors Forum will be held on April 25, 2025.
I.C.3. Status Update, Regional Medical	**Partnership's Regional Medical Director for Lake, Mendocino, Humboldt, and Del Norte Counties presented a brief update on activities.** • Mad River Hospital is adding home health services back in after recent cuts and attempting to expand primary care services, including pediatrics. • Held meetings with Adventist in Clearlake and Mendocino as they have undergone several changes in leadership. • Areas report increased no-show rates among the undocumented population in response to fears about Immigration and Customs Enforcement (ICE) raids. • Smaller clinics in the areas are experiencing anxiety about funding in the face of proposed cuts to Medicaid.
I.C.4. Status Update, Regional Medical	**Partnership's Regional Director for Glenn, Butte, Sutter, and Colusa Counties presented a brief update on activities.** • March is Colorectal Cancer Awareness month, and Partnership will be campaigning for awareness and screening throughout the network. • Met with new leadership at Peachtree Health Clinic. • Fostering inter-clinic collaboration with Yuba and Sutter-region clinics.
I.C.5. Status Update, Regional Medical	**Partnership's Regional Director for Siskiyou, Modoc, Shasta, Lassen, Trinity, and Tehama Counties presented a brief update on activities.** • Visited Good News Rescue Mission to see their 17-unit micro housing complex as they focus on helping transition unhoused individuals to permanent housing and are working on building a day-resource center. •The facility can hold 21 people. •Two units have two beds to accommodate a parent and child if needed. •There are separate shower and bathroom facilities. •The units have both heat and air conditioning. •There are vouchers for housing, meals, showers, computers, and bike repair available. • Mobile mammography screening was completed for Pit River Health Services.
I.C.6. Status Update, Regional Medical	**Partnership's Regional Director for Plumas, Sierra, Nevada & Placer presented a brief update on activities.** • Chapa-De Indian Health will be hosting a ground-breaking event on March 18, 2025, for their new healthcare center offering medical, dental, and behavioral health services to 15,000 more patients at the end of 2026. • Wellspace Health is partnering with Sutter Roseville for an obstetrical residency program for a total of 12 residents, admitting three per year over four years. • Western Sierra Medical Center has hired two new family medicine physicians who will be joining their team later this fall.

AGENDA ITEM	MOTIONS FOR APPROVAL	RECOMMENDATIONS / ACTION	DATE RESOLVED
III.A.	**February 2025 PAC minutes were presented for approval.**	**MOTION:** Dr. Herman moved to approve Agenda III.A as presented, seconded by, seconded by Dr. Brennan. **ACTION SUMMARY:** [14] yes, [0] no, [0] abstentions.	03/12/25 Motion carried.
III.B. ▪ III.B.1 ▪ III.B.2 ▪ III.B.5 ▪ III.B.7	**Consent Calendar Review** • Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – February 2025 • Policies, Procedures, and Guidelines for Action Policy Summary February 2025 • Credentials Committee Meeting Minutes and Credentialed List, January 8, 2025 • Quality Improvement Health Equity Committee Minutes and Credentialed List, January 21, 2025	**MOTION:** Dr. Pottenger moved to approve Agenda III.B.1, III.B.2, III.B.5 and III.B.7, as presented, seconded by Dr. Shinder. **ACTION SUMMARY:** [14] yes, [0] no, [0] abstentions.	03/12/25 Motion carried.
III.C	**Dr. Brent Pottenger nomination for Credentials Committee**.	**MOTION:** Dr. Herman moved to approve Agenda III.C as presented, seconded by Dr. Brennan. **ACTION SUMMARY:** [14] yes, [0] no, [0] abstentions.	03/12/25 Motion carried

IV. A Old Business	None
AGENDA ITEM	**DISCUSSION / CONCLUSIONS**
V.A Partnership Workforce Development Update	**Partnership's Associate Director of Workforce Development provided a detailed update of activities.** Presentation Focus Areas: Provider Network Needs assessment, Programs & Initiatives, Data Analysis, and Strategies

Understanding Landscape

Contacts

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

Organization Type

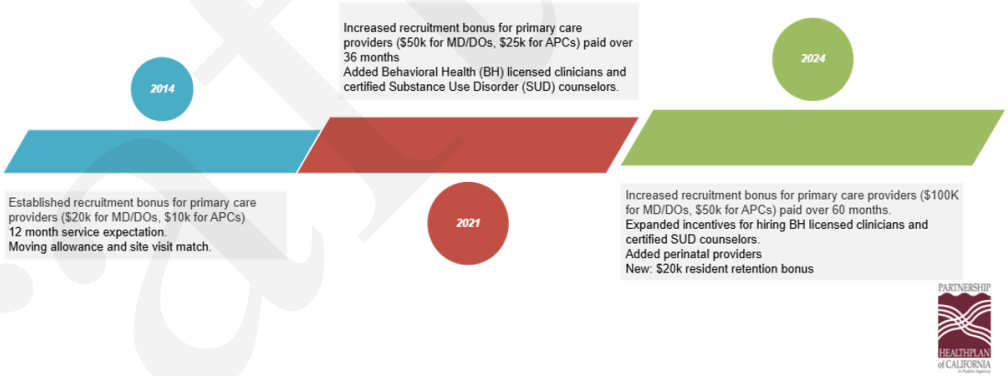
- FQHCs / RHCs
- Hospitals / Hospital Based Clinics
- Tribal Health Clinics
- Private / Small group practices

Recommendations Based on Findings

- Support to retain long-practicing and key clinicians to our network.
- Support to hire primary care providers to Northern California including perinatal clinicians.
- Emphasis on retaining regional residency program graduates.
- Support high-need specialists in certain geographic areas.
- Supports to expand health career pathway and training programs.

Provider Recruitment Program (PRP)

Launched in 2014, the Provider Recruitment Program (PRP) supports our network in recruiting and retaining high-quality healthcare professionals to improve access to care for Partnership members. Since its inception, the PRP has grown to include new incentives, expanded provider eligibility, and other key improvements to better serve our communities.



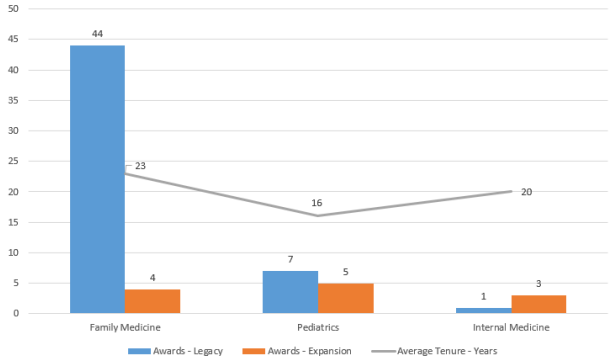
We are paying attention to any type of work that we can do to help support the retention of long-practicing providers in our region. There is a concern about our workforce approaching retirement, and it's a priority to help retain their services for a bit longer.

We've established this retention initiative in 2024. The incentive is $45,000 payable over three years for primary care physicians and $30,000 payable over three for advanced practice clinicians with a 15-year service requirement for years already served or years applying to serve.

We've awarded 42 physicians and 22 advanced practice clinicians. The graph shows the distribution of the awards between family medicine, pediatrics, internal medicine in addition to the distribution between our expansion counties and our legacy counties, as well as average years of service.

Provider Retention Initiative (PRI)

The Provider Retention Initiative (PRI) incentivizes additional years of service, aiming to preserve institutional knowledge, foster clinical leadership, and create mentorship opportunities. This initiative ensures that an emerging generation of providers can learn from and train with experienced health professionals, strengthening the foundation of our healthcare network.



Highlights

Awards (payable over 36 months)
- $45,000 physicians
- $30,000 APCs

64 total awards approved
- 42 physicians
- 22 APCs

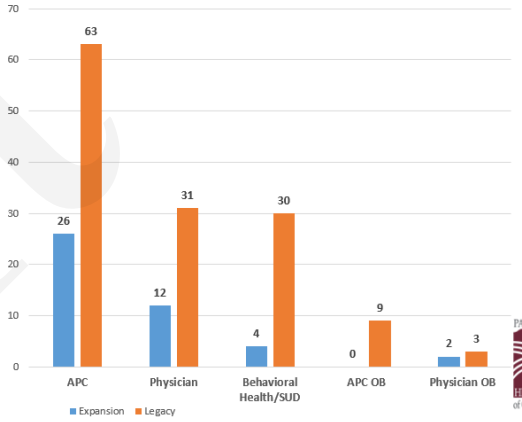
Program extended through June 2025, including newly eligible clinician types:
- OB/GYN and Psychiatry

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Partnership Workforce Development Update, Continued	The program was revamped in 2024 based on feedback from provider partners with these changes: • Increased from $50,000 to $100,000 dollars for primary care physicians, payable over five years, • Increased from $25,000 to $50,000 for advanced practice clinicians, payable over five years. • Added OB as an eligible provider • Added a $20,000 residency and retention bonus incentive • Any third-year resident training within our footprint who commits to five years of practice upon their graduation, can receive an additional $20,000 in their third year at residency. This type of adjustment was needed based on the, the, the fierce competition within our region for providers relative to the salaries and bonuses payable in other areas near our network area, such as the San Francisco Bay Area. We have seen positive movement within the program and accomplishing goals.

2024/2025 Physician Recruitment Program (PRP)

2024 – YTD	
Physicians	**54**
• OB/GYN	4
• FP/OB	1
• Mental Health	1
• Family Medicine	32
• Internal Medicine	4
• Pediatrics	12
APCs	**98**
• Women's Health PAs	2
• Women's Health NPs/Nurse Midwives	7
• Mental Health	7
• Family Medicine	78
• Internal Medicine	3
• Pediatrics	1
BH Clinicians	**34**
Total	**186**

Award Year	Count (average)
2014 – 2023	706 (**86 per year**)
2024 – YTD	186 (**160 in 12 months**)



2024 Primary Care Provider Vacancy Rate Survey

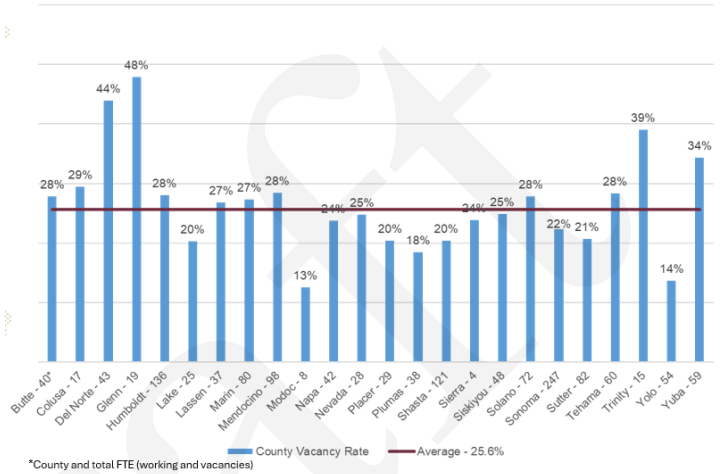
Scope	• Organizations with at least 500 Partnership members assigned to their practice sites
Focus	• Identify staffing gaps by comparing current PCP numbers to the desired staffing levels for each organization
Purpose	• Collect data to inform access - related strategic planning. Vacancy rate is different from the number of PCPs that are needed to fully meet the needs of the population
Who	• 107 total organization respondents, 87% response rate • 24 counties represented

Findings	• 25.6% Primary Care Provider (PCP) Vacancy Rate
	• 88% actively recruiting primary care providers
	• Vacancy rate represents 359 Total FTE:
	  • 204 physician
	  • 155 NP/PA
	• 33% Obstetrics (OB)/ Prenatal Vacancy Rate
	• 49% respondents (52 organizations) provide prenatal care
	• Vacancy rate represents 83 Total FTE:
	  • 49 physician
	  • 34 NP/PA

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Partnership Workforce Development Update, Continued	We attempted to understand optimal staffing is in terms of what is structurally possible given the existing infrastructure. The graph represents a sample size of 707 total-organization, Partnership providers.

PCP Vacancy Rate Survey

Other than the three highest counties (**Del Norte, Glenn, Trinity)** and three lowest counties (**Modoc, Plumas, Yolo)** all counties had vacancy rates at or greater than 20%, with a slight trend for higher vacancy rates in rural counties compared to suburban counties



*County and total FTE (working and vacancies)

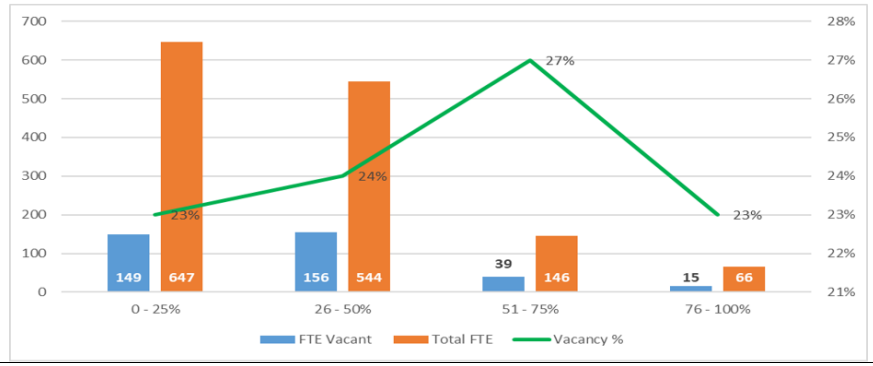
Insights
25.6% 2024 Vacancy Rate (Legacy Counties – 25.2%)
24.5% 2022 Legacy Counties Vacancy Rate
28% Physician and 23% APC vacancy rate
88% are actively recruiting primary care providers
33% Obstetrics (OB)/ Prenatal Vacancy Rate
2022 Total Vacant FTE – 296 (167 physicians and 129 APCs)
2024 Total Vacant FTE – 359 (204 physicians and 155 APCs)

PCP Vacancy Rate Survey - Rural Insights

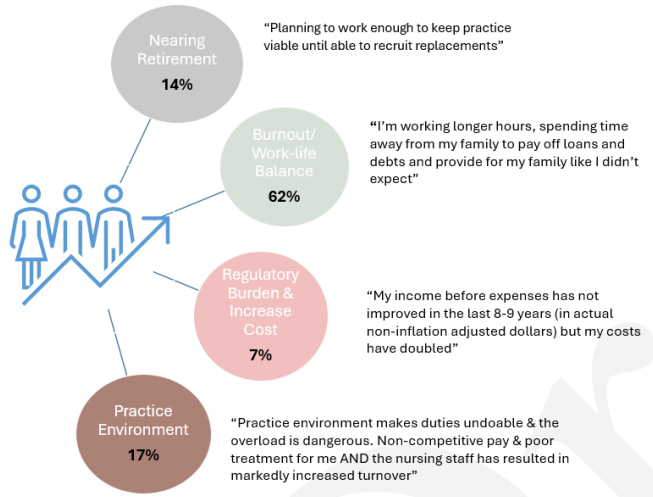
We categorized our counties based on percentage of rural population. The vacancy rate is highest in rural areas.

Rural survey insight based on the US Census Bureau definition. Of our 24 counties, Modoc, Plumas, Sierra and Trinity are entirely rural. Only Yolo, Marin, and Solano have rural populations under 10%.

Rural	Counties
0 - 25%	Solano, Marin, Yolo, Sonoma, Placer, Napa, Sutter, Butte
26 - 50%	Yuba, Humboldt, Shasta, Lake, Glenn, Colusa, Del Norte, Nevada, Mendocino
51 - 75%	Tehama, Siskiyou, Lassen
76 - 100%	Sierra, Modoc, Plumas, Trinity



AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Partnership Workforce Development Update, Continued	**Key Barriers: PCP Vacancy Rate Survey Responses** • Location cited as the common barrier, including: • Rurality of the area and lack of community amenities (e.g., schools, healthcare, career options for partners/spouses) • Revenue: Reduced relative reimbursements w/increasing costs • Housing: Lack of adequate or affordable housing, including high costs of living • Talent: Difficulty attracting applicants despite marketing efforts, with positions receiving little to no interest. **Next Steps** Will conduct a new vacancy rate survey again in 2025. We established the new recruitment program and our retention initiative, but we want to make sure that those programs accomplish the intended goals. Partnership will be conducting an ongoing needs assessment to make sure that we have a good understanding of the needs within our network **Question** *In defining rural, is there a difference between the U.S. Census and Health Resources and Services Administration (HRSA) data?* For the purposes of the survey, population density by area was used. Between the two sets of data, there is not a significant difference. This is based on feedback from the specialty community and a concern that, without some type of intervention, access to specialty care might get worse, particularly in our more real rural geographic areas. We were able to survey nearly 40 specialists; 35 were practicing across 17 specialties; four retired across three specialties. **Rural Specialty Access Survey** **Scope**: • The survey was distributed to physician specialists inside and outside of our provider network **Focus**: • Gather data to guide strategic planning related to specialty access **Purpose**: • Analyze trends in the specialty physician workforce. Understand the current challenges organizations and specialists are facing **Who**: • Surveyed physicians: • 35 practicing in 17 different specialties • 4 retired in 3 specialties • Met with Shasta County hospital executives • Follow-up interviews completed with 17 physicians representing 11 specialties *(Allergy Immunology, Dermatology, Gastroenterology, General Surgery, Neurology, Obstetrics/Gynecology, Orthopedic Surgery, Podiatry, Pulmonology, Radiation Oncology, and Vascular Surgery)* **Counties Served**: • Butte • Humboldt • Lake • Mendocino • Shasta **Findings**: • **Validated that specialists believe access to care has worsened over time. Without significant intervention they believe access will continue to worsen**

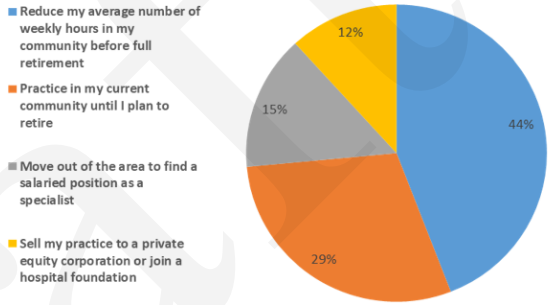
AGENDA ITEM	
V.A Partnership Workforce Development Update, Continued	Specialty physicians in rural areas largely felt a moral obligation to their patients and to their communities to stay in practice and would be doing a disservice to their communities to leave. Many have families and strong connections to the area built over many years. More than half of the respondents have practiced for at least 20 years. **Specialty Access Survey Insights:** **Respondents shared reasons why they plan to change their practice status in the next 5 years**  Specialty-care access is a multi-valued, multi-payer, multi-year issue that has now come to a head. These recommendations are how we frame questions moving forward year after year. Partnership will be conducting additional analysis for feasibility based on the provided feedback. Partnership constantly evaluates workforce developments and engages with providers to bring and keep needed physicians in service areas where they are needed.

Specialty Access Survey Insights:

"What motivates you to practice medicine in your community?"

- About 60% of survey respondents cited the overwhelming needs of the community and positive impact they can make in their patients' lives as the key motivating factor to continue to practice medicine
- About 40% of respondents cited hometown, family, social connections, and love of the geographic area as other reasons specialists remain in the community
- 57% of survey respondents have been practicing for at least 20 years

"What are your plans for the future?"



- 70% plan to change their practice status before they fully retire
- 60% plan for the change to occur in the next 5 years

Provider Feedback: What can help with specialty care?

Recommendations from specialty providers to help improve access to care -
Strengthening PCP-Specialist Collaboration: Encouraging better communication and coordination between primary care physicians and specialists can improve patient care and reduce unnecessary referrals.
Expanding Primary Care Access: Increasing the availability of primary care services in the region can help reduce the strain on specialists and improve overall patient outcomes.
Support for Community Health Centers: Helping community health centers, rural health clinics and/or tribal health entities hire specialists directly, or collaborate with existing specialty groups, can expand access to care in underserved areas.
Recruitment Programs: Establishing targeted recruitment programs for specialty providers could help address workforce shortages and improve care access.
Multi-Stakeholder Coalitions: Forming coalitions with various stakeholders (hospitals, health centers, community organizations) to focus on specialty access and rural healthcare needs can drive systemic change and ensure long-term solutions.
Targeted Rural Incentives: Augmenting financial incentives for rural specialty care can make it more attractive for specialists to practice in these areas.

VI. Adjournment	
PAC adjourned at 8:54 a.m.	**Next PAC on Wednesday, April 9, 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**

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

Date: March 19, 2025 **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
Chapa-de Indian Health: 11670 Atwood Road, Auburn 95603
Health & Human Services Dept., 5730 Packard Ave., Suite 100, Marysville, CA 95901

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	*Approval of* • Feb. 19 Quality/Utilization Advisory Committee (Q/UAC) Minutes	Robert Moore, MD	7: 30	5 - 18
2	*Acknowledgment and acceptance of draft minutes of the* • Feb. 11 Internal Quality Improvement (IQI) Committee Meeting Minutes • Jan. 29 Over/Under Utilization Workgroup • Feb. 6 Population Needs Assessment (PNA) Committee			19 - 43
II.	**Standing Updates**			
1	Quality and Performance Improvement Program Update	Nancy Steffen	7:35	45 - 56
2	HealthPlan Update	Robert Moore, MD	7:55	--
III.	**Old Business**			
	None			
IV.	**New Business – Consent Calendar Policies**			
	Consent Calendar	All	8:05	57
	Quality Improvement			
	MPQP1002 – Quality/Utilization Advisory Committee			59 - 63
	MPQP1004 – Internal Quality Improvement Committee			65 - 68
	Utilization Management			
	MCUP3124 – Referral to Specialists (RAF) Policy			69 - 73
	MCUP3126 – Behavioral Health Treatment (BHT) for Members Under the Age of 21			75 - 82
	MPUP3059 – Negative Pressure Wound Therapy (NPWT) Device/Pump			83 - 87
	Policy Transfer from Care Coordination to Transportation			

	Item	Lead	Time	Page #
	ARCHIVE MCCP2030 – Transportation-Related Travel Expenses: Lodging, Meals, Attendants, Parking and Tolls			88 - 94
	ACTIVATE MPTP2503 – Transportation-Related Travel Expenses: Lodging, Meals, Attendants, Parking and Tolls			95 - 101
V.	**New Business – Discussion Policies**			
	Synopsis of Changes			103 - 108
	Care Coordination			
	MCCP2024 – Whole Child Model for California Children's Services (CCS) – *note that the Family Advisory Committee (FAC) Charter is being added here with some changes as a* ***new Attachment B*** *and is no longer Attachment F to Population Health's MCND9002 – Cultural & Linguistic Program Description*	Shannon Boyle, RN	8:10	109 - 130
	Utilization Management			
	MPUG3002 – Acupuncture Services Guidelines	Lisa Ward, MD	8:17	131 - 134
	MPUP3018 – Health Services Review of Observation Code Billing	Tony Hightower, CPhT	8:24	135 - 138
VI.	**Presentations**			
1	Cultural & Linguistic Grand Analysis	Hannah O'Leary, MPH, CHES	8:30	
	• MCND9002 – C&L Program Description – *synopsis of change begins on p. 139*			141 - 191
	• Presentation			193 - 212
	• 2024 C&L Program Evaluation			213 - 255
	• Final Update of the 2024 C&L/QIHEPT Work Plan			257
	• 2025 C&L/QIHEPT Work Plan			259 - 260
VII. FYI	Mid-Year 2024-2025 QI Work Plan Update – *refer any questions to Nancy Steffen*			261 - 268
	Dental Code Flyer *as promised at Q/UAC Feb. 19 – refer questions to dentalsupport@partnershiphp.org*			269
	Adjournment scheduled for 8:55 a.m. Q/UAC next meets 7:30 a.m. Wednesday, April 16, 2025			

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEETING MINUTES

Quality and Utilization Advisory Committee (Q/UAC) Meeting
Wednesday, March 19, 2025 / 7:33 a.m. – 8:38 a.m. Napa/Solano Room, 1st Floor

Voting Members Present:		
Sara Choudhry, MD	Brian Montenegro, MD	Michael Strain, PHC Consumer Member
Emma Hackett, MD, FACOG	Meagan Mulligan, FNP-BC	Chris Swales, MD
Phuong Luu, MD	John Murphy, MD	Randolph Thomas, MD
	Robert Quon, MD, FACP	Jennifer Wilson, MD
Voting Members Absent: Steven Gwiazdowski, MD, FAAP; Brandy Lane, PHC Consumer Member		
Partnership *Ex-Officio* Members Present:		
Bides, Robert, RN, BSN, Mgr, Member Safety – Quality Investigations, QI		Kubota, Marshall, MD, Associate Medical Director
Cox, Bradley, DO, Regional Medical Director (Northeast)		Leung, Stan, Pharm.D, Director of Pharmacy Services
DeVido, Jeff, MD, Behavioral Health Clinical Director		Moore, Robert, MD, MPH, MBA, Chief Medical Officer – Chair
Esget, Heather, RN, BSN, ACM, Director of Utilization Management		Netherda, Mark, MD, Medical Director for Quality – Vice Chair
Frankovich, Terry, MD, Associate Medical Director		Newman, Rachel, RN, BSN, Manager, Clinical Compliance – Quality Inspections
Gast, Brigid, MSN, BS, RN, NEA-BC, Senior Director, Care Management		O'Connell, Lisa, Director, Enhanced Health Services
Glickstein, Mark, MD, Associate Medical Director		Ribordy, Jeff, MD, Regional Medical Director (Northwest)
Hightower, Tony, CPhT, Associate Director, UM Regulations		Ruffin, DeLorean, DrPH, Director of Population Health
Jalloh, Mohamed "Moe", Pharm.D, Dir. of Health Equity (Health Equity Officer)		Spiller, Bettina, MD, Associate Medical Director
Jones, Kermit, MD, JD, Medical Director for Medicare Services		Steffen, Nancy, Senior Director of Quality and Performance Improvement
Katz, Dave, MD, Associate Medical Director		Thornton, Aaron, MD, Associate Medical Director
		Watkins, Kory, MBA-HM, Director, Grievance & Appeals
Partnership *Ex-Officio* Members Absent:		
Barresi, Katherine, RN, BSN, PHN, NE-BC, CCM, Chief Health Services Officer		Guevarra, Angela, RN, Associate Director, Care Coordination (SR)
Cotter, James, MD, Associate Medical Director		Hartigan, Nicole, RN, Associate Director, Care Coordination (NR)
Guillory, Ledra, Senior Manager of Provider Relations Representatives		Kerlin, Mary, Senior Director of Provider Relations
		Randhawa, Manleen, Senior Health Educator, Population Health
		Townsend, Colleen, MD, Regional Medical Director (Southeast)
Guests:		
Boyle, Shannon, RN, Manager of Care Coordination Regulatory Performance		Hoang, Hanh, PR Representative II, Provider Relations
Brown, Isaac, MBA/MHA, Director of Quality Management, QI		Isola, Brandy, Manager of Performance Improvement (Chico)
Brunkal, Monika, RPh, Associate Director, Population Health		Jarrett-Lee, Kevin, RN, Associate Director of UM
Campbell, Anna, Health Policy Analyst, Utilization Management		Jensen, Annika, RN, Assoc Dir. of Clinical Integration, Care Coordination
Devan, James, Manager of Performance Improvement (Redding)		O'Leary, Hannah, MPH, Manager of Population Health, Pop Health
Durst, Jennifer, Sr. Mgr. of Performance Improvement, QI (Santa Rosa)		Quichocho, Sue, Manager of Quality Measurement, QI
Erickson, Leslie, Program Coordinator II, QI (scribe)		Smith, Christine, Community Health Needs Liaison, Population Health
		Ward, Lisa, MD, Regional Medical Director (Southwest)

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
I. Call to Order Public Comment – *None made* Introductions Approval of Minutes	Chair Robert Moore, MD, MPH, MBA, called the meeting to order at 7:33 a.m. Meeting began with Nancy Steffen presenting the QI Update as quorum was not established until 7:36 a.m. The Feb. 19, 2025 Q/UAC Minutes were approved as presented without comment. *Acknowledgment and acceptance of draft meeting minutes of the* • Feb. 11 Internal Quality Improvement (IQI) Committee • Jan. 29 Over/Under Utilization Workgroup • Feb. 6 Populations Needs Assessment (PNA) Committee	Motion to **approve the Q/UAC minutes:** Brian Montenegro, MD Second: Randy Thomas, MD *Approved unanimously* Motion to **accept the other minutes:** Chris Swales, MD Second: Jennifer Wilson, MD *Approved unanimously*
II. Standing Updates		
1. Quality Improvement (QI) Department Update *Nancy Steffen, Senior Director of Quality and Performance Improvement, QI*	• eReports launched earlier this month. Primary Care Provider Quality Incentive program (PCP QIP) clinicians can access their gap lists, see their progress relative to our current core clinical measures, and take action on a member level. Requests went out March 14, asking providers to review their preliminary unit-of-service (UOS) measure and non-clinical measure 2024 performance. • Our Quality Measure Score Improvement series continues with a noon webinar Thursday, April 3, with Terry Frankovich, MD, covering both billing information and developmental screening tools appropriate under American Academy of Pediatrics (AAP) and Centers for Medicare and Medicaid Services (CMS) criteria. • The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) "drill-down" survey is providing us opportunities to help our members better understand their benefits, particularly their dental benefits. Although Partnership does not administer these benefits, we are participating in the statewide collaborative, Smile California, the entity that is helping direct the newest contract in the State's administration of the dental benefit. We can work down to a county level across our service region to improve our members' experience, eliminate access barriers, and enhance oral care through preventive measures. Last month, Isaac Brown highlighted our work to improve our topical fluoride measure. We have a custom code mapping about which we are informing our dental clinic colleagues, particularly in the Federally Qualified Health Centers (FQHC) and Tribal Health dental centers of an ICT code we need them to utilize when administering topical fluoride: Z29.3. • We have periodically reported on our Locum Pilot Initiative over the last several months. This is a short term solution to help provide better access with the goal of improving our priority Healthcare Effectiveness Data Information Set (HEDIS®) performance measures, particularly in well-child visits, as well as in our women's health measures cervical cancer screening. Recently, the project team facilitating this put together a nice summary of the outcomes: we saw a definite increase in well-care visits as we intended, and we will see that translate into the final scoring on the QIP 2024 measurement year for these provider organizations. This alleviated some scheduling backlog and helped our members get in to see their preferred clinicians. So that has a member experience component that is quite striking. We need to	For information only: no formal action required.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	look at offering a longer contract and then helping the participating provider organizations to prepare and test support staff for good onboarding of the locum, so they can hit the ground running. So, we are continuing this pilot in a second phase. Chris Swales, MD, commented that his organization has utilized locums with much the same results. He expressed concern that perhaps Partnership is hiring locums to achieve metrics rather than to better patient care. "You are getting people through but is the quality equal and is it worth it?" he asked. Dr. Moore acknowledged the question, saying he too has had "that variable experience" with some "amazing" locums and others he has had to let go early. He recounted a recent conversation with a third-year resident, who said two-thirds of her class is seeking locum opportunities to test out different environments before deciding on where and with whom to practice. Associate Medical Director Marshall Kubota, MD, added that utilizing locums on simple acute cases allows supervising providers to address the preventive and chronic needs of their regular patients.	
2. HealthPlan Update *Robert Moore, MD Chief Medical Officer*	• The State is projecting a big budget shortfall this year. The university systems are already experiencing cuts to their National Institutes of Health (NIH) grants. The big four things in the California budget are Cal State and University of California, K-12 education, prisons, and Medi-Cal. Severely affecting one of these four impacts the overall budget and all discretionary spending gets put at risk. Realizing this, the only ask of the California Academy of Family Physicians at its recent "lobby day" was 'just don't cut our GME (graduate medical education) funding.' • When the federal government passed its continuing resolution to fund the government through September, they did include extending the telemedicine flexibilities that were scheduled to stop April 1. Core FQHC funding was also extended to September. • Both House and Senate committees are looking at giant cuts to Medicaid. Hospitals, clinics and individual patients are blowing up the Washington switchboards. That is what needs to happen. Partnership's Chief Executive Officer Sonja Bjork's advice is to call local representatives, particularly if you have a Republican representing you. (We have two in the Partnership region.) Sonja specifically says it is better that individual constituents who will be harmed make those calls. Individual hospitals at risk of closing should also speak up. • Even though federal cuts have yet to happen, the State is already having a Medicaid shortfall and has hit its maximum borrowing ability for sustaining the Medicaid program. There are some hypotheses: the pharmacy carve-out is not going as planned or maybe covering the undocumented is a higher expense than they thought it was going to be. • Our Quality department recently hosted a multi-site presentation with the physician residency program performance improvement forum. We had six presentations. The three best presenters were each awarded a prize to attend a high-quality quality conference. • On activities related to promoting rural OB access and equity: Regional Medical Director Colleen Townsend, MD, led the effort to put together a nice conference addressing the challenges in prenatal care. It was well attended in multiple offices. The Surgeon General's office presented on maternal	There were no questions for Dr. Moore. *Meeting Postscript:* • SB 669 introduced Feb. 20 was set March 26 for an April 9 hearing. The Legislative Counsel's Digest and the bill text itself can be found at https://legiscan.com/CA/text/SB669/id/3135063

