

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



**Members: (21)**

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

**Partnership Executive Staff:**

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

**Regional Medical Directors**

Jeffrey Ribordy, MD  
Bradley Cox, DO  
Colleen Townsend  
Lisa Ward, MD  
R. Doug Matthews, MD  
Matthew Morris, MD

**Region**

Eureka - Del Norte, Humboldt, Mendocino & Lake  
Redding - Siskiyou, Modoc, Shasta, Lassen, Trinity & Tehama  
Fairfield - Napa, Yolo & Solano  
Santa Rosa - Marin & Sonoma  
Chico - Glenn, Butte, Sutter, Colusa & Yuba  
Auburn - Plumas, Sierra, Nevada & Placer

**Region Directors**

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

Kermit Jones, MD, Deputy Chief Medical Officer	Mark Netherda, MD, Medical Director for Quality Improvement
Jeffrey DeVido, MD, Behavioral Health Clinical Director	Vacant, MD, Medical Director for Medicare Services

**Directors / Managers / Associate Directors**

Isaac Brown, Snr. Director, Quality & Performance Improvement	Dorian Roberts, Senior Manager, Provider Relations Reps.
Aaron Brinkco, Senior Director, Provider Relations	Vacant, Manager, Quality Incentive Programs
Brigid Gast, RN, Senior Director, Care Management	Sue Quichocho, Manager, Quality Measurement
Stan Leung, Pharm.D., Director., Pharmacy Services	Kevin Jarrett-Lee, RN, Assoc. Dir. of Utilization Management
Mohamed Jalloh, Pharm.D., Director of Health Equity	Marshall Kubota, Associate Medical Director
Lisa O'Connell, Director, Enhanced Health Services	Bettina Spiller, MD, Associate Medical Director
DeLorean Ruffin, DrPH, Director, Population Health Management	Teresa Frankovich, MD, Associate Medical Director
Heather Esget, RN, Director of Utilization Management	Michael George, MD, Associate Medical Director
Vacant, Director, Health Analytics	James Cotter, MD, Associate Medical Director
Kristine Gual, Director, Quality Measurement	
Priscila Ayala, Director, Network Services	

**cc: Partnership Commission Chair**

Dean Germano, Partnership Board Chair

FROM: PAC@partnershipHP.org

DATE: April 3, 2026

**SUBJECT: PHYSICIAN ADVISORY COMMITTEE MEETING**

The Physician Advisory Committee will meet as follows and will continue to meet the second Wednesday of every month (July and December are tentative.) Please review the Meeting Agenda and packet, as discussion time is limited.

**DATE: Wednesday, April 8, 2026**

**TIME: 7:30 a.m. – 9:00 a.m.**

**HOSTING LOCATIONS**

<b>Partnership HealthPlan of California</b> 4605 Business Center Drive Fairfield, CA	<b>Partnership – Santa Rosa</b> 495 Tesconi Circle Santa Rosa, CA	<b>Partnership – Redding</b> 2525 Airpark Drive Redding, CA	<b>Partnership – Eureka</b> 1036 5 <sup>th</sup> Street Eureka, CA
<b>Partnership - Auburn</b> 281 Nevada St. Auburn, CA 95603	<b>Partnership - Chico</b> 1000 Fortress St. Chico, CA 95973	<b>Sutter-Roseville</b> 6 Medical Plaza Roseville, CA 95661	<b>Aliados Health</b> 1310 Redwood Way Petaluma, CA 94999
<b>Tahoe Forest Health Systems</b> 10976 Donner Pass Rd., Suite 29 Truckee, CA 96161	<b>Office of Dr. Mills Matheson</b> 1245 S. Main St. Willits, CA 95490	<b>Marin Community Clinic</b> 3260 Kerner Blvd. San Rafael, CA 949013	<b>Sutter-Lakeside</b> 5176 Hill Rd. East Lakeport, CA 95453

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

**Date:** April 8, 2026      **Time:** 7:30 – 9:00 a.m.      **Location:** Partnership

<b>Partnership HealthPlan of California</b> 4605 Business Center Drive Fairfield, CA	<b>Partnership – Santa Rosa Office</b> 495 Tesconi Circle Santa Rosa, CA	<b>Partnership – Redding Office</b> 2525 Airpark Drive Redding, CA	<b>Partnership – Eureka Office</b> 1036 5 <sup>th</sup> Street Eureka, CA
<b>Partnership - Auburn Office</b> 281 Nevada St. Auburn, CA 95603	<b>Partnership - Chico</b> 1000 Fortress St. Chico, CA 95973	<b>Aliados Health</b> 1310 Redwood Way Petaluma, CA 94999	<b>Sutter-Roseville</b> 6 Medical Plaza Roseville, CA 95661
<b>Tahoe Forest Health Systems</b> 10976 Donner Pass Rd., Suite 9 Truckee, CA 96161	<b>Office of Dr. Mills Matheson</b> 1245 S. Main St. Willits, CA 95490	<b>Marin Community Clinic</b> 3260 Kerner Blvd. San Rafael, CA 94901	<b>Sutter-Lakeside</b> 5176 Hill Rd. East Lakeport, CA 95453

PUBLIC COMMENTS			Speaker	2 minutes	
PUBLIC COMMENTS			Speaker	2 minutes	
<i>This Brown Act meeting may be recorded. Any audio or video tape record of this meeting, made by or at the direction of Partnership, is subject to inspection under the Public Records Act and will be provided without charge, if requested.</i>					
<b>Welcome / Introductions</b>					
I.		EXECUTIVE OFFICE UPDATES	LEAD	TIME	
A.	I	Chief Executive Officer Administration Updates	Ms. Davis	7:35	
B.	I	Chief Medical Officer Health Services Report	Dr. Townsend	7:45	
II.	A	MOTIONS FOR APPROVAL	LEAD	PG	TIME
A.	A	Review of March 11, 2026, PAC Minutes	Dr. Brennan	5	7:55
B.	A	Consent Review: Agenda Items II. B.1, B.2, B.5, B.6, and B.7 <i>*Consent review allows multiple agenda items to be approved with one motion.</i>	Dr. Brennan	13 - 99	7:58
1	C	<b>Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – March 18, 2026</b> <u>Acceptance of Meeting Materials</u> <ul style="list-style-type: none"> <li>• Internal Quality Improvement Meetings                             <ul style="list-style-type: none"> <li>• January 13, 2026 – Minutes (Final)</li> <li>• February 10, 2026 – Minutes (Final)</li> <li>• March 10, 2026 – Agenda</li> </ul> </li> <li>• Quality / Utilization Advisory Committee                             <ul style="list-style-type: none"> <li>○ February 18, 2026                                     <ul style="list-style-type: none"> <li>▪ Minutes (Draft)</li> </ul> </li> <li>○ March 18, 2026                                     <ul style="list-style-type: none"> <li>▪ Agenda</li> <li>▪ Motion Summary</li> <li>▪ Quality Improvement Update</li> </ul> </li> </ul> </li> </ul>	Dr. Brennan	13 25 30  30  40 42 45	7:58
<u><b>Special Presentations (not included in the packet, for reference only)</b></u> <ul style="list-style-type: none"> <li>• Cultural &amp; Linguistic Grand Analysis Presentation                             <ul style="list-style-type: none"> <li>○ 2025 C&amp;L/QIHETP Work Plan Final Update</li> <li>○ 2026 C&amp;L Work Plan</li> <li>○ 2025 C&amp;L Program Evaluation</li> </ul> </li> </ul>					

II.B	C	Consent Review: Agenda Items II. B.2, B.5, B.6, and B.7, <i>Continued</i>	LEAD	PG	TIME																																																
2	C	<table border="1" data-bbox="253 193 1078 1373"> <thead> <tr> <th colspan="2" data-bbox="253 193 1078 239"><i><u>Policies/Procedures/Guidelines for Action</u></i></th> </tr> </thead> <tbody> <tr> <th colspan="2" data-bbox="253 239 1078 285">Care Coordination</th> </tr> <tr> <td data-bbox="253 285 418 331">MPCD2013</td> <td data-bbox="418 285 1078 331">Care Coordination Program Description</td> </tr> <tr> <td data-bbox="253 331 418 378">MCCP2014</td> <td data-bbox="418 331 1078 378">Continuity of Care</td> </tr> <tr> <th colspan="2" data-bbox="253 378 1078 424">Population Health Management</th> </tr> <tr> <td data-bbox="253 424 418 470">MPND9002</td> <td data-bbox="418 424 1078 470">Cultural &amp; Linguistic Program Description</td> </tr> <tr> <th colspan="2" data-bbox="253 470 1078 516">Provider Relations</th> </tr> <tr> <td data-bbox="253 516 418 562">MPPR 210</td> <td data-bbox="418 516 1078 562">Provider Grievance</td> </tr> <tr> <th colspan="2" data-bbox="253 562 1078 609">Quality Improvement</th> </tr> <tr> <td data-bbox="253 609 418 655">MPQP1002</td> <td data-bbox="418 609 1078 655">Quality/Utilization Advisory Committee</td> </tr> <tr> <td data-bbox="253 655 418 701">MPQP1003</td> <td data-bbox="418 655 1078 701">Physician Advisory Committee (PAC) Policy</td> </tr> <tr> <td data-bbox="253 701 418 747">MPQP1004</td> <td data-bbox="418 701 1078 747">Internal Quality Improvement Committee</td> </tr> <tr> <td data-bbox="253 747 418 793">MPQG1005</td> <td data-bbox="418 747 1078 793">Adult Preventive Health Guidelines</td> </tr> <tr> <th colspan="2" data-bbox="253 793 1078 840">Transportation Services</th> </tr> <tr> <td data-bbox="253 840 418 915">MPTP2503</td> <td data-bbox="418 840 1078 915">Transportation-Related Travel Expenses, Lodging, Meals, Attendants, Parking and Tolls</td> </tr> <tr> <th colspan="2" data-bbox="253 915 1078 961">Utilization Management</th> </tr> <tr> <td data-bbox="253 961 418 1008">MCUG3024</td> <td data-bbox="418 961 1078 1008">Inpatient Utilization Management</td> </tr> <tr> <td data-bbox="253 1008 418 1054">MCUP3121</td> <td data-bbox="418 1008 1078 1054">Neonatal Circumcision</td> </tr> <tr> <td data-bbox="253 1054 418 1100">MCUP3124</td> <td data-bbox="418 1054 1078 1100">Referral to Specialist (RAF) Policy</td> </tr> <tr> <td data-bbox="253 1100 418 1155">MCUP3126</td> <td data-bbox="418 1100 1078 1155">Behavioral Health Treatment (BHT) for Members Under the Age of 21</td> </tr> <tr> <td data-bbox="253 1155 418 1201">MPUG3019</td> <td data-bbox="418 1155 1078 1201">Hearing Aid Guidelines</td> </tr> <tr> <td data-bbox="253 1201 418 1247">MPUG3031</td> <td data-bbox="418 1201 1078 1247">Nebulizer Guidelines</td> </tr> <tr> <td data-bbox="253 1247 418 1302">MPUG3110</td> <td data-bbox="418 1247 1078 1302">Evaluation and Management of Obstructive Sleep Apnea in Adults</td> </tr> <tr> <td data-bbox="253 1302 418 1356">MPUP3059</td> <td data-bbox="418 1302 1078 1356">Negative Pressure Wound Therapy (NPWT) Device/Pump</td> </tr> </tbody> </table> <p data-bbox="253 1415 795 1444"><i>All policies linked in Policy Summary, see page 59</i></p> <ul data-bbox="253 1453 682 1528" style="list-style-type: none"> <li data-bbox="253 1453 516 1482">• <a href="#">Policy Summary</a></li> <li data-bbox="253 1491 682 1528">• <a href="#">Detailed Synopsis of Changes</a></li> </ul>	<i><u>Policies/Procedures/Guidelines for Action</u></i>		Care Coordination		MPCD2013	Care Coordination Program Description	MCCP2014	Continuity of Care	Population Health Management		MPND9002	Cultural & Linguistic Program Description	Provider Relations		MPPR 210	Provider Grievance	Quality Improvement		MPQP1002	Quality/Utilization Advisory Committee	MPQP1003	Physician Advisory Committee (PAC) Policy	MPQP1004	Internal Quality Improvement Committee	MPQG1005	Adult Preventive Health Guidelines	Transportation Services		MPTP2503	Transportation-Related Travel Expenses, Lodging, Meals, Attendants, Parking and Tolls	Utilization Management		MCUG3024	Inpatient Utilization Management	MCUP3121	Neonatal Circumcision	MCUP3124	Referral to Specialist (RAF) Policy	MCUP3126	Behavioral Health Treatment (BHT) for Members Under the Age of 21	MPUG3019	Hearing Aid Guidelines	MPUG3031	Nebulizer Guidelines	MPUG3110	Evaluation and Management of Obstructive Sleep Apnea in Adults	MPUP3059	Negative Pressure Wound Therapy (NPWT) Device/Pump	Dr. Brennan	59 61	7:58
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3	C	<i>Pharmacy &amp; Therapeutics Committee</i>	<i>Dr. Stan Leung</i>																																																		
4	C	<i>Provider Education &amp; Networking (PEN) Meeting</i>	<i>Ms. Kerlin</i>																																																		
5	C	<b>Credentials Committee Meeting</b> <ul data-bbox="253 1717 695 1780" style="list-style-type: none"> <li data-bbox="253 1717 613 1747">• Summary, February 11, 2026</li> <li data-bbox="253 1747 695 1780">• Credentialed List, February 11, 2026</li> </ul>	Dr. Netherda	66 70	7:58																																																
6	C	<b>Pediatric Quality Committee</b> <ul data-bbox="253 1810 600 1839" style="list-style-type: none"> <li data-bbox="253 1810 600 1839">• Summary, February 3, 2026</li> </ul>	Dr. Ribordy	75																																																	
7	C	<b>Quality Improvement Health Equity Committee</b> <ul data-bbox="253 1881 587 1911" style="list-style-type: none"> <li data-bbox="253 1881 587 1911">• Summary, March 17, 2026</li> </ul>	Dr. Jalloh	80																																																	
C.	A	<i>Physician Advisory Committee Membership</i>	<i>Dr. Brennan</i>																																																		

<b>III.</b>	<b>I</b>	<b>REGIONAL MEDICAL DIRECTOR REPORTS</b>	<b>LEAD</b>		<b>TIME</b>
<b>A.</b>	<b>I</b>	<b>Napa, Yolo &amp; Solano</b>	<b>Dr. Townsend</b>		<b>8:05</b>
<b>B.</b>	<b>I</b>	<b>Marin &amp; Sonoma</b>	<b>Dr. Ward</b>		<b>8:08</b>
<b>C.</b>	<b>I</b>	<b>Del Norte, Humboldt, Mendocino &amp; Lake</b>	<b>Dr. Ribordy</b>		<b>8:11</b>
<b>D.</b>	<b>I</b>	<b>Glenn, Butte, Sutter, Colusa &amp; Yuba,</b>	<b>Dr. Matthews</b>		<b>8:14</b>
<b>E.</b>	<b>I</b>	<b>Siskiyou, Modoc, Shasta, Lassen, Trinity &amp; Tehama</b>	<b>Dr. Cox</b>		<b>8:17</b>
<b>F.</b>	<b>I</b>	<b>Plumas, Sierra, Nevada &amp; Placer</b>	<b>Dr. Morris</b>		<b>8:21</b>
<i>IV.</i>	<i>I</i>	<i>Committee Introduction</i>	<i>LEAD</i>	<i>PG</i>	<i>TIME</i>
<i>V.</i>	<i>I</i>	<i>Old Business</i>	<i>LEAD</i>	<i>PG</i>	<i>TIME</i>
<b>VI.</b>	<b>I</b>	<b>SPECIAL PRESENTATIONS</b>	<b>LEAD</b>	<b>PG</b>	<b>TIME</b>
<b>A</b>	<b>I</b>	<b>Proposed 2026 Perinatal QIP 6-month Bridge Measure Set</b>	<b>Troy Foster</b>	<b>97</b>	<b>8:25</b>
<b>B</b>	<b>I</b>	<b>Community Reinvestment- Review of Requirements and Funding Options</b>	<b>Dr. Jalloh</b>	<b>100</b>	<b>8:30</b>
<b>VII.</b>	<b>I</b>	<b>ADJOURNMENT</b>	<b>LEAD</b>		<b>9:00</b>
<b>Next PAC on May 13, 2026 at 7:30 a.m.</b>			<b>Dr. Brennan</b>		

This agenda contains a brief description of each topic for consideration. Except as provided by law, no action shall be taken on any topic not appearing on the agenda.

Government Code §54957.5 requires that public records related to items on the open session agenda for a regular committee meeting be made available for public inspection. Records distributed less than 72 hours prior to the meeting are available for public inspection at the same time they are distributed to all members, or a majority of the members of the committee. The committee has designated the Executive Assistant to the Chief Medical Officer as the contact for Partnership HealthPlan of California located at 4665 Business Center Drive, Fairfield, CA 94534, for the purpose of making those public records available for inspection.

The Physician Advisory Committee Agenda and supporting documentation is available for review from 8:00 AM to 5:00 PM, Monday through Friday at all Partnership regional offices (see locations under the Meeting Notice). It can also be found online at the [Physician Advisory Committee](https://www.partnershiphp.org/Physician-Advisory-Committee.aspx) webpage, linked below.

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

In compliance with the Americans with Disabilities Act (ADA), Partnership meeting rooms are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact the Executive Assistant to the Chief Medical Officer at least two (2) working days before the meeting at (800) 863-4155 or by email at [pac@partnershiphp.org](mailto:pac@partnershiphp.org). Notification in advance of the meeting will enable Partnership to make reasonable arrangements to ensure accessibility to this meeting and to materials related to it.

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

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

**Committee:** Physician Advisory Committee  
**Date / Time:** March 11, 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) Steven Gwiazdowski, MD (FF) Karen Sprague, MSN, CFNP (FF) Teresa Shinder, DO (FF) Matthew Zavod, MD (FF)	Candy Stockton, MD (E) Chris Myers, MD (E) Malia Honda, MD (E) Darrick Nelson, MD (R) Chester Austin, MD (C) John McDermott, FNP (C)	Danielle Oryn, DO (A) Derice Seid, MD (MCC) Mills Matheson, MD (OMM)	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  
Christina Lasich, MD

Members Absent: Vanessa Walker, DO  
Brian Montenegro, MD  
Karina Gookin, MD  
Zoe Cappe, MD

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	15/21 – PAC	Committee quorum requirements met (15).	03/11/26

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
I.A. Chief Executive Officer (CEO) Report	<p><b>Partnership’s Chief Health Services Officer provided the following report for Partnership activities on behalf of the Chief Executive Officer.</b></p> <ul style="list-style-type: none"> <li>• <b>Changes to MediCal RX</b> <ul style="list-style-type: none"> <li>• Medicaid program must require all prescribing providers to be enrolled as a participating provider in Medicaid Fee for Service Program through PAVE beginning June 30, 2026.</li> <li>• Members’ prescriptions will not be filled if the prescribing provider is not enrolled through the <a href="#">PAVE Provider Portal</a>.</li> <li>• This change effects over 75,000 prescribing providers writing prescriptions for more than four million MediCal members across California.</li> <li>• Healthplans across California, including Partnership, are providing feedback to Department of Health Care Services (DHCS) on potential avenues that may help member and provider communities.</li> <li>• Individual National Provider Identification (NPI) numbers must be registered with the PAVE portal, which takes 90-120 days to be set up in the system.</li> <li>• Providers registering now will likely make the cut off.</li> <li>• DHCS has been asked to provide a list of impacted members assigned to the health plans. Next steps for the list are yet to be determined.</li> <li>• In addition to claims and prescriptions, prior authorizations submitted by non-enrolled providers will also not be honored.</li> </ul> </li> <li>• <b>Upcoming DHCS Audit</b> <ul style="list-style-type: none"> <li>• DHCS will be auditing Partnership in April 2026 for the period covering July 2024 through December 2025.</li> <li>• Typical areas of focus are utilization management, operations, grievance and appeals, compliance, and population healthcare management.</li> <li>• A new focus for DHCS this year will be program integrity.</li> <li>• DHCS will be calling health centers and providers as a means to validate the provider directory. Providers should alert their front-line staff these calls are not a scam or span and be prepared to answer questions.</li> <li>• Partnership feels confident in its current systems, policies, and procedures in place and has been diligently preparing for the audit.</li> <li>• The Physician Advisory Committee is a key partner in the process of approving policies.</li> <li>• Although Partnership has had very few findings in past audits, this year’s audit is expected to reveal more findings than usual due to the expanded scope.</li> </ul> </li> <li>• <b>Changes to Membership</b> <ul style="list-style-type: none"> <li>• Partnership launched the <i>Keep your MediCal Campaign</i> on our social media web and Partnership website in concert with our community health centers and community-based organizations.</li> <li>• It is important right now that we get the word out to all MediCal beneficiaries to pay attention to their mail and keep their addresses updated within the MediCal system. They can go onto <a href="https://benefitscal.com">https://benefitscal.com</a> and do that at any time.</li> <li>• The first phase has to do with the uncertain immigration status (UIS) population. <ul style="list-style-type: none"> <li>• UIS individuals, if they have not responded to renewal information within 90 days after 31 December 2025, they will lose their full scope Medi Cal.</li> <li>• If they correct or adjust information within this 90-day period, they can keep their full scope Medi Cal.</li> <li>• If they do not, they will have pregnancy and emergency only services.</li> <li>• It is important they pay attention to all areas within the delivery system and health plans and providers interact with UIS members to encourage them to provide information.</li> </ul> </li> <li>• Work requirements will be launched for MediCal in both the county eligibility offices and throughout the state. <ul style="list-style-type: none"> <li>• CMS has not yet finalized the rules with regards to volunteer hours or what constitutes volunteer hours, and yet June and July are quickly upon us.</li> <li>• There is much activity by Partnership and DHCS in regard to a path for navigating these new requirements.</li> </ul> </li> </ul> </li> </ul> <p>Question: For those who move out of a Partnership county and worry about updating their mailing address and future coverage, how much time do they have to update before they must enroll with the new county to keep coverage?</p> <p><i>The transfer process takes about 45 days. Members who move must report the change of address as soon as possible to the county eligibility worker who can follow up and ask for urgent or expedited review if care is being delayed as a result. Other county health plans are required to extend service authorizations for continuity of care.</i></p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
I.B. Chief Medical Officer (CMO) Health Services Report	<p><b>Partnership’s Chief Medical Officer presented a brief update for Health Services.</b></p> <ul style="list-style-type: none"> <li>• <b>Increased Focus on Member Experience</b> <ul style="list-style-type: none"> <li>• Board of Commissioners will be focusing on Member Experience at upcoming Partnership April Board retreat.</li> <li>• A consultant from a nationally recognized consulting agency has been hired to look at entire Partnership portfolio of activities over the past several years related to member experience to provide advice on other areas of focus.</li> <li>• Member experience is especially important for CMS Consumer Assessment of Healthcare Providers &amp; Systems (CAHPS) adult satisfaction scores.</li> <li>• Adult CAHPS scores have been low after the COVID-19 pandemic and have not come up like the pediatric scores have.</li> <li>• Will be discussing with providers and PAC voting members methods for improving customer experience.</li> </ul> </li> <li>• <b>Regional Medical Director Forums</b> <ul style="list-style-type: none"> <li>• Seven forums will be held throughout Partnership’s service area.</li> <li>• Topics will include health policy and there will be a discussion with and presentation by legislative affairs at the forums.</li> <li>• Additional discussions are planned around a CMS-issues directive to the state Medicaid agency changing the quality metrics that they will oversee. <ul style="list-style-type: none"> <li>• Notably, <a href="#">vaccination measures have been removed from quality measures by CMS.</a> <ul style="list-style-type: none"> <li>• The <a href="#">Childhood Immunization Status Combination 10 (CIS-10)</a> is a measure which has ten different vaccines and has a threshold 50th percentiles, but only averages 26 % nationwide and measures how often children receive a second COVID-19 vaccination.</li> <li>• Previously, CMS and DHCS used a different measure which had seven different vaccines instead of ten, used today by Tribal health in Government Performance and Results Act (GPRA) reporting and is a better measure of core vaccines eliminating vaccines for influenza, hepatitis A, and rotavirus.</li> <li>• National Coalition for Quality Assurance (NCQA) does not require use of the CIS-10, and with CMS removing the requirement, Partnership stands to benefit from the change and shows rate about 70% for the core seven vaccines.</li> <li>• California Primary Care Association (CPCA) is the lobbying organization speaking to DHCS for change. DHCS is not opposed to change but will be evaluating further.</li> <li>• Recommendation is to speak with advocacy organizations, especially the California chapter of the American Academy of Pediatrics (AAP), for change throughout the state.</li> </ul> </li> </ul> </li> <li>• Developmental screening of children is another topic of focus. <ul style="list-style-type: none"> <li>• Spread across three age groups. <ul style="list-style-type: none"> <li>○ Three months to 12 months</li> <li>○ 12 months to 24 months</li> <li>○ 24 months to 36 months</li> </ul> </li> <li>• Screening is to be completed at least once within each age group.</li> <li>• Best practice is to complete at yearly well-child visit (WCV).</li> <li>• Scores for Partnership have been low but presented with administrative challenges in capturing specific code. If the code is not entered, it is not counted for the measure.</li> <li>• DHCS <a href="#">All Plan Letter 23-016</a> directs payments of \$59.90 for developmental screening as an incentive to capture data using CPT code 96110. <ul style="list-style-type: none"> <li>○ Despite the financial incentive, screening rates have remained low throughout California.</li> </ul> </li> <li>• Referral rates are also low for abnormal screenings leading to delays in next stage of evaluation for pediatric developmental disorders, delaying diagnosis of pediatric developmental disorder and subsequent treatment for early intervention.</li> <li>• Regional Center accountability for follow up is unclear as they are not controlled by the counties and also suffer from insufficient specialty staffing to complete evaluations. Regional Centers are funded by California Department of Developmental Services and California Department of Social Services, both subject to budget cuts under <a href="#">H.R.1.</a></li> <li>• Provider clinics have been discussing ways to overcome through in-house screening, diagnosis, treatment, and referrals.</li> </ul> </li> </ul> </li></ul>



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III.C. Status Update, Regional Medical	<p><b>Partnership’s Regional Medical Director for Lake, Mendocino, Humboldt, and Del Norte Counties presented a brief update on activities.</b></p> <ul style="list-style-type: none"> <li>• Sutter-Lakeside has plans to open a new site for pediatrics later this year.</li> <li>• Sutter-Lakeside and Lake County Tribal Health are discussing plans for a Tribal perinatal program in the future.</li> <li>• Mendocino Community Health Center is opening a new same-day clinic for its members, expanding access in the community.</li> <li>• Fresenius Kidney Care will be closing the McKinleyville site leaving only the one in Eureka.</li> <li>• Redwood Women's Health Center is looking into adding primary care.</li> </ul>
III.D. Status Update, Regional Medical	<p><b>Partnership’s Regional Director for Glenn, Butte, Sutter, and Colusa Counties presented a brief update on activities.</b></p> <ul style="list-style-type: none"> <li>• Colusa County Board of Supervisors had discussions regarding Colusa Medical Center and a potential sale or change in management group for the hospital, which Colusa County still owns.</li> <li>• March is Colorectal Cancer Awareness month. <ul style="list-style-type: none"> <li>• Tehama County in collaboration with UC Davis has focused efforts on screening.</li> <li>• Peach Tree Health joined a local colorectal surgeon for discussion at a local radio station for a Question &amp; Answer segment to discuss colorectal health.</li> </ul> </li> </ul>
III.E Status Update, Regional Medical	<p><b>Partnership’s Regional Director for Siskiyou, Modoc, Shasta, Lassen, Trinity, and Tehama Counties presented a brief update on activities.</b></p> <ul style="list-style-type: none"> <li>• Shasta Cascade Health Centers hired a new podiatrist, Dr. Richard Nielsen, who began seeing patients in January.</li> <li>• Shasta Medical Group is now contracted with Partnership to provide care.</li> <li>• Renewed Life Medical Group, an outpatient drug and addiction medicine clinic in Redding, has developed a partnership with the Shasta Community Health Center Health Outreach for People Everywhere (HOPE) Van helping provide medical care, including medication assisted treatment (MAT), to the unhoused population.</li> <li>• Mobile mammography is continuing through the area.</li> <li>• Simpson University is discussing adding a medical school in the future.</li> </ul>
III.F Status Update, Regional Medical	<p><b>Partnership’s Regional Director for Plumas, Sierra, Nevada &amp; Placer presented a brief update on activities.</b></p> <ul style="list-style-type: none"> <li>• Gratitude expressed to Tahoe Forest in Truckee for caring for victims of the recent avalanche as well as thoughts for those who experienced a loss of life.</li> <li>• Sacramento Valley Immunization Coalition held a kick-off event, sponsored in part by Partnership, bringing together providers from Placer, Nevada, El Dorado, Sacramento, and Yolo Counties to discuss vaccine hesitancy and share best practices. Dr. Jeffrey Silvers, Medical Director of Pharmacy/Therapeutics and Infection Prevention, Sutter Health and Jessica Malaty Rivera, Infectious Disease Epidemiologist and science communicator, led the discussions. Ms. Rivera was nominated for a Peabody Award for <a href="#">The COVID Tracking Project</a>, a three-part series of podcasts.</li> <li>• Three cases of measles were reported in Placer County. All cases were teenagers belonging to the same family who had recently returned from travel in South Carolina. The teens did not attend school and incident was isolated.</li> <li>• Regional Quality meeting was held and well attended by area providers.</li> <li>• Partnership Regional Medical Director forum will be held in Truckee on Friday, May 8, 2026, for those who would like to register.</li> <li>• Partnership’s Regional Medical Director will be attending Match Day with residency program directors in the area.</li> </ul>

