

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

Committee: Physician Advisory Committee
Date / Time: May 13, 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)	Steven Gwiazdowski, MD (FF)	Karina Gookin, MD (AU)	FF Fairfield	MCC Marin Community Clinics
	Betzabel Kunkel, MD (FF)	Teresa Shinder, MD (FF)	Darrick Nelson, MD (R)	SR Santa Rosa	OMM Office of Dr. Matheson
	Brian Montenegro, MD (FF)	Zoe Cappe, MD (FF)	Derice Seid, MD (MCC)	E Eureka	SH Sutter Health Roseville
	Karen Sprague, MSN, CFNP (FF)	Malia Honda, MD (E)	Mills Matheson, MD (OMM)	R Redding	SL Sutter Health Lakeside
	Matthew Zavod, MD (FF)	Chester Austin, MD (C)	Danielle Oryn, DO (A)	C Chico	A Aliados Health
	Michelle Herman, MD (FF)	John McDermott, FNP (C)		AU Auburn	

Members Excused:	Candy Stockton, MD	Christina Lasich, MD
	Chris Myers, MD	

Members Absent: Vanessa Walker, DO

Partnership Staff:	Sonja Bjork, Chief Executive Officer	Katherine Barresi, RN, Chief Health Services Officer	DeLorean Ruffin, DrPH, Director, Population Health
	Jennifer Lopez, Chief Financial Officer	Robert Moore, MD, Chief Medical Officer	Mohamed Jalloh, Pharm.D., Director, Health Equity
	Wendi Davis, Chief Operating Officer	Kermit Jones, MD, Deputy Chief Medical Officer	Isaac Brown, Sr. Dir., Quality & Performance Improvement
	Leigha Andrews, Region Director	Colleen Townsend, MD, Region Medical Director	Vacant, Director, Quality Management
	Vicky Klakken, Region Director	Jeffrey Ribordy, MD, Region Medical Director	Kristine Gual, Director, Quality Measurement
	Brigid Gast, RN, Sr. Dir., Care Management	Bradley Cox, MD, Region Medical Director	Vacant, Manager of QI Programs
	Aaron Brincko, Sr. Dir., Provider Relations	R. Doug Matthews, MD, Region Medical Director	Sue Quichocho, Mgr., Quality Measurement
	Lisa O'Connell, Dir. Enhanced Health Services	Matthew Morris, MD, Region Medical Director	Megan Shelton, Project Manager, Quality Improvement
	Doreen Crume, RN, Mgr. Care Coord.	Lisa Ward, MD, Region Medical Director	Heather Esget, RN, Director, Utilization Mgmt. (UM)
	Stephanie Nakatani, Supervisor	Mark Netherda, MD, Medical Director for Quality	Kevin Jarret-Lee, RN, Assoc. Dir. of UM
	Provider Relations Representatives	Jeffrey DeVido, MD, Behavioral Health Clinical Dir.	Robby Potter, RN, Supervisor of Inpatient UM
		Stan Leung, Pharm.D., Director, Pharmacy Services	David Lavine, Assoc. Dir. of Workforce Development
		Marshall Kubota, MD, Associate Medical Director	

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	DATE RESOLVED
Public Comments	PAC Chairperson asked for any public comments. None presented.	N/A	N/A
Quorum	17/21 – PAC	Committee quorum requirements met (17).	05/13/26

