



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

Committee: Physician Advisory Committee
Date / Time: April 8, 2026 - 7:30 to 9:00 a.m.

Voting members are required to attend in-person at one of Partnership HealthPlan’s posted locations.

Members Present:	Angela Brennan, DO (FF) Betzabel Kunkel, MD (FF) Brian Montenegro, MD (FF) Steven Gwiazdowski, MD (FF) Karen Sprague, MSN, CFNP (FF) Zoe Cappe, MD (FF)	Candy Stockton, MD (E) Christina Lasich, MD Malia Honda, MD (E) Chester Austin, MD (C) Karina Gookin, MD (A) Derice Seid, MD (MCC)	FF Fairfield SR Santa Rosa E Eureka R Redding C Chico AU Auburn	MCC Marin Community Clinics OMM Office of Dr. Matheson SH Sutter Health Roseville SL Sutter Health Lakeside A Aliados Health
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Members Excused:	Michelle Herman, MD Matthew Zavod, MD	Chris Myers, MD Mills Matheson, MD	Darrick Nelson, MD Teresa Shinder, MD	John McDermott, FNP (C)
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Members Absent: Vanessa Walker, DO
Danielle Oryn, DO

Partnership Staff:	Sonja Bjork, Chief Executive Officer Jennifer Lopez, Chief Financial Officer Wendi Davis, Chief Operating Officer Leigha Andrews, Region Director Vicky Klakken, Region Director Brigid Gast, RN, Sr. Dir., Care Management Aaron Brincko, Sr. Dir., Provider Relations Lisa O’Connell, Dir. Enhanced Health Services Doreen Crume, RN, Mgr. Care Coord. Stephanie Nakatani, Supervisor Provider Relations Representatives	Katherine Barresi, RN, Chief Health Services Officer Robert Moore, MD, Chief Medical Officer Kermit Jones, MD, Deputy Chief Medical Officer Colleen Townsend, MD, Region Medical Director Jeffrey Ribordy, MD, Region Medical Director Bradley Cox, MD, Region Medical Director R. Doug Matthews, MD, Region Medical Director Matthew Morris, MD, Region Medical Director Lisa Ward, MD, Region Medical Director Mark Netherda, MD, Medical Director for Quality Jeffrey DeVido, MD, Behavioral Health Clinical Dir. Stan Leung, Pharm.D., Director, Pharmacy Services Marshall Kubota, MD, Associate Medical Director	DeLorean Ruffin, DrPH, Director, Population Health Mohamed Jalloh, Pharm.D., Director, Health Equity Isaac Brown, Sr. Dir., Quality & Performance Improvement Vacant, Director, Quality Management Kristine Gual, Director, Quality Measurement Vacant, Manager of QI Programs Sue Quichocho, Mgr., Quality Measurement Megan Shelton, Project Manager, Quality Improvement Heather Esget, RN, Director, Utilization Mgmt. (UM) Kevin Jarret-Lee, RN, Assoc. Dir. of UM Robby Potter, RN, Supervisor of Inpatient UM David Lavine, Assoc. Dir. of Workforce Development
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AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	DATE RESOLVED
Public Comments	PAC Chairperson asked for any public comments. None presented.	N/A	N/A
Quorum	12/21 – PAC	Committee quorum requirements met (12).	04/08/26

