



Board of Commissioners Meeting Agenda

February 25, 2026: 10:00 a.m. – 2:00 p.m.

In-person Locations:

Partnership Offices

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

2525 Airpark Dr., Redding, CA

1036 Fifth Street, Eureka, CA

495 Tesconi Circle, Santa Rosa, CA

281 Nevada St, Auburn, CA

1000 Fortress St, Chico, CA

External Sites

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

Public comment is welcome during designated "Public Comments" time frames or by emailing comments to the Board Clerk at Board_FinanceClerk@partnershiphp.org by 5:00p.m on February 24, 2026. Comments received will be read during the meeting.

10:00AM – Opening			
1.1 Call to Order			Chair
1.2 Roll Call			Clerk
1.3	ACTION: Approval of Agenda and Board Meeting Minutes for December 3, 2025	1-15	Chair
1.4	ACTION: Resolution to Approve the New Board Vice Chair Nomination and Board Chair Rotation	16-17	Sonja Bjork
1.5	ACTION: Resolution to Approve Commendations and Appreciation for Kim Tangermann's Service to Partnership as Board Chair	18-19	Sonja Bjork
1.6	ACTION: Resolution to Accept Commissioner Jonathon Andrus' Resignation from the Board and Finance Committee as a Siskiyou County Representative	20-21	Sonja Bjork

1.7	ACTION: Resolution to Accept the Board Commissioner Appointment of Shelly Davis as a Siskiyou County Representative	22-23	Sonja Bjork
1.8	ACTION: Resolution to Approve Recognition for the Hospital QIP Top Performers for 2024-2025	24-25	Sonja Bjork / Dr. Moore
1.9 Commissioner Comment			Chair
1.10 Public Comment			Chair
1.11	INFORMATION: CEO Report	26-29	Sonja Bjork
11:25AM – Consent Calendar			
2 & 3	ACTION: Consent Calendar 2.1 Resolution to Accept Commissioner Chris Champlin's Appointment to the Finance Committee as a Sutter County Representative 3.1 Resolution to Accept all Partnership Committee Minutes, Partnership Policies and Program Descriptions Approved by the Physician Advisory Committee 3.2 Resolution to Approve Membership Changes to the Physician Advisory Committee 3.3 Resolution to Approve T Abraham's Resignation from the Strategic Planning Committee 3.4 Resolution to Approve Meghan Hardin's Appointment to the Strategic Planning Committee	30-31 32-33 34-35 36-37 38-39	Chair
PAC Approved Policy Updates Community Advisory Committee – December 2025 Finance Committee – January 2026 Finance Committee – February 2026 Physician Advisory Committee – January 2026 Physician Advisory Committee – February 2026 Quality and Utilization Advisory Committee (Q/UAC) – January 2026 Quality and Utilization Advisory Committee (Q/UAC) – February 2026 Strategic Planning Committee – January 2026			
11:30AM – Regular Agenda Items			
4.1	ACTION: Resolution to Approve the Semi-Annual Board Dashboard	40-53	Wendi Davis
4.2	ACTION: Resolution to Approve Three Applicants to the Community Advisory	54-61	Wendi Davis

	Committee (CAC)		
12:00PM-12:20PM – Lunch			
12:20PM – Regular Agenda Items Continued			
4.3	ACTION: Resolution to Accept Quality Investment Funding	62-63	Jennifer Lopez
12:30PM – Reports			
5.1	INFORMATION: Metrics and Financial Update	64-77	Jennifer Lopez
5.2	INFORMATION: Operations Update	78-79	Written Report
5.3	INFORMATION: Legislative & Media Update	80-83	Written Report
5.4	INFORMATION: CMO Report on Quality	84-86	Dr. Moore
5.6	INFORMATION: Health Services Update	87-90	Katherine Barresi
1:00PM – Education Sessions			
6.1	INFORMATION: Community Reinvestments		Mohamed Jalloh, PharmD / Jennifer Lopez
2:00PM – Adjournment			

Upcoming Meetings:

4/21/2026 – Strategic Planning Retreat Board Dinner
 4/22/2026 – April Board Meeting and Strategic Planning Retreat at Hotel Katerina, Chico, CA
 6/24/2026 – June Board Meeting
 8/26/2026 – August Board Meeting
 10/28/2026 – October Board Meeting
 12/2/2026 – December Board Meeting



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

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

2525 Airpark Dr., Redding, CA

1036 Fifth Street, Eureka, CA

495 Tesconi Circle, Santa Rosa, CA

249-299 Nevada Street, Auburn, CA

External Sites

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

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

**On
December 3, 2025**

Members Present: Darcie Antle, Gaby Bernal Leroi, Jayme Bottke, Brion Burkett, Christopher Champlin, Christy Coleman, Cathryn Couch, Lisa Davies, Dean Germano, Ryan Gruver, Liz Hamilton, Alicia Hardy, JoDee Johnson, Dave Jones, Seth Kaufman, M.D., Elizabeth Kelly, Scott Kennelly, Phuong Luu, M.D., Jennifer Malone, Nunie Matta, Andrew Miller, M.D., Monica Morales, Robert Oldham, M.D., Jonathan Porteus, PhD, Tiffany Rowe, Nancy Starck, Kim Tangermann (Chair), Pedro Toledo, Dr. Lisa Warhuus, Jennifer Yasumoto

Members Excused: Jonathon Andrus, Gena Bravo, Ranell Brown, Emery Cowan, Belle Knight, Liz Lara-O'Rourke, Stacy Sphar, Nolan Sullivan, Jim Yoder

Staff: Marc Agudelo, Leigha Andrews, Katherine Barresi, Jill Blake, Isaac Brown, Tina Buop, Dell Coats, Wendi Davis, Marisa Dominguez, Naomi Gordon, Amber Gross, Kristine Gual, Curtis Hardwick, Mohamed Jalloh, PharmD, Kermit Jones, M.D., Mary Kerlin, Vicky Klakken, Marshall Kubota, M.D., James Legere, Tammi Lidie, Jennifer Lopez, Richard Matthews, M.D., Matthew Morris, M.D., Robert Moore, M.D., Lisa O'Connell, Danielle Ogren, Kathryn Power, Jose Puga, Jeff Ribordy, M.D., Tim Sharp, Derick Stacy, Rebecca Stark, Amy Turnipseed, Colleen Valenti, Edna Villasenor, Lisa Ward, M.D., Kory Watkins, Brent Weinberg, Sonja Bjork, CEO, and Ashlyn Scott, Board Clerk

AGENDA ITEM	DISCUSSION	MOTION / ACTION
1.0 Opening	Commissioner Kim Tangermann, Board Chair, called the bi-monthly meeting to order and welcomed everyone to the meeting in person and at all remote Partnership HealthPlan offices. Board members were reminded to abstain from voting on any agenda item where they might have a conflict of interest, and to state their name before asking questions or making motions. As a reminder, Commissioner Tangermann read the Partnership Mission Statement: “to help our members, and the communities we serve, be healthy.” She also stated that members of the public would have an opportunity to speak at designated times throughout the agenda.	None
1.2 Roll Call	Ashlyn Scott, Clerk of the Commission, called the roll indicating there was a quorum.	None
1.3 & 1.4 Approval of Agenda and the Board Meeting Minutes for October 22, 2025	Chairwoman Tangermann asked if anyone had changes for the agenda or corrections to the October 22, 2025, minutes. Hearing no requests for modification, she asked for a motion to approve the agenda and minutes.	<i>Commissioner Hardy moved to approve the agenda and minutes as presented, seconded by Commissioner Couch.</i> <u>ACTION SUMMARY:</u> Yes: 29 No: 0 Abstention: 0 Excused: 9 (Andrus, Bravo, Brown, Cowan, Knight, Lara-O’Rourke, Sphar, Sullivan, Yoder) MOTION CARRIED
1.5 Resolution to Approve the New Commissioner Appointment of Gabriela Bernal Leroi to the Partnership Board as a Sonoma County Representative	Sonja Bjork, CEO, introduced Gabriela Bernal Leroi, Chief Executive Office of Santa Rosa Community Health, who was appointed by the Sonoma County Board of Supervisors to the Partnership HealthPlan of California Commission (known as the Board) as a Health Center Representative.	<i>Commissioner Burkett moved to approve the agenda and minutes as presented, seconded by Commissioner Starck.</i> <u>ACTION SUMMARY:</u> Yes: 29 No: 0 Abstention: 0

		<i>Excused: 9 (Andrus, Bravo, Brown, Cowan, Knight, Lara-O'Rourke, Sphar, Sullivan, Yoder)</i> MOTION CARRIED
1.6 Commissioner Comment	Chairwoman Tangermann asked if there were any Commissioner comments. There were none.	None
1.7 Public Comment	Chairwoman Tangermann asked for any public comments and there were none.	None
1.8 CEO Report	Ms. Bjork presented her CEO Report and noted that this meeting marks the final Board meeting of the year. She reflected on the many challenges faced throughout the year and emphasized that the Board's strong engagement has positioned the organization for ongoing success. She reported that twelve new commissioners joined the Board this year and in addition, several Board committees were strengthened. In 2025, the Consumer Advisory Committee officially changed its name to the Community Advisory Committee (CAC). Four new CAC appointments are being presented at this meeting for the Board's consideration and approval. The CAC continues to play a valuable role in elevating community voices, supporting members, and helping individuals stay enrolled in Medi-Cal. This year, Partnership launched a major "Keep Your Medi-Cal" campaign, with coordinated internal and external efforts. Grants were awarded to community-based organizations and community health center coalitions to support member eligibility retention. In 2026, many individuals with Uncertain Immigration Status (UIS) will not be able to re-enroll in Medi-Cal if they lose coverage. Ensuring that this population, and all members, remain enrolled is a top priority. We are also preparing for the implementation of Medicaid work requirements. Local food banks continue to struggle with increased demand. In response, all Partnership offices have placed donation barrels for food contributions, and teams of employees are actively volunteering at food banks across the region. <i>Hospital Convening</i> –In November, Partnership hosted a hospital convening in Redding, which included productive panel discussions on strategies to support hospitals after the implementation of H.R.1 and significant funding cuts. There are some hospitals in Partnership's network who are not fully utilizing the Hospital Quality Incentive Program. She encouraged continued engagement to ensure hospitals do not leave available funds unearned, while also improving quality scores. The convening also included discussion regarding Community Health Workers and billing practices for their services. Several hospitals have requested a webinar offering a comprehensive overview of Community Health Worker roles and requirements, which Partnership is coordinating. <i>State Budget</i> – The Governor's draft budget will be released in January. There is concern about the	None

	potential for additional Medi-Cal cuts. A recent Legislative Analyst’s Office report identified a significant budget deficit, along with projected increases of several billion dollars in Medi-Cal costs. At this time, it is unclear whether the Governor will address these issues in the January budget proposal or defer them to the May Revision. <i>Future of the Medi-Cal Commission</i> – Former Partnership CEO, Liz Gibboney, has been appointed to serve on this newly established Medi-Cal Commission. The Commission will convene to develop strategic recommendations regarding the future of Medi-Cal for Governor Newsom and the next Governor of California. <i>Commissioner Matta inquired whether notifications regarding Medi-Cal changes associated with HRI would be issued by the counties.</i> <i>Ms. Bjork responded that communication will come from the state and members should closely monitor and read any mail they receive regarding their Medi-Cal coverage.</i>	
2 & 3 Consent Calendar	Chairwoman Tangermann stated that all items on the consent calendar would be approved with one motion unless someone requests to pull an item for further discussion. Hearing no requests, she asked for a motion to approve the Consent Calendar and resolutions 3.1, 3.2, 3.3, and 3.4: ▪ 3.1 Resolution to Accept all Advisory Committee Minutes, Partnership Policies and Program Descriptions Approved by PAC ▪ 3.2 Resolution to Approve Edits to the Long Term Care Quality Incentive Program Measurement Set ▪ 3.3 Resolution to Approve Alicia Hardy’s Appointment to the Governance & Compliance Committee ▪ 3.4 Resolution to Approve Christopher Champlin’s Appointment to the Governance & Compliance Committee	<i>Commissioner Antle moved to approve Resolutions 3.1, 3.2, 3.3, and 3.4 as presented, seconded by Commissioner Warhuus.</i> <u>ACTION SUMMARY:</u> <i>Yes: 27</i> <i>No: 0</i> <i>Abstention: 2 (Champlin, Hardy)</i> <i>Excused: 9 (Andrus, Bravo, Brown, Cowan, Knight, Lara-O’Rourke, Sphar, Sullivan, Yoder)</i> <i>Not Present: 1 (Porteus)</i> MOTION CARRIED
4.1 Annual Board Compliance Training and Resolution to Approve Calendar Year 2026 Compliance Plan, and Audit Work Plan	Ms. Danielle Ogren, Compliance Officer, presented the Annual Compliance Presentation for 2026. She reviewed the Board’s oversight responsibilities as outlined by the Office of Inspector General (OIG), including ensuring compliance with federal health care program requirements, understanding the relationship between Regulatory Affairs & Compliance (RAC), Operations, and Executive leadership, and maintaining awareness of reporting mechanisms and regulatory risks. She noted that OIG and AHLA guidance documents, including Corporate Responsibility and Corporate Compliance: A Resource for Health Care Board of Directors, remain available to assist Board members in understanding their fiduciary duties.	<i>Commissioner Matta moved to approve Resolution 4.1 as presented, seconded by Commissioner Porteus.</i> <u>ACTION SUMMARY:</u> <i>Yes: 30</i> <i>No: 0</i> <i>Abstention: 0</i>

	Ms. Ogren presented an overview of Partnership’s compliance process, which includes ongoing risk assessment, regulatory guidance review, audit activities, corrective action planning, training, and monitoring. She reviewed the workflow for identifying risks, performing audits, conducting root cause analysis, implementing remediation efforts, and reporting compliance performance to senior leadership. The 2026 areas of focus include federal and state programmatic changes, Medicare D-SNP activity, fraud, waste, and abuse monitoring, internal auditing, and enhancements to regulatory change management processes. Ms. Ogren outlined updates to the 2026 Compliance Plan, including strengthened commitments to ethical conduct and non-retaliation, updates to the risk assessment process, and availability of internal and external audit calendars upon request. She also noted updates to committee attendance listings to reflect new organizational roles. Ms. Ogren reviewed incident reporting expectations. Board members were reminded to promptly report potential privacy, fraud, waste, or abuse issues through the Partnership Compliance Hotline or via the incident reporting form submitted to the RAC Inbox. Board members should respond truthfully and to the best of their ability to inquiries from regulators such as DHCS, CMS, or OIG, and may contact the Compliance Officer for support. The presentation included a review of conflict-of-interest standards. Board members and employees must avoid situations involving actual or perceived conflicts of interest and abstain from voting when such conflicts arise. She reminded members that annual completion of the FPPC Form 700 is required. Ms. Ogren also reviewed the Board’s responsibility to maintain the confidentiality of patient, employee, and business information. She noted that Board members must annually review and sign the Confidentiality Agreement in accordance with Policy CMP-10. Partnership’s Code of Conduct underwent its annual review with no significant changes for 2026. Key elements of the Code of Conduct include compliance with laws, organizational representation, public integrity, and confidentiality. Board members are required to attest annually that they have received and reviewed the Code of Conduct. Ms. Ogren concluded by outlining expectations related to compliance-related reporting and dashboard reviews. She emphasized the Board’s role in ensuring the organization maintains a robust Compliance Program and invited members to engage with Compliance staff on emerging regulatory risks or compliance-related topics. She thanked the Board for their continued commitment and engagement. <i>Commissioner Matta asked whether, if contacted with compliance-related questions, he would be permitted to return the call after consulting with appropriate representatives.</i>	<i>Excused: 9 (Andrus, Bravo, Brown, Cowan, Knight, Lara-O’Rourke, Sphar, Sullivan, Yoder)</i> MOTION CARRIED
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	<i>Ms. Ogren confirmed that he may do so.</i>	
4.2 Resolution to Approve the Compliance Dashboard for Q32025	Ms. Ogren presented the Regulatory Affairs & Compliance Dashboard for Q32025 for Board approval.	<i>Commissioner Toledo moved to approve Resolution 4.2 as presented, seconded by Commissioner Kaufman.</i> <u>ACTION SUMMARY:</u> <i>Yes: 30 No: 0 Abstention: 0 Excused: 9 (Andrus, Bravo, Brown, Cowan, Knight, Lara-O'Rourke, Sphar, Sullivan, Yoder)</i> MOTION CARRIED
4.3 Resolution to Approve Four Applicants to the Community Advisory Committee (CAC)	Ms. Wendi Davis, Chief Operations Officer, presented four applicants to the Consumer Advisory Committee (CAC) for the Board's review and approval. She noted that each applicant is a current health plan member who has expressed interest in serving on the CAC. Ms. Davis highlighted that the CAC is composed of individuals from diverse backgrounds who bring a broad range of lived experiences and perspectives to their roles. In addition to their interest in serving on the CAC, the applicants are active participants in their local communities through employment, volunteer work, and involvement with local and state boards, community-based organizations, and faith-based groups. The following applicants were presented: Angela Hoaglen – Lake County Annette Lack – Lake County Perry “Two Feathers” Tripp – Mendocino County Guadalupe Serna – Solano County	<i>Commissioner Germano moved to approve Resolution 4.3 as presented, seconded by Commissioner Jones.</i> <u>ACTION SUMMARY:</u> <i>Yes: 30 No: 0 Abstention: 0 Excused: 9 (Andrus, Bravo, Brown, Cowan, Knight, Lara-O'Rourke, Sphar, Sullivan, Yoder)</i> MOTION CARRIED

5.1 Metrics and Financial Update	Jennifer Lopez, Chief Financial Officer Jennifer Lopez, Chief Financial Officer, presented the financial metrics for the month ending September 30, 2025. At month-end, Partnership reported a net surplus of \$10.7 million, bringing the year-to-date surplus to \$17 million. We are still early in the fiscal year, just at the close of the first quarter. As a reminder, we budgeted for a \$40 million loss for the year. Partnership is increasing IBNR (Incurred But Not Reported) reserve levels based on current utilization patterns. As a reminder, DHCS has the ability to make membership changes retroactively for up to 13 months, and we expect to see more retroactive drops with the implementation of H.R.1. Healthcare costs have risen due to increased utilization, and we will continue to monitor this closely. Long-term care costs are showing favorability, which contrasts with prior periods of unfavorable trends. Administrative costs remain favorable, \$2.5 million under budget for the month and \$13.6 million favorable year-to-date, helping to offset higher healthcare costs. However, we do have vacancies that need to be filled to meet regulatory requirements. Since the close of these financials, Partnership has onboarded 59 new employees and 6 temporary staff. <i>State Updates –</i> In 2024, the state implemented a 0.5% revenue quality withhold for all managed care plans, with the opportunity to earn back the withheld funds. For Partnership, this applied only to our 14 legacy counties. Looking ahead to 2025, the withhold will increase to 1%, and expansion counties will also be subject to this policy. For 2024, the state withheld \$14 million, and we successfully earned back approximately \$9 million. We are concerned about the impact in 2025, as the inclusion of expansion counties is expected to result in a greater financial hit. DHCS recently released draft rates for calendar year 2026. Our actuaries had anticipated a 3% rate decrease, and the preliminary figures were close, showing just over a 2% reduction. We submitted actuarial feedback to the state outlining concerns with the 2026 rate methodology, DHCS has since issued updated 2026 rates that are relatively flat in comparison to 2025. This is excellent news, and we appreciate that DHCS considered the actuarial arguments in making this change.	None
5.2 Operations Update	Ms. Davis provided an update on ongoing access challenges across Partnership’s network, noting that despite long-standing investments in provider recruitment, retention, and telehealth expansions, access pressures continue to intensify. She highlighted recent operational improvements, including Provider Portal enhancements, reduced prior authorization requirements for select imaging services, transportation access improvements, and increased call-center staffing.	None