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
I.A. Chief Executive Officer (CEO) Report	Partnership’s Chief Executive Officer presented an administrative update. • State Budget / Medi-Cal Policy Outlook • Partnership is closely monitoring release of the State’s May Revision and related Medi-Cal policy proposals, particularly any proposal affecting members with uncertain immigration status. • There are concerns members with uncertain immigration status could be moved from Medi-Cal managed care into fee-for-service Medi-Cal, which would materially affect Partnership membership and provider operations. • Keeping family members, including mixed-status families, within the same managed care system to promote continuity, ease of provider administration, and inclusion in quality improvement and support programs is essential. • Although State leaders had not publicly confirmed final actions, Partnership is preparing for possible changes and actively reviewing the budget release as soon as it becomes available. • Medi-Cal Fiscal Pressures • The State’s budget outlook remains uncertain despite reports of improved revenue and additional available funds. • Department of Health Care Services (DHCS) recently reported a substantial Medi-Cal shortfall driven by utilization levels that were higher than projected, creating additional concern regarding future health plan funding. • Partnership also continues to watch whether counties will receive additional resources to support new eligibility processing and redetermination requirements. • County Eligibility and Work Requirement Implementation • County eligibility operations face significant administrative burden related to more frequent eligibility checks and implementation of anticipated work requirement provisions. • Required system changes include documentation intake, worker training, and workflows for exemption determination; however, Centers for Medicare and Medicaid Services (CMS) has not yet issued all detailed guidance. • California is expected to pursue a more coverage-oriented implementation approach than some early states, but many operational details remain unknown. • Potential exemptions for individuals who are medically frail remain undefined, creating concern that providers may experience increased administrative requests for attestations and supporting documentation. • Future of Medi-Cal Commission • Partnership is monitoring the work of the Future of Medi-Cal Commission, a California health policy initiative convened to advise on long-term Medi-Cal transformation. • The Commission recently released broad policy concepts and goals, which are now under further review and refinement through workgroups and advisory committees. • Partnership leadership emphasized the importance of following these proposals closely because of their potential long-term effect on Medi-Cal managed care and provider networks.
I.B. Chief Medical Officer (CMO) Health Services Report	Partnership’s Chief Medical Officer presented the following Health Services report. • GLP-1 Prior Authorization / Appeals • Partnership continues to track State approval and denial patterns for GLP-1 medications. • Partnership’s pharmacy team is actively escalating concerns, particularly denials related to dose escalation and requirements appearing inconsistent with existing policy. • Providers were encouraged to contact regional medical directors or Partnership’s pharmacy team regarding problematic cases and, when appropriate, to pursue appeals on behalf of patients.

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I.B. Chief Medical Officer (CMO) Health Services Report, Continued	• Partnership Clinic Leadership Academy • The inaugural cohort for the Partnership Clinic Leadership Academy has been selected, with 35 health care leaders and managers from across the network participating. • The program is being delivered in collaboration with Healthforce UCSF and is designed to strengthen clinic leadership capacity across Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Tribal Health Centers. • Kickoff activities are scheduled to begin in June. • Blood Pressure Monitor Access / Partnership Medical Equipment Distribution Services (PMEDS) • Partnership reviewed its medical equipment distribution program and reiterated the importance of home blood pressure monitoring for members with hypertension. • Two access paths remain available: obtaining a monitor through the State pharmacy benefit when honored by a pharmacy, or through Partnership's equipment distribution program. • Community pharmacy fulfillment remains inconsistent, though CVS has generally been more likely than average to honor these prescriptions. • Partnership encourages sites to make use of either option to improve blood pressure control, a high-impact HEDIS© measure affecting member outcomes and financial performance. • Community Reinvestment Advocacy • Clinicians and medical leaders are encouraged to participate in local county advisory processes related to community reinvestment funding decisions. • Reinvestment dollars may be used to strengthen recruitment and retention incentives and to expand medical education and workforce pipeline opportunities. • Primary Care Provider Quality Program (PCP QIP) Update • Final payment notices and checks are expected to be distributed soon. • The weighted average score increased from the prior year, reflecting overall improvement despite a more difficult scoring environment. • Total anticipated payments are approximately \$53.5 million. • A record 39 sites scored above 90%; six sites achieved 100%; and two Tribal Health Centers reached 100%. • Fifteen sites scored zero percent, reflecting continued variability across the network.

AGENDA ITEM	MOTIONS FOR APPROVAL	RECOMMENDATIONS / ACTION	DATE RESOLVED
II.A.	April 8, 2026, PAC minutes were presented for approval.	<u>MOTION:</u> Dr. Zavod moved to approve Agenda II.A as presented, seconded by, seconded by Dr. Montenegro. <u>ACTION SUMMARY:</u> [16] yes, [0] no, [1] abstentions.	05/13/26 Motion carried.
II.B.	Consent Calendar Review	<u>MOTION:</u> Nurse Sprague moved to approve Agenda II.B.1, II.B.2, II.B.4, and II.B.5 as presented, seconded by Dr. Herman. <u>ACTION SUMMARY:</u> [17] yes, [0] no, [0] abstentions.	05/13/26 Motion carried.
II.B.1	• Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – April 15, 2026		
II.B.2	• Policies, Procedures, and Guidelines for Action Policy Summary May 13, 2026		
II. B.4	• Provider Education & Networking (PEN) Summary, April 2, 2026		
II.B.5	• Credentials Committee Meeting, April 8, 2026 Minutes Credentialed List		
VI.A	Proposed 2027 Palliative Care QIP Measure Set	<u>MOTION:</u> Dr. Montenegro moved to approve Agenda item VI.A as presented, seconded by Dr. Montenegro. <u>ACTION SUMMARY:</u> [17] yes, [0] no, [0] abstentions.	05/13/26 Motion carried
VI.B	Proposed 2026 Hospital QIP 6-month Bridge Measure Set	<u>MOTION:</u> Dr. Herman moved to approve Agenda item VI.B as presented, seconded by Dr. Montenegro. <u>ACTION SUMMARY:</u> [17] yes, [0] no, [0] abstentions.	05/13/26 Motion carried
AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.		
III.A Status Update, Regional Medical	Partnership’s Deputy Chief Medical Officer presented a brief update on behalf of the Regional Medical Director for Napa, Solano, and Yolo Counties. Yolo County - The pertussis outbreak that began in Davis in March has expanded to approximately 30 pediatric cases, with spread also reported in Woodland and elsewhere in Yolo County. - Most affected children were reportedly up to date on pertussis vaccination; however, waning immunity from acellular pertussis vaccines may contribute to infection risk. Vaccination remains protective against severe disease, hospitalization, and death. - Recent confirmed cases in Woodland prompted coordination with the Woodland Joint Unified School District to notify families regarding possible exposure. - Providers were encouraged to test symptomatic patients regardless of vaccination status, consider pertussis in patients with paroxysmal cough and associated vomiting or “whoop,” use PCR testing within the first 21 days of symptoms, and maintain isolation until five days of antibiotics are completed. - Solano and Yolo Counties are recruiting for a new Public Health Officer. Napa County - No major county updates were reported. Partnership continues to monitor the transfer of Queen of the Valley Medical Center from Providence to NorthBay Health. system.		