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	mortality. We had two talks on diabetes and pregnancy, and one excellent talk summarizing substance use disorder screening options. • California Senate Bill 669 introduced by Senate Pro Tempore Mike McGuire would allow hospitals to apply to become standby perinatal centers, allowing them to flex up when someone presents in labor or postpartum and to flex down when the immediate need is not there. Plumas District Hospital had that designation before it was granted by the California Department of Public Health. The CDPH later reversed all their statewide waivers, made everyone reapply, and then they wouldn't give that waiver to Plumas, which ended up closing its OB unit three years ago. The Senate Pro Tempore's office had Plumas present to those thought likely to be in opposition, like the American College of Obstetricians and Gynecologists (ACOG) and nursing unions. The presentation went well and the bill appears to be on its way to approval. Partnership is excited to support Plumas and potentially other rural hospitals in this endeavor. • Partnership continues to provide trainings for emergency obstetrics and airway in advanced neonatal airway into our rural regions. Partnership will be planning additional basic life support or BLSOs in future. A detailed article on all the other activities Partnership is doing in supporting maternal access and quality will be in an upcoming issue of Healthy World California. When we get that reference, we will send it to committee members to read in more detail. • The first of six Regional Medical Directors meetings this year will occur in Eureka March 21. You are all welcome to attend. Detailed notes are in development.	
III. Old Business – None		
IV. New Business – Consent Calendar (Committee Members as Applicable)		
Consent Calendar	***Health Services Policies*** <u>Quality Improvement</u> MPQP1002 – Quality/Utilization Advisory Committee MPQP1004 – Internal Quality Improvement Committee <u>Utilization Management</u> MCUP3124 – Referral to Specialist (RAF) Policy – ***pulled for clarification*** MPUG3126 – Behavioral Health Treatment (BHT) for Members Under the Age of 21 MPUP3059 – Negative Pressure Wound Therapy (NPWT) Device/Pump **John Murphy, MD, pulled MCUP3124** to question the intent of VI.J.2: "Referrals to contracted specialists are auto adjudicated and written approval is generated to the requesting PCP and specialist within one working day of the receipt of the request." Dr. Murphy asked if this means the Plan "rubber stamps" these requests and that a member could then directly schedule with the specialist? Dr. Moore clarified that if the PCP makes a referral, Partnership considers that "auto" from a regulatory standpoint. We do not add an additional step; however, if the referral is to a non-contracted specialist, a Partnership medical director will take a second look. Dr. Murphy then asked if this extends to all contracted providers in all specialties in	Motion to **approve slate as presented without MCUP3124:** Brian Montenegro, MD Second: Meagan Mulligan, FNP-BC *Approved unanimously* Motion to **approve MCUP3124 as presented:** John Murphy, MD Second: Randy Thomas, MD *Approved unanimously* <u>Next Steps</u>: April 9 Physician Advisory Committee (PAC)

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	network, and Dr. Moore said it does. He cautioned, however, that if the PCP-to-referral coordinator process breaks at the PCP office, delays can occur.	
V. New Business – Discussion Policies		
Policy Owner: Care Coordination – *Presenter: Shannon Boyle, RN, Manager of Care Coordination Regulatory Compliance*		
MCCP2024 – Whole Child Model for California Children's Services (CCS) – *the Family Advisory Committee (FAC) Charter is being added here as a* ***new Attachment B*** *and is no longer Attachment F to Population Health's MCND9002 – Cultural & Linguistic Program Description*	**Policy edits due to APL 24-015 supersedes APL 23-034** **Related Policies Added:** MCCP2035- Local Health Department (LHD) Coordination MCUP3104- Transplant Authorization Process MCCP2025- Pediatric Quality Committee Policy MCUP3037- Appeals of Utilization Management/ Pharmacy Decisions CGA024- Medi-Cal Member Grievance System MCUG3058- Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-N Facilities **Updated:** MCUP3143 updated to reflect new policy number MCAP7001- CalAIM Service Authorization Process for Enhanced Care Management (ECM) and/or Community Supports (CS) **Removed:** MPCP2002- California Children Services (policy archived) **Definitions Added:** ICF/DD: Intermediate Care Facilities for the Developmentally Disabled ICF/DD-H: Intermediate Care Facilities for the Developmentally Disabled/Habilitative ICF/DD-N: Intermediate Care Facilities for the Developmentally Disabled/Nursing Newly Eligible WCM members Newly Transferred WCM members Receiving County Sending County **Attachments Added:** B. FAC Charter **Purpose updated and removed:** The counties included due to WCM now covering all counties **VI. Policy/Procedure Updated:** **A. CCS Program Eligibility Added:** A.1.b. Partnership provides services to WCM members with other health coverage, with full scope Medi-Cal as the payor of last resort A.2.e. added referral source: Medical Therapy Conference (MTC) referral A.3. Partnership will refer all members who demonstrate a potential CCS-Eligible Condition(s) or if a WCM member develops a new potential CCS-Eligible Condition as soon as possible to the county CCS Program A.4. Partnership will refer NICU, HRIF, and MTP members with potential CCS eligible conditions to the County CCS Program for review and determination of eligibility services	There were no questions. Motion to **approve as presented:** Jennifer Wilson, MD Second: Brian Montenegro, MD *Approved unanimously* Next Steps: April 9 PAC

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	A.5. Partnership will provide available necessary documentation received or retrieved by Partnership's case management or utilization management staff, or assist Network Providers in referring with necessary documentation A.6. Annual Medical Redetermination, Partnership will receive a list from the counties a minimum of 120 days in advance of the eligibility date. Partnership will make outreach attempts to obtain medical records, as well as take appropriate action if medical records recovery is unsuccessful. **B. Utilization Management** B.6. Partnership is required to cover all medically necessary blood, tissue, and solid organ transplants for WCM members. Refer to policy MCUP3104 Transplant Authorization Process for more details B.7. Partnership will conduct, at least quarterly reviews of their inpatient utilization data to assess whether all potential WCM members have been appropriately referred to the County CCS program. **C. Case Management and Care Coordination** C.1. Added: Members may decline Case Management services without impact to their enrollment and/or participation in the WCM Program C.3. Amended: new pediatric members, newly CCS-eligible members, or WCM transition members within 45 days of the County CCS program eligibility determination for newly eligible WCM members and newly transferred WCM members C.3.c.1). High Risk: C.3.c.1.b) amended: Members without available medical utilization data, claims data, or other assessments and/or survey information available C.3.c.1.e) Newly CCS-eligible members C.3.c.1.f) New CCS Members enrolled in Partnership C.4.a. updated licensed staff to Care Coordination staff and added to assist in the development of member's ICP C.4.b. added: to be Low Risk to identify the member's health care needs C.5.c. added: ICP for members determined to be high risk based on the results of the risk assessment process will be established within 90 calendar days of a completed risk assessment survey or other assessment by telephonic and/or in-person communication. However, if a member's family declines having an ICP developed, Partnership will notate the denial in the member's medical record as evidence of compliance. C.5.c.2) added: services including but not limited to palliative care C.5.d added: For members transitioning into the WCM Program from Classes CCS Programs, Partnership will complete the PRSP within 45 calendar days of transition to determine each member's risk level C.5.f. added: Partnership will provide information on what community resources exist for members to utilize via member's preferred method of communication or by telephone. The Partnership External Website which includes the Partnership's Community Resources pages has information readily available for the members. C.5.g. Updated to MCAP7001 C.10. added: Care Coordination plan will be developed at least 12 calendar months before the member ages out. Partnership will monitor the WCM member for at least 36 calendar months following age out of the WCM Program, to the extent feasible	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	C.11. added: A pediatric phase-out occurs when a treating CCS-paneled Provider determines that their services are no longer beneficial or appropriate to the treatment of the WCM member. Partnership will provide Care Coordination to WCM Members in need of an adult Provider when the WCM member no longer requires the services of a pediatric Provider. **D. Inter-County Transfer (ICT) Added:** Partnership and the County CCS program will collaborate to facilitate the exchange of ICT data to ensure that the CCS WCM member who relocate to another county can effectively transfer their CCS benefits without interruption, including the provision of continuation of services and the transfer of the current service authorization request. **F. Continuity of Care for WCM Implementation Added:** Partnership will be able to initiate, accept, and process COC requests from transitioning members, providers, and authorized representatives beginning 60 calendar days prior to the transition date. For further details regarding COC, refer to policy MCCP2014 Continuity of Care. **G. Partnership and CCS County Coordination Updated:** 2. Partnership and County CCS programs will coordinate the delivery of CCS services to CCS-eligible members to prevent duplication of services. Partnership and each WCM CCS county shall execute a Memorandum of Understanding (MOU) outlining respective responsibilities and obligations under the WCM, refer to APL 23-029 Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third-Party Entities and Template for Memorandum of Understanding between [MCP] Medi-Cal Managed Care Plans and [County] California Childrens Services (CCS) Whole Child Model Program for more details. 5. Partnership coordinates with Regional Centers and ICF/DD, ICF/DD-H, and ICF/DD-N to ensure members who are individuals with developmental disabilities receive all medically necessary covered services per APL 23-023 Revised. 6. Partnership ensures that members living in ICF/DD Homes have access to a comprehensive set of services based on their needs and preferences across the continuum of care **H. Advisory Committees Added:** Partnership meets quarterly with a Clinical Advisory Committee for more details refer to policy MCCP2025 Pediatric Quality Committee. Family Advisory Committee (FAC) for CCS families composed of a diverse group of families that represent a range of conditions, disabilities, and demographics. Partnership representatives meet quarterly with the WCM Program stakeholder advisory group composed of representatives of CCS providers, County CCS Program administrators, health plans, family resource centers, regional centers, recognized exclusive representatives of County CCS providers, CCS case managers, CCS MTUs, and representatives from Family Advisory Committees. **I. CCS Liaison Added:** Partnership designates one individual as the point of contact for the MOU and the coordination of services between Partnership and Couty CCS Programs who has the knowledge and adequate training on the CCS Program and clinical experience with either the CCS Population or pediatric patients with complex medical conditions. **J. Dispute Resolution and Provider Grievances Added:**	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	Medical eligibility determination disputes between Partnership and the County CCS Program will be resolved by the County CCS Program. If other disputes arise between Partnership and the County CCS Program, all parties will fulfill their responsibilities in alignment with DHCS policies, including APL, NL, MCP Contract and WCM MOU, without delay. Partnership will have a formal process to accept, acknowledge, and resolve Provider disputes and grievances. **K. Grievance, Appeal, and State Hearing Added:** Partnership will ensure that all members are provided information on Grievances, Appeals, and State Hearing rights and processes. All WCM members will be provided the same Grievance, Appeal, and State Hearing rights as other Partnership members. **References: Updated** - DHCS All Plan Letter (APL) 24-015 California Children's Services Whole Child Model Program (12/02/2024) **References: Added** - DHCS APL 23-029 - Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third-Party Entities (10/11/2023) - Template for Memorandum of Understanding between [MCP] Medi-Cal Managed Care Plans and [County] California Childrens Services (CCS) Whole Child Model Program (07/2024) - DHCS APL 23-023 Intermediate Care Facilities for Individuals with Developmental Disabilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care (*Revised* 11/28/2023) - DHCS APL 25-005 Standards for Determining Threshold Languages, Nondiscrimination Requirements and Language Assistance Services (02/12/2025) - DHCS APL 21-011 Grievance and Appeal Requirements, Notice and "Your Rights" Template (08/31/2022) - DHCS All Plan Letter 23-022: Continuity of Care for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal Fee-For-Service, on or After January 1, 2023 (08/15/2023) - CCS NL 05-0502 Medical Eligibility for Care in a CCS Approved Neonatal Intensive Care Unit (NICU) (05/01/2002) - CCS NL 10-1123 CCS Intercounty Transfer Policy (11/1/2023) Attachments 1-4: Process Flowchart, FAQs, and Checklists - CCS Medical Eligibility Guide - CCS NL 10-1224 California Children's Services Whole Child Model Program (*revised 12/02/24)* **Attachment A**: CCS Case Management Core Activities **New Attachment B**: The FAC Charter is no longer an attachment to Pop Health's C&L Program Description and is instead migrating to Care Coordination as a new attachment to this WCM policy. In this, the 10 "expansion" counties are named, and provider membership is now open but not limited to parent centers, such as family resource centers, etc. The roles and responsibilities of Family members, Partnership staff, and Local Consumer Advocate or Local Provider members are defined. Shannon began by saying the Whole Child Model is basically a consolidated one-stop shop to assist our pediatric members with CCS-eligible conditions. She went through an abbreviated synopsis of changes and	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	then cautioned that this policy may come back through committee again this year as just this week the Department of Health Care Service (DHCS) released an AIR (Additional Information Request). Shannon thanked everyone who assisted with this update. Dr. Moore noted that oftentimes a geographic expansion will trigger DHCS to look more closely at policies and impose regulations or extra requirements they heretofore did not. Such was the case with this WCM policy, he said.	
Policy Owner: Utilization Management – *Lisa Ward, MD, Regional Medical Director (Southwest)*		
~~MCUG~~ MPUG3002 – Acupuncture Services Guidelines	**This policy was updated to include regulations for the Partnership Advantage D-SNP line of business that will be effective Jan. 1, 2026.** **Section III.A. and D**. Definitions of Direct Member and Partnership Advantage Member were added. **Section VI.A** Updated introduction to specify that acupuncture services are a Partnership benefit for Members who meet Medi-Cal and/or Medicare medical necessity guidelines as applicable. **Section VI.B.** This section was reorganized but not changed. **Section VI.C.** In this section we bifurcated authorization guidelines for differences between Medi-Cal and Partnership Advantage (D-SNP) lines of business. **Section VI.D.** Updated to specify that Providers who render acupuncture services should be enrolled in the applicable Medi-Cal or Medicare program. **Section VII.D.** Added Reference for Medicare Guidelines for acupuncture. This is the recently-appointed Regional Medical Director's first Partnership policy review.	There were no questions. Motion to **approve as presented:** John Murphy, MD Second: Chris Swales, MD *Approved unanimously* Next Steps: April 9 PAC
Policy Owner: Utilization Management – *Tony Hightower, CPhT, Associate Director, Utilization Management Regulations*		
MPUP3018 – Health Services Review of Observation Code Billing	**This policy was updated to correct outdated code references and to include regulations for the Partnership Advantage D-SNP line of business that will be effective Jan. 1, 2026.** **Section III. C**. Definition of Partnership Advantage Member was added. **Section VI.E.1.b.** Clarification added that observation code Z7514 can be billed "by the facility." **Section VI.E.2**. Code specified for labor checks was changed from S4005 to 99221. Language referencing "contracted hospitals" as removed. Clarification was added that code 99221 is payable to clinicians. **Section VI.E.3**. Removed language referring to hospitals "contracted with PHC." **Section VI.E.3.d.** Removed paragraph describing codes to be used by non-contracted hospitals for labor checks. Instead, viewers will refer to VI.E.2. where we specified code 99221 for labor checks and removed language about whether or not the hospital is contracted. **Section VII.C.** Added Reference for Medicare Guidelines	Motion to **approve as presented:** Jennifer Wilson, MD Second: Meagan Mulligan, FNP-BC *Approved unanimously* Next Steps: April 9 PAC

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	Tony noted outdated codes were removed as was language that specified codes were payable to contracted or "only contracted" providers. He then went through the synopsis. There were no questions.	
VI. Presentations		
Cultural & Linguistic Grand Analysis: • MCND9002 – C & L Program Description • Presentation: o 2024 Program Evaluation o Final Update of the 2024 C&L/QIHEPT Work Plan o 2025 C&L/ QIHEPT Work Plan *Hannah O'Leary, MPH, CHES, Manager of Population Health* QIHEPT*:* *Quality Improvement Health Equity Program Transformation*	**Hannah prefaced her remarks by noting that QUAC saw MCND9002 in November 2024, and that it is coming back today on a new annual approval schedule (April PAC) as part of the new "C&L Trilogy" both to align with DHCS' APL 25-005 and with NCQA Health Equity Accreditation requirements. Some policy changes follow.** • Added language as suggested by Partnership's NCQA consultant. • Updated references from APL 21-004 to the new APL 25-005, and added choice language from the new APL into the policy, Including updated language defining a qualified interpreter. • Added Punjabi as a new threshold language. • Added details around our notices to LEP members, including the updated Notice of Availability of Language Assistance and processes around translations. • Updated details on DEI trainings and program for Partnership staff, network providers, subcontractors, and downstream contractors. • Added a short section describing the new Cultural and Linguistic Program Evaluation, an annual evaluation being reviewed by IQI for the first time this month. • Updated description and responsibilities of the Quality Improvement and Health Equity Committee (QIHEC), per recent draft APL. • Updated description and responsibilities of the newly-renamed Community Advisory Committee (CAC) and Family Advisory Committee (FAC). • Updated with current 2025 goals, as seen on the C&L/QIHETP Work Plan. • Updated all diagrams • Added or updated hyperlinked footnotes (APL 25-005 hyperlink to be updated once it's live on DHCS's website). **Updating Attachment C:** Threshold and Concentration Languages for All Counties • Updating to the most current version from DHCS. **Archiving Attachment F:** FAC Charter The FAC Charter is removed from this policy, and now becomes Care Coordination's MCCP2024 new Attachment B. **There were no questions on the policy at this time, so Hannah moved into her presentation.** The C&L Evaluation Report is written to fulfill NCQA Health Equity Accreditation (HEA) requirements. It is a first of its kind, and the goal of it is really to tell us how we are doing on our cultural and linguistic services. It is based on our 2024 C&L Program Description and the 2024 C&L/QIHEPT Work Plan. The program description has been around for some time: historically, it was meant to align with just the DHCS requirements. It now satisfies both DHCS and NCQA regulatory bodies.	Motion to **approve the Grand Analysis together with MCND9002 as presented:** Brian Montenegro, MD Second: Randy Thomas, MD *Approved unanimously* Next Steps: April 9 PAC At the end of the presentation, Randy Thomas, MD, asked what is meant by the term "member-facing." Hannah noted this is our "umbrella" term to mean both "member informing" materials that might help explain benefits and health education materials too. *Meeting Postscript:* Dr. Moore had asked if "member facing" is in our glossary of terms. Partnership presently does not utilize a glossary but UM and QI staff have conferred whether it is now advisable to create and maintain one, initially on our internal website, PHC4Me. In a new nascent form, a glossary may include approved definitions that span one or more policies, e.g., "closed loop referral."

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	The C&L/QIHEPT Work Plan was also created as part of the new HEA requirements, and it's a visual of activities that were planned for 2024. Again, we have seen this work plan before but now we are packaging it together into this "trilogy" packet and also reviewing the final results. The main goal of this Evaluation is to analyze cultural and linguistic service, resources and committee structure as described in the Program Description, and then to look at how we did on the goals we had set for ourselves. The findings are meant to feed into the 2025 Trilogy documents, driving next year's program description and work plan and, subsequently, next year's evaluation. The first part of this Evaluation really looks at the results of eight core C&L services from 2024, starting off with specifically fulfilled translation requests. In December 2024, more than 1,100 requests were fulfilled, nearly double the 720 requests fulfilled in 2023. Of these 2024 requests, 800 were on time and one was late. (Multiple individual requests are often bundled as one request.) Interpreter calls totaled nearly 321,000 as of December 2024, more than double the 133,191 requests in 2023. The year saw 689 requests for alternative formats (e.g., audio, large font, Braille), a decrease from 2023's total of 1,820 requests; however, 2024 data was drawn from just one department, so the true number of alternative format requests may be quite a bit higher. Partnership conducts a frequent language data collection: in 2024, our members spoke more than 32 different languages. The top languages were English, Spanish, Russian, Tagalog, and Punjabi. The Evaluation also includes data from our QIHEC (Quality Improvement Health Equity Committee) that reviews and provides insights on the results in quality improvement and health equity activities here at Partnership. (QIHEC had 35 or more attendees at each of its five meetings in 2024.) We'll also look at some data from our Community Advisory Committee that meets quarterly: CAC is a committee primarily of Partnership members and its purpose is to act as the voice or liaison between Partnership and the members that we serve. To date, we have 30 CAC members, and we are still recruiting to fill seven additional seats. We found that, while there is enough staff to really support the C&L program, there is room for additional help to support program activities. An example: our Health Education team, which lives within our Population Health department, has historically reviewed discriminations cases and given third-party input, but due to a recent influx of cases, this activity has been taken over by our Health Equity team. In response, an additional staff position in Health Equity has been created. Further, at the time this presentation was drafted, there were positions open to support some of the Diversity, Equity, and Inclusion (DEI) regulatory requirements. The second part of the C&L Evaluation looks at the results of the five goals Partnership set for 2024: improving our C&L services and reducing healthcare inequities as laid out in the Work Plan and described in the report: 1. By Aug. 31, 2024, we would define the framework and process by which the QIHETP Program Description, Work Plan, and Evaluation would be initiated in 2024 and maintained through approval to corresponding 2025 versions needed for Health Equity initial survey in June 2025. *The goal was delayed but will be met*. 2. By Sept. 30, 2024, submit the DEI training to DHCS for review to fulfill Phase One of APL 23-025 deliverables. *Some of these deliverables were delayed but the goal was met*. 3. By Dec. 31, 2024, 90% of members who have requested materials in an alternative format will receive one or more mailings in their preferred format. *The goal was met*. 4. By Dec. 31, 2024, increase the number of bilingual member services representative staff hired by 1% so that we could move closer to the organizational goal of 75% bilingual Member Services staff. *We were able to increase bilingual staff from 28 to 31, bringing total Member Services staff to 47*. 5. By Dec. 31, 2024, improve controlled blood pressure rates among American Indian/Alaskan Native members by 5% in at least one region. *It is unknown at this time if the goal was met due to some issues with the timing of our HEDIS® data. However, we should be able to analyze this goal later in the year once the data becomes available*.	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	The goals of the 2025 Work Plan were initially approved in 2024 but we have to bring them back around to complete this trilogy package. They have been updated or slightly modified since last we looked at them. These goals were chosen in tandem with Health Equity to align with both DHCS and NCQA requirements: some are tied to Health Equity initiatives, some are carried over from last year's work plan to account for trending requirements, and some of them were developed as a direct response to findings in the 2024 Evaluation. So, for the 2025 Work Plan, there are a total of eight goals, the first to be achieved by June 30, 2025, and the rest by Dec. 31, 2025. 1. Develop and propose a multi-year health equity strategic and tactical plan. 2. Distribute the DEI training to the provider network and Partnership staff and then submit the final version to DHCS. 3. See that 91% of members who have requested materials in an alternative format will be mailed those in their preferred format. 4. Increase the number of bilingual Member Services staff hired by 2% to move closer to the 75% organizational goal. 5. Improve controlled blood pressure rates among American Indian/Alaskan Native members by 5% in at least two regions. 6. Improve the rate of timely translations in the Utilization Management and/or Care Coordination departments to achieve the threshold of at least 90%. 7. Improve timely prenatal visit rates by at least 5% in the Eureka or Redding region and among the American Indian/Alaskan Native member population within 12 months with the global goal of improvement by 22% in the next five years. 8. Improve well-care visit rates among Black, White, and/or American Indian/Alaskan Native members by 5% overall or at least 1.25% in at least one region. Hannah closed by saying the 2025 C&L Program Description will continue to delineate C&L services, including language data collection, translation, interpreters, alternate formats, auxiliary aids, staff trainings, compliance monitoring, goals, and team structure. This Program Description and 2025 C&L/QIHEPT Work Plan will drive the 2025 Evaluation, which will be reviewed in early 2026. Jennifer Wilson, MD, asked how members get nominated to the Community Advisory Committee. Hannah said she was not sure about who made up the nominating committee. (Dr. Moore noted that the persons who do know are in our Finance Committee meeting that is happening now.) Prospective members can self-nominate, he said. His recollection is that the local reps look for community nominations and they submit them with summary documents to the CAC. The CAC itself will review them and vote. It used to be that it was hard to find people willing to serve; however, it is now becoming a competitive process, Dr. Moore said. Q/UAC Consumer Member Michael Strain asked how much lead time is required to arrange for interpreter services. Hannah believes the preference is 24-48 hours. Dr. Moore noted that some providers subscribe to an interpreter service that members can access instantly in the provider office. For those providers who don't have that service or if some unusual languages are requested, backup methods take some advance work, Dr. Moore said. Hannah added that here at Partnership, if a member was to call in, they can usually get an interpreter right away through the same subscription service.	
VII. FYI Attachments and Adjournment		
Mid-Year 2024-2025 QI Work Plan Update – *refer questions to Nancy Steffen*		
Dental Code Flyer *as promised at Feb. 19 Q/UAC – refer questions to dentalsupport@partnershiphp.org*		
Q/UAC adjourned at 8:38 a.m. Q/UAC next meets at 7:30 a.m. Wednesday, April 16.		

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
Respectfully submitted by: Leslie Erickson, Program Coordinator II, QI Signature of Approval: _____ Date: _____ Robert Moore, MD, MPH, MBA Chief Medical Officer and Committee Chair		

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
INTERNAL QUALITY IMPROVEMENT (IQI) COMMITTEE MEETING MINUTES
Tuesday, March 11, 2025 / 1:30 – 2:51 PM

Members Present:
Andrews, Leigha, MBA, Regional Director (Southwest)
Bides, Robert, RN, BSN, Manager of Member Safety – Quality Investigations, QI
Boyle, Shannon, RN, Manager of Care Coordination Regulatory Performance
Brown, Isaac, MHA, MBA, Director of Quality Management, Quality Improvement
Brundage O'Connell, Lisa, MHA, Director of Enhanced Health Services
Brunkal, Monika, RPh, Assoc. Dir., Population Health
Campbell, Anna, Policy Analyst, Utilization Management
Davis, Wendi, Chief Operating Officer
Esget, Heather, RN, BSN, ACM, Director of Utilization Management
Garcia-Hernandez, Margarita, PhD, Director of Health Analytics
Gast, Brigid, MSN, BS, RN, NEA-BC, Sr. Director, Care Management
Innes, Latrice, Manager of Grievance & Appeals Compliance
Jalloh, Mohamed "Moe," Pharm.D, Health Equity Officer
Jones, Kermit, MD, JD, Medical Director for Medicare Services
Kubota, Marshall, MD, Associate Medical Director
Leung, Stan, Pharm.D, Director of Pharmacy Services
Moore, Robert, MD, MPH, MBA, Chief Medical Officer, Committee 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
Steffen, Nancy, Senior Director of Quality and Performance Improvement
Townsend, Colleen, MD, Regional Medical Director (Southeast)
Villasenor, Edna, Senior Director, Member Services and G&A

Members Absent:
Ayala, Priscila, Director, Network Services
Barresi, Katherine, RN, BSN, PHN, NE-BC, CCM, Chief Health Services Officer
Bjork, Sonja, JD, Chief Executive Officer
Hightower, Tony, CPhT, Associate Director, UM Regulations
Kerlin, Mary, Senior Director, Provider Relations
Klakken, Vicki, Regional Director (Northwest)
Matthews, Richard "Doug," MD, Regional Medical Director (Chico)
Netherda, Mark, MD, Medical Director for Quality, Committee Vice-Chair
Sharp, Tim, Regional Director (Northeast)
Turnipseed, Amy, Senior Director of External and Regulatory Affairs

Guests:
Arrazola, Kelcie, Education Specialist, Provider Relations
Beltran-Nampraseut, Athena, CPhT, Program Manager, QI
Booth, Garnet, Senior Program Manager, Provider Relations
Clark, Kristen, Manager of Quality & Training, Member Services
Cook, Dawn R., Program Manager II, QI (NCQA)
Cunningham, Aryana, Policy Analyst, Care Coordination
Devan, James, Manager of Performance Improvement, QI (Northeast)
DeVido, Jeff, MD, Behavioral Health Clinical Director
Durst, Jennifer, Senior Manager of Performance Improvement, QI
Erickson, Leslie, Program Coordinator II, QI (scribe)
Guillory, Ledra, Sr. Mgr of PR Representatives, Provider Relations
Gual, Kristine, Director of Quality Measurement, QI
Harris, Matthew, Education Specialist, Provider Relations
Harris, Vander, Senior Health Data Analyst I, Finance
Jensen, Annika, RN, Assoc. Dir., Clinical Integration, Care Coordination
Kung, Jen, Senior Health Data Analyst II, Finance
Moore, Jordan, Provider Education Specialist, Provider Relations
Morris, Matthew, MD, Regional Medical Director (Auburn)
Muncy, Kellie, Manager of Change Management and Configuration, Configuration
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, Sr. Mgr of PR Representatives, Provider Relations
Rhorer, Jeanelle, Supervisor of Configuration, Configuration
Shrivastava, Poorva, Sr Health Data Analyst, Health Analytics, Finance
Sivasankar, Shivani, Sr Data Scientist, Health Analytics, Finance
Spiller, Bettina, MD, Associate Medical Director
Stokes, Sarah, Project Coordinator II, QI (HEDIS®)
Vance, Brooke, Program Manager I, Network Services
Ward, Lisa, MD, Regional Medical Director (Southwest)

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
I. Call to Order Introductions Approval of Minutes	Chief Medical Officer and Committee Chair Robert Moore, MD, MPH, MBA, called the meeting to order at 1:31 p.m. Annika Jensen, RN, Care Coordination's new Associate Director of Clinical Integration, attended remotely and introduced herself. Approval of the Feb. 11, 2025 IQI Minutes *Acknowledgement and Acceptance of draft meeting minutes of the* • Jan. 29 Over/Under Utilization Workgroup • Feb. 6 Populations Needs Assessment (PNA) Committee	Motion to approve IQI Minutes: Isaac Brown Second: Stan Leung, Pharm.D Motion to accept other minutes: Lisa O'Connell Second: Brigid Gast, RN
II. Old Business – None		
III. New Business Consent Calendar (Committee Members as applicable)		
Health Services Policies Quality Improvement MPQP1002 – Quality/Utilization Advisory Committee MPQP1003 – Physician Advisory Committee (PAC) Policy MPQP1004 – Internal Quality Improvement Committee Utilization Management MCUP3124 – Referral to Specialists (RAF) Policy MCUP3126 – Behavioral Health Treatment (BHT) for Members Under the Age of 21 MPUP3059 – Negative Pressure Wound Therapy (NPWT) Device/Pump ***Non-Health Services Policies*** Member Services MC 305 – Distribution of Member Rights and responsibilities Credentialing MPCR16 – Lactation Consultant Credentialing Policy MPCR302 – Behavioral and Mental Health Practitioner Credentialing and Re-credentialing Requirements – ***pulled for discussion*** MPCR303 – Applied Behavioral Health and Substance Use Disorder Practitioner Credentialing and Re-credentialing Requirements – ***pulled for discussion*** MPCR400 – Provider Credentialing and Re-credentialing Verification Process and Record Security – ***pulled for discussion*** MPCR601 – Fair Hearing and Appeal Process for Adverse Decisions MPCR701 – Ancillary Care Services Provider Credentialing and Re-credentialing Requirements Anna Campbell **pulled MPCR302**, saying she sees nothing in this policy regarding Carelon as a delegated entity. Brooke Vance replied that we are in talks with Carelon and perhaps they have yet to resolve. Dr. Moore wondered if existing delegation language is sufficient. Brooke will check these issues with Renee Trosky, Network Services' manager of Provider Relations Network Compliance. Anna noted that perhaps some of the strict language in our Behavioral Health policies should be incorporated herein: there is no indication in this policy that "delegation" refers to Carelon and not to Partnership. In response to a question, Brooke noted that Licensed Vocational Nurses (LVN) and Registered Nurse (RN) are added to the practitioners affected by this policy only for Wellness and Recovery services. **Dr. Moore returned the policy to Network Services for more work. It is not approved to advance to March 12 Credentials Committee.**	Motion to **approve as presented but for the three pulled policies:** Nancy Steffen Second: Isaac Brown Next Steps: Health Services policies will go to the March 19 Quality/Utilization Advisory Committee (Q/UAC) and the April 9 Physician Advisory Committee (PAC) MC305 ends with Edna Villasenor. MPCR302 is returned to Network Services for more work. MPCR303 is approved as amended: Anna Campbell Second: Kermit Jones, MD, JD MPCR400 is approved as amended: Leigha Andrews Second: Marshall Kubota, MD *Meeting Postscript:* All Credentialing policies passed the Credentials Committee on March 12.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	Anna **pulled MPCR303**, asking if this policy is not Network Services, rather than Provider Relations. Brooke said all credentialing policies are transferring from Provider Relations to Network Services as part of the department's (2024) reorganization. Anna noted that policy Reference B having to do with the National Committee for Quality Assurance (NCQA) should also contain mention of "Factor 7." This and the policy header will be fixed. Anna **pulled MPCR400** with security questions: are we now using Docu-sign? Brooke said we are not. Anna also corrected the References: "Element C" no longer exists; the proper citation is NCQA 2025 CR1, Elements A&B.	
IV. New Business – Discussion Policies		
Policy Owner: Care Coordination – *Presenter: Shannon Boyle, RN, Manager, Care Coordination Regulatory Performance*		
MCCP2024 – Whole Child Model for California Children's Services (CCS)	**Policy edits due to Department of Health Care Services (DHCS) All Plan Letter (APL) 24-015, which supersedes APL 23-034** **Related Policies Added:** MCCP2035- Local Health Department (LHD) Coordination MCUP3104- Transplant Authorization Process MCCP2025- Pediatric Quality Committee Policy MCUP3037- Appeals of Utilization Management/ Pharmacy Decisions CGA024- Medi-Cal Member Grievance System MCUG3058- Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-N Facilities **Updated:** MCUP3143 updated to reflect new policy number MCAP7001- CalAIM Service Authorization Process for Enhanced Care Management (ECM) and/or Community Supports (CS) **Removed:** MPCP2002- California Children Services (policy archived) **Definitions Added:** ICF/DD: Intermediate Care Facilities for the Developmentally Disabled ICF/DD-H: Intermediate Care Facilities for the Developmentally Disabled/Habilitative ICF/DD-N: Intermediate Care Facilities for the Developmentally Disabled/Nursing Newly Eligible WCM members Newly Transferred WCM members Receiving County Sending County **Attachments Added:** B. FAC Charter **Purpose updated and removed:** The counties included due to WCM now covering all counties **VI. Policy/Procedure Updated:** **A. CCS Program Eligibility Added:** A.1.b. Partnership provides services to WCM members with other health coverage, with full scope Medi-Cal as the payor of last resort A.2.e. added referral source: Medical Therapy Conference (MTC) referral	Motion to **approve as presented**: Lisa O'Connell Second: Anna Campbell Next Steps: March 19 Q/UAC Discussion April 9 PAC