	The potential closure of rural hospitals pose significant threats to local access for primary care, specialty services, diagnostics, and emergency coverage. Additional pressures include workforce shortages, financial constraints on community providers, increasing numbers of non-covered individuals, and barriers that limit telehealth reach. To address these issues, Partnership is implementing a coordinated strategy that includes county-level gap analyses, enhanced rural recruitment and retention incentives, fast-track credentialing, evaluation of mobile and temporary service units, and rapid onboarding of standalone urgent care sites. Operational enhancements continue in the areas of contracting, member navigation, transportation supports, and real-time monitoring of utilization patterns. Ms. Davis emphasized maintaining timely access through a combination of rapid stabilization measures and longer-term capacity-building strategies.	
5.3 Media & Legislative Update	Written Report	None
5.4 Health Services Update	Written Report	None
5.5 CMO Report on Quality	Dr. Moore, Chief Medical Officer, presented his Quality Report, beginning with an overview of the Fiscal Year 2024–2025 Hospital Quality Incentive Program (QIP). Thirty-four hospitals across Partnership’s 24-county service area participated. A total of \$10.53 million was awarded, with an average score of 74.7% and a weighted average of 72.1%. Top-performing hospitals achieving 92–100% will be recognized at the February Board meeting. Dr. Moore summarized results from the annual Member Experience Survey (CG-CAHPS) conducted for large PCP organizations. He highlighted top performers in both Access and Communication across Tribal Health Centers, FQHCs, rural health centers, larger medical groups, and small practices. Dr. Moore reported updates to Partnership’s Pay-for-Performance (P4P) programs, noting that all Quality Incentive Programs will transition to a calendar-year cycle in accordance with new federal requirements. The Perinatal and Hospital QIPs will complete their fiscal cycles in June 2026, followed by a six-month transitional period before the new structure begins in January 2027. Contract amendments for all P4P programs were issued and are due in early December. He also reported that the Board previously approved re-establishing the Long-Term Care QIP, now renamed the Extended Care Facility QIP, with measures vetted and approved by the Physician Advisory Committee. Dr. Moore concluded with an update on DHCS quality sanctions. For Measurement Year (MY) 2023, DHCS issued a sanction of \$475,000 for measures below the NCQA national median. Partnership disputed several measures due to DHCS data issues, arguing the sanction should be reduced to approximately \$87,753. The published sanction remained unchanged, and the organization has filed an appeal, with the hearing postponed into 2026. For MY2024, DHCS issued	None

	an intent to sanction \$260,000 at the county level; Partnership presented evidence supporting a reduced sanction of \$114,000 and awaits the final determination. An appeal of MY2024 sanctions may be added to the MY2023 appeal.	
6.1 Member Experience Grand Analysis	Edna Villaseñor, Senior Director of Member Services and Grievance and Isaac Brown, Senior Director of Quality & Performance, presented an overview of the results of the 2024/2025 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey and other member-listening activities. The presentation included the annual CG-CAHPS results and health plan CAHPS results, which inform accreditation and Quality Incentive Program (QIP) performance. The survey methodology included mail, online, QR codes, and phone outreach. The key rating and composite measures assessed included overall health care rating, provider communication, timeliness of care, access to needed care, and customer service. The CG-CAHPS survey was sent to 46,012 members with a 6.1% response rate, while the health-plan CAHPS surveyed 8,391 members with an 18.2% response rate. Updates were provided on performance related to Quality Withhold measures, including childhood and adolescent immunizations, well-care visits, prenatal and postpartum care, diabetes and hypertension measures, and CAHPS access composites. The CAHPS results for adult and child populations for MY2024/RX2025 were presented to the Board. Key challenges impacting 2024 CAHPS scores include member reassignment processes, transportation service transitions, benefit clarity, and dental care access issues. Improving the member experience requires collaboration across multiple departments, including Member Services, Workforce Development, Transportation, Behavioral Health, Care Coordination, Quality, and Communications. Partnership has implemented several improvement initiatives, including the launch of a Partnership branding campaign, a “Know Your Benefits” initiative, bringing transportation and mental health benefits in-house, and broader access-enhancement initiatives. Workforce and provider-access strategies were also reviewed, such as rural and tribal health rotations, residency program development, NP/PA fellowship support, enhanced recruitment and retention incentives, and rural specialty access efforts in partnership with CHCF. Updates to improve customer service include enhanced call-volume tracking, phone-tree refinements, benefit-literacy training, expanded communication channels such as email, QR codes, and texting, strengthened oversight of transportation-related grievances, and continued development of a transportation mobile application. <i>Commissioner Luu noted that members are excited about the upcoming transportation application but stated that awareness of the app remains limited. She requested that staff continue to expand outreach and communication efforts.</i>	None

	<i>Ms. Villaseñor responded that updated flyers have been developed and broader communications will be disseminated. She added that Provider Relations will share updates with providers and that messaging on phone trees will also be updated to increase awareness.</i> <i>Commissioner Malone commented that clinic participation is known to improve CAHPS scores and asked whether performance data are available for the expansion counties.</i> <i>Dr. Moore responded that the state has not yet evaluated Partnership's CAHPS scores for those counties; this will occur next year. He noted that available data is limited but early indications suggest variation in performance amongst the 10 new counties.</i> <i>Commissioner Matta inquired about the required advance notice for members requesting transportation services.</i> <i>Ms. Villaseñor stated that members are asked to provide five days' notice; however, the Transportation team does not turn away requests and will make every effort to coordinate rides regardless of timing.</i> The Member Experience Grand Analysis presentation was distributed to Board members and is available upon request.	
6.2 CalAIM Update	Lisa Brundage O'Connell, Director of Enhanced Health Services, provided an update on Partnership's CalAIM activities and the work within the Enhanced Health Services (EHS) department. Since January 2025, the EHS team has processed approximately 52,000 referrals and 89,200 Treatment Authorization Requests (TARs), facilitated more than 200 provider webinars and roundtables, represented Partnership in multiple state and regional CalAIM workgroups, and overseen administration of CalAIM grants. There has been substantial increases in CalAIM utilization, noting a 65% increase in members receiving Enhanced Care Management (ECM) and an 83% increase in members receiving Community Supports (CS) compared with the prior year. Current provider participation includes 206 ECM providers and 166 Community Supports providers, with 55 providers receiving Path	None

	CITED Round 4 funding. A member success story was shared illustrating how ECM and Community Supports interventions helped a homeless member and her son secure housing, demonstrating the impact of CalAIM services on vulnerable populations. Ms. O’Connell reviewed new Community Supports services launching January 1, 2026, including: Asthma Remediation and Transitional Rent. She outlined provider responsibilities for Transitional Rent and shared contract status across Partnership’s 24-county region. Many counties have active providers secured, while others remain in discussion or are engaging their Continuums of Care. Partnership continues preparing for the January 1, 2026 launch of Transitional Rent by coordinating with DHCS on final policy guidance, developing internal workflows, and supporting provider readiness. <i>Ms. O’Connell concluded by directing Board members to available CalAIM resources, including Partnership and DHCS websites and Partnership’s CalAIM program email address. The presentation was distributed to Board members and is available upon request.</i> <i>Commissioner Matta asked how the Transitional Rent benefit interacts with other housing programs, such as Section 8.</i> <i>Ms. O’Connell explained that the health plan may cover up to the first six months of rent for eligible members, after which those individuals can seek Section 8 or other housing subsidy waitlists.</i> <i>Commissioner Kelly inquired whether the Transitional Rent benefit applies to individuals being released from jail.</i> <i>Ms. O’Connell confirmed that it does.</i> <i>Commissioner Kelly also asked about the maximum allowable payment under the Transitional Rent benefit.</i> <i>Ms. O’Connell stated that payment amounts are based on the Small Area Fair Market Rents (SAFMR) methodology, which uses ZIP-code-specific rates and unit size to determine the allowable rent amount.</i>	
7.1 Closed Session	Chairwoman Tangermann announced the Board would enter closed session for an estimated 10 minutes. <i>Discussion Pursuant to Government Code 54956.9(d)(1) of the Ralph M. Brown Act – EXISTING LITIGATION</i>	

	Chairwoman Tangermann reconvened the meeting in open session and announced there was no formal action taken in closed session.	
Adjournment	Chairwoman Tangermann adjourned the meeting at 1:51PM	None

Respectfully submitted by:
Ashlyn Scott, Board Clerk

Board Approval Date: 2/25/2026

Signed: _____
Ashlyn Scott, Clerk

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 25, 2026

Agenda Item Number:
1.4

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

Recommendation by:
Auburn Region Commissioners

Topic Description:

The Auburn Region Commissioners convened on December 3, 2025, to nominate and recommend the next Vice Chair of the Partnership Board of Commissioners. The Commissioners selected Jonathan Porteus to serve as Vice Chair for a two-year term, effective February 25, 2026, contingent upon the Board's approval of this resolution. Upon completion of his term as Vice Chair, Commissioner Porteus will rotate into the position of Board Chair for an additional two-year term.

Dean Germano, the current Vice Chair, will succeed Kim Tangermann as Board Chair, effective February 25, 2026, contingent upon the passage of this resolution and Commissioner Germano will serve as Board Chair for a two-year term, concluding in February 2028.

Reason for Resolution:

Approving the rotation of the Board Chair and the Auburn Region recommendation for the next Board Vice Chair.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Auburn Region Nominating Committee, the Board hereby approves the nomination of Jonathan Porteus to serve as Vice Chair, and the rotation of the Board Chair position to Dean Germano, each for a two-year term of office.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 25, 2026

Agenda Item Number:
1.4

Resolution Number:
26-

**IN THE MATTER OF: APPROVING THE APPOINTMENT OF THE VICE CHAIR AND
ROTATION OF THE BOARD CHAIR**

Recital: Whereas,

A. According to Partnership Bylaws, the Commission elects the officers of the Commission.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To approve the appointment of Jonathan Porteus as Vice Chair beginning February 25, 2026.
2. To approve the rotation of the Board Chair to Dean Germano for a term ending February 2028.
3. To approve the subsequent rotation of Commissioner Porteus into the Board Chair role following completion of his Vice Chair term.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 25th day of February 2026 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Kim Tangermann, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 25, 2026

Agenda Item Number:
1.5

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

Recommendation by:
Partnership Staff

Topic Description:

Commissioner Kim Tangermann has provided exemplary leadership, steadfast commitment, and strategic guidance in her role as Chair of the Board of Commissioners for the Partnership HealthPlan of California. During her tenure as Board Chair, Commissioner Tangermann has demonstrated unwavering dedication to advancing the mission of the HealthPlan, ensuring access to high-quality, equitable health care for the communities it serves. Her thoughtful governance, collaborative approach, and deep understanding of community health needs have strengthened the effectiveness of the Board and contributed to the ongoing success of the organization.

Commissioner Tangermann's outstanding service, integrity, and vision have left a lasting, positive impact on the HealthPlan, its members, and its partners.

Reason for Resolution:

To provide Commissioner Tangermann with the highest level of commendation and appreciation for her outstanding service to Partnership as the Board Chair for the past two years.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership staff, the Board is asked to approve the commendations and appreciation for the support and dedication that Commissioner Tangermann has provided to Partnership and to recognize her efforts as the Board Chair.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 25, 2026

Agenda Item Number:
1.5

Resolution Number:
26-

**IN THE MATTER OF: APPROVING COMMENDATIONS AND APPRECIATION
FOR KIM TANGERMANN’S SERVICE**

Recital: Whereas,

- A. Commissioner Tangermann has provided immeasurable volunteer services to Partnership and the Board.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To approve the highest level of commendations and appreciation for Commissioner Tangermann’s outstanding service as the Board Chair for the past two years.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 25th day of February 2026 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Dean Germano, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Board Clerk

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 25, 2026

Agenda Item Number:
1.6

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

Recommendation by:
Partnership Staff

Topic Description:

Partnership Board Commissioner, Jonathon Andrus, has resigned from the Partnership Board and Finance Committee.

Commissioner Andrus has made numerous outstanding contributions to Partnership HealthPlan of California and the Commission (known as the Board) since February 2018. He has provided excellent leadership and has been a dedicated volunteer. His knowledge has been of great value to Partnership, and he has kept the needs of our members, providers and the community as a guiding principle.

Reason for Resolution:

To provide Commissioner Andrus with the highest level of commendation and appreciation for his excellent service.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

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

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 25, 2026

Agenda Item Number:
1.6

Resolution Number:
26-

**IN THE MATTER OF: COMMENDATIONS AND APPRECIATION FOR
JONATHON ANDRUS' SERVICE TO PARTNERSHIP AND THE BOARD**

Recital: Whereas,

- A. Jonathon Andrus has provided valuable guidance, insight, and support to Partnership HealthPlan of California and to the Board of Commissioners.
- B. Jonathon Andrus was a faithful and active member of the Board.

Now, Therefore, It Is Hereby Resolved As Follows:

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

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 25th day of February 2026 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Dean Germano, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 25, 2026

Agenda Item Number:
1.7

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

Recommendation by:
Siskiyou County Board of Supervisors

Topic Description:

On January 20, 2026, Shelly Davis, Siskiyou County Director of the Public Health Division and Correctional Health Services, was appointed by the Siskiyou County Board of Supervisors to the Partnership HealthPlan of California Commission (known as the Board) as a County Representative.

Shelly Davis has been appointed for a four-year term, commencing on February 25, 2026 and concluding on January 16, 2030.

Reason for Resolution:

To obtain Board approval to appoint Shelly Davis to the Partnership Board as a Siskiyou County Representative.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Siskiyou County Board of Supervisors, the Board is asked to approve the new appointment of Shelly Davis to the Partnership Board.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 25, 2026

Agenda Item Number:
1.7

Resolution Number:
26-

**IN THE MATTER OF: APPROVING THE NEW SISKIYOU COUNTY
APPOINTMENT OF SHELLY DAVIS TO THE PARTNERSHIP BOARD**

Recital: Whereas,

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

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To approve the new Siskiyou County appointment of Shelly Davis to the Partnership Board.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 25th day of February, 2026 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Dean Germano, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Board Clerk

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

Board Meeting Date:
February 25, 2026

Agenda Item Number:
1.8

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

Recommendation by:
Partnership Staff

Topic Description:

There were eight top performers in Partnership's Hospital Quality Incentive Program (HQIP) for measurement year 2024-2025. We commend the high performers:

Providence Petaluma Valley Hospital (Petaluma, Sonoma) 100%
Sonoma Valley Hospital (Sonoma, Sonoma) 100%
Surprise Valley Hospital (Cedarville, Modoc) 100%
Banner Lassen Medical Center (Susanville, Lassen) 95%
Adventist Howard Memorial Hospital (Ukiah, Mendocino) 93%
Providence Queen of the Valley Medical Center (Napa, Napa) 92%
MarinHealth Medical Center (Greenbrae, Marin) 92%
Providence St. Joseph Hospital (Eureka, Humboldt) 92%

Reason for Resolution:

To recognize the top performing hospitals in the 2024-2025 QIP, which is evidence of the quality care they provided to Partnership members.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership staff, the Board is asked to commend the top performing hospitals in the 2024-2025 QIP.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:
1.8

Resolution Number:
26-

**IN THE MATTER OF: COMMENDING THE TOP PERFORMING HOSPITALS IN
THE 2024-2025 HOSPITAL QIP**

Recital: Whereas,

A. There were eight top performing hospitals in the 2024-2025 Hospital QIP.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To commend the fifteen top performing hospitals in the 2024-2025 Hospital QIP.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 25th day of February 2026 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Dean Germano, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk



Report from the Chief Executive Officer

February 25, 2026

Rural Health Transformation Fund

One of the provisions of H.R. 1, the “One Big Beautiful Bill Act,” included funding for rural health delivery systems. Every state received a baseline award of \$100 million to support rural and frontier communities. States received additional money depending on a formula involving a “rural score” and results from a technical scoring system. California received a total of \$233.6 million for the federal fiscal year of 2026. The program will be administered by the California Department of Health Care Access and Information (HCAI). Our state’s funding will go toward the following areas of focus:

- **Transformative Care Models & Stability:** Enhancing care coordination, supporting the financial sustainability of rural hospitals, integrating behavioral/dental health, and developing regional partnerships.
- **Workforce Development:** Support the recruitment and retention of clinical staff through education partnerships, training pipelines, and technical support for rural providers.
- **Technology & Infrastructure:** Enhancing telehealth capabilities, data interoperability, health information exchange participation, and the use of advanced tools like AI to improve patient outcomes.
- **Targeted Care Areas:** A key focus is improving access to primary, maternal, and chronic disease management services, aiming to keep care local and patient centered.

HCAI will be working with consultants and establishing an advisory work group. Our local health plan association will represent us on the group. Within eight months, states must submit revised budgets, begin spending, and show the money is going to the intended use by meeting timelines and outcome measures. Federal officials will begin reviewing state progress in late summer and announce 2027 funding levels by the end of October.

Program Integrity

Partnership is further investing in program integrity which includes new fraud data mining software. We are currently working with a vendor on implementation. This software will be leveraged by the Regulatory Affairs and Compliance (RAC) department to analyze claims activity against known fraud, waste, and abuse schemes, assess trends and behavior, and generate new referrals for investigation. This investment supports the maturity and sophistication of Partnership's fraud

program and the RAC team's agility in responding to the dynamic regulatory landscape. Additionally, Partnership is continuing its commitment to cultivate industry relationships by partnering with other Medi-Cal managed care plans and regulatory agencies in partner forums. These forums provide peer-to-peer support, provide industry insights, and strengthen relationships among plans and regulators alike.

Memoranda of Understanding – “MOU” Update

Partnership's contract with DHCS requires several types of memoranda of understanding with each of the counties we serve. We have been working closely with our county partners and making steady progress in getting these agreements in place. As of February 2026, Partnership has 91 executed MOUs, with an additional 131 outstanding MOUs. 71 of these outstanding templates are with county or agency partners for review, and 15 of the outstanding templates are with DHCS for review and approval. Partnership continues to report to DHCS each quarter on our MOU compliance.

- Nevada is the first and only county at this time to have all 8 of 8 MOU templates fully executed. Mendocino and Placer counties are very close behind with 7 of 8 templates fully executed.
- Other counties with an honorable mention are Humboldt, Sierra, Siskiyou and Yolo counties with 6 of 8 templates executed.
- These counts are inclusive of the new Justice Involved MOU that was released by DHCS on 1/1/2026.

CalAIM – Waiver Process and Transitional Rent

Many aspects of CalAIM were accomplished through California's 1115 Medicaid demonstration waiver, which expires on December 31, 2026. DHCS recently posted its waiver renewal application through which California can continue to build on the successes that have been achieved over the past five years. Comments can be submitted through March 12, 2026. After the comment period, California's waiver application will be submitted to CMS for review.

Partnership's Transitional Rent program is now live. The counties of Glenn and Sonoma have signed contracts with Partnership and we are working together on the operational details. We have also made great progress in Modoc and Yolo county with transitional rent providers now in place. Butte, Placer, Tehama, and Mendocino are all actively working with Partnership and potential Transitional Rent providers. DHCS has not yet released updated programmatic details and expects to do so sometime in March.