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
IV. Partnership Committee Introduction	<p><b>Newest Physician Advisory Committee Member, Dr. Betzabel Kunkel, introduced herself to the committee.</b></p> <p>Dr. Betzabel Kunkel is the Medical Director of Behavioral Health and Psychiatry for CommuniCare+OLE, fluent in English and Spanish. She was raised in Long Beach, CA by a single mother and was a recipient of Medicaid as a child. She graduated from University of California Riverside. While in college, Dr. Kunkel participated in AmeriCorps and began an after-school tutoring program and karate instruction. She has a black belt and has competed internationally.</p> <p>Before beginning her career in medicine, she was a high school teacher for the AVID program at Arlington High School where she developed and instructed the TIERRA Program. She became interested in a career in medicine so she could answer the questions her students would ask and could not answer in her teaching role. She attended her post-baccalaureate studies at UC Davis, where she was an anatomy lab instructor for Dr. Douglas Gross before she was accepted into the UC Davis School of Medicine. Her first year of residency was in Family Medicine, while her second year combined Psychiatry and Family Medicine. She thanks Dr. Mark Servis and Dr. Thomas Balsbaugh for their support in securing one of 12 spots for categorical residency. She joined CommuniCare+OLE and started the first MAT program in Yolo County. Other accolades include:</p> <ul style="list-style-type: none"> <li>• Volunteer Clinical Faculty for UC Davis ACE- PC (Accelerated Competency-based Education) Program for Psychiatry</li> <li>• UCSF/UC Davis clinical instructor for the PMHNP (Psychiatric Mental Health Nurse Practitioner) Program</li> <li>• Completed the UC Davis Train the Trainer: Primary Care Pain Management Fellowship</li> <li>• Medi-Cal Contract Drug Advisory Committee Member through 2025</li> <li>• Partnership Advisory Committee Member 2026</li> </ul> <p>Dr. Kunkel got married and became a mother to two sons during her residency. Her family enjoys travel and water activities, namely surfing at Lake Tahoe and white-water rafting. She also loves gardening and maintains a community garden.</p> <p>Dr. Kunkel also shared efforts by CommuniCare+OLE addressing pediatric screenings with expanded services. Dr. Veronica Alexander is looking into screening for Autism Spectrum Disorder (ASD) in collaboration with UCSF's program, which requires supervision.</p> <p>Partnership's CMO shared a webinar on the topic of childhood development screening will be in the works and shared at a later date.</p>
<i>V. Old Business</i>	<i>None</i>
VI. Around the Room, Member Experience from a Health Plan Perspective	<p><b>Partnership's CMO guided an around the room discussion focused on the member experience from a health plan perspective.</b></p> <p>A member survey, sanctioned by NCQA, goes out to members each year. The response rate is low with roughly only 400 responses with unequal representation throughout all 24 counties in Partnership's network. DHCS send an additional survey every year. The results of both surveys are comparable. Partnership also surveys large provider groups offering primary care for more than 1,000 members. The responses from that survey are usually between 7,000 and 8,000 to see what is happening at the provider level by organization rather than individual site. The results of the surveys show Partnership has scored below average in satisfaction for adults. The questions on the survey can be categorized into three parts:</p> <ul style="list-style-type: none"> <li>• What do members think of the health plan?</li> <li>• How is their interaction with the health plan?             <ul style="list-style-type: none"> <li>○ Phone access, specialty care access, primary care access, appointment availability and how quickly a member can be seen.</li> </ul> </li> <li>• How is communication with clinic office staff and providers?</li> </ul> <p style="text-align: center;">Partnership's CMO asked attending providers, <i>"What do you do to encourage a good customer experience?"</i></p>

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VI. Around the Room, Member Experience from a Health Plan Perspective	<p><b>Dr. Chris Meyer of United Indian Health Service (UIHS)</b></p> <p>UIHS has a very active board who are also patients who share feedback openly. Having a solid feedback loop is essential to high scores.</p> <p><b>Dr. Chester Austin of Northern Valley Indian Health (NVIH)</b></p> <p>Internal surveys reveal high scores. NVIH has a fairly active approach to customer service and monitoring that is accessible to patients for comments, concerns, and complaints. If the issue is not immediately resolved on site, it is given to the Quality team and processed. NVIH is able to see trends over time that are reported back to the Board. The number of complaints is evaluated against the number of appointments and tracked over time to see if a certain site needs more support and a site meeting where customer service is discussed and the best possible care is provided. The internal survey asks questions along the lines of:</p> <p><i>“How was your overall experience? Were the staff as supportive and welcoming as you expected them to be? Was your service provided without bias (exact wording unknown)? Were you able to get a service or an appointment scheduled at a convenient time? Did you feel comfortable asking the staff questions?”</i></p> <p><b>Dr. Angela Brennan of NorthBay Health</b></p> <p>NorthBay Health has been hiring many new physician and nurse practitioner providers roughly one year before their residency ends. They are beginning to treat patients and improve access. NorthBay has a unique system where many providers are independent contractors allowed to practice independently. New patients often turn to providers based on word of mouth. Those wanting to see a specific provider will book an appointment a year in advance. Access and appointment times are an issue. The patient portal is excellent and many are directed to use the portal for direct messaging and booking appointments. Messaging can help prevent unnecessary appointments. Patients at NorthBay are often redirected to alternate ways of seeking care. Integration is important for large integrations using call centers as is patient education for using the portal for in-person appointments, messaging, and telehealth appointments. NorthBay is moving towards EPIC electronic medical record (EMR) with hopes of more integration. “Secret shoppers” are answer questions such as,</p> <p><i>“Was eye contact made when entering the waiting room? Were you verbally addressed within 30 seconds or acknowledged?”</i></p> <p>People are graded and reviewed if that is not done. There was a large push for approachability and friendliness with scripts and incentives for good scores.</p> <p><b>Dr. Betza Kunkel of CommuniCare+OLE</b></p> <p>Using the EMR has been helpful as well as having a robust support staff of nurses, medical assistants, care coordinators, expanded case managers, and front office staff for integration of behavioral health with primary care. The team approach has made a big difference.</p> <p><b>Dr. Darrick Nelson of Shasta Regional Medical Center</b></p> <p>Shared the challenges of deploying a new AI integrated phone system named “Emily.” Emily is able to detect if someone speaks Spanish and then responds in Spanish, but there have been times it has responded in Spanish when callers speak English. The phone system has been operating for just over a month and is still in the process of learning.</p>

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VI. Around the Room, Member Experience from a Health Plan Perspective	<p><b>Room discussion:</b></p> <p>The feedback loop of Board engagement and the democratic governance structure was seen as a strength within Tribal health centers. The time it takes to address and implement change was presented as a challenge to meet.</p> <p>For those clinics who do not use EPIC EMR, there are still benefits to leveraging technology for a seamless experience and improving access.</p> <p>Partnership’s Senior Director of Quality Improvement asked voting members who have staff with excellent customer service and communication skills to share their best practices that make them successful. Patients talk to each other and share experiences. The tone with which a question is asked can make a big difference to a patient’s experience.</p>
AGENDA ITEM	ADJOURNMENT
PAC adjourned at 8:48 a.m.	<p style="text-align: center;"><b>Next Physician Advisory Committee announced for March 11, 2026.</b></p>

**For Signature Only**

The foregoing minutes were APPROVED AS PRESENTED on \_\_\_\_\_  
Date \_\_\_\_\_  
**Angela Brennan, D.O., Committee Chairperson**

The foregoing minutes were APPROVED WITH MODIFICATION on \_\_\_\_\_  
Date \_\_\_\_\_  
**Angela Brennan, D.O., Committee Chairperson**

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
INTERNAL QUALITY IMPROVEMENT (IQI) COMMITTEE MEETING MINUTES**

Tuesday, Jan. 13, 2026 / 1:32 – 3:29 PM

**Members Present:**

Barresi, Katherine, RN, BSN, PHN, NE-BC, CCM, Chief Health Services Officer  
Bides, Robert, RN, BSN, Manager of Member Safety – Quality Investigations, QI  
Bontrager, Mark, Sr. Director of Behavioral Health, Behavioral Health  
Brincko, Aaron, Director, Provider Relations  
Brown, Isaac, MHA/MBA, Sr. Dir. of Q & P Improvement  
Brunkal, Monika, RPh, Assoc. Dir., Population Health  
Campbell, Anna, MPH, Policy Analyst, Utilization Management  
Esget, Heather, RN, BSN, ACM, Director of Utilization Management  
Gast, Brigid, MSN, BS, RN, NEA-BC, Sr. Director, Care Management  
Gual, Kristine, PMO, CPHQ, Director of Quality Measurement, QI

Hightower, Tony, CPhT, Associate Director, UM Regulations  
Innes, Latrice, Manager of Grievance & Appeals Compliance  
Leung, Stan, Pharm.D, Director of Pharmacy Services  
Moore, Robert, MD, MPH, MBA, Chief Medical Officer, Committee Chair  
Netherda, Mark, MD, Medical Director for Quality, Committee Vice-Chair  
Newman, Rachel, RN, BSN, Manager, Clinical Compliance – Quality Inspections  
Randhawa, Manleen, Senior Health Educator, Population Health  
Ruffin, DeLorean, DrPH, MPH, Director of Population Health  
Townsend, Colleen, MD, Regional Medical Director (Southeast)  
Vaisenberg, Liat, Director of Health Analytics, Finance

**Members Absent:**

Andrews, Leigha, MBA, Regional Director (Southwest)  
Ayala, Priscila, Director of Network Services  
Bjork, Sonja, JD, Chief Executive Officer  
Brundage O’Connell, Lisa, MHA, Director of Enhanced Health Services  
Davis, Wendi, Chief Operating Officer  
Jalloh, Mohamed “Moe,” Pharm.D, Health Equity Officer  
Jones, Kermit, MD, JD, Deputy CMO & Medical Director for Medicare Services

Klakken, Vicki, Regional Director (Northwest)  
Matthews, Richard “Doug,” MD, Regional Medical Director (Chico)  
Sharp, Tim, Regional Director (Northeast)  
Turnipseed, Amy, Senior Director of External and Regulatory Affairs  
Villasenor, Edna, Senior Director, Member Services and G&A  
Ward, Lisa, MD, Regional Medical Director (Southwest)  
YoungStone, Kelly, RN, Director of Care Coordination, Care Coordination

**Guests:**

Akintan, Folo, MBBS/MD MPH MBA, Epidemiologist, Population Health  
Allen, Angier, Senior Data Scientist I, Finance  
Arguello, Amanda, Lead Trainer, Network Services  
Bikila, Dejene, Manager of Data Science, Finance  
Booth, Garnet, Senior Program Manager, Provider Relations  
Boyle, Shannon, RN, Manager, Care Coordination Regulatory Performance  
Chiang, Yuen, Program Manager I, Utilization Management  
Clark, Kristen, Manager, Quality & Training, Member Services  
Devan, James, Sr. Mgr. of Performance Improvement, QI (Redding)  
DeVido, Jeff, MD, Behavioral Health Clinical Director  
Durst, Jennifer, Sr. Mgr. of Performance Improvement, QI (Santa Rosa)  
Enos, Mary, Director, Member Services Enrollment  
Flournoy, Candi, Project Manager II, QI  
Foster, Troy, Program Manager II, QI  
Harris, Vander, Senior Health Data Analyst I, Finance  
Hendrix, Hillary, Exec. Asst. to the Sr. Dir. of Behavioral Health  
Isola, Brandy, Manager of Performance Improvement, QI (Chico/Auburn)  
Kim, Amanda, Improvement Advisor, QI (Redding)  
Kubota, Marshall, MD, Associate Medical Director  
Kulkarni, Shreya, JD, Policy Analyst, Regulatory Affairs & Compliance (RAC)

Kung, Jen, Senior Health Data Analyst II, Finance  
Lee, Donna, Manager of Claims, Claims  
Ocampo, Andrea, Pharm.D, Clinical Pharmacist, Pharmacy  
O’Leary, Hannah, Manager of Population Health, Population Health  
Moore, Jordan, Education Specialist, Provider Relations  
Muncy, Kellie, Mgr of Change Management & Configuration, Configuration  
Nguyen, Tom, Manager of Health Analytics, Finance  
Rathnayake, Russ, Senior Health Data Analyst I, Finance  
Rednic, Hanny, Program Manager I, UM  
Roach, Erika, Program Manager II, Network Services  
Salehi, Tiphonie, Sr. Health Data Analyst I, Finance  
Seale, J’aime, PR Lead, Network Services  
Sivasankar, Shivani, Sr Data Scientist, Health Analytics, Finance  
Smith, Christine, Community Health Needs Liaison, Population Health  
Spiller, Bettina, MD, Associate Medical Director  
Stites, Jaylyn, Program Manager II, Provider Relations  
Thomas, Andrea, Project Manager I, QI  
Thomas, Penny, Senior Health Data Analyst I, Finance  
Vance, Brooke, Program Manager I, Network Services  
Vij, Namita, Program Manager II, Enhanced Health Services  
Yu, Fei, Senior Data Scientist I, Finance