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	A.3. Partnership will refer all members who demonstrate a potential CCS-Eligible Condition(s) or if a WCM member develops a new potential CCS-Eligible Condition as soon as possible to the county CCS Program A.4. Partnership will refer NICU, HRIF, and MTP members with potential CCS eligible conditions to the County CCS Program for review and determination of eligibility services A.5. Partnership will provide available necessary documentation received or retrieved by Partnership's case management or utilization management staff, or assist Network Providers in referring with necessary documentation A.6. Annual Medical Redetermination, Partnership will receive a list from the counties a minimum of 120 days in advance of the eligibility date. Partnership will make outreach attempts to obtain medical records, as well as take appropriate action if medical records recovery is unsuccessful. **B. Utilization Management** B.6. Partnership is required to cover all medically necessary blood, tissue, and solid organ transplants for WCM members. Refer to policy MCUP3104 Transplant Authorization Process for more details B.7. Partnership will conduct, at least quarterly reviews of their inpatient utilization data to assess whether all potential WCM members have been appropriately referred to the County CCS program. **C. Case Management and Care Coordination** C.1. Added: Members may decline Case Management services without impact to their enrollment and/or participation in the WCM Program C.3. Amended: new pediatric members, newly CCS-eligible members, or WCM transition members within 45 days of the County CCS program eligibility determination for newly eligible WCM members and newly transferred WCM members C.3.c.1). High Risk: C.3.c.1.b) amended: Members without available medical utilization data, claims data, or other assessments and/or survey information available C.3.c.1.e) Newly CCS-eligible members C.3.c.1.f) New CCS Members enrolled in Partnership C.4.a. updated licensed staff to Care Coordination staff and added to assist in the development of member's ICP C.4.b. added: to be Low Risk to identify the member's health care needs C.5.c. added: ICP for members determined to be high risk based on the results of the risk assessment process will be established within 90 calendar days of a completed risk assessment survey or other assessment by telephonic and/or in-person communication. However, if a member's family declines having an ICP developed, Partnership will notate the denial in the member's medical record as evidence of compliance. C.5.c.2) added: services including but not limited to palliative care C.5.d added: For members transitioning into the WCM Program from Classes CCS Programs, Partnership will complete the PRSP within 45 calendar days of transition to determine each member's risk level C.5.f. added: Partnership will provide information on what community resources exist for members to utilize via member's preferred method of communication or by telephone. The Partnership External Website which includes the Partnership's Community Resources pages has information readily available for the members. C.5.g. Updated to MCAP7001 C.10. added: Care Coordination plan will be developed at least 12 calendar months before the member ages out. Partnership will monitor the WCM member for at least 36 calendar months following age out of the WCM Program, to the extent feasible	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	C.11. added: A pediatric phase-out occurs when a treating CCS-paneled Provider determines that their services are no longer beneficial or appropriate to the treatment of the WCM member. Partnership will provide Care Coordination to WCM Members in need of an adult Provider when the WCM member no longer requires the services of a pediatric Provider. **D. Inter-County Transfer (ICT) Added:** Partnership and the County CCS program will collaborate to facilitate the exchange of ICT data to ensure that the CCS WCM member who relocates to another county can effectively transfer their CCS benefits without interruption, including the provision of continuation of services and the transfer of the current service authorization request. **F. Continuity of Care for WCM Implementation Added:** Partnership will be able to initiate, accept, and process COC requests from transitioning members, providers, and authorized representatives beginning 60 calendar days prior to the transition date. For further details regarding COC, refer to policy MCCP2014 Continuity of Care. **G. Partnership and CCS County Coordination Updated:** 2. Partnership and County CCS programs will coordinate the delivery of CCS services to CCS-eligible members to prevent duplication of services. Partnership and each WCM CCS county shall execute a Memorandum of Understanding (MOU) outlining respective responsibilities and obligations under the WCM, refer to APL 23-029 Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third-Party Entities and Template for Memorandum of Understanding between [MCP] Medi-Cal Managed Care Plans and [County] California Children's Services (CCS) Whole Child Model Program for more details. 5. Partnership coordinates with Regional Centers and ICF/DD, ICF/DD-H, and ICF/DD-N to ensure members who are individuals with developmental disabilities receive all medically necessary covered services per APL 23-023 Revised. 6. Partnership ensures that members living in ICF/DD Homes have access to a comprehensive set of services based on their needs and preferences across the continuum of care **H. Advisory Committees Added:** Partnership meets quarterly with a Clinical Advisory Committee for more details refer to policy MCCP2025 Pediatric Quality Committee. Family Advisory Committee (FAC) for CCS families composed of a diverse group of families that represent a range of conditions, disabilities, and demographics. Partnership representatives meet quarterly with the WCM Program stakeholder advisory group composed of representatives of CCS providers, County CCS Program administrators, health plans, family resource centers, regional centers, recognized exclusive representatives of County CCS providers, CCS case managers, CCS MTUs, and representatives from Family Advisory Committees. **I. CCS Liaison Added:** Partnership designates one individual as the point of contact for the MOU and the coordination of services between Partnership and County CCS Programs who has the knowledge and adequate training on the CCS Program and clinical experience with either the CCS Population or pediatric patients with complex medical conditions. **J. Dispute Resolution and Provider Grievances Added:** Medical eligibility determination disputes between Partnership and the County CCS Program will be resolved by the County CCS Program. If other disputes arise between Partnership and the County CCS Program, all parties will fulfill their responsibilities in alignment with DHCS policies, including APL, NL, MCP Contract and WCM MOU, without delay. Partnership will have a formal process to accept, acknowledge, and resolve Provider disputes and grievances. **K. Grievance, Appeal, and State Hearing Added:**	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	Partnership will ensure that all members are provided information on Grievances, Appeals, and State Hearing rights and processes. All WCM members will be provided the same Grievance, Appeal, and State Hearing rights as other Partnership members. **References: Updated** - DHCS All Plan Letter (APL) 24-015 California Children's Services Whole Child Model Program (12/02/2024) **References: Added** - DHCS APL 23-029 - Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third-Party Entities (10/11/2023) - Template for Memorandum of Understanding between [MCP] Medi-Cal Managed Care Plans and [County] California Children's Services (CCS) Whole Child Model Program (07/2024) - DHCS APL 23-023 Intermediate Care Facilities for Individuals with Developmental Disabilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care (*Revised* 11/28/2023) - DHCS APL 25-005 Standards for Determining Threshold Languages, Nondiscrimination Requirements and Language Assistance Services (02/12/2025) - DHCS APL 21-011 Grievance and Appeal Requirements, Notice and "Your Rights" Template (08/31/2022) - DHCS All Plan Letter 23-022: Continuity of Care for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal Fee-For-Service, on or After January 1, 2023 (08/15/2023) - CCS NL 05-0502 Medical Eligibility for Care in a CCS Approved Neonatal Intensive Care Unit (NICU) (05/01/2002) - CCS NL 10-1123 CCS Intercounty Transfer Policy (11/1/2023) Attachment 1: Intercounty Transfer Process Flowchart Attachment 2: Intercounty Transfer Frequently Asked Questions Attachment 3: CCS Intercounty Transfer Check List Attachment 4: CCS Whole Child Model Intercounty Transfer Check List - CCS Medical Eligibility Guide - CCS NL 10-1224 California Children's Services Whole Child Model Program (*Revised* 12/02/2024) Attachment A: CCS Case Management Core Activities Before presenting the above synopsis of changes, Shannon mentioned that we are still waiting on DHCS to approve or send an Additional Information Request (AIR) for the APL and WCM.0029. There were no questions. Dr. Moore said the State really scrutinizes this policy, and he thanked everyone involved for their diligent hard work on this update.	
Policy Owner: Pharmacy – *Presenter: Stan Leung, Pharm.D, Director of Pharmacy Services*		
MPRP4034 – Pharmaceutical Patient Safety	**This policy now includes regulations for the Partnership Advantage D-SNP (Dual Special Needs Plan) Medicare line of business that will be effective Jan. 1, 2026 in eight Partnership counties.** **Definitions added** for Class I, II Recall and Partnership Advantage **Section VI.A.1.** Identify and notify practitioners and members of product withdrawals, which include voluntary withdrawals by the manufacturer or those under FDA requirement, for patient safety reasons or other reasons on a case-by-case basis **Section VI.B.2.** Removed Class III recalls as these do not require notification by NCQA. Added Medicare Part D Medications: When a drug is withdrawn from the market due to patient safety reasons, Partnership identifies those	Motion to **approve as presented**: Stan Leung, Pharm.D Second: Lisa O'Connell Next Steps: April 10 P&T (Pharmacy & Therapeutics Committee) May 14 PAC

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	members who have recently received a drug and those practitioners who have prescribed the drug. The members and practitioners are then both notified by mail for the drug withdrawal within thirty calendar days of FDA notification. **Section VI.C.1**. Physician-Administered Drug (PAD): When a drug in its entirety is withdrawn from the market due to patient safety reasons, Partnership provides notification to members and practitioners within 5 working days of FDA notification. **Section VI.C.2** Medicare Part D Medications: When a drug is withdrawn from the market due to patient safety reasons, Partnership identifies those members who have recently received the drug and those practitioners who prescribed the drug. The members and practitioners are then both notified by mail of the drug withdrawal within 5 working days of the FDA notification. **References:** Added Food and Drug Administration (FDA) Enforcement Reports at www.fda.gov Stan said this policy update principally addresses coming Medicare requirements under Partnership Advantage. Presently, under Medi-Cal, we only notify practitioners of drug recalls; however, under Partnership Advantage, we will do more notifications when a drug recall is imminent and before it is completely withdrawn from the market for patient safety reasons. There were no questions.	
MPRP4065 – Drug Utilization Review (DUR) Program	**Formerly MCRP4065, the alphanumeric is changing to "MP" as this policy now includes regulations for the Partnership Advantage D-SNP line of business that will be effective Jan. 1, 2026.** **Definitions added** for Partnership Advantage as CMS approved Dual-Eligible Special Needs Plan (D-SNP) and for PBM-A third party entity that manages prescription drug benefits for health plans. **Section IV.A.** Partnership DUR program meets both Medi-Cal and Medicare requirements **Section IV B.** Partnership Advantage Part D Quality Assurance Program in conjunction with delegate's system and policies and procedures require network providers to comply with minimum standards for pharmacy practice as established by the State, comply with Concurrent DUR and Retrospective DUR systems, policies and procedures requirements, identify and reduce internal medication errors, and provision of information to CMS regarding quality assurance measures and systems according to CMS guidelines **Section IV C.** Partnership delegates Medicare pharmacy functions to PBM and shall report results of oversight audits to Partnership's Delegation Oversight Review Sub-Committee. **References added** for Title 42 Chapter IV Subchapter B Part 423 Subpart D Stan noted that policy sections VI.B & C were somehow missing from the published IQI packet. The complete policy was emailed this morning (March 11) to IQI voters and invitees. There were no questions. *Those missing sections follow:* **B.** Partnership Advantage Part D Quality Assurance Program, in conjunction with delegated PBM's systems, policies and procedures, includes the following: 1. Representation that network providers are required to comply with minimum standards for pharmacy practice as established by the States. 2. Concurrent drug utilization review systems, policies, and procedures designed to ensure that a review of the prescribed drug therapy is performed before each prescription is dispensed to an enrollee in a sponsor's Part D plan, typically at the point-of-sale or point of distribution. The review must include, but not be limited to, a. Screening for potential drug therapy problems due to therapeutic duplication	Motion to **approve as presented**: Stan Leung, Pharm.D Second: Kermit Jones, MD, JD Next Steps: April 10 P&T May 14 PAC

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	b. Age/gender-related contraindications c. Over-utilization and under-utilization d. Drug-drug interactions e. Incorrect drug dosage or duration of drug therapy f. Drug-allergy contraindications g. Clinical abuse/misuse 3. Retrospective drug utilization review systems, policies, and procedures designed to ensure ongoing periodic examination of claims data and other records, through computerized drug claims processing and information retrieval systems, in order to identify patterns of inappropriate or medically unnecessary care among enrollees in a sponsor's Part D plan, or associated with specific drugs or groups of drugs. 4. Internal medication error identification and reduction systems. 5. Provision of information to CMS regarding its quality assurance measures and systems according to guidelines specified by CMS. C. Delegation Oversight and Monitoring 1. Partnership delegates Medicare pharmacy functions to a pharmacy benefits manager. 2. A formal agreement is maintained and inclusive of all delegated functions. 3. Oversight/Regular monitoring activities include, but are not limited to, an audit conducted no less than annually. 4. Results from the annual delegation oversight audit shall be presented to Partnership's Delegation Oversight Review Sub-Committee (DORS) for review and approval and reviewed by the Chief Medical Officer (CMO) or physician designee.	
Policy Owner: Utilization Management – *Presenter: Lisa Ward, MD, Regional Medical Director (Southwest)*		
MPUG3002 – Acupuncture Services Guidelines	**Formerly MCUG3002, the alphanumeric is updated as this policy now includes regulations for the Partnership Advantage D-SNP line of business that will be effective Jan. 1, 2026.** **Section III.A**. **and D**. Definitions of Direct Member and Partnership Advantage Member were added. **Section VI.A** Updated introduction to specify that acupuncture services are a Partnership benefit for Members who meet Medi-Cal and/or Medicare medical necessity guidelines as applicable. **Section VI.B.** This section was reorganized but not changed. **Section VI.C.** In this section we bifurcated authorization guidelines for differences between Medi-Cal and Partnership Advantage (D-SNP) lines of business. **Section VI.D.** Updated to specify that Providers who render acupuncture services should be enrolled in the applicable Medi-Cal or Medicare program. **Section VII.D.** Added Reference for Medicare Guidelines for acupuncture Dr. Ward noted that this is her first policy review in her new capacity as the Southwest's (Marin and Sonoma counties) Regional Medical Director. She thanked Anna Campbell for her help. Dr. Moore commented that this policy now notes some Treatment Authorization Requests (TARs) requirements under Medicare that are not required under Medi-Cal. There were no questions.	Motion to **approve as presented**: Anna Campbell Second: Brigid Gast, RN Next Steps: March 19 Q/UAC Discussion April 9 PAC
Policy Owner: Utilization Management – *Presenter: Anna Campbell, UM Policy Analyst*		

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
MPUP3018 – Health Services Review of Observation Code Billing	**This policy was updated to correct outdated code references and to include regulations for the Partnership Advantage D-SNP line of business that will be effective Jan. 1, 2026.** **Section III. C**. Definition of Partnership Advantage Member was added. **Section VI.E.1.b.** Clarification added that observation code Z7514 can be billed "by the facility." **Section VI.E.2**. Code specified for labor checks was changed from S4005 to 99221. Language referencing "contracted hospitals" as removed. Clarification was added that code 99221 is payable to clinicians. **Section VI.E.3**. Removed language referring to hospitals "contracted with PHC." **Section VI.E.3.d.** Removed paragraph describing codes to be used by non-contracted hospitals for labor checks. Instead, viewers will refer to VI.E.2. where we specified code 99221 for labor checks and removed language about whether or not the hospital is contracted. **Section VII.C.** Added Reference for Medicare Guidelines Anna said primary changes had to do with updating some codes and deleting others altogether. Configuration needs to be involved. It is possible that a Medicare member might be pregnant,so this policy will apply to both Medi-Cal and Partnership Advantage. There were no questions.	Motion to **approve as presented**: Stan Leung, Pharm.D Second: Brigid Gast, RN Next Steps: March 19 Q/UAC Discussion April 9 PAC
Policy Owner: Transportation		
MPTP2503 – Transportation - Related Travel Expenses: Lodging, Meals, Attendants, Parking and Tolls	**Formerly MCCP2030 under the auspices of Care Coordination, this policy is now transferring to Transportation. It retains the same title as it becomes MPTP2503. The old Care Coordination policy is now archived, effective April 9, 2025.** **This policy, once approved April 9 at PAC, may be found externally in the Providers' Manual new Section 7: Transportation.** **III.D added:** Partnership Advantage: Effective Jan. 1, 2026, Partnership HealthPlan of California will operate a Centers for Medicare & Medicaid Services (CMS)-approved Dual-Eligible Special Needs Plan (D-SNP) in specific counties as described in the Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plan Policy Guide. This line of business will be known as Partnership Advantage and will be a Medicare Advantage plan offered to all full-benefit, dual-eligible beneficiaries 21 years of age or older who reside in the applicable counties. Partnership Advantage Members will be qualified to receive both Medi-Cal and Medicare services as described in the Partnership Advantage Member Handbook. **References Updated:** DHCS APL 24-015 supersedes former Whole Child Model citations. **Position Responsible for Implementing Procedure updated:** This policy is now the responsibility of the Director of Transportation Services. *MCCP2016 and MCCP2029 approved at PAC Jan. 8, 2025 will make the same transition from Care Coordination to Transportation later this year as MCTP2501 (or MPTP2501) and MCTP2502 (or MPTP2502), respectively, once reviewed for Medicare applicability.* This policy was not presented as scheduled. Since the changes are minor, Dr. Moore directed that the policy be on for consent, rather than discussion, at Q/UAC March 19.	Motion to **approve as updated**: Anna Campbell Second: Brigid Gast, RN Next Steps: March 19 Q/UAC Consent Calendar April 9 PAC
V. Presentations		

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
1. QI Update *Nancy Steffen, Senior Director, Quality Improvement and Performance*	• We are now at the end of the preliminary reporting period for the Primary Care Provider Quality Incentive Program (PCP QIP) and are accounting for lagging clinical claims data. The 2025 eReports has been launched, and providers may therein find their gap lists on clinical measures. • Eureka-based pediatrician and Partnership Associate Medical Director Teresa Frankovich, MD, at noon Thursday, April 3, will host a webinar aimed at educating providers on developmental screening tools and CPT codes. • We are now in work planning for our annual Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys, including our "drill-down" survey. Although we do not administer our members' dental benefits, we do recognize their frustration here. Partnership is collaborating with other stakeholders in "Smile California," an effort to educate and inform Medi-Cal members about the difference between their managed care plan services and State (carve-out) covered benefits. There are opportunities here to enhance rural health and to engage on a county level with dental fluoride treatments. • The QI Locum Pilot developed as a short-term solution to improve preventive care access for members specifically in well-child visits and cervical cancer screenings has been a success. Discussions are underway to extend some minimum contracts as we are just beginning to see results with some providers.	*For information only. No action is required.* There were no questions.
2. Cultural & Linguistic (C&L) Grand Analysis • MCND9002 – C&L Program Description • 2024 Program Evaluation • Final Update of the 2024 C&L/QIHEPT Work Plan • 2025 C&L/QIHEPT Work Plan *Hannah O'Leary, MPH, CHES, Manager of Population Health*	Hannah began by saying the C&L Program Description was looked at in November 2024 and is coming back today for an update to APL 25-005. (The presentation today marks the first time Partnership has conducted a C&L Grand Analysis, or "trilogy" review such as what Care Coordination does each February and Quality Improvement does each August.) **This update moves MCND9002 to a new annual approval schedule targeting the April Physician Advisory Committee (PAC), and includes revisions to continue alignment with NCQA Health Equity requirements. Some highlights follow:** • Added language as suggested by Partnership's NCQA consultant. • Updated references from APL 21-004 to the new APL 25-005, and added choice language from the new APL into the policy, including updated language defining a qualified interpreter. • Added Punjabi as a new threshold language. • Added details around our notices to LEP members, including the updated Notice of Availability of Language Assistance and processes around translations. • Updated details on Diversity, Equity, and Inclusion (DEI) trainings and program for Partnership staff, network providers, subcontractors, and downstream contractors. • Added a short section describing the new Cultural and Linguistic Program Evaluation, an annual evaluation being reviewed by IQI for the first time this month. • Updated description and responsibilities of the Quality Improvement and Health Equity Committee (QIHEC), per recent draft APL. • Updated description and responsibilities of the Consumer[1] Advisory Committee (CAC) and Family Advisory Committee (FAC).	Motion to **approve both the Program Description and the Grand Analysis as a whole as amended today for March 19 Q/UAC**: Nancy Steffen Second: Anna Campbell Next Steps: March 19 Q/UAC April 9 PAC

[1] Per DHCS directive, Partnership's Board of Commissioners on Feb. 26 agreed to substitute "Community" for "Consumer" in the CAC Charter. The present and future-facing C&L Trilogy components will be updated accordingly before March 19 Q/UAC, while any 2024 Evaluation reference will retain the former title.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	• Updated with current 2025 goals, as seen on the C&L/QIHETP (Quality Improvement and Health Equity Transformation Program) Work Plan. • Updated all diagrams • Added or updated hyperlinked footnotes (APL 25-005 hyperlink to be updated once it is live on DHCS's website). **Updating Attachment C:** Threshold and Concentration Languages for All Counties • Updating to the most current version from DHCS. **Archiving Attachment F:** The FAC (Family Advisory Committee) Charter is removed from this policy, and now becomes Care Coordination's MCCP2024 new Attachment B. Anna Campbell questioned some references to non discrimination and to Telehealth. Dr. Moore said he didn't believe Telehealth is a protected class and he recommended that Compliance be consulted. Anna also asked what is a "Patient Decision Support Tool"? Dr. Moore directed Hannah to remove these areas of concern from the policy document and resubmit it for March 19 Q/UAC. There were no other questions on MCND9002 itself. Hannah then presented the 2024 C&L Program Evaluation, which considers services and resources as outlined by the 2024 program description and the achievement of attendant 2024 work plan goals. The intent of this report is to show how Partnership is meeting member needs. This Evaluation will undergo some minor changes re staffing before it is presented to Q/UAC March 19. At Dr. Moore's request, the program findings page also will be updated to include 2023 figures, which will show how translation requests and interpreter calls each approximately doubled in 2024. QIHEC met five times in 2024 and CAC four times. CAC has 30 members, and we are recruiting more. Population Health's Health Education team reviews discrimination cases: we are hiring health equity staff to support this and DEI regulatory requirements. There were five 2024 work plan goals; the 2025 Work Plan contains eight similar goals. Year 2024 Goal 1 of initiating and maintaining this C&L/QIHEPT trilogy will be met as needed for NCQA Health Equity Accreditation Initial Survey (June 2025). Bi-lingual persons continue to be hired in Member Services and other departments. Year 2024 Goal 5 – improving blood pressure rates among American Indian/Alaskan Native members by 5% in at least one region – is yet undetermined in part because of HEDIS® (Healthcare Effectiveness Data Information Set) issues. This goal is amended as it continues in 2025. The first two goals for 2025 are new: by June 30, 2025, develop and propose a multi-year health equity strategic and tactical plan, and, by Dec. 31, 2025, distribute the DEI training to the provider network and Partnership staff and submit the final version to DHCS. These goals align with our NCQA HEQ Initial Survey. Nancy Steffen asked if HEDIS® performance will be used to ascertain whether we meet the 2025 goals which seek to redress health disparities among ethnic and racial groups. Hannah said yes. Nancy said that this then will feed up into the Health Equity Grand Analysis. (IQI and Q/UAC will hear this Analysis in October.) The HEDIS® team is now making changes as to how our data rolls up. Anna wondered if MCND9002's list of "member-facing departments" should be amended to include Behavioral Health as that department will be taking phone calls and talking to members after Partnership "de-delegates" Carelon this summer. Dr. Moore and Hannah agreed to include this addition in the 2026 policy update.	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
FYI Disseminations		
Mid-Year 2024-2025 QI Work Plan Update – *refer questions to Nancy Steffen*		
Dental Code Flyer as promised at Feb. 19 Q/UAC – *refer questions to dentalsupport@partnershiphp.org*		
VI. Adjournment		
Dr. Moore adjourned the meeting at 2:51 p.m. IQI will meet next on Tuesday, April 8, 2025.		
Respectfully Submitted by Leslie Erickson, Program Coordinator II, Quality Improvement *Approval Signature:* *Date:* *Robert Moore, MD, MPH, MBA* *Chief Medical Officer and Committee Chair*		

QI DEPARTMENT UPDATE
MARCH 2025
PREPARED BY NANCY STEFFEN
SENIOR DIRECTOR, QUALITY AND PERFORMANCE IMPROVEMENT

QUALITY IMPROVEMENT PROGRAMS (QIPS)

PROGRAM	UPDATE
PRIMARY CARE PROVIDER QUALITY IMPROVEMENT PROGRAM (PCP QIP)	• 2025 eReports launched within the provider network on 03/03/2025. This is the last time eReports will launch using Amysis data. • 2025 eReports Kick Off webinar was held Monday, 02/25/2025. A link will post to the PCP QIP webpage within the first week of March. Detailed specifications for the 2025 Measurement Year can be found in eReports, with an abridged version posted on the Partnership website under Providers within the Quality menu options. • 2024 payment season has begun. In March, the PCP QIP team will hold two preliminary periods – one for providers' preliminary review of Unit of Service measure performance and one for the Non-Clinical measure performance validation. Notifications to all participating providers are planned in the coming weeks.
PALLIATIVE CARE QUALITY IMPROVEMENT PROGRAM (PALLIATIVE CARE QIP)	• Payment preparation for July – December 2024 will begin this month. Payment is to be distributed in April/May 2025. • The Palliative QIP team was notified by the Palliative Care Quality Collaborative (PCQC) that due to a lack of funding, the organization will dissolve immediately and no longer exist. The Palliative QIP team and Partnership Medical Directors are discussing how to adjust given this development and necessary programmatic changes.
ENHANCED CARE MANAGEMENT QUALITY IMPROVEMENT PROGRAM (ECM QIP)	• Q4 2024 payment preparation has begun. The preliminary reporting period and subsequent payments are set to take place over March/April 2025.

QUALITY DATA TOOLS

TOOL	UPDATE
PARTNERSHIP QUALITY DASHBOARD (PQD)	• The 2025 Business Requirement Document for PCP QIP dashboard updates has been completed and reviewed with the EDW team. Development will begin in April 2026. • 2025 PQD will launch with HRP data in Quarter 3.
EREPORTS	• 2025 eReports HRP UAT is in progress.

PERFORMANCE IMPROVEMENT (PI)

ACTIVITY	UPDATE
STATE MANDATED WORK: *PERFORMANCE IMPROVEMENT*	*DHCS Comprehensive Quality Improvement (QI) & Health Equity (HE) Process* • Partnership submitted updated root cause analysis to DHCS for the pediatric, chronic disease, and reproductive health & cancer prevention measure domains on 02/14/2025.

PROJECT (PIP) & PLAN-TO-DO-STUDY-ACT (PDSA) CYCLE	• Partnership will be submitting new strategies and actions within each of the three measure domains noted above by 03/14/2025. Progress updates will be provided to DHCS in June and October this year. • In the prior year, Partnership was required to develop strategies and actions for Behavioral Health measures due to underperformance in Follow-up for ED Visits for Mental Illness measure. However, MY2023 performance exceeded both state and regional averages which means Partnership is not obligated to conduct improvement projects, however the rates are below the Medicaid 50th percentile and still warrant on-going focus and activities to drive improvement.
QUALITY MEASURE SCORE IMPROVEMENT	• DHCS has approved scripting for well child visit text messages from Partnership. QI is exploring pilot populations to test messaging effectiveness. • Partnership launched a small scale pilot funding 10 retinal imaging cameras in optometry deserts across the Partnership service region. The pilot will seek to understand best practices and processes to share with the network to assist practices in achieving the corresponding PCP QIP measure target. • The American Cancer Society will be attending Partnership's March Chronic Disease Quality Measure Score Improvement workgroup. They will be sharing information around colorectal cancer given March is colorectal cancer awareness month. Partnership will incorporate lessons learned in provider education. • Partnership is expanding efforts and pilot projects to expedite the newborn enrollment process to increase well visit data capture through claims. Partnership has had initial discussions with Fairchild Medical Center and Siskiyou County HHS to increase timeliness of notifications from the hospital to the enrollment unit. • ***Final Reminder:*** A Developmental Screening Webinar aimed at educating providers regarding developmental screening tools and CPT codes will be hosted by Dr. Frankovich on Thursday, April 3rd at 12pm. The corresponding quality measure assessed by DHCS in the Managed Care Accountability Set (MCAS) has been a low performing measure for Partnership, largely due to prescriptive coding requirements not consistently followed by providers. Dr. Frankovich is a pediatrician and one of the Partnership Medical Directors, based in the Eureka Region. Interested clinicians, practice managers and quality staff are encouraged to register via scanning this QR code:
IMPROVEMENT ACADEMY	• *ABCs of Quality Improvement* in-person training offerings: o The final session of the 2024/2025 series will be held on Tuesday 03/25/2025 at the McConnell Foundation in Redding. • Status update on the *Improving Measure Outcomes* webinar series: o **02/12/2025 Preventative Care for Children Ages 0-30 Months** – 79 attendees from 36 unique organizations

	○ **02/26/2025 Preventative Care for 3-17 Year Olds** – 55 attendees from 33 unique organizations ○ **03/12/2025 – Breast and Cervical Cancer Screening** ○ **03/26/2025 – Diabetes Control** ○ **04/09/2025 – Chronic Disease and Colorectal Cancer Screening** ○ **04/23/2025 – Perinatal Care and Chlamydia Screening**
JOINT LEADERSHIP INITIATIVE (JLI)	• 2025 sessions are currently being scheduled: ○ Ampla Health ○ Adventist Health ○ Fairchild Medical Center – 07/01/2025 ○ La Clinica ○ Mendocino Community Health Center ○ OLE Health ○ Open Door Community Health Centers – 06/26/2026 ○ Santa Rosa Community Health ○ Shasta Community Health Centers – 04/14/2025 ○ Solano County Family Health Services After a full year in the PCP QIP, a baseline performance for the providers in the expansion counties has been established. Using this data and other qualitative factors, we have identified additional providers from the expansion region who we will soon be inviting to participate in the Joint Leadership Initiative.
REGIONAL IMPROVEMENT MEETINGS	• Redding hosted meetings for the Eureka and Redding regions on 03/03/2025 03/04/2025 respectively. • The Southeast regional meeting is on 03/13/2025. • Regional Quality Improvement Meetings are being planned for the Chico/Auburn regions.