2026 Member Scholarship Program

As part of our workforce development efforts, Partnership offers a scholarship program for members who are pursuing higher education and careers in health care, social service or public service. We are now accepting applications for the 2026 scholarship program and will award one \$10,000 scholarship and four \$5,000 scholarships to selected applicants. Scholarships are awarded based on the quality of essay responses, the applicant's demonstrated interest in a relevant career path and a letter of recommendation. Members of the Community Advisory Committee graciously volunteered to help in the review and selection process. This scholarship program builds on the success of last year's inaugural awards. Last September, Partnership announced the 2025

scholarship recipients. Winning applications highlighted the diverse educational goals and inspiring stories of member scholars.

Voluntary Rate Range Program

We recently finalized the calendar year 2024 Voluntary Rate Range project. This is the program where qualified entities can bring down federal matching funds to make up for unmet costs in serving Medi-Cal beneficiaries who are Partnership members. Qualified entities include district hospitals, counties, fire districts and UC systems. Through the program we were able to distribute \$212 million in much needed funds. The program for calendar year 2025 has already begun. Partnership recently received its “kick-off” letter with instructions from DHCS. The next step is for the health plan to notify participating entities of the timeline for submission of letters of intent and other documentation, which will be due by the end of March.

April 2026 Board Retreat

In just two short months we will convene in Chico, California for our annual board strategic planning retreat. The Strategic Planning Committee and Partnership staff have speakers and activities lined up for the event. Our 2026 retreat will focus on the member experience, including an expert from a national consulting group with long experience in guiding health plans and providers in improvement efforts. Please let our Board Clerk know if you will be attending the dinner and the event and if you will need lodging accommodations.

MEMBER SCHOLARSHIPS 2026

Apply for up to \$10,000 toward higher education!

Partnership HealthPlan of California is now accepting applications for the **2026 Partnership Member Scholarship Program!** This program provides one \$10,000 scholarship and four \$5,000 scholarships. Scholarships are awarded on the basis of: the quality of responses to essay questions; the strength of the applicant's expression of interest in a career in health care, social service, or public service; and a letter of recommendation.

Who can enter: Current Partnership members, those who were Partnership members within the past 12 months, or foster care youth who were Partnership members within the past three years. The entrant must show they intend to pursue a career in health care, social service, or public service and must be enrolled at or applying to a higher education institution and enrolled within one year of the application due date.

How to enter: Entrants must complete the application form, including essay questions; obtain one letter of recommendation; and sign a waiver of confidentiality and release, as well as an accuracy statement. **Applications can be submitted from January 21 through March 18, 2026.**

Essay questions: (See application for details and word limits.)

1. How will your studies further your plans for a career in health care and/or human/public/social services fields? What are your career goals?
2. How has Partnership HealthPlan of California been a partner in your health/life? (This can be medical care, services, and/or supports that Partnership has helped provide.)
3. Optional: Is there anything else you want to share that makes you a good candidate to receive this award?

Scholarship winners: Partnership will review all entries and determine recipients. Scholarship winners will be announced in Summer 2026.

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

Board / Finance Committee (when applicable)

Meeting Date: February 18, 2026

Board Meeting Date: February 25, 2026

Agenda Item Number:

2.1

Resolution Sponsor:

Sonja Bjork, Partnership HealthPlan of CA

Approved by:

The Finance Committee and Partnership Staff

Topic Description:

Chris Champlin, President of Adventist Health and representative for Sutter County on the Board, has expressed interest in serving on the Finance Committee.

Reason for Resolution:

Commissioner Chris Champlin has expressed interest in serving on the Finance Committee.

Financial Impact:

The financial impact to the HealthPlan is not material.

Requested Action of the Board:

Based on the recommendation of Partnership Staff, the full Board is asked to approve the appointment of Chris Champlin to the Finance Committee as a new member.

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

Board / Finance Committee (when applicable)

Meeting Date: February 18, 2026

Board Meeting Date: February 25, 2026

Agenda Item Number:

2.1

Resolution Number:

26-

**IN THE MATTER OF: APPROVING THE APPOINTMENT OF CHRIS CHAMPLIN
TO THE FINANCE COMMITTEE AS A NEW MEMBER**

Recital: Whereas,

- A. Board members are encouraged to serve on one or more committees.
- B. Commissioner Champlin has expressed interest in serving on the Finance Committee.
- C. The Board has authority to appoint committee members.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To approve the appointment of Chris Champlin to the Finance Committee as a new member

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 25th day of February 2026 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners

ABSTAINED: Commissioners

ABSENT: Commissioners:

EXCUSED: Commissioners:

Dean Germano, Chair

Date

ATTEST:

BY: _____

Ashlyn Scott, Clerk

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 25, 2026

Agenda Item Number:
3.1

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

Recommendation by:
Partnership Advisory Groups and Committees

Topic Description:

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

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

The Board is responsible for reviewing and accepting all minutes and packets approved by the various advisory groups and committees, and approving the policies, program descriptions, and QIP changes that were approved by the PAC, in December 2025 through February 2026.

Reason for Resolution:

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

Financial Impact:

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

Requested Action of the Board:

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

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

Board Meeting Date:
February 25, 2026

Agenda Item Number:
3.1

Resolution Number:
26-

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

Recital: Whereas,

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

Now, Therefore, It Is Hereby Resolved As Follows:

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

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 25th day of February 2026 by motion of Commissioner seconded by Commissioner and by the following votes:

AYES: Commissioners:

NOES: Commissioners

ABSTAINED: Commissioners

ABSENT: Commissioners

EXCUSED: Commissioners

Dean Germano, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 25, 2026

Agenda Item Number:
3.2

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

Recommendation by:
The Physician Advisory Committee (PAC)

Topic Description:

Dr. Betza Kunkel, Psychiatrist and Family Physician for CommuniCare+OLE, has been appointed to the Physician Advisory Committee (PAC) voting member.

Dr. Mustafa Ammar, Chief Medical Officer at Ampla Health, has resigned from the Physician Advisory Committee (PAC) as a voting member.

Reason for Resolution:

To accept the appointment of Dr. Betza Kunkel to the Physician Advisory Committee and to accept the resignation of Dr. Mustafa Ammar from the Physician Advisory Committee.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation from the Physician Advisory Committee, the Board is asked to accept the appointment of Dr. Betza Kunkel to the Physician Advisory Committee and to accept the resignation of Dr. Mustafa Ammar from the Physician Advisory Committee.

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 25, 2026

Agenda Item Number:
3.2

Resolution Number:
26-

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

Recital: Whereas,

- A. Dr. Betza Kunkel has been appointed to PAC as a voting member.
- B. Dr. Mustafa Ammar has resigned from PAC as a voting member.
- C. The Board has authority to approve advisory committee membership changes.

Now, Therefore, It Is Hereby Resolved as Follows:

- 1. To accept the appointment of Dr. Betza Kunkel to the Physician Advisory Committee.
- 2. To accept the resignation of Dr. Mustafa Ammar from the Physician Advisory Committee.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 25th day of February 2026 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Dean Germano, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

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

Strategic Planning Committee Meeting
Meeting Date: January 21, 2026
Board Meeting Date: February 25, 2026

Agenda Item Number:
3.3

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

Recommendation by:
The Strategic Planning Committee and Partnership Staff

Topic Description:
T Abraham has resigned from the Strategic Planning Committee.

Reason for Resolution:
To obtain Board approval to accept the resignation of T Abraham, from the Strategic Planning Committee.

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

Requested Action of the Board:
Based on the recommendation of the Strategic Planning Committee and Partnership staff, the Board is asked to accept the resignation of T Abraham, from the Strategic Planning Committee.

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

Board / Strategic Planning Committee Meeting (when applicable) Agenda Item Number:

Meeting Date: January 21, 2026

3.3

Board Meeting Date: February 25, 2026

Resolution Number:

26-

**IN THE MATTER OF: ACCEPTING THE RESIGNATION OF T ABRAHAM FROM THE
STRATEGIC PLANNING COMMITTEE**

Recital: Whereas,

A. The Board has authority to accept committee membership changes.

B. T. Abraham has resigned from the Strategic Planning Committee.

Now, Therefore, It Is Hereby Resolved As Follows:

1. To accept T Abraham's resignation from the Strategic Planning Committee.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California on this 25th day of February 2026 by motion of Commissioner seconded by Commissioner and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Dean Germano, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

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

Strategic Planning Committee Meeting

Meeting Date: January 21, 2026

Board Meeting Date: February 25, 2026

Agenda Item Number:

3.4

Resolution Sponsor:

Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:

The Strategic Planning Committee and Partnership Staff

Topic Description:

Meghan Hardin has expressed interest in joining the Strategic Planning Committee (SPC).

Reason for Resolution:

Meghan Hardin is a Regional Vice President at Hospital Council.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Strategic Planning Committee the board is being asked to accept the appointment of Meghan Hardin to the committee as a new member.

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

Board / Strategic Planning Committee Meeting (when applicable) Agenda Item Number:
Meeting Date: January 21, 2026 3.4
Board Meeting Date: February 25, 2026

Resolution Number:
26-

**IN THE MATTER OF: APPROVING THE NEW APPOINTMENT OF MEGHAN HARDIN
TO THE STRATEGIC PLANNING COMMITTEE**

Recital: Whereas,

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

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. To accept the appointment of Meghan Hardin to the Strategic Planning Committee.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California on this 25th day of February 2026 by motion of Commissioner seconded by Commissioner and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Dean Germano, Chair

Date

ATTEST:

BY: _____
Ashlyn Scott, Clerk

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 25, 2026

Agenda Item Number:
4.1

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

Recommendation by:
Partnership Staff

Topic Description:

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

Reason for Resolution:

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

Financial Impact:

There is no measurable financial impact to the HealthPlan.

Requested Action of the Board:

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

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 25, 2026

Agenda Item Number:
4.1

Resolution Number:
26-

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

Recital: Whereas,

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

Now, Therefore, It Is Hereby Resolved As Follows:

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

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 25th day of February 2026 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Dean Germano, Chair

Date

ATTEST:

BY: _____

Ashlyn Scott, Clerk



Executive Dashboard

Date: February 25, 2026

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

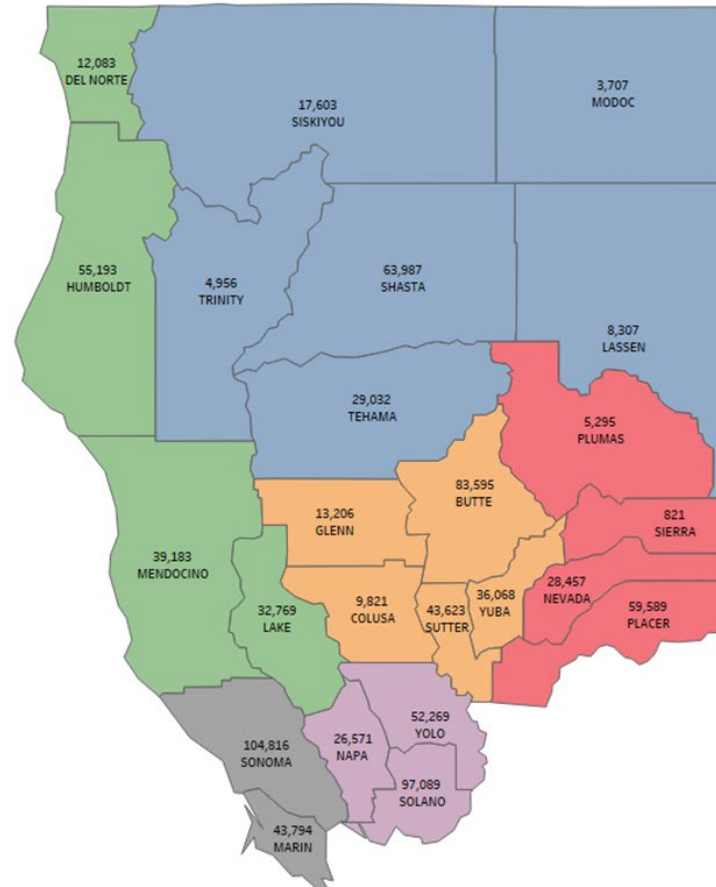
Membership Dashboard

Counties

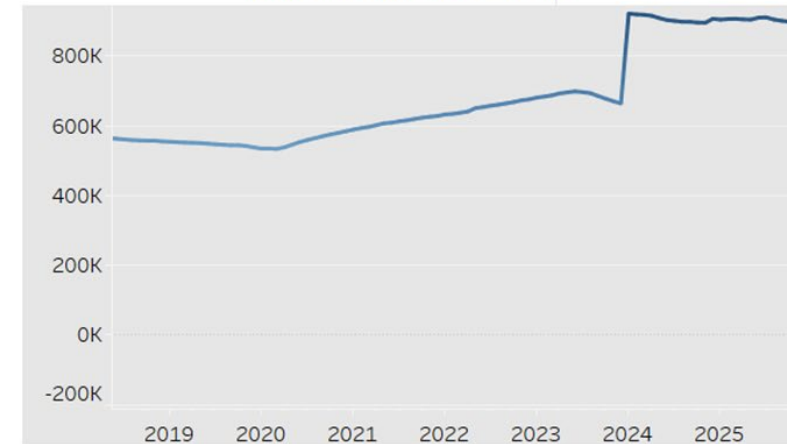
Mbr County

BUTTE	83,595	1.32%
COLUSA	9,821	4.25%
DEL NORTE	12,083	2.15%
GLENN	13,206	3.70%
HUMBOLDT	55,193	4.16%
LAKE	32,769	3.41%
LASSEN	8,307	2.60%
MARIN	43,794	7.08%
MENDOCINO	39,183	4.22%
MODOC	3,707	4.21%
NAPA	26,571	4.35%
NEVADA	28,457	1.20%
PLACER	59,589	4.52%
PLUMAS	5,295	8.47%
SHASTA	63,987	1.81%
SIERRA	821	2.38%
SISKIYOU	17,603	2.04%
SOLANO	97,089	6.50%
SONOMA	104,816	6.85%
SUTTER	43,623	2.26%
TEHAMA	29,032	3.44%
TRINITY	4,956	4.42%
YOLO	52,269	4.58%
YUBA	36,068	4.60%

871,834					
Auburn	Chico	Eureka	Fairfield	Redding	Santa Rosa
94,162	186,313	139,228	175,929	127,592	148,610



Annual Membership Trend

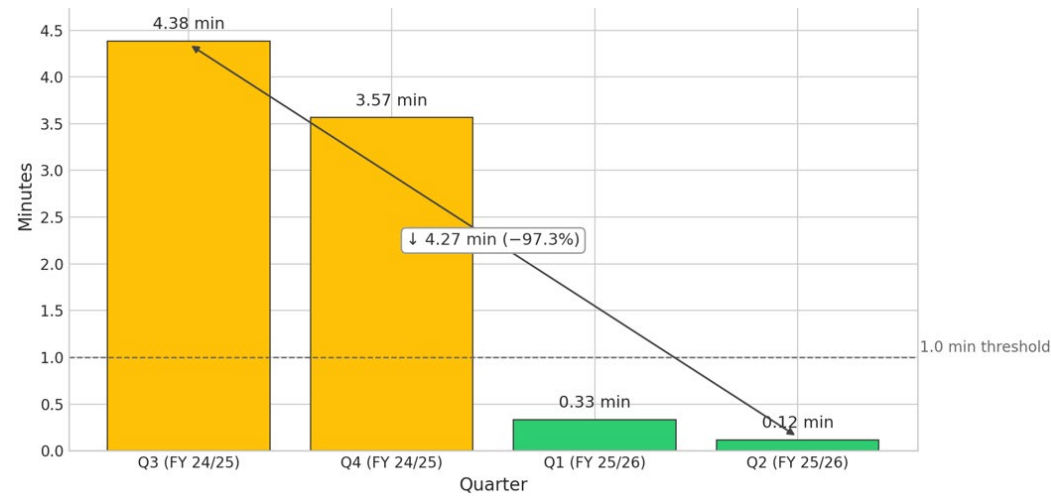


1/1/24 - Current

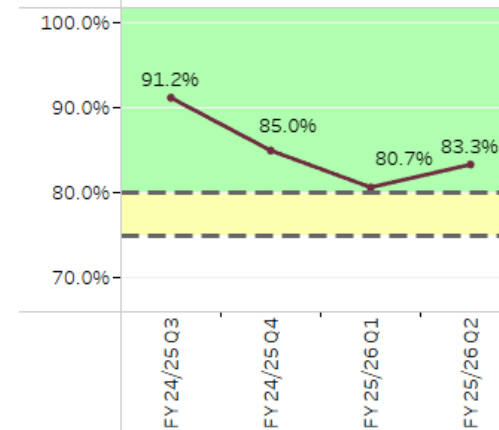


Call Center Dashboard

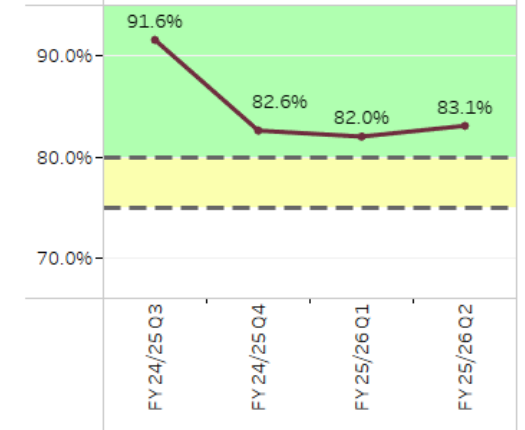
PHC MS Average Call Wait Time (in minutes)



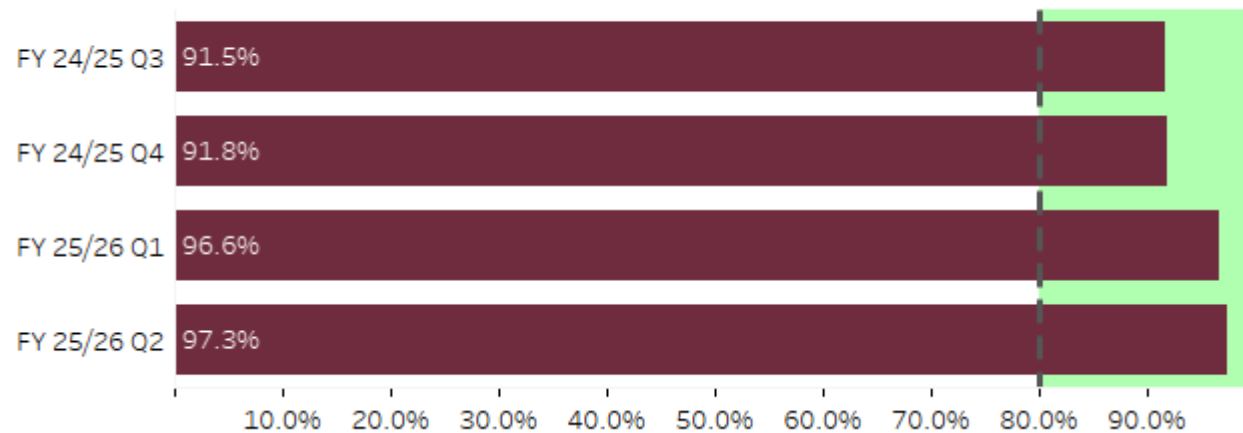
Carelon Calls Answered within 30 Seconds for Mental Health