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<p><b>I. Call to Order</b></p> <ul style="list-style-type: none"> <li>• Introductions</li> <li>• Approval / Acceptance of Minutes</li> </ul>	<p>Chief Medical Officer Robert Moore, MD, MPH, MBA called the meeting to order at 1:32 p.m. from the Redding-Airpark office. He congratulated UM Policy Analyst Anna Campbell on receiving her MPH degree in December. He also thanked Amy McCune, who was departing Partnership Jan. 15, for her work ably leading the Quality Incentive Program team, remarking “the QIP team is in a very strong place.”</p> <p>Approval of the Nov. 11, 2025 IQI Minutes</p> <ul style="list-style-type: none"> <li>• Acknowledgment and Acceptance of the draft minutes of the                             <ul style="list-style-type: none"> <li>○ Nov. 13, 2025 Substance Use Internal Quality Improvement (SUIQI) Committee</li> <li>○ Nov. 20, 2025 Member Grievance Review Committee (MGRC)</li> </ul> </li> </ul> <p>Anna Campbell noted <b>an incorrect policy number was cited in the capture of the MCUG3038 discussion. This is now corrected as “Relevant language in the archiving MPUP3051 is now incorporated in this policy.”</b></p>	<p>Motion to <b>approve IQI Minutes as amended:</b> Issac Brown Second: Kristine Gual</p> <p>Motion to <b>accept other minutes:</b> Mark Netherda, MD Second: Kristine Gual</p> <p>The corrected and approved November 2025 IQI minutes have been submitted to Regulatory Affairs for transmission to the Department of Health Care Services (DHCS).</p>
<b>II. Old Business</b>		
<p><u>Sutter’s Non-Participation in Last 3NA Survey</u></p> <p>In follow-up to the 3NA (3<sup>rd</sup> Next Available) Survey presented at November IQI and Q/UAC, Director of Provider Relations Aaron Brincko reported that Sutter representatives told him that they do not object to participating in Partnership’s future such surveys; however, they will not agree to cooperate with any Corrective Action Plan (CAP) that Partnership might impose because Sutter is fee-for-service and not capitated. Medical Director for Quality Mark Netherda, MD, commented that local health departments in counties where Sutter operates have reported similar lack of cooperation. Dr. Moore noted that participation in the 3NA is a regulatory requirement and that if this situation persists, the matter may need to be escalated to Legal.</p>		
<p><u>MCUP3041-A TAR Requirements List</u></p> <p>Dr. Moore noted that, after thinking about the implications for National Committee for Quality Assurance (NCQA), we have decided to reverse course on one modification made to this list in November: <b>Repetitive Transcranial Magnetic Stimulation (rTMS) then added as item HH is now removed. Partnership will NOT require a TAR for TMS</b>, so Configuration will need to undo any related work it may have done.</p>		
<b>III. New Business Consent Calendar</b> (Committee Members as applicable)		
<p><b>Health Services Policies</b></p> <p><u>Behavioral Health</u></p> <p>MPBP8003 – Mental Health Services</p> <p><u>Care Coordination</u></p> <p>MCCP2025 – Pediatric Quality Committee Policy</p> <p>MCCP2035 – Local Health Department (LHD) Coordination – <i>pulled</i></p> <p>MPCP2006 – Coordination of Services for Members with Special Health Care Needs (MSHCNs) and Persons with Developmental Disabilities</p>	<p>Motion to <b>approve the slate without the four pulled policies:</b> Mark Netherda, MD Second: Anna Campbell</p> <p><u>Next Steps:</u> All Health Services policies but Pharmacy will go to the Jan. 21 Quality/ Utilization</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p><u>Enhanced Health Services</u>  MCAP7001 – CalAIM Service Authorization Process for Enhanced Care Management (ECM) and/or Community Supports (CS)</p> <p><u>Health Equity</u>  MCEP6002 – Quality Improvement and Health Equity Committee (QIHEC)</p> <p><u>Pharmacy</u>  MPRP4001 – Pharmacy &amp; Therapeutics (P&amp;T) Committee – <i>pulled</i></p> <p><u>Quality Improvement</u>  MPQP1018 – Preventive Health Guidelines – <i>pulled</i>  MPQP1053 – Peer Review Committee</p> <p><u>Utilization Management</u>  MCUG3022 – Incontinence Guidelines  MCUP3052 – Medical Nutrition Services – <i>pulled</i>  MCUP3104 – Transplant Authorization Review  MCUP3113 – Telehealth Services  MPUP3006 – Appropriate Service &amp; Coverage (Over/Under Utilization)  MPUP3129 – Podiatry Services</p> <p><b>Non-Health Services Policies</b></p> <p><u>Member Services</u>  MP300 – Member Notification of Provider Termination or Change in Location</p> <p><u>Network Services - Credentialing</u>  MPCR11 – Credentialing of Community Health Worker (CHW) Supervising Providers  MPCR20 – Medi-Cal Managed Care Plan Provider Screening and Enrollment  MPCR100 – Credential and Re-credential Decision Making Process</p> <p><b>Anna Campbell pulled</b> MCCP2035, MPRP4001, MPQP1018, MCUP3052 to comment or ask clarifying questions.</p> <ul style="list-style-type: none"> <li>• <u>MCCP2035</u>: With changing Center for Disease Control guidance, we probably do not want to suggest providers continue to follow the CDC’s Advisory Committee on Immunization Practices (ACIP) guidelines. Dr. Moore agreed. <b>VI.C.5.a. 1) is amended to read “Assess the Member’s need for EPSDT medically necessary services using the American Academy of Pediatrics Periodicity Table and childhood vaccination schedule.” Dr. Netherda noted Reference E therefore should be struck and IQI agreed. Kristine Gual/Katherine Barresi, RN</b></li> <li>• Should CDC references in <u>MPRP4001</u> be altered? Dr. Netherda expressed reluctance to do so at this time, and Dr. Moore agreed. <b>Approved as presented: Mark Netherda, MD/Kristine Gual</b></li> <li>• Should CDC mention change at in <u>MPQP1018</u>’s VI.A.1.b.? Dr. Moore cautioned against getting ahead of ourselves. <b>Approved as presented: Mark Netherda, MD/Kristine Gual</b></li> <li>• A new update to <u>MCUP3052</u> was circulated by email this morning with Dr. Colleen Townsend’s approval. The revision includes the additions of MCUG3118 – Prenatal &amp; Perinatal Care to the Related Policies section. Three definitions were also added: the Comprehensive Perinatal Services Program (CPSP), the Partnership HealthPlan Perinatal Services (PHPS), and “Perinatal services are defined as pregnancy-related services given before and during delivery and for a period of 12 months following delivery.” Some codes, which Dr. Moore noted were necessary to contract with our Registered Dietitians, were also in the emailed revision. <b>Approved as amended: Kristine Gual/Mark Netherda, MD</b></li> </ul>	<p>Advisory Committee (Q/UAC) and thereafter to the Feb. 11 Physician Advisory Committee (PAC). MPRP4001 will go to P&amp;T before moving to PAC Feb. 11.</p> <p>Network Services’ three policies will finish at the Feb. 11 Credentials Committee.</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<b>IV. New Business – Discussion Policies</b>		
<b>Policy Owner: Care Coordination – Presenter: Aryana Cunningham, Policy Analyst, Care Coordination</b>		
MCCP2031 – Private Duty Nursing under EPSDT	<p><b>Policy edits due to Annual Review</b></p> <p><b>Related Policies updated:</b> MCUG3011 renamed to MPUG3011</p> <p><b>Definition updated:</b> Whole Child Model (WCM): A comprehensive program for the whole child encompassing providing comprehensive diagnostic and treatment services and care coordination in the areas of primary, specialty, and behavioral health for any pediatric Member with CCS eligible conditions insured by Partnership.</p> <p><b>VI.E.7. removed:</b> Partnership reserves the right to limit hours as follows:</p> <ol style="list-style-type: none"> <li>a. Limit approved skilled nursing care provided by a Home Health Agency (HHA) to a maximum of 22 hours/day, and/or</li> <li>b. Limit approved skill nursing care provided by an Individual Nurse Provider (INP) to a maximum of 11 hours/day per INP</li> </ol> <p><b>VI.E.7 added:</b> In keeping with this requirement, Partnership reserves the right to limit hours based on medical necessity and provider evaluation, inclusive but not limited to skilled nursing care provided by a Home Health Agency (HHA) and/or an Individual Nurse Provider (INP).</p> <p><b>References added:</b> National Committee for Quality Assurance (NCQA) Health Plan Standards. Quality Management and Improvement 3 Continuity and Coordination of Care</p> <p>A word may be missing from the WCM definition as presented, and Shannon Boyle, RN, noted the qualifier may be realigned. <b>“2025” will be dropped from the NCQA reference as there were no new Health Plan Accreditation (HPA) Standards released in 2025.</b> A 2026 release is expected any day.</p>	<p><i>There were no questions.</i></p> <p><b>Motion to approve as amended:</b> Kristine Gual Second: Isaac Brown</p> <p><u>Next Steps:</u> Jan. 21 Q/UAC Feb. 11 PAC</p>
MPCP2018 – Advice Nurse Program <i>(previously MCCP2018)</i>	<p><b>Policy edits due to APL 25-006 Timely Access Requirements</b></p> <p><b>Related Policies added:</b> MCND9001 – Population Health Management Strategy and Program MCND9002 – Cultural and Linguistic Program Description</p> <p><b>Definition added:</b> Partnership Advantage (PA)</p> <p><b>VI.A. added</b> Partnership Advantage Members</p> <p><b>VI.H.5 added:</b> DHCS verifies the wait times for the Advice Nurse Services line through the Timely Access Survey. DHCS provides the results to Partnership quarterly and compiles the quarterly results into an annual result provided to Partnership by the second quarter of the subsequent measurement year.</p> <ol style="list-style-type: none"> <li>a. 24/7 Nurse Triage Line: All inquiries must receive a response within 30 minutes. A minimum performance threshold of 90% compliance is required.</li> </ol> <p><b>References added:</b> CalAIM Dual Eligible Special Needs Plans Policy Guide – Contract Year 2026 (September 2025)</p>	<p><b>Motion to approve as presented:</b> Mark Netherda, MD Second: Brigid Gast, RN</p> <p><u>Next Steps:</u> Jan. 21 Q/UAC Feb. 11 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>DHCS APL 25-006 Timely Access Requirements (<i>Revised 11/18/2025</i>)</p> <p>Anna Campbell asked if any timely access policy in Provider Relations should be referenced in this policy. Dr. Moore said no.</p>	
<b>Policy Owner: Enhanced Health Services – Presenter: Namita Vij, Senior Program Manager, EHS</b>		
<p>MPAP7003 – CalAIM Community Supports (CS)</p>	<p><b>This policy was last at PAC on Nov. 11, 2026. The Policy Guide called for new updates that went live Jan. 1, 2026. This policy will come back again in 2026 with a new Partnership policy for Transitional Rent after DHCS approves its new CalAIM Policy Guide Volume 2 in development. It will also include final referral requirements, which may change the eligibility updates made today.</b></p> <p>The Related Policies section is updated.</p> <p><b>VI.F.1-5:</b> Updated eligibility requirements for “Housing Trio” – Housing Transition Navigation Services (HTNS), Housing Deposits, and Housing Tenancy and Sustaining Services (HTSS) – Short-Term Post-Hospitalization Housing (STPHH), and Recuperative Care (Medical Respite – Room and Board Service) per the DHCS Policy Guide, Vol 2 (April 2025).</p> <p><b>VI.F.6:</b> Eligibility criteria are moved to the beginning of the Medially Tailored Meals/Groceries (MTH/G) section.</p> <p><b>References:</b> DHCS Policy Guides Volumes 1 and 2 are separated for ease of hyperlinked access.</p>	<p><i>There were no questions.</i></p> <p><b>Motion to approve as presented:</b> Isaac Brown Second: Mark Netherda, MD</p> <p><u>Next Steps:</u> Jan. 21 Q/UAC Feb. 11 PAC</p>
<b>Policy Owner: Pharmacy – Presenter: Andrea Ocampo, Pharm.D, Clinical Pharmacist</b>		
<p>MCRP4068 – Medical Benefit Medication TAR</p>	<p><b>Policy edits due to APL 25-013 Medi-Cal Rx Pharmacy Benefits, and Cell and Gene Therapy (CGT) Coverage (09/18/2025 superseding APL 22-012) and NCQA UM 10 Element E.</b></p> <p><b>Section III.D:</b> Added definition of CGT Access Model.</p> <p><b>Section III.K:</b> Added definition of PAD (Physician-Administered Drug) Formulary Exception.</p> <p><b>Section VI.C</b> Added that Members can coordinate with their practitioner to send Partnership a request for physician-administered drugs that are not on the list of covered pharmaceuticals or exceptions to utilization management requirements based on medical necessity. Practitioners may submit the request on behalf of the member and should include information with the request that explains why an exception is requested along with appropriate clinical information to support the request.</p> <p><b>Section VI.D:</b> Updated to include that Partnership has specific criteria used to determine medical necessity and clinical appropriateness for PAD TAR review.</p> <p><b>Section VI.D.1:</b> Added examples of clinical documentation to be furnished to establish medical necessity for TAR review.</p> <p><b>Section VI.D.4.d:</b> Added that only Clinical Pharmacists, the CMO or a Physician Designee have the authority to deny a TAR or exception request for PADs where the determination requires clinical judgement.</p> <p><b>Section VI.D.6.g:</b> Added examples of member characteristics that are considered during TAR review.</p> <p><b>Section VI.D.6.h:</b> Added “Based on consideration of available services in the local delivery system and their ability to meet the member’s specific health care needs, when Partnership criteria are applied.”</p>	<p><b>Motion to approve as presented:</b> Kristine Gual Second: Colleen Townsend, MD</p> <p><u>Next Steps:</u> Jan. 15 P&amp;T Committee Feb. 11 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p><b>Section VI.E:</b> Added language to clarify that the time frames also apply to exception requests. Updated time frames to 24 hours for all types of requests.</p> <p><b>Section VI.G:</b> Added that all Adverse Benefit Determinations (ABDs) due to medical necessity (regardless if the request is for a PAD that requires a TAR or a PAD formulary exception request) have the same internal and external appeal processes as denials for other services. Added that the notification includes the reason for the denial and an explanation of the appeal process.</p> <p><b>Section VI.I.e.:</b> Added the following changes as pursuant to APL 25-013-CGT therapy coverage:</p> <ul style="list-style-type: none"> <li>• Therapies pursuant to the CGT Access Model are excluded from the Partnership medical drug benefit.</li> <li>• Partnership will be responsible for care coordination and assisting members with accessing CGT sickle cell disease medications, all associated outpatient or inpatient medical services and non-medical ancillary services that support members through their CGT treatments,</li> <li>• Partnership will be responsible for Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services and related travel expenses to the CGT Access Model as applicable</li> </ul> <p><b>Section VII References:</b> Added references for DHCS APL 25-013</p> <p>Anna Campbell questioned changes in some decision time frames as this has not been done in UM. Director of Pharmacy Stan Leung, Pharm.D, noted the change is to accommodate NCQA and is only for PADs, not UM medical decisions; however, Dr. Moore said that eventually UM and Pharmacy docs will need to sync. He suggested that UM make the change when it next updates its Program Description.</p>	
<p><b>Policy Owner: Quality</b> – <i>Presenter: Rachel Newman, RN, Manager, Member Safety – Quality Inspections Team</i></p>		
<p>MCQP1022 – Site Review Requirements and Guidelines – <i>there are no changes to Attachments A-E, so for brevity they were not included in the packet except by hyperlink</i></p>	<p>This policy is coming back ahead of its annual review in large part to accommodate UM’s MCUP2033 – Urgent Care Services policy changes on today’s agenda. Accordingly, MCQP1022’s attachments will now include review tools relevant to urgent care. Additional changes have been made to improve the workflow of the policy and be more inclusive of the additional reviews performed by the Site Review team.</p> <p><b>Section III Definitions added:</b> “Supplemental Facility,” and Free-Standing Urgent Care Center</p> <p><b>Attachment F</b> – the Non-Accredited Facility Site Review Tool – has minor updates on questions for flow and process. <b>Note: this Tool will no longer be used for Urgent Care.</b></p> <p><b>Old Attachments J and L</b> – Master Trainer Certification and Provider Certificate, respectively – <b>are being archived. Others are being reordered and thus relettered</b> (e.g., the old K – Interim Compliance Self-Assessment – is now the new N). <b>Attachments G-K below are new additions:</b></p> <ul style="list-style-type: none"> <li>G. Free Standing Urgent Care Clinic Facility Site Review Tool</li> <li>H. Urgent Care Medical Record Tool</li> <li>I. PCP Providing Urgent Care Facility Site Review Tool</li> <li>J. Palliative Care Facility Site Review Tool</li> <li>K. Palliative Care Medical Record Review Tool</li> <li>M. Supplemental Tool (<a href="#">previously Attachment I</a>)</li> </ul> <p><b>Section VI Policy /Procedure is entirely reformatted for ease of reading.</b> Therein, these additions or changes have been made:</p> <ul style="list-style-type: none"> <li>• “Supplemental Sites” added as language to be more inclusive in required site reviews. (p.1)</li> </ul>	<p><b>Motion to approve as amended:</b> Kristine Gual Second: Isaac Brown</p> <p><u>Next Steps:</u> Jan. 21 Q/UAC Feb. 11 PAC</p> <p><i>Meeting Postscript:</i> After Q/UAC met, Rachel agreed with Staff that more work needs to be done aligning the attachments, so this policy will come back to February IQI and Q/UAC before going to March 11 PAC. Rachel also agreed to reformat Section VI according to the usual outline, so the policy will be presented both in redline and clean copies.</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<ul style="list-style-type: none"> <li>• Sites with a failed review will be placed on an annual review.</li> <li>• “Any site review concerns that reveal significant quality of care issues will be forwarded to the Chief Medical Officer or the Quality Medical Director for Quality for further guidance.” (p. 3)</li> <li>• Partnership expanding to a new service area. Language is removed and now points to APL 20-017 for guidance.</li> <li>• Facility Site Review (FSR) Scoring language on Critical Elements (CEs) is updated (p. 4)</li> <li>• Medical Record Review (MRR) Scoring language is updated (p. 5): “If the minimum number of records is not available, Partnership will document the rationale and complete the MRR with the available records.”</li> <li>• Partnership’s Certified Master Trainer (CMT) will recertify CSRs every three years. Upon certification and recertification, Site Reviewers will receive written verification of certification from Partnership. (p. 8)</li> <li>• Obstetric Specialists and Non-Accredited Sites have been bundled and FSR and MRR language augmented under section “Specialized Site Reviews” (pp. 9-10) These are followed by additional MMR language pertaining to Free Standing Urgent Care Clinics (p. 10), and “PCP providing Urgent Care Services” (p. 10) “A Palliative Care report is run monthly by the Inspections Site Review Team.” (p. 10)</li> </ul> <p>Removed section under Non-Accredited site reviews. These reviews do not fit within the Site Review scope. Sites removed include Hospitals, Skilled Nursing Facilities, Ambulatory Behavioral Health Facilities, Free Standing Surgical Centers. Originally was going to place a “rural section” but felt it was more accurate to completely remove. These sites will require accreditation.</p> <p>Rachel went through the synopsis, saying she rearranged Section VI, Policy/Procedure for better flow. Anna Campbell asked if MPCR17 and MPCR700 should not be added as Related Policies. Rachel had no objections, but no such amendment was made. In answer to a question from Dr. Townsend, <b>Rachel agreed to amend the Non-Accredited Site Review examples in the policy itself to include free-standing birthing centers, and to likewise amend p. 1 of Attachment F. “Free-standing urgent care center” is defined in the policy and will be added to policy section Specialized Reviews.</b></p>	
<b>Policy Owner: Utilization Management – Presenter: Tony Hightower, CPhT, Associate Director, UM Regulations</b>		
MCUP3034 – PCP-to-PCP Transfers & Assignment of New members to PCP	<p>During the annual review of this policy at the department level, there was discussion regarding continuity of services for pregnant Members. Dr. Moore recommended seeking comments at IQI for language at VI.A.3.</p> <p><b>Section III. B. and C.</b> Definitions of Medical Home and Whole Child Model were updated to match recent updates made by Member Services for “Medical Home” and Care Coordination for “Whole Child Model.”</p> <p><b>Section IV.</b> Appendix A was removed and the language was brought into the body of the policy at VI.A.3. instead.</p> <p><b>Section V.</b> The Purpose section was updated to specify “Primary Care Provider” transfers</p> <p><b>Section VI.A.3.</b> Guidelines for Determining Medical Stability Prior to PCP Transfer that were previously shared in Appendix A were brought into the body of the policy at this section. When doing so, it was noticed that we had a discrepancy in our recommendations for pregnant Members with one recommendation being 28 weeks and the other being 32 weeks as the threshold for when a pregnant Member is considered “unstable” for PCP transfer. The policy was updated to reflect that a Member would be considered unstable for PCP transfer from the 33rd week of pregnancy until 8 weeks postpartum.</p>	<p><b>Motion to approve as amended:</b> Kristine Gual Second: Isaac Brown</p> <p><u>Next Steps:</u> Jan. 21 Q/UAC Feb. 11 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p><b>Section VI.A.5.</b> Redundant language was deleted here regarding pregnant Members because the language is now included at VI.A.3.</p> <p><b>Section VI.B.4.</b> Clarified that new Members who are at least 28 weeks pregnant when they become a Partnership Member may be granted Direct Member status for continuity of care “upon their request.”</p> <p>Associate Medical Director Marshall Kubota, MD was curious from where the time frames mentioned in VI.A.3 derive: he had thought 36 weeks was the threshold for PCP to OB transfer. Dr. Moore noted there was no citation made for this timeframe. Ensuing discussion between Anna and doctors Moore, Netherda and Kubota also covered some exceptions that may occur wherein a Medical Director could make an exception that Member Services could not. <b>VI.A.3.b. is amended to read “Pregnant Members from the 33rd week of pregnancy until 8 weeks postpartum.”</b></p>	
<p>MCUP3044 – Urgent Care Services</p>	<p>This policy was updated to reflect current access to urgent care services for Partnership Members. Attachment A – Application to be a Contracted Urgent Care Services Provider – is new and may yet be revised.</p> <p><b>Section I.C. – K.</b> Several policies were added as Related Policies for this topic:  C. MPUP3006 Appropriate Service and Coverage Policy  D. MCUP3113 Telehealth Services  E. MCCP2018 Advice Nurse Program  F. MCQP1022 Site Review Requirements and Guidelines  G. MPQP1016 Potential Quality Issue Investigation and Resolution  H. MPCR700 Assessment of Organizational Providers  I. MPCR17 Standards for Contracted Primary Care Providers and Urgent Care Physicians  J. MPCR301 Non-Physician Clinician Credentialing and Recredentialing Requirements.  K. MPNET100 Access Standards and Monitoring</p> <p><b>Section II.</b> Provider Contracting and Network Services were both specified as Impacted Departments</p> <p><b>Section III.</b> The Definition of Direct Member was updated and four new Definitions were added for “Free-Standing Urgent Care Center,” “Partnership Urgent Care Tiers,” “Primary Care Providers,” and “Urgent Care Services.”</p> <p><b>Section V.</b> The Purpose section was updated to reflect that this policy describes “access to” urgent care services for Partnership Members and is not specific only to facility standards.</p> <p><b>Section VI.A.</b> This first section in the body of the policy specifies that there is no prior authorization required for urgent care visits for Partnership Members.</p> <p><b>Section VI.B.</b> This section outlines the two primary ways Members can access urgent care services: Through Primary Care Offices or through Free-Standing Urgent Care Centers.</p> <p><b>Section VI.C.</b> This section was added to specify that Partnership conducts site review for all Urgent Care Services.</p> <p><b>Section VI.D.</b> This section was added to describe Members’ Roles and Responsibilities in Accessing Urgent Care Services.</p> <p><b>Section VI.E.</b> This section was added to describe Provider Responsibilities when offering Urgent Care Services.</p> <p><b>Section VI.F.</b> The existing language in this section was updated to clarify standards for free-standing urgent care centers.</p> <p><b>Section VI.F.</b> At the end of this section, the previous language describing “Claims Issues” was deleted.</p>	<p><b>Motion to approve as amended:</b> Robert Bides, RN  Second: Brigid Gast, RN</p> <p><u>Next Steps:</u>  Jan. 21 Q/UAC  Feb. 11 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p><b>Section VI.G.</b> This new section was added to describe Oversight and Monitoring of urgent care services to monitor for any patterns of over-utilization.</p> <p><b>Section VII.B. and C.</b> Two new References were added as follows:            B. California Code of Regulations (CCR) Title 28 §1300.67.2.2 (c) (5)            C. DHCS Contract Exhibit A, Attachment III 5.2.5 Network Adequacy Standards</p> <p>Tony commented that this policy outline both member and provider roles and responsibilities while emphasizing member access. Dr. Moore thanked everyone who worked on this update. Anna noted that the policy does not yet instruct anyone how or when to use the new Attachment A application to become a UC provider. Dr. Moore commented that the criteria for approval is more a credentialing process and perhaps should be noted in relevant Network Services policies, such as MPCR700 when it next comes to IQI (possibly Feb. 10). Rachel Newman, RN, wondered if one section’s Medical Record Review (MRR) mention was sufficient, and it was agreed it was.</p> <p>Brigid Gast, RN, wondered if Definition D on PCPs shouldn’t reference “walk-in appointment” rather than “work-in appointments”: Dr. Moore said “work-in” is the broader term and is correct. Dr. Netherda concurred.</p> <p><b>It was suggested that provider Tax ID and NPI fields be added to the new Attachment A so claims may be looked at if need be, and IQI agreed with this amendment.</b></p>	
MPUP3014 – Emergency Services	<p>This policy was updated to reflect current access to urgent care services for Partnership Members.</p> <p><b>Section III.F.</b> A new Definition was added for Urgent Care Services and the previous definition of Urgent Conditions was deleted.</p> <p><b>Section IV.</b> The Addenda listed in the Attachments section were deleted.</p> <p><b>Section VI.A.</b> “Payment for Services” language was deleted from this section.</p> <p><b>Section VI.G.</b> This section regarding Emergency Department Contracts was deleted.</p> <p><b>ADDENDA A – C:</b> Deleted three Addenda that listed Non-Urgent Medical Conditions, Urgent Medical Conditions, and Emergency Medical Conditions.</p> <p>Dr. Moore asked if anyone was concerned with the removal of the addenda as noted above. No one expressed a concern.</p>	<p><b>Motion to approve as presented:</b> Kristine Gual            Second: Aaron Brincko</p> <p><u>Next Steps:</u>            Jan. 21 Q/UAC            Feb. 11 PAC</p>
<b>V. Presentations</b>		
<b>QI Update – Isaac Brown, MPH/MBA, Senior Director, Quality Improvement and Performance</b>		
	<ul style="list-style-type: none"> <li>• New federal requirements stipulate that we have a signed contract from every Provider that participates in any Quality Incentive Program (QIP): that is, if one provider participates in three QIPs, three separate contracts must be executed. We are fortunate that we had a 98% return rate by the Dec. 31, 2025 deadline. (Only nine of 582 contracts were not returned on time.) We are shifting both the Hospital and the Perinatal QIPs from fiscal year to calendar year cycles to accommodate the extra workload and developing six-month “bridge” program proposed measure sets for July-December 2026. These proposals will be presented in spring meetings.</li> <li>• The Preventive Care Dashboard went live Jan. 12 and will be refreshed weekly.</li> <li>• 2026 Improvement Academy trainings are posted on our website. The Spring Cohort Training Series will run Feb. 24 through May 5. Eighty participants have registered, and a waiting list now exists.</li> </ul>	1.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<ul style="list-style-type: none"> <li>DHCS calculates that Partnership has earned back \$10,637,870 or \$14,300,221 of Plan revenue withheld in 2024 based on Measurement Year 2024 Healthcare Effectiveness Data Information Set (HEDIS®) performance.</li> </ul> <p>Regional Medical Director Colleen Townsend, MD, added that the Women’s Health and Perinatal Workgroup continues to integrate hrHPV self-collection across the network and provider one-on-one provider education. In 2025, 30 parent organizations with 111 total sites completed training. Dr. Townsend commented that widespread use of cervical cancer screening kits is largely aspirational at present but has great potential to improve health outcomes.</p>	
<p><b>QI Initiative: Datalink Pilot</b> – <i>Kristine Gual, PMO, CPHQ, Director of Quality Measurement</i></p>		
<p>Kristine led off with a brief summation of the drivers affecting high performance in quality measures but then concentrated on the data completeness components, for if our network is completing services but Partnership does not receive the data, we cannot improve our Healthcare Effectiveness Data Information Set (HEDIS®) rates. We are always looking for new data sources, and Datalink is one to allow us to more completely understand our clinical data. This dovetails with NCQA’s mandate that, by 2029, all measures will be converted from hybrid – where we take a random sample of charts to have our nurse review them – to a new electronic clinical data systems (ECDS) methodology. We must use the entire eligible population for rate generation. We will no longer be able to do manual overreads of a random sample of charts for measure rate generation.</p> <p>This change will affect many of our withhold measures, such as controlling blood pressure and the glycemic status assessment for patients with diabetes. Prenatal/postpartum visits and vaccination measures for children will also be transitioning. We must be ready for anything depending on point-of-care tests such as controlling blood pressure and performing vitals. This will not easily fit into a coding solution. We know that some of our providers are doing CPT coding but this is not feasible for those who haven’t supporting technology. We need something like Datalink to maintain and improve rates.</p> <p>The other big development is that DHCS has added several new ECDS measures to the Managed Care Accountability Sets (MCAS) measure set starting in 2026, including four depression screening measures. There is prenatal/postpartum depression screening. The largest one is DSF-E - Depression Screening and Follow-Up for Adolescents and Adults. The size of the eligible population is almost 400,000 members, really every adult member in our network. This will be sanctionable. Since member impact is a factor, the sanctions could be sizeable. There is no way to code for this. You can’t code that a depression screen was warranted and that it merited a follow-up visit. We need clinical data to receive this information and generate our rates.</p> <p>Datalink is an NCQA Validated Data Aggregator. There is no charge for implementing Datalink to our network practices (Partnership is bearing all the costs), “contract” really means “data sharing agreement.” Datalink works with a contracted practice directly and will extract chart data from the practice’s electronic medical record (EMR) in a structured format. It then uploads the date and hands it off to Partnership. And now that we have this data, we cannot just treat it for HEDIS® generation; it’s an organizational asset that belongs to the entire network. It can impact things like our Population Health interventions, the patient experience, and utilization management. This could be a time and resource savings for the entire network.</p> <p>We are about halfway into our second year of our pilot. We began in the summer of 2024 (after abandoning another, resource intensive, pilot dependent on being manually sent files). When we began, we worked with a few practices on depression screens because we knew they were going to be added to the measure set. We also wanted to know what additional measures would be impacted by extracting these charts. For this first cycle of the pilot, we contracted with just six parent-level practices of the more than 100 in our network. We were able to get significant numerator hits for the depression screen measures, so we have our proof of concept. We got more than 9,000 hits for depression screening in all adults. We also got results for the follow-up for positive screen, as well as the prenatal and postpartum screen. With just six practices, we were able to exceed the benchmark for both areas of the depression screen for all ages. For three of the four measures, Datalink was the sole source of data for MY2024. That was an exciting success.</p> <p>In addition, we saw a positive impact on several other measures important to us, several MCAS measures, particularly controlling blood pressure, from a fiscal standpoint probably one of our highest priority measures: it is a withhold measure, is heavily weighted in our health plan accreditation; it’s important for the coming Medicare</p>		

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>product. From just six practices, we got almost 1,500 numerator hits. For every hit that’s potentially a chart our nurses don’t have to overread. It also sets us up well for when this measure becomes an ECDS measure. We also saw positive, if smaller, impacts on other measures, including cervical cancer screening (CCS) and glycemic status measurement for patients with diabetes.</p> <p>We had a good first year on this pilot. Now, we are about halfway into Year 2 of the pilot. We will end with the fiscal year (June 30, 2026) when the HEDIS® rates are complete. We knew in year two that we wanted to expand the pilot, have more practices involved and additional EMRs. We were particularly interested in OCHIN Epic because we know that many of our practices are moving there. In the first round for those six practices, we requested every single member that was assigned to that practice, and what we realized is that, for the HEDIS® effort, some charts are valuable than others. There are many members who aren’t part of a measure-eligible population. So, in the second pilot year 2025-2026, we decided to focus on CCS and chlamydia because that also included women who are of child-bearing age, and we would also get the prenatal postpartum measure, our prenatal/postpartum depression screening. We wanted to see if there was an impact on our childhood vaccination measure. We also included our chronic conditions measures: controlling blood pressure and our diabetes A1c measure. We also finally included our Dual-eligible Special Needs Program populations in the counties launching in D-SNP in 2027 to see if there is an impact on those measures as well.</p> <p>Kristine went briefly through a slide showing the five steps each practice will go through with Datalink: contracting, data extraction and handoff, Partnership data ingestion, analysis and validation at the practice-level, and application to Partnership programs. Right now, we have 46 practices engaged with Datalink. About 17 are now in the data ingestion step where the iterative mapping occurs. We are in the analysis and validation process with six practices who use eClinicalWorks as their EMR.</p> <p>Kristine showed a slide with the December 2025 rates for the five-county Chico region. Datalink was able to extract about 20,000 charts from eClinicalWorks EMR, getting a total of nearly 7,500 numerator hits for seven high-priority MCAS/withhold measures. “That’s a very healthy ratio,” she said. For the Chico region we are over the 50<sup>th</sup> percentile benchmark for all four depression screening measures. Kristine pointed out other rates in other measures, crediting Datalink numerator hits for pushing the benchmark results. She added that when we go to validation on CCS ECDS, those numbers might improve too. Across the board, however, there was a smaller impact on our childhood vaccination measures as we get most of that data from the California Immunization Registry (CAIR).</p> <p>Goals for the remainder of pilot year 2 (June 30, 2026) include contracting perinatal QIP practices with Datalink. Kristine noted that Troy Foster is actively working with those who have not yet contracted. Per our HEDIS® auditor, the data needs to be extracted by Feb. 27, 2026 to be able to be included in our 2025 measure calculations. Ahead of that, we need to be able to wrap up our iterative mapping by Jan. 31. We will be reaching out to practice that we are already working with to validate specific data by June 30.</p> <p>Practices may reach out to the <a href="mailto:QIP@partnershiphp.org">QIP@partnershiphp.org</a> inbox to start the Datalink contracting process. Those in the Perinatal QIP must contract by June 30.</p>	
	<p>Time ran out before three other scheduled topics could be presented. These will be included in Q/UAC’s Jan. 21 agenda packet as follows:</p> <ol style="list-style-type: none"> <li>1. QI Program Manager Troy Foster will present the 2024-2025 Hospital Quality Incentive Program Evaluation.</li> <li>2. Tony Hightower’s data analysis on 1<sup>st</sup> and 2<sup>nd</sup> Qtr 2025 Referral Follow-ups will be on the Consent Calendar.</li> <li>3. Dr. Moore’s 2025 Clinician Group Consumer Assessment of Healthcare Providers &amp; Systems (CG-CAHPS) Survey of Large PCPs’ Access and Communication Performance Summary will be included as FYI.</li> </ol>	
	<b>VI. Adjournment</b>	
	Dr. Moore adjourned the meeting at 3:29 p.m. IQI will meet next Tuesday, Feb. 10, 2026.	
	<p><i>Respectfully Submitted by Leslie Erickson, Program Coordinator II, Quality Improvement</i></p> <p><i>Approval Signature:</i> _____ <i>Date:</i> _____</p> <p><i>Robert Moore, MD, MHA, MBA</i></p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<i>Chief Medical Officer and Committee Chair</i>		

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
INTERNAL QUALITY IMPROVEMENT (IQI) COMMITTEE MEETING MINUTES**

Tuesday, Feb. 10, 2026 / 1:32 – 3:09 PM

**Members Present:**

Ayala, Priscila, Director of Network Services  
Barresi, Katherine, RN, BSN, PHN, NE-BC, CCM, Chief Health Services Officer  
Bides, Robert, RN, BSN, Manager of Member Safety – Quality Investigations, QI  
Bjork, Sonja, JD, Chief Executive Officer  
Bontrager, Mark, Sr. Director of Behavioral Health, Behavioral Health  
Brown, Isaac, MHA/MBA, Sr. Dir. of Q & P Improvement  
Brunkal, Monika, RPh, Assoc. Dir., Population Health  
Campbell, Anna, MPH, Policy Analyst, Utilization Management  
Esget, Heather, RN, BSN, ACM, Director of Utilization Management  
Gast, Brigid, MSN, BS, RN, NEA-BC, Sr. Director, Care Management  
Gual, Kristine, PMO, CPHQ, Director of Quality Measurement, QI  
Hightower, Tony, CPhT, Associate Director, UM Regulations  
Innes, Latrice, Manager of Grievance & Appeals Compliance

Jones, Kermit, MD, JD, Deputy CMO & Medical Director for Medicare Services  
Leung, Stan, Pharm.D, Director of Pharmacy Services  
Matthews, Richard “Doug,” MD, Regional Medical Director (Chico)  
Moore, Robert, MD, MPH, MBA, Chief Medical Officer, Committee Chair  
Netherda, Mark, MD, Medical Director for Quality, Committee Vice-Chair  
Newman, Rachel, RN, BSN, Manager, Clinical Compliance – Quality Inspections  
Randhawa, Manleen, Senior Health Educator, Population Health  
Ruffin, DeLorean, DrPH, MPH, Director of Population Health  
Vaisenberg, Liat, Director of Health Analytics, Finance  
Villasenor, Edna, Senior Director, Member Services and G&A  
Ward, Lisa, MD, Regional Medical Director (Southwest)  
YoungStone, Kelly, RN, Director of Care Coordination, Care Coordination

**Members Absent:**

Andrews, Leigha, MBA, Regional Director (Southwest)  
Brincko, Aaron, Director, Provider Relations  
Brundage O’Connell, Lisa, MHA, Director of Enhanced Health Services  
Davis, Wendi, Chief Operating Officer  
Jalloh, Mohamed “Moe,” Pharm.D, Health Equity Officer

Klakken, Vicki, Regional Director (Northwest)  
Sharp, Tim, Regional Director (Northeast)  
Townsend, Colleen, MD, Regional Medical Director (Southeast)  
Turnipseed, Amy, Senior Director of External and Regulatory Affairs

**Guests:**

Ackerman, Chandler, Project Manager I, Quality Improvement  
Akintan, Folo, MBBS/MD MPH MBA, Epidemiologist, Population Health  
Allen, Angier, Senior Data Scientist I, Finance  
Almanza, Mark, Director of Provider Contracts  
Bikila, Dejene, Manager of Data Science, Finance  
Boyle, Shannon, RN, Manager, Care Coordination Regulatory Performance  
Chebolu, Radha, Sr. Health Data Analyst II  
Clark, Kristen, Manager, Quality & Training, Member Services  
Cunningham, Aryana, Policy Analyst, Care Coordination  
Diaz, Alondra, Project Coordinator I, Care Coordination  
Devan, James, Sr. Mgr. of Performance Improvement, QI (Redding)  
DeVido, Jeff, MD, Behavioral Health Clinical Director  
Foster, Troy, Program Manager II, QI  
Hanusiak, Kenzie, Associate Director of Reg. Affairs/Compliance  
Harris, Vander, Senior Health Data Analyst I, Finance  
Isola, Brandy, Manager of Performance Improvement, QI (Chico/Auburn)  
Jensen, Annika, RN, Associate Director of Clinical Integration  
Kulkarni, Shreya, JD, Policy Analyst, Regulatory Affairs & Compliance (RAC)  
Kung, Jen, Senior Health Data Analyst II, Finance

O’Leary, Hannah, Manager of Population Health, Population Health  
Ogren, Danielle, Sr. Director of Reg. Affairs & Compliance  
Moore, Jordan, Education Specialist, Provider Relations  
Moraghebi, Roudabeh, Manager of Health Analyst  
Muncy, Kellie, Mgr of Change Management & Configuration, Configuration  
Nguyen, Tom, Manager of Health Analytics, Finance  
Puga, Jose, Ops. & Systems Technician III, IT  
Quichocho, Sue, Manager of Quality Measurement, QI  
Rathnayake, Russ, Senior Health Data Analyst I, Finance  
Rednic, Hanny, Program Manager I, UM  
Roach, Erika, Program Manager II, Network Services  
Moraghebi, Roudabeh, Manager of Health Analyst  
Salehi, Tiphonie, Sr. Health Data Analyst I, Finance  
Seale, J’aime, PR Lead, Network Services  
Selig, Barbara, Manager of Qlty. Improvement Programs  
Sivasankar, Shivani, Sr Data Scientist, Health Analytics, Finance  
Stark, Rebecca, Regional Director  
Thomas, Penny, Senior Health Data Analyst I, Finance  
Trosky, Renee, Manager of Provider Relations Compliance