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I.A. Chief Executive Officer (CEO) Report	<p>Partnership’s Chief Operations Officer provided the following report for Partnership activities on behalf of the Chief Executive Officer.</p> <ul style="list-style-type: none"> • Partnership Transportation App is Operational <ul style="list-style-type: none"> • Partnership is urging members who use transportation services to adopt the Kinetic App. • Members can sign up by calling Partnership and receiving a link. It is not available from an app store. Contacting Partnership is required. • The app allows members to request a ride, receive confirmation and updates, and message. • Outreach efforts are ongoing to increase use of the app and reduce call volume. • Partnership’s Transportation Department scheduled 1.3 million rides in 2025 and received nearly 4,000 calls per day. • Partnership Operations <ul style="list-style-type: none"> • Partnership’s permanent Chico office held its grand opening and is able to host meetings. • Mobile vision buses have been operating two days per week for three weeks in Garberville to improve vision access. More are planned for the future in other areas lacking access. • Mobile dental buses are being considered as well. • Physician contracting efforts are ongoing in area where access is strained and they have been reluctant to join the network due to reimbursement rates. • Partnership’s new claim system, Health Rules Payer (HRP) through Health Edge Corporation, is in the testing phase with each operational department. A go-live date has not been announced, but hopes are for late summer. <ul style="list-style-type: none"> • HRP will enable a way to ingest taxonomy codes, edit EDIs to avoid rejecting claims, and address missing or inaccurate National Drug Code (NDC). • Outreach efforts are ongoing with providers and billing teams in preparation. • Partnership’s COO discussed a California Health Care Foundation (CHCF) regional market 2025 report for Shasta and Lassen Counties and participated in a panel with Mr. Todd Smith of Dignity Mercy Medical Center, Mr. Brandon Thornock of Shasta Community Health Center, and Ms. Shannon Garret of Mountain Valley to discuss the findings. • Political divisiveness is impacting initiatives. Provider recruiting and retention are also concerns in addition to the impacts of H.R.1 implementation on Medi-Cal members. • Panel was attended by more than 150 people in addition to Senator Megan Dahle.
I.B. Chief Medical Officer (CMO) Health Services Report	<p>Partnership’s Regional Medical Director for Solano, Napa, and Yolo counties presented a brief update for Health Services on behalf of the Chief Medical Officer</p> <ul style="list-style-type: none"> • CMO Activities <ul style="list-style-type: none"> • Regional Medical Director forums are ongoing throughout the regions in California. Events have been well attended. <ul style="list-style-type: none"> • Topics include Medi-Cal policy changes, county-level data for the region, and pharmacy updates • Public Health Officer (PHO) meeting to discuss trends, challenges, and successes. Funding shortfalls are a challenge affecting county departments. • Regulatory Changes <ul style="list-style-type: none"> • DHCS made changes to GLP-1 prior authorization criteria to remove the Treatment Authorization Request (TAR) requirement for Metabolic dysfunction-associated steatohepatitis (MASH), however, the correct diagnosis code is needed on the prescription to ensure it can be filled. • All other diagnoses still require a TAR for GLP-1 prescriptions. • Rural Health Transformation Grants <ul style="list-style-type: none"> • California Department of Health Care Access and Information (HCAI) has received federal funding for grants to provide funding to the regions and highlight collaborative efforts to identify locations for improving access. • Grants will be competitive, but regions have been speaking with Public Health Officers ahead of the application process. • Partnership will support application efforts with webinars. Application information has not been released. • HCAI will likely be looking for projects in specialty access, workforce development and pipeline, recruitment and retention of staff, and IT system enhancement, and building up Obstetrics (OB) access in areas where hospital services have been diminished or canceled.