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III.B. Status Update, Regional Medical	Partnership’s Regional Medical Director for Marin and Sonoma Counties presented a brief update on activities. Dr. Leigh Vall-Spinose was introduced as a family physician and community leader from Santa Rosa who is interested in joining the Physician Advisory Committee as a voting member. Regional Highlights • Alliance Medical Center in North Sonoma County was invited by DHCS to present best practices related to implementation of mobile mammography. • Marin City Health and Wellness received recognition for work to close blood pressure control gaps among Black patients and received support through the California Health Care Foundation’s Pulse of Change initiative. • Planning is underway for a June regional quality meeting focused on Cologuard implementation and spread of best practices. • Planning is also underway for a September perinatal summit that will bring together hospitals, community-based organizations, ECM, midwifery, doula, and related stakeholders. • Academic detailing lectures supporting pharmacy and quality improvement work are being well received. • Regional networking meetings and the Santa Rosa Regional Medical Director Forum were well attended and productive. • Sonoma Valley Hospital hosted its annual Women’s Health Symposium focused on education and empowerment, including midlife and menopause topics. • Member experience education is being shared locally with sites such as Santa Rosa Community Health. • Workforce updates included an expanding rural training track residency in Lake County connected to the Santa Rosa Family Medicine Residency and an advanced practice clinician residency recruitment fair serving Marin, Sonoma, and Humboldt. • Additional advocacy lectures remain scheduled regarding federal policy changes and H.R. 1 implications.
III.C. Status Update, Regional Medical	Partnership’s Regional Medical Director for Lake, Mendocino, Humboldt, and Del Norte Counties presented a brief update on activities. • Mendocino Community Health Center experienced a leadership change following the departure of its long-standing Chief Executive Officer. An interim chief executive is in place while recruitment proceeds. • In Willits, Adventist Health recently opened an urgent care center but temporarily closed it due to staffing challenges. Reopening is planned once staffing stabilizes. • In Ukiah, a sports medicine/orthopedic clinic closed temporarily due to a facility water-related issue; patients are being redirected to other sites. • Sutter Lakeside Hospital experienced a temporary disruption after a transformer incident and generator failure; the issue has since been resolved. • The Better Birthing Project, previously developed in Humboldt, is being expanded to Lake County in collaboration with Lake County Tribal Health to strengthen birthing experiences and hospital relationships for Tribal members. • A maternity photo project focused on Black and Tribal mothers is also being planned for Humboldt later this summer. • Concern was expressed regarding public reports of layoffs and service reductions at Mad River Hospital, including the elimination of medical staff office functions. Partnership is seeking additional information.
III.D. Status Update, Regional Medical	Partnership’s Regional Medical Director for Glenn, Butte, Sutter, and Colusa Counties presented a brief update on activities. • A candidate has been interviewed for the Redding Regional Medical Director position, and additional updates are expected as recruitment proceeds. • Warner Mountain Indian Health Clinic in Fort Bidwell, received a provisional pass on its site inspection and is expected to join the Partnership network following minor final adjustments. The clinic has expanded from 20 hours per month of clinical visits to 20 hours per week and continues efforts to recruit additional provider support. • Banner Lassen in Susanville, local family medicine obstetrics capacity remains limited, and recruitment continues for additional obstetric providers to sustain approximately 400 annual births. • Seneca Hospital in Chester reported that its expanded hospital project is nearing completion, with opening anticipated in July 2026.