Lee, Donna, Manager of Claims, Claims Ling, Samuel, Sr. Health Data Analyst I, Finance O’Connell, Lisa, Director of Enhanced Health Services	Vance, Brooke, Program Manager I, Network Services Yu, Fei, Senior Data Scientist I, Finance Zhao, Li, Senior Health Data Analyst I, Finance
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AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<b>I. Call to Order</b> <ul style="list-style-type: none"> <li>• Introductions</li> <li>• Approval / Acceptance of Minutes</li> </ul>	Chief Medical Officer Robert Moore, MD, MPH, MBA called the meeting to order at 1:32 p.m. from the Fairfield-West office.  Approval of the Jan. 13, 2026 IQI Minutes <ul style="list-style-type: none"> <li>•</li> </ul>	Motion to <b>approve IQI Minutes</b> : Isaac Brown Second: Katherine Barressi
<b>II. Old Business</b>		
<i>None</i>		
<b>III. New Business Consent Calendar</b> (Committee Members as applicable)		
<p><b>Health Services Policies</b></p> <p><u>Care Coordination</u>  MCCP2024 – Whole Child Model for California Children’s Services (CCS)</p> <p><u>Quality Improvement</u>  MCQP1021 – Initial Health Appointment – <i>pulled</i>  MCQP1022 – Site Review Requirements and Guidelines – <i>pulled</i>  MPQG1011 – Non Physician Medical Practitioners &amp; Medical Assistants Practice Guidelines  MPQP1016 – Potential Quality Issue Investigation and Resolution</p> <p><u>Utilization Management</u>  <b>ARCHIVE</b> MCUP3064 – Communications Services – <i>subsumed into the UM Program Description</i>  MPUD3001 – Utilization Management Program Description  MPUG3002 – Acupuncture Services Guidelines  MPUG3011 – Criteria for Home Health Services  MPUP3048 – Dental Services (including Dental Anesthesia)</p> <p><b>Non-Health Services Policies</b></p> <p><u>Member Services</u>  MC305 – Distribution of Members Rights and Responsibilities</p> <p><u>Network Services – Compliance</u>  MPNET102 – DHCS Network Certification Requirements – <i>pulled</i></p> <p><u>Network Services - Credentialing</u>  MPCR16 – Lactation Consultant Credentialing Policy  MPCR301 – Non Physician Clinician Credentialing and Re-credentialing Requirements – <i>pulled</i>  MPCR400 – Provider Credentialing and Re-credentialing Verification Process and Record Security  MPCR602 – Reporting Actions to Authorities</p> <p><b>Anna Campbell pulled</b> MCQP1021, MCQP1022, MPNET102, MPCR301 to comment or ask clarifying questions.</p> <ul style="list-style-type: none"> <li>• <u>MCQP1021</u>: Update by 2027 to match the handbook. No objective to keeping preventative services taskforce. <i>Kristine Gual/Lisa O’Connell</i></li> </ul>		<p><i>Motion to approve the slate without the four pulled policies: Anna Campbell</i>  <i>Second: Brigid Gast</i></p> <p><u>Next Steps:</u>  All Health Services and Non-Health Services policies but Network Services - Compliance will go to the Feb. 18 Quality/ Utilization Advisory Committee (Q/UAC) and thereafter to the Mar. 11 Physician Advisory Committee (PAC).</p> <p>MPNET102 – Follow up with Compliance department to clarify the process for routing policies to DHCS and follow back up in March IQI meeting to report back on the DHCS policy routing process.</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<ul style="list-style-type: none"> <li>• <u>MCQP1022</u>: Same mention of USTSPF. On page 61 non-members should be corrected to non-assigned members. <i>Lisa Ward/Katherine Barresi</i></li> <li>• <u>MPNET102</u>: Marked as an external policy but could not be found in the Provider Manual. Dr. Moore and Renee confirmed it should be marked as an internal policy. Attachment A: DHCS approval notice from an APL in 2021 but this is now superseded by another APL – is this still needed as an attachment? Renee confirmed it can be removed. Clarified that Compliance ownership is through Net Services Compliance, not the centralized Compliance department. Section 14 can be deleted and Section 6 follow-up language should be removed. <i>Katherine Barresi/Anna Campbell</i></li> <li>• <u>MPCR301</u>: On page 346 section F-2 can be removed: language can be removed for addendums but leave in language referring to policy 342b. On page 347 update the APL 18-023-ACS to possibly APL 24-015. Removed outdated references on pages 347-348. Add clarification regarding NP supervision and applicability. <i>Anna Campbell/Kristine Gual</i></li> </ul>	
<b>IV. New Business – Discussion Policies</b>		
<b>Policy Owner: Network Services - Compliance</b> – <i>Presenter: Renee Trosky, Manager of Provider Relations Compliance, NS</i>		
MPNET100 – Access Standards and Monitoring	<p>Synopsis of Changed reviewed. Policy edits to meet the requirements under NCQA Net 1D.</p> <p>Dr. Moore provided additional information/background on how the standards were created. Anna questioned on page 387 where it states Carelon is a delegated provider who members can contact. Dr. Moore added that this is in reference to what do we do with emergencies. It is a “No Wrong Door” approach. Mark Bontrager proposed amendments regarding Urgent versus Emergent request for appointments and gave how these request are processed.</p>	<p><b>Motion to approve as amended:</b> Lisa O’Connell Second: Isaac Brown</p> <p><u>Next Steps:</u> Feb. 18 Q/UAC Mar. 11 PAC</p>
<b>Policy Owner: Utilization Management</b> – <i>Presenter: Kermit Jones, MD, JD, Deputy Chief Medical Officer, MD’s</i>		
MPUP3018 – Health Services Review of Observation Code Billing	<p><b>Synopsis of Changed reviewed.</b></p>	<p><i>There were no questions.</i></p> <p><b>Motion to approve as presented:</b> Katherine Barresi Second: Heather Esget</p> <p><u>Next Steps:</u> Feb. 18 Q/UAC Mar. 11 PAC</p>
<b>V. Presentations</b>		
<b>QI Update</b> – <i>Isaac Brown, MPH/MBA, Senior Director, Quality Improvement and Performance</i>		
<p>Couple different medical equipment pilots have taken place in the last year or two where Partnership has provided medical equipment to providers to help increase both their QIP and HEDIS measure scores. The idea was not to give the entire network the medical equipment but to see if provided the equipment if it would help them earn their QIP dollars thereby giving encouragement to other providers that they are worth that investment. These pilots are wrapping up with evaluations being developed.</p> <p>Partnership continues to collaborate with some of our largest providers through Joint Leadership Initiative (JLI’s) meetings to help them increase their PCP QIP scores. Several have taken place lately with a majority of the work happening in Auburn and Chico. Providers leadership is met with to collaborate with our chief staff including Dr. Moore, Sonia, and others.</p>		

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Annual regulated CAHPS was launched in February. With new additions in the last several years of members and providers, hopeful to learn more about how well they are receiving our services through the member experience survey.</p> <p>In CY Q1 2026, 21 event days took place across 20 different provider sites. The goal is to reach around 70 event days throughout the year. Currently looking to expand these event days to close other care gaps. Pilot is being worked on to expand those out to Women’s Wellness Days, along with some other versions.</p>	
	<p><b>Care Coordination Grand Analysis</b> –<i>Kelly YoungStone, RN, Director of CC, Aryana Cunningham, Shivani</i></p>	
	<p>Kelly provided an introduction to Care Coordination with a background of the department. CC is comprised of regional associate directors, managers, social workers, and health care guides. This team coordinates care and case management for members with care needs who are willing to participate ensuring Partnership is the primary source of coverage or responsible for their benefit. The responsibilities include assessing needs, coordinating services, and conducting outreach to targeted specific populations. The team works with multidisciplinary care groups to meet member needs, reduce duplication, and address challenges such as chronic illness, fragmented care, and complex health issues. They create individualized care plans and interventions aimed at education, timely care access, and connecting members with resources to minimize care gaps during transitions. The department supports members deeming care coordination and builds with complex needs using evidence based practices to achieve desired health outcomes.</p> <p>MPCD2014 – Care Coordination Program Description and Complex Case Management (CCM) Program Evaluation for CY 2024</p> <p>Dr. Moore questioned what is the minimum number of CCM patients needed for the period? Shannon indicated it is 40 cases within the look back period and we have 52. Folo Akintan noted that several test were used, however, questioned if there were any test of the analysis and most of the tests were small or insignificant. Shaivani indicated she used Ankovert which could have been significant with a greater sample size, but even with this small sample size, we found that the CCM program had a significant impact on the ED visits which was very profound with this small sample size. Dr. Moore added that an increase in visits is not unexpected, good case management usually results in increased. Expect a decrease in utilization would be ED visits and inpatient. Things expected to go up would be medication compliance, and visits. Less inpatient, less ED visits, higher specialty and higher primary care would be expected. This is a mandatory program. Last year there were 189 members and in this year 52. Kelly YoungStone added that the reduction was a result of multiple factors.</p> <p><b>Motion to approve as presented:</b> Isaac Brown</p> <p>Second: Kristine Gual</p>	
	<p><b>2024-2025 Perinatal Quality Incentive Program Evaluation</b> –<i>Troy Foster, Program Manager II, QI</i></p>	
	<p>Reference slide presentation for content reviewed.</p> <p>Dr. Moore added that this includes two withhold measures and all the rest are sanctioned measures. The performance is improving. No questions asked.</p>	
	<p><b>Q3 &amp; Q4 and CY 2025 Potential Quality Issue (PQI) Report</b> – <i>Robert Bides, RN, Manager of Member Safety Quality Investigations, QI</i></p>	
	<p>Reference slide presentation for content reviewed. No questions asked.</p>	
	<p><b>VI. Adjournment</b></p>	
	<p>Dr. Moore adjourned the meeting at 3:09 p.m. IQI will meet next Tuesday, Mar. 10, 2026.</p>	
	<p><i>Respectfully Submitted by Chandler Ackerman, Project Manager I, Quality Improvement</i></p> <p><i>Approval Signature:</i> _____ <i>Date:</i> _____</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p><i>Robert Moore, MD, MHA, MBA</i>  <i>Chief Medical Officer and Committee Chair</i></p>	

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
INTERNAL QUALITY IMPROVEMENT (IQI) COMMITTEE  
MEETING AGENDA**

**Date: Tuesday, Mar. 10, 2026**

**Time: 1:30 - 3:30 p.m.**

**Locations:**

Napa/Solano (Fairfield West)  
Trinity Alps (Redding – Airpark)

**To Join by Webex:**

<https://partnershiphp.webex.com/meet/iqi>  
Meeting # 2631 319 6924

**To Join by Telephone:**

Toll Free: 844-621-3956  
Access Code: 2631 319 6924

	Item	Lead	Time	Page #
<b>I.</b>	<b>Call to Order//New Staff Introduction(s)/Announcements/Approval of Minutes</b>			
<b>1</b>	Approval of Internal Quality Improvement (IQI) Committee Meeting Minutes of Feb. 10	Robert Moore, MD, MPH, MBA	1:30	7
<b>2</b>	<i>Acknowledgement and acceptance of draft</i> <ul style="list-style-type: none"> <li>• Jan. 29, 2026 Over/Under Utilization Workgroup Meeting Minutes</li> </ul>			13
<b>II.</b>	<b>Old Business</b>			
	Compliance department to provide information on the process for routing policies to DHCS.	Kenzie Hanusiak		
<b>III.</b>	<b>New Business – Consent Calendar Policies</b>			
	<b>Consent Calendar</b>			18
	G&A Pulse Report/ Issue 20/ March 2026			21
<b>Health Services Departments</b>	<b>Care Coordination</b>			57
	MCCP2014 – Continuity of Care – <i>The Adult Expansion population and associated attachments have been removed and archived, as references to populations and immigration status are considered protected language and are not appropriate for inclusion in policy content. The policy is bundled here without Attachment C (400 pages of codes).</i>			
	<b>Pharmacy</b>			
	MPRP4034 – Pharmaceutical Patient Safety			99
	MPRP4065 – Drug Utilization Review (DUR) Program			105
	<b>Quality Improvement</b>			
	MPQP1002 – Quality/Utilization Advisory Committee			110
	MPQP1003 – Physician Advisory Committee (PAC) Policy			116
	MPQP1004 – Internal Quality Improvement Committee			120
	<b>Utilization Management</b>			
	MCUP3124 – Referral to Specialist (RAF) Policy			125
	MCUP3126 – Behavioral Health Treatment (BHT) for Members Under the Age of 21			130
	MCUP3121 – Neonatal Circumcision			139
	MPUG3031 – Nebulizer Guidelines			142
	MPUP3110 – Evaluation and Management of Obstructive Sleep Apnea in Adults			146
MPUP3059 – Negative Pressure Wound Therapy (NPWT) Device/Pump			152	

	Item	Lead	Time	Page #
<b>Non – HS Departments</b>	<b>Network Services - Credentialing</b>			
	MPCR4B – Identification of HIV/AIDS Specialists			158
	MPCR13 – Credentialing of Pain Management Specialist			162
	MPCR13A – Credentialing of Hospice and Palliative Care Medicine Specialist			165
	MPCR13B – Buprenorphine Prescriber Credentialing			168
	MPCR13C – Osteopathic Manipulation Treatment Credentialing			171
	MPCR17 – Standards for Contracted Primary Care and Urgent Care Physicians			174
	MPCR19 – Skilled Nursing Facility Providers (SNFists) Credentialing Policy			185
	MPCR101 – Ensuring Non-discriminatory Credentialing and Re-credentialing processes			188
	MPCR500 – Ongoing Monitoring of Sanctions			192
	MPCR600 – Range of Actions to Improve Practitioner Performance			199
	MPCR601 – Fair Hearing and Appeals Process for Adverse Decisions			202
	MPCR700 – Assessment of Organizational Providers			211
	MPCR701 – Ancillary Care Services Provider Credentialing and Re-credentialing Requirements			222
	MPCR800 – Delegation of Credentialing and Re-credentialing Activities			233
	MPPR203 – Provider Enrollment Status Guidelines			238
	MPPR209 – Provider Network/Subcontractor Contract terminations and Facility De-certifications and Suspension			241
	<b>Provider Relations</b>			
MPPRGR210 – Provider Grievance			247	
<b>IV. New Business – Discussion Policies</b>				
	Synopsis of Changes		--	251
<b>Non-HS</b>	<b>Transportation</b>			
	MPTP2503 – Transportation-Related Travel Expenses, Lodging, Meals, Attendants, Parking and Tolls	Danielle Biasotti, RPht	1:44	257
<b>HS Policy</b>	<b>Pharmacy</b>			
	PARP4102 – Medicare Part D Formulary Management and P&T Committee Oversight	Andrea Ocampo, PharmD	1:49	266
	PARP4103 – Pharmacy Benefit Management Delegation Oversight	Andrea Ocampo, PharmD	1:54	272
	<b>Quality Improvement</b>			
	MPQG1005 – Adult Preventive Health Guidelines	Mark Netherda, MD	1:59	277
	<b>Utilization Management</b>			
	MPUG3019 – Hearing Aid Guidelines	Anna Campbell	2:04	294
MCUG3024 – Inpatient Utilization Management	Tony Hightower	2:09	303	
<b>V. Presentations</b>				
<b>1</b>	QI Update	Isaac Brown		316
<b>2</b>	Site Review & PARS Reports	Rachel Newman, RN	2:14	331
<b>3</b>	Proposed 2026 Perinatal QIP 6-month Bridge Measure Set	Troy Foster	2:21	348
<b>4</b>	Cultural & Linguistic Grand Analysis Presentation	Hannah O’Leary	2:26	352

	<b>Item</b>	<b>Lead</b>	<b>Time</b>	<b>Page #</b>
	<ul style="list-style-type: none"> <li>• MPND9002 2026 C&amp;L Program Description – <i>see p. 428 for synopsis of changes</i></li> <li>• 2025 C&amp;L/QIHETP Work Plan Final Update</li> <li>• 2026 C&amp;L Work Plan</li> <li>• 2025 C&amp;L Program Evaluation</li> </ul>			
<b>FYI</b>	2025-2026 QI Work Plan Update – <i>direct any questions to Isaac Brown</i>			492
<b>Adjournment by 3:30 p.m. Tuesday, April 7, 2026</b>				

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
MEETING MINUTES**

Quality and Utilization Advisory Committee (Q/UAC) Meeting  
Wednesday, Feb. 18, 2025 / 7:30 a.m. – 9:30 a.m. - Napa/Solano Room, Airpark,  
Chico – Story Creek

<b><u>Voting Members Present:</u></b>	Luu, Phuong, MD	Swales, Chris, MD
Choudhry, Sara, MD	Montenegro, Brian, MD	Wilson, Jennifer, MD, MPH
Gwiazdowski, Steven, MD, FAAP	Quon, Robert, MD, FACP	
<b><u>Voting Members Absent:</u></b> Sara Choudhry, MD; Emma Hackett, MD, FACOG; Brandy Lane, Consumer Member; MD; Meagen Mulligan, FNP-BC; John Murphy, MD; Randolph Thomas, MD; Strain, Michael, PHC Consumer Member		
<b><u>Partnership Ex-Officio Members Present:</u></b>		
Bides, Robert, RN, BSN, Mgr, Member Safety – Quality Investigations, QI	Moore, Robert, MD, MPH, MBA, Chief Medical Officer – Chair	
Bontrager, Mark, Senior Director of Behavioral Health	Netherda, Mark, MD, Medical Director for Quality – Vice Chair	
Brown, Isaac, MBA/MHA, Interim Senior Director of Q & P Improvement	Newman, Rachel, RN, BSN, Mgr, Clinical Compliance – Quality Inspections	
Cox, Bradley, DO, Regional Medical Director (Northeast)	O’Connell, Lisa, Director, Enhanced Health Services	
DeVido, Jeff, MD, Behavioral Health Clinical Director	Randhawa, Manleen, Senior Health Educator, Population Health	
Esget, Heather, RN, BSN, ACM, Director of Utilization Management	Ribordy, Jeff, MD, Regional Medical Director (Northwest)	
Glickstein, Mark, MD, Associate Medical Director	Ruffin, DeLorean, DrPH, MPH, Director of Population Health	
Hightower, Tony, CPhT, Associate Director, UM Regulations	Thornton, Aaron, MD, Associate Medical Director	
Jensen, Annika, RN, Assoc Dir. of Clinical Integration, Care Coordination	Townsend, Colleen, MD, Regional Medical Director (Southeast)	
Jones, Kermit, MD, JD, Medical Director for Medicare Services	Ward, Lisa, MD, Regional Medical Director (Southwest)	
Katz, Dave, MD, Associate Medical Director	Watkins, Kory, MBA-HM, Director, Grievance & Appeals	
<b><u>Partnership Ex-Officio Members Absent:</u></b>		
Barresi, Katherine, RN, BSN, PHN, NE-BC, CCM, Chief Health Services Officer	Jalloh, Mohamed “Moe”, Pharm.D, Dir. of Health Equity (Health Equity Officer)	
Gast, Brigid, MSN, BS, RN, NEA-BC, Senior Director, Care Management	Leung, Stan, Pharm.D, Director of Pharmacy Services	
Guillory, Ledra, Senior Manager of Provider Relations Representatives	Spiller, Bettina, MD, Associate Medical Director	
<b><u>Guests:</u></b>		
Boyle, Shannon, RN, Manager of Care Coordination Regulatory Performance	Hardwick, Curtis, Executive Assistant to the Chief Health Services Officer	
Brunkal, Monika, RPh, Associate Director, Population Health	Jarrett-Lee, Kevin, RN, Assoc. Dir., Utilization Management (Auburn)	
Campbell, Anna, Health Policy Analyst, Utilization Management	Krznarich, Jackie, RN, Supervisor of Clinical Compliance	
Chiang, Yeun, Project Manager I, UM	Matthews, Richard “Doug,” MD, Regional Medical Director (Chico)	
Chishty, Shahrukh, Sr. Mgr., Child Welfare Programs, Behavioral Health	Morris, Matthew, MD, Regional Medical Director (Auburn)	
Cunningham, Aryana, Policy Analyst, Care Coordination	O’Leary, Hannah, Manager of Population Health, Pop Health	
Devan, James, Associate Director of Quality Improvement	Sivasankar, Shivani, Sr Data Scientist, Health Analytics, Finance	
Durst, Jennifer, Manage of Performance Improvement (Fairfield)	Trosky, Renee, Mgr of Provider Relations Compliance, Network Services	
Frankovich, Terry, MD, Associate Medical Director	Vo, Kathleen, Pharm.D., Clinical Pharmacist	
Gual, Kristine, Director of Quality Measurement	YoungStone, Kelly, RN, Director of Care Coordination	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<p><b>I. Call to Order</b></p> <p>Public Comment – <i>none made</i></p> <p>Introductions</p> <p>Approval/ Acceptance of Minutes</p>	<p>Chief Medical Officer and Committee Chair Robert Moore, MD, MPH, MBA, called the meeting to order at 7:30 a.m.</p> <p>There was no quorum as yet, so the meeting began with the standing updates and an introduction. Dr. Moore introduced Michael George, MD, the new Associate Medical Director.</p> <p>The Jan. 21 Q/UAC Minutes will be proposed for approval in the next Mar. 18 Q/UAC meeting.</p>	<p><i>There were no questions.</i></p>
<p><b>II. Standing Updates</b></p>		
<p>1. Quality Improvement (QI) Department Update</p> <p><i>Isaac Brown, Senior Director of Quality and Performance Improvement, QI</i></p>	<ul style="list-style-type: none"> <li>• PCP QIP is going through their end of the year / beginning of the year activities. Preliminary periods are coming up for non-clinical measures where providers get to take a look at their numbers.</li> <li>• Retinal eye camera grant project is wrapping up. All providers who were awarded the grant money to purchase this device have officially done so and are putting best practices into place. We found that purchase and putting best practices into play were a bit more time consuming than originally thought. Program evaluation is under way.</li> <li>• The Quality Improvement Project Training Program is launching with its first cohort and has over 100 registrants to learn more about project management with 6 sessions over 12 weeks.</li> <li>• The Mobile Mammography program has done 21 event days from June – December 2025 with the goal to do at least 60 each fiscal year. Currently looking to turn these event days into Wellness Days to expand and address multiple health measures. <ul style="list-style-type: none"> <li>○ Dr. Townsend confirmed that Quest and LabCorp provide self swabs to any provider who is interested.</li> </ul> </li> </ul>	<p><i>For information only.</i></p>
<p>2. HealthPlan Update</p> <p><i>Robert Moore, MD, MPH, MBA Chief Medical Officer</i></p>	<ul style="list-style-type: none"> <li>• Dr. Michael George is a new Associate Medical Director.</li> <li>• Currently updating our hospice, provider network, and some of the utilization management requirements for hospice that was required by APL 24-008. Hospice is not allowed to require pre-authorization. The mandate is to narrow our network and provide greater insight over any non-contracted hospice providers who are servicing our members.</li> <li>• SB912 bill is to reform perinatal services program. There was a required paper form to be filled out by every pregnant patient on Medicaid and submitted to DCHS that has been removed, but the new part added this year eliminates the PPS reimbursement for most perinatal services provided at FQHC's, RHC's, and tribal health centers across the state. Partnership is trying to raise awareness of what implications this</li> </ul>	<p><i>There were no questions.</i></p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>language has on our region.</p> <ul style="list-style-type: none"> <li>• There is a drafted APL out from the Office of Healthcare Affordability that requires every healthplan in the state to have alternative payment methodology.</li> <li>• The Annual Regional Directors Forum is starting next week with registration currently open. Fairfield: March 6, 2026; Eureka: March 20, 2026; Redding: March 27, 2026; Ukiah: April 3, 2026; Santa Rosa: April 17, 2026; Chico: May 1, 2026; Truckee: May 8, 2026</li> </ul>	
<b>III. Old Business – None</b>		
<b>IV. New Business – Consent Calendar (Committee Members as Applicable)</b>		
<p><b>Health Services Policies</b></p> <p><u>Care Coordination</u> MPCP2024 – Whole Child Model for California Children’s Services</p> <p><u>Quality Improvement</u> MCQP1021 – Initial Health Appointment MCQP1022 – Site Review Requirements and Guidelines – <i>coming back from January policy approval with reordered and re-lettered attachments</i> MPQG1011 – Non-Physician Medical Practitioners &amp; Medical Assistants Practice Guidelines MPQP1016 – Potential Quality Issue Investigation and Resolution</p> <p><u>Utilization Management</u> <b>ARCHIVE</b> MCUP3064 – Communications Services – <i>subsumed into the UM Program Description</i> MPUD3001 – Utilization Management Program Description MPUG3002 – Acupuncture Services Guidelines MPUG3011 – Criteria for Home Health Services MPUP3048 – Dental Services (including Dental Anesthesia)</p> <p><b>Non-Health Services Policies</b></p> <p><u>Member Services</u> MC305 – Distribution of Member Rights and Responsibilities</p> <p><u>Network Services – Compliance</u> MPNET102 – DHCS Network Certification Requirements</p>		<p><i>No questions were asked.</i></p> <p>Motion to <b>approve slate as presented:</b> Steven Gwiazdowski, MD Second: Chris Swales, MD <i>Approved unanimously</i></p> <p><u>Next Steps:</u> All policies go to the Mar. 11, 2026 PAC</p>
<b>V. New Business – Discussion Policies</b>		
<b>Policy Owner: Network Services – Compliance – Presenter: Renee Trosky, Manager of Provider Relations Compliance, Network Services</b>		

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<p>MPNET100 – Access Standards and Monitoring</p>	<p><b>Language has been updated to comply with All Plan Letter (APL) 25-006 Timely Access Requirements</b> (revised Nov. 18, 2025). This update covers the process for psychiatric emergencies (VI.B.3.b.), appointment standards for primary care urgent care appointments requiring prior authorization, and appointment standards for urgent specialty care (with and without prior authorization).</p> <p>Changes in accordance with NCQA NET 1D – access standards for Behavioral Health – have been approved both by Dr. Moore and our NCQA consultant MHR:</p> <ul style="list-style-type: none"> <li>• Removed language referring to high-volume behavioral health</li> <li>• Added definition of Prescribers and Non-Prescribers.</li> <li>• Added provider-to-member ratios for prescribers and non-prescribers.</li> <li>• Added number of practitioners accepting new members, separated by prescribers and non-prescribers.</li> <li>• Reformatted the geographic distribution of practitioners graph to include access standards for each specialty</li> </ul> <p><b>Sections I and III:</b> MCUP3044 Urgent Care Services has been added as a Related Policy, and that policy’s definition of urgent care services has been added to this policy. MPBP8003 Mental Health Services and MPUP2014 Emergency Services have also been added as Related Policies.</p> <p><b>Reference C:</b> APL 23-001 – Network Certification Requirements (Jan. 6, 2023) supersedes APL 21-006</p> <p><b>Reference D:</b> APL 25-006 (revised Nov. 18, 2025) supersedes April 25 version</p> <p>Dr. Swales felt like many of the time requirements in this APL are unattainable. Dr. Moore agreed but that it’s a state requirement, and where we feel like we won’t be able to meet it, we apply for an exception.</p>	<p>Motion to <b>approve as presented:</b> Chris Swales, MD Steven Gwiazdowski, MD <i>Approved unanimously</i></p> <p><u>Next Steps:</u> Mar. 11 PAC</p>
<p><b>Policy Owner: Utilization Management – Presenter: Colleen Townsend, MD, Regional Medical Director (Southeast)</b></p>		
<p>MPUP3018 – Health Services Review of Observation Code Billing</p>	<p>During the annual review of this policy, updates were made to clarify the conditions under which observation codes should be used.</p> <p><b>Section I:</b> Policy MCUP3014 Emergency Services was updated to reflect MPUP3014.</p> <p><b>Section III.A and C:</b> A definition was added for Acute Inpatient Care, and the definition of Observation Stay was updated.</p> <p><b>Section V:</b> The Purpose section was updated to include Partnership Advantage enrollees.</p> <p><b>Sections VI.B.1. and 2.</b> were added to provide details of the conditions under which Observation Status should be billed, namely, “when a Member's medical condition requires continuous monitoring for an additional period of time beyond what is usual and customary for Emergency Services and is provided up to a</p>	<p>No questions for Colleen Townsend, MD.</p> <p>Motion to <b>approve as presented:</b> Brian Montenegro, MD Second: Steven Gwiazdowski, MD <i>Approved unanimously</i></p> <p><u>Next Steps:</u> Mar. 11 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>maximum of 48 hours.”</p> <p><b>Sections VI.B.3. and 4.</b> detail when a Member may be admitted for Acute Inpatient Level of Care if they require more than 48 hours of monitoring (Observation Status).</p>	
<b>VI. Presentations</b>		
<p><b>Care Coordination Grand Analysis</b> (MPCD2013 – Care Coordination Program Description, Complex Case Management (CCM) Program Evaluation for CY 2024, CCM Program Evaluation CY 2924) – <i>Shannon Boyle, RN, Manager of Care Coordination Regulatory Performance; Kelly YoungStone, RN, Director of Care Coordination; Shivani Sivasankar, Sr Data Scientist, Health Analytics- Finance</i></p>		
<p><u>Care Coordination Background</u></p> <p>Kelly provided an introduction to Care Coordination with a background of the department. CC is comprised of regional associate directors, managers, social workers, and health care guides. This team coordinates care and case management for members with care needs who are willing to participate ensuring Partnership is the primary source of coverage or responsible for their benefit. The responsibilities include assessing needs, coordinating services, and conducting outreach to targeted specific populations. The team works with multidisciplinary care groups to meet member needs, reduce duplication, and address challenges such as chronic illness, fragmented care, and complex health issues. They create individualized care plans and interventions aimed at education, timely care access, and connecting members with resources to minimize care gaps during transitions. The department supports members deeming care coordination and builds with complex needs using evidence based practices to achieve desired health outcomes.</p> <p><u>MPCD2014 – Care Coordination Program Description and Complex Case Management (CCM) Program Evaluation for CY 2024</u></p> <p><b>Shannon reviewed the policy edits due to Annual Review and NCQA edits:</b></p> <p><b>Department Objectives &amp; Goals (Page 4)</b>  <b>Added:</b> Partnership Advantage Enrollees (Effective January 1st, 2027), in Partnership’s Dual Eligible Special Needs Plan (D-SNP), who require integrated care coordination to address complex medical, behavioral, and social needs.</p> <p><b>Updated footnote (Page 6)</b>  MCCP2032 updated to reflect new policy number MCAP7002 CalAIM Enhanced Care Management (ECM)</p> <p><b>Transitional Care Services (TCS) (Page 8)</b>  <b>Revised:</b> Transitions may also occur across benefit structures (e.g. exhausting residential treatment service benefits for substance use disorder, or transitioning from curative care to hospice care). These members are vulnerable to lost information across the care continuum, fragmented care, difficulty navigating the health care system, or challenges to a transition plan being executed as intended.  <b>Added:</b> When a member’s Partnership-covered benefits are exhausted and ongoing care is still needed, Care Coordination staff inform the member of available alternatives and provide guidance on how to access appropriate services.  <b>Updated</b> the most common sources of referral:  - Daily Hospital Discharge reports  - Referrals from other internal departments (Utilization Management, etc.)</p> <p><b>Interventions updated to include:</b>  - Ensuring necessary prior authorizations are in place and offering Treatment Authorization Request (TAR) support (e.g. home health, shift nursing, medical supplies, DME, etc.)</p>		