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III.C. Status Update, Regional Medical	<p>Partnership’s Regional Medical Director for Lake, Mendocino, Humboldt, and Del Norte Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Sutter-Lakeside has appointed Laura Horn as interim CEO. Recruitment efforts for a permanent CEO are underway. • Lake County Health Services is recruiting an Executive Director and hired a new Public Health Officer, Dr. Daniel Goold. • Lake County Tribal Health now offers ophthalmology services. • Providence St. Joseph is in discussion with the Office of California Attorney General to settle case regarding violations of laws for emergency abortion care. • United Indian Health Service has a new Physician Assistant offering nephrology consultations. • Regional Medical Director forum in Ukiah was well attended and discussions centered on members losing care due to H.R.1 implementation. • Fresenius Kidney Care will be closing the McKinleyville site leaving only the one in Eureka. • Redwood Women's Health Center is looking into adding primary care.
III.D. Status Update, Regional Medical	<p>Partnership’s Regional Director for Plumas, Sierra, Nevada & Placer Counties presented a brief update on activities on behalf of Regional Director for Glenn, Butte, Sutter, and Colusa Counties.</p> <ul style="list-style-type: none"> • Healthy Rural California residency program announced they have matched four new psychiatrists and six new family medicine residents. • The Mind Behavioral Health Continuum Infrastructure program announced their recent grants awarded through Department of Health Care Services (DHCS) to help transform California's mental health and substance use disorder (SUD) treatment systems; Chico received \$27 million to add 100 new beds for SUD and social rehab in Sutter and Yuba Counties.
III.E Status Update, Regional Medical	<p>Partnership’s Regional Director for Siskiyou, Modoc, Shasta, Lassen, Trinity, and Tehama Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Staffing remains stable in the area. • Regional Medical Director Forum in Redding was well attended. • Nourish and Flourish event will be taking place at the Redding Farmer’s Market on May 30, 2026 where hemoglobin A1C checks, blood pressure checks, and mobile mammograms will be offered for preventative health. • Shasta Regional Medical Center is recruiting for more specialty care providers.
III.F Status Update, Regional Medical	<p>Partnership’s Regional Director for Plumas, Sierra, Nevada & Placer presented a brief update on activities.</p> <ul style="list-style-type: none"> • Area health care organizations and providers are seeking ways to assist members keep their Medi-Cal coverage. Partnership provides a Keep Your Medi-Cal toolkit, but Nevada County Health and Social Services has also been able to provide education to healthcare providers. • Nevada County is piloting a mobile health unit called the Common Resource Center to set up a free, monthly clinic providing immunizations, HIV screening, hepatitis C screening, and dental services in addition to food distribution and bike repairs. Two events have taken place with more planned. • Sierra County has also begun mobile services and will be collaborating with Nevada County for sharing of best practices. • Sierra Nevada Family Medicine Residency program filled positions with two new residents. • Nevada County Public Health Director and Nursing Director have announced retirement. • Regional Medical Director Forum will be hosted in Truckee on May 8, 2026.
<i>IV. Introductions</i>	<i>None</i>
<i>V. Old Business</i>	<i>None</i>

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<p>VI.A Community Reinvestment Review of Requirements and Funding Options</p>	<p>Community Reinvestment Review of Requirements and Funding Options</p> <p>The Department of Health Care Services is requiring that all health plans reinvest a portion of their net income into their local communities to address unmet health-related social needs and support community wellbeing per their calculations</p> <p>What Are The Minimum Funding Calculations?</p> <p><u>Base Community Reinvestment Requirement</u> MCPs and Qualifying Subcontractors with positive net income must contribute:</p> <ul style="list-style-type: none"> • 5% of annual income if net revenue is less than or equal to 7.5% • 7.5% of annual income if net revenue is greater than 7.5% <p><i>*Annual net revenue for initial cycle must come from their Medi-Cal contract revenues for 2024.</i></p> <p><u>Quality Achievement Requirement</u> MCPs with positive net income must contribute:</p> <p>An additional 7.5% of their annual net income for counties with an Enforcement Tier 2 or 3 assignment</p> <p>Tier 2: assigned to any county where MCP has 2 or more measures below MPL in any 1 MCAS domain</p> <p>Tier 3: assigned to any county where MCP has 3 or more measures below MPL in 2 or more MCAS domains</p> <p><i>*Funding will be 100% allocated to improving quality measures below target for counties within Enforcement Teir 2 or 3</i></p> <p>Which Counties Will Receive Funding?</p> <p>2024, 2025, and 2026 Funding Calculations per APL - 14 Original Counties 2025, 2026, and 2027 Funding Calculations per APL*** - 10 Expansion Counties</p> <p>What are we allowed to fund?</p> <div style="background-color: #1a3d4d; color: white; padding: 10px; text-align: center;"> <p>DHCS will require MCPs to allocate Community Reinvestment funds toward a defined set of categories tailored to the specific needs of their communities.</p> </div> <div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="width: 45%; text-align: center; margin-bottom: 10px;">  <p>Cultivating Neighborhoods & Built Environment <i>(e.g., neighborhood revitalization, affordable housing, new wing of a rural health clinic)</i></p> </div> <div style="width: 45%; text-align: center; margin-bottom: 10px;">  <p>Cultivating a Health Care Workforce <i>(e.g., training programs to address workforce shortages and establish career pipeline for Medi-Cal members; additional staffing to support weekend hours at a community clinic)</i></p> </div> <div style="width: 45%; text-align: center; margin-bottom: 10px;">  <p>Cultivating Well-Being for Priority Populations <i>(e.g., tailored support for foster children & youth, justice-involved, maternal/child populations, individuals experiencing homelessness)</i></p> </div> <div style="width: 45%; text-align: center; margin-bottom: 10px;">  <p>Cultivating Local Communities <i>(e.g., education initiatives, employment & training programs, wellness initiatives to address social isolation)</i></p> </div> <div style="width: 45%; text-align: center;">  <p>Cultivating Improved Health Outcomes <i>(e.g., initiatives to address immediate and long-term health outcomes by targeting improvements in quality measures in which the MCP underperformed)</i></p> </div> </div>