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
CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS® (CAHPS) PROGRAM -MEDI-CAL PRODUCT LINE & ORG GOALS – FY 24/25 MEMBER EXPERIENCE AND ACCESS | *ORG GOALS*	• The Consumer Assessment of Healthcare Providers and Systems® (CAHPS) regulated survey (REG) kicked off in March and will continue through mid-May. Randomly selected Partnership members receive this survey, which informs the Patient Experience score tied to Partnership's Medicaid Health Plan Rating. Partnership oversees the CAHPS® regulated annual survey with distribution conducted by our contracted vendor, PressGaney (PG). • The QI CAHPS® Team began weekly monitoring through the PG online portal survey results by all modalities (mail, phone, online). This data informs stakeholders while the survey is active and in the field.

<table>
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<td>– FY 25/26
MEMBER EXPERIENCE</td>
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To further promote our members' awareness and understanding of the CAHPS® survey, the following strategies were implemented:

Social media posts
Rotating banner message on the home page of Partnership's website
Newsletter articles in both the Member and Provider Newsletters

Pre-planning and contracting are underway for the 2026 Non-Regulated Drill Down (DD) survey. By contracting with NCQA-certified vendor PG, we aim to:

Identify key DD core questions for adult and child populations. Core DD survey questions will be the same as those in the regulatory survey (e.g., Getting Need Care, Getting Care Quickly, etc.).

Why? Aligning DD and regulatory survey questions enhances qualitative and quantitative analysis, maximizing insights for targeted improvement efforts

Develop child DD survey questions that identify root causes.
Standardize reporting and re-design final presentation materials

The 24/25 Organizational Goal #4 (Access to Care and Member Experience Improvement) activities continue. The QI CAHPS team leads milestones 3 & 8 while overseeing progress in all (8) goal deliverables. Progress through the third-quarter goal period will be updated on the OpEx-PMO Organizational Goal dashboard in April.
Notable Milestone #3 Update—Enhancement & Member Education: Interventions and activities are underway to address barriers that hinder members' understanding and navigation of their Medi-Cal-covered benefits. Focus areas are highlighted below.
<table>
<tr><th>Transportation Services</th><th>Dental (Carve-out)</th><th>Behavioral Health</th><th>Vision</th></tr>
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The initial kick-off meeting with Medi-Cal Dental, Smile California, and key stakeholders was held in early March. The objective is to reduce member dissatisfaction by strengthening our collaborative efforts to educate and inform Medi-Cal members within our 24 counties about the difference between Partnership managed care plan services and State (carve-out) covered benefits.

Early planning for 25/26 Organizational Goals is underway. Stakeholders supporting the new organizational goals and metrics will begin developing the organizational goal charter drafts.

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<td>EQUITY AND PRACTICE TRANSFORMATION (EPT) PROGRAM</td>
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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 in Initial Planning Incentives Payments (IPIP) funding.

$10,000 was awarded to twenty-three (23) qualifying provider organizations through the IPIP program. The IPIP is geared toward small and medium-sized

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	independent practices to support their planning and application process for the Provider Directed Payment Program (PDPP). o The EPT PM team is drafted a proposal for Executive review to use the remaining $1.2 Million for two areas of unmet need for low-performing Primary Care Physicians (PCPs); Leadership training and Support for replacing outdated Electronic Health Records (EHRs). o The IPIP funding may also be used to fund the second track of the Locum Pilot Initiative. • 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 contracted with Partnership from the 2024 - 10 county expansion, eight (8) tribal health centers, and seven (7) provider organizations already engaged under Partnership's Enhance Provider Engagement (EPE) program. DHCS has recalculated the final award amounts, due to budget revisions. o Following the budget revisions, the dropout rate for the EPT cohort across the state is 5%. All twenty-seven (27) provider organizations sponsored by Partnership remain enrolled and engaged in the program. o EPT practices that did not complete the 2024 deliverables, by the 11/01/2024 due date, have until 11/2025 to submit as a requirement to remain enrolled in the program: ▪ 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. o The next EPT submission period will open on 05/01/2025 and the following deliverables will be due: ▪ Year 2 PhmCAT ▪ Data to Enable PHM Milestone 2: Implementation Plan ▪ Stratified HEDIS-like measures ▪ Key Performance Indicators (KPI) reports ▪ All Rejected or unsubmitted 2024 EPT deliverables o Most Templates and rubrics for the May 2025 deliverables are available on PHLC's milestone page in the link below. ▪ The template and rubric for the second milestone, Implementation Plan, in the Data to Enable PHM, is not yet published. PHLC, the entity

	facilitating this program on DHCS' behalf, has yet to confirm when it will be available. o DHCS will funnel EPT payment(s) through MCPs by this month and EPT POs will receive their funding no later than 04/30/2025. • 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. o The Technical Assistance (TA) Requirement has changed. ▪ To remain in the EPT program, practices previously need to demonstrate 80% attendance in the Practice Track and Learning Community sessions of the EPT Technical Assistance. ▪ PHLC has assigned point values on all EPT TA events. Practices now have to accumulate a total of twenty-two (22) points in a calendar year. ▪ A quarterly report will be provided by PHLC to keep practices informed about their progress and the Practices who earn the most points will receive an award. ▪ The point values are as follows: • Learning Community: Four (4) points • Practice Track: Three (3) points • PopHealth+ eModules: Five (5) points • Office Hours: One (1) bonus point per month, regardless of the number office hour sessions attended.
LOCUM PILOT INITIATIVE	• 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 was designed as a limited grant program, whereby select provider organizations are granted funds to hire a Locum Tenens Provider for a 4-week period. • A total budget of $250,000 was approved with some funding remaining, given progress since kick-off; participants have received up to: o $45,000 when hiring a Physician. o $31,600 when hiring an Advanced Practicing Clinician. • The Grant is being paid in two installments: o 50% upon signing the agreement. o 50% upon completion of the four-week assignment and submission of a post-program survey. • Program Implementation and Participation o The initial cohort of providers was selected from those participating in the PCP Modified QIP. Out of six extended invitations, four applications were received and approved. The Locum assignment periods were carried out asynchronously through January of 2025. Weekly Provider check-ins and data collection were

	conducted by a Partnership Improvement Advisor throughout the Locum Provider's employment. o Locum Providers alleviated a backlog of well-child and adolescent visits (WCV) while enabling urgent care coverage and allowing patients to schedule visits with their preferred physician. • Provider Specific Status Updates o Hill Country Community Clinic: Completed the grant requirements, as planned, in January 2025. A total of 204 visits were conducted, increasing general access and supporting patients without assigned PCPs. o Round Valley Indian Health: A team including the Regional Medical Director and Improvement Advisors met with the RVIH Executive Director to explore options directed at completing the grant activities. A follow-up meeting is pending and an amendment to extend the grant offering through May 2025 has been prepared. o Community Medical Center: Completed the initial grant activities and was awarded an extension to fund their locum through December 2024 to continue focusing on well-child visits, including disparity groups. Initial efforts resulted in the completion of 272 visits. During the extension, an additional 345 patient visits have been completed, primarily well-child visits and acute care. o Pit River Health Service: The grant activities and final evaluation have been completed; successfully completed 218 patient visits, primarily well-child visits. • Through data collected and participant feedback, a comprehensive Program Evaluation was completed, identifying key learnings: Benefits and successful strategies: o Locums enabled a higher volume of well-care visits and provided additional coverage o Alleviated schedule backlog allowing patients to see their preferred clinician o Program alignment with back-to-school season successfully increased WCVs o Support from Improvement Advisors and Pop Health specialists enhanced outreach o Anticipating support staff requirements improved efficiency Challenges and barriers: o Minimum three-month contract is preferred by agencies/locums o Dedicated support staff is necessary but difficult to maintain long term o Patient contact information outdated; members not established patients o Locum onboarding and time required to become fully proficient can be substantial o Some provider organization lack resources to implement and support the intervention • Preliminary 2024 QIP results indicate improved Well Child Visit (WCV) measure rates.

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o Both Community Medical Center and Pit River reached 50th percentile and 90th percentile WCV targets at the sites supported by Locums. Both providers credit the pilot program for directly contributing to their success.

Discussions for expansion and exploring opportunities for Track 2 are in progress, integrating key insights and improvements to drive better outcomes.

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<tr><td>Mobile Mammography Program</td><td>

Scheduling for Mobile Mammography events for FY Q3 (January – March 2025) is complete. Upcoming confirmed events in February and March include:

<table>
<tr><th colspan="4">Upcoming Event Days
01/01/2025 – 03/31/2025</th></tr>
<tr><th>Region</th><th># of Provider Organizations</th><th># of Provider Sites</th><th># of Event Days</th></tr>
<tr><td>Expansion</td><td>1</td><td>1</td><td>1</td></tr>
<tr><td>NE</td><td>4</td><td>4</td><td>5</td></tr>
<tr><td>NW</td><td>1</td><td>5</td><td>5</td></tr>
<tr><td>SE</td><td>2</td><td>2</td><td>2</td></tr>
<tr><td>SW</td><td>5</td><td>5</td><td>5</td></tr>
<tr><td>Plan Wide</td><td>13</td><td>17</td><td>18</td></tr>
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Scheduling for Mobile Mammography events for FY Q4 (April – June 2025) is currently in progress.

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<tr><td>Partnering For Pediatric Lead Prevention Program (PPLP)</td><td>

Applications to receive a LeadCare ll Point of Care device continue to be open year-round and are readily available on our Lead Poisoning and Prevention provider facing page, along with resources.
Providers approved in Fall 2023, who received their devices in January – February 2024, are currently being evaluated to determine if they met the 2024 QIP 50th.
The program has developed a promotional strategy to communicate the importance of lead testing, highlight available resources, and emphasize year-round enrollment. Promotional materials, including links and QR codes to the provider-facing page, have been distributed to provider facing teams.
Outreach efforts continue, targeting providers with a denominator of 100+ who did not meet the 2024 QIP 50th percentile. Meetings are being scheduled to review the workflows, provide feedback based on 2024 best practices and address challenges.
PPLP also continues to collaborate with:

o <u>Population Health Team & Butte County Public Health</u>: Supporting CALAIM Bold Goal efforts to exceed the 50th percentile for children's preventative care measures, Butte County Public Health submitted their application for a LeadCare ll device in December 2024, and an MOU is in progress.
o <u>Communications Team</u>: Updating the Lead Poisoning and Prevention member-facing page with current resources.

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	o Office of the CMO: An article is included in the March edition of the CMO newsletter. o Member Services: An article is included in the upcoming summer edition of the member newsletter.
EXACT SCIENCES: PROMOTING COLORECTAL CANCER SCREENINGS	• Partnership facilitated a multi-patient order on behalf of providers for Cologuard, that aligned with Colorectal Cancer Awareness Month (March). This initiative eliminated the 200-patient minimum barrier, which often prevents providers from placing bulk orders directly with our vendor, Exact Sciences. o An open office hours webinar was held on 02/11/2025 with Exact Sciences to address provider questions. o Custom marketing materials with the provider logos, along with additional outreach support were provided by Exact Sciences. o Five (5) provider organizations are participating in this initiative. o Pre-shipment notifications letters have been mailed, and live pre-shipment notification calls begin on 03/17/2025, with kits beginning to ship on 03/24/2025. • A second multi-patient order is planned for July – September to align with QIP's timeline for addressing 2025 and 2026 PCP QIP Measures.
QI TRILOGY PROGRAM	• The FY 2025/26 QI Program Description is in the process of being updated and will be finalized in April 2025. • The upcoming deliverables for the remaining QI Trilogy documents are: o 2024/25 QI Work Plan (Final Updates) - submissions due: 05/12/2025 o 2024/25 QI Evaluation – submissions due: 05/30/25 o 2025/26 QI Work Plan (New Goals) - submissions due: 06/18/2025

D-SNP

ACTIVITY	UPDATE
D-SNP Education	• A webinar titled "Capturing Patient Acuity through Coding" led by Dr. Kermit Jones, Medical Director of Medicare Services, was presented on 02/19/2025. Attendees included thirty-seven (37) individuals from thirteen (13) unique organizations along with seven (7) Partnership internal attendees. The webinar was attended by physicians and coding support personnel in the Partnership Advantage counties. CME/CE was offered and this offering will continue as an opportunity for Enduring Learning Credit. A follow-up webinar on the same topic is expected in the Fall of 2025. • To comply with regulatory requirements in 2026, a Model of Care (MOC) training course for external providers and Partnership personnel is being developed with collaboration from Quality, the Office of the CMO and Training & Development teams. The training will be required for employees of any contracted organization to complete within 90 days of employment or at the launch of the Partnership Advantage plan. Partnership personnel will complete the training as part of their onboarding training or as assigned in early 2026.
Part D/PBM	• The Pharmacy team and Optum began PBM implementation sessions which will occur regularly for 1.5 hours on Tuesdays and Thursdays through the end of 2025. Members

	from the Quality Department will participate in Operational Readiness and Clinical/Prior Authorization workgroups in preparation for Part D reporting requirements in 2026.
CAHPS Survey Project – Medicare Product Line	• The Medicare CAHPS program is in development. Interviews with sister plans have been conducted and relationships established for ongoing exchanges to help inform the buildout. • CMS approved survey vendors were evaluated through RFIs and follow-up conversations. The CAHPS team is exploring options for non-regulated survey(s) to be conducted in early-mid 2026. Given the long lead times for survey placement, Partnership will be prepared to contract with a vendor mid-2025.
Star Strategy Workgroups	• The HEDIS workgroup is meeting bi-monthly to prepare for HEDIS data management and reporting requirements for Medicare Part C and DHCS in 2026.
Elder Care QMSI	• The Elder Care QMSI Group will have its first meeting on 03/27/2025. The interdepartmental workgroup will focus on Medicare Part C, Part D and DHCS measures which will primarily affect the D-SNP population.

QUALITY ASSURANCE AND PATIENT SAFETY

ACTIVITY	UPDATE
POTENTIAL QUALITY ISSUES (PQI) FOR THE PERIOD: **02/01/2025 TO 02/25/2025**	• 96 PQI cases are currently open. • 27 referrals were received with 19 coming from Grievance and Appeals, 3 from Utilization Management, 3 from Medical Directors, and 2 from other sources. • 17 cases were processed and closed. • 2 cases were discussed at Peer Review Committee (PRC) on 02/19/2025 and there are 4 cases awaiting PRC review. • Upgrading of the SugarCRM PQI application (processing, documentation, and tracking system) has started with an anticipated completion date in May 2025.
FACILITY SITE REVIEWS (FSR) & MEDICAL RECORD REVIEWS (MRR) FOR THE PERIOD: **01/29/2025 TO 02/21/2025**	• As of 02/27/2025, we have a total of 462 PCP and OB sites with an additional 34 reviews due to multiple check-ins (totaling 496 reviews). **Primary Care and OB Reviews:**

Region	# of FSR conducted	# of MRR conducted	# of FSR CAP issued	# of MRR CAP issued
Auburn	1	1	0	0
Chico	4	3	0	3
Eureka	1	1	0	1
Fairfield	5	5	2	3
Redding	4	3	1	3
Santa Rosa	4	4	0	3
Out of Area	1	0	0	0

New sites opened this period: None

HEALTHCARE EFFECTIVENESS DATA INFORMATION SET (HEDIS)

ACTIVITY	UPDATE
Annual HEDIS® Projects	• The HEDIS Measurement Year 2024 (MY2024) virtual audits both occurred in the month of February resulting in no audit findings for each: o HSAG/DHCS Audit: 02/13/2025 o Advent Advisory/HealthPlan Accreditation Audit: 02/26/2025 • Primary Source Verification (PSV) process for all non-standard supplemental and new data sources is in process currently for each project. PSV will include the review and validation of approximately 350 proof of service evidence, randomly selected by each auditor. The HEDIS team's goal is to obtain both auditors' approval and integrate all the data for MY2024. • The MCAS Supplemental Medical Record & Review (MRR) Project for administrative measure, Well Child Visits for Ages 15-30 Months (W30), has been completed. This project is intended to supplement the administrative data collected from claims & encounters, thus requiring pending PSV and auditor approval. Initial review and analysis have identified opportunities to drill down into the claims data to ensure the well child visits are being billed and captured accurately. A more detailed study will be conducted, which will result in a more proactive approach with IT, our Claims team, and providers to ensure more complete data is coded and captured for these visits. • Data collection is underway at the county level to ensure we are able to fulfill the new DHCS requirements for reporting all MCAS measures by county across the Partnership service region. This involves expanded over-sampling of hybrid (i.e. medical record based) measures versus prior years. • Overall, the HEDIS team continues to prepare for preliminary rate submissions due in April 2025 with final rates due at the end of May. The MY2024 Annual Summary of Performance Reports for both DHCS and HPA will be finalized and published in August 2025.
HEDIS® Program Overall	• The QI team has begun an education campaign with FQHC, Rural Health Center (RHC), and Tribal Health Dental Centers around coding best practices for fluoride varnish application services. Dental Centers must use an ICD code, Z29.3 (encounter for prophylactic fluoride administration) along with CDT/CPT codes for fluoride varnish services, for Partnership to receive data from DHCS that would indicate service completion for the Department of Health Care Service's (DHCS) measure for Topical Fluoride Varnish for Children. Fluoride varnish services completed in FQHC, RHC, and Tribal Health Dental Centers will count towards the Topical Fluoride for Children monitoring measure added to the PCP QIP in MY2025. • DHCS continues to share aspects of their plan to sanction MCPs at the county level for MY2024 MCAS performance below the MPL. DHCS has shared plans to allow MCPs to substitute all plan rates for MCAS hybrid measures within counties having an eligible member population below DHCS's threshold of 100 members; Partnership is awaiting guidance on whether this instruction also applies to administrative measures.

NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) ACCREDITATION

ACTIVITY	UPDATE
NCQA Health Plan Accreditation (HPA) and Health Equity Accreditation (HEA)	• As part of a standard practice of our new NCQA consultant, Management Healthcare Resources (MHR), the NCQA Program Management Team hosts a monthly meeting with MHR. These meetings provide protected time and an opportunity for Partnership to discuss and/or seek clarification on NCQA policy changes and FAQs, MHR's processes, or any other topic of interest that may arise. The NCQA Program Management Team assesses relevant topics to discuss with MHR each month and provides an agenda to ensure the appropriate representation by MHR. • Each year, NCQA releases proposed updates to the current Standards and Guidelines. NCQA asks Health Plans to provide their feedback and/or comments on the proposed changes. NCQA released the proposed updates to the 2026 HPA Standards and Guidelines on 02/25/2025. Business Owners are asked to review the proposed changes and are encouraged to indicate if they Support, Do Not Support, or Support the Changes with Modifications by 03/21/2025. The NCQA Program team will share Partnership's feedback with our consultant for any additional comments or feedback, then provide a plan-wide response to NCQA by 03/25/2025. Proposed updates to the HEA Standards and Guidelines are scheduled for release in April or May 2025.
NCQA HPA	• The HPA Mock Renewal Survey is scheduled for 10/27/2025-10/30/2025. The purpose of the HPA Mock Renewal Survey is to assess Partnership's readiness, address identified gaps and develop action plans for meeting compliance when preparing for Partnership's HPA Renewal Survey scheduled for 09/22/2026. • This will be a full scope review of evidence by our consultant, MHR. • MHR will review questions and address findings on the submitted evidence. • A final report and scoring will be distributed after the HPA Mock Renewal Survey. • Business Owners will submit a Corrective Action Plan (CAP) within three (3) weeks after receiving the scoring results.
NCQA HEA	• As of February 2025, Partnership's HEA compliance rate is 86.21%, receiving 25 points out of the 29 total applicable points available. The NCQA Program Management Team is working closely with the Business Owners to ensure all applicable evidence is revised to sustain compliance in accordance with NCQA's look-back periods, timelines, and expectations.

Partnership Policy & Procedure Updates

April 2025

Policy Number	Policy/Procedures/Guidelines	Version Links
*The following documents were reviewed by the Quality / Utilization Advisory Committee (Q/UAC) in **March 2025.*** ***All policy versions hyperlinked for review.* *Highlighted policies have significant changes, new attachments, or were amended during the Q/UAC meeting. Redline versions contain attachments.* *Please review all drafts and the detailed **Synopsis of Changes**.*		
Quality Improvement		
MPQP1002	Quality/Utilization Advisory Committee	C CD RD
MPQP1003	Physician Advisory Committee (PAC) Policy	C CD RD
MPQP1004	Internal Quality Improvement Committee	C CD RD
Care Coordination		
MCCP2024	Whole Child Model For California Children's Services (CCS) *New Attachment B*	C CD RD
MCCP2030	*Transportation-Related Travel Expenses: Lodging, Meals, Attendants, Parking and Tolls (Archived)*	C CD RD
Utilization Management		
MCUP3124	Referral to Specialists (RAF) Policy	C CD RD
MCUP3126	Behavioral Health Treatment (BHT) for Members Under the Age of 21	C CD RD
MPUG3002	Acupuncture Services Guidelines	C CD RD
MPUP3018	Health Services Review of Observation Code	C CD RD
MPUP3059	Negative Pressure Wound Therapy (NPWT) Device/Pump	C CD RD
Population Health Management		
MCND9002	Cultural & Linguistic Program Description *Attachment F Archived*	C CD RD
Transportation		
MPTP2503	Transportation-Related Travel Expenses: Lodging, Meals, Attendants, Parking and Tolls *(New)*	C CD RD

Synopsis of Changes to Discussion Policies

Health Below is an overview of the policies that will be discussed at the March 19, 2025 Quality/Utilization Advisory Committee (Q/UAC) meeting. Please 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: Care Coordination – *Shannon Boyle, RN, Manager of Care Coordination regulatory Compliance*			
MCCP2024 – Whole Child Model for California Children's Services (CCS) – *the Family Advisory Committee (FAC) Charter is being added here as a **new Attachment B** and is no longer Attachment F to Population Health's MCND9002 – Cultural & Linguistic Program Description*	109 - 130	**Policy edits due to APL 24-015 supersedes APL 23-034** **Related Policies Added:** MCCP2035- Local Health Department (LHD) Coordination MCUP3104- Transplant Authorization Process MCCP2025- Pediatric Quality Committee Policy MCUP3037- Appeals of Utilization Management/ Pharmacy Decisions CGA024- Medi-Cal Member Grievance System MCUG3058- Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-N Facilities **Updated:** MCUP3143 updated to reflect new policy number MCAP7001- CalAIM Service Authorization Process for Enhanced Care Management (ECM) and/or Community Supports (CS) **Removed:** MPCP2002- California Children Services (policy archived) **Definitions Added:** ICF/DD: Intermediate Care Facilities for the Developmentally Disabled ICF/DD-H: Intermediate Care Facilities for the Developmentally Disabled/Habilitative ICF/DD-N: Intermediate Care Facilities for the Developmentally Disabled/Nursing Newly Eligible WCM members Newly Transferred WCM members Receiving County Sending County **Attachments Added:** B. FAC Charter **Purpose updated and removed:** The counties included due to WCM now covering all counties **VI. Policy/Procedure Updated:** **A. CCS Program Eligibility Added:** A.1.b. Partnership provides services to WCM members with other health coverage, with full scope Medi-Cal as the payor of last resort A.2.e. added referral source: Medical Therapy Conference (MTC) referral A.3. Partnership will refer all members who demonstrate a potential CCS-Eligible Condition(s) or if a WCM member develops a new potential CCS-Eligible Condition as soon as possible to the county CCS Program	Health Services Claims 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)
		A.4. Partnership will refer NICU, HRIF, and MTP members with potential CCS eligible conditions to the County CCS Program for review and determination of eligibility services A.5. Partnership will provide available necessary documentation received or retrieved by Partnership's case management or utilization management staff, or assist Network Providers in referring with necessary documentation A.6. Annual Medical Redetermination, Partnership will receive a list from the counties a minimum of 120 days in advance of the eligibility date. Partnership will make outreach attempts to obtain medical records, as well as take appropriate action if medical records recovery is unsuccessful. **B. Utilization Management** B.6. Partnership is required to cover all medically necessary blood, tissue, and solid organ transplants for WCM members. Refer to policy MCUP3104 Transplant Authorization Process for more details B.7. Partnership will conduct, at least quarterly reviews of their inpatient utilization data to assess whether all potential WCM members have been appropriately referred to the County CCS program. **C. Case Management and Care Coordination** C.1. Added: Members may decline Case Management services without impact to their enrollment and/or participation in the WCM Program C.3. Amended: new pediatric members, newly CCS-eligible members, or WCM transition members within 45 days of the County CCS program eligibility determination for newly eligible WCM members and newly transferred WCM members C.3.c.1). High Risk: C.3.c.1.b) amended: Members without available medical utilization data, claims data, or other assessments and/or survey information available C.3.c.1.e) Newly CCS-eligible members C.3.c.1.f) New CCS Members enrolled in Partnership C.4.a. updated licensed staff to Care Coordination staff and added to assist in the development of member's ICP C.4.b. added: to be Low Risk to identify the member's health care needs C.5.c. added: ICP for members determined to be high risk based on the results of the risk assessment process will be established within 90 calendar days of a completed risk assessment survey or other assessment by telephonic and/or in-person communication. However, if a member's family declines having an ICP developed, Partnership will notate the denial in the member's medical record as evidence of compliance. C.5.c.2) added: services including but not limited to palliative care	

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		C.5.d added: For members transitioning into the WCM Program from Classes CCS Programs, Partnership will complete the PRSP within 45 calendar days of transition to determine each member's risk level C.5.f. added: Partnership will provide information on what community resources exist for members to utilize via member's preferred method of communication or by telephone. The Partnership External Website which includes the Partnership's Community Resources pages has information readily available for the members. C.5.g. Updated to MCAP7001 C.10. added: Care Coordination plan will be developed at least 12 calendar months before the member ages out. Partnership will monitor the WCM member for at least 36 calendar months following age out of the WCM Program, to the extent feasible C.11. added: A pediatric phase-out occurs when a treating CCS-paneled Provider determines that their services are no longer beneficial or appropriate to the treatment of the WCM member. Partnership will provide Care Coordination to WCM Members in need of an adult Provider when the WCM member no longer requires the services of a pediatric Provider. **D. Inter-County Transfer (ICT) Added:** Partnership and the County CCS program will collaborate to facilitate the exchange of ICT data to ensure that the CCS WCM member who relocate to another county can effectively transfer their CCS benefits without interruption, including the provision of continuation of services and the transfer of the current service authorization request. **F. Continuity of Care for WCM Implementation Added:** Partnership will be able to initiate, accept, and process COC requests from transitioning members, providers, and authorized representatives beginning 60 calendar days prior to the transition date. For further details regarding COC, refer to policy MCCP2014 Continuity of Care. **G. Partnership and CCS County Coordination Updated:** 2. Partnership and County CCS programs will coordinate the delivery of CCS services to CCS-eligible members to prevent duplication of services. Partnership and each WCM CCS county shall execute a Memorandum of Understanding (MOU) outlining respective responsibilities and obligations under the WCM, refer to APL 23-029 Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third-Party Entities and Template for Memorandum of Understanding between [MCP] Medi-Cal Managed Care Plans and [County] California Childrens Services (CCS) Whole Child Model Program for more details. 5. Partnership coordinates with Regional Centers and ICF/DD, ICF/DD-H, and ICF/DD-N to ensure members who are individuals with developmental disabilities receive all medically necessary covered services per APL 23-023 Revised.	

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)
		6. Partnership ensures that members living in ICF/DD Homes have access to a comprehensive set of services based on their needs and preferences across the continuum of care **H. Advisory Committees Added:** Partnership meets quarterly with a Clinical Advisory Committee for more details refer to policy MCCP2025 Pediatric Quality Committee. Family Advisory Committee (FAC) for CCS families composed of a diverse group of families that represent a range of conditions, disabilities, and demographics. Partnership representatives meet quarterly with the WCM Program stakeholder advisory group composed of representatives of CCS providers, County CCS Program administrators, health plans, family resource centers, regional centers, recognized exclusive representatives of County CCS providers, CCS case managers, CCS MTUs, and representatives from Family Advisory Committees. **I. CCS Liaison Added:** Partnership designates one individual as the point of contact for the MOU and the coordination of services between Partnership and Couty CCS Programs who has the knowledge and adequate training on the CCS Program and clinical experience with either the CCS Population or pediatric patients with complex medical conditions. **J. Dispute Resolution and Provider Grievances Added:** Medical eligibility determination disputes between Partnership and the County CCS Program will be resolved by the County CCS Program. If other disputes arise between Partnership and the County CCS Program, all parties will fulfill their responsibilities in alignment with DHCS policies, including APL, NL, MCP Contract and WCM MOU, without delay. Partnership will have a formal process to accept, acknowledge, and resolve Provider disputes and grievances. **K. Grievance, Appeal, and State Hearing Added:** Partnership will ensure that all members are provided information on Grievances, Appeals, and State Hearing rights and processes. All WCM members will be provided the same Grievance, Appeal, and State Hearing rights as other Partnership members. **References: Updated** - DHCS All Plan Letter (APL) 24-015 California Children's Services Whole Child Model Program (12/02/2024) **References: Added** - DHCS APL 23-029 - Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third-Party Entities (10/11/2023) - Template for Memorandum of Understanding between [MCP] Medi-Cal Managed Care Plans and [County] California Childrens Services (CCS) Whole Child Model Program (07/2024)	

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)
		- DHCS APL 23-023 Intermediate Care Facilities for Individuals with Developmental Disabilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care (*Revised* 11/28/2023) - DHCS APL 25-005 Standards for Determining Threshold Languages, Nondiscrimination Requirements and Language Assistance Services (02/12/2025) - DHCS APL 21-011 Grievance and Appeal Requirements, Notice and "Your Rights" Template (08/31/2022) - DHCS All Plan Letter 23-022: Continuity of Care for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal Fee-For-Service, on or After January 1, 2023 (08/15/2023) - CCS NL 05-0502 Medical Eligibility for Care in a CCS Approved Neonatal Intensive Care Unit (NICU) (05/01/2002) - CCS NL 10-1123 CCS Intercounty Transfer Policy (11/1/2023) Attachment 1: Intercounty Transfer Process Flowchart Attachment 2: Intercounty Transfer Frequently Asked Questions Attachment 3: CCS Intercounty Transfer Check List Attachment 4: CCS Whole Child Model Intercounty Transfer Check List - CCS Medical Eligibility Guide - CCS NL 10-1224 California Children's Services Whole Child Model Program (*Revised* 12/02/2024) **Attachment A**: CCS Case Management Core Activities **New Attachment B**: The Family Advisory Committee (FAC) Charter is no longer an attachment to Population Health's Cultural & Linguistic Program Description and is instead migrating to Care Coordination as a new attachment to this WCM policy. In this new attachment, the 10 "expansion" counties are named and provider membership is now open but not limited to parent centers, such as family resource centers, etc. The roles and responsibilities of Family members, Partnership staff, and Local Consumer Advocate or Local Provider members are defined.	
Policy Owner: Utilization Management – *Lisa Ward, MD, Regional Medical Director (Southwest)*			
~~MCUG~~ MPUG3002 – Acupuncture Services Guidelines	131 - 134	**This policy was updated to include regulations for the Partnership Advantage D-SNP line of business that will be effective January 1, 2026.** **Section III.A. and D**. Definitions of Direct Member and Partnership Advantage Member were added. **Section VI.A** Updated introduction to specify that acupuncture services are a Partnership benefit for Members who meet Medi-Cal and/or Medicare medical necessity guidelines as applicable.	Configuration Provider Relations Network 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)
		Section VI.B. This section was reorganized but not changed. **Section VI.C.** In this section we bifurcated authorization guidelines for differences between Medi-Cal and Partnership Advantage (D-SNP) lines of business. **Section VI.D.** Updated to specify that Providers who render acupuncture services should be enrolled in the applicable Medi-Cal or Medicare program. **Section VII.D.** Added Reference for Medicare Guidelines for acupuncture	
Policy Owner: Utilization Management – *Tony Hightower, CPhT, Associate Direction, Utilization Management Regulations*			
MPUP3018 – Health Services Review of Observation Code Billing	135 - 138	**This policy was updated to correct outdated code references and to include regulations for the Partnership Advantage D-SNP line of business that will be effective January 1, 2026.** **Section III. C**. Definition of Partnership Advantage Member was added. **Section VI.E.1.b.** Clarification added that observation code Z7514 can be billed "by the facility." **Section VI.E.2**. Code specified for labor checks was changed from S4005 to 99221. Language referencing "contracted hospitals" as removed. Clarification was added that code 99221 is payable to clinicians. **Section VI.E.3**. Removed language referring to hospitals "contracted with PHC." **Section VI.E.3.d.** Removed paragraph describing codes to be used by non-contracted hospitals for labor checks. Instead, viewers will refer to VI.E.2. where we specified code 99221 for labor checks and removed language about whether or not the hospital is contracted. **Section VII.C.** Added Reference for Medicare Guidelines	Configuration Provider Relations Provider Contracting Network Services