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III.E Status Update, Regional Medical	Partnership’s Regional Medical Director for Siskiyou, Modoc, Shasta, Lassen, Trinity, and Tehama Counties presented a brief update on activities. • Partnership’s North Regional Director has transitioned to the Director Provider Contracts leadership role, with recruitment underway for a replacement. • In Yreka, Madrone Hospice has a new Chief Medical Officer, Dr. Sean Molloy. • Local FQHCs are reportedly reassessing prescribing expectations for pain medications in response to provider recruitment concerns, which may contribute to member grievances. • Shasta Regional Medical Center was recently highlighted in local media as financially vulnerable because of Medicaid cut concerns. Partnership continues to meet regularly with hospital leadership to explore collaborative strategies for strengthening specialty, primary care, and urgent care access and improving hospital performance. • A Nourish and Flourish event is scheduled for May 30 at the farmer’s market.
III.F Status Update, Regional Medical	Partnership’s Regional Medical Director for Plumas, Sierra, Nevada, Yuba, and Placer Counties presented a brief update on activities. • Blue Stone Health and Wellness, a regional provider partner located in Weimar, CA, received a presentation focused on the Primary Care Provider Quality Incentive Program with emphasis on hypertension management. • Joint Leadership Initiatives were held with WellSpace and Western Sierra Medical Clinic and also centered on quality incentive measures related performance goals. • Western Sierra Medical Clinic recently opened a Family Justice Center in collaboration with the District Attorney’s Office to provide local support and screening resources for victims of domestic violence and child abuse. • Plumas District Hospital reported progress with new services, including its newer skilled nursing facility, although storm damage temporarily affected one wing and repairs are underway. • Plumas District Hospital is also assuming responsibility for ground ambulance operations in Lassen county beginning July 1, 2026. • The region held its first Regional Medical Director Forum, which was fully attended and received very positive feedback.
IV. Introductions	<i>No additional introductions were presented.</i>
V. Old Business	<i>No old business was presented.</i>

AGENDA ITEM	DISCUSSION / CONCLUSIONS ACTION REQUIRED
VI.A Proposed 2026 Hospital QIP 6- month Bridge Measure Set	Partnership staff presented the proposed 2026 Hospital QIP six-month bridge measure set. • A six-month bridge period from July 1, 2026, through December 31, 2026, is necessary because a new federal requirement now mandates that QIP programs operate on a calendar-year basis. Partnership’s Hospital QIP has historically operated on a fiscal-year basis and will transition to a calendar-year program beginning January 2027. • The bridge set is an abbreviated version of the full-year measure set. • Measures proposed to continue during the bridge period: • Expanded Delivery Privileges: continue Phase 2 requirements rather than advancing to Phase 3 during the bridge period. Hospitals that have adopted bylaws and/or policies allowing midwives and family physicians to hold delivery privileges must now demonstrate active recruitment and/or provide privilege lists showing clinicians granted delivery privileges. • Doula Support: continue Phase 1 of the measure during the bridge period to sustain progress supporting doulas in the labor and delivery environment. • Vaccines for Children (VFC) Enrollment: continue the hospital birthing-site enrollment measure through December 31, 2026, after which the measure is expected to be removed for the 2027 program. • Measures proposed for removal during the bridge period: • Quality Improvement Capacity: removal was recommended because the hospital quality symposium for the current fiscal year has already occurred, and repeating the requirement in the abbreviated bridge timeframe would be duplicative before the 2027 program resumes. • Hospital Compare / Patient Experience Measure: removal was recommended because Hospital Compare data are updated on a limited annual cycle and do not align well with the bridge period scoring timeline. • Health Equity Measure: removal was recommended because hospitals will have recently submitted the applicable CMS health equity attestation, making a repeated submission during the short bridge period unnecessary. <i>Questions: None</i> <i>A motion was taken to approve the measure set and passed as presented.</i>
VI.B Proposed 2027 Palliative Care QIP Measure Set	Partnership staff presented the proposed 2027 Palliative Care QIP measure set. • Staff reported that no changes are recommended for the 2027 measurement year; therefore, the presentation served as a review of the existing measure set. • Utilization Measure • Avoiding hospitalization and emergency department visits: incentive of \$240 per member per month when there are no inpatient or emergency department visits during the calendar month. • Quality Measures • Completion of a POLST incentive of \$120 per member per month once a signed POLST is completed. • Completion of a standardized patient symptom assessment: maximum incentive of \$120 per member per month when two standardized symptom assessments are completed with required data elements. • For the symptom assessment measure, full credit is available when 70 percent or more of required data elements are captured; partial credit of \$60 per member per month is available when 50 to 69 percent of required data elements are captured. <i>Questions: None</i> <i>A motion was taken to approve the measure set and passed as presented.</i>