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VI.A Community Reinvestment Review of Requirements and Funding Option, Continued	<p>How Much Will My County Get?</p> <ul style="list-style-type: none"> • DHCS will calculate Partnership’s annual net income as a statewide aggregate based on various factors and notify plans in Q2 2026 and stratify per county (Per APL and FAQ sheet). <ul style="list-style-type: none"> ○ Contingent on Positive Net Income ○ Adjusted for Quality Achievement ○ Adjusted for Medi-Cal membership size <p>DHCS Examples - High Level Social Determinants of Health (SDOH)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p style="text-align: center;"><u>“Yays”</u></p> <ul style="list-style-type: none"> • Funding for scholarships for allied health professions • Funding for Park development in a community • Funding for Hospital development in a community </td> <td style="width: 50%; vertical-align: top;"> <p style="text-align: center;"><u>“Nays”</u></p> <ul style="list-style-type: none"> • Funding for clinical services at a clinic or hospital • Funding for Expanding Provider Networks for the delivery of services covered under the MCP Contract • Funding street medicine services for persons experiencing unsheltered homelessness. </td> </tr> </table> <p>Who was “Required” to Be Involved in Community Reinvestment Planning and Decision-Making Process?</p> <ul style="list-style-type: none"> • County Public Health Directors • Community Advisory Committee (CAC) • County Behavioral Health Directors • Executive and CR Project Leadership <p>2025 Methodology Review</p> <ul style="list-style-type: none"> • Partnership team reviewed APL and developed preliminary list of ideas • Partnership surveyed internal leaders (Regional Directors, Department Directors, etc.) for additional feedback and ideas after reviewing CHA/CHIP data and other sources. • Partnership team reviewed APL and developed preliminary list of ideas • Partnership hosted a special December meeting for additional external community members and leaders, including external members of Partnership committees. <p>Q1 2026 Methodology</p> <ul style="list-style-type: none"> • Partnership Collated Information and Presented to Internal Leaders in first week of January • Internal Leaders voted and recommended top 1-2 funding options per category • Integrated feedback of combining funding options 	<p style="text-align: center;"><u>“Yays”</u></p> <ul style="list-style-type: none"> • Funding for scholarships for allied health professions • Funding for Park development in a community • Funding for Hospital development in a community 	<p style="text-align: center;"><u>“Nays”</u></p> <ul style="list-style-type: none"> • Funding for clinical services at a clinic or hospital • Funding for Expanding Provider Networks for the delivery of services covered under the MCP Contract • Funding street medicine services for persons experiencing unsheltered homelessness.
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<p>VI.A Community Reinvestment Review of Requirements and Funding Option, Continued</p>	<p>Key Factors Considered for Determining Reinvestment Options</p> <ul style="list-style-type: none"> • DHCS APL requirements • Annual Health Disparities Assessment • CHA Analysis • CHIP Analysis • Access Improvement Assessment • Community Support <ul style="list-style-type: none"> ○ CAC Support via Survey ○ BHT Director Support via Survey ○ LHJ Director Support Via Survey <div style="text-align: center; margin-top: 20px;"> <h3>List of Reinvestment Options</h3> <table border="0" style="width: 100%; border-collapse: separate; border-spacing: 10px;"> <tr> <td style="text-align: center; vertical-align: top; width: 25%;"> <div style="background-color: #4CAF50; color: white; padding: 5px; border-radius: 10px; margin-bottom: 5px;">Cultivating Neighborhood</div> <div style="background-color: #FFCC80; padding: 10px; border: 1px solid #ccc;"> <p>Option #1: Funding To Support Expansion of RHC or FQHC facility to meet community needs</p> <p>Option #2: Funding to Support Expansion of Mobile Health Services to meet community needs</p> </div> </td> <td style="text-align: center; vertical-align: top; width: 25%;"> <div style="background-color: #FFEB3B; color: white; padding: 5px; border-radius: 