Synopsis of Changes to MCND9002

Policy Number	Policy Name	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: Population Health *Presenter: Hannah O'Leary, Manager of Population Health*			
MCND9002	Cultural & Linguistic Program Description	**This update moves MCND9002 to a new annual approval schedule targeting April Physician Advisory Committee (PAC), and includes revisions to align with new DHCS APL 25-005, and continue alignment with NCQA Health Equity requirements. Some highlights follow.** • Added language as suggested by Partnership's NCQA consultant. • Updated references from APL 21-004 to the new APL 25-005, and added choice language from the new APL into the policy, Including updated language defining a qualified interpreter. • Added Punjabi as a new threshold language. • Added details around our notices to LEP members, including the updated Notice of Availability of Language Assistance and processes around translations. • Updated details on DEI trainings and program for Partnership staff, network providers, subcontractors, and downstream contractors. • Added a short section describing the new Cultural and Linguistic Program Evaluation, an annual evaluation being reviewed by IQI for the first time this month. • Updated description and responsibilities of the Quality Improvement and Health Equity Committee (QIHEC), per recent draft APL. • Updated description and responsibilities of the newly-renamed Community Advisory Committee (CAC) and Family Advisory Committee (FAC). • Updated with current 2025 goals, as seen on the C&L/QIHETP Work Plan. • Updated all diagrams • Added or updated hyperlinked footnotes (APL 25-005 hyperlink to be updated once it's live on DHCS's website). **Updating Attachment C:** Threshold and Concentration Languages for All Counties • Updating to the most current version from DHCS. **Archiving Attachment F:** FAC Charter • The FAC Charter is removed from this policy, and now becomes Care Coordination's MCCP2024 new Attachment B.	Grievance & Appeals Health Equity Member Services Pharmacy Utilization Management Communications Quality Improvement

Provider Engagement Group Meeting Minutes

Date: March 12, 2025

Attendees: See attached list for Webex and In Person

Agenda Topic	Details	Action Items
CalAIM	1. CalAIM Program overview on Community Supports and Enhanced Care Management 2. Provider Requirements; Contracting and Onboarding 3. Referrals for Community Supports and Enhanced Care Management a. CS Referral Form or ECM Referral Form(s) for Adult and Youth to be sent to CommunitySupports@partnershiphp.org or ECM@partnershiphp.org b. Examples of referral sources: Member Self-Referrals, PCPs/Specialists, ECM/CS Providers, Hospitals, SNFs, Palliative Care Providers, SUD Providers, Family Referred. 4. Rate Structures: a. ECM: $400 PEPM (Per Enrollee Per Month, $150 one time successful engagement, $100 PEPM for Incentive Dollars – Based upon monthly reporting, enrolled members and the capacity survey b. CS: Rates are paid/Unit of Service (PMPM, Per Meal, Per Hour, etc.) at the DHCS mid-point c. Reimbursement Examples: i. Housing Transition Navigation Services, per diem, H0043, $386 PMPM ii. Respite Services, S9125, $33/hour as needed 5. Referral forms: a. CS: CS Referral Form	N/A

	b. ECM Referral Form for Adults: ECM Referral Form - Adult c. ECM Referral Form for Youth: ECM Referral Form - Youth 6. CalAIM Contact Information: a. CalAIM@partnershiphp.org b. CommunitySupports@partnershiphp.org c. ECM@partnershiphp.org	
Care Coordination Overview	1. When does Care Coordination Help? a. Across the Lifespan: i. Pregnancy / Birth ii. Childhood iii. Adolescents iv. Adulthood v. Seniors vi. End of Life b. Focus Areas: i. Keeping Members Healthy ii. Support for New Diagnosis iii. Smoothing Transitions of Care iv. Managing Complex Care Needs 2. Person-Centered Care Needs a. Acuity 1 (Access to Care i. Care of benefits ii. Access to Services / Equipment b. Acuity 2 (Health Promotion / Disease Management i. Pregnancy and Newborn Support ii. Health Education iii. Web Based Lifestyle Coaching	N/A

	c. Acuity 3 (Transitions of Care) i. Between Settings ii. Across the Age Continuum iii. Curative Care to Palliative or Hospice Care d. Acuity 4 (Clinically Complex) i. Complex Case Management ii. Medically Complex Care Needs e. Acuity 5 (Face to Face) i. Cognitive or Developmental Barriers to Care ii. Comple Care Transition 3. Partnership HealthPlan Care Coordination Website to obtain fillable referral form: https://www.partnershiphp.org/Providers/HealthServices/Pages/Care-Coordination.aspx 4. Transportation to appointments: a. (866) 282-2303 5. Care Coordination Contact Information: a. (800) 809-1350	
Telehealth Overview – Physical Therapy	1. Adult Direct Telehealth Model a. Direct-to-Member Model i. Primary Care/Clinic submits a request for specialty services ii. TeleMed2U's care coordinator contacts patient & schedules appointment iii. TeleMed2U sends patient reminders prior to appointment iv. Encounter is documented in EMR by Specialist v. Prescription, imaging, lab test, and other referrals are ordered as necessary vi. Medical Consultation between Specialist & Patient vii. Medical Assistant contacts the patient after the visit viii. Clinical notes are sent to the referring provider after each visit, and a follow-up appointment is scheduled if necessary 2. Physical Therapy overview	N/A

	a. Example Reasons for Referral: i. Acquired polyneuropathy ii. Acute pain of shoulder or knee iii. Back pain of lumbar region with sciatica iv. Bilateral hip pain v. Brachial plexopathy w/o trauma vi. Disk herniation with radicular symptoms 3. TAR process for Physical Therapy a. Referral is made for Physical Therapy using the standard telehealth referral pathway i. Initial 12 visits/evaluation do not require a RAF or TAR. b. The Physical Therapist submits a TAR to Partnership (PCPs do not need to sign off on TAR) for continued virtual care with patient c. PCP will continue to receive clinical notes back from the specialist after each visit to place in their medical record d. If a specialist determines an in-person visit is needed, a PCP will need to refer out to brick and mortar per the usual referral pathway 4. Telemedicine Program Contact: a. telemedicine@partnershiphp.org	
HRP Update Billing Reminders: Taxonomy Codes	1. Billing Reminders: Taxonomy codes a. Taxonomy codes for billing providers are required for ALL claim submissions. Taxonomy codes for rendering providers are required when submitting rendering provider information on claims 2. Service Location on claims a. Providers to ensure they include service locations on all claim submissions	Providers asked if they would be able to bill crossover claims electronically with the transition to

		the new claims system, Health Rules Payor (HRP)? – Yes, crossover claims will be able to be submitted electronically with the ability to attach an EOB.
Partnership HealthPlan Updates	1. Regional Medical Directors Forum 2. 2025 Partnership HealthPlan of California Survey Information 3. Reminder: Access Standards 4. Primary Care Providers Referral to Carelon Behavioral Health	N/A
Handouts Overview	1. Partnership HealthPlan Department Contact Information 2. A Shared Responsibility Protecting member/Patient Information 3. Partners in Fighting Fraud Doing Your Part as a Provider 4. Authorization and Billing Guidelines 5. Partnership Website and Provider Portal Features 6. Caring for Seniors and People with Disabilities (SPD Population) 7. Cultural and Linguistic Resources	N/A

	8. Cultural Competency Training for Health Care Providers On-Demand Webinar 9. Interpretive Language Services 10. Protected Health Information Sending Secure Email 11. Whole Child Model for CCS-Eligibility Members 12. MC305 Distribution of Member Rights and Responsibilities	

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

Committee: Credentials Committee
Date: February 12, 2025 7:00am
Members Present: Steven Gwiazdowski, MD*; David Gorchoff, MD*; Michele Herman, MD*; Bradley Sandler, MD*
PHC Staff:

Marshall Kubota, MD*; PHC Regional Medical Director; Robert Moore, MD, MPH, MBA, PHC Chief Medical Officer; Jeffery Ribordy, MD*; Medical Director; Bettina Spiller, MD* Medical Director; Mark Netherda, MD*; Medical Director; Priscila Ayala, Director of Network Services; Heidi Lee, Senior Manager of Systems and Credentialing; Ayana Shorter, Credentialing Supervisor; J'aime Seale, Credentialing Lead; Alex Lopez*, Credentialing Specialist; Cori Berumen*,Credentialing Specialist; Elizabeth Rios*, Credentialing Specialist; Nolan Smith*, Credentialing Specialist, Kelly Serpa*,Credentialing Specialist; Ashlee Grove*, Credentialing Specialist; Marie-Paule Uwase*,Credentialing Specialist; Ashnilta Sen*, Credentialing Specialist; Alisa Crews-Gerk*, Credentialing Specialist, Morgan Brambley*, Credentialing Specialist. Megan Ojeda*, 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 and Medical Director Mark Netherda called the meeting to order at 7:00am. Credentials Committee roll call taken by J'aime Seale. Dr. Netherda reminded everyone that all items discussed are confidential. a. Mark Netherda, MD Partnership Medical Director, reminded The Credentials Committee of who the voting members are, and that voting is restricted to non-PHC staff. Dr. Netherda reminded the committee that all information discussed is confidential in nature.			2/12/2025 2/12/2025
II. Review and approval of 1/8/25 Credentials Meeting Summary.	II. The Credentials Committee meeting Summary for 1/8/25 was reviewed by the Committee.	II. Summary was reviewed. A motion for approval of the Summary was made by Dr. Steven Gwiazdowski, MD and seconded by Dr. Bradley Sandler, MD. Meeting Summary was unanimously approved without changes.		2/12/2025
III. Old Business. a. Update on provider.	III. Old Business – a. Dr. Netherda brought to the attention of the committee information for Dr. Heidi Mist, MD. Dr. Netherda reviewed the comments regarding the providers' chart reviews. There were no concerns for this provider and their chart review at this time.	III. Old Business a. Old Business for provider was reviewed by the committee. A motion to Approve chart review was made by Dr. Steven Gwiazdowski, MD and seconded by Dr. David Gorchoff, MD. Chart Review was unanimously approved without changes.		 2/12/2025

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
IV. New Business	IV. New Business	IV. New Business		
a. Review and Approval of Routine Practitioner List.	a. Dr. Netherda referred to the Credentials Committee to review the routine list of practitioners on pages 19-23.	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. Bradley Sandler, MD. The Committee unanimously approved the routine list.		2/12/2025
b. MPCR200 Clean/Routine Practitioners and Ancillary Practitioners	b. Dr. Kubota referred the Credentials Committee to the MPCR200 Clean/Routine Practitioners and Ancillary Practitioners list on pages 24-27. These practitioners are approved by Dr. Kubota pre-Credentials Committee meeting.	b. The Credentials Committee reviewed the MPCR200 Clean/Routine list. A motion to approve the listed practitioners was made by Dr. David Gorchoff, MD and seconded by Dr. Bradley Sandler, MD. The Committee unanimously approved the MPCR200 Clean/Routine and Ancillary Practitioners list.		2/12/2025
c. Review and Approval of Revised Policies.	c. Review and Approval of Revised Policies presented by Dr. Netherda. Dr. Netherda explained the policies MPCR101 Ensuring Non-discriminatory Credentialing and Re credentialing process, MPCR500 Ongoing Monitoring of Interventions, MPCR700 Assessment of Organization Providers. Dr. Gwiazdowski asked if these policies were consent items, Dr. Netherda confirmed they are. Dr. Netherda also added PQI verbiage was added to MPCR500 and a revision was made to MPCR700 for Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) revisions. Dr. Gwiazdowski stated that he would motion for approval since these are consent items.	c. The Committee reviewed the Revised Policies. A motion to approve the revised policies was made by Dr. Steven Gwiazdowski, MD and seconded by Dr. Michele Herman, MD. The Committee unanimously approved the revised policies.		2/12/2025
d. Exception on provider	d. Dr. Netherda explained to the Credentials Committee the historic claims/allegations reported against the	d. The Committee reviewed the exception for the provider. A motion to approve with monitoring was made by Dr.		2/12/2025

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
	provider. As Dr. Netherda was going through his review, Dr. Gorchoff asked if the information presented be formatted in a way where it's clearer to understand what's currently happening with the provider in regards to their claims/allegations. Dr. Gorchoff requested if the most recent claims/allegations and license status be presented first, followed by timeline of historic claims/allegations. Dr. Kubota added that with a lot of these cases there will be repeated information due to actions being taken, extensions, probations etc... The committee agreed that moving forward to add the most recent events to begin the review of the providers claim/allegation history. The credentialing team took note and will implement this moving forward.	David Gorchoff, MD and seconded by Dr. Michele Herman, MD. The Committee unanimously approved the revised policies.		
e. Exception on provider	e. Dr. Netherda explained to the Credentials Committee this provider's history of claims/allegations. During the discussion, Dr. Kubota mentioned that this provider will be on probation until 2027 and has not yet completed his probation. His probation is a minimum of 5yrs. Dr. Kubota added that this provider should still be monitored even after the completion of probation. Dr. Gorchoff clarifies the motion for approval regarding his probation and/or completion of the rehabilitation program. The committee agrees that this provider should still be monitored even after probation has been completed.	e. The Committee reviewed the exception for the provider. A motion to approve with monitoring was made by Dr. Michele Herman, MD and seconded by Dr. Steven Gwiazdowski, MD. The Committee unanimously approved the revised policies.		2/12/2025
f. Exception on provider	f. Dr. Netherda explained to the Credentials Committee the many claims/allegations made against the provider. During the discussion Dr. Gorchoff mentioned that the provider received various issues, compounding numerous restrictions. Dr. Gorchoff also added that the one serious mistake this provider made has lingered over his 20 year career. Dr. Ribordy responded to Dr. Gorchoff's comment and stated that the practice tried to work with the provider to improve but ultimately resulted in the provider still having ongoing and continuing issues. Dr. Gorchoff responded that his comments were not excusing the providers actions. Dr. Gwiazdowski commented, the provider has not been revoked by the board. He also states that this provider is no different than those reviewed in	f. The Committee reviewed the exception for the provider. A motion to approve with monitoring was made by Dr. Steven Gwiazdowski, MD and seconded by Dr. David Gorchoff, MD The Committee unanimously approved the revised policies.		2/12/2025

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
	the past with similar issues. Dr. Gwiazdowski mentions to move to approve with monitoring, Dr. Gorchoff agrees and seconds the motion.			
V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List.	V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List.	V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List.		
a. Review and Approval of Ongoing Monitoring of Sanctions Report.	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.	a. The Credentials Committee members reviewed the report. A motion for approval of the Ongoing Monitoring of Sanctions Report was made by Dr. Steven Gwiazdowski and seconded by Dr. Michele Herman. The Committee unanimously approved.		2/12/2025
b. Practitioner Monitoring List.	b. The Credentials Committee was asked to review the Practitioner Monitoring List. Dr. Kubota reminded the committee that the credentialing department monitors these boards for any actions regarding our providers.	b. *Informational only*.		2/12/2025
VI. Review and Approval of Consent Calendar Items.	VI. Review and Approval of Consent Calendar Items.	VI. Review and Approval of Consent Calendar Items.		
a. Report of Long Term Care Facility, Hospital, and Ancillary provider list.	a. Dr. Kubota asked the Credentials Committee members to review the report of Long Term Care Facility, Hospital, and Ancillary provider list on page 21.	a. The Credentials Committee members reviewed the list of Consent Calendar Items. A motion for approval was made by Dr. David Gorchoff and seconded by Dr. Michele Herman. The Credentialing Committee unanimously approved.		2/12/2025
VII. Meeting Adjourned.	VII. Meeting adjourned.			2/12/2025

Credentials Meeting Summary for 2/12/2025 respectfully prepared and submitted by Alex Lopez, Credentialing Specialist I.

Chairman Signature of Approval _____ ***Date***_____

2/12/2025

Marshall Kubota, M.D., PHC Credentialing Chairman

App. Ty	Full Name	Provider Type Cc	Name/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
I	Ali, Laura BCBA	BHP	Pantogran LLC dba Center f	Placer	BCBA	Behavior Analys	11/30/2016	Yes	None	
I	Allwardt, Rachelle C.,FNP-C	PCP	WellSpace Health Arden-Ar	Placer	Family Nurse P	American Acad	12/01/2009	Yes	None	
R	Almond, David E.,MD	PCP	Sonoma County Indian Heal	Sonoma	Family Medicine	ABMS of Family	07/12/2002	Yes	Admitting Agree	None
R	Alsamman, Mounzer MD	SPEC	NBHG: Gastroenterology, A	Solano	Gastroenterolo	ABMS of Intern	11/19/1997	Yes	Northbay Medic	Active Attending
R	Alway, Philip P.,DPM	SPEC	Redwood Podiatry Group In	Humboldt	Foot Surgery	AB of Foot and	08/05/2006	Yes	Mad River Com	Active
I	Anderson, Mark CRNA	SPEC	Green Anesthesia	Solano	Certified Regist	National Board	06/13/2022	Yes	Admitting Agree	Active
R	Asher, Ava I.,MD	SPEC	Bright Heart Health Medical	Solano	Addiction Medic	ABMS of Preve	01/01/2021	Yes	Admitting Agree	None
I	Avetisov, Gregory A.,DO	PCP	Lake County Tribal Health C	Lake	Family Medicine	Meets MPCR #		No	Admitting Agree	None
R	Azari, Parinaz MD	SPEC	Adventist Health Clearlake	Lake	Physical Medici	ABMS of Physi	07/01/2011	Yes	Adventist Healt	Active
I	Badgett, Amanda J.,CRNA	SPEC	Green Anesthesia	Solano	Certified Regist	National Board	04/05/2019	Yes	Admitting Agree	Active
I	Balasanyan, Shushanik BCBA	BHP	Pantogran LLC dba Center f		BCBA	Behavior Analys	01/31/2011	Yes	None	
I	Ballesteros, Judy A.,BCBA	BHP	Learning Arts	Yolo	BCBA	Behavior Analys	09/22/2023	Yes	None	
I	Barnes, Bryn BCBA	BHP	Pantogran LLC dba Center	Yolo	BCBA	Behavior Analys	07/24/2020	Yes	None	
I	Beasla, Manraj FNP-C	PCP	WellSpace Health Rancho C	Placer	Family Nurse P	American Acad	09/23/2024	Yes	None	
I	Beltran-Padilla, Stephanie M.,PA-C	PCP	SCHC: Shasta Community H	Shasta	Physician Assis	National Comm	01/15/2021	Yes	None	
I	Benavidez, Analise BCBA	BHP	Momentum Behavior Servic	Sonoma	BCBA	Behavior Analys	03/11/2024	Yes	None	
I	Benson, Regina Doula	SPEC	Atala Doula Services	Placer	Doula	None		No	None	
I	Berber, Roberto BCBA	BHP	Learning Arts	Yolo	BCBA	Behavior Analys	12/16/2023	Yes	None	
I	Bhattacharya, Arka P.,MD	PCP	Peach Tree Healthcare	Yuba	Family Medicine	ABMS of Family	09/23/2024	Yes	Admitting Agree	None
I	Birkner, Belinda B.,PA-C	SPEC	Peach Tree Clinic - Spec	Yuba	Physician Assis	National Comm	12/06/1996	Yes	None	
R	Blakewell, Robert W.,PT	Allied	NBHG: Northbay Rehab Ser	Solano	Physical Therap	None		No	None	
I	Bouwhuis, Braydon C.,PA-C	PCP	Northern Valley Indian Healt	Glenn	Physician Assis	National Comm	10/10/2024	Yes	None	
I	Bressan, John W.,ACNP-BC	SPEC	Peach Tree Clinic - Spec	Yuba	Acute Care Nur	American Nurse	12/01/2003	Yes	None	
R	Briggin, Laura BCBA	BHP	Cypress Adaptive Behavior	Sonoma	BCBA	Behavior Analys	06/30/2004	Yes	None	
R	Brody, Christine BCBA	BHP	Autism Spectrum Therapies	Solano	Behavioral Hea	Behavior Analys	09/30/2013	Yes	None	
R	Brooks, Andrew T.,MD	SPEC	NBHG: Ortho Surg A Northb	Solano	Orthopaedic Su	ABMS of Ortho	07/11/1997	Yes	NorthBay Medic	Active Attending
I	Brown, Maranda A.,ACSW	BHP	Feather River Tribal Health	Butte	Associate Clinic	None		No	None	
R	Buchan, Erin E.,BCBA	BHP	Multiplicity Therapeutic Serv	Humboldt	BCBA	Behavior Analys	08/31/2015	Yes	None	
R	Bulbulia, Adam D.,BCBA	BHP	Bridging Worlds Behavioral	Sonoma	Behavioral Hea	Behavior Analys	05/31/2011	Yes	None	
I	Bull, Stephanie C.,PA-C	PCP	Mendocino Community Heal	Mendocino	Physician Assis	National Comm	08/27/2024	Yes	None	
I	Canfield, Lourdes M.,FNP-BC	PCP	Providence Medical Group,	Sonoma	Family Nurse P	American Nurse	09/01/2003	Yes	None	
I	Canizalez, Lesley J.,BCBA	BHP	Special Care Services	Solano	BCBA	Behavior Analys	08/02/2021	Yes	None	
I	Cano, Isbel P.,RD	Allied	TeleMed2U	Yolo	Registered Diet	Commission of	12/05/2023	Yes	None	
R	Caraballo Fonseca, Juline N.,MD	SPEC	FamilyCare Allergy & Asthm	Sonoma	Allergy & Immu	ABMS of Allerg	11/30/2018	Yes	Admitting Agree	None
R	Cardenas, Sam PT	Allied	Sonoma County Indian Heal	Sonoma	Physical Therap	None		No	None	
I	Carl, Ciera N.,SUDRC	W&R	Visions of the Cross/ Wome	Shasta	Wellness and R	California Subs	01/27/2025	Yes	None	
I	Carlson, Janine E.,SUDRC	W&R	Shasta County Women's Re	Shasta	Wellness and R	California Subs	12/05/2024	Yes	None	
I	Carper, Emily PT	Allied	Family Physical Therapy	Placer	Physical Therap	None		No	None	
I	Carter Owens, Renee MD	SPEC	Vohra Wound Physicians	Solano	Wound Care	None		No	Admitting Agree	None
I	Caylor, Richard C.,FNP-C	PCP	Dignity Health Solano Stree	Tehama	Family Nurse P	American Acad	03/27/2013	Yes	None	
I	Cerone, Patricia FNP-BC	PCP	West County Health Centers	Sonoma	Family Nurse P	American Nurse	07/16/2024	Yes	None	
I	Chambers, Amy N.,LMFT	Allied	MVHC: Mt. Shasta Health C	Siskiyou	License Marriag	None		No	None	
R	Chan, Jacinda PA-C	SPEC	Pacific Skin Institute	Yolo	Physician Assis	National Comm	11/29/2021	Yes	None	
I	Chaudhry, Neha DO	SPEC	TeleMed2U	Yolo	Rheumatology	American Oste	08/30/2018	Yes	Admitting Agree	Active
I	Chavez Guerrero, Angelo J.,MD	PCP	Consolidated Tribal Health F	Mendocino	Family Medicine	ABMS of Family	12/08/2009	Yes	Admitting Agree	None
I	Chen, Ryan MD	SPEC	Sierra Medical Partnership	Placer	General Surger	American Boar	09/24/2019	Yes	Sutter Roseville	Active
R	Chene, Yasmin C.,PA-C	PCP	Stallant Health and Wellnes	Del Norte	Physician Assis	National Comm	09/26/2002	Yes	None	
R	Chennupati, Sravana MD	SPEC	John Muir Health Cancer Me	Contra Costa	Radiation Onco	ABMS of Radia	05/14/2015	Yes	John Muir Medi	Active
I	Chicas, Brenda V.,FNP-C	PCP	Santa Rosa Community Hea	Sonoma	Family Nurse P	American Acad	08/02/2024	Yes	None	
R	Chinn, Daniel M.,MD	SPEC	John Muir Health Cancer Me	Solano	Radiation Onco	ABMS of Radio	05/16/2000	Yes	John Muir Medi	Active
R	Chung, Christine S.,MD	SPEC	John Muir Health Cancer Me	Solano	Radiation Onco	ABMS of Radio	06/02/2009	Yes	John Muir Medi	Active
I	Cobbins, Racine FNP-BC	PCP	Providence Medical Group,	Humboldt	Family Nurse P	American Nurse	05/25/2021	Yes	None	
R	Cousin, Luis A.,MD	PCP	La Clinica	Solano	Family Medicine	ABMS of Family	07/11/1986	Yes	Admitting Agree	None

App. Ty	Full Name	Provider Type C	Name/Street	County Nam	Specialty Descr	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
I	Craig, Christine M.,RD	SPEC	Nutrition for Daily Living	Butte	Registered Diet	Commission of	10/28/2006	Yes	None	
R	Crapotta, Charles F.,MD	SPEC	Charles Crapotta, M.D.	Solano	Ophthalmology	ABMS of Ophth	11/18/1990	Yes	No Hospital Pri	None
R	Cruz, Kyla N.,PT	Allied	Sports Rehab Physical Ther	Solano	Physical Thera	None		No	None	
R	Cudlip, Fern S.,FNP-BC	PCP	Santa Rosa Community Hea	Sonoma	Family Nurse P	American Nurse	09/01/1996	Yes	None	
R	Cunningham-Donald, Elyse M.,MD	PCP	Sutter Lakeside Medical Pra	Lake	Internal Medicir	ABMS of Intern	09/22/1993	Yes	Sutter Lakeside	Active
I	Curtis, Julia BCBA	BHP	Momentum Behavior Servic	Sonoma	BCBA	Behavior Analy	12/01/2021	Yes	None	
I	Davaros, Danielle M.,PA-C	SPEC	Redwood Family Dermatolo	Sonoma	Physician Assis	National Comm	09/10/2015	Yes	None	
R	Dehesa-Rosillo, Carolina FNP	PCP	Santa Rosa Community Hea	Sonoma	Family Nurse P	American Nurse	07/24/2014	Yes	None	
R	Dela Llana Candelario, Michelle BCBA	BHP	Michelle dela Llana Candela	Humboldt	BCBA	Behavior Analy	02/28/2015	Yes	None	
I	Deskovitz, Jacob BCBA	BHP	Momentum Behavior Servic	Sonoma	BCBA	Behavior Analy	10/14/2021	Yes	None	
R	Detz, Alissa A.,MD	PCP	Marin Community Clinic: Sa	Marin	Internal Medicir	ABMS of Intern	08/24/2011	Yes	Admitting Agree	None
I	Dhami, Raymon PT	Allied	Advanced Spinal Rehabilitat	Sutter	Physical Thera	None		No	None	
I	Dib, Dina BCBA	BHP	Pantogran LLC dba Center	Yolo	BCBA	Behavior Analy	03/23/2024	Yes	None	
I	Donachie, Robert J.,Jr., MD	SPEC	Enloe Digestive Diseases C	Butte	Gastroenterolo	ABMS of Intern	11/10/1987	Yes	Admitting Agree	None
R	Eidson-Ton, Wetona S.,MD	PCP	CommuniCare Ole - Davis (	Yolo	Family Medicin	ABMS of Family	07/12/2002	Yes	Admitting Agree	None
I	Eisfeld, Ashley BCBA	BHP	Aura Behavioral Health LLC	Yolo	BCBA	Behavior Analy	08/31/2019	Yes	None	
I	Ely, Paige L.,DO	PCP	Petaluma Health Center	Sonoma	Family Medicin	ABMS of Family	07/01/2023	Yes	Admitting Agree	Active
I	Eschenbach, Suellen S.,FNP-BC	PCP	Santa Rosa Community Hea	Sonoma	Family Nurse P	American Nurse	08/01/2022	Yes	None	
I	Estabrook, Brian M.,PA-C	PCP	Tarichi Primary Care	Tehama	Physician Assis	National Comm	02/20/2003	Yes	None	
I	Everett, Shirrelle M.,FNP-C	PCP	Feather River Tribal Health	Butte	Family Nurse P	American Acad	11/27/2017	Yes	None	
R	Falk, Lois R.,NP	PCP	Redwood Coast Medical Se	Mendocino	Nurse Practitior	None		No	None	
I	Fenning, Reece T.,MD	PCP	West County Health Centers	Sonoma	Family Medicin	ABMS of Family	07/01/2024	Yes	Admitting Agree	None
R	Fito, Dennis A.,MD	PCP	Healdsburg Physician Group	Sonoma	Family Medicin	ABMS of Family	07/17/2010	Yes	Healdsburg Dis	Active
R	Flicker, Kier BCBA	BHP	Starfish Hero Inc	Humboldt	BCBA	Behavior Analy	05/31/2011	Yes	None	
R	Flynn, Neil M.,MD	W&R	Cache Creek Lodge Inc	Yolo	Wellness and R			No	Admitting Agree	None
I	Foley, John V.,MD	SPEC	Plumas Rural Health Center	Plumas	Orthopaedic Su	ABMS of Ortho	07/11/1997	Yes	Tahoe Forest H	Active
I	Forestal, Megan BCBA	BHP	Momentum Behavior Servic	Sonoma	BCBA	Behavior Analy	08/31/2019	Yes	None	
I	Foss, Madison ANP	PCP	Santa Rosa Community Hea	Sonoma	Pediatric Nurse	None		No	None	
I	Gajo, Eileen C.,MD	SPEC	Heart and Vascular Centers	Sutter	Interventional C	None		No	Admitting Agree	Active
R	Galante, Natalie D.,NP	PCP	Ole Health	Napa	Nurse Practitior	None		No	None	
R	Gamboa, Allen BCBA	BHP	Center for Social Dynamics	Yuba	Behavioral Hea	Behavior Analy	12/28/2021	Yes	None	
I	Garcia, Andrea R.,SUDRC	W&R	Ujima Family Recovery Serv	Solano	Wellness and R	California Subs	09/28/2024	Yes	None	
R	Gary, Karen NP	PCP	Petaluma Health Center	Sonoma	Family Nurse P	American Acad	03/26/2014	Yes	None	
R	Ginsberg, Michael L.,MD	PCP	NBHG: Center for Primary C	Napa	Pediatrics	ABMS of Pedia	10/27/2008	Yes	NorthBay Medic	Active Non-Attendin
I	Godoy, Antonio J.,RADT	W&R	Redwood Recovery Center	Humboldt	Wellness and R	California Cons	09/12/2022	Yes	None	
I	Golden, Donald E.,MD	PCP	Marin City Health & Wellnes		Internal Medicir	Meets MPCR #		No	Admitting Agree	None
R	Goldfarb, Sara S.,AUD	Allied	Sacramento Ear Nose and T	Yolo	Audiology	None		No	None	
I	Grandon, Deepa M.,MD	SPEC	TeleMed2U	Yolo	Allergy & Immu	ABMS of Allerg	10/04/2013	Yes	Admitting Agree	None
I	Green, Lyn L.,CRNA	SPEC	Green Anesthesia	Solano	Certified Regist	National Board	12/22/2014	Yes	Admitting Agree	Active
R	Gregory, Daria A.,PA-C	PCP	Elica Health Centers-Halyar	Yolo	Physician Assis	National Comm	10/10/2017	Yes	None	
R	Griffitts, James H.,AUD	Allied	Sacramento Ear Nose and T	Yolo	Audiology	None		No	None	
I	Gunsberger, Tanja L.,DO	SPEC	North Pacific Cardiology	Humboldt	General Surger	Confirmed per A	09/10/2008	Yes	Mad River Com	Active
I	Habiyaremye, Gakwaya MD	PCP	Fairchild Medical Clinic (PCI	Siskiyou	Internal Medicir	Meets MPCR #		No	Fairchild Medic	Provisional
I	Hajyan, Karine DO	SPEC	John Muir Physician Networ	Solano	Obstetrics and	ABMS of Obste	11/07/2014	Yes	John Muir Medi	Provisional
I	Hamza, Ayah DO	PCP	Ole Health	Napa	Pediatrics	Confirmed per A		No	Admitting Agree	None
I	Hannan, Mohammed A.,CRNA	SPEC	Green Anesthesia	Solano	Certified Regist	National Board	12/16/2016	Yes	Admitting Agree	None
I	Hanson, Amanda G.,LAc	Allied	Marin Community Clinic: Ca	Marin	Acupuncture	None		No	None	
R	Hatchimonji, Rachel L.,FNP-C	PCP	Providence Medical Group,	Humboldt	Family Nurse P	American Acad	07/01/2015	Yes	None	
R	Haynam, Stephen T.,DPM	SPEC	Bay Area Foot Care Inc	Yolo	Foot Surgery	AB of Foot and	03/12/2018	Yes	Sutter Davis Hc	Active
R	Heck, Heather R.,PA-C	SPEC	TeleMed2U	Yolo	Physician Assis	National Comm	08/27/2015	Yes	None	
R	Heeren, Matthew M.,MD	PCP	NBHG: Center for Primary C	Solano	Pediatrics	Meets MPCR#1	11/01/2005	No	NorthBay Medic	Active Non-Attendin
I	Helm, Brooke BCBA	BHP	Learning Arts	Yolo	BCBA	Behavior Analy	11/07/2024	Yes	None	
R	Hendersen, Melanie N.,BCBA	BHP	Positive Behavior Supports	Sonoma	Behavioral Hea	Behavior Analy	11/01/2021	Yes	None	