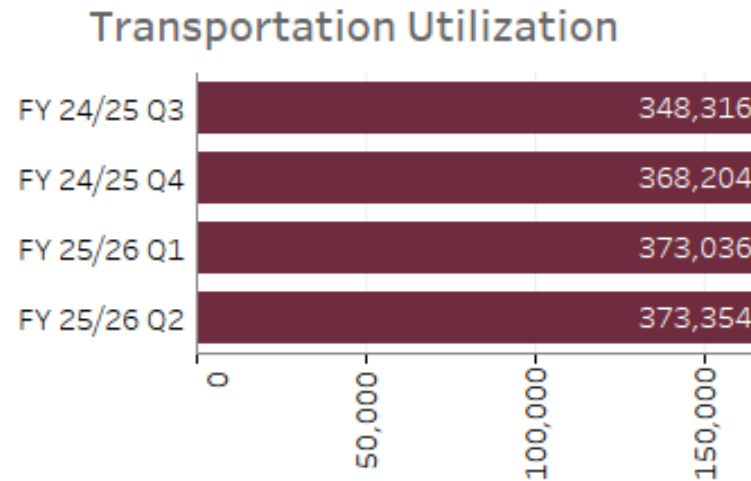
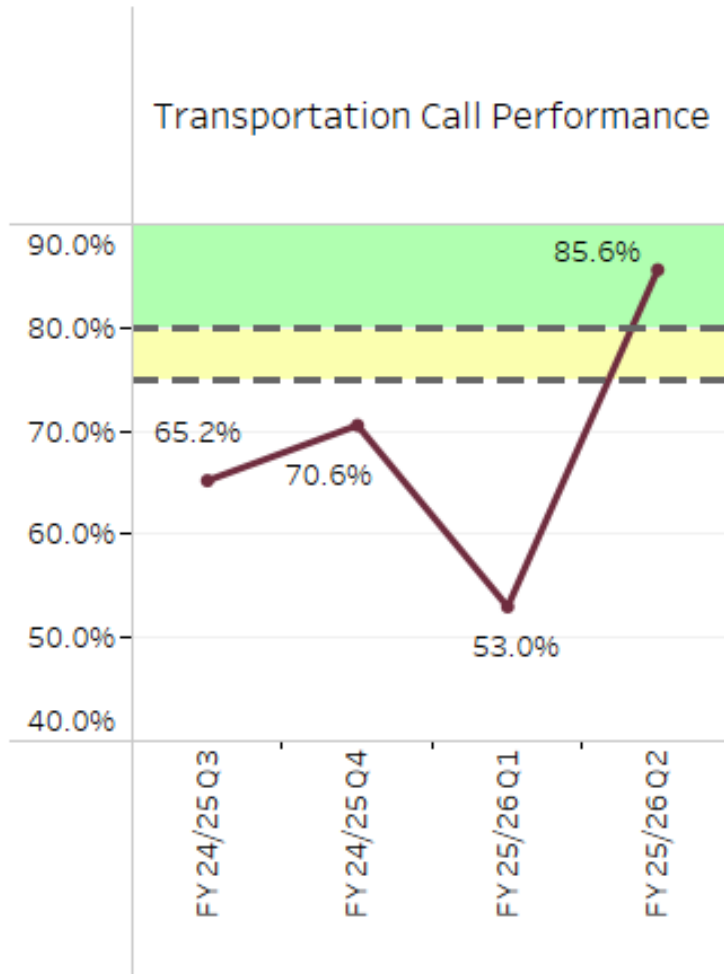


Carelon Calls Answered within 30 Seconds for Substance Use Disorder



PHC MS Calls Answered within 30 Seconds





Utilization continues to rise.

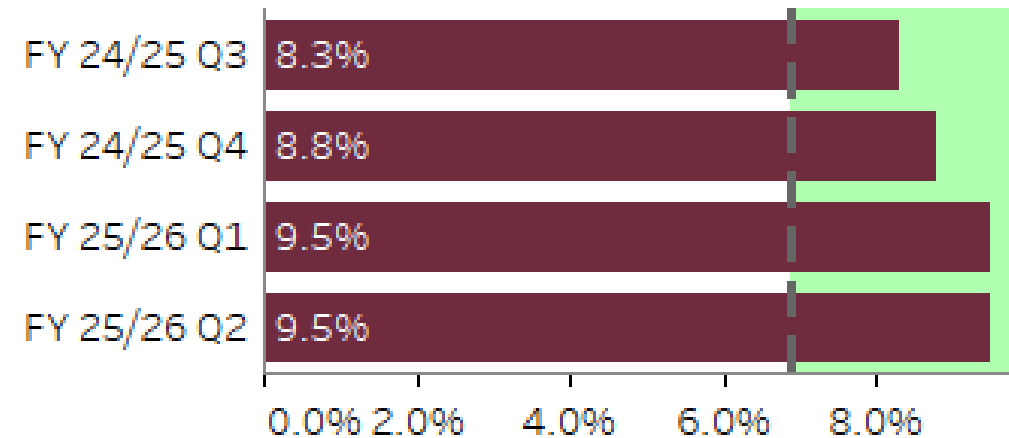
There has been a 7% increase of total trips from Q3 24/25 to Q2 25/26.

Medical Utilization Dashboard

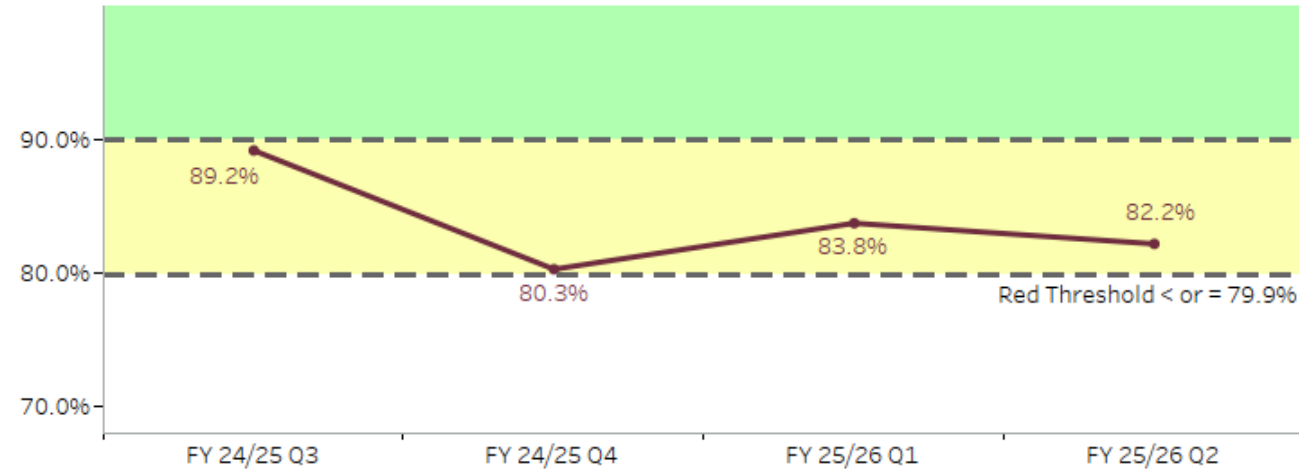


Behavioral Health Utilization

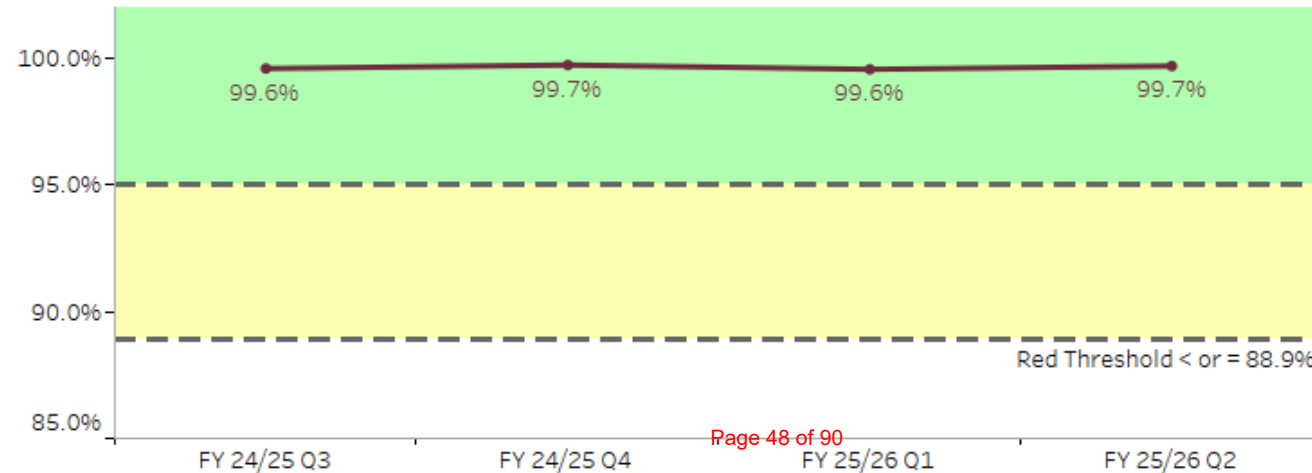
Mental Health Access Plan-Wide Utilization Rate



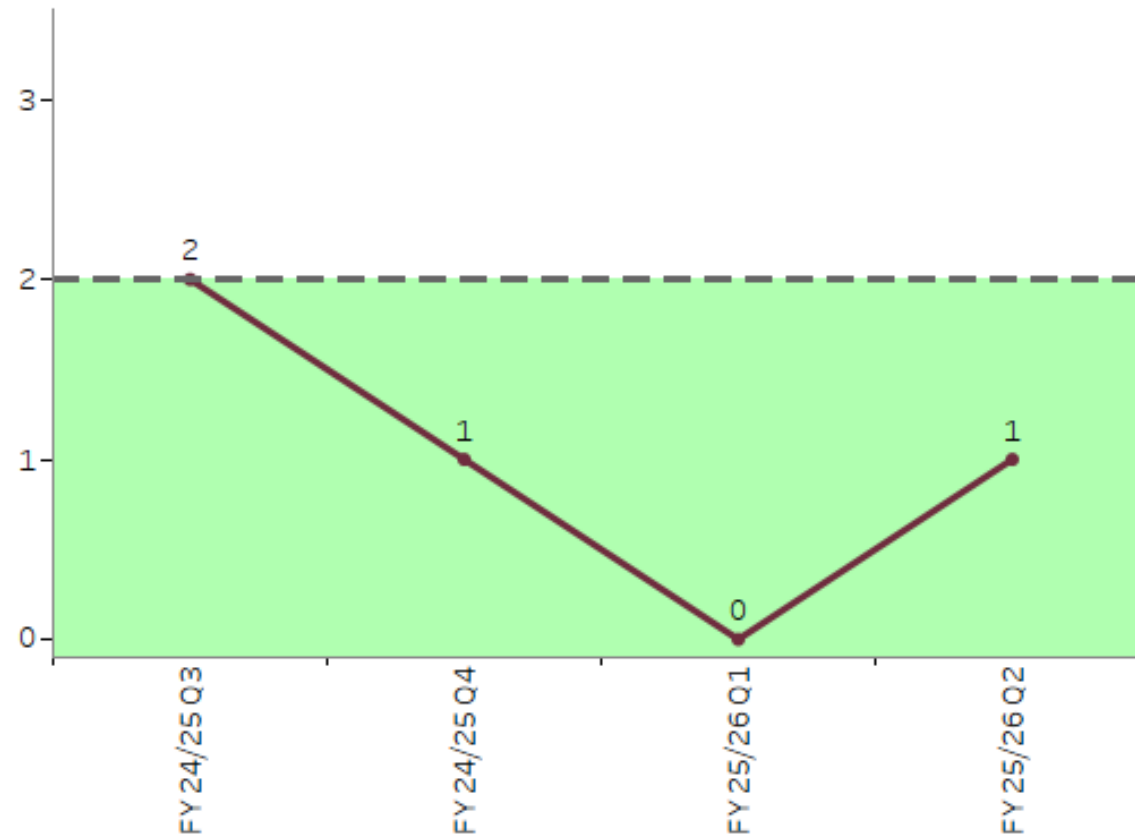
Medi-Cal Outpatient TAR Timeliness



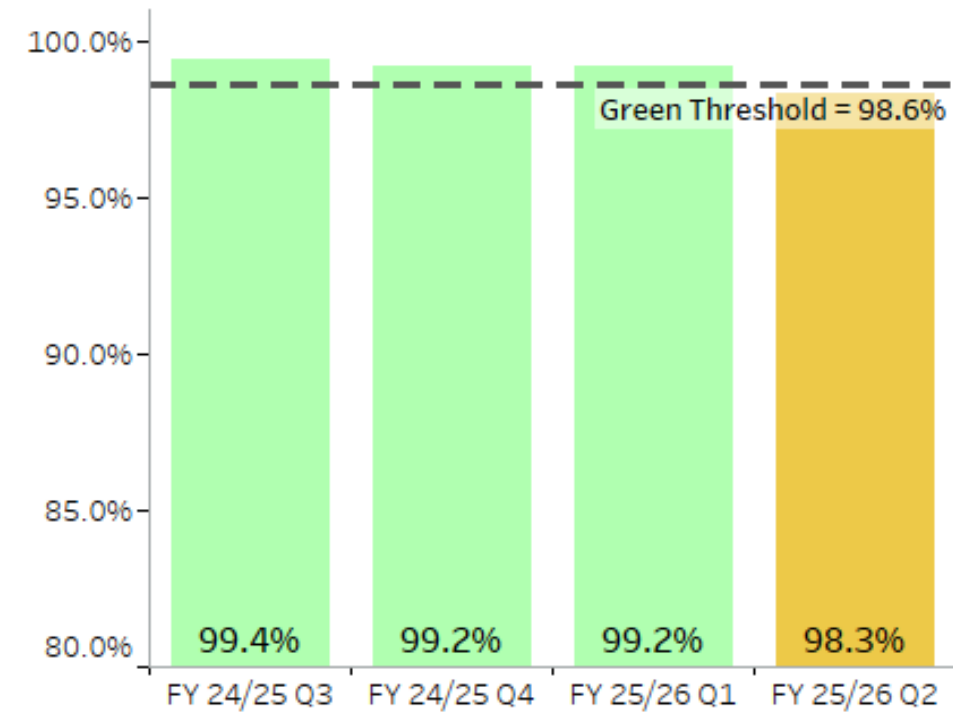
Pharmacy TAR Timeliness



Medi-Cal State Hearings Overturned by DHCS



Medi-Cal Cases Closed within DHCS-Mandated Timeframes

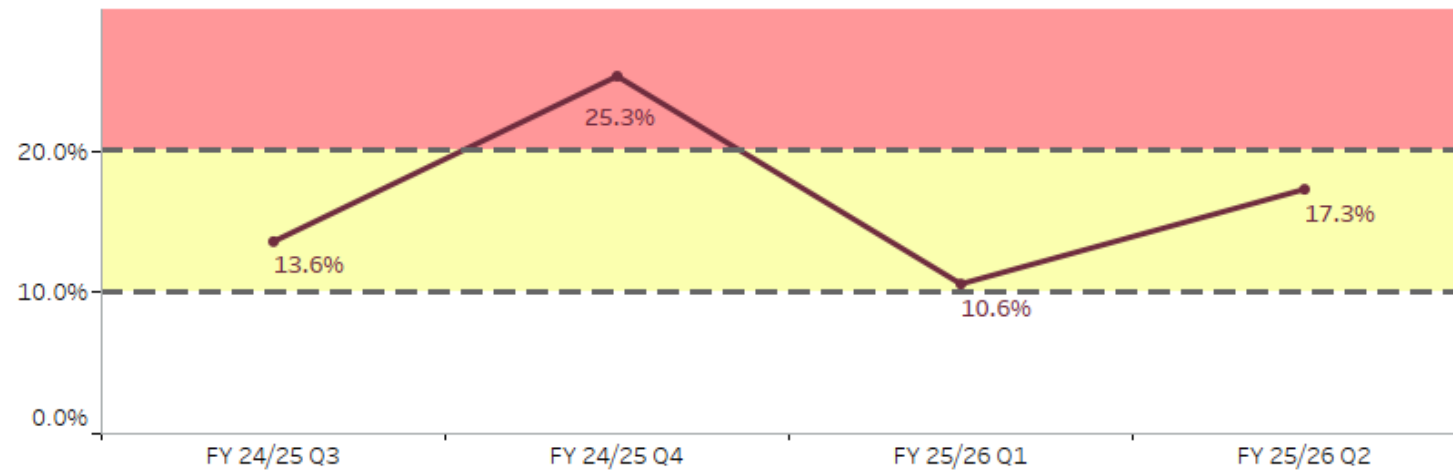


Medical Claims

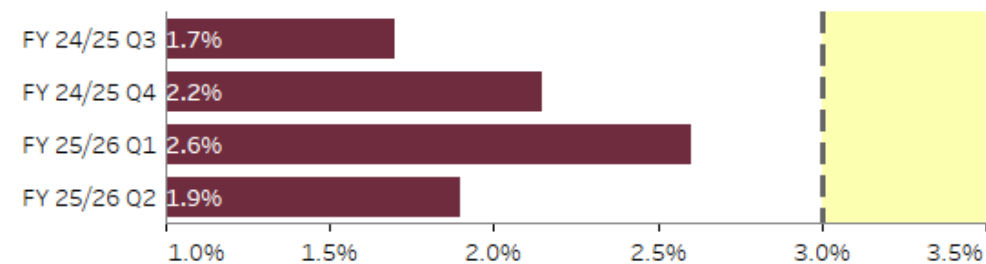
Mental Health Claims

	Percent of Medi-Cal Claims Auto-Adjudicated	Medi-Cal Claims Accuracy	* Percent of Claims Paid / Denied Within 45 BusinessDays	Percent of Mental Health Claims Paid within 45 Days
FY 24/25 Q3	59.0%	97.6%	99.7%	99.0%
FY 24/25 Q4	60.0%	97.8%	99.9%	99.0%
FY 25/26 Q1	58.0%	97.8%	99.0%	99.0%
FY 25/26 Q2	56.0%	98.1%	100.0%	99.0%
	Green Threshold ≥ 55%	Green Threshold ≥ 97%	Green Threshold ≥ 97%	Green Threshold ≥ 95%