10px; margin-bottom: 5px;">Cultivating Healthcare Workforce</div> <div style="background-color: #FFCC80; padding: 10px; border: 1px solid #ccc;"> <p>Option #1: Funding to Support Specialty Provider Recruitment</p> <p>Option #2: Funding to Support Expansion of Residency Slots, Programs, and Development</p> <p>Option #3: Funding to Support Expansion of Student Slots, Programs, and Development</p> </div> </td> <td style="text-align: center; vertical-align: top; width: 25%;"> <div style="background-color: #FF9800; color: white; padding: 5px; border-radius: 10px; margin-bottom: 5px;">Cultivating Wellbeing</div> <div style="background-color: #FFCC80; padding: 10px; border: 1px solid #ccc;"> <p>Option #1: Funding to Support Community Wellness and Resource Centers</p> <p>Option #2: Funding To Support Accountable Communities for Health (ACH) initiatives and programming</p> <p>Option #3: Funding to Support Community Fitness Programs</p> </div> </td> <td style="text-align: center; vertical-align: top; width: 25%;"> <div style="background-color: #008080; color: white; padding: 5px; border-radius: 10px; margin-bottom: 5px;">Cultivating Local Communities</div> <div style="background-color: #FFCC80; padding: 10px; border: 1px solid #ccc;"> <p>Option #1: Funding to Support the development and funding of CHW programs in each county</p> <p>Option #2: Funding to Support the development and funding of doula programs in each county</p> </div> </td> </tr> </table> </div> <p style="margin-top: 20px;">Example Payment Workflow for funding expansion of local FQHC who is awarded \$40,000</p> <pre> graph TD A[Reinvestment Idea Selection] --> B[Reinvestment Idea Process] B --> C[Reinvestment Fund Disperse] C --> A </pre>	<div style="background-color: #4CAF50; color: white; padding: 5px; border-radius: 10px; margin-bottom: 5px;">Cultivating Neighborhood</div> <div style="background-color: #FFCC80; padding: 10px; border: 1px solid #ccc;"> <p>Option #1: Funding To Support Expansion of RHC or FQHC facility to meet community needs</p> <p>Option #2: Funding to Support Expansion of Mobile Health Services to meet community needs</p> </div>	<div style="background-color: #FFEB3B; color: white; padding: 5px; border-radius: 10px; margin-bottom: 5px;">Cultivating Healthcare Workforce</div> <div style="background-color: #FFCC80; padding: 10px; border: 1px solid #ccc;"> <p>Option #1: Funding to Support Specialty Provider Recruitment</p> <p>Option #2: Funding to Support Expansion of Residency Slots, Programs, and Development</p> <p>Option #3: Funding to Support Expansion of Student Slots, Programs, and Development</p> </div>	<div style="background-color: #FF9800; color: white; padding: 5px; border-radius: 10px; margin-bottom: 5px;">Cultivating Wellbeing</div> <div style="background-color: #FFCC80; padding: 10px; border: 1px solid #ccc;"> <p>Option #1: Funding to Support Community Wellness and Resource Centers</p> <p>Option #2: Funding To Support Accountable Communities for Health (ACH) initiatives and programming</p> <p>Option #3: Funding to Support Community Fitness Programs</p> </div>	<div style="background-color: #008080; color: white; padding: 5px; border-radius: 10px; margin-bottom: 5px;">Cultivating Local Communities</div> <div style="background-color: #FFCC80; padding: 10px; border: 1px solid #ccc;"> <p>Option #1: Funding to Support the development and funding of CHW programs in each county</p> <p>Option #2: Funding to Support the development and funding of doula programs in each county</p> </div>
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<p>VI.A Community Reinvestment Review of Requirements and Funding Option, Continued</p>	<p>What we still don't know</p> <ul style="list-style-type: none"> • How much each county will receive each year • The exact date of when DHCS will clarify county amounts • The exact dates of when funds need to be dispersed? • Will DHCS approve submissions in a timely manner? Can Partnership dispense payment pending approval? <p>What Counties Can Start Doing Now To Prepare for the potential community reinvestment application process:</p> <ol style="list-style-type: none"> 1. Identify ONE Central Point of Contact for reinvestment application per county 2. Review 9 potential reinvestment options with local stakeholders involved with the County's Community Health Improvement Plan. 3. Review the county's current performance on the DHCS bold quality goals to identify intersecting priorities or additional priorities to consider. 