App. Ty	Full Name	Provider Type Cc	Name/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
R	Henry, Steven J.,SUDCC	W&R	Archway Recovery Services	Solano	Substance Use	California Subs	11/22/2023	Yes	None	
I	Hernandez, Jose M.,PA-C	PCP	Peach Tree Healthcare	Yuba	Physician Assis	National Comm	11/19/2020	Yes	None	
R	Heston, Skye R.,MD	SPEC	Providence Medical Group,	Humboldt	Family Medicine	ABMS of Family	11/14/2016	Yes	Admitting Agree	None
I	Hidalgo Cervantes, Yajaira BCBA	BHP	Burnett Therapeutic Service	Napa	BCBA	Behavior Analys	01/31/2023	Yes	None	
R	Hills, Matthew D.,BCBA	BHP	Multiplicity Therapeutic Serv	Humboldt	BCBA	Behavior Analys	09/30/2013	Yes	None	
I	Hinshaw, McKenzie FNP-C	PCP	New Life, LLC	Mendocino	Family Nurse P	American Acad	06/01/2012	Yes	None	
I	Hofmann, Nathan FNP	PCP	Anderson Walk-In Medical C	Shasta	Family Nurse P	American Nurse	03/09/2021	Yes	None	
I	Hopkins, Robert J.,MD	PCP	Ole Health	Napa	Internal Medicir	ABMS of Intern	09/16/1992	Yes	Admitting Agree	None
R	Hutchinson, Lindsay B.,PA-C	SPEC	TeleMed2U	Yolo	Physician Assis	National Comm	07/01/2004	Yes	None	
I	Hwang, Dahae FNP-C	PCP	Petaluma Health Center	Sonoma	Family Nurse P	American Acad	08/26/2024	Yes	None	
R	Iaccino, Joseph P.,DC	SPEC	Mendocino Community Heal	Mendocino	Chiropractic	None		No	Admitting Agree	None
R	Jacobs, Daniel L.,DO	SPEC	California Pain Specialists -	Napa	Pain Managem	ABMS of Anest	03/13/2021	Yes	Admitting Agree	None
R	Jewett, Ian BCBA	BHP	Multiplicity Therapeutic Serv	Humboldt	BCBA	Behavior Analys	01/31/2013	Yes	None	
I	Johnson, Adrena E.,PA	SPEC	Providence Medical Group,	Humboldt	Physician Assis	None		No	None	
R	Jolley, Margaret A.,MD	PCP	MVHC - Tulelake Health Ce	Siskiyou	Family Medicine	ABMS of Family	07/01/2016	Yes	Admitting Agree	None
I	Jorgensen, Jenna C.,MD	PCP	Adventist Health Howard Me	Mendocino	Family Medicine	ABMS of Family	07/07/2022	Yes	Adventist - How	Provisional
R	Karaoglan, Deha K.,DPM	SPEC	Deha Karaogian, DPM	Sonoma	Podiatry	AB Podiatric Me		Yes	Santa Rosa Me	Courtesy
I	Katsivas, Theodoros F.,MD	SPEC	Bay Area Community Health	Solano	Infectious Disea	ABMS of Intern	11/03/2004	Yes	Admitting Agree	None
I	Kaur, Harpreet LCSW	Allied	Ampla Health Richland Med	Sutter	Licensed Clinic	None		No	None	
I	Kazaryan, Anna M.,MD	SPEC	Shingletown Medical Center	Shasta	Rheumatology	ABMS of Intern	11/07/2019	Yes	Admitting Agree	None
R	Keller, Savannah NP	PCP	La Clinica	Solano	Nurse Practitior			No	None	
R	Khan, Shah MD	PCP	Adventist Health Mendocino	Mendocino	Internal Medicir	ABMS of Intern	08/14/2019	Yes	Adventist Healt	Active
I	Kim, Brian J.,MD	SPEC	Providence Medical Group-	Napa	Urology	ABMS of Urolog	02/28/2016	Yes	Admitting Agree	None
I	Kinney, Benton C.,PA	PCP	Pit River Health Service, Inc	Shasta	Physician Assis	None		Not Applica	Admitting Agree	None
I	Kitchell, Audrey BCBA	BHP	ACES 2020 LLC	Solano	BCBA	Behavior Analys	11/21/2024	Yes	None	
R	Klein, Roger A.,MD	SPEC	Roger A. Klein, M.D.	Sonoma	Orthopaedic Su	ABMS of Ortho	07/13/1990	Yes	Santa Rosa Me	Active
I	Kliebe, Noelle Doula	SPEC	Chico Doula	Butte	Doula	None		No	None	
I	Klim, Casimir C.,MD	SPEC	Elica Health Centers-Halyar	Yolo	Psychiatry	ABMS of Psych	09/09/2024	Yes	Admitting Agree	None
R	Knapp, Andrea N.,AUD	Allied	Sacramento Ear Nose and T	Yolo	Audiology	None		No	None	
R	Knecht, Thomas, MD	SPEC	Mendocino Coast Clinic	Mendocino	Endocrinology,	ABMS of Internal Medicine			Admitting Agreement	
R	Kulbeth, Patricia L.,RD	Allied	TeleMed2U	Yolo	Registered Diet	Certification Bo	09/16/2024	Yes	None	
I	Kyaw, Akari MD	SPEC	Shasta Regional Medical Gr	Shasta	Infectious Disea	ABMS of Intern	11/01/2023	Yes	Admitting Agree	None
R	Le, Jesse D.,MD	SPEC	John Muir Specialty Medical	Solano	Urology	ABMS of Urolog	02/28/2018	Yes	John Muir Medi	Active
I	Lee, Joyce M.,RD	Allied	Vayu Health	Solano	Registered Diet	Commission of	03/23/2021	Yes	None	
R	Leighton, Lynette E.,MD	PCP	Ole Health	Napa	Family Medicine	ABMS of Family	12/02/2010	Yes	Admitting Agree	None
R	Leonard, Ian J.,BCBA	BHP	L.I.N.C. - EBHC	Del Norte	Behavioral Hea	Behavior Analys	03/30/2008	Yes	None	
I	Lerias, Nicholas P.,DO	PCP	Community Medical Centers	Solano	Pediatrics	American Oste	08/02/2017	Yes	Admitting Agree	Active
R	Lerner, Dimitry L.,MD	SPEC	Bay Area Surgical Specialist	Solano	Gynecologic Or	ABMS of Obste	04/09/2014	Yes	John Muir Medi	Active
R	Levin, Neil A.,MD	PCP	Providence Medical Group,	Sonoma	Internal Medicir	ABMS of Intern	09/16/1992	Yes	Santa Rosa Me	Active
I	Lewis, Karen BCBA	BHP	Momentum Behavior Servic	Sonoma	BCBA	Behavior Analys	05/31/2017	Yes	None	
I	Licata, Christine J.,DO	SPEC	Jiva Health, Inc - Vacaville	Sonoma	Allergy & Immu	ABMS of Allerg	12/01/2024	Yes	Admitting Agree	None
R	Lieb, Jeremy I.,MD	SPEC	John Muir Specialty Medical	Solano	Urology	ABMS of Urolog	02/28/2014	Yes	John Muir Medi	Active
I	Lipari, Melissa DPM	SPEC	Bay Area Foot Care Inc	Placer	Podiatry	None		No	Admitting Agree	None
R	Liu, Hongguang MD	SPEC	IGI Care, Inc	Shasta	Gastroenterolog	Previously Boar	10/03/2012	Yes	Shasta Regiona	Active
I	Lopez, Diana BCBA	BHP	Burnett Therapeutic Service	Napa	BCBA	Behavior Analys	12/09/2024	Yes	None	
R	Magbiray, Sheena E.,BCBA	Allied	Teaching Autistic Children Ir	San Francisc	Behavioral Hea	Behavior Analys	11/30/2014	Yes	None	
R	Mark, Karen E.,MD	SPEC	One Community Health - Inf	Yolo	Infectious Disea	ABMS of Intern	10/21/2005	Yes	Admitting Agree	None
R	Marrier, Brian J.,BCBA	BHP	Autism Advocacy and Interv	Lake	Behavioral Hea	Behavior Analys	02/28/2015	Yes	None	
I	Marsh, Emily J.,CRNA	SPEC	Green Anesthesia	Solano	Certified Regist	National Board	06/28/2021	Yes	Admitting Agree	Active
I	Martinez, Lisa C.,FNP-C	PCP	WellSpace Health Arden-Ar	Placer	Family Nurse P	American Acad	09/29/2016	Yes	None	
R	Mastroni, John S.,MD	SPEC	John S. Mastroni, MD	Humboldt	Ophthalmology	ABMS of Ophth	10/15/1995	Yes	Providence St .	Courtesy
I	Matsukuma, Carly FNP-C	PCP	Marin City Health and Welln	Marin	Family Nurse P	American Acad	06/26/2024	Yes	None	
I	Matteo, Mallory PT	Allied	SPOT, Inc.	Shasta	Physical Therap	None		Not Applica	None	

App. Ty	Full Name	Provider Type C	Name/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
R	McGrew, Deborah M.,LMFT	BHP	McGrew Behavioral Health S	Napa	Marriage and F	None		No	None	
I	Medina, Andrea R.,LMFT	SPEC	Harmony Health Medical Cli	Yuba	License Marriag	None		No	None	
I	Merino, Timothy J.,II, MD	SPEC	Enloe Orthopedic & Trauma	Butte	Surgery	ABMS of Surge	03/08/2023	Yes	Enloe Medical (	Active
I	Meyer, Ann R.,MD	SPEC	Enloe Physical Medicine & F	Butte	Physical Medici	ABMS of Physi	07/01/1998	Yes	Admitting Agree	None
I	Millard, Crystal L.,SUDRC	W&R	Ujima Family Recovery Serv	Solano	Wellness and F	California Subs	08/05/2024	Yes	None	
R	Milne, Lawrence W.,MD	SPEC	Milne, Lawrence Warren, MI	Yolo	Surgery	ABMS of Surge	03/31/1992	Yes	Mercy San Juar	Courtesy
I	Moni, Caleb BCBA	BHP	Learning Arts	Yolo	BCBA	Behavior Analy	09/22/2020	Yes	None	
I	Montequin, Jorge CRNA	SPEC	Green Anesthesia	Solano	Certified Regist	National Board	06/16/2022	Yes	Admitting Agree	Active
I	Nagireddi, Lakshmi S.,DO	SPEC	TeleMed2U	Yolo	Allergy & Immu	AOB of Internal	06/30/2024	Yes	Admitting Agree	None
I	Najar, Olfa MD	PCP	Mendocino Community Heal	Mendocino	Internal Medicir	ABMS of Intern	08/23/2005	Yes	Admitting Agree	None
I	Nelson, Hailey PA-C	PCP	Tehama County Health Serv	Tehama	Physician Assis	National Comm	08/21/2023	Yes	None	
I	Nilson, Erick W.,PA-C	PCP	Anderson Walk-In Medical C	Shasta	Physician Assis	National Comm	05/29/2024	Yes	None	
I	Nyland, Deanne M.,MD	SPEC	Sacramento Ear Nose and T	Yolo	Otolaryngology	None		No	Mercy San Juar	Active
I	Oates, Marla D.,ACSW	BHP	Feather River Tribal Health (	Butte	Associate Clinic	None		No	None	
I	Olvera, Alexandria BCBA	BHP	Kyo Autism Therapy LLC, fk	Yolo	BCBA	Behavior Analy	12/20/2024	Yes	None	
R	Osborne, Aaron G.,DO	SPEC	Epic Orthopedics	Shasta	Orthopaedic Su	American Oste	11/01/2011	Yes	Mercy Medical (	Active
R	Pai, David S.,MD	SPEC	Capital Nephrology Medical	Yolo	Nephrology	ABMS of Intern	11/20/2007	Yes	Sutter Medical (	Active
R	Paik-Nicely, Timothy C.,MD	BOTH	With Open Arms Reproducti	Humboldt	Family Medicine	ABMS of Family	07/11/1980	Yes	Mad River Com	Active
R	Parolini, Elena BCBA	BHP	EP Behavior Consulting	Sonoma	Behavioral Hea	Behavior Analy	11/30/2009	Yes	None	
I	Parungao, Jodi L.,MD	PCP	Long Valley Health Center	Mendocino	Family Medicine	ABMS of Family	07/19/2018	Yes	Adventist - Ukia	Active
R	Patel, Atul K.,MD	SPEC	NBHG: Neurology	Solano	Neurological Su	ABMS of Neuro	05/19/2010	Yes	NBHG	Active Attending
R	Pathare, Neil P.,MD	SPEC	NBHG: Orthopaedics and P	Solano	Orthopaedic Su	ABMS of Ortho	07/27/2017	Yes	NorthBay Medic	Active Attending
I	Patterson-O'Dell, Madeline RD	SPEC	TeleMed2U	Yolo	Registered Diet	Commission of	09/12/2003		None	
R	Paul, Matthew K.,MD	SPEC	Epic Orthopedics	Shasta	Orthopaedic Su	ABMS of Ortho	07/23/2009	Yes	Mercy Medical (	Active
I	Perez, Katherine D.,NP	SPEC	Capital OB/GYN, Inc.	Yolo	Nurse Practitior	None		No	None	
R	Perumalsamy, Kumaravel S.,MD	SPEC	TeleMed2U	Yolo	Gastroenterolo	ABMS of Intern	11/18/2008	Yes	Admitting Agree	None
I	Petersen, Natalie L.,FNP-C	PCP	Peach Tree Healthcare - PC	Yuba	Family Nurse P	American Acad	02/02/2023	Yes	None	
I	Phares, Tanya M.,DO	PCP	Providence Medical Group,	Sonoma	Internal Medicir	ABMS of Intern	08/09/2013	Yes	Admitting Agree	Active
R	Poblete, Randall J.,PA-C	PCP	Solano County Family Healt	Solano	Physician Assis	National Comm	05/23/2013	Yes	None	
I	Proffer, Don SUDRC	W&R	Siskiyou County Behavioral	Siskiyou	Wellness and F	California Cons	07/26/2024	Yes	None	
I	Punzalan, Raymundo P.,MD	SPEC	Redding Rancheria Tribal H	Shasta	Endocrinology,	ABMS of Intern	11/19/1997	Yes	Admitting Agree	Active
R	Rahman, Sophia MD	SPEC	John Muir Health Cancer Me	Solano	Radiation Onco	ABMS of Radio	05/20/2014	Yes	John Muir Medi	Courtesy
I	Ram, Pankaj P.,MD	SPEC	Summit Nephrology Medical	Placer	Nephrology	ABMS of Intern	11/09/1982	Yes	Admitting Agree	None
I	Ramos, Jasmin BCBA	BHP	Burnett Therapeutic Service	Napa	BCBA	Behavior Analy	06/23/2021	Yes	None	
I	Rankie, Katherine T.,FNP-C	SPEC	Enloe Women's Services- N	Butte	Family Nurse P	American Acad	10/08/2024	Yes	None	
R	Ray, Subhransu K.,MD	SPEC	Bay Area Retina Associates	Solano	Ophthalmology	ABMS of Ophth	10/28/2001	Yes	Sutter Alta Bate	Active
I	Razawi, Shabnam BCBA	BHP	Roman Empire ABA Service	Solano	BCBA	Behavior Analy	12/28/2020	Yes	None	
I	Reardon, Karen A.,MD	SPEC	Redding Rancheria Tribal H	Shasta	Rheumatology	Meets MPCR#1	11/03/1999	No	Admitting Agree	Active
I	Reil, Todd D.,MD	SPEC	Providence Medical Group,	Sonoma	Vascular Surge	ABMS of Surge	05/19/2008	Yes	Admitting Agree	Active
R	Rembert, James L.,MD	SPEC	John Muir Health Cancer Me	Solano	Radiation Onco	ABMS of Radio	06/02/2008	Yes	John Muir Medi	Active
I	Reyes, Krystina BCBA	BHP	Pantogran LLC dba Center I	Placer	BCBA	Behavior Analy	11/01/2024	Yes	None	
R	Reyes, Norman D.,MD	SPEC	Capital Nephrology Medical	Yolo	Vascular Nephr	None		Not Applica	Mercy General	Active
R	Rich, Phyllis C.,MD	PCP	Marin Community Clinic: Ca	Marin	Family Medicine	ABMS of Family	07/12/1996	Yes	Admitting Agree	Active
I	Rios-Robles, Brianna BCBA	BHP	Grow With Me - Creciendo J	Solano	BCBA	Behavior Analy	11/18/2020	Yes	None	
I	Roberts, Dominica N.,FNP-C	PCP	Mendocino Community Heal	Mendocino	FNP-C	American Acad	07/11/2024	Yes	None	
R	Robles, Robert L.,MD	SPEC	John Muir Health Cancer Me	Solano	Medical Oncolo	ABMS of Intern	11/05/1991	Yes	John Muir Medi	Active
I	Rodriguez, Anna M.,RD	SPEC	TeleMed2U	Yolo	Registered Diet	Commission of	10/01/1997	Yes	None	
I	Rodriguez, Wesley BCBA	BHP	Learning Arts	Yolo	BCBA	Behavior Analy	01/19/2024	Yes	None	
I	Romano, Lorraine BCBA	BHP	Pantogran LLC dba Center	Yolo	BCBA	Behavior Analy	09/30/2013	Yes	None	
I	Rounds, Alexandra Doula	SPEC	Alexandra Rounds, LM IBCL	Mendocino	Doula	None		No	None	
I	Rounds, Amanda BCBA	BHP	BM Behavioral Center, LLC	Solano	BCBA	Behavior Analy	09/08/2020	Yes	None	
R	Ruiz, Calvin J.,MD	PCP	Dignity Health - Mercy Famil	Shasta	Family Medicine	ABMS of Family	07/01/2021	Yes	Mercy Medical (	Active
I	Sae, Aynna Y.,MD	SPEC	Aynna Yee Sae MD	Sonoma	SNFist	None		No	Kaiser Foundat	Office Based

App. Ty	Full Name	Provider Type C	Name/Street	County Nam	Specialty Descr	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
R	Salzman, John R.,MD	SPEC	John Muir Health Cancer Me	Solano	Radiation Onco	None		Not Applica	Admitting Agree	None
R	Sanfilippo, Tracy Ann CADC CAS	W&R	Visions of the Cross/Outpati	Shasta	Wellness and F	California Cons	02/28/2017	Yes	None	
R	Sarnevesht, Nadereh PA	SPEC	East Bay Nephrology Medic	Solano	Physician Assis	None		No	None	
R	Seid, Derice P.,MD	PCP	Marin Community Clinic: Ca	Marin	Internal Medicir	Meets MPCR#1	08/22/2000	No	Admitting Agree	None
R	Seigel, Stuart C.,MD	SPEC	TeleMed2U	Yolo	Endocrinology,	ABMS of Intern	11/06/2014	Yes	Admitting Agree	None
I	Sellers, April N.,PA-C	PCP	Ampla Health Yuba City	Sutter	Physician Assis	National Comm	10/10/2024	Yes	None	
I	Sertyn, Sandra L.,LMFT	Allied	Harmony Health Medical Cli	Yuba	Marriage and F	None		No	None	
I	Sevilla, Eduardo PA-C	SPEC	Shriners Hospital for Childre	Yolo	Physician Assis	National Comm	08/14/2020	Yes	None	
I	Shabaniani, Kristina PA-C	SPEC	Planned Parenthood Northe	Contra Costa	Physician Assis	National Comm	03/25/2024	Yes	None	
I	Singhania, Girish MD	SPEC	TeleMed2U	Yolo	Nephrology	ABMS of Intern	11/12/2015	Yes	Admitting Agree	None
I	Skeehan, David M.,DO	SPEC	Sierra Medical Partnership	Placer	General Surger	Previously Boar	10/30/2009	No	Sutter Roseville	Active
R	Skvaril, Jaqueline R.,MD	PCP	Providence Medical Group,	Sonoma	Internal Medicir	ABMS of Intern	09/25/1991	Yes	Santa Rosa Me	Affiliate Staff
R	Sloan, Sheldon K.,PA-C	SPEC	Lake County Tribal Health C	Lake	Physician Assis	National Comm	01/17/1992	Yes	None	
R	Snyder, Laneah L.,MD	PCP	MVHC - Butte Valley Health	Siskiyou	Family Medicine	ABMS of Family	07/01/2013	Yes	Admitting Agree	None
I	Spetzler, Maria A.,PA-C	PCP	UIHS - Potawot Health Villa	Humboldt	Physician Assis	National Comm	06/12/2012	Yes	None	
R	Sullivan, Kaitlin BCBA	BHP	Burnett Therapeutic Service	Napa	Behavioral Hea	Behavior Analys	11/30/2016	Yes	None	
R	Svahn, Tiffany H.,MD	SPEC	John Muir Health Cancer Me	Solano	Medical Oncolo	ABMS of Intern	10/26/2006	Yes	John Muir Medi	Active
R	Taylor, Sherry L.,MD	SPEC	NBHG: Neurology	Solano	Neurological Su	ABMS of Neuro	05/28/1999	Yes	Northbay Medic	Active Attending
I	Teng, Chih Yun A.,MD	PCP	La Clinica/ Great Beginnings	Solano	Family Medicine	ABMS of Family	07/01/2024	Yes	Admitting Agree	None
I	Thomas, Angela FNP-C	SPEC	Leo Eickhoff, MD Inc	Shasta	Family Nurse P	American Acad	01/15/2014	Yes	None	
I	Thompson, Alexis PA-C	PCP	Adventist Health Clearlake	Lake	Physician Assis	National Comm	06/24/2024	Yes	None	
I	Trinh, Alex CRNA	SPEC	Green Anesthesia	Solano	Certified Regist	National Board	11/21/2022	Yes	Admitting Agree	Active
R	Tucker, Bruce N.,MD	PCP	Providence Medical Group,	Sonoma	Internal Medicir	Meets MPCR #		No	Santa Rosa Me	Active
R	Turner, Sarah MD	SPEC	Selah Women's Health	Shasta	Obstetrics and	ABMS of Obste	01/17/2014	Yes	Shasta Region	Active
I	Uong, Anhdao D.,PA-C	SPEC	TeleMed2U	Yolo	Physician Assis	National Comm	10/30/2024	Yes	None	
R	Upadhyay, Ajay K.,MD	SPEC	First Surgical Consultants a	Solano	General Surger	ABMS of Surge	04/21/1997	Not Applica	Alta Bates Sum	Active
R	Valencia, Rachel BCBA	BHP	Maxim Healthcare Services,	Yolo	BCBA	Behavior Analys	12/13/2021	Yes	None	
I	Vang, Mai BCBA	BHP	Learning Arts	Yuba	BCBA	Behavior Analys	02/21/2021	Yes	None	
I	Vangkhue, Sabrina L.,PA-C	SPEC	Pacific Skin Institute	Yolo	Physician Assis	National Comm	10/11/2023	Yes	None	
I	Wall, Norman M.,III, DO	SPEC	Shasta Critical Care Special	Shasta	Nephrology	None		No	Admitting Agree	None
I	Wang, Rita Y.,MD	SPEC	Santa Rosa Community Hea	Sonoma	Obstetrics and	ABMS of Obste	11/09/2012	Yes	Sutter Santa Rc	Active
I	Wang, Yubao MD	SPEC	John Muir Health Cancer Me	Solano	Hematology	ABMS of Intern	10/27/2008	Yes	John Muir Medi	Provisional
I	Watanabe, Lauren E.,PA-C	PCP	Peach Tree Clinic - Spec	Yuba	Physician Assis	National Comm	10/15/2021	Yes	None	
I	Way, Christopher Y.,DO	SPEC	Providence Medical Group,	Sonoma	Neurology	ABMS of Psych	09/12/2016	Yes	Admitting Agree	None
I	Webb, Kristin BCBA	BHP	Grow With Me - Creciendo J	Solano	BCBA	Behavior Analys	08/31/2017	Yes	None	
R	Weiss, Jonathan D.,MD	SPEC	NBHG: Center for Women's	Solano	Obstetrics and	ABMS of Obste	12/11/1987	Yes	Alta Bates Med	Active
R	Whisler, Donald L.,MD	SPEC	Providence Medical Group,	Sonoma	Rheumatology	ABMS of Intern	11/07/2019	Yes	Santa Rosa Me	Active
R	Williamson, Angela J.,PT	Allied	NBHG: Northbay Rehab Ser	Solano	Physical Thera	None		No	None	
I	Williamson, Cayleigh A.,CRNA	SPEC	Green Anesthesia	Solano	Certified Regist	National Board	09/09/2019	Yes	Admitting Agree	Active
I	Winegarner, Nicole FNP-BC	SPEC	Keith Donald, MD	Lake	Family Nurse P	American Nurse	09/27/2024	Yes	None	
I	Wolff, Courtney BCBA	BHP	Autism Learning Partners	Yolo	BCBA	Behavior Analys	02/28/2015	Yes	None	
R	Wood, Tricia A.,BCBA	BHP	Wood, Tricia A, BCBA	Humboldt	Behavioral Hea	Behavior Analys	06/30/2005	Yes	None	
I	Woodlander, Laura Doula	SPEC	Laura Woodlander	Sonoma	Doula	None		No	None	
I	Yamamotoya, Marie K.,MD	PCP	OLE Health	Solano	Family Medicine	ABMS of Family	07/10/1998	Yes	Admitting Agree	Active
R	Yimer, Muluneh A.,MD	SPEC	Capital Pediatric Cardiology	Yolo	Pediatric Cardi	ABMS of Pedia	11/19/2018	Yes	Sutter Roseville	Courtesy
R	Yoon, Ji Ho J.,LAc	Allied	CommuniCare Ole - Salud C	Yolo	Acupuncture	None		Not Applica	None	
R	Young, Steven M.,MD	SPEC	John Muir Specialty Medical	Solano	General Surger	ABMS of Surge	03/22/2005	Yes	John Muir Medi	Courtesy
R	Yttrup, Cristina B.,FNP-C	SPEC	Bay Area Surgical Specialis	Solano	Family Nurse P	American Acad	08/12/2021	Yes	None	
I	Yu, Samuel CRNA	SPEC	Green Anesthesia	Solano	Certified Regist	National Board	11/04/2009	Yes	Admitting Agree	None
I	Zepponi, Rikki A.,FNP-C	PCP	Hill Country Comm Clinic-R	Shasta	Family Nurse P	American Acad	08/12/2024	Yes	None	
I	Zhelezoglo, Karina BCBA	BHP	California Psychcare, Inc db	Sacramento	BCBA	Behavior Analys	06/09/2020	Yes	None	

MEETING Minutes

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

Date: 3/18/2025 **Time**: 7:30 a.m.- 9:30 a.m.

Facilitator: Mohamed Jalloh, HEO

Coordinator: Bethany Hannah

Meeting Locations:

- WebEx

Attendees:

Shannon Boyle, Isaac Brown, Monika Brunkal, Anna Campbell, Kristina Coester, Dawn Cook, Nicole Curreri, James Devan, Jeffery DeVido, Heather Esget, Margarita Garcia-Hernandez, Kristine Gual, Bethany Hannah, Tony Hightower, Mohamed Jalloh, Amanda Kim, Mary Kerlin, Marshall Kubota, Yolanda Latham, Sue Lee, Stan Leung, Amanda McNair, Robert Moore, Mark Netherda, Rachel Newman, Hannah O'Leary, Sue Quichocho, Manleen Randhawa, Denise Rivera, Liz Romero, Delorian Ruffin, Anthony Sacket, Rebecca Stark, Wendy Starr, Nancy Steffen, Amanda Smith, Christine Smith, Ben Spencer, Chloe Ungaro, Vicquita Velazquez, Edna Villasenor, Emily Wellander, Kory Watkins

Absent: Priscilla Ayala, Katherine Barresi, Robert Bides, Sonja Bjork, Mark Bontrager, Cathryn Couch, Wendi Davis, Noemi Doohan, Greg Allen Friedman, Shandi Fuller, Brigid Gast, Ledra Guillory, Nisha Gupta, Latrice Innes, Vicky Klakken, Rachel Newman, Katheryn Power, Dorian Roberts, Lynn Scuri, Tim Sharp, Stephen Stake, Amy Turnipseed, Liat Vaisenberg

External Advisory Members

Name	Affiliation	Org Type	1/21/25	3/18/25	5/20/25	7/15/25	9/16/25	11/18/25
Jason Cunningham, MD Chief Executive Officer	West County Health Centers	FQHC		X				
Eugene Durrah Equity Services Manager	Solano County	County						
Suzanne Edison-Ton, MD Chief Medical Officer	Communicare+ Ole	FQHC						
Hendry Ton, MD Associate Vice Chancellor	UC Davis	Health System		X				
Shandi Fuller, MD Maternal Child and Adolescent Health	Solano County	Public Health Department						
Lisa Wada Senior Manager, Quality Improvement	Providence	Health System	X					
Valerie Padilla Director of Quality and Patient Safety	Open Door Community Health	Health System		X				
Arlene Pena Senior Program of Quality Improvement	Aliados Health	Community Based Org	X	X				
Jeremy Plumb Systems Director, Quality Division	Northbay Medical Center	Hospital	X	X				
Lelia Romero Health Program Specialist - Health Equity	Lake County	Public Health Department		X				
Robin Schurig, MPH, CPH Executive Director	Health Alliance of Northern California	Community Based Org	X	X				

Candi Stockton, MD Health Officer of Humboldt County	Humboldt County	Public Health Department	X					
Tiffani Thomas Case Manager	Solano County Superior Court	Local Government	X	X				
Brandon Thornock Chief Executive Officer	Shasta Community Health Center	Health System	X					
Denise Whitsett Quality Improvement Coordinator	Community Medical Centers	Health System	X	X				

***FQHC= Federally Qualified Health Center

*****Members who do not attend at least half of meetings will be considered for removal per vote of committee.

Agenda Topic	Notes	Action Item
Agenda Item 1 **Introductions**	A. Dr. Jalloh conducted a roll call for external advisory members to mark their attendance. B. Quorum was met by having 9 members present.	
Agenda Item 2 **HE Updates** Speaker: Dr. Jalloh	A. Dr. Jalloh assures the committee that we will be proceeding as usual based on the contract deliverables mandated by the state for Health Equity since we will be held accountable if we do not per the current CA state policies B. Partnership has a new incentive program for Quality Improvement where we are giving health systems bonuses for closing gaps for specific disparities such as well care visits, breast cancer screenings, colorectal cancer screenings, or controlling blood pressure. We are not targeting one specific race group, we are letting health systems determine which group to focus on, based on the data that we will be providing to them C. Dr. Jalloh asked the committee to please let us know if their health system or if they hear of a health system that may be interested so that we can reach out to QIP@partnershiphp.org and see if they are eligible. D. There is an alternative health equity measure where if a unit of service measure and the payout is $2000.	