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p><b>Updated footnote (Page 8)</b>  MCCP2034 updated to reflect new policy number MPCP2034 Transitional Care Services (TCS)  <b>Abbreviated</b> Transitional Care Services to TCS throughout Transitional Care Services (TCS) section</p> <p><b>Non-Discrimination Statement (Page 20)</b>  Updated to include Medicare beneficiaries</p> <p><u>Complex Case Management Program Evaluation for CY 2024</u></p> <p>Kelly provided background that complex case management focuses on meeting the needs of the most fragile members through clinical interventions and case management services. This is done through an evidence based approach. These may be members with multiple chronic conditions or they may have fragmented care, have difficulty navigating the health care system, or have other challenges that threaten to compromise their well being if not supported through an individualized care plan. Kelly highlighted that there was a reduction in enrollment year over year with high utilization across other programs in 2024. This is a volunteered program so it does impact enrollment. Shivani shared the program evaluation for CY 2024 powerpoint with it being found on page 202 with the report found on 223.</p> <p><u>Discussion</u></p> <p>Steven Gwiazdowski, MD, FAAP inquired what the ROI was for this program with Dr. Moore confirming that since this is a state requirement the ROI is not something they have looked into although this program is a little above the minimum for what is required.</p> <p>Dr. Montenegro made an observation that the greatest impact was on the emergency department (ED) visits and asked what percentage of ED's, as far as Partnership is aware, has some kind of labelled frequent flyer program? Kelly YoungStone responded that we receive that information through a few different modalities with one of them being our monthly utilization reports and the other through community partners who bring members to our attention. Dr. Montenegro clarified that his question was more specific to what the ED's do to help intervene without Partnerships intervention, and if so what percentage have that? Dr. Townsend stated that Partnership does not have insight into which hospitals in each region have what services because its such a variable. Some of them do have structured programs but its not uniform across all of them although this is an area we could probably look into since that direct service would be so valuable since they can refer their own patients into our case management program and/or into enhanced care programs within their communities. Dr. Luu stated that sometimes it's confusing to know when to reach for the care coordination team and when to focus solely on the ECM side, often having to pull in both. Dr. Moore agreed that sometimes DHCS expects the ECM teams to be doing clinical stuff in their assumptions and that's not the way the program was structured or financed. Dr. Ward added that ED's in her region generate lists of patients who have visited the emergency room and send it to the PCP for them to follow up on, and did not realize this was not a universal thing. Dr. Swales added that after hearing from many ED providers needing more beds and more staff that if there is any way to target that partnership or the state should target, that it would be a high value item to improve both quality and costs through something like CCM that is targeted specifically for those high utilizers.</p> <p><b>Dr. Moore asked for a motion and second to accept and approve: Robert Quon / Chris Swales, MD</b></p>	
	<p><b>Ensuring Access and Quality in Perinatal Care Presentation – Colleen Townsend MD, Regional Medical Director (Southeast)</b></p> <p>Dr. Townsend stated that she is hopeful this presentation will help identify where and how Partnership is actually focusing on some of our perinatal services and our quality metrics to really ensure that we are meeting our accreditation mandate, but also our desire to really ensure that individuals who are pregnant and their infants get the highest quality of care and great access as well. She reviewed the presentation that starts on page 239.</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Dr. Moore stated that Dr. Townsend is being called upon by a number of state agencies to help advise them when they see the work that we are doing.</p> <p><i>Due to time questions were limited with direction to follow up with Dr. Townsend after the meeting if you want to dive into the topic deeper.</i></p>	
	<p><b>Q3 &amp; Q4 and CY 2025 Potential Quality Issue (PQI) Report – Robert Bides, RN, Quality Investigations, QI</b></p>	
	<p>CY 2025: 291 referrals. Compared to last year (CY 2024: 247 referrals) there was a 17.8% increase in referrals and have been seeing a steady increase over the past few years showing. Most referrals tend to come from grievance but last year there was a significant increase from non-grievance sources including UM, CCM, and Medical Directors and as a result there were more PQI referrals. Closed 291 cases. 40% increase from 2024.</p> <p>Peer Review Committee (PRC) have members that consist of non-Partnership primary and specialist clinicians who serve on Partnerships Quality/Utilization Advisory Committee (Q/UAC) and meet each month to review cases. Action and next steps depend on the severity level of the individual case.</p> <p>Peer Review Committee (PRC) in Q1/Q2 reviewed a total of 9 cases and in Q3/Q4 total of 5 cases.</p> <p>Subject Matter Expert Medical reviews had a total of 15 cases.</p> <p>Q1/Q2 had eight providers with multiple PQIs however there were no reoccurring concerns that required additional actions.</p> <p>Q3/Q4 had eight providers with multiple PQIs however there is only one provider and one facility that may need additional actions as a result of a reoccurring concern.</p> <p><i>Any questions please follow up with Robert Bides.</i></p>	
<p><b>VII. Adjournment</b></p>		
	<p>Dr. Moore adjourned the meeting at 9 a.m.</p> <p><i>Respectfully submitted by: Chandler Ackerman, Program Manager I, QI</i></p> <p>Signature of Approval: _____ Date: _____</p> <p><i>Robert Moore, MD, MPH, MBA</i> <i>Chief Medical Officer</i></p>	

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

**Date: Mar. 18, 2026**

**Time: 7:30 – 9:00 a.m.**

**Locations: Partnership HealthPlan of California**

4665 Business Center Drive, Fairfield, CA 94534 | Napa/Solano Room  
2525 Airpark Drive, Redding, CA 96002 | Trinity Alps Conference Room  
495 Tesconi Circle, Santa Rosa, CA 95401 | Santa Rosa Huddle Room  
1000 Fortress Street, Chico, CA 95973 | Stony Creek Conf Room  
1036 5<sup>th</sup> St. Suite E, Eureka, CA 95503 | Grizzly Creek

**Other Locations:**

Chapa-de Indian Health: 11670 Atwood Road, Auburn  
H&HS Dept., 5730 Packard Ave., Suite 100, Marysville  
Open Door Community Health Center, 770 10th St., Arcata

**Partnership Staff only may join by Web-ex:**

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

**Partnership Staff only may join by Telephone:**

1-844-621-3956 Access Code: 809 114 256

*This Brown Act meeting may be recorded. Any audio or video tape recording of this meeting, made by or at the direction of Partnership, is subject to inspection under the Public Records Act and will be provided without charge, if requested.*

**Welcome / Introductions / Public welcome at cited Partnership locations**

	Item	Lead	Time	Page #
<b>I.</b>	<b>Call to Order – Welcome/Introductions/Announcements/Approval/Acceptance of Minutes</b>			
<b>1</b>	Approval of Feb. 18, 2026 Quality/Utilization Advisory Committee (Q/UAC) Minutes	Robert Moore, MD, MPH, MBA	7:30	6 - 12
<b>2</b>	Acknowledgment and acceptance of draft minutes of the <ul style="list-style-type: none"> <li>Feb. 10, 2026 Internal Quality Improvement (IQI) Committee</li> <li>Jan. 29.2026 Over/Under Utilization Workgroup</li> </ul>			14 - 18
<b>II.</b>	<b>Standing Updates</b>			
<b>1</b>	Quality and Performance Improvement Program Update	Isacc Brown, MHA/MBA	7:35	25 - 38
<b>2</b>	HealthPlan Update	Robert Moore, MD	7:42	--
<b>III.</b>	<b>Old Business – None</b>			
<b>IV.</b>	<b>New Business – Consent Calendar</b>			
	<b>Consent Calendar</b>			40
	G&A Pulse Report/ Issue 20/ March 2026			42 - 55
	Proposed 2026 Perinatal QIP 6-month Bridge Measure Set			57 - 59
<b>Health Services Policies</b>	<b>Care Coordination</b>			--
	MCCP2014 – Continuity of Care – <i>The Adult Expansion population and associated attachments have been removed and archived, as references to populations and immigration status are considered protected language and are not appropriate for inclusion in policy content. The policy is bundled here without Attachment C (400 pages of codes).</i>	All	7:47	61 - 400
	<b>Quality Improvement</b>			--
	MPQP1002 – Quality/Utilization Advisory Committee			102 – 106
	MPQP1003 – Physician Advisory Committee (PAC) Policy			108 - 110

	Item	Lead	Time	Page #
	MPQP1004 – Internal Quality Improvement Committee			112 – 115
	<b>Utilization Management</b>			--
	MCUP3124 – Referral to Specialist (RAF) Policy			117 – 120
	MCUP3126 – Behavioral Health Treatment (BHT) for Members Under the Age of 21			122 – 129
	MCUP3121 – Neonatal Circumcision			131 – 132
	MPUG3031 – Nebulizer Guidelines			134 – 136
	MPUP3110 – Evaluation and Management of Obstructive Sleep Apnea in Adults			138 – 142
	MPUP3059 – Negative Pressure Wound Therapy (NPWT) Device/Pump			144 – 148
<b>Non HS</b>	<b>Provider Relations</b>			--
	MPPRGR210 – Provider Grievance			150 – 152
<b>V.</b>	<b>New Business – Discussion Policies</b>			
	Synopsis of Changes		--	154 – 158
<b>Non -HS</b>	<b>Transportation</b>			
	MPTP2503 – Transportation-Related Travel Expenses, Lodging, Meals, Attendants, Parking and Tolls	Danielle Biasotti, RPht,	7:54	160 – 167
	<b>Quality Improvement</b>			
	MPQG1005 – Adult Preventive Health Guidelines	Lisa Ward, MD	7:59	169 – 184
	<b>Utilization Management</b>			
	MPUG3019 – Hearing Aid Guidelines	Anna Campbell	8:04	186 – 193
<b>HS</b>	MCUG3024 – Inpatient Utilization Management	Tony Hightower	8:09	195 - 206
	<b>Population Health</b>			
	The annual Cultural & Linguistic Workplan, the annual Cultural & Linguistic Program Description, and the annual Cultural & Linguistic Evaluation will be presented for voting approval under the “Presentation” section.			See below
<b>VI.</b>	<b>Presentations</b>			
<b>1</b>	Site Review & PARS Reports	Rachel Newman, RN	8:14	208 – 222
<b>2</b>	Cultural & Linguistic Grand Analysis Presentation	Hannah O’Leary	8:21	224 – 362
	MPND9002 2026 C&L Program Description			
	2025 C&L/QIHETP Work Plan Final Update			
	2026 C&L Work Plan			
	2025 C&L Program Evaluation			
<b>3</b>	Community Reinvestment- Review of Requirements and Funding Options	Mohamed Jollah, Pharm.D.	8:36	364 – 387
<b>VI. FYI &amp; Close</b>	2025-2026 QI Work Plan Update	<i>Questions?:</i> Isaac Brown	--	389 - 400
	<b>Adjournment scheduled for 9:00 a.m. Q/UAC next meets 7:30 a.m. Wednesday, Apr. 15, 2026</b>			

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PARTNERSHIP)  
MOTION SUMMARY**

**Committee: Quality/Utilization Advisory Committee (Q/UAC)**

**Date / Time: March 18, 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:	Hackett, Emma, MD, FACOG Luu, Phuong, MD Montenegro, Brian, MD	Mulligan, Meagan, FNP-BC Murphy, John, MD Strain, Michale, Partnership Consumer Member	Swales, Chris, MD Thomas, Randolph, MD Wilson, Jennifer, MD, MPH
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Members Absent:	Choudhry, Sara, MD Gwiazdowski, Steven, MD, FAAP	Lane, Brandy, PHC Consumer Member Quon, Robert, MD, FACP
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Visitor:

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 Mary Kerlin, 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 Vacant, Sr. Dir., Quality & Performance Improvement Isaac Brown, Director, Quality Management Kristine Gual, Director, Quality Measurement Amy McCune, 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	Q/UAC Chairperson asked for any public comments. None presented.	N/A	N/A
Quorum	9/13 – Q/UAC	Committee quorum requirements met (9).	03/18/26

AGENDA ITEM	MOTIONS FOR APPROVAL	RECOMMENDATIONS / ACTION	DATE RESOLVED
I.1	Feb. 18, 2026 Q/UAC minutes presented for approval.	Dr. Montenegro moved to approve I.1 Minutes, seconded by Dr. Hackett <b>ACTION SUMMARY:</b> [9] yes, [0] no, [0] abstentions.	03/18/2026 Motion carried
I.2	<b>Acknowledgment and acceptance of draft minutes of the</b> <ul style="list-style-type: none"> <li>• Feb. 10 Internal Quality Improvement Committee</li> <li>• Jan 29 Over/Under Utilization Workgroup</li> </ul>	Dr. Murphy moved to approve Agenda item I.2. as presented, seconded by Dr. Hackett. <b>ACTION SUMMARY:</b> [9] yes, [0] no, [0] abstentions.	03/18/2026 Motion carried
IV.	<p><b>New Business - Consent Calendar Review</b></p> <ul style="list-style-type: none"> <li>• G&amp;A Pulse Report/Issue 20/March 2026</li> <li>• Proposed 2026 Perinatal QIP 6 Month Bridge Measure set</li> </ul> <p><b><u>Health Services Policies</u></b></p> <p><b>Care Coordination</b></p> <ul style="list-style-type: none"> <li>• MCCP2014- Continuity of Care</li> </ul> <p><b>Quality Improvement</b></p> <ul style="list-style-type: none"> <li>• MPQP1002 Quality/Utilization Advisory Committee (Q/UAC)</li> <li>• MPQP1003 Physician Advisory Committee (PAC)</li> <li>• MPQP1004 Internal Quality Improvement Committee (IQI)</li> </ul> <p><b>Utilization Management</b></p> <ul style="list-style-type: none"> <li>• MCUP3124 Referral to Specialist (RAF) Policy</li> <li>• MCUP3126 Behavioral Health Treatment (BHT) for Members Under the Age of 21.</li> <li>• MCUP3121 Neonatal Circumcision</li> <li>• MPUG3031 Nebulizer Guidelines</li> <li>• MPUP3110 Evaluation and Management of Obstructive Sleep Apnea in Adults</li> <li>• MPUP Negative Pressure Wound Therapy (NPWT) Device/Pump</li> </ul> <p><b><u>Non-Health Services Policies</u></b></p> <p><b>Provider Relations</b></p> <ul style="list-style-type: none"> <li>• MPPRGR210 Provider Grievance</li> </ul>	<p>Dr. Montenegro moved to approve Agenda item IV as presented with MCUP3124 pulled for discussion, seconded by Dr. Wilson.</p> <p>MCUP3124 Referral to Specialist (RAF) Policy pulled from Consent for discussion by Dr. Murphy. Dr. Murphy moved to approve MCUP3124 with the changes below, seconded by Dr. Thomas.</p> <p>Dr. Moore and Dr. Murphy agreed to revise and clarify language at VI.B.1. as follows:</p> <ul style="list-style-type: none"> <li>• Dr. Murphy asked to clarify the process of what should happen if a Member is referred to one specialist by their PCP, and then that specialist subsequently decides the Member should see another type of specialist.</li> <li>• To clarify that process, we updated VI.B.1. to specify “under one of the following circumstances.” Additionally, we reordered B.1.a. – c. in a hierarchy of most frequent occurrence – a. moved to position c. and c. moved to position a.</li> </ul>	03/18/2026 Motion carried
V.	<p><b>New Business- Discussion Policies</b></p> <p><b><u>Non-Health Services Policies</u></b></p> <p><b>Transportation</b></p> <ul style="list-style-type: none"> <li>• MPTP2503 Transportation-Related Travel Expenses, Lodging, Meals, Attendants, Parking and Tolls</li> </ul> <p><b><u>Health Services Policies</u></b></p> <p><b>Quality Improvement</b></p> <ul style="list-style-type: none"> <li>• MPQG1005 Adult Preventative Health Guidelines</li> </ul> <p>Dr. Thomas questioned the definition of a smoker for abdominal aortic aneurysm US screening. Dr. Morris indicated USPSTF defined smoker at least 100 cigarettes or more in their lifetime. Dr. Ward to insert this language. Dr. Luu requested on Page 184 to change order to prevent confusion on County vs PCP responsibility with latent TB vs active TB. Dr. Ward will change order.</p>	<p>Dr. Swales moved to approve MPTP2503 as presented, seconded by Dr. Montenegro.</p> <p>Dr. Montenegro moved to approve MPQP1005 with the recommended changes below, seconded by Megan Mulligan, NP.</p>	<p>03/18/2026 Motion carried</p> <p>03/18/2026 Motion carried</p>

AGENDA ITEM	MOTIONS FOR APPROVAL	RECOMMENDATIONS / ACTION	DATE RESOLVED
V.	<p><b>New Business- Discussion Policies, Continued</b></p> <p><b>Utilization Management</b></p> <ul style="list-style-type: none"> <li>• MPUG3019 Hearing Aid Guidelines</li> <li>• MCUG3024 Inpatient Utilization Management</li> </ul>	<p>Dr. Montenegro moved to approve MPUG3019 as presented, seconded by Megan Mulligan, NP.</p> <p>Dr. Montenegro moved to approve MPUG3024 as presented, seconded by Dr. Wilson.</p>	<p>03/18/2026 Motion carried</p> <p>03/18/2026 Motion carried</p>
	<p><b>Population Health</b></p> <ul style="list-style-type: none"> <li>• MPND9002 2026 C&amp;L Program Description: Annual Workplan, Description, and Evaluation</li> </ul>	<p>Dr. Montenegro moved to approve MPND9002 2026 C&amp;L Program Description, Workplan, and Evaluation as presented, seconded by Megan Mulligan, NP</p>	<p>03/18/2026 Motion carried</p>
<p>All motions presented at Q/UAC on March 18, 2026, were carried and will move forward to the Physician Advisory Committee held on April 8, 2026. Meeting adjourned at 9:00 a.m.</p>			

**QUALITY INCENTIVE PROGRAMS (QIPs)**

PROGRAM	UPDATE
<p>PRIMARY CARE PROVIDER QUALITY INCENTIVE PROGRAM (PCP QIP)</p>	<p><b>Program Overview</b>                      Pay for performance program incentivizing improved performance on Clinical, Non-Clinical, and Unit of Service (UOS) measures in the Primary Care setting.</p> <p><b>Program Update</b></p> <ul style="list-style-type: none"> <li>• Measurement Year 2025 has formally concluded. Clinical validation took place February 1, 2026 – February 8, 2026. Non-Clinical validation will take place March 9, 2026 – March 13, 2026. UOS preliminary period will take place March 16, 2026 – March 20, 2026. The PCP QIP team will continue next steps with determining final payment, pending time for claims lag prior to finalization of Non-Clinical scores and application of manual adjustments to all final scores.</li> <li>• The Quarter 1 newsletter was sent February 23, 2026</li> <li>• The PCP QIP team is preparing for the MY2025 eReport upload audit. There will be two measures of focus: Clinical Measure - Child and Adolescent Well Care Visit (WCV) and Unit of Service Measure - Advanced Care Planning (ACP).</li> <li>• Measurement Development for 2027 will begin earlier, starting in March 2026.</li> <li>• Provider notification for qualification status for the Optional Clinical Measure - Reducing Healthcare Disparity will be sent via email between March 2 – 6, 2026 and providers must indicate intent of participation by EOB, Tuesday, March 31, 2026.</li> </ul>
<p>PALLIATIVE CARE QUALITY INCENTIVE PROGRAM (PALLIATIVE CARE QIP)</p>	<p><b>Program Overview</b>                      Pay for performance program which offers significant financial incentives to support and improve the access to and quality of palliative care provided by our contracted palliative care providers.</p> <p><b>Program Update</b></p> <ul style="list-style-type: none"> <li>• Payment processing for 2025 Measure Period II (July-December) has begun. All survey and POLST reporting templates have been received. The Palliative QIP team will be working to analyze the data to calculate payment. Payment is to be distributed in May.</li> </ul>
<p>PERINATAL QUALITY INCENTIVE PROGRAM (PQIP)</p>	<p><b>Program Overview</b>                      The Perinatal QIP offers financial incentives to participating Comprehensive Perinatal Services Program (CPSP) and select non-CPSP providers providing quality and timely prenatal and postpartum care to Partnership members</p> <p><b>Program Update</b></p>

	<p><b>Program Update</b></p> <ul style="list-style-type: none"> <li>The Perinatal QIP will have 6-month bridge measurement set covering the period of July 1, 2026 through December 31, 2026 and will then transition to a calendar year QIP January 2027. The proposed measurement set for the 6-month bridge is being presented at March’s IQI, PAC and QU/AC meetings. No new measures are being added. The set will be an abbreviated 6 month version with mainly timeframes and due dates adjusted.</li> </ul>
<p>ENHANCED CARE MANAGEMENT QUALITY INCENTIVE PROGRAM (ECM QIP)</p>	<p><b>Program Overview</b> The ECM QIP offers financial incentives to motivate, modify, and improve the health outcomes of seven identified groups of individuals by standardizing a set of care management services and interventions</p> <p><b>Program Update</b></p> <ul style="list-style-type: none"> <li>The ECM QIP Team is working with Contracting and Enhanced Care Services to develop a workflow for new contract amendments to ensure newly ECM-contracted providers receive and sign the amendment to meet eligibility for ECM QIP participation.</li> </ul>
<p>HOSPITAL QUALITY INCENTIVE PROGRAM (HQIP)</p>	<p><b>Program Overview</b> The Hospital QIP offers financial incentives to improve performance related to Readmissions, Advance Care Planning, Clinical Quality, Patient Safety, Operations and Efficiency, and Patient Experience</p> <p><b>Program Update</b></p> <ul style="list-style-type: none"> <li>The following eight hospitals received recognition plaques as Top performers at Partnership’s February 25, 2026 Board Meeting: Adventist Health Howard Memorial, Banner Lassen Medical Center, MarinHealth Medical Center, Petaluma Valley Hospital, Providence St. Joseph Hospital Eureka, Queen of the Valley, Sonoma Valley, and Surprise Valley.</li> <li>The 6 -month bridge measurement set has been developed and will be presented in April’s committee meetings. Three measures will be removed for the abridged set.</li> <li>Of note Partnership will not host a Hospital Quality Symposium this summer but will host in 2027.</li> </ul>
<p>EXTENDED CARE FACILITY INCENTIVE PROGRAM (EXT QIP)</p>	<p><b>Program Overview</b> The EXT QIP offers financial incentives to support and improve the quality of long-term care provided to our members, with measures in the following domains: Clinical, Functional Status, Resource Use, and Operations / Satisfaction.</p> <p><b>Program Update</b></p> <ul style="list-style-type: none"> <li>Provider outreach will begin soon to promote the importance of QAPI plan submission to meet the gateway measure to remain eligible for participation in the program’s other measures.</li> </ul>

<b><u>QUALITY DATA TOOLS</u></b>	
<b>TOOL</b>	<b>UPDATE</b>
PARTNERSHIP QUALITY DASHBOARD (PQD)	<p><b>Program Overview</b> The Partnership Quality Dashboard (PQD) is a Tableau designed to inform, prioritize, and evaluate quality improvement efforts. Dashboards and performance metrics built into the PQD provide the ability to track and trend QIP data.</p> <p><b>Program Update</b></p> <ul style="list-style-type: none"> <li>• MY2026 PQD development is in process, launch date TBD</li> </ul>
EREPORTS	<p><b>Program Overview</b> eReports is a web application that allows providers to see their quality metrics in Partnership's PCP QIP program. eReports updates twice a week for near real-time visibility to quality metrics while PQD refreshes monthly for historical trending.</p> <p><b>Program Update</b></p> <ul style="list-style-type: none"> <li>• MY2026 eReports launched on March 2, 2026</li> </ul>
<b><u>PERFORMANCE IMPROVEMENT (PI)</u></b>	
<b>ACTIVITY</b>	<b>UPDATE</b>
STATE MANDATED WORK: <i>PERFORMANCE IMPROVEMENT PROJECT (PIP) &amp; PLAN-TO-DO-STUDY-ACT (PDSA) CYCLE</i>	<p><b>Program Overview</b> All plans in California are required to conduct PIPs as part of their agreements. Currently DHCS has assigned Partnership two PIPs: a non-clinical PIP for BH and a disparity PIP. DHCS can also require plans to do mandated improvement PDSA projects</p> <p><b>Program Update</b></p> <ul style="list-style-type: none"> <li>• <b><u>Clinical Performance Improvement Projects (PIP):</u></b> <ul style="list-style-type: none"> <li>○ DHCS has not yet provided instruction on a mandated clinical PIP for 2026.</li> </ul> </li> <li>• <b><u>Non-Clinical PIP (Follow-up After Emergency Department Visit for Mental Illness (FUM):</u></b> <ul style="list-style-type: none"> <li>○ Partnership is seeking a health center to collaborate with on an improvement project in 2026.</li> <li>○ Partnership met with two health centers between January and February to discuss a potential collaboration on the FUM project for MY2026 but have not confirmed collaboration.</li> </ul> </li> </ul>
QUALITY MEASURE SCORE IMPROVEMENT	<p><b>Program Overview</b> Internal measure-focused workgroups, which bring together perspectives across Partnership's services delivery continuum with the goal of strategically improving HEDIS measures that align with the strategic priorities of Partnership HealthPlan.</p> <p><b>Program Update</b></p> <ul style="list-style-type: none"> <li>• <b>Pediatrics:</b> No updates.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Women’s Health &amp; Perinatal:</b> No updates.</li> <li>• <b>Chronic Disease:</b> Partnership conducted an evaluation of its pilot program which funded nine (9) diabetic retinal cameras in optometry deserts. Results showed that clinics who were able to acquire cameras early in the measurement year all exceeded the 50<sup>th</sup> national percentile for the first time in 2025. There were observed delays in acquiring cameras from the vendor, so those looking to purchase cameras for MY2026 should consider purchasing early to account for shipping times.</li> <li>• <b>Behavioral Health:</b> No updates.</li> </ul>
IMPROVEMENT ACADEMY	<p><b>QI Project Management Training Program</b></p> <p><b>Program Overview</b></p> <p>The Quality Improvement (QI) Project Training Program is designed to help provider organizations and community partners strengthen their skills to lead and manage QI initiatives by offering training and use of standardized tools, templates, and best practices. The program features a 6-session webinar series delivered over 12 weeks, covering all phases of the project life cycle and focuses on applying those methods to real-world QI efforts.</p> <p><b>Program Update</b></p> <ul style="list-style-type: none"> <li>• <b>Pilot cohort evaluation:</b> A formal evaluation of the pilot cohort was distributed on 2/10/2026 and can be found <a href="#">here</a>.</li> <li>• <b>QI Project Training Series (Spring 2026 cohort):</b> The inaugural cohort started on 02/24/2026 and will end 05/05/2026. Enrollment is officially closed with 122 total registrants; Eighty-five (85) of the registrants attended the first session in the series.</li> </ul> <p><b>Improving Measure Outcomes Webinar Series</b></p> <p><b>Program Overview</b></p> <p>This series is designed to help Quality Improvement teams turn knowledge into action. These sessions focus on Partnership’s Primary Care and Perinatal Provider Quality Incentive Program (QIP) measures, offering practical strategies to close care gaps, advance health equity, and improve clinical outcomes. Each session highlights proven strategies and best practices from peer clinics that are actively achieving measurable improvements in patient care.</p> <p><b>Program Update</b></p> <p><b>Registration review:</b></p> <ul style="list-style-type: none"> <li>• The first two sessions of the six-part Improving Measure Outcomes webinar series were offered in February. <ul style="list-style-type: none"> <li>○ Preventive Care for Children Ages 0 – 30 Months</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Preventive Care for Children and Adolescents Ages 3 – 17 Years</li> </ul> <p><b>March webinars include:</b></p> <ul style="list-style-type: none"> <li>● 03/11/2026 - <b>Preventive Cancer Screenings:</b> Improving Outcomes through Early Detection</li> <li>● 03/25/2026 - <b>Managing Chronic Disease:</b> Strategies for Blood Pressure and Diabetes Control</li> <li>● Following the February pediatric webinars, an ad hoc webinar was held on 03/03/2026 - <b>Vaccine Hesitancy in the Current Climate.</b> Featuring panelists from Communicare+OLE, Lake County Tribal Health Consortium, Marin Clinic, and Santa Rosa Community Health, the webinar highlighted strategic blueprints for achieving benchmark-setting vaccination rates and effectively overcoming patient concerns.</li> </ul> <p><b>ABCs of Quality Improvement</b>  <b>Program Overview</b>  The ABCs of Quality Improvement (QI) is a training designed to introduce participants to key QI methodologies with a specific focus on the Model for Improvement – a widely used framework for driving measurable change in health care settings.</p> <p><b>Program Update</b></p> <ul style="list-style-type: none"> <li>● The second offering of the ABCs of QI training is scheduled for 03/19/2026 in Redding.</li> </ul>
<p>JOINT LEADERSHIP INITIATIVE (JLI)</p>	<p><b>Program Overview</b>  The Performance Improvement team is scheduling 2026 Joint Leadership Initiative meetings with seven parent organizations across the Partnership network. Four of the seven organizations are in our expansion counties (Chico and Auburn Regions). This is a quality improvement strategy to collaborate with the largest parent organizations providing primary care who did not earn at least 75% of their PCP QIP scores in the previous year. This number could change once final 2025 PCP QIP scores are finalized.</p> <p><b>Program Update</b>  A JLI meeting will be held in the Fairfield region on 3/25/2026 with Solano Family Health Services.</p>
<p>REGIONAL IMPROVEMENT MEETINGS</p>	<p><b>Program Overview</b></p>

Regional Quality Improvement meetings are held quarterly at each of our 6 regional offices (Eureka, Redding, Chico, Auburn, Fairfield, and Santa Rosa) or online with the goal of bringing together regional health center quality leaders to share and discuss strategies to improve measures that regionally important and learn from Partnership regarding any program changes and/or priorities.