**Percentage of Positions Open after 90 days
(Actively Recruiting)**

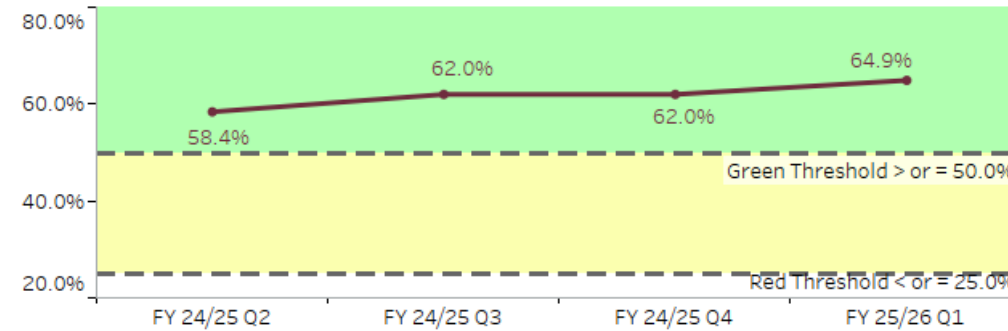


**Employee Turnover Rate
(All Cause)**

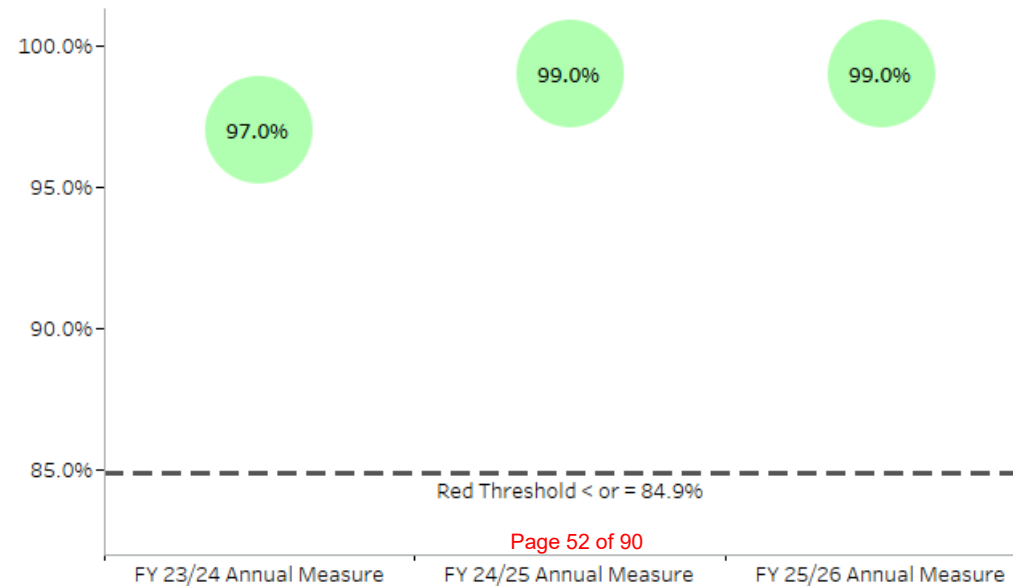


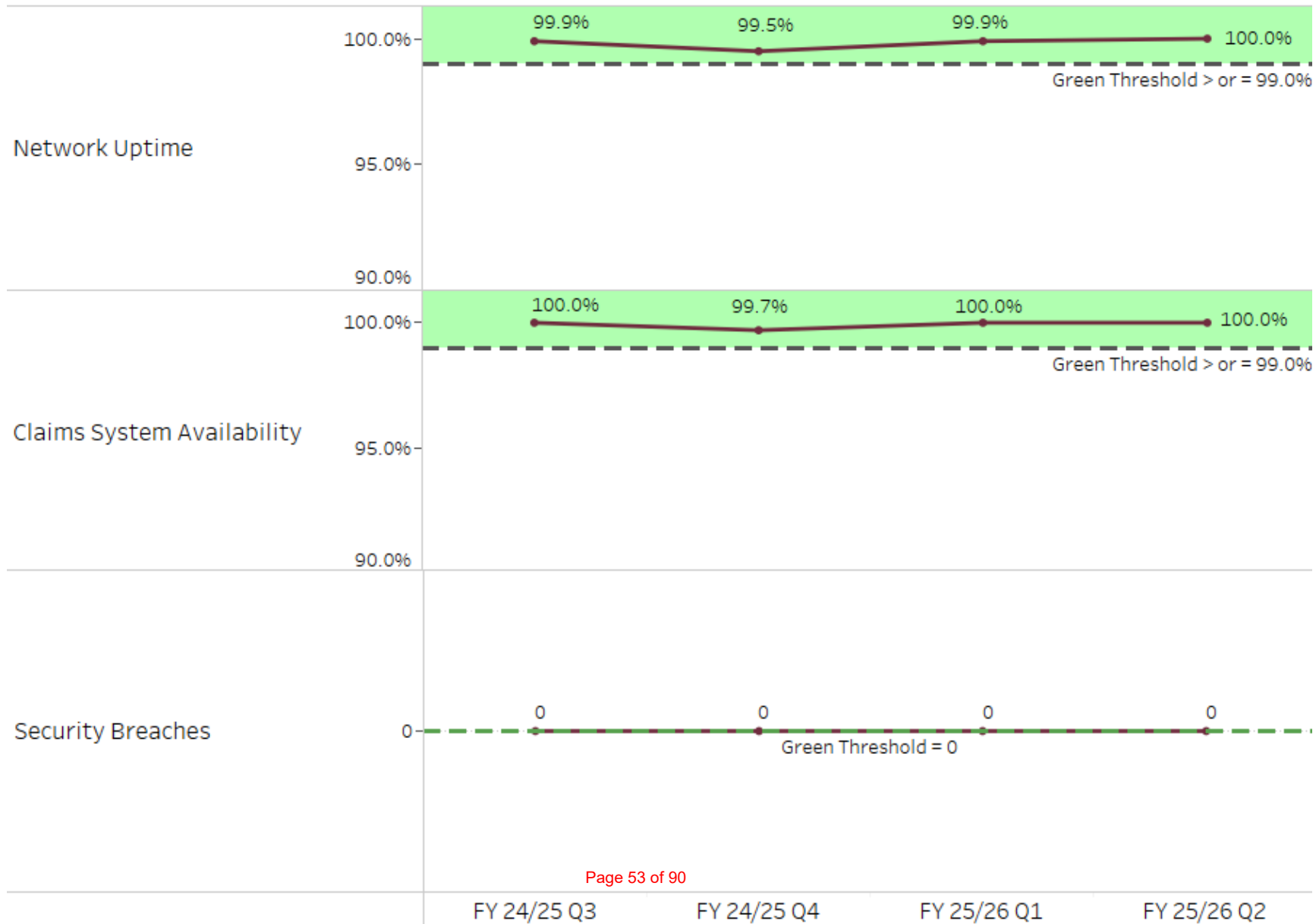
Specialty Access & Provider Satisfaction Dashboard

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



**Provider Satisfaction
(Overall Satisfaction with Plan)**





REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 25, 2026

Agenda Item Number:
4.2

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

Recommendation by:
Partnership Staff

Topic Description:

The Board serves as the selection committee for the Community Advisory Committee (CAC). As such, the Board is responsible for selecting new CAC members and/or replacing former CAC members whose position has been vacated. If a CAC member resigns or is asked to resign, the CAC selection committee must make their best effort to promptly replace a vacant CAC seat within 60 calendar days of the CAC vacancy, ensuring that CAC membership continues to be reflective of, and responsive to, the MCP's Service Area demographics.

The following nominees have applied to serve as member of the CAC:

Placer – Marisol Duran-Garcia

Lassen – Itha “Bev” Banghart

Shasta – Nani Mingo

Reason for Resolution:

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

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of Partnership staff, the Board is asked to approve the nominees below to serve as members of the CAC. These individuals are members of the health plan and have expressed interest in joining the CAC. The CAC is a diverse group who come from all walks of life and bring a wide variety of perspectives to their role.

Placer – Marisol Duran-Garcia

Lassen – Itha “Bev” Banghart

Shasta – Nani Mingo

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 25, 2026

Agenda Item Number:
4.2

Resolution Number:
26-

**IN THE MATTER OF: APPROVING THREE COMMUNITY ADVISORY
COMMITTEE NOMINEES**

Recital: Whereas,

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

Now, Therefore, It Is Hereby Resolved As Follows:

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

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 25th day of February 2026 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners

ABSTAINED: Commissioners:

ABSENT: Commissioners:

EXCUSED: Commissioners:

Dean Germano, Chair

ATTEST:

BY:

Ashlyn Scott, Clerk



Community Advisory Committee

Member Selection Evaluation Packet

March 2026



Community Advisory Committee (CAC)

CAC Member Selection Committee

Auburn Regional Office





Community Advisory Committee (CAC)

Member Summary Form

Applicant Name:	Marisol Duran-Garcia
County of Residence:	Placer
Available Seats:	There are three (3) available seats in Placer County
Applicant Summary:	Marisol, a dedicated mom of five, first connected with the Member Services team after attending the Lincoln Member Informative Session, where she learned about the CAC and its role. She serves her community as an advocate through active involvement in several local organizations, participating in school and church events, and the Latino Leadership Council, which connects Latino and Spanish-speaking residents with essential health education and youth development services. In addition, Marisol works with KidZCommunity in Auburn as a member of the Policy Council. In this role, she not only spends time in the classroom engaging with children but also contributes to shaping program decisions by bringing back meaningful, firsthand insights to council meetings. Her participation supports the Council's commitment to elevating parent leadership, strengthening family voices, and fostering a collaborative early-education environment. Her active engagement in local organizations reflects her dedication to uplifting her community, positioning her as a meaningful contributor to the CAC.
CAC Team Recommendation:	The CAC Team, in consultation with the Health Equity Officer, recommends the appointment of this member to the Community Advisory Committee.

Each county within Partnership's service area is allocated a set amount of CAC seats available to members. To ensure appropriate representation, our internal teams established a membership baseline and corresponding committee capacity. Our CAC membership baseline shall align with the Board of Commissioner seats per county. The ratio selected for each county is defined as one (1) times the number of Partnership Board of Commissioner seats per county, whereas the membership capacity will be two (2) times the baseline.



Community Advisory Committee (CAC)

CAC Member Selection Committee

Redding Regional Office



Community Advisory Committee (CAC)

Member Summary Form

Applicant Name:	Itha "Bev" Banghart
County of Residence:	Lassen
Available Seats:	There is one (1) available seat in Lassen County
Applicant Summary:	Bev learned about the CAC through her close friend and neighbor, Ellen Payton, who serves as a CAC member for Lassen County. She shares the same passion for helping others as Ellen and was inspired to attend the December 2025 meeting as a member of the public. During that meeting, she learned that a seat was open to immediately felt motivated to contribute her time and experience to the CAC. Bev brings a strong background in community-centered work. She previously worked as a supervisor at the Lassen-Modoc Foodbank for two years and has several other community engagements that she is involved with. She also worked with Blagg's Emergency Food Services, where she prepared meals for firefighters during fire season. In addition to her community service, Bev has a rich background in education. She was a first-grade teacher and has also served as a substitute teacher across grades K-12, giving her a broad understanding of the diverse needs of individuals and families within her community. Beyond her professional and volunteer commitments, Bev is a local artist, contributing to the cultural and creative landscape of her community. Her background, combined with her commitment to serving her community, makes her a strong candidate for the CAC.
CAC Team Recommendation:	The CAC Team, in consultation with the Health Equity Officer, recommends the appointment of this member to the Community Advisory Committee.

Each county within Partnership's service area is allocated a set amount of CAC seats available to members. To ensure appropriate representation, our internal teams established a membership baseline and corresponding committee capacity. Our CAC membership baseline shall align with the Board of Commissioner seats per county. The ratio selected for each county is defined as one (1) times the number of Partnership Board of Commissioner seats per county, whereas the membership capacity will be two (2) times the baseline.



Community Advisory Committee (CAC)

Member Summary Form

Applicant Name:	Nani Mingo
County of Residence:	Shasta
Available Seats:	There are four (4) available seats in Shasta County
Applicant Summary:	Nani attended the Redding Member Informative Session, where she learned about the CAC and its role. She expressed strong enthusiasm for the opportunity to serve her community as an advocate. With more than 27 years of experience in healthcare as a nurse, she brings valuable expertise that will support thoughtful and informed input on CAC recommendations. In addition to her healthcare background, she is also a military veteran. She brings a deep commitment to service, discipline, and advocacy for diverse populations. Her background is strengthened by her professional experience working with the Sacramento County Sheriff's Office, further elevating her understanding of community needs and public service systems. Her background and commitment make her a strong candidate to contribute meaningful feedback and thoughtful recommendations to the CAC.
CAC Team Recommendation:	The CAC Team, in consultation with the Health Equity Officer, recommends the appointment of this member to the Community Advisory Committee.

Each county within Partnership's service area is allocated a set amount of CAC seats available to members. To ensure appropriate representation, our internal teams established a membership baseline and corresponding committee capacity. Our CAC membership baseline shall align with the Board of Commissioner seats per county. The ratio selected for each county is defined as one (1) times the number of Partnership Board of Commissioner seats per county, whereas the membership capacity will be two (2) times the baseline.

REGULAR AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board / Finance Committee (when applicable)

Meeting Date: February 18, 2026

Board Meeting Date: February 25, 2026

Agenda Item Number: 4.3

Resolution Sponsor:

Sonja Bjork, CEO, Partnership Health Plan of CA

Recommendation by:

The Finance Committee and Partnership Staff

Topic Description:

Effective calendar year 2024, Department of Health Care Services (DHCS) introduced the Community Reinvestment Policy through DHCS All Plan Letter (APL) 25-004 requiring Medi-Cal Managed Care Plans with annual positive net income to reinvest a portion of their earnings into local communities, starting in 2026 based on 2024 financial data. The policy requires additional investment based on plan-specific Managed Care Accountability Set (MCAS) quality performance. Partnership's 10-County region will not be subject to these reinvestment requirements until 2027 based on 2025 financial data.

In addition to this new policy DHCS has implemented quality sanctions and quality rate withholds on Managed Care Plans across the state. As DHCS and Partnership HealthPlan continue to prioritize delivering quality care to our members, in alignment with the DHCS quality goals Partnership is committed to investing in quality activities across our region.

Partnership seeks to allocate Quality Investment funding of up to \$2 million in our 10-County region. The Quality Investment funding would be split into two categories (1) \$50,000 would be allotted for each individual county for quality improvement efforts and (2) up to \$1.5 million would be allotted for provider quality grant initiatives within the entire 10-County region.

Reason for Resolution:

To obtain Board approval to allocate Quality Investment funding of up to \$2 million in our 10-County region.

Financial Impact:

The net financial impact is up to \$2 million to support these new quality investments.

Requested Action of the Board:

Based on the recommendation of the Finance Committee and Partnership Staff, the Board is asked to approve these additional quality investments.

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

Board / Finance Committee (when applicable)
Meeting Date: February 18, 2026
Board Meeting Date: February 25, 2026

Agenda Item Number:
4.3

Resolution Number:
26-

IN THE MATTER OF: APPROVING QUALITY INVESTMENT FUNDING

Recital: Whereas,

- A. It is in the best interest of Partnership to proactively invest additional quality funding within the 10-County region to improve quality performance on clinical quality, member experience, and health equity measures within the region; and
- B. To limit DHCS quality penalties and quality rate withholds; and
- C. The Board is responsible for financial oversight.

Now, Therefore, It Is Hereby Resolved As Follows:

- 1. The Board approves the Quality Investment Funding of up to \$2 million.
- 2. Partnership staff will develop Quality Investment funding grant requirements prior to the allocation of funding.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 25th day of February 2026 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES Commissioners:

ABSTAINED: Commissioners:

ABSENT: Commissioners

ATTEST:

Dean Germano, Chair

Date

BY: _____
Ashlyn Scott, Clerk

FINANCIAL HIGHLIGHTS

Of The Partnership HealthPlan of California

For the Period Ending December 31, 2025

Financial Analysis for the Current Period

Total Surplus

For the month ending December 31, 2025, Partnership reported a surplus of \$8.6 million, bringing the year-to-date surplus to \$18.2 million. Key variances are outlined below.

Revenue

Total Revenue is lower than budget by \$49.0 million for the month and \$305.5 million for year-to-date. The following summarizes the year-to-date variances. Medi-Cal revenue is \$62.7 million favorable to budget primarily due to retro membership and the prior and current period risk corridor adjustments. Directed Payments are \$381.2 million unfavorable to budget due to lower than anticipated rates with a corresponding offset recorded in Healthcare Investment Funds (HCIF). Supplemental revenues were \$7.7 million above budget, reflecting higher Proposition 56 revenue and the timing of DHCS submissions for American Indian Health Services (AIHS) payments. Interest income is \$5.2 million favorable due to higher than anticipated interest rates accompanied with higher than budgeted cash balances. The remaining favorable variance is attributed to other revenues.

Healthcare Costs

Total Healthcare Costs are lower than budget by \$57.9 million for the month and \$304.2 million year-to-date. The following summarizes the year-to-date variances. Non-Capitated Physician and Ancillary expenses are \$87.1 million unfavorable to budget primarily due to adjustments to IBNR reserves which reflect the latest cost and utilization trends. Capitation expenses are \$6.4 million favorable to budget due to changes in the funding methodologies for certain healthcare providers. Long-term care costs are unfavorable to budget by \$6.2 million due to higher prior period rate adjustments. Inpatient Hospital Fee-For-Service (FFS) expenses are favorable to budget by \$17.7 million, driven by adjustments to IBNR reserves attributed to lower utilization. HCIF expenses are \$368.2 million favorable to budget due to lower than anticipated Directed Payment rates. Transportation costs are \$2.9 million unfavorable to budget, attributed to increased utilization. Quality Assurance expenses are \$8.1 million favorable to budget due to the timing of medical administrative costs.

Administrative Costs

Total Administrative costs are overall favorable to budget by \$6.7 million for the month and \$31.0 million for the year-to-date. The primary positive variance is in Employee costs due to the timing of the filling of open positions geared towards fulfilling our regulatory requirements; this variance offsets some of the utilization of consultants in the Professional Services category. An additional variance is in Occupancy due to the timing of building related costs including repairs, maintenance, and utilities, as well as the depreciation expenses that accompany capital asset purchases. Lastly, an additional variance in Computer and Data is due to the timing of software purchases, which typically correlates to the variance in staffing.

FINANCIAL HIGHLIGHTS

Of The Partnership HealthPlan of California

For the Period Ending December 31, 2025

Balance Sheet / Cash Flow

Total Cash & Cash Equivalents increased by \$351.6 million for the month. The primary inflow is from the \$936.3 million in State Capitation payments; these payments include \$461.6 million of regular capitation payments but also include \$212.2 million of Voluntary Rate Range payments and also \$262.5 million of MCO tax payments, which include retroactivity. Additional inflows include \$2.5 million in Drug Medi-Cal payments and \$7.3 million in interest earnings. These inflows were offset by outflows of \$416.2 million in healthcare cost payments, \$5.8 million in Drug Medi-Cal payments, \$125.6 million in MCO quarterly tax payments, \$35.6 million in administrative and capital cost payments, and \$11.7 million in board designated reserve transfers. The remaining difference can be attributed to other revenues.

General Statistics

Membership

Membership had a total net decrease of 1,570 members for the month.