4. Narrow down options to one or two areas which stakeholders agree best aligns with the goals and objectives of the County Health Improvement Plan, as well as the DHCS bold quality goals. <p>Note for 10 Expansion Counties</p> <ul style="list-style-type: none"> • The Board of Commissioners has approved a focused reinvestment for the 10 expansion counties to be allocated starting in 2026 only (when the other 14 counties will be receiving their 2024 reinvestment allocations). • The details of this one-year reinvestment fund are being developed and will be discussed in future communications <p>Questions can be directed to Communityreinvestment@partnershiphp.org</p>						
<p>VI.B Proposed 2026 6-Month Perinatal Quality Improvement Program (PQIP) Measurement Set</p> <p>Measurement Period April 7, 2026, to October 7, 2026: Index period by which women with live births are identified.</p>	<p>I. Summary of Current and Proposed Measures and/or Measure Changes</p> <p><u>(A) Gateway Measure – Measure 1</u> DataLink allows for data exchange from Provider Electronic Health Records to PARTNERSHIP to capture depression screening and follow-up care. DataLink implementation is a vital component of furthering PQIP technical advancement through the capture of claims and electronic data directly exported from participating providers Electronic Health Records (EHR) systems</p> <p><u>(B) Clinical Measures – Measures 2-6</u> PHPS practices and select perinatal providers who provide quality and timely prenatal and postpartum care to PARTNERSHIP members have the option to earn additional financial incentives. The PQIP framework offers a simple and meaningful measurement set developed for PCPs and OB/GYNs and includes the following clinical measures: Timely Immunization Status - Tdap and Influenza Vaccine, Timely Prenatal Care, Late Entry to Care with Depression Screening >14 weeks gestation, Timely Postpartum Care and Timely Assessments (monitoring only measure).</p> <p style="text-align: center;">Key: Change to Measure Design</p> <table border="1" data-bbox="331 1222 1005 1466"> <thead> <tr> <th data-bbox="331 1222 669 1260">Current FY2024-25 Measures</th> <th data-bbox="669 1222 1005 1260">Proposed FY2025-26 Measures</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="331 1260 1005 1289" style="background-color: #d9ead3;">ECDS & Clinical Domains</td> </tr> <tr> <td data-bbox="331 1289 669 1466"> <p>Perinatal Medicine:</p> <ol style="list-style-type: none"> 1. Electronic Clinical Data Systems (ECDS) 2. Prenatal Immunization 3. Timely Prenatal Care 4. Depression Screening 5. Timely Postpartum Care 6. Timely Comprehensive Assessments Monitoring </td> <td data-bbox="669 1289 1005 1466"> <p>Perinatal Medicine:</p> <ol style="list-style-type: none"> 1. Electronic Clinical Data Systems (ECDS) 2. Prenatal Immunization 3. Timely Prenatal Care 4. Depression Screening 5. Timely Postpartum Care 6. Timely Comprehensive Assessments Monitoring </td> </tr> </tbody> </table>	Current FY2024-25 Measures	Proposed FY2025-26 Measures	ECDS & Clinical Domains		<p>Perinatal Medicine:</p> <ol style="list-style-type: none"> 1. Electronic Clinical Data Systems (ECDS) 2. Prenatal Immunization 3. Timely Prenatal Care 4. Depression Screening 5. Timely Postpartum Care 6. Timely Comprehensive Assessments Monitoring 	<p>Perinatal Medicine:</p> <ol style="list-style-type: none"> 1. Electronic Clinical Data Systems (ECDS) 2. Prenatal Immunization 3. Timely Prenatal Care 4. Depression Screening 5. Timely Postpartum Care 6. Timely Comprehensive Assessments Monitoring
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AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