**Program Update**

- **Santa Rosa Region**
  - The Regional Quality Meeting was held on 2/24/26 and a related meeting for small & medium sized health centers was held on 3/5/26
- **Fairfield Region**
  - The next Fairfield Regional Quality Meeting is scheduled for 3/17/26
- **Chico Region**
  - The next meeting is scheduled for 3/12/26.
- **Auburn Region**
  - The next Auburn Regional Quality meeting is scheduled for 3/9/26.
- **Eureka Region**
  - Humboldt/Del Norte/Mendocino/Lake Counties Q1 Regional Quality Meeting is scheduled for 03/04/2026.
- **Redding Region**
  - Shasta/Tehama/Trinity/Siskiyou/Modoc and Lassen Counties Q1 Regional Quality Improvement Q1 Meeting is scheduled for 04/07/2026.

**Note: Detailed information and recordings of Performance Improvement related webinars are posted to the PHC Website: <http://www.partnershiphp.org/Providers/Quality/Pages/PIATopicWebinarsToolkits.aspx>**

**QI PROGRAM & PROJECT MANAGEMENT**

ACTIVITY	UPDATE
CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS® (CAHPS) PROGRAM - MEDI-CAL PRODUCT LINE & ORG GOALS – FY 24/25 MEMBER EXPERIENCE AND ACCESS   ORG GOALS – FY 25/26 MEMBER EXPERIENCE	<p><b>Program Overview</b></p> <p>Oversees NCQA Accreditation requirements for Member Experience (ME) 7 (Elements C and D). Conducts annual regulated CAHPS® surveys for Medi-Cal members and non-regulated surveys to assess patient experiences. Results drive improvements in care quality and member experience.</p> <p><b>Program Updates</b></p> <p><i>CAHPS® Regulated Measurement Year (MY) 2025 / Report Year (RY) 2026 Survey</i></p>

- Progress on the regulated survey remains on track. A second survey was distributed to select members on 03/20/2026, followed by reminder letters on 03/27/2026 for those who have not yet responded.

### ***Consultant Work***

#### ***Enhancing CAHPS® Survey & Reporting Framework***

In partnership with Press Ganey, we finalized the consulting engagement focused on strengthening our non-regulated CAHPS survey design and reporting approach. This work establishes a scalable framework to support more precise root cause analysis and targeted quality improvement efforts moving forward.

Three core assets were produced:

- o Developed a master catalog of validated survey questions for Adult and Child populations to ensure alignment and consistency.
- o Created a modular survey instrument that can be adapted to specific improvement goals
- o Built standardized reporting templates to ensure future survey results are consistent, comparable, and immediately actionable for leadership

#### ***CAHPS® Member Experience Gap Assessment:***

Rex Wallace Consulting (RWC) was engaged to conduct a comprehensive, rapid end-to-end assessment. Target completion date: April 4

Progress To Date:

- o Weeks 1–3: Discovery and data review were completed, including an in depth CAHPS® performance and experience assessment.
- o Weeks 4–5 (current): Member Experience Initiative review and deep-dive analysis are currently underway.

Next Milestone:

- o Final Recommendations and prioritized action roadmap

#### ***Fiscal Year 2025/2026 Organizational Goal 5: Member Experience (MX)***

Fiscal Quarter 3 (On-Track): Q3 goal activities continue through the end of this month, led by champions from four departments: Transportation, Member Services, Population Health, and Quality Improvement.

Milestone updates will be posted internally on the OpEx|PMO goal dashboard the week of April 6.

<p>EQUITY &amp; PRACTICE TRANSFORMATION PROJECT</p>	<p><b>Program Overview</b></p> <p>The DHCS Equity and Practice Transformation (EPT) Program is a statewide initiative aimed at advancing health equity while reducing COVID-19 driven care disparities. During the three (3) year program, practices receive payments for achieving population health milestones that enable the implementation of improvements across their infrastructure, data capabilities and care management processes to promote patient well-being, health equity and whole-person care.</p> <p>Currently, 23 providers are participating in the EPT Program, with total estimated funding of \$13.3 million over the three-year project period. These providers are expected to receive payments tied to milestone achievements that support sustainable practice transformation.</p> <p><b>Program Updates</b></p> <ul style="list-style-type: none"> <li>• PHLC established minimum requirements for providers to remain in the program, due May 2026, which include: <ul style="list-style-type: none"> <li>○ 2026 PhmCAT</li> <li>○ Milestone 3: Empanelment Policy &amp; Procedure</li> <li>○ Milestone 4: Data Governance &amp; HEDIS Policy &amp; Procedure</li> <li>○ Milestone 6: Data Implementation Plan</li> <li>○ Milestone 8: Disparity Reduction Plan</li> </ul> </li> <li>• One Model of Care Document (Milestones 9-12) United Indian Health Services has submitted a request to be terminated from the EPT program and Department of Healthcare Services (DHCS) has processed that request on 02/19/2026.</li> <li>• November 2025 deliverable submissions have been reviewed by PHLC; awaiting DHCS funding instructions to distribute provider payments.</li> </ul> <p>The next quarterly CaTS report for MY 04/01/24 - 03/31/25 is scheduled to be completed by the due date, January 31, 2026.</p>
<p>PREVENTIVE CARE BRIDGE PROJECT (FORMERLY: LOCUM PILOT INITIATIVE)</p>	<p><b>Overview of the Preventive Care Bridge Project</b></p> <p>The Preventive Care Bridge Project was developed as a short-term solution to address access challenges by providing targeted locum support with the goal of improving performance on preventive care measures, specifically well-child visits and cervical cancer screenings. By proactively guiding providers to maximize the locum resources through clear onboarding, scope alignment, and data tracking, the pilot explores a potential model for supporting improved measure performance, reducing withholds and sanctions associated with unmet benchmarks, and enhancing the overall member experience.</p> <p><b>Project Update</b></p> <p>The Project Management Team is now developing a Locum Implementation Guide, including a storyboard, ROI calculator, implementation checklist, best-practice reference,</p>

and training assets, all set to be finalized and posted by the end of April, with presentations planned at QI Regional Meetings this summer.

**MOBILE MAMMOGRAPHY PROGRAM**

**Program Overview**

Aims to boost breast cancer screening (BCS) rates for providers performing below the 50th percentile benchmark. Partnership collaborates with Alinea Medical Imaging and providers to host Mobile Mammography events, helping members complete preventive screenings.

**Program Updates**

- Event Days for FY 25/26 Q3 (January – March)

Current Event Days 01/01/2026 – 03/21/2026			
Region	# of Provider Organizations	# of Provider Sites	# of Event Days
Auburn	0	0	0
Chico	1	3	4
Eureka	2	2	2
Fairfield	3	6	6
Redding	5	5	5
Santa Rosa	5	5	5
<b>Plan Wide</b>	<b>16</b>	<b>21</b>	<b>22</b>

**PARTNERING FOR PEDIATRIC LEAD PREVENTION PROGRAM (PPLP)**

**Program Overview**

Provides LeadCare II POC devices to qualified providers and enrolls them in a year-long program with coaching and education. Offers lead poisoning prevention education to all and collaborates with local agencies.

**Program Updates**

- No new updates

**EXACT SCIENCES: PROMOTING COLORECTAL CANCER SCREENINGS**

**Offering Overview**

Provides LeadCare II POC devices to qualified providers and enrolls them in a year-long program with coaching and education. Offers lead poisoning prevention education to all and collaborates with local agencies.

**Program Updates**

	<ul style="list-style-type: none"> <li>No new updates</li> </ul>
<p>QI TRILOGY PROGRAM</p>	<p><b>Program Overview</b></p> <p>Annually, the Quality Improvement (QI) department updates three core documents – often referred to as the QI Trilogy Documents, that collectively describe the program structure, priorities and performance. The Program Description outlines the overall QI framework, the Work Plan details active and planned initiatives aligned with strategic priorities, and the Program Evaluation assesses progress, outcomes and opportunities for improvement.</p> <p><b>Program Updates</b></p> <ul style="list-style-type: none"> <li>Initial notices for the 2026-2027 QI Program Description were sent to Business Owners on 02/10/2026 and a reminder email was sent on 02/24/26 with submissions due on 03/03/2026.</li> <li>Initial notices for the 2026-2027 QI Work Plan will be sent to Business Owners on 04/21/2026 with submissions due on 05/12/2026. QI Trilogy live trainings have been scheduled with invites sent to Sponsors, Business Owners, and Contributors: <ul style="list-style-type: none"> <li>2025-2026 QI Program Evaluation: 05/13/2026 at noon</li> <li>2026-2027 QI Work Plan (Goal Submissions): 06/04/2026 at noon</li> </ul> </li> </ul>
<p>SAGE GRANT</p>	<p><b>Program Overview</b></p> <p>The <i>Systems Advancement for General EHR</i> (SAGE) Grant is designed to assist healthcare providers in implementing or upgrading their EHR systems, to help modernize and enhance their ability to deliver high-quality, efficient, and member-centered care. This grant will help providers overcome common barriers to EHR adoption by offering financial support and implementation guidance.</p> <p>The recipient of the SAGE grant, Kimaw Medical Center, signed the agreement on 12/5/2025. The first payment installment of \$125,000 was initiated. The SAGE Grant team will continue to conduct regular check-ins and monitor implementation milestones. The SAGE Grant Timeline can be found <a href="#">here</a>.</p> <p><b>Program Updates</b></p> <ul style="list-style-type: none"> <li>No new updates</li> </ul>
<p>D-SNP MEDICARE</p>	<p><b><u>D-SNP</u></b></p> <p><b>Program Overview</b></p> <p>The D-SNP Quality team is responsible for 1) Development and finalization of the Model of Care document, 2) Management of Partnership’s CMS Medicare Star quality program, and 3) Developing D-SNP readiness for all Quality Improvement teams.</p> <p><b>Program Update</b></p>

	<ul style="list-style-type: none"> <li>Partnership has begun the process of preparing the Medicare Model of Care (MOC) for submission to DHCS and CMS for the launch of Partnership Advantage, Partnership’s D-SNP product, in eight (8) counties on 01/01/2027.</li> </ul>
<b>ACTIVITY</b>	<b>UPDATE</b>
<b><u>QUALITY ASSURANCE AND PATIENT SAFETY</u></b>	
<b>ACTIVITY</b>	<b>UPDATE</b>
POTENTIAL QUALITY ISSUES (PQI) FOR THE PERIOD: 1/28/2026 TO 2/25/2026	<p><b>Program Overview</b> To identify, report, and manage Potential Quality Issues (PQI), to determine opportunities for improvement in the provision of care and services to our members, and to direct appropriate actions for improvement based upon outcome, risk, frequency, and severity.</p> <p><b>Program Update</b></p> <ul style="list-style-type: none"> <li>27 PQI referrals were received with 23 coming from Grievance and Appeals, 3 from Utilization Management and 1 from an Associate Medical Director.</li> <li>28 PQI cases were processed and closed.</li> <li>91 cases are currently open.</li> <li>One case was discussed at Peer Review Committee (PRC) on 02/18/2026 and there is one case awaiting PRC review.</li> </ul>
FACILITY SITE REVIEWS (FSR) & MEDICAL RECORD REVIEWS (MRR) FOR FEB 2026	<p><b>Program Overview</b> Site Review and Medical Record Review performed for monitoring of providers.</p> <p><b>Program Update</b></p> <ul style="list-style-type: none"> <li>No update at this time.</li> </ul>
<b><u>HEALTHCARE EFFECTIVENESS DATA INFORMATION SET (HEDIS)</u></b>	
<b>ACTIVITY</b>	<b>UPDATE</b>
Annual HEDIS® Projects	<p><b>Program Overview</b> HEDIS is used to evaluate clinical quality in a standardized way. This program shares performance measurement rates with the intent of improving the quality of care delivered to members.</p> <p><b>Program Update</b></p> <ul style="list-style-type: none"> <li>The MY2025 HEDIS Annual project has begun for DHCS Managed Care Accountability Set (MCAS) and NCQA Health Plan Accreditation (HPA) measure sets.</li> </ul>

	<ul style="list-style-type: none"> <li>• HEDIS Hybrid Medical Record Review will occur between 03/10/2026 – 04/23/2026</li> <li>• The HEDIS MY2025 Annual Audits were conducted in February with no audit findings: <ul style="list-style-type: none"> <li>○ DHCS Managed Care Accountability Set (MCAS) – 02/12/2026</li> <li>○ NCQA Health Plan Accreditation (HPA) – 02/26/2026</li> </ul> </li> <li>• Preparation is underway to receive and integrate all data to support the HEDIS MY2025 regulatory required reporting; this includes all non-standard supplemental data sources that will require Primary Source Verification (PSV), which must be approved by both auditors.</li> <li>• Supplemental Data – Requiring PSV <ul style="list-style-type: none"> <li>○ Year-Round Medical Record Review (YRMRR) was conducted for MY2025 for W30, PPC and WCC-BMI</li> <li>○ DataLink</li> <li>○ Sac Valley Med Share (SVMS)</li> <li>○ Inovalon – Electronic Record on Demand (ERD)</li> </ul> </li> <li>• As in MY2024, DHCS and NCQA will require plan-wide rate reporting for MY2025. In addition, DHCS continues to require county level rate reporting for MY2025 and plans to sanction MCPs at the county level for MCAS measure rates that perform below the 50<sup>th</sup> percentile benchmark.</li> </ul>
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<p>HEDIS® Program Overall</p>	<p><b>Program Updates</b></p> <p><b>Measure Rate Generation for DHCS Programs:</b> Partnership participates in three (3) DHCS programs that require quarterly quality rate production using the California Technical Specifications (CaTS) measure specifications, which are HEDIS-like measure specifications. Partnership provides all participating practices member-level data for all CaTS measure rates on request through each program’s dedicated inbox.</p> <ul style="list-style-type: none"> <li>• Equity and Practice Transformation (EPT) <ul style="list-style-type: none"> <li>• Data provided in January 2026 for April 2024 – March 2025 time period for the twenty-three (23) EPT practices.</li> </ul> </li> <li>• Designated Public Hospitals QIP (QIP) <ul style="list-style-type: none"> <li>• Reports submitted to DHCS in January 2026 for the (11) QIP hospitals participating.</li> </ul> </li> <li>• Alternative Payment Model (APM) <ul style="list-style-type: none"> <li>• Winters Healthcare APM MY2024 Scorecard submitted to DHCS on 01/16/26</li> </ul> </li> </ul>
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**NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) ACCREDITATION**

ACTIVITY	UPDATE
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<p>NCQA Health Plan Accreditation</p>	<p><b>Program Overview</b></p> <ul style="list-style-type: none"> <li>The State of California requires all Managed Care Plans (MCPS) to be both Health Plan (HP) and Health Outcome (HO) Accredited. The process involves completing a Renewal Survey every three (3) years, and reporting HEDIS and CAHPS results every year for a Health Plan Rating (HRP) score. Partnership’s next HPA Renewal Survey is scheduled for 09/15/2026.</li> </ul> <p><b>Program Update</b></p> <ul style="list-style-type: none"> <li>The NCQA Program Management Team sent out calendar invites for the NCQA HPA File Review Virtual Survey, which will take place on 11/02-11/03/2026. Attendees for each department were confirmed during the February 2026 Business Owner (BO) check-in meetings. BOs were told to contact the NCQA Program Management Team should they have any additional attendees they would like added to the calendar invite. The NCQA Program Management Team also sent out calendar invites for the NCQA Renewal Survey Closing Session, which will take place on 11/03/2026.</li> <li>After Kim Petit’s departure from our NCQA Consultant Firm, Managed Healthcare Resources (MHR), Sharon Castro stepped in as our MHR lead consultant on NCQA accreditation renewals. Partnership will host mock file reviews sessions with UM, Pharmacy, Grievance and Appeals, Network Services and Care Coordination between February to April 2026. The mock ensures a timely assessment of performance and allows for rapid process improvement if issues are identified. The NCQA Program Management Team began scheduling BO check-in meetings for the month of May. BOs were asked to notify the PM team with any scheduling conflicts.</li> </ul>
<p>NCQA Health Outcome Accreditation</p>	<p><b>Program Overview</b></p> <p>The State of California requires all Managed Care Plans (MCPs) to be both Health Plan (HP) and Health Outcome (HO) Accredited. The process involves completing a Renewal Survey every three (3) years. Partnership’s next HOA Renewal Survey is tentatively scheduled for 05/16/2028.</p> <p><b>Program Update</b></p> <ul style="list-style-type: none"> <li>The NCQA Program Management Team distributed the 2026 HOA Workbook to Business Owners (BOs) on 02/17/2026, with a submission due date of 03/06/2026. Delay in HOA Workbook submission may pose risks to Accreditation, due to lack of transparency in preparing survey evidence per the look-back period or at the frequency specified by NCQA. It is important to plan ahead as NCQA may no longer allow the use of Implementation Plans or they may expand the look-back period under various requirements. Partnership will be held accountable to the</li> </ul>

2027 HOA Standards and Guidelines, with an anticipated release date of August 2026.

- All BOs have been notified to implement revisions of the documented processes by April 2026, including timely review by the NCQA Consultant and approval at committee meetings, to meet the 24-month look-back period requirement, starting in May 2026. The impacted BOs are required to submit screenshots in April 2026. A lack of compliant documentation with date/time stamp can result in a score of Not Met and zero points.
- The NCQA Program Management continues to work with the key stakeholders in assessing gap based on changes from 2026 HOA Standards and Guidelines. This includes collaboration between departments, clarifying functions by different business units, and determining roles and responsibilities for NCQA requirements.

# Partnership

## Policy & Procedure Updates

April  
2026

Policy Number	Policy/Procedures/Guidelines	Version Links
<p>The following documents were reviewed by the Quality / Utilization Advisory Committee (Q/UAC) in <b>March 2026</b>.</p> <p><b>**All policy versions hyperlinked for review.</b></p> <p><b>Highlighted policies have significant changes, new attachments, or were amended during the Q/UAC meeting. Redline versions contain attachments.</b></p> <p>Please review all drafts and the detailed <a href="#">Synopsis of Changes</a>.</p>		
<b>Care Coordination</b>		
<a href="#">MPCD2013</a>	Care Coordination Program Description	<a href="#">C</a> <a href="#">CD</a> <a href="#">RD</a>
<a href="#">MCCP2014</a>	Continuity of Care (Archived Attachments)	<a href="#">C</a> <a href="#">CD</a> <a href="#">RD</a>
<b>Population Health Management</b>		
<a href="#">MPND9002</a>	Cultural & Linguistic Program Description	<a href="#">C</a> <a href="#">CD</a> <a href="#">RD</a>
<b>Provider Relations</b>		
MPPRGR 210	Provider Grievance	<a href="#">C</a> <a href="#">CD</a> <a href="#">RD</a>
<b>Quality Improvement</b>		
MPQP1002	Quality/Utilization Advisory Committee	<a href="#">C</a> <a href="#">CD</a> <a href="#">RD</a>
MPQP1003	Physician Advisory Committee (PAC) Policy	<a href="#">C</a> <a href="#">CD</a> <a href="#">RD</a>
MPQP1004	Internal Quality Improvement Committee	<a href="#">C</a> <a href="#">CD</a> <a href="#">RD</a>
<a href="#">MPQG1005</a>	Adult Preventive Health Guidelines	<a href="#">C</a> <a href="#">CD</a> <a href="#">RD</a>
<b>Transportation Services</b>		
<a href="#">MPTP2503</a>	Transportation-Related Travel Expenses, Lodging, Meals, Attendants, Parking and Tolls	<a href="#">C</a> <a href="#">CD</a> <a href="#">RD</a>
<b>Utilization Management</b>		
<a href="#">MCUG3024</a>	Inpatient Utilization Management	<a href="#">C</a> <a href="#">CD</a> <a href="#">RD</a>
MCUP3121	Neonatal Circumcision	<a href="#">C</a> <a href="#">CD</a> <a href="#">RD</a>
MCUP3124	Referral to Specialist (RAF) Policy	<a href="#">C</a> <a href="#">CD</a> <a href="#">RD</a>

Utilization Management		
MCUP3126	Behavioral Health Treatment (BHT) for Members Under the Age of 21	<a href="#">C</a> <a href="#">CD</a> <a href="#">RD</a>
<b>MPUG3019</b>	Hearing Aid Guidelines	<a href="#">C</a> <a href="#">CD</a> <a href="#">RD</a>
MPUG3031	Nebulizer Guidelines	<a href="#">C</a> <a href="#">CD</a> <a href="#">RD</a>
MPUG3110	Evaluation and Management of Obstructive Sleep Apnea in Adults	<a href="#">C</a> <a href="#">CD</a> <a href="#">RD</a>
MPUP3059	Negative Pressure Wound Therapy (NPWT) Device/Pump	<a href="#">C</a> <a href="#">CD</a> <a href="#">RD</a>

## Synopsis of Changes to Discussion Policies

Below is an overview of the policies that will be discussed at the Mar. 18, 2026 Quality/Utilization Advisory Committee (Q/UAC) meeting. It is recommended that you look over the changes to each and note any questions or comments you may have to help keep a progressive meeting agenda.

Policy Number & Name	Page #	Summary of Revisions (include why the changes were made, <i>i.e.</i> , NCQA, APL, Medi-Cal guidelines, clarification, <i>etc.</i> )	External Documentation (Notice required outside of originating department)
<b>Policy Owner: Transportation</b> – <i>Presenter: Danielle Biasotti, RPht, Director of Transportation Services</i>			
<b>MPTP2503</b> – Transportation-Related Travel Expenses, Lodging, Meals, Attendants, Parking and Tolls	<b>160 – 167</b>	<ul style="list-style-type: none"> <li>• Updated related policies revised M CCP2016 to new policy number MPTP2503 and added MPTP2501</li> <li>• Updated Partnership Advantage go live to January 1, 2027</li> <li>• Partnership advantage members changed to enrollees</li> <li>• Changed member to Member throughout the policy</li> <li>• Updated WCM definition based on aligning with other PHC policies</li> <li>• Transportation-Related Travel Expenses Benefit</li> <li>• Revising the milage requests for transportation-related travel expenses within 150 miles of the member’s residence may be subject to additional review, up to and including Medical Director review for necessity. This is to align with our current processes. Change from 50 to 150 miles.</li> <li>• Updated the Lodging section to include:</li> <li>• Receipts must be itemized</li> <li>• The member will not be reimbursed if they choose to lodge outside of the prebooked hotel and do not notify Partnership in advance.</li> <li>• Partnership is not responsible for fees such as early check in, late check out, incidentals, pet fees, protection coverage, and/or cleaning fees.</li> <li>• Updated the Meals section with the following:</li> <li>• To require a minimum of five calendar days prior to the date of service to align with processes.</li> <li>• Breastfeeding moms with a child two or younger may qualify for meals but not to exceed fifteen (15) days of meals for each thirty (30) days of the member’s hospitalization. Beginning with the day of member’s admission. Each new hospitalization shall begin a new thirty (30) day benefit period.</li> <li>• Updated Parking and Tolls section with the following:</li> <li>• Express lanes are not covered</li> <li>• Hand-written parking receipts will only be accepted if they are from a bank or credit card company showing proof of payment.</li> <li>• Parking and tolls will only be approved if there is a coinciding Travel Related Expense or Gas Millage Reimbursement request and the member cannot submit parking and/or toll receipts without a valid request on file to support it.</li> </ul>	Health Services Claims Member Services Grievance & Appeals Finance Provider Relations

## Synopsis of Changes to Discussion Policies

Policy Number & Name	Page #	Summary of Revisions (include why the changes were made, <i>i.e.</i> , NCQA, APL, Medi-Cal guidelines, clarification, <i>etc.</i> )	External Documentation (Notice required outside of originating department)
		<ul style="list-style-type: none"> <li>• Millage to Mileage</li> <li>• MCCP2016 to MPTP2501</li> </ul>	
<b>Policy Owner: Quality Improvement</b> – <i>Presenter: Mark Netherda, MD, Medical Director for Quality</i>			
<b>MPQG1005</b> – Adult Preventive Health Guidelines	<b>169 – 184</b>	<p>In addition to correcting some typos and attempting to standardize capitalizations, etc., the following significant changes were made to the policy.</p> <p>Section V. Purpose</p> <p style="padding-left: 40px;">Added new professional sources used in creating this document, specifically, the American Society for Colposcopy and Cervical Pathology (ASCCP) and the California Department of Public Health (CDPH).</p> <p>Section VI. Guideline/ Procedure:</p> <p style="padding-left: 40px;">B. 2. Which addresses immunizations, we replaced “the Advisory Committee on Immunization Practices (ACIP) with the California Department of Public Health as the source for recommended immunizations for all members.</p> <p style="padding-left: 40px;">B.3. We clarified the language regarding the Cognitive Health Assessment (CHA) requirement for members who are 65 years of age or older and who do not have Medicare coverage. Retaining the recommendation for providers to complete the DHCS Dementia Care Aware training before administering the CHA, adding that this training is no longer required for providers to be able to bill for this service. Note that this is in anticipation of a change to APL 22-025, which is currently being updated to add some clarification, while removing the training requirement.</p> <p>Section VII. References:</p> <p style="padding-left: 40px;">We added References – the California Department of Public Health and the American Society for Colposcopy and Cervical Pathology (ASCCP).</p> <p>SYNOPSIS OF CHANGES – Attachment A – Adult Preventive Health Screening Guidelines</p> <p>In addition to ensuring we have the most current version of each policy, we added a couple of references that were missing and had the following significant changes:</p> <ul style="list-style-type: none"> <li>• Vaccination - Based on age and risk factors. For updated schedule, reference the</li> </ul>	Health Services Claims Provider Relations

## Synopsis of Changes to Discussion Policies

Policy Number & Name	Page #	Summary of Revisions (include why the changes were made, <i>i.e.</i> , NCQA, APL, Medi-Cal guidelines, clarification, <i>etc.</i> )	External Documentation (Notice required outside of originating department)
		<p>CDPH guidelines. CDPH Vaccination Guidelines</p> <ul style="list-style-type: none"> <li>• <b>*NEW*</b> Cognitive Health Assessments (CHA) for Members 65 years of age and older – The USPSTF (February 2020 – currently under review) concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for cognitive impairment in older adults.</li> </ul> <p>DHCS, however, per <a href="#">APL 22 025</a>, REQUIRES an annual cognitive health assessment (CHA) for Medi-Cal Members 65 years of age and older if they are otherwise ineligible for a similar assessment as part of an Annual Wellness Visit through the Medicare Program. The annual CHA is intended to identify whether the patient has signs of Alzheimer’s disease or related dementias, consistent with the standards for detecting cognitive impairment under the Medicare Annual Wellness Visit and the recommendations by the American Academy of Neurology (AAN). (The additional requirement that Medi-Cal Providers must complete the DHCS Dementia Care Aware CHA training to be eligible for billing for this service is expected to be eliminated in 2026.)</p> <ul style="list-style-type: none"> <li>• <b>Screening for Perinatal Depression</b> - Risk factors include low socio-economic status. Consequently, all pregnant Partnership members should be referred for at least one counseling session. The Partnership HealthPlan Perinatal Services (PHPS) Program includes provision of counseling services. If a PHPS program is available, all eligible Partnership members should be referred to a PHPS program for counseling and other services. (CPSP was replaced with PHPS)</li> <li>• <b>Cervical Cancer Screening</b> – Additional notes: The American Society for Colposcopy and Cervical Pathology (ASCCP) recommends the use of vaginal swab collection for high-risk HPV testing in cervical cancer (April 2025) <ul style="list-style-type: none"> <li>○ Clinician collected specimens are preferred and self-collected vaginal specimens are acceptable</li> <li>○ Vaginal swab collection is recommended for primary HPV screening in asymptomatic, average-risk people with a cervix ages 25-65 years</li> <li>○ Repeat testing each 3 years following a negative HPV test using self-collected vaginal specimens</li> <li>○ Self-collected vaginal specimens resulting in HPV positive results require a follow-up visit for clinician-collected cervical specimen</li> <li>○ Self-collection is not recommended for high-risk individual, including</li> </ul> </li> </ul>	