Utilization Metrics and High Dollar Case

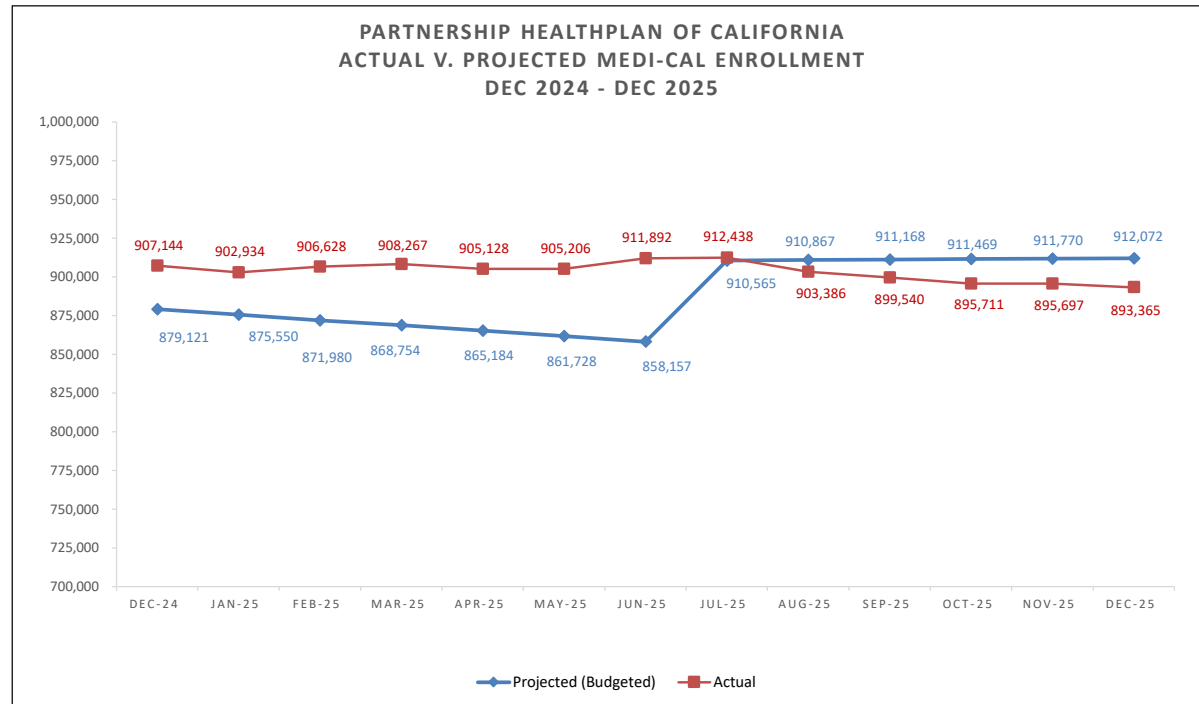
For the fiscal year 2025/26 through December 2025, 285 members reached the \$250,000 threshold with an average cost of \$509,688. For fiscal year 2024/25, 1,276 members reached the \$250,000 threshold with an average cost per case of \$515,749. For fiscal year 2023/24, 900 members reached the \$250,000 threshold with an average claims cost of \$512,265.

Current Ratio/Reserved Funds

Current Ratio Including Required Reserves:	1.43
Current Ratio Excluding Required Reserves:	1.00
Required Reserves:	\$1,467,343,339
Total Fund Balance:	\$1,475,732,606

Days of Cash on Hand

Including Required Reserves:	141.81
Excluding Required Reserves:	70.87



Member Months by County:

County	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Solano	103,225	102,170	102,511	102,443	102,189	102,658	103,987	104,011	102,676	102,240	101,767	101,583	101,555
Napa	26,961	26,991	27,197	27,289	27,339	27,450	27,826	27,732	27,619	27,642	27,529	27,480	27,355
Yolo	53,062	52,646	52,963	53,239	53,213	53,722	55,109	54,845	54,223	54,152	53,995	54,252	54,140
Sonoma	112,185	110,844	112,863	112,617	112,643	111,321	112,499	112,958	111,588	110,631	110,400	109,596	109,061
Marin	46,460	46,616	46,859	47,015	46,629	46,873	47,047	47,313	46,806	46,609	46,235	46,089	45,096
Mendocino	40,947	40,708	40,899	41,086	40,682	40,941	40,852	41,104	40,506	40,390	40,244	40,200	40,229
Lake	34,495	34,338	34,229	34,164	34,124	34,105	33,983	33,960	33,568	33,236	33,298	33,359	33,389
Del Norte	12,420	12,466	12,513	12,468	12,246	12,336	12,400	12,362	12,314	12,197	12,191	12,220	12,169
Humboldt	58,593	58,332	58,577	58,588	58,149	57,830	57,528	57,819	56,962	56,678	56,451	56,095	55,976
Lassen	8,756	8,761	8,825	8,821	8,767	8,764	8,656	8,575	8,358	8,439	8,412	8,406	8,491
Modoc	3,939	3,943	3,990	4,011	4,013	3,930	3,893	3,878	3,888	3,827	3,743	3,747	3,845
Shasta	66,863	66,195	65,800	66,052	65,219	65,101	65,377	65,400	64,714	64,742	64,786	65,062	64,124
Siskiyou	17,945	17,902	17,706	17,777	17,605	17,791	18,056	18,058	17,782	17,760	17,739	17,786	17,928
Trinity	5,419	5,286	5,348	5,345	5,321	5,325	5,250	5,193	5,220	5,103	5,169	5,118	5,081
Butte	85,772	85,639	85,539	86,256	85,897	85,920	85,649	84,789	84,665	84,532	84,241	84,407	84,874
Colusa	10,215	10,219	10,232	10,288	10,340	10,306	10,362	10,260	10,152	9,996	9,913	9,968	10,006
Glenn	13,664	13,594	13,623	13,786	13,690	13,682	13,647	13,764	13,687	13,672	13,523	13,497	13,456
Nevada	28,515	28,748	28,736	28,570	28,579	28,602	28,731	28,787	28,464	28,369	28,250	28,148	28,633
Placer	60,679	60,497	60,860	61,013	61,260	61,300	62,271	62,355	61,883	61,676	61,371	61,679	61,561
Plumas	5,866	5,792	5,858	5,925	5,886	5,807	5,755	5,784	5,783	5,616	5,575	5,478	5,429
Sierra	887	874	888	868	862	832	862	851	825	832	820	810	813
Sutter	43,425	43,430	43,691	43,601	43,739	43,829	44,348	44,796	44,471	44,294	43,923	44,223	44,067
Tehama	30,426	30,321	30,240	30,059	30,011	29,932	30,038	30,166	29,626	29,551	29,266	29,219	29,095
Yuba	36,425	36,622	36,681	36,986	36,725	36,849	37,766	37,678	37,606	37,356	36,870	37,275	36,992
All Counties Total	907,144	902,934	906,628	908,267	905,128	905,206	911,892	912,438	903,386	899,540	895,711	895,697	893,365

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

Partnership HealthPlan of California
Comparative Financial Indicators Monthly Report
Fiscal Year 2025 - 2026 & Fiscal Year 2024 - 2025

FINANCIAL INDICATORS	Avg / Month As of												
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25							YTD Dec-25
Total Enrollment	911,768	903,653	898,537	895,299	893,778	892,208							5,395,243 899,207
Total Revenue	593,945,794	596,614,742	614,951,654	605,173,794	589,922,935	597,186,401							3,597,795,319 599,632,553
Total Healthcare Costs	498,796,206	506,539,614	512,291,047	520,182,134	500,456,939	496,774,321							3,035,040,263 505,840,044
Total Administrative Costs	24,791,602	22,017,598	26,477,113	24,878,941	26,778,257	26,528,471							151,471,981 25,245,330
Medi-Cal Hospital & Managed Care Taxes	66,396,128	65,722,340	65,436,800	65,176,911	65,100,207	65,268,296							393,100,682 65,516,780
Total Current Year Surplus (Deficit)	3,961,858	2,335,190	10,746,694	(5,064,192)	(2,412,468)	8,615,313							18,182,393 3,030,399
Total Claims Payable	629,390,689	669,310,022	649,369,505	691,165,158	693,242,993	695,889,424							695,889,424 671,394,632
Total Fund Balance	1,461,512,071	1,463,847,260	1,474,593,953	1,469,529,761	1,467,117,293	1,475,732,606							1,475,732,606 1,468,722,157
Reserved Funds													
State Financial Performance Guarantee	1,135,173,000	1,146,059,000	1,166,267,000	1,181,553,000	1,195,372,000	1,208,212,000							1,208,212,000 1,172,106,000
Board Approved Capital and Infrastructure Purchases	100,733,349	100,103,601	98,688,437	97,620,158	94,941,438	93,782,664							93,782,664 97,644,941
Capital Assets	161,362,815	161,328,374	162,223,752	162,679,193	164,744,577	165,348,675							165,348,675 162,947,898
Strategic Use of Reserve-Board Approved	71,002,668	71,002,668	71,002,668	71,002,668	71,002,668	71,002,668							71,002,668 71,002,668
Unrestricted Fund Balance	(6,759,761)	(14,646,383)	(23,587,903)	(43,325,258)	(58,943,390)	(62,613,402)							(62,613,402) (34,979,350)
Fund Balance as % of Reserved Funds	99.54%	99.01%	98.43%	97.14%	96.14%	95.93%							95.93% 97.67%
Current Ratio (including Required Reserves)	1.49:1	1.46:1	1.44:1	1.45:1	1.43:1	1.43:1							1.43:1 1.45:1
Medical Loss Ratio w/o Tax	94.55%	95.41%	93.23%	96.33%	95.36%	93.39%							94.71% 94.71%
Admin Ratio w/o Tax	4.70%	4.15%	4.82%	4.61%	5.10%	4.99%							4.73% 4.73%
Profit Margin Ratio	0.75%	0.44%	1.96%	-0.94%	-0.46%	1.62%							0.57% 0.57%

FINANCIAL INDICATORS	Avg / Month As of												
	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	YTD Jun-25
Total Enrollment	898,490	898,153	897,450	895,408	895,235	905,698	901,907	904,947	906,317	904,513	903,817	910,264	10,822,199 901,850
Total Revenue	516,467,263	505,732,274	517,421,674	517,491,108	507,895,691	520,768,067	518,706,967	759,253,557	692,900,747	592,855,121	595,592,203	643,816,561	6,888,901,232 574,075,103
Total Healthcare Costs	455,570,291	455,587,935	449,203,390	445,671,531	422,571,150	440,227,707	443,280,032	430,197,038	480,694,520	490,255,409	527,157,036	443,488,949	5,483,904,985 456,992,082
Total Administrative Costs	17,164,116	20,965,109	20,303,694	22,663,983	19,787,655	21,565,508	23,537,967	22,873,201	21,628,246	26,832,114	23,265,462	26,309,568	266,896,625 22,241,385
Medi-Cal Hospital & Managed Care Taxes	46,566,563	46,437,851	46,436,856	46,083,262	46,460,193	46,509,845	46,696,106	298,302,026	105,449,368	66,370,265	66,176,548	66,663,236	928,152,119 77,346,010
Total Current Year Surplus (Deficit)	(2,833,707)	(17,258,621)	1,477,734	3,072,332	19,076,693	12,465,007	5,192,862	7,881,292	85,128,613	9,397,333	(21,006,843)	107,354,808	209,947,503 17,495,625
Total Claims Payable	884,509,979	911,448,691	890,651,592	852,864,933	830,533,762	775,002,932	770,859,204	759,273,827	639,166,969	601,722,478	648,998,299	613,302,418	613,302,418 764,861,257
Total Fund Balance	1,244,769,003	1,227,510,382	1,228,988,116	1,232,060,447	1,251,137,140	1,263,602,149	1,268,795,012	1,276,676,303	1,361,804,917	1,371,202,250	1,350,195,407	1,457,550,213	1,457,550,213 1,294,524,278
Reserved Funds													
State Financial Performance Guarantee	1,092,899,000	1,093,798,000	1,096,923,000	1,100,211,000	1,102,840,000	1,046,032,000	1,049,745,000	1,091,605,000	1,119,293,000	1,130,765,000	1,143,805,000	1,121,915,000	1,121,915,000 1,099,152,583
Board Approved Capital and Infrastructure Purchases	79,941,518	79,360,193	77,250,794	76,202,434	75,447,816	73,742,888	72,667,651	71,478,836	70,124,244	66,296,695	66,344,624	63,186,278	63,186,278 72,670,331
Capital Assets	134,500,819	148,731,129	150,227,245	152,420,562	152,556,243	152,888,655	154,088,260	154,631,556	155,340,379	157,165,923	157,852,579	160,862,612	160,862,612 152,605,497
Strategic Use of Reserve-Board Approved	71,002,668	71,002,668	71,002,668	71,002,668	71,002,668	71,002,668	71,002,668	71,002,668	71,002,668	71,002,668	71,002,668	71,002,668	71,002,668 71,002,668
Unrestricted Fund Balance	(133,575,002)	(165,381,608)	(166,415,591)	(167,776,217)	(150,709,587)	(80,064,063)	(78,708,568)	(112,041,757)	(53,955,374)	(54,028,036)	(88,809,464)	40,583,655	40,583,655 (100,906,801)
Fund Balance as % of Reserved Funds	90.31%	88.13%	88.07%	88.01%	89.25%	94.04%	94.16%	91.93%	96.19%	96.21%	93.83%	102.86%	102.86% 92.77%
Current Ratio (including Required Reserves)	1.45:1	1.41:1	1.40:1	1.40:1	1.40:1	1.39:1	1.41:1	1.37:1	1.44:1	1.45:1	1.43:1	1.48:1	1.48:1 1.42:1
Medical Loss Ratio w/o Tax	96.95%	99.19%	95.38%	94.54%	91.58%	92.82%	93.91%	93.33%	81.83%	93.12%	99.57%	76.84%	92.00% 92.00%
Admin Ratio w/o Tax	3.65%	4.56%	4.31%	4.81%	4.29%	4.55%	4.99%	4.96%	3.68%	5.10%	4.39%	4.56%	4.48% 4.48%
Profit Margin Ratio	-0.60%	-3.76%	0.31%	0.65%	4.13%	2.63%	1.10%	1.71%	14.49%	1.78%	-3.97%	18.60%	3.52% 3.52%

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Membership and Financial Summary
For The Period Ending December 31, 2025

CURRENT MONTH	PRIOR MONTH	INC / DEC	MEMBERSHIP SUMMARY	CURRENT YTD AVG	PRIOR YTD AVG	VARIANCE
892,208	893,778	(1,570)	Total Membership	899,207	899,207	-
ACTUAL MONTH	BUDGET MONTH	\$ VARIANCE MONTH	FINANCIAL SUMMARY	ACTUAL YTD	BUDGET YTD	\$ VARIANCE YTD
597,186,401	646,173,104	(48,986,703)	Total Revenue	3,597,795,319	3,903,315,812	(305,520,493)
496,774,321	554,639,342	57,865,021	Total Healthcare Costs	3,035,040,263	3,339,244,482	304,204,219
26,528,471	33,183,905	6,655,434	Total Administrative Costs	151,471,981	182,426,833	30,954,852
65,268,296	66,727,163	1,458,867	Medi-Cal Managed Care Tax	393,100,682	400,032,356	6,931,674
8,615,313	(8,377,306)	16,992,619	Total Current Year Surplus (Deficit)	18,182,393	(18,387,859)	36,570,252

93.39%	95.72%	Medical Loss Ratio (HC Costs as a % of Rev, excluding Managed Care Tax)	94.71%	95.32%
4.99%	5.73%	Admin Ratio (Admin Costs as a % of Rev, excluding Managed Care Tax)	4.73%	5.21%

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Balance Sheet As Of December 31, 2025

	<u>December 2025</u>	<u>November 2025</u>
A S S E T S		
Current Assets		
Cash & Cash Equivalents	1,300,846,228	949,277,443
Receivables		
Accrued Interest	1,247,100	679,100
State DHS - Cap Rec	1,637,775,798	1,984,955,144
Other Healthcare Receivable	46,581,481	38,001,645
Miscellaneous Receivable	6,222,728	6,239,041
Total Receivables	1,691,827,107	2,029,874,930
Other Current Assets		
Payroll Clearing	(1,043)	(3,875)
Prepaid Expenses	19,002,526	16,866,009
Total Other Current Assets	19,001,483	16,862,134
Total Current Assets	3,011,674,818	2,996,014,507
Non-Current Assets		
Fixed Assets		
Motor Vehicles	1,096,330	1,096,330
Furniture & Fixtures	7,363,674	7,363,674
Computer Equipment	20,328,283	20,328,283
Computer Software	9,048,571	9,048,571
Leasehold Improvements	124,288	124,288
Land	11,330,439	11,330,439
Building	79,474,549	79,474,549
Building Improvements	40,418,839	40,418,839
Accum Depr - Motor Vehicles	(480,418)	(452,894)
Accum Depr - Furniture	(6,714,756)	(6,701,076)
Accum Depr - Comp Equipment	(18,638,511)	(18,501,966)
Accum Depr - Comp Software	(8,945,610)	(8,930,246)
Accum Depr - Leasehold Improvements	(124,288)	(124,288)
Accum Depr - Building	(15,229,052)	(15,059,235)
Accum Depr - Bldg Improvements	(17,428,479)	(17,236,734)
Construction Work-In-Progress	63,724,816	62,566,043
Total Fixed Assets	165,348,675	164,744,577
Other Non-Current Assets		
Deposits	11,607	21,907
Board-Designated Reserves	1,301,694,664	1,290,013,438
Knox-Keene Reserves	300,000	300,000
Prepaid - Other Non-Current	12,353,407	11,618,389
Net Pension Asset	5,714,523	5,714,523
Deferred Outflows Of Resources	2,745,009	2,745,009
Net Subscription Asset	3,120,175	3,120,175
Total Other Non-Current Assets	1,325,939,385	1,313,533,441
Total Non-Current Assets	1,491,288,060	1,478,278,018
Total Assets	4,502,962,878	4,474,292,525

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Balance Sheet As Of December 31, 2025

	December 2025	November 2025
LIABILITIES & FUND BALANCE		
Liabilities		
Current Liabilities		
Accounts Payable	364,819,107	423,829,758
Unearned Income	56,650,849	56,649,475
Suspense Account	4,668,200	5,613,045
Capitation Payable	4,199,992	4,199,992
State DHS - Cap Payable	32,633,113	32,633,113
Accrued Healthcare Costs	1,756,246,750	1,684,900,904
Claims Payable	266,201,749	305,426,651
Incurred But Not Reported-IBNR	429,687,675	387,816,342
Quality Improvement Programs	102,787,216	96,770,331
Total Current Liabilities	3,017,894,651	2,997,839,611
Non-Current Liabilities		
Deferred Inflows Of Resources	6,657,637	6,657,637
Net Subscription Liability	2,677,984	2,677,984
Total Non-Current Liabilities	9,335,621	9,335,621
Total Liabilities	3,027,230,272	3,007,175,232
Fund Balance		
Unrestricted Fund Balance	(62,613,402)	(58,943,390)
Reserved Funds		
State Financial Performance Guarantee	1,208,212,000	1,195,372,000
Board Approved Capital and Infrastructure Purchases	93,782,664	94,941,438
Capital Assets	165,348,675	164,744,577
Strategic Use of Reserve-Board Approved	71,002,668	71,002,668
Total Reserved Funds	1,538,346,007	1,526,060,683
Total Fund Balance	1,475,732,606	1,467,117,293
Total Liabilities And Fund Balance	4,502,962,878	4,474,292,525

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Statement of Cash Flow

For The Period Ending December 31, 2025

	Current Month Activity	Year-To-Date Activity
CASH FLOWS FROM OPERATING ACTIVITIES:		
Cash Received From:		
Capitation from California Department of Health Care Services	936,262,308	3,667,752,291
Other Revenues	368,166	1,603,783
Cash Payments to Providers for Medi-Cal Members		
Capitation Payments	(21,822,017)	(125,258,060)
Medical Claims Payments	(394,341,114)	(2,539,598,187)
Drug Medi-Cal		
DMC Receipts from Counties	2,481,216	45,578,869
DMC Payments to Providers	(5,832,128)	(31,137,561)
Cash Payments to Vendors	(139,600,702)	(428,414,317)
Cash Payments to Employees	(19,367,278)	(122,672,840)
Net Cash Provided by Operating Activities	358,148,451	467,853,978
CASH FLOWS FROM CAPITAL FINANCING & RELATED ACTIVITIES:		
Purchases of Capital Assets	(2,210,537)	(13,320,672)
Net Cash (Used) by Capital Financial & Related Activities	(2,210,537)	(13,320,672)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Board-Designated Reserve Transfers	(11,681,226)	(116,893,386)
Interest and Dividends on Investments	7,312,097	45,597,372
Net Cash (Used) by Investing Activities	(4,369,129)	(71,296,014)
NET INCREASE IN CASH & CASH EQUIVALENTS	351,568,785	383,237,292
CASH & CASH EQUIVALENTS, BEGINNING	949,277,443	917,608,936
CASH & CASH EQUIVALENTS, ENDING	1,300,846,228	1,300,846,228
RECONCILIATION OF TOTAL OPERATING (LOSS) INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES		
TOTAL OPERATING (LOSS) INCOME	735,216	(27,698,579)
DEPRECIATION	554,675	3,571,893
CHANGES IN ASSETS AND LIABILITIES:		
Other Receivables	(8,563,524)	11,995,990
California Department of Health Services Receivable	347,179,347	117,133,757
Other Assets	(1,812,303)	(2,623,394)
Accounts Payable and Accrued Expenses	11,391,725	259,709,958
Accrued Claims Payable	2,646,430	82,587,006
Quality Improvement Programs	6,016,885	23,177,347
Net Cash Provided by Operating Activities	358,148,451	467,853,978