Agenda Topic	Notes	Action Item
Agenda Item 3 **Meeting Minutes** Speaker: Dr. Jalloh	A. Motion to approve meeting minutes from November and January. 1st Arlene Pena 2nd Valerie Padia	Motion to approve meeting minutes from November and January. 1st Arlene Pena 2nd Valerie Padia
Agenda Item 4 **CMO Health Plan Updates** Speaker: Dr. Moore	State Level Policy Updates: A. Dr. Moore attended the American Academy of Family Physicians in Sacramento recently and there was a lot of concern about the state budget this year. B. Shortfalls noted in the Cal State university system and the University of California system which have been exacerbated by the NIH policy about covering indirect expenses for the NIH research dollars. C. In addition, there was some press about the state borrowing up to its maximum to cover its current Medicaid expenses. D. This is a year where the state will be looking at budget cuts, California by law is required to pass a balanced budget Federal Level Policy Updates: A. Extended telemedicine flexibility and FQHC funding up until Septembers 1st. B. Plans for massive spending cuts which include Medicaid cuts. Community Activities: A. 2nd annual Physician residency program performance improvement program where 6 residents did a presentation on their quality projects and 3 were selected as the best and were given an award. B. Activities related to promoting rural obstetric access and quality, a conference was conducted addressing challenges in prenatal care that was led by Dr. Townsend, and it went well. There were representatives from the Surgeon General's office talking about maternal mortality, there were a couple of talks on diabetes and pregnancy as well as an excellent talk on substance abuse screening options in pregnancy.	

Agenda Topic	Notes	Action Item
	C. A bill we are interested in moving forward on which is to help support hospitals to have a standby perinatal unit which is getting good support, we anticipate this bill will move forward. D. Partnership has been expanding life support and obstetric trainings coming up in May which are mostly full. E. Six regional director meetings starting on Friday in Eureka, and if there is any interest in attending, please contact Dr. Moore.	
Agenda Item 6 **CA Association Updates** Speaker: Arlene Pena and Robin Schurig	A. Arlene Pena mentioned that they are continuing to operate as usual with contracted initiatives, receiving guidance from funders, and making adjustments as needed. B. She highlighted the ongoing work with Salano County, particularly through a monthly improvement workgroup meeting with health centers in the county. In February, they began developing a Venn diagram to identify priorities and align the efforts of different organizations, focusing on well-child visits for children aged 0-15 months and 15-30 months. A shared aim statement was created for the group to guide their work. Several health initiatives are underway in Salano County: • The Community Health Worker (CHW) Initiative aims to provide outreach and education to hard-to-reach populations in Salano County, led by their population health team. • The Salano-Sonoma County HEALS initiative is ongoing and will continue through 2025. • The Doula Doula Initiative trains and certifies community members as doulas to support African American and Black women with informed birthing. It also includes an eight-month program to support pregnant individuals in a group setting focused on their childbirth experience. • The Health Informatics Team is working on setting up data systems to support the new 2025 Quality Improvement Program (QIP) measures and targets, including the new well-child check-ups for ages 0-30 months. Dashboards to track well-child visits are also being developed.	

Agenda Topic	Notes	Action Item
	• In February, the medical directors and chief medical officers met, as part of their bi-monthly schedule, to review and approve evidence-based clinical guidelines. During the meeting, they reviewed and approved the new breast cancer screening guidelines from the U.S. Preventive Services Task Force and updated pediatric immunization guidelines. These updated guidelines are now posted on their website. • The Social Drivers of Health (SDOH) Workgroup continues to meet to improve demographic data collection at health centers, adjusting to different funding guidance as needed. A new SDOH dashboard is being developed to help health centers stratify and analyze data to meet their specific needs. Progress is being made, with improvement in SDOH screening rates across health centers. • Robin Schurig announced that starting in May, the Director of Data and Technology from Health Alliances, Gabe Decker, will attend QIHEC meetings to provide data analysis updates. • Gabe handles data analysis for the Health Alliance of Northern California, the North Coast Clinics Network, and 15-member health centers across both consortia. • His ongoing work includes creating annual organizational profiles, developing quarterly regional dashboards, and preparing health equity supplemental dashboards, which are shared annually. • Gabe will report on the health equity dashboard and discuss disparities identified in the data. • Every other month, Quality Improvement (QI) peer networks meet to share best practices and challenges, with a focus on addressing disparities. • Gabe's contact information will be sent to Bethany to add him to the email list.	

Agenda Topic	Notes	Action Item
Agenda Item 7 **Grand Analysis:** Speaker: Hannah O'Leary	Hannah O'Leary gave a presentation on the Population Needs Assessment (PNA), which is written to meet regulatory requirements and provides a detailed report on the needs of partnerships' members. A. The PNA uses data from a variety of sources to assess the needs, and findings are grouped into categories based on the Healthy People 2030 domains of social determinants of health. B. Key findings include: • Economic stability: High poverty rates, food insecurity, economic instability, and disparities in access to social services. • Health care access and quality: Provider shortages, insufficient healthcare access, high rates of substance use disorder, mental health issues, chronic diseases, and unintentional injuries. • Neighborhood and built environment: Geographic isolation, lack of affordable housing, fire threats, and transportation challenges. • Education access and quality: Low education attainment and limited internet access. • Social and community context: High rates of adverse childhood experiences (ACEs), need for fostering community connections, and support for healthcare system navigation. C. Additional findings from other data sources include concerns about access to care, provider shortages, behavioral health issues, food insecurity, and income inequality. D. Disparities in health outcomes are pronounced among marginalized groups, particularly related to transportation, which complicates access to care in remote areas. E. Top chronic conditions in the adult population include hypertension, depression, and tobacco use, while among the pediatric population, anxiety, trauma stress, and depression are the leading conditions.	

Agenda Topic	Notes	Action Item
	F. In 2023, there was an increase in substance use disorder diagnoses, and mental health visits were highest among the white population. G. Breast cancer and cervical cancer screening rates in northern counties continue to underperform. H. The report also highlighted health disparities related to specific clinical measures, including high blood pressure, diabetes control, and prenatal care visits. I. The actions taken by the partnership to address identified needs are categorized into organizational structure, social and environmental needs, member health and wellness, access to care, health disparities, health education and cultural linguistics. J. Key actions include: • Hiring two regional directors for the eastern and southwestern regions. • Building relationships with community partners and local health jurisdictions to support community health assessments and improvement plans. • CalAIM Incentive Payment Program – was able to offer grant funding to address housing concerns • Awarding over $52 million in grants to for programs such as Enhanced Care Management and Community support services • Expanding workforce opportunities, including scholarships focused on healthcare and social work. • Supporting health education programs like asthma outreach, tobacco prevention, and mobile mammography services. • Recruiting and retaining healthcare professionals through a provider recruitment program. • Strengthening efforts to reduce disparities, especially for American Indian populations and postnatal care access. • Developing interactive health education videos on preventive care, vaccine safety, and mental health. • Member services offering community informational sessions in both English and Spanish to support members transitioning to the partnership.	

Agenda Topic	Notes	Action Item
	• Report will be posted online toward the end of June and is currently in draft form. Hannah O'Leary gave an overview of the Cultural and Linguistics Trilogy documents and their background. She shares Key Findings from the 2024 CNL Program Evaluation: 1. Translation Services: o Over 1,100 translation requests were fulfilled in 2024, nearly double the number from 2023. o Of these requests, 800 were completed on time, and one was late. 2. Interpreter Services: o Over 320,000 interpreter calls were made in 2024, a significant increase from the 133,000 calls in 2023. 3. Alternative Formats: o 689 requests for alternative formats (audio CDs, large font, braille) were fulfilled by December 2024, with 2023 seeing higher numbers. However, data was only available from one department, so the actual number might be higher. 4. Language Diversity: o Partnership Health Plan (PHC) members spoke over 32 different languages, with the most common being English, Spanish, Russian, Tagalog, and Pinjabi. 5. Quality Improvement and Health Equity Committee (QIHEC): o Over 35 attendees participated in each of the five QIHEC meetings in 2024. 6. Community Advisory Committee (CAC): o The CAC, made up of 30 members, met quorum in all its quarterly meetings, with seven additional being sought recruitment. 7. Cultural and Linguistics Policy Review:	

Agenda Topic	Notes	Action Item
	o All CNL policies and reports were reviewed and approved as of December 2024. A new round of approvals is underway for upcoming documents, including the evaluation report. 8. Staffing Support: o While there is sufficient CNL staff to support the program, additional staff are needed to support the expanding workload, including the transfer of health equity responsibilities from the health education team to the health equity team. Goals for 2024: 1. Goal 1: Define the framework and process for the 2024 CNL program evaluation and work plan. This goal was delayed but will be met. 2. Goal 2: Submit DEI training to DHCS for review by September 2024. This goal was delayed but ultimately met. 3. Goal 3: Ensure that 90% of members who requested materials in an alternative format receive them. This goal was met by reviewing unfulfilled requests. 4. Goal 4: Increase the number of bilingual member services staff by 1%. This goal was met, with bilingual staff rising from 28 to 31. 5. Goal 5: Improve controlled blood pressure rates among American Indian/Alaska Native members by 5%. The goal's status is still unknown due to delays in data collection. Updated Goals for 2025: 1. Goal 1: Develop a multi-year health equity strategic plan by June 2025. 2. Goal 2: Distribute DEI training to provider networks and MCP staff by December 2025. 3. Goal 3: Ensure 91% of members receive materials in their requested alternative formats by December 2025. 4. Goal 4: Increase bilingual member services staff by 2% to meet a 75% bilingual staff target by December 2025.	

Agenda Topic	Notes	Action Item
	5. Goal 5: Improve controlled blood pressure rates among American Indian/Alaska Native members by 5% in at least two regions by December 2025. 6. Goal 6: Improve timely translations in the utilization management or care coordination departments to 90% by December 2025. 7. Goal 7: Improve prenatal visit rates by 5% in the Eureka/Reading region for American Indian/Alaska Native members by December 2025, with a five-year goal of a 22% improvement. 8. Goal 8: Improve welcome visit rates by 5% for Black, White, and American Indian/Alaska Native members by December 2025. Cultural and Linguistics Program Description: • This document outlines the cultural and linguistic services provided by the organization and is designed to meet both DHCS and NCQA health equity requirements. It includes various services aimed at improving access and addressing health equity concerns among diverse populations. Conclusion: • The 2025 CNL Work Plan and Program Description will drive the 2025 CNL Program Evaluation, which will be reviewed in early 2026.	
Agenda Item 8 **Community Information** Speaker: Dr. Ton	Health Equity Initiatives at UC Davis Health: • Guided by the Office for Health Equity, Diversity, and Inclusion (HeADI). • Focused on creating a welcoming, inclusive community with lifelong learning and health equity. • Serve a large proportion of Medi-Cal patients (around 40% of their patient mix). A. Key Programs: • Gender-affirming care provided across the care continuum.	

Agenda Topic	Notes	Action Item
	• Largest psychiatric provider for inpatient and outpatient services in Sacramento County. • Provide primary and specialty care to local Federally Qualified Health Centers (FQHCs). • Operate 13 culturally focused student-run clinics, with active faculty volunteer involvement. B. Addressing Health Disparities: • Identify and focus on four health disparities annually. • Current focus areas include: o Blood pressure control for African American and Black patients. o Hemoglobin and A1C control for Hispanic/Latinx patients. o Advanced care planning for limited English-speaking patients. o Exclusive milk feeding for newborns, particularly for African American and Black patients. • Efforts to reduce disparities showed positive progress, although not all goals have been reached yet. C. Community Engagement & Interventions: • Collaborated with community-based organizations for outreach, particularly in culturally sensitive education and telephonic outreach. • Used health equity advisors and disparity workgroups to guide and implement these initiatives. D. Collaboration with Solano County: • Conducted a five-year project assessing the needs of underserved communities (Latinx, Filipino, and LGBTQ+ groups) in the mental health system. • The project led to a 300% increase in access to care for LGBTQ+ members and a decrease in crisis utilization across all communities involved. • The model was successful enough to win a national award and has been used in other counties.	

Agenda Topic	Notes	Action Item
	E. Provider Education and Training: • Held annual symposia on LGBTQ+ health, refugee health, and cultural competency. • Monthly webinars on topics like trauma-informed education, racial equity, and the refugee experience. • Developed micro-modules and more advanced training for clinical staff on inclusion, diversity, and addressing microaggressions. F. Health Equity Leadership & Capacity Building: • Created a health equity leadership development program to educate leaders on health equity-focused decisions. • Developed tools to ensure health equity is considered at every phase of health system projects. G. Social Determinants of Health: • Focused on addressing root causes of health inequities such as poverty, food insecurity, and unemployment through the AIM initiative. • Increased local hiring and procurement to promote economic well-being in underserved communities. H. Healing and Social Rifts: • Established healing circles and a Truth and Racial Healing and Transformation Center to support community healing and collaborative dialogue. • The center helps both community and academic leaders learn restorative practices. I. Feedback & Impact: • Healing circles have helped community members process trauma and feel more connected. • Positive feedback from participants, indicating a sense of belonging and strengthening community connections. J. Challenges and Future Goals:	

Agenda Topic	Notes	Action Item
	• Despite some setbacks, ongoing efforts are focused on reducing disparities and fostering healing within the community, especially in response to national and local crises.	
Agenda Item 9 **Key Policy Discussion** **Health Equity Playbook** Speaker: All	Dr. Jalloh reviews the Health Equity Playbook with the Committee, giving credit to Brandy Isola for taking the lead on creating the Playbook. A. Health Equity Playbook Overview: • A "playbook" or checklist is provided to guide health equity activities. • It helps identify key health disparities and provides steps to understand and address them. B. Key Plays in the Playbook: 1. Identify Health Disparities: 2. Prioritize Disparities: 3. Identify Root Causes: 4. Co-Design Improvement Efforts: 5. Set Specific Goals: 6. Implement and Evaluate: 7. Integrate into Long-Term Vision: C. Playbook Distribution: • The playbook will be distributed for free to health systems as a reference for addressing health equity to ensure they have the tools to close the equity gaps Motion to approve playbook: 1st Motion: Valarie Padilla 2nd Motion: Arlene Pena	Motion to approve playbook: 1st Motion: Valarie Padilla 2nd Motion: Arlene Pena
Agenda Item 10:	Yolanda Latham reviewed the following policy recommendations with the committee: 1. Policy # MCUG3118 Prenatal and Perinatal Care	Motion to Approve Changes: 1st Motion: Valarie Padilla 2nd Motion: Tiffani Thomas

Agenda Topic	Notes	Action Item
Disparity Discussions: Policy Changes Speaker: Yolanda	• Recommended Changes: The committee suggested including a reference to additional race and ethnic groups that incur higher risks during pregnancy, as well as considering incorporating cardiovascular disease risks for populations with higher risks (such as AA, NA, PI). 2. Policy # MPXG5009 Lactation Clinical Practice Guidelines • Recommended Changes: The committee recommended adding the following text to the policy: "Health plan supports providers in offering culturally congruent care and traditional health services that respects and integrates a patient's cultural beliefs, values, and traditions into their treatment. The care aims to be sensitive to and compatible with the patient's cultural context" 3. Policy #MCNP9006 Doula Service Benefit • Recommended Changes: The committee recommends text encouraging Doulas attend continuing education that emphasizes culturally competent practices for those who serve tribal communities and offers resources that support this. Motion to Approve Changes: 1st Motion: Valarie Padilla 2nd Motion: Tiffani Thomas	
Disparity Discussions: QI/PHM	James Devan provided the following update: • In September of the previous year, the Department of Health Care Services (DHCS) offered a way for Partnership to mitigate financial losses through quality measure outcomes. • The team created a proposal to work with large providers that served significant populations, including African American, Native American, Pacific Islander, and Asian groups. • The proposal focused on about 2,500 members in the age range of 3 to 21 years who showed disparities in care. • Additional funding was provided to practices to engage members and complete visits before the end of the year.	

Agenda Topic	Notes	Action Item
	• The initiative is currently being evaluated, and results will be shared once available.	
Agenda Item 10 **Next Meeting** Speaker: Dr. Jalloh	Next Meeting: May 27, 2025, 7:30 a.m. – 9:00 a.m.	

Hospital Quality Incentive Program (HQIP) Measurement Set

Providers have the potential to earn a total of 100 points in six domains 1) Readmissions; 2) Advanced Care Planning; 3) Clinical Quality; 4) Patient Safety; 5) Operations/Efficiency; 6) Patient Experience. Individual measure values will be assigned for the final and approved measurement set.

Key: New Measure **||** Change to Measure Design

2024-25 Measures	2025-26 Recommendations
Risk Adjusted Domain	**Risk Adjusted Domain**
1. Risk Adjusted Readmissions (RAR)	1. Risk Adjusted Readmissions (RAR)
2. 7-Day Follow-up Clinical Visit (RAR)	2. 7-Day Follow-up Clinical Visit (RAR)
Palliative Care Domain	**Palliative Care Domain**
3. Palliative Care Capacity	**3. Palliative Care Capacity**
Clinical Domain	**Clinical Domain**
4. Elective Delivery Before 39 Weeks	4. Elective Delivery Before 39 Weeks
5. Exclusive Breast Milk Feeding Rate	5. Exclusive Breast Milk Feeding Rate
6. Nulliparous, Term, Singleton Vertex (NTSV) Cesarean Rate	6. Nulliparous, Term, Singleton Vertex (NTSV) Cesarean Rate
7. Vaginal Birth After Cesarean (VBAC)	7. Vaginal Birth After Cesarean (VBAC)
8. Expanding Delivery Privileges	**8. Expanding Delivery Privileges**
9. Increasing Mammography Capacity	**9. Doula Support**
Patient Safety Domain	**10. Increasing Mammography Capacity**
10. CHPSO Patient Safety Organization Participation	**11. Vaccines For Children Enrollment**
11. Substance Use Disorder Referral, Medication Assisted Treatment (MAT)	**Patient Safety Domain**
Operations / Efficiency Domain	12. CHPSO Patient Safety Organization Participation
12. QI Capacity	13. Substance Use Disorder Referral, Medication Assisted Treatment (MAT)
13. Hospital Quality Improvement Platform	**Operations / Efficiency Domain**
Patient Experience Domain	14. QI Capacity
14. Cal Hospital Compare-Patient Experience	15. Hospital Quality Improvement Platform
15. Health Equity	**Patient Experience Domain**
	16. Cal Hospital Compare-Patient Experience
	15. **Health Equity**

Programmatic Changes:

I. Descriptions of Potential 2025-26 Measure Changes for Core Measurement Set

A. Change(s) to Existing Measures for 2025-26

1. **Palliative Care Measure 3:** Remove references to the Palliative Care Quality Collaborative (PCQC)

   Rationale: PCQC dissolved in March 2025. A note was added mid-year to the 2024-25 specifications to reflect change, but change is needed for this year. Hospitals will use data from their inpatient EMRs to report to Partnership.

   Measure Requirements for X-Large hospitals with ≥ 100 beds

   Required to provide the following to Partnership:

   Part 1. Hospitals must submit a report summarizing the number of palliative care consults per month for the measurement year July 1, 2025 – June 30, 2026

   Part 2. Rate of consults who have completed an Advance Care Directive or have a signed POLST to be included in the report described in Part 1:
   - **Numerator**: Anyone with an Advance Directive or POLST status in the hospital's inpatient EMR and on the palliative care service at either the time of consult ***or*** the time of discharge.
   - **Denominator:** Patients with a palliative care consult recorded in the hospital's inpatient EMR and on the palliative care service, discharged alive from July 1, 2025 – June 30, 2026.

   Part 3. Submit Attestation form Appendix II showing inpatient palliative care capacity: at least two trained***** Licensed Clinician (RN, NP, or PA), and an arrangement for availability of either video or in-person consultation with a Palliative Care Physician

2. **Measure 8: Expanding Delivery Privileges:** Since we have moved into the second year of this measure and it is a multi-phase measure, it is suggested to replace "phase one" language with "phase two' language:

   Measure Specification:

   In this second phase of measure implementation, hospitals are now required to work toward actively recruiting, granting privileges, and demonstrating evidence of family physicians' and nurse midwives' clinical activity.

Measure Requirements

This multi-phase measure began with ***Phase One*** in the 2024-25 measurement year, which asked hospitals to develop by-laws and/or policy and procedure to expand delivery privileges to midwives and family physicians. With ***Phase One*** completed in 2024-25, this measure moved into ***Phase Two*** for the 2025-26 HQIP Measurement Year starting July 1, 2025.

Phase Two Requirement: Hospital's that have developed by-laws and/or policy and procedure allowing midwives and family physicians to hold delivery privileges, must now show evidence that they are actively recruiting and/or share their provider privileges list of midwives and family physicians who have been granted delivery privileges.

3. **Revise Health Equity Measure:** Switch from an annual report on Health Equity to submission of CMS Health Equity Attestation as written below:

Measure Specifications

Partnership recognizes that health equity work can be very diverse and take many forms and Hospitals are being asked by multiple agencies to be committed to health equity. Since all hospitals need to report to CMS on health equity, rather than ask organizations to produce additional proof of their health equity work, Partnership has decided to reduce the administrative burden on hospitals by aligning our measure with CMS requirements. Hospitals may now report their health equity work to Partnership by submitting the same documentation submitted to the Centers for Medicare & Medicaid Services (CMS) for the Hospital Commitment to Health Equity Measures.

Measure Requirements

Hospitals shall submit a copy of their most recent CMS program attestation for the Hospital Commitment to Health Equity Measure to earn points for this measure. The attestation should cover part of the HQIP measurement year.

Target

Full Points: 5 Points earned for submitting current CMS Health Equity Attestation that meets all five domains.

Exclusions

Very Small sized hospitals with less than 25 Licensed General Acute beds are excluded from participation in this measure.

B. Potential New Measures for 2025-26 Measurement Year

Measure 9: Doula Support

It is suggested to add a Doula Support measure like the Expanding Delivery Privileges measure to encourage hospitals to allow Doula's to support birthing parents during delivery.

Measure Specifications

This measure will be implemented over multiple years, with **Phase One** starting with the 2025-26 measurement year. In future years, hospitals will be required to work toward actively recruiting and allowing doulas to provide support during labor and delivery.

Measure Requirements

Hospitals will develop medical staff bylaws and/or policies and procedures that allow doulas to support birthing parents in the hospital during labor and delivery.

In future years, we anticipate a second phase of this measure to include evidence that doulas are being utilized in labor and delivery

Hospitals with existing bylaws and/or written policies that allow doulas to provide support during labor and delivery will get full points for the measure.

2. Measure 11: Vaccines For Children (VFC) Enrollment

It is suggested to add a measure incentivizing hospitals for enrolling in the cost saving Vaccines For Children program offered by the California Department of Public Health (CDPH).

Measure Specification:

HQIP birthing hospitals can save cost and positive impact their newborn population by enrolling in the 'no cost" Vaccination For Children program through CDPH. Partnership's HQIP birthing hospitals will be eligible to receive points by successfully enrolling in the CDPH's VFC program by the end of the measurement year.

Target: Enrollment in VFC program by June 30, 2026

I. Summary of Current and Proposed Measures and/or Measure Changes

(A) Core Measurement Set Measures

Participating Comprehensive Perinatal Services Program (CPSP) and select non-CPSP providers who provide quality and timely prenatal and postpartum care to PARTNERSHIP members have the option to earn additional financial incentives. The PQIP framework offers a simple and meaningful measurement set developed with PCPs and OB/GYNs in mind and includes the following measures: 1) Timely Immunization Status - Tdap and Influenza Vaccine; 2) Timely Prenatal Care; and 3) Timely Postpartum Care.

(B) Electronic Data Measure

DataLink allows for data exchange from Provider Electronic Health Records to PARTNERSHIP in order to capture depression screening and follow-up care. DataLink implementation is a vital component of furthering PQIP technical advancement through the capture of claims and electronic data directly exported from participating providers Electronic Health Records (EHR) systems.

Key:

New Proposed Measures || Change to Measure Design

Current FY2024-25 Measures	Proposed FY2025-26 Measures
ECDS & Clinical Domains	
Perinatal Medicine: 1. Electronic Clinical Data Systems (ECDS) 2. Prenatal Immunization 3. Timely Prenatal Care 4. Depression Screening 5. Timely Postpartum Care	**Perinatal Medicine:** 1. Electronic Clinical Data Systems (ECDS) 2. Prenatal Immunization 3. Timely Prenatal Care 4. Depression Screening 5. Timely Postpartum Care 6. Timely Comprehensive Assessments Monitoring

PQIP FY 2024-25 DESCRIPTIONS OF MEASURES AND 2025-26 PROPOSED CHANGES

A. CLINICAL MEASURES NO CHANGES BEING MADE IN 2025-26

Prenatal Immunization Status
The number of women who had one dose of the tetanus, diphtheria, acellular pertussis vaccine (Tdap) within 30 weeks before delivery date and an influenza vaccine during their pregnancy.

Timely Prenatal Care
Timely prenatal care services rendered to pregnant PARTNERSHIP members in the first trimester, as defined as less than 14 weeks of gestation, or within 42 days of enrollment in the organization.

Alternatively, timely prenatal care services rendered to pregnant PARTNERSHIP members at 14 or more weeks of gestation.

Timely Postpartum Care
Timely postpartum care is a measure of quality care and can contribute to healthier outcomes for women after delivery. The postpartum visit is an important opportunity to educate new mothers on expectations about motherhood, address concerns, and reinforces the importance of routine preventive health care.

B. ELECTRONIC DATA MEASURE

PROPOSED CHANGE: **ECDS DataLink Gateway Measure 1**
DataLink contracting was incentivized in the 2024-25 measurement year. This year, the ECDS measure would become a ***Gateway Measure*** requirement for perinatal providers to receive incentive dollars. Some providers may have completed this during the 2024-25 measurement year. However, if a perinatal provider did complete a contract and implementation with DataLink during the 2024-25 measurement period, they must complete all ***Implementation Phases*** and ***Participation Requirement Steps*** below by June 30, 2026 in order to be eligible for incentive payment in the 2025-26 measurement year.

C. *PROPOSED* MONITORING MEASURE 6: Timely Comprehensive Assessments

During the 2025-26 Measurement Year, Partnership will be monitoring claims data looking for members receiving full psychosocial, nutrition, and behavioral health assessments each trimester of pregnancy and once postpartum (up to 1 year after delivery). This measure is a monitoring only measure, without any incentive dollars attached to the measure. This measure may be developed into an incentive measure in future years.

D. MEASURE INCENTIVE BREAKDOWN

Measure	Incentive Per Submission	Measure Requirement
Gateway Measure: ECDS: DataLink Implementation	**None.** Requirements must be met to be eligible to receive PQIP incentive dollars.	DataLink contracting and implementation completed by June 30, 2026.
Prenatal Immunization Status	$37.50 (Tdap) $12.50 (Influenza)	The number of women who had one dose of the tetanus, diphtheria, acellular pertussis vaccine (Tdap) within 30 weeks before delivery date and an influenza vaccine during their pregnancy (i.e. within 40 weeks of delivery date).
Timely Prenatal Care	$100 (<14 weeks gestation) $25 (≥14 weeks gestation)	Timely prenatal care services rendered to pregnant Partnership members in the first trimester, as defined as less than 14 weeks of gestation, or within 42 days of enrollment in the organization. Alternatively, timely prenatal care services rendered to pregnant Partnership members at 14 or more weeks of gestation.
Timely Postpartum Care	$25 (1st visit) $50 (2nd visit)	Two Timely postpartum care services rendered to Partnership members with one occurring within 21 days after delivery and the other occurring between 22 and 84 days after delivery.
Monitoring Measure: Timely Comprehensive Assessments	**None.** This measure is a monitoring only measure with no incentive amounts attached.	Partnership will monitor the use of timely comprehensive assessments through claims data and potentially site audits.

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Investing in Clinicians for the Long Run:

SCHC's Multi-Faceted Retention and Recruitment Approach

Darrick Nelson, MD Chief Medical Officer

Dorothy Bratton, PA-C Deputy Chief Medial Officer

January 29, 2025

DISCLOSURES:

Darrick Nelson, MD – *No financial interest, arrangement or affiliations with commercial organizations that may have a material interest in the subject matter of this presentation*

Dorothy Bratton, PA-C – *No financial interest, arrangement or affiliations with a commercial organization that may have a material interest in the subject matter of this presentation*

Objectives

1. **Educate Attendees on SCHC's MSO Framework**: Provide a detailed overview of the MSO's structure and its role in clinician recruitment, onboarding, and retention.

2. **Encourage Adoption of Creative Retention Plans**: Inspire attendees to consider implementing long-term appreciation incentives, such as sabbaticals, to foster clinician well-being and loyalty.

3. **Demonstrate the Effectiveness of Performance-Based Incentives**: Present data or case studies showing the impact of SCHC's three incentive programs on clinician performance and patient outcomes.

4. **Share Best Practices for Loan Repayment Programs**: Offer actionable insights into setting up internal loan repayment systems and supporting clinicians in accessing state and national programs.

5. **Foster Discussion on Workforce Sustainability**: Engage attendees in a conversation about the challenges and solutions for sustaining a strong healthcare workforce in underserved areas.

About Shasta Community Health Center

- Location: Redding, California
- Founded: 1988
- Federally Qualified Health Center
- Mission: To provide high-quality healthcare to the community with compassion and understanding

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About Shasta Community Health Center

Services Offered:

- Primary Care
- Dental Care
- Behavioral Health
- Women's Health
- Pediatrics
- Integrated Behavioral Health
- Urgent Care
- Specialty Services
- Chiropractic and Acupuncture

About Shasta Community Health Center

Patient Volume (2024)
- Unique Patients: 36,400
- Total patient visits: 159,559

About SCHC Clinicians
- 83 FTE (full-time equivalents)
- Approx. 95 individual clinicians

Sites
- 6 fixed sites across 3 towns and 77 square miles
- 1 Mobile van
- 1 Homelessness outreach team
- 1 Respite house

OUR COST TO REPLACE A CLINICIAN

Recruiter Fees	$50,000
Advertising & Marketing	$10,000
Lost Revenue @ $82,000/month	
Over 6 months	$492,000
Sign-on bonus	$35,000
Relocation	$15,000

AT LEAST **$602,000**

Other indirect costs:

- Reduced productivity of new or temp replacement
- Impact on remaining staff morale
- Onboarding costs, revenue, licensing credentialing
- Replacing experience with inexperience

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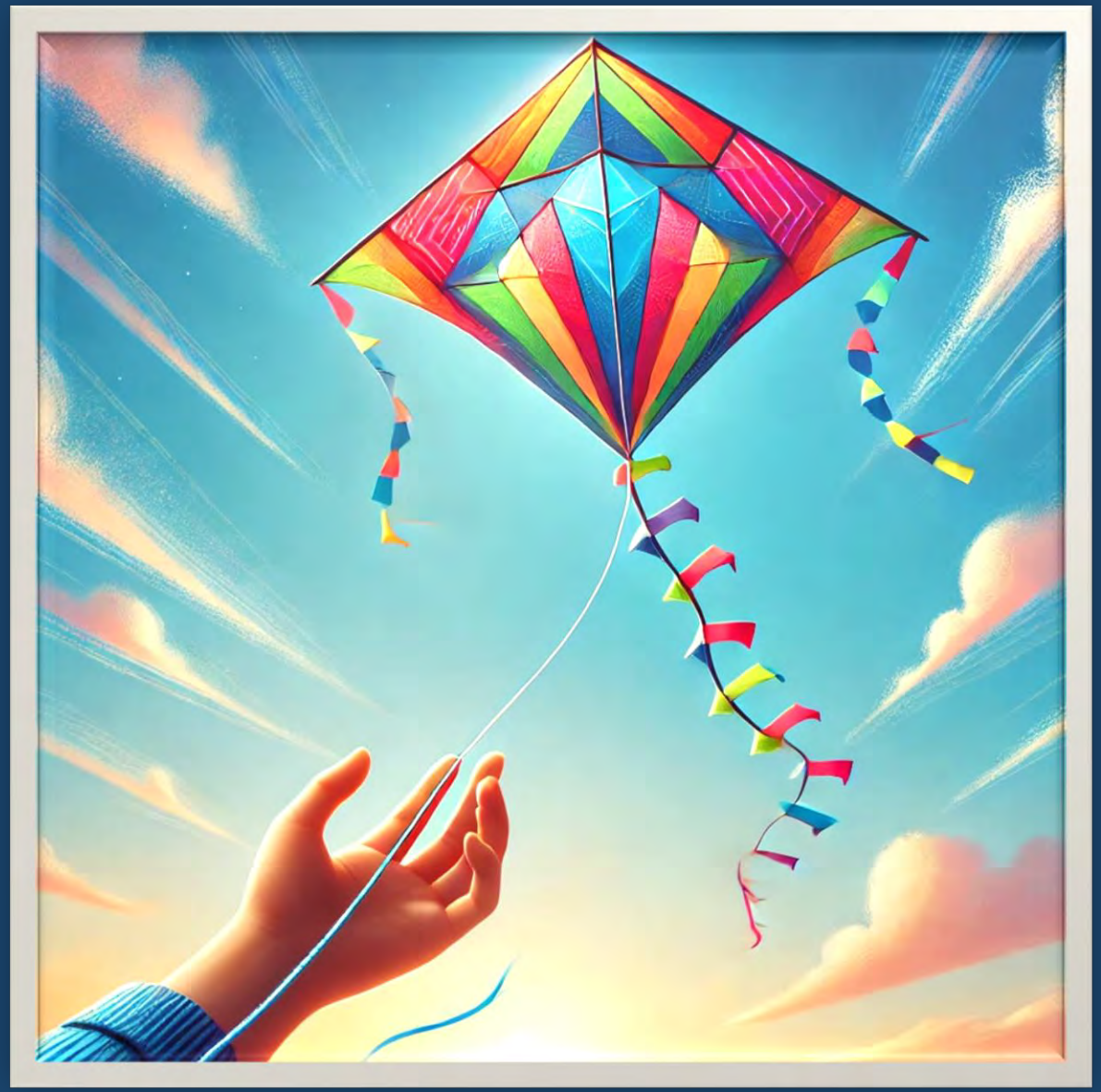
The Kite String as a Metaphor for a Medical Staff Office

What does the kite string do?