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VI.C Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Member Experience Survey	Partnership’s Chief Medical Officer presented an overview of Consumer Assessment of Healthcare Providers and Systems (CAHPS®) member experience survey findings and related improvement opportunities. • Purpose / Framing • Multiple sources of information used to assess member experience, including the health plan CAHPS survey, member grievances, provider-level CG-CAHPS findings, focus groups, supplemental surveys, and a recent external consultant assessment. • Member experience is a shared responsibility involving Partnership, contracted providers, and the broader delivery system. • Plan-Level CAHPS Findings • Partnership’s 2024 CAHPS results remained below average overall. Adult measures were reported at approximately two stars overall, and child measures at approximately 2.5 stars. • Leadership reviewed historical trends, noting stronger performance during earlier years when Partnership served fewer counties, followed by declines after major geographic expansion and again during the COVID-19 period. • Although overall scores remain below average, limited improvement was observed in some health plan-related ratings, suggesting early progress from internal improvement efforts. • Why Scores Matter • Low CAHPS scores affect Partnership’s publicly reported quality ratings and reduce overall star performance despite strong clinical quality results. • The State now withholds significant funding tied in part to adult and pediatric CAHPS performance, creating material financial consequences if experience scores do not improve. • Key Findings from Complaints, Focus Groups, and Supplemental Analysis • Access remains the strongest recurring concern across survey results and grievances. • Transportation grievances remain high in volume and continue to be a major source of member dissatisfaction. • Members often associate all aspects of Medi-Cal with Partnership, including benefits or services actually administered by counties or the State, such as dental, behavioral health, eligibility, and Medi-Cal Rx. • Members reported frustration with navigation, confusion about benefits, and difficulty reaching the right resource. • Telehealth was identified as a meaningful opportunity to improve convenience and member satisfaction when appropriately applied. • Focus groups indicated that members’ perceptions of quality are heavily influenced by interactions with providers, including feeling listened to, respected, included in care decisions, and able to trust continuity and follow-through. • Provider-Level Observations • CG-CAHPS findings for larger primary care provider organizations generally mirrored the plan-level results, with access scoring lower than communication. • Pediatric scores were generally stronger than adult scores, and substantial variation exists among provider organizations. • Leadership noted that some smaller rural and Tribal providers achieved particularly strong performance, while larger FQHCs often demonstrated strong clinical quality but only average to slightly below-average member experience scores. • External Consultant Findings • A recent external evaluation concluded that sustainable improvement will require moving beyond compliance-based grievance closure toward a more proactive member experience operating model. • Recommendations included governance changes, stronger access improvement work, reducing provider variability, improving transportation performance, enhancing grievance governance, strengthening listening strategies, leveraging telehealth, and improving digital member experience. • Leadership noted that Partnership is already taking steps in this direction, including recruitment of a director focused on member experience.

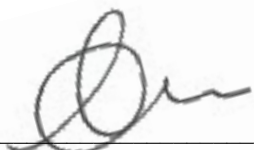
AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
VI.C Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Member Experience Survey, Continued	• Guidance for Leaders / Committee Discussion • Committee members were encouraged to observe their own organizations’ access and communication systems directly, including calling front office lines, reviewing waiting room experience, shadowing staff, and following a patient journey through the system. • The CEO emphasized that improving member experience is important both because it aligns with organizational mission and because it protects revenue at a time when health care resources are under pressure. • Examples of high-performing organizations were noted, and Partnership offered to help spread successful practices. • Committee discussion included caution against over-comparing pediatric and adult practice settings given their inherent differences; concern regarding time pressure, documentation burden, and financial structures that limit visit time; and interest in practical communication training approaches that improve patient perception without necessarily increasing visit length. No formal action was requested. The presentation was received for informational purposes only.
AGENDA ITEM	ADJOURNMENT
PAC adjourned at 8:59 a.m.	Next Physician Advisory Committee announced for June 10, 2026.

For Signature Only

The foregoing minutes were APPROVED AS PRESENTED on

6/10/2026

Date



Angela Brennan, D.O., Committee Chairperson

The foregoing minutes were APPROVED WITH MODIFICATION on

Date

Angela Brennan, D.O., Committee Chairperson