## Synopsis of Changes to Discussion Policies

Policy Number & Name	Page #	Summary of Revisions (include why the changes were made, <i>i.e.</i> , NCQA, APL, Medi-Cal guidelines, clarification, <i>etc.</i> )	External Documentation (Notice required outside of originating department)
		<p style="text-align: center;">those with immunosuppression</p> <ul style="list-style-type: none"> <li>○ Use only FDA-approved collection devices and HPV assays</li> </ul>	
<b>Policy Owner: Utilization Management</b> – <i>Presenter: Anna Campbell, Policy Analyst and Tony Hightower, Associate Director of UM Regulations</i>			
MPUG3019 – Hearing Aid Guidelines	186 – 193	<p>During the annual review of this policy, updates were made to clarify the conditions under which hearing aids will be authorized.</p> <p><b>Section VI.A.2.</b> Sentence deleted which previously stated “Routing authorizations will be for one hearing aid only. Per discussion with Medical Directors, we are dropping the binaural restriction.</p> <p><b>Section VI.A.4.a.</b> The hearing loss level at which a hearing aid may be authorized was changed from 25 dB to 26 dB to align with InterQual criteria®</p> <p><b>Section VI.A.4.d.</b> Added statement to specify that “InterQual® criteria for <i>Durable Medical Equipment: Hearing Aids</i> will be used to approve hearing aids.</p> <p><b>Section VI.A.6.</b> This entire section regarding binaural hearing aids was deleted as per discussion with Medical Directors that we are dropping the binaural restriction.</p> <p><b>Section VI.A.5.</b> Reference to “Attachment A” was deleted.</p> <p><b>Section VI.B.2.</b> Clarified that a trial period for hearing aids is 30 days.</p> <p><b>Section VI.B.8.</b> Add criteria for the authorization of Contralateral Routing of Signals (CROS)-type hearing aids.</p> <p><b>Section VI.B.9.</b> Add criteria for the authorization of Bilateral Contralateral Routing of Signals (BiCROS) hearing aids</p> <p><b>Section VII.B. – D:</b> Added further description and hyperlinks for Title 22 references. At Reference D., the Title 22 CCR code was updated from 51340.1(b)(2) to 51340.1(c) as (b)(2) currently refers to Orthodontic services but (c) refers to Hearing Services.</p> <p><b>Section VII.E.:</b> Added further description and hyperlink for WIC reference.</p>	<p>Claims Provider Relations Network Services Member Services</p>
MCUG3024- Inpatient Utilization Management	195 - 206	<p>This policy was updated off-cycle to clarify processes for achieving placements for Members at the appropriate level of care and for providers seeking Reconsideration of Inpatient UM Determinations.</p> <p><b>Section I.</b> Policy MPUP3018 - Health Services Review of Observation Code Billing was added as a Related Policy.</p> <p><b>Section III.G.3. thru 5.</b> The Definitions of Long Term Acute Care, Subacute Care and Skilled Nursing Facilities were updated.</p> <p><b>Section IV.</b> Attachment A document title was updated to “Request for Reconsideration of Inpatient UM Determination (RRIU): Post Discharge Review for Inpatient Services.”</p>	<p>Health Services Claims Member Services Provider Relations</p>

## Synopsis of Changes to Discussion Policies

Policy Number & Name	Page #	Summary of Revisions (include why the changes were made, <i>i.e.</i> , NCQA, APL, Medi-Cal guidelines, clarification, <i>etc.</i> )	External Documentation (Notice required outside of originating department)
		<p><b>Section VI.D.1.b.</b> Language was added in the Elective/Scheduled Admission Authorization Process section to say <i>“For elective surgeries in which a post-operative admission directly to an acute inpatient rehabilitation facility is recommended instead of an initial inpatient stay, the prior authorization should be submitted prior to surgery to ensure timely placement.”</i></p> <p><b>Section VI.E.5.b.</b> Concurrent review time frame for continued review was corrected to be 72 hours instead of 24 hours.</p> <p><b>Section VI.E.5.i.</b> Language clarified to reflect that a provider will be notified verbally, <i>“via telephone,”</i> if an inpatient stay is determined to be not medically necessary and the facility stay is denied.</p> <p><b>Section VI.E.5.j. and k.</b> Language updated to reflect that attending clinicians of inpatient facilities may request a Peer to Peer for a Member currently admitted to the facility <i>“or within 3 business days of discharge.”</i> At VI.E.5.k., title of dispute from was changed from provider dispute resolution request to <i>“Request to Reconsider an Inpatient UM Determination.”</i></p> <p><b>Section VI.G.2.</b> Added additional facility types: <i>“Long Term Care Facility (LTC), Medical Respite, Acute Inpatient Rehabilitation, Subacute Rehabilitation”</i> to the list of facilities where an inpatient facility might make outreach for placement of a Member who no longer requires acute inpatient level of care.</p> <p><b>Section VI.G.3.b.</b> Added this specification for the process when acute inpatient facilities seek placement for Members: <i>“Once begun, a daily assessment of placement status is expected, summarized in progress notes no less frequently than every 3 calendar days.”</i></p> <p><b>Section VI.G.3.d.</b> Added specification for acute inpatient admin days as follows: <i>“If a member meets the criteria for acute inpatient administrative days (as defined in this section), but no placement is achieved and the patient ends up being discharged to a non-covered setting (e.g. home, congregate living, homeless shelter), administrative days can still be assigned those days that met criteria while outreach efforts were being made.”</i></p> <p><b>Section VI.G.4.</b> Added specification for acute inpatient admin days as follows: <i>“For Members with a terminal illness, administrative days may be considered while the facility finalizes an appropriate discharge disposition (SNF with hospice, home with hospice) for a patient with a terminal illness who, when admitted, met acute inpatient criteria, and the records show that the goals of care for the Member have transitioned to comfort care measures.”</i></p> <p><b>Section VII.L.1.</b> Updated policy reference for UM Communications Services to reflect MPUD3001 UM Program Description.</p>	

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA MEETING SUMMARY**

(Confidential – Protected by CA. Evidence Code 1157)

\*by phone conference

Committee: Credentials Committee  
 Date: February 11, 2026, 7:00 AM  
 Members Present: Steven Gwiazdowski, MD; David Gorchoff, MD\*; Bradley Sandler, MD\*; Brian Montenegro, MD\*  
 by phone conference\*

PHC Staff: Mark Netherda, MD\* Medical Director Quality Improvement; Marshall Kubota, MD\*; PHC Associate Medical Director; Robert Moore, MD\*, MPH, MBA, PHC Chief Medical Officer; Jeffery Ribordy, MD\* Regional Medical Director; Lisa Ward, MD\* Regional Medical Director; Matthew Morris, MD\* Regional Medical Director; Priscila Ayala, Director of Network Services; J'aime Seale, Credentialing Team Lead; Nolan Smith, Credentialing Specialist II; Morgan Brambley, Credentialing Specialist I; Amanda Arguello, Lead Trainer Network Services

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
I. Meeting called to order.	I. Partnership Medical Director Quality Improvement and Chair Mark Netherda, MD called the meeting to order at 7:00AM. Credentials Committee roll call taken by J'aime Seale Credentialing Team Lead. Dr. Netherda reminded everyone that all items discussed are confidential.			02/11/2026
a. Voting member reminder.	a. Partnership Medical Director Quality Improvement Mark Netherda, MD, reminded The Credentials Committee of who the voting members are, and voting is restricted to non-PHC staff. Dr. Netherda reminded the committee that all information discussed is confidential in nature.			02/11/2026
II. Review and approval of January 14, 2026, Credentials Meeting Summary.	II. The Credentials Committee meeting Summary for January 14, 2026, were reviewed by the Committee.	II. Summary were reviewed. A motion for approval of the Summary was made by Steven Gwiazdowski, MD and seconded by Bradley Sandler, MD. Meeting Summary were unanimously approved without changes.		02/11/2026
III. Old Business.	III. Old Business –	III. Old Business		
a. Update on provider <i>Information Only</i>	a. Dr. Netherda referred the Credentials Committee to information for provider. The provider's credentialing was moved to the February meeting by Dr. Netherda for legal counsel. Further conferring with legal counsel is needed to determine next steps. Dr. Netherda has explained to the Credentials Committee that discussion will be extended to the next meeting, March 11, 2026.	a. <i>Information Only</i>	3/11/2026	

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
	<i>Information Only.</i>			
<p>IV. New Business</p> <p>a. Review and Approval of Routine Practitioner List.</p> <p>b. MPCR200 Clean/Routine Practitioners and Ancillary Practitioners</p> <p>c. Review and Approval of Revised Policies.</p> <p>d. Exception for provider</p>	<p>IV. New Business</p> <p>a. Dr. Netherda referred the Credentials Committee to review the routine list of practitioners.</p> <p>b. Dr. Netherda referred the Credentials Committee to the MPCR200 Clean/Routine Practitioners and Ancillary Practitioners list. These practitioners are approved by Dr. Netherda Pre-Credentials Committee meeting.</p> <p>c. Review and Approval of Revised Policies presented by J'aime Seale Credentialing Team Leam. The policies presented were MPCR11 – Credentialing of Community Health Worker (CHW) Supervising Providers, MPCR20 – Medi-Cal Managed Care Plan Provider Screening and Enrollment and MPCR100 – Credentialing and Re-Credentialing Decision Making Process. All items were approved by Partnership Internal Quality Improvement (IQI) on January 13,2026.</p> <p>d. Dr. Netherda explained to the Credentials Committee an exception for provider. The provider is requesting credentialing with group to render services as Primary Care for adults 18+ years old only. Dr. Qidwai is board certified in Public Health &amp; General Preventive Medicine. Medical Director Dr. Ward explained provider's 1 year residency in Internal Medicine (PGY-1). Medical Director Dr. Ribordy stated the provider would not be qualified to supervise. Dr. Gorchoff</p>	<p>IV. New Business</p> <p>a. The Committee reviewed the list of practitioners. A motion to approve the list of practitioners was made by Steven Gwiazdowski, MD and seconded by Bradley Sandler, MD. The Committee unanimously approved the routine list.</p> <p>b. The Credentials Committee reviewed the MPCR200 Clean/Routine list. A motion to approve the list practitioners was made by Bradley Sandler, MD and seconded by Steven Gwiazdowski, MD. The Committee unanimously approved the MPCR200 Clean/Routine and Ancillary Practitioners list.</p> <p>c. The Committee reviewed the Revised Policies. A motion to approve the revised policies was made by Steven Gwiazdowski, MD and seconded by Bradley Sandler, MD. The Committee unanimously approved the revised policies.</p> <p>d. The Committee motioned to defer to March 11, 2026, meeting pending further information was made by Steven Gwiazdowski, MD and seconded by David Gorchoff, MD. The Committee unanimously approved to defer further discussion to March 11, 2026, meeting.</p>	<p></p> <p></p> <p></p> <p>3/11/2026</p>	<p></p> <p>2/11/2026</p> <p>2/11/2026</p> <p>2/11/2026</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
e. Exception for provider	<p>responded cannot make claims on providers' intentions to supervise and cannot assume the provider is not qualified. Dr. Ward stated the group is not asking for the provider to supervise, they are only asking for the provider to be credentialed. Dr. Moore noticed the pediatrics area on the primary care criteria form will need to be reviewed and an explanation of OBGYN is also needed. Dr. Gorchoff added the provider has not made what they are able to do based on experience. Non-standard training requires more background information. Committee requesting further information regarding provider background, along with further review of Primary Care Criteria, deferred to March 11, 2026, meeting for further discussion.</p> <p>e. Dr. Netherda explained to the Credentials Committee that the provider is requesting to be credentialed to render services for dermatology with group. The provider partially completed General Surgery residency with Yale-New Haven Hospital 10/31/2002-4/30/2003 and completed one-year General Surgery residency with Lenox Hill Hospital 7/1/2001-6/30/2002. Further Internship and Residency with the University of Damascus in Syria were not received due to no response after multiple reach-outs. Letters of recommendation were received to verify provider's history of dermatological services.</p>	<p>e. The Committee reviewed the exception for provider. A motion to approve the provider to render dermatology services with group was made by David Gorchoff, MD and seconded by Steven Gwiazzdowski, MD. The Committee unanimously approved.</p>		2/11/2026
f. CR5 Semi-annual Evaluation of Practitioner Specific Member Complaints <i>Information Only</i>	<p>f. Dr. Netherda referred the Credentials Committee to CR5 Semi-Annual Evaluation of Practitioner Specific Member Complaints for the period of October 1, 2025, through December 31, 2025 (3 months). Summary of Findings: Number of Complaints from Perform Quality Improvement (PQI) is 32. Number of Complaints from Grievance and Appeals (G&amp;A) 26. Per Dr. Netherda's review there were a total of 18 practitioners involved with a total of 45 complaints. No trend or significant clinical or service issues were identified. As a result, no further action is needed at this time. <i>Information Only</i></p>	<p>f. <i>Information Only</i></p>		2/11/2026

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
<p>V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List.</p> <p>a. Review and Approval of Ongoing Monitoring of Sanctions Report.</p> <p>b. Practitioner Monitoring List.</p>	<p>V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List.</p> <p>a. Review and Approval of Ongoing Monitoring of Sanctions Report. The Credentials Committee was asked to review and approve the Ongoing Monitoring of Sanctions Report.</p> <p>b. The Credentials Committee was asked to review the Practitioner Monitoring list. Dr. Netherda reminded the committee that the credentialing department monitors these boards for any actions regarding our providers.</p>	<p>V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List.</p> <p>a. The Credentials Committee members reviewed the report. A motion for approval of the Ongoing Monitoring of Sanctions Report was made by Steven Gwiazdowski, MD and seconded by Bradley Sandler, MD. The Committee unanimously approved.</p> <p>b. <i>Informational only.</i></p>		2/11/2026
<p>VI. Review and Approval of Consent Calendar Items.</p> <p>a. Report of Long-Term Care Facility, Hospital, and Ancillary provider list.</p>	<p>VI. Review and Approval of Consent Calendar Items.</p> <p>a. Dr. Netherda asked the Credentials Committee members to review the report of Long-Term Care Facility, Hospital, and Ancillary provider list.</p>	<p>VI. Review and Approval of Consent Calendar Items.</p> <p>a. The Credentials Committee members reviewed the list of Consent Calendar Items. A motion for approval was made by Steven Gwiazdowski, MD and seconded by Bradley Sandler, MD. The Credentialing Committee unanimously approved.</p>		2/11/2026
<p>VII. Meeting Adjourned.</p>	<p>VII. Meeting adjourned.</p>			2/11/2026

*Credentials Meeting Summary for 2/11/2026 respectfully prepared and submitted by J'aime Seale Credentialing Team Lead.*



Chairman Signature of Approval \_\_\_\_\_  
 Mark Netherda, M.D., PHC Credentialing Chairman

Date 2/11/2026

February 2026 Routine Practitioner List

App. Ty	Full Name	NPI Number	Provider Type	Cr Name/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certif	Hospital Name	Staff Cat
I	Abner, Chloe	SUDRC 1568328748	W&R	Aegis Treatment Center LLC	Humboldt	Substance Use	California Subs	12/29/2025	Yes	None	
I	Adams, Katherine G.,S	1801494893	Allied	Total Spectrum Speech The	Sacramento	Speech & Lang	None		No	None	
I	Aguirre Rivera, Jocelyni	1114649530	W&R	Aldea Children and Family	€ Solano	Wellness and Recovery			No	None	
I	Ali, Fatima	BCBA 1932873080	BHP	California Sprout MC 1 LLC	Napa	BCBA	Behavior Analy:	08/28/2023	Yes	None	
I	Allen, Heather R.,FNP-	1447769286	SPEC	Generational Wellness and	I Solano	Family Nurse P	American Nurse	09/25/2017	Yes	None	
I	Allen, Jonathan W.,MD	1922186402	SPEC	Providence Medical Group,	Humboldt	Cardiology	None		No	Admitting Agreement	None
I	Alvarado, Stephanie C.	1902618267	PCP	Mendocino Community Hea	Mendocino	Pediatric Nurse	Pediatric Nursir	10/16/2024	Yes	None	
I	Amaral, Dawn	SUDRC 1821782970	W&R	Arbor Outpatient Drug Free	Mendocino	Substance Use	California Subs	10/24/2025	Yes	None	
I	Anwer, Shahrukh	PMH 1912872243	SPEC	Ampla Health Yuba City	Sutter	Psychiatric Mer	American Nurse	06/10/2025	Yes	None	
I	Awamleh, Claudia	FNF 1881168714	PCP	Redwoods Rural Health Cer	Humboldt	Family Nurse P	American Acad	10/26/2018	Yes	None	
I	Bachmann, Cecilia R.,€	1720763493	Allied	Total Spectrum Speech The	Solano	Speech & Lang	None		Not Applica	None	
I	Baker, Virginia V.,FNP-	1447114921	PCP	Modoc Medical Clinic	Modoc	Family Nurse P	American Acad	10/06/2025	Yes	None	
I	Balakrishnan, Ashwin €	1932660719	SPEC	NBHG: Center for Specialty	Solano	Urology	Meets MPCR #		No	Admitting Agreement	None
I	Barber, Jason R.,PT	1083597371	Allied	Shasta Lake Physical Thera	Shasta	Physical Thera	None		No	None	
R	Baron, Mivhel B., MD	1932594264	SPEC	Marin Community Clinic: Ca	Marin	Obstetrics and	ABMS of Obste	12/10/2021	Yes	Marin Health Medical	Active
I	Barrett, Kelly P.,MD	1578201505	PCP	Fairchild Medical Clinic (PCI	Siskiyou	Internal Medicir	ABMS of Intern.	08/14/2025	Yes	Fairchild Medical Cen	Provisional
I	Behm, John	MD 1437151677	PCP	Consolidated Tribal Health F	Mendocino	Family Medicin	ABMS of Family	07/11/1997	Yes	Admitting Agreement	None
R	Bensch, George W.,M€	1508839457	SPEC	Allergy, Immunology & Asth	€ Solano	Allergy & Immu	ABMS of Allerg	03/01/1974	Yes	Admitting Agreement	Active
I	Blacketer, Melissa	BCE 1710459508	BHP	ACES 2020, LLC	Placer	BCBA	Behavior Analy:	02/21/2025	Yes	None	
I	Bonnin, Carmen M.,RA	1487464616	W&R	Drug Abuse Alternatives Ce	Sonoma	Wellness and R	California Asso	01/04/2026	Yes	None	
I	Borusko, Rebecca M.,F	1982240966	SPEC	ReSolution Care, PC	Solano	Nurse Practitior	American Acad	03/23/2021	Yes	None	
I	Bowler, Gillian L.,SLP	1407512254	Allied	Total Spectrum Speech The	Solano	Speech Patholc	None		Not Applica	None	
R	Braemer, Tara M.,FNP-	1255877957	PCP	Redding Rancheria Tribal H	Shasta	Family Nurse P	American Nurse	10/19/2016	Yes	None	
I	Bridges, Tonya Doula	1952109357	SPEC	Loula Perinatal Health Servi	Solano	Doula	None		Not Applica	None	
I	Brown, Samantha	BCB 1326861725	BHP	Autism Advocacy and Interv	Lake	Board Certified	Behavior Analy:	10/21/2024	Yes	None	
I	Bursten, Stuart L.,MD	1164494696	PCP	Mendocino Community Hea	Mendocino	Internal Medicir	ABMS of Intern.	09/14/1983	Yes	Admitting Agreement	None
I	Camacho, Hector J.,Ph	1194306035	SPEC	Olivehurst Drug Store	Yuba	Pharmacology	None		Not Applica	None	
I	Carey, Allison M.,Psy.€	1588288047	BHP	Autism Center of Northern C	Marin	BCBA	None		No	None	
I	Carson, Mia E.,MD	1215055629	PCP	Round Valley Indian Health	Mendocino	Family Medicin	Meets MPCR #		No	Admitting Agreement	None
I	Castro, Guadalupe	BCI 1780228916	BHP	Center for Social Dynamics	Solano	BCBA	Behavior Analy:	05/31/2019	Yes	None	
I	Caudill, Kimberly	RD 1356563142	Allied	Lifestyle Nutrition & Dietetic	Placer	Registered Diet	None		No	None	
I	Chin, Kai Y.,DO	1427469402	SPEC	Sierra Nevada Specialty Cai	Nevada	Nephrology	ABMS of Intern.	10/23/2019	Yes	Admitting Agreement	None
R	Chiu, Vivian	BCBA 1275026205	BHP	Kyo Autism Therapy LLC, fk	Marin	Behavioral Hea	Behavior Analy:	01/26/2023	Yes	None	
I	Cobar, Daniel A.,AMFT	1184336612	W&R	Family Spring Psychology	Solano	Wellness and R	None		No	None	
I	Cobbins, Racine	FNP 1821724691	PCP	Redwoods Rural Health Cer	Humboldt	Psychiatric Mer	American Nurse	03/01/2025	Yes	None	
R	Colby, Chelsea J.,LAc	1780866889	Allied	Humboldt Acupuncture	Humboldt	Acupuncture	None		No	None	
I	Connors, Lori L.,CPNP	1346688306	PCP	Consolidated Tribal Health F	Mendocino	Certified Pediat	Pediatric Nursir	06/10/2013	Yes	None	
I	Cornell, Jonathan	BCB 1922704303	BHP	California Sprout MC 1 LLC	Napa	BCBA	Behavior Analy:	10/02/2024	Yes	None	
I	Cumming, Brenna A.,R	1932983673	Allied	As You Are Nutrition	Napa	Registered Diet	Commission of	07/13/2023	Yes	None	
I	Cutchon, Sydney M. P/	1659914240	SPEC	Telehealth Specialty Medica	Placer	Physician Assis	National Comm	11/30/2020	Yes	None	
R	Dawdy, Jess D.,FNP-C	1154095818	PCP	Anderson Valley Health Cer	Mendocino	Family Nurse P	American Acad	06/23/2021	Yes	None	
I	Dempster, Olivia	FNP-(1265315618	PCP	Ole Health	Napa	Family Nurse P	American Acad	06/09/2025	Yes	None	
I	Devera, Melanie	LAAD 1083584254	W&R	Aegis Treatment Centers, LI	Shasta	Wellness and R	California Cons	06/05/2025	Yes	None	
R	Diaz Flores, Rafael F.,I	1619056561	SPEC	Bay Area Surgical Specialisi	Solano	General Surger	ABMS of Surge	11/12/2012	Yes	John Muir Health Wal	Active
I	Digno, Adelyn C.,FNP-	1578375697	SPEC	Jiva Health Inc - Fairfield	Solano	Nurse Practitior	American Acad	12/26/2024	Yes	None	
I	Do, Paul C.,MD	1942326269	SPEC	Pulmonary Medicine Associ:	Yolo	Pediatric Pulmc	ABMS of Pedia	11/08/2012	Yes	Admitting Agreement	None
I	Domingos, Matthew R/	1316818925	W&R	Drug Abuse Alternatives Ce	Sonoma	Wellness and R	California Cons	05/08/2025	Yes	None	
I	DONG, ALICE	SLP 1730958398	Allied	Total Spectrum Speech The	Solano	Speech Patholc	None		No	None	

February 2026 Routine Practitioner List

App. Ty	Full Name	NPI Number	Provider Type	Cr Name/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certif	Hospital Name	Staff Cat
R	Doughty, Kaylee S.,PA	1417622143	PCP	Mendocino Community Hea	Mendocino	Physician Assis	National Comm	10/26/2021	Yes	None	
I	Drzemala, Thomas M.,	1760849319	SPEC	One Community Health - Inf	Yolo	Chiropractic	None		Not Applica	Admitting Agreement	None
I	Dua, Cesar L.,MD	1881676302	PCP	One Community Health	Solano	Pediatrics	ABMS of Pedia	10/08/1997	Yes	Admitting Agreement	None
I	DULAY, MEGAN SLP	1710648753	Allied	Total Spectrum Speech The	The Sacramento	Speech Patholo	None		No	None	
I	Duran, Jessica BCBA	1750841573	BHP	Peak Potential ABA, LLC	Solano	BCBA	Behavior Analy:	04/29/2021	Yes	None	
I	Echeverria, Joshu D., M	1578184396	PCP	UIHS - Potawot Health Villaç	Humboldt	Family Medicinç	ABMS of Family	07/01/2023	Yes	Admitting Agreement	None
I	Elliott, Alexis BCBA	1114631140	BHP	Burnett Therapeutic Service	Napa	BCBA	Behavior Analy:	12/23/2025	Yes	None	
I	Ellis, Rachael CADC I	1629432794	W&R	Recover Medical Group	Solano	Wellness and R	California Cons	07/13/2020	Yes	None	
I	Esparza, Alyssa B.,BCI	1710550900	BHP	Center for Social Dynamics	Solano	BCBA	Behavior Analy:	09/09/2025	Yes	None	
I	Ferrell, Barbara G.,FNF	1467741397	W&R	Drug Abuse Alternatives Ce	Sonoma	Family Nurse P	American Acad	03/01/2011	Yes	None	
R	Field, Lesley M.,PA-C	1316176712	SPEC	Providence Medical Group, Sonoma	Sonoma	Physician Assis	National Comm	06/02/2016	Yes	None	
I	Fink, Pauline E.,AMFT	1861251688	W&R	Drug Abuse Alternatives Ce	Sonoma	Associate Marri	None		No	None	
I	Finney, Shari R.,LMFT	1841689031	W&R	Recover Medical Group	Solano	License Marriaç	None		No	None	
I	Flores, Elenamarie F.,F	1063259760	SPEC	Pacific Skin Institute	Yolo	Physician Assis	National Comm	09/02/2025	Yes	None	
I	Garg, Amandeep Phari	1083910368	SPEC	Adobe Drugs	Sonoma	Pharmacology	None		No	None	
I	Given, Marisa OT	1255166559	Allied	Total Spectrum Speech The	The Sacramento	Occupational TI	None		Not Applica	None	
I	Glisson, Hollie BCBA	1114671443	BHP	Burnett Therapeutic Service	Napa	BCBA	Behavior Analy:	02/21/2025	Yes	None	
R	Goertz, Aaron M.,DO	1649621426	SPEC	Pulmonary Medicine Associ:	Yolo	Pulmonary Dise	ABMS of Intern.	11/16/2021	Yes	Sutter Solano Medica	Active
I	Gonzalez, Angel BCBA	1003491846	BHP	Center for Social Dynamics	Solano	BCBA	Behavior Analy:	04/15/2025	Yes	None	
R	Gonzalez, Mayra LCSV	1083292718	BHP	Petaluma Health Center	Sonoma	Licensed Clinic:	None		No	None	
I	Goold, Daniel R.,PA-C	1174308381	SPEC	Sacramento Ear Nose and T	Yolo	Physician Assis	National Comm	07/16/2025	Yes	None	
R	Grady, Stafford R.,Jr., I	1003888132	SPEC	Sutter Coast Community Cli	Del Norte	Pediatric Cardic	ABMS of Pedia	10/01/1983	Yes	Sutter Coast Hospital	Consulting
I	Griffin, Carol E.,DO	1912269408	BHP	Thrive Wellness Medical Gr	Humboldt	Behavioral Hea	None		No	Providence St Joseph	Active
R	Haloff, Jeffrey S.,LAc	1447480314	Allied	Humboldt Acupuncture	Humboldt	Acupuncture	None		No	None	
I	Hamilton, Ivan D.,MD	1669421202	PCP	La Clinica - North Vallejo	Solano	Internal Medicir	AOB of Internal	08/23/2005	Yes	Admitting Agreement	None
R	Hardman, Caroline C.,f	1023528700	BHP	Hyperion Behavioral Health	Mendocino	Board Certified	Behavior Analy:	08/31/2017	Yes	None	
R	Hartland, Gary A.,PA-C	1851403075	SPEC	Epic Orthopedics	Shasta	Physician Assis	National Comm	12/08/2025	Yes	None	
I	Hashemi, Suzan LAc	1245675271	Allied	One Community Health - Inf	Yolo	Acupuncture	None		No	None	
I	Hendon, Faith BCBA	1982235990	BHP	Montera Health California, L	Yolo	Board Certified	Behavior Analy:	11/30/2019	Yes	None	
R	Hernandez, Luz M.,FNI	1407890320	PCP	La Clinica	Solano	Family Nurse P	American Nurse	03/01/2019	Yes	None	
I	Herrera, Daniela G.,FN	1942846597	SPEC	Jiva Health Inc - Fairfield	Solano	Family Nurse P	American Nurse	09/27/2019	Yes	None	
I	Hester-Keels, Briana G	1306339973	Allied	Sacramento Ear Nose and T	Yolo	Audiology	None		No	None	
I	Hoyt, Lisa M.,NP	1811081524	BHP	Thrive Wellness Medical Gr	Humboldt	Nurse Practitior	None		No	None	
I	Ireland, Tinley A.,PA-C	1821702606	PCP	Solano County Family Healt	Solano	Physician Assis	National Comm	09/05/2025	Yes	None	
R	James, Linda K.,MD	1013959915	SPEC	Adventist Health Mendocino	Mendocino	Surgery	ABMS of Surge	11/03/1993	Yes	Mendocino Coast Disi	Active
I	Jenkins, Emily BCBA	1588016703	BHP	Behavioral & Educational St	Placer	BCBA	Behavior Analy:	02/28/2018	Yes	None	
I	Jones, Julia E.,LAc	1003098526	Allied	Shasta Valley Community H	Siskiyou	Acupuncture	None		No	None	
R	Jones, Richard A.,MD	1538186044	SPEC	Eye Site Sacramento	Yolo	Ophthalmology	ABMS of Ophth	10/22/1988	Yes	Sutter Medical Center	Courtesy
I	Jugler, Logan P.,PA-C	1346923711	SPEC	Yuba City Dermatology & S	Sutter	Physician Assis	National Comm	07/18/2023	Yes	None	
R	Juvvadi, Anita R.,MD	1457325797	PCP	La Clinica De La Raza	Solano	Pediatrics	ABMS of Pedia	10/24/2000	Yes	Admitting Agreement	None
I	Kako, Rony Y.,MD	1699709881	SPEC	Rony Kako MD	Napa	SNFist	None		No	Providence Queen of	Active
R	Kam, Galen S.,MD	1477617496	SPEC	Shasta Orthopedics & Sport	Shasta	Orthopaedic Su	ABMS of Orthoç	07/23/2009	Yes	Shasta Regional Med	Active
R	Kaur, Gurcharanjit FNF	1033511266	PCP	Ampla Health Yuba City	Sutter	Family Nurse P	American Acad	09/24/2014	Yes	None	
I	Keller, Lauren P., DO	1477818938	SPEC	Sacramento Sierra Dermato	Solano	Dermatology	AOB of Dermat	12/17/2017	Yes	Admitting Agreement	None
I	Kelly, Carissa M.,ANP-	1821307646	SPEC	Telehealth Specialty Medica	Placer	Adult Nurse Prç	American Acad	07/01/2010	Yes	None	
I	Kennedy, Matthew D.,I	1962077693	SPEC	BAY AREA FOOT CARE IN	Mendocino	Podiatric Surge	AB of Foot and	07/01/2025	Not Applica	Admitting Agreement	None
I	Khan, Zoya Doula	1952299414	SPEC	Raya Health	Solano	Doula	None		Not Applica	None	
R	Kimball, Crystal N.,FNF	1316646797	PCP	Adventist Health Ukiah Valle	Mendocino	Family Nurse P	American Nurse	03/29/2023	Yes	None	