Hold the Kite Down?

In Reality it Holds the Kite up

A kite can only soar high because of its string. The string provides connection, confidence, and support, keeping it stable even against strong winds



The String That Keeps Clinicians Soaring

The string symbolizes:

- **Support:** Robust onboarding, mentorship, and accessible leadership
- **Stability:** Work-life balance, recognition, and fair policies
- **Guidance:** Growth opportunities and career development

A strong string ensures our clinicians stay engaged, effective, and fulfilled

What happens when the string breaks?

When clinicians feel unsupported, they:

- Face burnout and frustration
- Lose connection with organizational goals
- Ultimately drift away for other opportunities

Retention is not a cost—it's an investment in keeping our team strong and soaring

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Medical Staff Office (MSO)

Top Ten Functions of MSO:

1. Clinician Recruiting
2. Clinician Credentialing
3. Onboarding
4. Licensing and Certification
5. Patient templates, Time off management
6. Coverage scheduling, CTA
7. CME program management
8. Loan repayment program(s)
9. Incentive & Retention management
10. Ongoing Engagement

MEDICAL/CLINICAL STAFF OFFICE (MSO)

Deputy Chief Medical Officer

MSO Manager

Senior Clinical Recruiter

Credentialling Specialist

Medical Staff Coordinator Lead

Clinical Recruitment Coordinator

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SENIOR CLINICAL RECRUITER: A CONCIERGE SERVICE

- Review Candidate CV
- Phone Screen candidate
- Present Candidate to CMO and DCMO
- Coordinate with MSO for Site Visit
- Maintain Close Contact with Candidate
- Ensure candidate arrives safely and knows where to go on day of site visit
- Tour candidate during site visit
- Follow up with candidate after site visit
- Determine salary range with HR
- Prepare offer letter
- Send offer letter to recruiter or directly to candidate
- Coordinate with Credentialing to begin
- Process any sign-on bonuses
- Work with MSO to coordinate onboarding day
- Communicate weekly with candidate during credentialing process to give updates
- Help with housing needs for new clinicians if needed
- Meet new clinician on first day
- Onboard & train new clinician over 2-week period

Touch base weekly with new clinicians after arrival at SCHC to ensure they feel supported with the goal of long-term retention, 2:10:30

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MSO MANAGER OVERSEES:

- MSO Staff Management
- Retention bonus management & tracking
- Loan repayment verification & tracking
- Recruitment efforts
- Locums
- Inter-department communications: staffing needs
- Tracking of recruitment, hiring and retention steps
- Development of new programs relating to recruitment and retention
- MSO budget and purchases
- Scheduling, credentialing & privileging, CME approval & tracking

CREDENTIALING ANALYST

- Initiates credentialing new hires
- Manages ongoing credentialing and privileging
- Manages ongoing peer-review
- Manages all licenses and certifications
- Manages CME program
- Manages professional association reimbursements
- Monitors NPDB, ongoing
- Books travel, lodging and processes reimbursements for site visits

MEDICAL STAFF COORDINATOR LEAD

- Manages Clinician schedules
- Manages Schedules of covering Clinical Team Associates*
- Monitors staffing balance
- Creates patient schedule templates
- Communicates with department managers
- Blocks clinician schedules for time-off
- Manages Locums Tenens schedules
- Manages Urgent Care evening and weekend schedules
- After hours call schedule

CLINICAL RECRUITMENT COORDINATOR

- Supports Clinical Staff Recruiter
- Facilitates communication between internal departments
- Facilitates communication between external recruitment firms
- Facilitates communication with candidates
- Coordinates site visit and interview schedules
- Manages hospitality, lunch, dinner
- Communicates with candidate regarding site visit schedule
- Coordinates on-boarding schedule
- Meets with clinicians on day 1
- Creates onboarding materials, such as onboarding binder and schedules

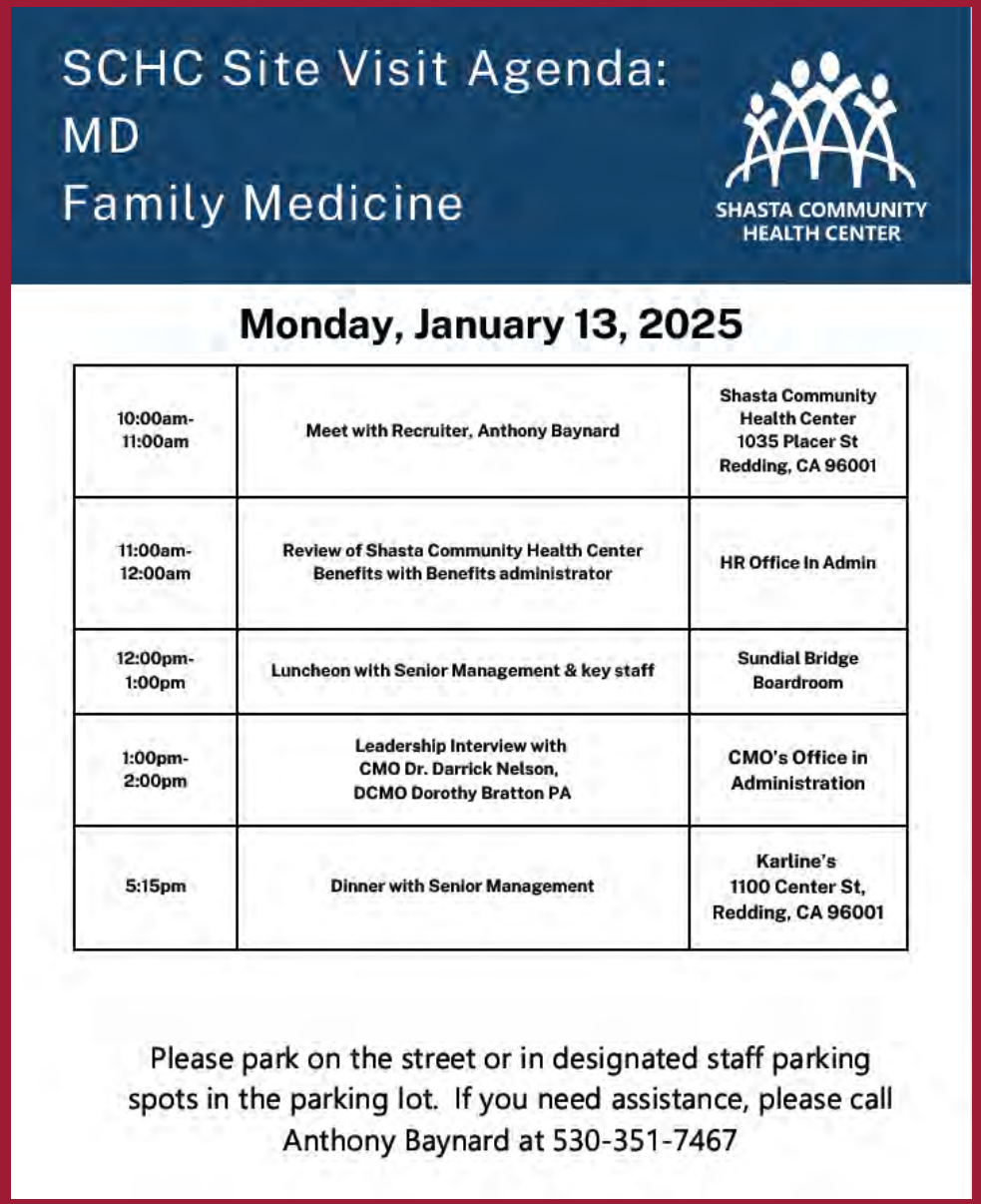
SAMPLE SITE VISIT AGENDA

For candidates outside the area, we generally fly them (+1) to Sacramento or Redding.

Put them up in a local nice hotel near the famous Sundial Bridge.

Prefer a Friday or Monday site visit so they can use the weekend to explore the area

We cover additional nights if desired



SCHC Site Visit Agenda:
MD
Family Medicine

SHASTA COMMUNITY HEALTH CENTER

Monday, January 13, 2025

10:00am-11:00am	Meet with Recruiter, Anthony Baynard	Shasta Community Health Center 1035 Placer St Redding, CA 96001
11:00am-12:00am	Review of Shasta Community Health Center Benefits with Benefits administrator	HR Office In Admin
12:00pm-1:00pm	Luncheon with Senior Management & key staff	Sundial Bridge Boardroom
1:00pm-2:00pm	Leadership Interview with CMO Dr. Darrick Nelson, DCMO Dorothy Bratton PA	CMO's Office in Administration
5:15pm	Dinner with Senior Management	Karline's 1100 Center St, Redding, CA 96001

Please park on the street or in designated staff parking spots in the parking lot. If you need assistance, please call Anthony Baynard at 530-351-7467

SAMPLE TWO-WEEK ONBOARDING SCHEDULE

SCHC Onboarding Schedule: FNP/PA Anderson Medical Director

SHASTA COMMUNITY HEALTH CENTER

Welcome to Shasta Community Health Center!
We are so excited to welcome you to our Team!

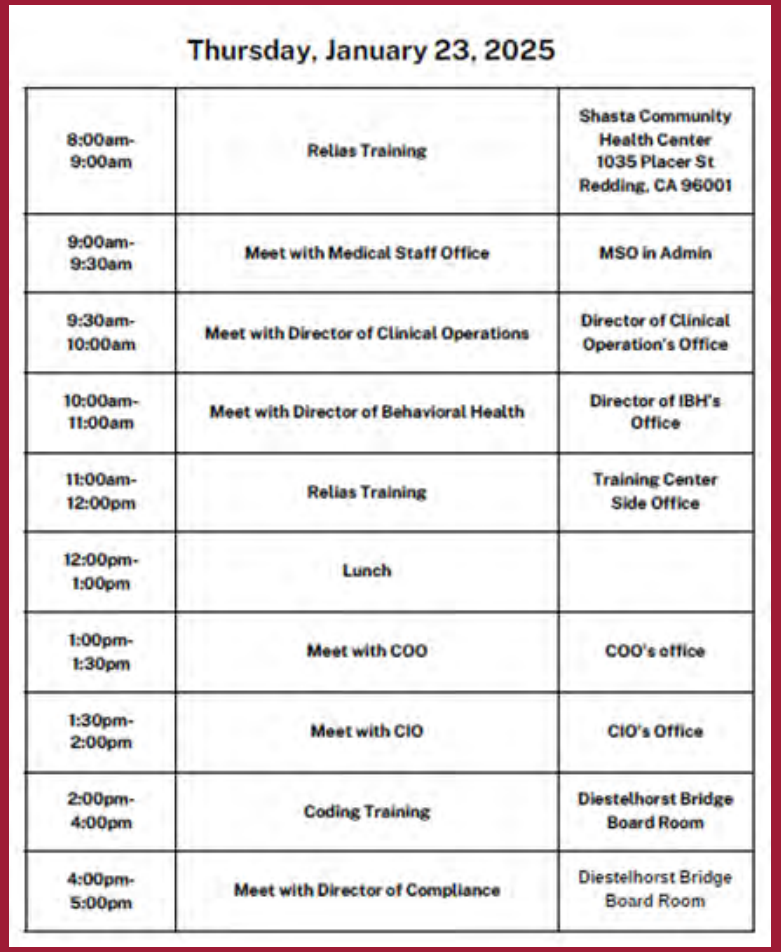
- Please review the Orientation checklist in this binder. Each meeting will require sign off by yourself and your trainers. Please submit the checklist to the Medical Staff Office by email or interoffice mail upon completion.
- Please email or interoffice mail the Lab Coat and Business Card form to purchasing if you decide you want those items.
- Please email or interoffice the New Clinician Biographical Information to the Medical Staff Office (MSO) upon completion.
- This binder is yours to keep. (Please note the enclosed information is subject to change. The most recent versions of the policies and SOPs are available in Policy Tech via the Intranet for future reference.)
- Parking is available at each location. Please do not park in spaces designated for patients.

If you need assistance at any time, please call
Anthony Baynard, Medical Staff Recruiter
Office: 530-351-7467

Wednesday, January 22, 2025

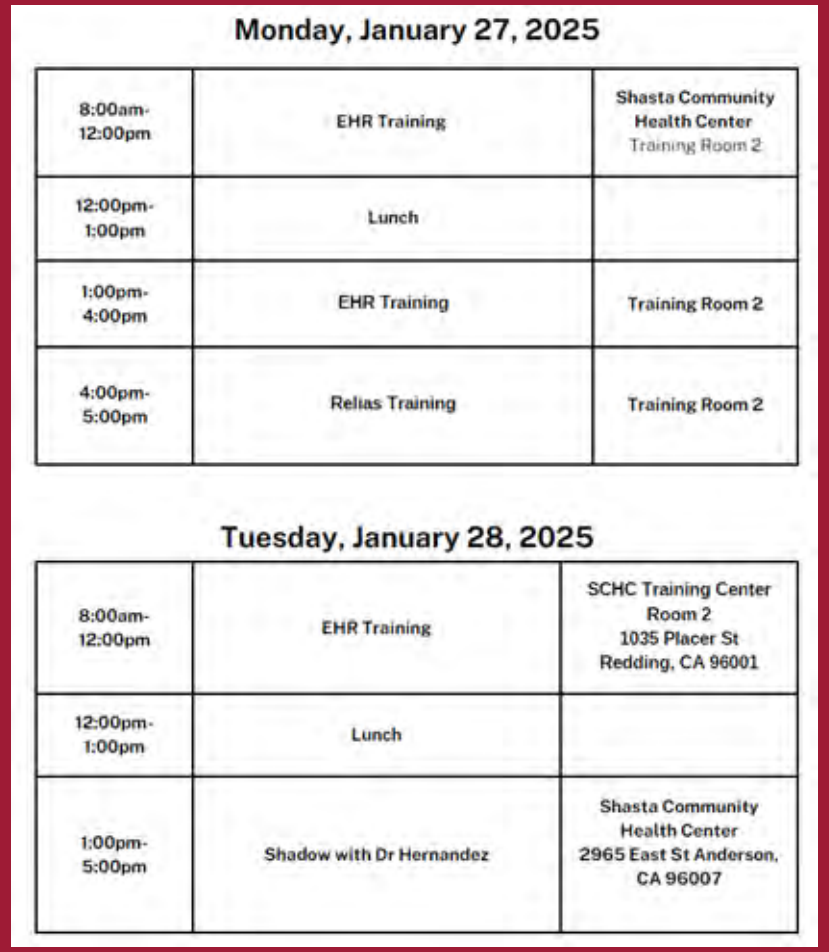
8:00am-8:30am	Meet with Anthony Baynard	Shasta Community Health Center 2965 East St Anderson, CA 96007
8:30am-9:30am	Meet with Medical Director	Medical Director's Office
9:30am-10:30am	Meet with Center Manager	Center Manager's Office
10:30am-11:00am	Meet with HIS Manager	Anderson's Conference Room
11:00am-12:00pm	Meet with Director of Quality	Anderson's Conference Room
12:00pm-1:00pm	Lunch	
1:00pm-1:30pm	Meet with Director of Billing	Shasta Community Health Center 1035 Placer St Redding, CA 96001 John's Office
1:30pm-2:00pm	Meet with Clinical Pharmacist	Clinical Pharmacist'sOffice
2:05pm-2:35pm	Meet with CMO, Dr Darrick Nelson	CMO's Office
2:45pm-5:00pm	Relias Training	Training Center Side Office

SAMPLE TWO-WEEK ONBOARDING SCHEDULE



Thursday, January 23, 2025

8:00am-9:00am	Relias Training	Shasta Community Health Center 1035 Placer St Redding, CA 96001
9:00am-9:30am	Meet with Medical Staff Office	MSO in Admin
9:30am-10:00am	Meet with Director of Clinical Operations	Director of Clinical Operation's Office
10:00am-11:00am	Meet with Director of Behavioral Health	Director of IBH's Office
11:00am-12:00pm	Relias Training	Training Center Side Office
12:00pm-1:00pm	Lunch	
1:00pm-1:30pm	Meet with COO	COO's office
1:30pm-2:00pm	Meet with CIO	CIO's Office
2:00pm-4:00pm	Coding Training	Diestelhorst Bridge Board Room
4:00pm-5:00pm	Meet with Director of Compliance	Diestelhorst Bridge Board Room

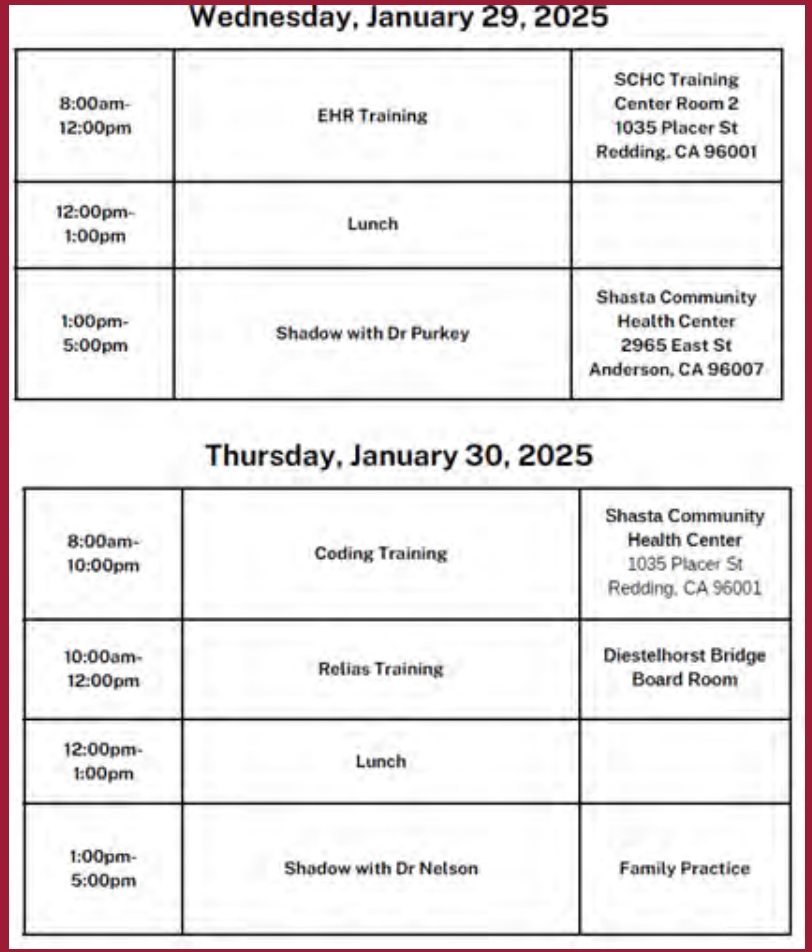


Monday, January 27, 2025

8:00am-12:00pm	EHR Training	Shasta Community Health Center Training Room 2
12:00pm-1:00pm	Lunch	
1:00pm-4:00pm	EHR Training	Training Room 2
4:00pm-5:00pm	Relias Training	Training Room 2

Tuesday, January 28, 2025

8:00am-12:00pm	EHR Training	SCHC Training Center Room 2 1035 Placer St Redding, CA 96001
12:00pm-1:00pm	Lunch	
1:00pm-5:00pm	Shadow with Dr Hernandez	Shasta Community Health Center 2965 East St Anderson, CA 96007



Wednesday, January 29, 2025

8:00am-12:00pm	EHR Training	SCHC Training Center Room 2 1035 Placer St Redding, CA 96001
12:00pm-1:00pm	Lunch	
1:00pm-5:00pm	Shadow with Dr Purkey	Shasta Community Health Center 2965 East St Anderson, CA 96007

Thursday, January 30, 2025

8:00am-10:00pm	Coding Training	Shasta Community Health Center 1035 Placer St Redding, CA 96001
10:00am-12:00pm	Relias Training	Diestelhorst Bridge Board Room
12:00pm-1:00pm	Lunch	
1:00pm-5:00pm	Shadow with Dr Nelson	Family Practice

INCENTIVES AT SHASTA COMMUNITY HEALTH CENTER

SCHC Short-Term Incentives

- Not everyone is incentivized monetarily
- Some value time off or work-life balances
- Some value recognition
- Some value autonomy
- Some value professional development opportunities

Frequent and Short-Term Incentives

1. ***Quality and Citizenship***
   a) Incentivizes completing charts, tasks, peer review, document review timely
   b) Has 3-4 quality measures determined by CMO annually
   c) Assessed and paid quarterly, up to $5,000 per quarter
2. ***Access Incentive***
   a) Incentivizes clinicians to take extra patients above a daily threshold
   b) Assessed and paid quarterly, $50 per patient over threshold daily
3. ***Continuity Incentive***
   a) Incentivizes clinicians to do more ½ days per week in primary care continuity clinics
   b) Assessed and paid quarterly, between $5,000-$9,000 depending on number of half days of continuity clinic completed per week

Quality and Citizenship

Maximum of 20 points
$250 per point

Up to $5,000 per quarter

Clinicians usually earn
Between 10-20 points

Q3, 2024 Average Payment = $3,450

Family Medicine Clinician Bonus Rubic
2024

Citizenship and Quality Measures					
Panel Size (0-3) (double QE points if no panel)	<80%	80-89%	90-100%	>100%	
Citizenship (0-5) (1 point each)		**Timely Documentation = 2 points**	**Task Completion**	**PAQ Completion**	**Chart Review**
		≥90% in 24 hours	≤72 hours	≤72 hours	≥90%
Quality Measures (0-12) (3 points each)	**0**	**1**	**2**	**3**	
Statin Therapy	<70%	70-80%	80-90%	90-100%	
Colorectal Cancer Screening	**<32.8%**	**32.8 - 40.22%**	**40.23 - 50%**	**>50%**	
Cervical Cancer Screening	<57%	57-61%	61 - 66%	≥66%	
Ischemic Vascular Disease	<70	70-80	80-90%	>90%	

Notes:

- Quality measure scores now based upon rolling 12-month period.
- Targets for Blood lead screening, colorectal and cervical are based on achieving QIP 50th percentile (1), QIP 75th percentile (2), **and QIP 90th percentile (3)**
- Targets for statin therapy and ischemic vascular disease are based on achieving at/above organizational performance as of 10/31 **(1), 2022 UDS national performance (2), or stretch goal of 90% (3).**

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Access Incentive

Quarterly Board Report

Daily Encounter Thresholds by Role:

- FM MD/DO = 17
- FM NP/PA = 15
- Peds = 19
- OB = 16
- Urgent Care = 20
- Chiro = 30
- PMHNP = 12
- Mobile Van = 14

Payment is $50 for each Billable encounter over Daily threshold

Summary Q1, 1/1/2024 – 3/31/2024

- Number of extra patients 446
- Total Incentive Paid $22,300
- Total Expected Revenue $133,800

Summary Q2, 4/1/2024 – 6/30/2024

- Number of extra patients 479
- Total Incentive Paid $23,950
- Total Expected Revenue $143,700

Summary Q3, 7/1/2024 – 9/30/2024

- Number of extra patients 399
- Total Incentive Paid $19,950
- Total Expected Revenue $119,700

Summary Q4, 10/1/2024 – 12/31/2024

- Number of extra patients 361
- Total Incentive Paid $18,100
- Total Expected Revenue $108,300

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ACCESS INCENTIVE ANALYSIS

11/22/2024	⊞ ANDM Anderson Family Health Center	Billable : 6	8	Half	Not Eligible	0	0
11/25/2024	⊞ AUC Anderson Family Health Center	Billable : 23	20	Full	Eligible	3	150
11/26/2024	⊞ ANDM Anderson Family Health Center	Billable : 17	15	Full	Eligible	2	100
11/27/2024	⊞ AUC Anderson Family Health Center	Billable : 18	20	Full	Not Eligible	0	0
12/2/2024	⊞ AUC Anderson Family Health Center	Billable : 22	20	Full	Eligible	2	100
12/3/2024	⊞ ANDM Anderson Family Health Center	Billable : 17	15	Full	Eligible	2	100
12/4/2024	⊞ AUC Anderson Family Health Center	Billable : 20	20	Full	Eligible	0	0

Payroll Name	File/Badge	Over Threshold Count	Over Threshold Bonus
		9	$450.00
		0	$0.00
		9	$450.00
		1	$50.00
		0	$0.00
		0	$0.00
		31	$1,550.00
		0	$0.00
		0	$0.00
		18	$900.00
		0	$0.00
		1	$50.00
		23	$1,150.00
		3	$150.00
		0	$0.00
		11	$550.00
		62	$3,100.00
		0	$0.00
		4	$200.00
		2	$100.00
		0	$0.00
		0	$0.00
		0	$0.00
		10	$500.00
		0	$0.00
		6	$300.00
		5	$250.00
		51	$2,550.00
		0	$0.00
		0	$0.00
		22	$1,100.00
		9	$450.00
		8	$400.00
		0	$0.00
		3	$150.00
		0	$0.00
		0	$0.00
		18	$900.00
		0	$0.00
		0	$0.00
		6	$300.00
		8	$400.00
		8	$400.00
		0	$0.00
		3	$150.00
		2	$100.00
		4	$200.00
		22	$1,100.00
		3	$150.00
		362	**$18,100.00**

CONTINUITY INCENTIVE: BURNOUT IS REAL

At Shasta Community Health Center there are several alternative schedules and clinical activities clinicians can do to help mitigate clinician burnout.

- Alternative schedules e.g., 2 -12s and 2 - 8s
- 32 hours per week, 24 hours continuity, 8 hours "elective" like:
  - Urgent Care, Gender Health, Homelessness Clinics, Precepting Residents or Fellows, GYN clinics, well-child only clinics, Medication Assisted Treatment, and so on

The Unintended Consequence: Diminishing Access to Primary Care Continuity Clinics

Continuity Incentive

1. To qualify, clinician (only FM or IM) must already be doing at least 6 half days per week in Primary Care continuity clinic.
    1. If clinician does **7** half-days per week for 9 weeks out of a 12-week quarter, bonus is **$5,000** per quarter.
    2. If clinician does **8** half-days per week for 9 weeks out of a 12-week quarter, bonus is **$7,000** per quarter.
    3. If clinician does **9** half-days per week for 9 weeks out of a 12-week quarter, bonus is **$9,000** per quarter.

There are a few clinicians that earn some level of bonus each quarter, and we have observed tha many are very judicious with how they spend their time off

CLINICAL TEAM ASSOCIATE (CTA)--A SATISFACTION AND RETENTION POSITION

- CTA is typically a NP/PA
- Hybrid work from home position
- 80% work from home
  - 66% of time covering indirect care
  - 33% doing telehealth visits (8 per day)
- 20% in office managing their own panel
- Covering inboxes for clinicians on vacation
- Covering tasks and refills for departed clinicians
- Clinicians returning from vacation report less in-box dread

SCHC LONG-TERM RETENTION INCENTIVE

- **Eligibility:**
  - To be eligible for this program an employee must be a salaried clinical provider and have one of the following licenses.
  - Physician – Medical Doctor (MD), Doctor of Osteopathic Medicine (DO)
  - Advanced Practice Providers – Nurse Practitioner (NP), Physician Assistant (PA)
  - Dentist – Doctor of Dental Surgery (DDS), Doctor of Medicine in Dentistry (DMD)

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Retention Incentive

Beginning 2025, and after 7 years of service:

- $10,000* per year
- Between years 10-15, $10,000/yr Plus one fully paid* 28-day sabbatical

(Must commit to staying one year after returning from sabbatical)

Between years 15-20 years:

- $10,000/yr Plus another fully paid* 28-day sabbatical

(Must commit to staying one year after returning from sabbatical)

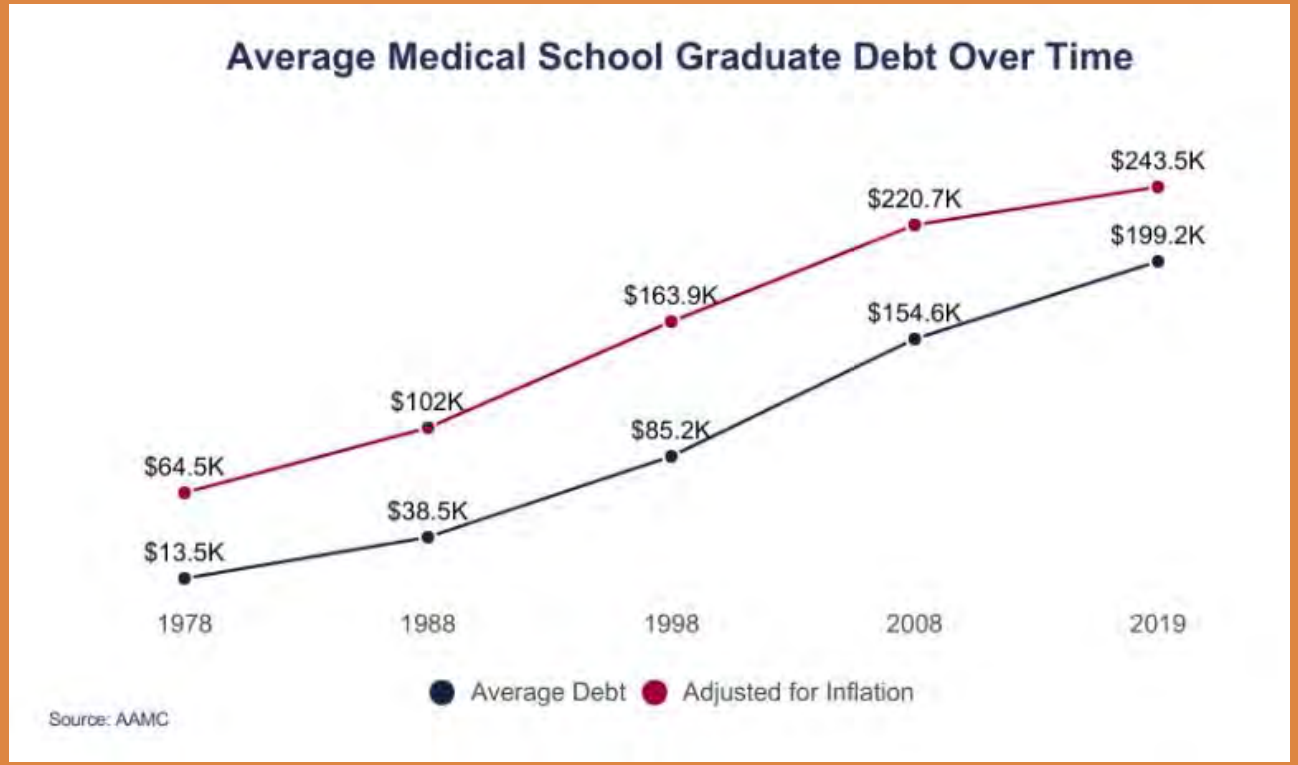
* $ and sabbatical pay are prorated to FTE effort

The Burden of Debt

According to the AMA, the average medical school student loan debt is around $200K. “a figure that can play a factor in their first position out of residency..”

AAPA: “PA student loan debt is $112k”

BLS: NP student loan debt $129K



Shasta Community Health Center Internal Loan Repayment

- Annual application February each year
- >$100k in debt, $25,000 in loan repayment
- <$100k in debt, $12,500 in loan repayment
- 2-year service commitment required
- SCHC “gross-up” of payment. We pay the taxes.
- Assist with applying for external loan repayment

FUTURE OF SCHC

- Reduction of use of recruitment firms
- One-year onboarding plan
- Leveraging professional social networks
- Understanding multi-generational work-life balance expectations
- Improved marketing materials
- Ongoing clinician engagement
- Clinician retreats

Thank You

Questions?

danelson@shastahealth.org

dbratton@shastahealth.org

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