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Statement of Revenues and Expenses For The Period Ending December 31, 2025

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

ACTUAL MONTH	BUDGET MONTH	\$ VARIANCE MONTH	ACTUAL MONTH PMPM	BUDGET MONTH PMPM		ACTUAL YTD	BUDGET YTD	\$ VARIANCE YTD	ACTUAL YTD PMPM	BUDGET YTD PMPM
892,208	892,208	-			TOTAL MEMBERSHIP	5,395,243	5,395,243	-		
					REVENUE					
589,082,961	639,105,494	(50,022,533)	660.25	716.32	State Capitation Revenue	3,550,618,534	3,861,399,072	(310,780,538)	658.10	715.70
7,880,097	6,860,680	1,019,417	8.83	7.69	Interest Income	45,880,972	40,721,460	5,159,512	8.50	7.55
223,343	206,930	16,413	0.25	0.23	Other Revenue	1,295,813	1,195,280	100,533	0.24	0.22
597,186,401	646,173,104	(48,986,703)	669.33	724.24	TOTAL REVENUE	3,597,795,319	3,903,315,812	(305,520,493)	666.84	723.47
					HEALTHCARE COSTS					
					Physician Services					
8,597,860	9,730,932	1,133,072	9.64	10.91	Pcp Capitation	52,143,441	58,649,051	6,505,610	9.66	10.87
212,932	210,403	(2,529)	0.24	0.24	Specialty Capitation	1,286,410	1,265,868	(20,542)	0.24	0.23
92,673,935	79,083,002	(13,590,933)	103.87	88.64	Non-Capitated Physician Services	549,569,251	493,903,840	(55,665,411)	101.86	91.54
101,484,727	89,024,337	(12,460,390)	113.75	99.79	Total Physician Services	602,999,102	553,818,759	(49,180,343)	111.76	102.64
					Inpatient Hospital					
16,990,942	16,780,988	(209,954)	19.04	18.81	Hospital Capitation	102,717,186	101,561,680	(1,155,506)	19.04	18.82
102,819,624	115,910,801	13,091,177	115.24	129.91	Inpatient Hospital - Ffs	679,702,638	697,369,767	17,667,129	125.98	129.26
815,167	815,167	-	0.91	0.91	Hospital Stoploss	4,912,574	4,912,574	-	0.91	0.91
120,625,733	133,506,956	12,881,223	135.19	149.63	Total Inpatient Hospital	787,332,398	803,844,021	16,511,623	145.93	148.99
58,805,006	63,963,415	5,158,409	65.91	71.69	Long Term Care	379,143,351	372,911,898	(6,231,453)	70.27	69.12
					Ancillary Services					
1,168,773	1,354,107	185,334	1.31	1.52	Ancillary Services - Capitated	7,064,109	8,163,441	1,099,332	1.31	1.51
110,157,668	101,006,598	(9,151,070)	123.47	113.21	Ancillary Services - Non-Capitated	642,977,702	611,525,204	(31,452,498)	119.17	113.35
111,326,441	102,360,705	(8,965,736)	124.78	114.73	Total Ancillary Services	650,041,811	619,688,645	(30,353,166)	120.48	114.86
					Other Medical					
5,930,376	8,226,155	2,295,779	6.65	9.22	Quality Assurance	34,479,442	42,572,847	8,093,405	6.39	7.89
77,679,445	136,919,799	59,240,354	87.06	153.46	Healthcare Investment Funds	454,144,383	822,346,877	368,202,494	84.17	152.42
127,800	144,670	16,870	0.14	0.16	Advice Nurse	772,500	868,030	95,530	0.14	0.16
13,480,688	13,179,200	(301,488)	15.11	14.77	Transportation	82,163,896	79,230,025	(2,933,871)	15.23	14.69
97,218,309	158,469,824	61,251,515	108.96	177.61	Total Other Medical	571,560,221	945,017,779	373,457,558	105.93	175.16
7,314,105	7,314,105	-	8.20	8.20	Quality Improvement Programs	43,963,380	43,963,380	-	8.15	8.15
496,774,321	554,639,342	57,865,021	556.79	621.65	TOTAL HEALTHCARE COSTS	3,035,040,263	3,339,244,482	304,204,219	562.52	618.92
					ADMINISTRATIVE COSTS					
16,455,008	21,958,716	5,503,708	18.44	24.61	Employee	94,833,622	115,106,926	20,273,304	17.58	21.33
91,526	191,931	100,405	0.10	0.22	Travel And Meals	562,350	1,151,621	589,271	0.10	0.21
1,265,482	2,300,070	1,034,588	1.42	2.58	Occupancy	7,870,497	13,768,810	5,898,313	1.46	2.55
350,834	912,664	561,830	0.39	1.02	Operational	3,450,756	5,476,275	2,025,519	0.64	1.02
3,813,050	3,303,960	(509,090)	4.27	3.70	Professional Services	21,908,440	19,823,829	(2,084,611)	4.06	3.67
4,552,571	4,516,564	(36,007)	5.10	5.06	Computer And Data	22,846,316	27,099,372	4,253,056	4.23	5.02
26,528,471	33,183,905	6,655,434	29.72	37.19	TOTAL ADMINISTRATIVE COSTS	151,471,981	182,426,833	30,954,852	28.07	33.80
65,268,296	66,727,163	1,458,867	73.15	74.79	Medi-Cal Managed Care Tax	393,100,682	400,032,356	6,931,674	72.86	74.15
8,615,313	(8,377,306)	16,992,619	9.67	(9.39)	TOTAL CURRENT YEAR SURPLUS (DEFICIT)	18,182,393	(18,387,859)	36,570,252	3.39	(3.40)

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

NOTES TO FINANCIAL STATEMENTS

December 31, 2025

1. ORGANIZATION

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

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

ACCOUNTING POLICIES:

The accounting and reporting policies of the HealthPlan conform to Generally Accepted Accounting Principles and general practices within the healthcare industry.

PROPERTY AND EQUIPMENT:

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

INVESTMENTS:

The HealthPlan investments can consist of U.S. Treasury Securities, Certificates of Deposits, Money Market and Mutual Funds, Government Pooled Funds, Agency Notes, Repurchase

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

NOTES TO FINANCIAL STATEMENTS

December 31, 2025

Agreements, Shares of Beneficial Interest and Commercial Paper and are carried at fair value.

RESERVED FUNDS:

As of December 2025, the HealthPlan has Total Reserved Funds of \$1.5 billion. This includes \$71.0 million of funds set aside for Board approved Strategic Use of Reserve (SUR) initiatives; this also includes funding for the Wellness & Recovery program. The total SUR amount represents the net amount remaining for all SUR projects that have been approved to date and is periodically adjusted as projects are completed. Reserved Funds also includes \$0.3 million of Knox-Keene Reserves.

RECLASSIFICATIONS:

Certain reclassifications of prior period balances have been made to conform with the current period presentations. Such reclassifications do not affect the total increase in net position or total current or noncurrent assets or liabilities.

3. STATE CAPITATION REVENUE

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

4. HEALTHCARE COST

The HealthPlan continues to develop completion factors to calculate estimated liability for claims Incurred But Not Reported. These factors are reviewed and adjusted as more historical data becomes available. Budgeted capitation revenues and healthcare costs are adjusted each month to reflect changes in enrollee counts.

5. QUALITY IMPROVEMENT PROGRAM

The HealthPlan maintains quality improvement contracts with acute care hospitals and primary care physicians. As of December 2025, the HealthPlan has accrued a Quality Improvement Program payout of \$102.8 million.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

NOTES TO FINANCIAL STATEMENTS

December 31, 2025

6. **ESTIMATES**

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

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

7. **COMMITMENTS AND CONTINGENCIES**

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

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

None noted.

Partnership HealthPlan of California
Investment Schedule
December 31, 2025

Name of Investment	Investment Type	Yield to Maturity	Trade Date	Maturity Date	Call Date	Face Value	Purchase Price	Market Value	Credit Rating Agency	Credit Rating
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FUNDS HELD FOR INVESTMENT:

Highmark Money Market	Cash & Cash Equiv	NA	Various	NA	NA	NA	\$ 1,800,943	\$ 1,800,943	NA	NR
Certificate of Deposit for Knox Keene	Cash & Cash Equiv	0.0405	1/31/2025	1/30/2030	NA	\$ 300,000	\$ 300,000	\$ 300,000	NA	NR

FUNDS HELD FOR OPERATIONS:

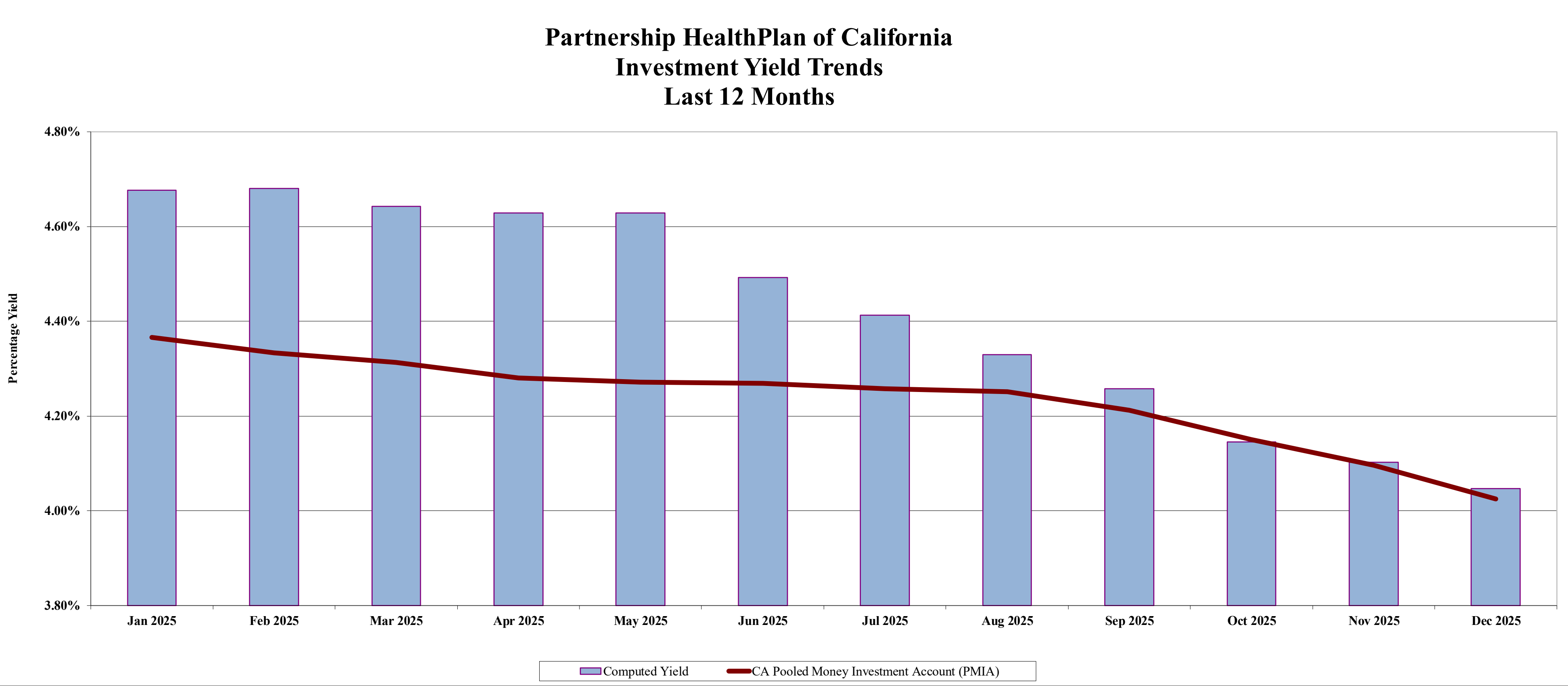
Merrill Lynch Institutional	Cash for Operations	NA	NA	NA	NA	NA	NA	\$ 80,375,721		
Merrill Lynch MMA - Checking	Cash for Operations	NA	NA	NA	NA	NA	NA	\$ 338,778		
US Bank - General, MMA, and Sweeps	Cash for Operations	NA	NA	NA	NA	NA	NA	\$ 2,399,169,791		
Government Investment Pools (LAIF)	Cash for Operations	NA	NA	NA	NA	NA	NA	\$ 75,000,000		
Government Investment Pools (County)	Cash for Operations	NA	NA	NA	NA	NA	NA	\$ 45,704,003		
West America Payroll	Cash for Operations	NA	NA	NA	NA	NA	NA	\$ 148,356		
Petty Cash	Cash for Operations	NA	NA	NA	NA	NA	NA	\$ 3,300		

GRAND TOTAL:

\$ 2,602,840,892

Partnership HealthPlan of California
Investment Yield Trends

PERIOD		Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025
Interest Income		7,610,667	7,079,412	8,765,710	8,403,962	7,671,506	7,390,920	7,568,557	7,456,341	7,941,176	8,116,523	6,918,278	7,880,097
Cash & Investments at Historical Cost	(1)	2,214,161,851	2,249,046,624	2,431,749,222	2,298,648,325	2,207,098,027	2,102,710,214	2,160,202,257	2,286,589,057	2,474,845,534	2,254,168,286	2,239,590,881	2,602,840,892
Computed Yield	(2)	4.68%	4.68%	4.64%	4.63%	4.63%	4.49%	4.41%	4.33%	4.26%	4.15%	4.10%	4.05%
CA Pooled Money Investment Account (PMIA)	(3)	4.37%	4.33%	4.31%	4.28%	4.27%	4.27%	4.26%	4.25%	4.21%	4.15%	4.10%	4.03%



NOTES:

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



COO Operations Board Report

February 2026

While simultaneously working towards the upcoming implementation of our new Claims system, building a network for our future DSNP members, and collaborating on the operationalization of several new programs, staff have been very focused on member eligibility. Teams across the organization have mobilized with urgency and creativity to support members in retaining their Medi-Cal coverage by meeting reenrollment requirements and deadlines. Recognizing the significant risk of coverage loss staff have coordinated multi-channel outreach strategies designed to educate members, reduce barriers, and provide hands-on assistance throughout the renewal process.

Member Services, Provider Relations, and Regional Operations teams have collaborated closely to ensure members understand the importance of timely reenrollment and know where to access support.

In addition to promoting the Keep Your Medi-Cal toolkit and related resources for both providers and members, other key efforts include:

- Expanded Member Informative Sessions across all counties, including bilingual offerings.
 - At a recent session in Woodland (two sessions, including one in Spanish), 36 members attended, and 19 reported attending because of our new ZIP code–targeted text outreach. Members expressed appreciation for a clearer understanding of their benefits, and several were provided 1:1 follow-up and outreach. Notably, long-standing members shared that they were previously unaware of many available benefits, reinforcing the importance of sustained engagement and education.
- Targeted Texting Campaigns designed to reach members by geography and renewal timing. These campaigns demonstrate a measurable impact in driving attendance and engagement.
- Call Center Enhancements, including updated hold messaging with reenrollment reminders and offers of assistance, ensuring that every member touchpoint reinforces renewal messaging.
- Provider Collaboration, including sharing information from counties regarding members with upcoming renewal deadlines so assigned PCPs can conduct focused outreach and encourage timely action.
- Participated in Town Hall meetings with local elected officials and presented to Boards of Supervisors regarding the potential impacts of federal policy changes.
- Culturally responsive engagement strategies in partnership with multiple community organizations that amplify consistent messaging and position the Plan as a trusted community partner during a critical coverage transition period.



COO Operations Board Report

February 2026

Community Partnerships

Partnership awarded nine grants to community organizations across our service region to directly support Medi-Cal reenrollment assistance. The program empowers trusted, community-based partners to increase outreach to members at risk of losing coverage. This investment extends our reach into communities where members may face language, transportation, digital access, or trust barriers.

Provider Education & Engagement

Provider Relations has scheduled the 2026 Provider Education and Networking (PEN) meetings as hybrid events across each of Partnership's regions. These meetings provide opportunities for providers to connect with one another and receive timely operational updates. The April 2, 2026 meeting will include a focused discussion on Keep Your Medi-Cal retention strategies and Implications of H.R.1. A list of all scheduled sessions will be posted on our website and also distributed directly to every provider in our network.

By equipping providers with tools, data, and renewal messaging strategies, we are reinforcing their essential role in helping members maintain continuous coverage.

Impact & Outlook

Through coordinated internal efforts and strong external partnerships, our teams are implementing innovative, data-informed strategies to minimize preventable coverage loss. Early indicators, including strong attendance tied to targeted texting campaigns and increased member follow-up requests—demonstrate growing engagement and trust.

We will continue to refine outreach strategies, leverage provider partnerships, and invest in community-based solutions to ensure members retain access to the coverage and services they depend on.

News Updates February 2026

Partnership Press Releases:

[Partnership Now Accepting Applications for 2026 Member Scholarship Program](#)

Partnership HealthPlan of California

January 14, 2026

Partnership HealthPlan of California is now accepting applications for the 2026 Partnership Member Scholarship Program, offering financial support to members pursuing higher education and careers in health care, social service, or public service.

[Your Partner in Health: Hard Facts About Osteoporosis](#)

Partnership HealthPlan of California – Lisa Ward, M.D.

December 9, 2025

Osteoporosis is a disease that causes bone fragility and increases the risk of fractures.

[Partnership Hosts Winter Maternity Photoshoot to Support Expectant Members in Solano County](#)

Partnership HealthPlan of California

December 2, 2025

Partnership HealthPlan of California is hosting a Winter Wonderland Maternity Photoshoot on Friday, December 19, 2025, 10 a.m. to 3 p.m., offering a festive, family-centered event designed to support maternal health and strengthen connections to local resources.

Partnership Mentioned:

[Supervisor Williams hosts Solano Community College town hall](#)

Vacaville Reporter

February 5, 2026

Buck Ellingson with Partnership HealthPlan of California talks about scholarships available to Partnership members as he talks on a panel during a town hall about health care, financial aid, transportation, food assistance and immigration concerns at Solano Community College in Fairfield on Thursday.

[Partnership Now Accepting Applications for Scholarship Program](#)

Independent Voice

January 20, 2026

Partnership HealthPlan of California is now accepting applications for the 2026 Partnership Member Scholarship Program, offering financial support to members pursuing higher education and careers in health care, social service, or public service.

[End of enhanced Affordable Care Act subsidies raises costs, concerns for Plumas County residents](#)

The Plumas Sun

January 15, 2026

To respond to these concerns, the county agency is increasing outreach efforts and coordinating with social services, Partnership HealthPlan of California and behavioral health.

News Updates February 2026

EPHC reports progress on new CalAIM office

The Plumas Sun

November 22, 2025

Made possible by the recent addition of a \$98,000 grant award from Partnership HealthPlan of California, the office project moves another step closer to construction with the selection of RemodelWest as the contractor, said EPHC.