<p>VI.B Proposed 2026 6-Month Perinatal Quality Improvement Program (PQIP) Measurement Set</p> <p>Measurement Period April 7, 2026, to October 7, 2026: Index period by which women with live births are identified.</p>	<p><u>Programmatic Changes</u> Due to a new federal regulation that went into effect at the end of 2025, the Perinatal Quality Incentive Program must transition to a calendar year program by January 2027. Therefore, the proposed changes below pertain to the proposed abbreviated six-month bridge measurement set covering the period of July 1, 2026, through December 31, 2026. There are no new measures proposed for this set, but some revisions are suggested In general, all the reporting timelines for any measures included in this set have been adjusted to correlate to the six-month period. Those revisions are not presented here. What follows are the proposed measure changes with their rationales.</p> <p><u>A. Gateway Measure 1: Electronic Clinical Data Systems (ECDS) – Datalink Implementation</u> This measure supports the allowance of data exchange from provider Electronic Health Records to Partnership to capture clinical screenings, follow-up care and outcomes. ECDS participation is a vital component of furthering the quality of care for covered Partnership members. Note that NCQA is converting most hybrid measures to ECDS measures in the coming years. DHCS continues to make Partnership accountable for several ECDS measures. Partnership partnered with DataLink (a qualified HEDIS data aggregator) who can pull a much larger scope of measures than what is currently required for the Perinatal QIP. The DataLink process will continue to increase in emphasis and is now a gateway measure to the Perinatal QIP. Proposal: It is proposed to keep the gateway measure the same except for changing the dates to align with the 6-month period of July 1, 2026 – December 31, 2026. This means contracting and connecting would still be a gateway to earning perinatal incentive.</p> <p><u>B. Clinical Measures</u> Measure 3. Timely Prenatal Care (<14 Weeks of Gestation) Measure Summary: Timely prenatal care services rendered to pregnant Partnership members in the first trimester, as defined as less than 14 weeks of gestation, or within 42 days of enrollment in the organization. Proposal: Since DataLink connections and extractions have occurred for many PQIP providers, it is proposed to add monthly DataLink extractions as Option 1 to submit monthly perinatal visits and depression screening data. The current process for manual submissions would become Option 2. Below is the suggested language change for the reporting section of the measure.</p> <p>Reporting – Applies to Measures 3 & 4</p> <p><u>Option 1: Monthly DataLink Extractions</u> PQIP providers must have an active connection with DataLink and have successfully completed the extraction process to utilize this option. Counts of qualifying prenatal visits will be gathered through the DataLink extraction process. Partnership reserves the right to periodically request manual submissions to validate extracted data.</p> <p><u>Option 2: Monthly Manual submissions</u> Measure 4: Depression Screening at First Prenatal Visit with Late Entry to Care (>14 weeks Gestation) Measure Summary: Prenatal care visits to an OB/GYN or other perinatal care practitioner or PCP in the first trimester (less than 14 weeks of gestation, as documented in the medical record) will be eligible for the incentive payment. Proposal: It is proposed to change the title of this measure to add the words “with Late Entry to Care”. This helps clarify the intent of the measure for providers. It is also proposed that Measure 4 have the same Option 1 and Option 2 as noted in the Measure 3 proposal.</p> <p>Measure 5: Timely Postpartum Care Measure Summary: Timely postpartum care is a measure of quality care and can contribute to healthier outcomes for women after delivery. Postpartum visits are an important opportunity to educate new mothers on expectations about motherhood, address concerns, and reinforce the importance of routine preventive health care. Proposal: It is proposed to adjust the Index period by which women with live births are identified from an April through April date to April through October date as noted below. This allows for consistency in our data collection and will avoid gaps in the measure.</p>

AGENDA ITEM	ADJOURMENT
PAC adjourned at 8:59 a.m.	Next Physician Advisory Committee announced for May 13, 2026.

For Signature Only

The foregoing minutes were APPROVED AS PRESENTED on 05/13/2026
Date



Angela Brennan, D.O., Committee Chairperson

The foregoing minutes were APPROVED WITH MODIFICATION on _____
Date

Angela Brennan, D.O., Committee Chairperson