She drove a hundred miles to give birth. New California laws are bringing maternity care closer to home

ShastaScout

November 19, 2025

Dr. Robert Moore, chief medical officer for Partnership HealthPlan, a health insurer that covers the state's northernmost counties, said it's not realistic for some rural hospitals to offer maternity care 24 hours a day.

Partnership Board: Legislative Update

February 2026

Bills of Interest

SB 106 (Laird) Early Budget Action: \$90 million grant for Planned Parenthood (Signed)

Gov. Gavin Newsom on Wednesday, 2/11/2026, signed a \$90 million grant to provide emergency funding for Planned Parenthood amid the Trump administration's efforts to cut off federal funding for the group. The funding bill follows the \$145 million that the state has provided for the group since last fall. The money is slated to give relief to the more than 100 Planned Parenthood clinics that operate in California, which provide more than a million patient visits annually.

SB 912 (Cervantes) Comprehensive Perinatal Services

This bill would require DHCS to oversee a statewide comprehensive community-based perinatal services program and enroll health care providers to deliver these services to Medi-Cal members. The bill would require DHCS to develop training on administering comprehensive perinatal services, require all perinatal providers providing perinatal care to Medi-Cal members to attend the training, and require all Medi-Cal managed care plans to ensure providers receive the training. This bill requires Medi-Cal members to be informed about the availability comprehensive perinatal services.

No sooner than Jan.1, 2027, the bill would prohibit a PPS billable visit from including an encounter with a comprehensive perinatal practitioner who is not otherwise a PPS billable health professional. The bill would authorize the department to implement an alternative payment methodology for FQHCs and RHCs to obtain reimbursement for encounters with community health workers at no less than the applicable Medi-Cal fee-for-service rate.

AB 1126 (Patterson) Medi-Cal Managed Care Plans (MCP): enrollees with other health coverage.

This bill would Implement several changes to help beneficiaries enrolled in commercial health coverage and who use Medi-Cal as a payer of last resort to maintain their providers as they transition from fee-for-service (FFS) Medi-Cal to Medi-Cal managed care. Specifically, this bill: 1) Limits administrative and contracting requirements for providers when billing Medi-Cal MCPs, for services provided to beneficiaries for whom the Medi-Cal program is a payer of last resort. 2) Specifies that a Medi-Cal MCP may require a letter of agreement under certain circumstances, for situations described in 1) above. 3) Requires DHCS to issue guidance to provide sufficient clarity on this topic.

SB 588 (Ochoa Bogh) Health Facilities: freestanding emergency center study

This bill would require the Department of Health Care Access and Information to conduct a feasibility study on the implementation of freestanding emergency departments, in rural, disadvantaged, and underserved areas with limited access to emergency care. The bill would require that the study be

conducted in collaboration with certain stakeholders and that the department issue a report to the Legislature, on or before January 1, 2027, with its findings and recommendations.

SB 987 (Weber Pierson) California Health Access Fund

This bill would create the California Health Access Fund, to be administered by the department. Moneys in the fund would include deposits, through any applicable transfers made by the Legislature, equal to the amount of any savings to the state resulting from decreased enrollment in the Medi-Cal program caused by enrollment barriers created by recent changes in federal law. Moneys in the fund would be used to ensure that California residents losing health care coverage due to the impacts of the federal law can continue to receive health care services and that health care providers are reimbursed for these services.

SB 964 (Smallwood-Cuevas) Prescription drug coverage: dose adjustments This bill would authorize a licensed health care professional to request, and would require that they be granted, the authority to adjust the dose or frequency of a drug to meet the specific medical needs of the enrollee or insured without prior authorization if specified conditions are met. Under the bill, if the enrollee or insured has been continuously using a prescription drug selected by their prescribing provider for the medical condition under consideration while covered by their current or previous health coverage, the health plan would be prohibited from limiting or excluding coverage of that prescription.

H.R.1 Implementation

DHCS Released **Implementation Plan for New Federal Eligibility and Enrollment Changes Under H.R. 1**. The guidance outlines the state's approach to implementing new federal requirements under H.R. 1, which start as early as Oct. 2026. These include work reporting requirements (January 2027), 6-month renewal cycles (January 2027), and adjustments to immigrant eligibility criteria (October 2026).

H.R. 1 Work Requirements – DHCS intends to use automated systems to verify work or volunteer hours for Medi-Cal eligibility. DHCS has the flexibility to consider monthly income (80 hours x federal minimum wage=\$580/mo) instead of 80-hour requirement. At California's minimum wage (\$16.90/hr), this flexibility would require Medi-Cal members to work about 35 hours a month to retain their coverage. DHCS reported that Medi-Cal members in 22 counties may be eligible for a hardship exemption based on county unemployment rates.

MCO Tax - On 1/30, CMS issued a **Final Rule** that allows states with managed care organization (MCO) taxes that were approved within two years of April 3, 2026, to retain MCO tax revenues through the end of the 2026 calendar year. Prior to the final rule, the language appeared to limit California's MCO Tax revenue to June of 2026.

Chief Medical Officer Report

February 25, 2026

Robert Moore, MD MPH MBA

1. Hospital QIP Results for FY 2024-5

A total of 34 hospitals in our 24-county service area (with a total of 27,783 admissions) were invited to participate. A total of \$10,532,685.90 was awarded. The average score was 74.7% and the weighted average (adjusted for hospital admissions/year) was 72.1%. See our website to view the current measure set, which was similar to last year. <https://partnershiphp.org/Providers/Quality/Pages/Hospital-QIP.aspx>

The top performers will be recognized today:

Providence Petaluma Valley Hospital (Petaluma, Sonoma)	100%
Sonoma Valley Hospital (Sonoma, Sonoma)	100%
Surprise Valley Hospital (Cedarville, Modoc)	100%
Banner Lassen Medical Center (Susanville, Lassen)	95%
Adventist Howard Memorial Hospital (Ukiah, Mendocino)	93%
Providence Queen of the Valley Medical Center (Napa, Napa)	92%
MarinHealth Medical Center (Greenbrae, Marin)	92%
Providence St. Joseph Hospital (Eureka, Humboldt)	92%

2. Hospital Quality Metrics for Obstetrics

2024 Mother & Baby Data		NTSV C-Section Rate		Breastfeeding Rate (CDPH)		Early Elective Delivery		Episiotomy Rate		VBAC Rate		VBAC Routinely Available	CNM Delivery Rate
HOSPITAL NAME	Partnership Region	Score [%]	Rating	Score [%]	Rating	Score [%]	Rating	Score [%]	Rating	Score [%]	Rating	Yes/No	Percent of Deliveries
Dignity Health Sierra Nevada Memorial Hospital	Auburn	35.2	Poor	90.1	Above Avg			2.4	Average		Not Offered	No	7.3%
Sutter Roseville	Auburn	24.6	Average					2.3	Average	15.5	Average	Yes	0.0%
Tahoe Forest Hospital	Auburn	14.6	Superior			5	Below Avg	1.5	Average		Not Offered	No	0.0%
Adventist Health Rideout Hospital	Chico	21.5	Above Avg					0.8	Above Avg	14.6	Average	Yes	0.3%
Enloe Medical Center - Esplanade Campus	Chico	17.2	Superior	87.45	Above Avg	2.5	Below Avg	0.4	Above Avg	24.2	Average	Yes	12.7%
Oroville Hospital	Chico		Not Rated		Not Rated		Not Rated		Not Rated		Not Rated		
Adventist Health Clear Lake	Eureka	15.4	Superior	81.9	Above Avg	0	Above Avg	0.9	Above Avg		Not Offered	No	0.0%
Adventist Health Ukiah Valley	Eureka	22.9	Average	77.17	Above Avg	2.1	Below Avg	1.5	Average	11.4	Average	Yes	46.6%
Providence St. Joseph Hospital Eureka	Eureka	17.7	Superior	85.25	Above Avg	0	Above Avg	3.3	Average	16.7	Average	Yes	12.4%
Sutter Coast	Eureka	24.2	Average					5.3	Below Avg		Not offered	No	0.0%
Sutter Lakeside	Eureka	15.5	Superior					3.8	Average		Not Offered	No	8.0%
Dignity Health Woodland Memorial Hospital	Fairfield	27.1	Below Avg	80.4	Above Avg	0	Above Avg	0.7	Above Avg		Not Offered	No	0.0%
NorthBay Medical Center	Fairfield	31.7	Poor			0	Above Avg	1	Above Avg	16.6	Average	Yes	0.0%
Providence Queen of the Valley Medical Center	Fairfield	18.8	Above Avg	71.95	Average	6.5	Below Avg	1	Above Avg	28.9	Above Avg	Yes	0.0%
Sutter Davis	Fairfield	15.3	Superior					1	Above Avg	27.6	Above Avg	Yes	57.5%
Banner Lassen Medical Center	Redding	22.4	Average			0	Above Avg	1.4	Above Avg		Not Offered	No	0.0%
Dignity Health Mercy Medical Center Mt. Shasta	Redding	17.8	Superior	80.39	Above Avg	0	Above Avg	2.4	Average		Not Offered	No	0.0%
Dignity Health Mercy Medical Center Redding	Redding	19.6	Above Avg	78.54	Above Avg	1.64	Average	1.9	Average	7.8	Below Avg	Yes	0.0%
Dignity Health St. Elizabeth Community Hospital	Redding	28.2	Below Avg	74.95	Average	0	Above Avg	2.7	Average		Not Offered	No	9.4%
Fairchild Medical Center	Redding	38.6	Poor	71.30%	Average	0	Above Avg	3.2	Average	20	Average	Yes	0.0%
Marin Health Medical Center	Santa Rosa	20.6	Above Avg	84.3	Above Avg	0	Above Avg	0.5	Above Avg	32.3	Above Avg	Yes	48.1%
Santa Rosa Memorial Hospital (Providence)	Santa Rosa	21	Above Avg			2.8	Below Avg	0.3	Above Avg	38.5	Above Avg	Yes	44.8%
Sutter Santa Rosa	Santa Rosa	25.3	Average					0.9	Above Avg		Not Offered	No	0.0%

Honorable mention to

1. MarinHealth for scoring above average in all categories and having a robust midwifery service.
2. Adventist Clearlake for scoring above average in 4 categories, in spite of having a low volume of deliveries.
3. Sutter Davis for scoring above average in categories with available data and having a robust midwifery service.

3. Hospice Network and Utilization Management Changes

In response to Federal concerns about inappropriate utilization patterns of Hospice services for MediCare beneficiaries, and similar concerns by DHCS in California (particularly in Southern California), DHCS released a policy directive with significant required changes:

1. A narrower network of Hospice Providers known to provide high quality and appropriate Hospice Care.
2. New rules on evaluating appropriateness of Hospice services without using a Prior Authorization process.

As a result of these new regulations, Partnership is finalizing plans to define a network of 19 high quality Hospice providers which will provide robust network adequacy as well as high quality of care. Seventeen are not-for-profit organizations, with relatively high quality scores from MediCare and a history of providing home hospice services. All but one are based in the Partnership 24-county service area.

Major changes for changing the process of accepting Hospice Election forms are also in development and will be phased in as quickly as we can develop the systems to support the new process.

Partnership anticipates announcing the network of High Quality Hospice Providers and the new Utilization Management process in March. Full implementation is targeted by June.

Health Services Board Report

February 25, 2026

Katherine Barresi, RN, BSN, PHN, NE-BC, CCM
Chief Health Services Officer

Care Coordination

Care Coordination to Support Members

In Q4 2025, The Case Management and Care Coordination department supported **12,205 total cases**, reflecting strong engagement across Access to Care, Transitional Care Services (TCS), Complex Case Management, and Health Information Forms (HIF) programs and mandates. 80% of the case volume during this period was driven by *Access to Care*—highlighting sustained member demand for navigation and care coordination support in making appointments, obtaining referrals, support with DME and other short-term goals and needs. In addition, the department continued to support children and youth with complex, special health care needs within the CCS Whole Child Model (WCM) program, representing **an additional 2,132 updates** to CCS WCM Care Plans during the same point in time. Through high operational throughput, strong engagement and consistent performance, the team continued to deliver reliable, high-touch services that enhance clinical outcomes and strengthen overall health system and health plan performance.

Two-Way Texting Pilot – Transitional Care Services & RSST Feed

Partnership is launching a two-way texting pilot that will test real-time, bidirectional communication with members using our current vendor (Ushr) to evaluate how well this capability supports timely outreach. The goal of the pilot is to help Partnership meet new DHCS requirements for synchronous Transitional Care Services outreach within 7 days, and prepare for operational use DHCS' new Risk Stratification and Segmentation Tool (RSST) which requires Partnership to screen and rapidly engage members identified as high-risk by DHCS beginning July 2026. Today the Care Coordination and Utilization Management teams are having difficulty meeting the volume of TCS cases with the current tools and systems available. By validating workflows, messaging standards, and response processes, the pilot will determine the feasibility of using two-way texting to meet these regulatory mandates, while also identify opportunities to reduce workloads while improving communication and efficiency across health plan operations. Most importantly, the pilot aims to improve member outcomes by enabling faster care coordination, more responsive support during transitions of care, and communication that aligns with member preferences—ultimately strengthening engagement and the timeliness of critical services.

Utilization Management

Treatment Authorization Request (TAR) Volumes & Timeliness

During Q4 of 2025, the Utilization Management (UM) team consistently managed a high and stable volume of Treatment Authorization Requests (TARs), averaging **approximately 26,000 TARs per month** across Acute

Health Services Board Report

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Inpatient, Outpatient, and LTSS service categories. Despite notable month-to-month fluctuations—particularly within Outpatient volumes, the team maintained strong performance in operational throughput, quality, and timeliness standards. During the time period, the department consistently exceeded regulatory standards for timeliness, across all TAR types, by demonstrating the following:

- **Acute Inpatient:** ~99.8% timely completion for inpatient requests
- **Outpatient:** ~98.3% timely completion— performance demonstrated resilience through volume variability.
- **LTSS:** ~96.95% timely completion—with slight month-to-month variation but stable overall performance.

Supporting Partnership’s Audit Readiness – DHCS Annual Medical Audit

Utilization Management continues to be a core area of focus for the health plan’s DHCS Medical Audit and NCQA HealthPlan Accreditation. In addition to reports from Partnership on timeliness, volume, program descriptions and roles and function of UM staff, the department must also demonstrate through policy and evidence Partnership’s fidelity to regulations, the DHCS contract and NCQA UM standards through evidence and file review. Beginning this spring, Partnership is entering a heavy time of auditing beginning with the annual DHCS Medical Audit on April 20, 2026. The department has been busy working to prepare, annotate and submit all necessary policies and procedures, reports, evaluations and metrics by Feb 19, 2026. When DHCS comes on-site to Partnership in April, DHCS will request to see UM files for authorizations, denials, etc. and have interviews and Q&A sessions with UM and Health Services leaders.

Behavioral Health & Youth Services

Behavioral Health Access Team

Following the transition of call center operations from Carelon Behavioral Health to Partnership’s internal model, the Behavioral Health department successfully completed its first quarter of fully insourced operations. During this period, the team managed all inbound calls, conducted member screenings, and directed members to the appropriate levels of care. They also performed coordinated follow-up to ensure members were successfully connected to services. Examples of these efforts are noted in their performance for Q4 2025: **14,980 outbound calls to members** to ensure connection to necessary services and closed loop referrals, **5,845 inbound calls** were answered by the BH Access dept, and **1,956 referrals** were received via the BH Access email inbox.

Early results show that call volume was notably higher than previously reported under the delegated Carelon model, indicating increased member engagement and improved visibility into service needs. In addition to managing inbound demand, the Behavioral Health Access team conducted significant outbound outreach to

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confirm that members attended scheduled appointments—supporting compliance with closed-loop referral requirements and strengthening continuity of care.

Continued Support for Behavioral Health Care: Behavioral Health Services Act

Partnership’s Behavioral Health, Population Health, and Regional Directors are actively engaged in each county’s Behavioral Health community planning efforts required under the new Behavioral Health Services Act (BHSA). This work supports counties in developing their Integrated Plans—one of their primary BHSA deliverables. As part of this process, Partnership staff have participated in key informant interviews, stakeholder sessions, and have provided presentations to county Behavioral Health Advisory Boards. In addition, Partnership is collaborating closely with counties on their Behavioral Health Population Health priorities, with focused efforts in three critical areas: **Access to Care, Homelessness, and Untreated Behavioral Health Conditions**. This shared approach strengthens our partnership with counties while advancing services and outcomes for our members across the region.

Enhanced Health Services

ECM/CS Referrals & Treatment Authorization Request (TAR) Volumes

The EHS Department continued to demonstrate strong operational stability throughout Q4 2025, with sustained high volumes across both Treatment Authorization Requests (TARs) and referral processing. TAR activity remained consistently high during the quarter, averaging **approximately 10,400 TARs per month**. Referral volume also remained steady, averaging **~5,300 referrals per month** from October 2025 through January 2026. This reflects a sustained level of demand on EHS clinical and administrative staff for evaluation, triage, and coordination.

ECM/CS Treatment Authorization Request (TAR) Corrections

Treatment Authorization Requests (TARs) are an essential tool for managed care plans for confirming member eligibility, ensuring services follow Medi-Cal rules, and preventing service duplication. To support newer, non-medical, smaller ECM/CS providers, EHS has historically corrected basic, non-clinical TAR errors— such as document attachment issues—to avoid delays. The corrections never involved adding clinical or biographical information to make TARs “approvable” these corrections were purely administrative in nature and the EHS team has worked diligently with these providers to provide additional support and education.

While department productivity remains strong, a significant and persistent administrative burden associated with correcting TAR submissions from ECM/CS providers has prompted a necessary strategic shift to support program sustainability and operational efficiency moving forward. During Q4, an average of **16% of TARs** required corrections by EHS nurses and staff due to TAR submission errors from ECM/CS providers. While

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EHS has historically corrected these TARs to support providers, the workload has become increasingly unsustainable. Effective **March 1, 2026**, EHS will **no longer perform corrections** on TARs submitted incorrectly by ECM/CS providers. Incorrect or incomplete TARs (e.g. missing attachments) will be rejected or denied in alignment with Partnership policies, and responsibility for accuracy will shift fully to providers, consistent with ECM/CS program expectations. EHS has initiated a multi-channel communication strategy to ensure providers and internal partners are fully prepared such as our CalAIM provider roundtables, webinars, and reaching out proactively to providers who have struggled with TAR submissions. This upcoming transition represents a critical operational advancement, ensuring scalability, reinforcing provider accountability and supporting continual, long-term program integrity.

Health Equity

C.A.R.E.S. Training

Partnership successfully completed the implementation and pilot of the Partnership C.A.R.E.S. Training required under APL 24-016, transitioning all development, deployment, and monitoring processes to the Health Equity Department as of January 28, 2026. The project delivered a fully compliant, DHCS-approved training program that supports new providers, re-credentialing providers, and those involved in DEI-related grievances. A pilot was conducted with CommuniCare + Ole (103 providers), with feedback integrated into final training materials. DHCS approved the curriculum with only minor edits, and upcoming APL revisions will provide additional flexibility and an extended completion deadline of December 31, 2026. Key project deliverables have been accomplished to support Partnership's operations and compliance with the APL including process maps, RACI chart, communication plans, and the 2026 Partnership C.A.R.E.S. Training Guide. Collaboration with Provider Education and Network Services strengthened implementation and positioned Partnership for ongoing compliance.