February 2026 Routine Practitioner List

App. Ty	Full Name	NPI Number	Provider Type	CrName/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certif	Hospital Name	Staff Cat
I	King, Jaysen BCBA	1336676311	BHP	Kids Konnect ABA Therapy	Modoc	BCBA	Behavior Analy:	01/03/2025	Yes	None	
I	Kregenow, Lily T.,MD	1992766117	PCP	Mendocino Coast Pediatric	Mendocino	Pediatrics	ABMS of Pedia	10/15/2002	Yes	Admitting Agreement	None
I	Kubat, Amy Doula	1326835158	SPEC	Loula Perinatal Health Servi	Solano	Doula				None	
I	Kutches, Christopher D	1659164655	PCP	Alliance Medical Center	Sonoma	Family Nurse P	American Nurse	07/02/2025	Yes	None	
R	Lance, Erinn B.,CNM	1306955414	SPEC	Marin Community Clinic: Ca	Marin	Certified Nurse	American Midw	10/01/1998	Yes	None	
I	Landenberger, Abigail	1912586843	SPEC	Ampla Health Yuba City	Sutter	Psychiatry & N	None		No	Admitting Agreement	None
R	Leavitt, Lisa A.,MD	1689774234	PCP	Marin Community Clinic: Sa	Marin	Pediatrics	ABMS of Pedia	10/09/1996	Yes	Marin Health Medical	Active
I	Leonhart, Juliana J.,BC	1003317033	BHP	Kadiant, LLC	Solano	Board Certified	Behavior Analy:	02/22/2020	Yes	None	
R	Lerman, Joel A.,MD	1841256880	SPEC	Shriners Hospitals for Childr	Yolo	Orthopaedic Su	ABMS of Ortho	07/12/2001	Yes	Shriners Hospital for	Active
I	Levin Mizrahi, Lissa B.,	1023227444	SPEC	Telehealth Specialty Medica	Placer	Nephrology	ABMS of Intern	10/18/2011	Yes	Admitting Agreement	None
R	Lister, Douglas S.,DPM	1295958312	SPEC	Adventist Health Mendocino	Mendocino	Foot Surgery	AB of Foot and	08/01/2003	Yes	Adventist Health Medi	Active
I	Lomax, Dedriana M.,M	1548840101	PCP	Marin City Health & Wellness	Center	Family Medicine	ABMS of Family	07/01/2024	Yes	Admitting Agreement	None
R	Lum, Craig DO	1033301940	SPEC	Vohra Wound Physicians of Solano		Wound Care	None		No	Admitting Agreement	None
R	Lund, Erin E.,MD	1790876720	PCP	Santa Rosa Community Hea	Sonoma	Family Medicine	ABMS of Family	07/25/2008	Yes	Sutter Santa Rosa Re	Active
R	Ly, Hongdu K.,DO	1972740942	SPEC	Vohra Wound Physicians of Solano		Wound Care	None		No	Admitting Agreement	None
R	Magrini, Molly M.,PA-C	1629639570	PCP	SCHC: Shasta Community H	Shasta	Physician Assis	National Comm	06/03/2019	Yes	None	
I	Mahoney, Abigail A.,DF	1710996103	SPEC	One Community Health - Inf	Yolo	Podiatry	None		No	Admitting Agreement	None
R	Marriott, David E.,MD	1194213678	PCP	Fairchild Medical Clinic (PCI	Siskiyou	Pediatrics	ABMS of Pedia	10/14/2021	Yes	Fairchild Medical Cen	Active
R	Marsh, Brenda J.,MD	1386955656	SPEC	Pulmonary Medicine Associ	Yolo	Pulmonary Dise	ABMS of Intern	11/29/2022	Yes	Admitting Agreement	None
R	McCracken, John D.,M	1235203548	SPEC	Providence Medical Group,	Humboldt	Gastroenterolog	ABMS of Intern	11/03/1993	Yes	St Joseph Hospital	Active
R	McLellan-Thompson, L	1144640574	W&R	County of Humboldt - Health	Humboldt	Wellness and R	California Subs	12/11/2024	Yes	None	
R	McWhirter, Paul D.,MD	1609843366	SPEC	Adventist Health Physicians	Napa	Cardiovascular	ABMS of Intern	11/10/1995	Yes	Adventist Health - St.	Provisional
I	Mead, Andrew R.,SUD	1891525259	W&R	Aegis Treatment Centers, LI	Shasta	Wellness and R	California Subs	11/22/2025	Yes	None	
I	Mihelich, Rachel A.,PA	1346715588	SPEC	NBHG: Orthopaedics and P	Solano	Physician Assis	National Comm	08/30/2018	Yes	None	
I	MILLAN, CHANTAL SL	1952136434	Allied	Total Spectrum Speech The	Solano	Speech Patholo	None		No	None	
I	Miranda, Paul CADC II	1902439300	W&R	Aegis Treatment Centers, LI	Shasta	Wellness and R	California Cons	07/01/2024	Yes	None	
R	Mitchell, Constance CF	1205181526	PCP	Open Door Community Hea	Humboldt	Pediatric Nurse	Pediatric Nursir	09/04/2018	Yes	None	
I	Moore, Estefani SUDR	1205305885	W&R	Drug Abuse Alternatives Ce	Sonoma	Wellness and R	California Subs	08/19/2025	Yes	None	
R	Morales, Lisa J.,PA-C	1184111551	SPEC	Adventist Health Physicians	Napa	Physician Assis	National Comm	04/20/2018	Yes	None	
I	Morrow, Lenton J.,MD	1487726840	PCP	Hill Country Comm Clinic-R	Shasta	Family Medicine	Previously Boar	07/24/2010	No	Admitting Agreement	None
I	Munoz, Nicholas H.,SU	1467059725	W&R	Recover Medical Group	Solano	Wellness and R	California Subs	06/10/2024	Yes	None	
R	Murphy, John J.,MD	1437119591	PCP	La Clinica De La Raza	Solano	Internal Medicin	ABMS of Intern	08/14/2007	Yes	Admitting Agreement	None
I	Narvarte, Javier MD	1326156134	SPEC	Sierra Nevada Specialty Ca	Nevada	Nephrology	ABMS of Intern	11/01/1988	Yes	Admitting Agreement	None
R	Nathan, Manjari MD	1033386503	SPEC	Bay Area Surgical Specialisi	Solano	Pulmonary Dise	ABMS of Intern	11/07/2006	Yes	John Muir Medical Ce	Active
I	Navarro, Allison E.,SLF	1497464796	Allied	Total Spectrum Speech The	Sacramento	Speech & Lang	None		No	None	
I	Nguyen, Mila N.,NP	1073385464	SPEC	Adventist Health St Helena	Napa	Cardiology	None		No	None	
I	Nieto, Danielle BCBA	1215438361	Allied	Kadiant, LLC	Solano	Board Certified	Behavior Analy:	04/11/2025	Yes	None	
I	Njeru, Ann W.,RN	1396523809	SPEC	NJERU ANN		Registered Nur	None		No	None	
I	Oco, Sheila Marie BCB	1851758619	BHP	Kadiant, LLC	Solano	BCBA	Behavior Analy:	05/31/2017	Yes	None	
I	OConnor, Katherine D.	1497514228	W&R	Drug Abuse Alternatives Ce	Sonoma	Wellness and R	None		No	None	
R	O'Neal, Christina M.,MI	1134626112	PCP	Marin Community Clinic: Sa	Marin	Pediatrics	ABMS of Pedia	10/12/2023	Yes	Admitting Agreement	None
I	Orandi, Cyrus R.,MD	1356570469	SPEC	NBHG: Center for Specialty	Solano	General Surger	ABMS of Surge	11/16/2015	Yes	NorthBay Medical Ce	Provisional
I	Ortega Casillas, Pablo	1598221558	BHP	Positive Behavior Supports	Solano	Board Certified	Behavior Analy:	11/03/2022	Yes	None	
I	Pai, Jonathan S.,MD	1285196105	SPEC	John Muir Health Cancer M	Solano	Hematology	ABMS of Intern	11/05/2025	Yes	John Muir Medical Ce	Provisional
I	Patel, Jusmin R.,MD	1518259647	SPEC	Sierra Nevada Specialty Ca	Nevada	Nephrology	ABMS of Intern	11/09/2016	Yes	Admitting Agreement	None
R	Patel, Praful B.,MD	1396760575	SPEC	Providence Medical Group,	Sonoma	Pulmonary Dise	AOB of Internal	11/08/2000	Yes	Providence Santa Ro	Active
I	Perez, Maria Sophia Fr	1619855509	SPEC	Adventist Health Ukiah Valle	Mendocino	Family Nurse P	American Acad	06/18/2025	Yes	None	
I	Piscitelli, Katja R.,SLP	1043714348	Allied	Total Spectrum Speech The	Solano	Speech & Lang	None		No	None	

February 2026 Routine Practitioner List

App. Ty	Full Name	NPI Number	Provider Type	Cr Name/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certif	Hospital Name	Staff Cat
R	Ponce, Lisa A.,MD	1881735728	PCP	SCHC: Shasta Community I	Shasta	Pediatrics	ABMS of Pedia	11/13/1991	Not Applica	Admitting Agreement	None
I	Pratt, Mindy SUDRC II	1881557270	W&R	H.O.M.E Tule House	Lake	Substance Use	California Subs	08/07/2025	Yes	None	
R	Quilala, Marlene Q.,MC	1346308855	PCP	Lake County Tribal Health C	Lake	Pediatrics	Meets MPCR#1	10/19/1999	No	Admitting Agreement	Active
I	Rajapakse, Ridhmi P.,I	1356669766	SPEC	Sierra Nevada Specialty Cai	Nevada	Nephrology	ABMS of Intern.	11/12/2015	Yes	Admitting Agreement	None
I	Ramirez Gomez, Cathr	1346896826	W&R	Recover Medical Group	Solano	Wellness and R	None		No	None	
I	Ramirez, Patty A.,FNP-	1194562181	PCP	Elica Health Centers-Halyar	Yolo	Family Nurse P	American Acad	06/17/2024	Yes	None	
I	Rasmussen, Savannah	1932699469	BHP	Kadiant, LLC	Solano	BCBA	Behavior Analy:	06/15/2022	Yes	None	
I	Raymundo-de Vera, C	1417033374	PCP	Rolling Hills Clinic - PCP	Tehama	Pediatrics	ABMS of Pedia	10/16/2001	Yes	Admitting Agreement	None
I	Regan, Melinda B.,FNF	1043000284	PCP	Adventist Health Mendocino	Mendocino	Family Nurse P	American Nurse	07/01/2025	Yes	None	
I	Reyes Acosta, Vicky R	1467963595	Allied	My Diabetes Tutor	Solano	Registered Diet	Commission of	05/31/2008	Yes	None	
I	Reyes Casas, Isidro B	1285523860	BHP	Family First	Butte	BCBA	Behavior Analy:	12/17/2025	Yes	None	
I	Riley, Diana E., PA-C	1730386046	SPEC	Lake County Tribal Health C	Lake	Physician Assis	National Comm	11/09/2001	Yes	None	
I	Robertson, Angela BC	1275039729	BHP	California Sprout MC 1 LLC	Napa	BCBA	Behavior Analy:	09/27/2025	Yes	None	
I	Robinson, Lacey BCBA	1154881712	BHP	Learning Arts	Sutter	BCBA	Behavior Analy:	11/07/2025	Yes	None	
I	Rodabaugh, Daniel CA	1285084632	W&R	Cache Creek Lodge Inc	Yolo	Wellness and R	California Cons	06/15/2020	Yes	None	
I	Ross, Clare K.,AGACN	1770473092	SPEC	Pulmonary Medicine Associ	Yolo	Adult-Gerontolc	American Nurse	08/14/2025	Yes	None	
I	Salazar, Amelia BCBA	1558801092	BHP	Kyo Autism Therapy, LLC	Solano	BCBA	Behavior Analy:	11/18/2020	Yes	None	
I	Sanders, Jamie FNP-B	1407308422	PCP	Marin Community Clinic: So	Marin	Family Nurse P	American Nurse	10/03/2012	Yes	None	
I	Sanders, Lindsay B.,MI	1144517517	SPEC	Sierra Nevada Specialty Cai	Nevada	Nephrology	ABMS of Intern.	11/09/2016	Yes	Admitting Agreement	None
I	Santos, Judith BCBA	1033768015	BHP	California Sprout MC 1 LLC	Napa	BCBA	Behavior Analy:	06/07/2023	Yes	None	
R	Segbeaya, Rudairo BC	1851005219	BHP	Kyo Autism Therapy, LLC	Solano	BCBA	Behavior Analy:	12/20/2022	Yes	None	
R	Sen, Soman MD	1225154727	SPEC	Shriners Hospitals for Childr	Yolo	Surgery	ABMS of Surge	12/31/2018	Yes	Shriners Hospital for (	Active
I	Sharma, Mukesh K.,MI	1871704122	SPEC	Sierra Nevada Specialty Cai	Nevada	Nephrology	ABMS of Intern.	10/10/2013	Yes	Admitting Agreement	None
R	Shin, John C.,MD	1114920477	SPEC	Marin Eyes	Marin	Ophthalmology	ABMS of Ophth	06/07/1998	Yes	Marin Health Medical	Consulting
I	Shoko, Nepistance MD	1780861880	PCP	Kimaw Medical Center	Humboldt	Internal Medicir	ABMS of Intern.	08/28/2008	Yes	Admitting Agreement	Active
I	Sievert, Mark C.,MD	1720321912	SPEC	Sierra Nevada Specialty Cai	Nevada	Nephrology	ABMS of Intern.	10/03/2018	Yes	Admitting Agreement	None
I	Silva, Amila R.,MD	1083855670	SPEC	Retinal Consultants Medical Yolo		Ophthalmology	ABMS of Ophth	06/08/2014	Yes	Admitting Agreement	None
I	Silva, Kimberly J.,FNP-	1528448354	PCP	Mendocino Community Hea	Mendocino	Family Nurse P	American Acad	07/01/2015	Yes	None	
I	Sinclair, Madelin C.,BC	1235094277	BHP	Momentum Behavior Servi	Sonoma	BCBA	Behavior Analy:	06/24/2023	Yes	None	
I	Skaria, Sunil D.,MD	1124129234	SPEC	Sierra Nevada Specialty Cai	Nevada	Nephrology	American Boar	11/18/2009	Yes	Admitting Agreement	Active
R	Southwick, Frances M.	1700107471	PCP	CommuniCare Ole - Davis C	Yolo	Family Medicin	Meets MPCR#1	07/01/2013	No	Admitting Agreement	None
I	Spernoga, Mary V.,AGI	1861012841	PCP	One Community Health - Inf	Yolo	Adult-Gerontolc	American Nurse	09/10/2019	Yes	None	
R	Stockdale, Christophe	1528453594	SPEC	Redding Urologic Associate	Shasta	Urology	ABMS of Urolo	02/28/2022	Yes	Mercy Medical Center	Active
I	Stroman, Angela H.,PA	1477174134	PCP	One Community Health - Inf	Yolo	Physician Assis	National Comm	05/04/2020	Yes	None	
I	Subramanian, Valliamn	1922837566	SPEC	Ampla Health Yuba City	Sutter	Retinal Myopat	None		No	Admitting Agreement	Active
I	Sullivan, James E.,DO	1467560292	SPEC	Sierra Nevada Specialty Cai	Nevada	Nephrology	American Boar	11/05/2003	Yes	Admitting Agreement	None
R	Swain, Matthew S.,DO	1417927120	PCP	Adventist Health Ukiah Valle	Mendocino	Family Medicin	ABMS of Family	12/02/2010	Yes	Adventist - Ukiah Vall	Active
I	Takeshima, Philicia BC	1932348109	BHP	Kadiant, LLC	Solano	BCBA	Behavior Analy:	11/30/2016	Yes	None	
I	Tani, Marina BCBA	1619682861	BHP	Center for Social Dynamics	Solano	BCBA	Behavior Analy:	10/28/2025	Yes	None	
I	Tate, Wesley A.,MD	1942344890	SPEC	Lassen County Behavioral F	Lassen	Psychiatry	ABMS of Psych	09/24/2018	Yes	Admitting Agreement	None
R	Teran, Guy R.,MD	1013992452	PCP	Mendocino Community Hea	Mendocino	Internal Medicir	Meets MPCR #		No	Adventist - Ukiah Vall	Active
R	Thao, Cha C.,DO	1245230069	PCP	Elica Health Centers-Halyar	Yolo	Family Medicin	Meets MPCR #		No	Admitting Agreement	None
I	Tiede, Aidan BCBA	1952949547	BHP	Pantogran LLC dba Center	Yolo	Board Certified	Behavior Analy:	07/07/2025	Yes	None	
I	Tinkelenberg, Judith I.,	1023106622	SPEC	Harmony Health Medical Cli	Yuba	Nurse - Midwife	None		Not Applica	None	
R	Tiscareno, Mia P.,FNP-	1316354350	PCP	Santa Rosa Community He	Sonoma	Family Nurse P	American Acad	09/03/2014	Yes	None	
I	Townsend, Travis J.,MI	1568787554	BHP	United Indian Health: Valle	Humboldt	Psychiatry	AOB of Neurolc	09/15/2014	Yes	Admitting Agreement	Active
I	Truong, Thuhong T.,MI	1881772796	PCP	La Clinica - North Vallejo	Solano	Family Medicin	ABMS of Family	07/28/2002	Yes	Admitting Agreement	None
R	Valdovinos, Karen BCI	1578026811	BHP	ACES	Sonoma	BCBA	Behavior Analy:	10/13/2022	Yes	None	

February 2026 Routine Practitioner List

App. Ty	Full Name	NPI Number	Provider Type	Cx Name/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certif	Hospital Name	Staff Cat
I	Valenzuela, Barbara B	1639670490	BHP	Kadiant, LLC	Solano	BCBA	Behavior Analy:	12/14/2021	Yes	None	
I	Varnedoe, Claudia R.,F	1811886856	PCP	Elica Health Center	Placer	Physician Assis	National Comm	07/16/2025	Yes	None	
R	Vu, Hugh L.,MD	1184691677	SPEC	Shriners Hospitals for Childr	Yolo	Plastic Surgery	ABMS of Plastic	09/14/2002	Yes	Shriners Hospital for C	Consulting
I	Wallace, John T., II MC	1023079803	PCP	Mendocino Coast Clinic	Mendocino	Internal Medicir	Meets MPCR#1	09/09/1980	No	Admitting Agreement	None
I	Walton, Kristine L.,BCE	1598423246	BHP	Peak Potential ABA, LLC	Solano	BCBA	Behavior Analy:	08/23/2025	Yes	None	
I	Wang, Winnie W.,FNP-	1265908164	SPEC	Providence Medical Group,	Sonoma	Family Nurse P	American Nurse	02/28/2018	Yes	None	
I	Watkins, Lindsay BCB/	1437645389	BHP	Montera Health California, L	Yolo	BCBA	Behavior Analy:	02/25/2020	Yes	None	
I	Wettle, Juliet RD	1477414852	Allied	Ceres Community Project	Sonoma	Registered Diet	Commission of	11/17/2025	Yes	None	
I	Whippen, Jenna PA-C	1487236279	PCP	One Community Health - Inf	Yolo	Physician Assis	National Comm	09/14/2022	Yes	None	
I	Whitley, Ashley SUDR	1780559617	W&R	Archway Recovery Services	Solano	Substance Use	California Subs:	10/03/2025	Yes	None	
I	Wolf, Erin MD	1245733062	SPEC	John Muir Speciality Medica	Solano	Gastroenterolog	None		No	John Muir Medical Ce	Provisional
I	Wong, Eva DPM	1881157717	SPEC	One Community Health - Inf	Yolo	Podiatry	None		No	Admitting Agreement	None
R	Wray, Lindsay L.,Psy.C	1427424464	BHP	Jigsaw Diagnostics	Solano	Behavioral Hea	None		No	None	
I	Yadav, Sakshi MD	1831751957	SPEC	Sierra Nevada Specialty Cai	Solano	Nephrology	ABMS of Intern.	11/14/2024	Yes	Admitting Agreement	None
I	Young, James H.,DC	1942353875	SPEC	Mendocino Coast Clinic	Mendocino	Chiropractic	None		No	None	
R	Zagone, Robin L.,MD	1023192960	SPEC	Sutter Coast Community Cli	Del Norte	Urology	ABMS of Urolog	02/28/2006	Yes	Mad River Community	Active
I	Zuccato, Erica M.,Doula	1679451561	SPEC	Momma's Tiny Miracles Dou	Tehama	Doula	None		No	None	



## MEETING MINUTES

**Meeting Name:** Pediatric Quality Committee (PQC)

**Date:** February 3, 2026

**Time:** 1:00 – 3:00 p.m.

**Location:** Partnership HealthPlan of California

**Attendees:**

Advising Members	
Lauren Burchfield, RN - <i>Humboldt</i>	Victoria Morgese, MD - <i>Napa</i>

Other Members	
DeLellis York - Butte	Caryl Greenwood - Shasta
Jessica Johnson - Butte	Bré Whitley - Sierra
Celia Su, PHN - Colusa	Jennifer Hathaway - Siskiyou
Lorri McKey - Colusa	Nellie Brasier - Siskiyou
Norma Williams - Del Norte	Chelsea Linthicum - Sutter
Marcy Reese - Glenn	Jeanetty Martinelli - Trinity
Meredith Wolfe - Humboldt	Lily Nguyen - Yuba
Kim Tangermann - Lake	Maka Fisher - Yuba
Terri Sides - Modoc	Otilia Martinez - Yuba
Jessica Hamon - Placer	Rebekah Kim, DO – <i>Yolo</i>

Partnership Staff	
Aaron Brincko - Provider Relations	Jeff Ribordy, MD - Medical Director   Committee Chair
Annika Jensen, RN - Care Coordination	Katherine Barresi, RN - Chief Health Services Officer
Armando Romo - Care Coordination	Kelly YoungStone, RN - Care Coordination
Brigid Gast, RN - Sr. Director of Care Management	Samantha Ogston, RN - Care Coordination
Doreen Crume, RN - Care Coordination	Stan Leung, Pharm.D - Pharmacy
Jaronna Jackson - Care Coordination	Suzanne Trepoy Papadopoulos, RN - Care Coordination
Jas Singh - Care Coordination	

Agenda Topic	Minutes	Action Items
<b>Introductions, Roll Call and Objective of Meeting</b> <i>Speaker: Jeff Ribordy, MD</i>	<p>The PQC Committee Chair commenced the meeting commenced at 1:03 p.m. Attendance was recorded.</p>	
<b>Review and Approve Minutes from Previous Meeting</b> <i>Speaker: Jeff Ribordy, MD</i>	<p>Motion to approve minutes from PQC held on November 5, 2025. Approved, no objections.</p>	
<b>Updates from Previous Family Advisory Committee Meeting</b> <i>Speaker: Jaronna Jackson</i>	<p>The Family Advisory Committee (FAC) met on January 22, 2026, to review program updates, share family experiences, and discuss opportunities for program improvement. FAC Family Members shared both successes and ongoing challenges.</p> <ul style="list-style-type: none"> <li>• Families reported positive experiences accessing specialty care, including genetic testing and ENT services through UC Davis, with support from Partnership case managers.</li> <li>• Ongoing barriers were also noted, including fragmented specialty care across multiple systems, delays in timely access particularly related to care provider networks, and recurring challenges with annual prescription renewals and early-year supply denials.</li> </ul> <p>Partnership Transportation Training Specialist provided an overview of reimbursement for bridge fees, tolls, parking, and mileage, and transportation contact information and resources were shared.</p> <p>Partnership Director of Care Coordination shared an update on the Whole Child Model (WCM) and highlighted ongoing collaboration with county partners, including the Joint Operations Committee (JOC) discussions related to age-out processes, Medical Therapy Unit (MTU) coordination, and the expansion of California Children's Services (CCS) into Eastern Counties.</p>	

	<p>Additional updates included an overview of Asthma Remediation Community Support benefits and information from the Matrix Parent Network regarding supported decision-making as an alternative to conservatorship.</p> <p>The meeting concluded with discussion of future agenda topics, including improving the usability of Partnership’s external website, increasing visibility of CCS and FAC resources, and developing a centralized CCS resource page. FAC Family Members were asked to bring website resource suggestions to the next scheduled meeting.</p>	
<p><b>Whole Child Model (WCM) Update</b>  <i>Speaker: Kelly YoungStone</i></p>	<p>Partnership Director of Care Coordination shared an update on the WCM program and acknowledged the one-year anniversary of the WCM expansion. The Director discussed ongoing collaboration with MTU to support Partnership participation and shared FAC Family member experiences, highlighting how feedback has been incorporated into program processes.</p> <p>In November, Partnership hosted a JOC meeting that included discussion on FAC recruitment. Preparations are currently underway to reconvene the JOC on February 25, with continued collaboration planned with WCM partners.</p>	
<p><b>WCM MOU Update</b>  <i>Speaker: Brigid Gast</i></p>	<p>Partnership Senior Director of Care Management reported an increase in executed Memorandum of Understanding (MOU), including WCM, Local Health Department (LHD), and Regional Center agreements. These MOUs support cross-organizational collaboration for pediatric members. Ongoing quarterly MOU meetings are going very well. Questions remain regarding forthcoming guidance from the Department of Healthcare Services (DHCS), particularly related to Neonatal Intensive Care Unit (NICU) and High-Risk Infant Follow Up (HRIF), and the group acknowledged the importance of continued dialogue while awaiting further direction.</p>	
<p><b>DHCS CCS Advisory Group Update</b>  <i>Speaker: Katherine Barresi</i></p>	<p>Partnership Chief Health Services Officer provided an update from the DHCS CCS Advisory Group in which DHCS provided updates on Managed Care Plans, prescription management, post-mortem notifications, and broader program updates. A significant portion of the discussion focused on 2026 priorities, with concerns raised that the identified priorities may not fully reflect current program needs.</p> <p>Additional discussion highlighted MTU coordination challenges, including space constraints within schools and Local Educational Agencies (LEAs), and the need for</p>	

	<p>continued interagency collaboration. Provider backlog concerns were raised, including delays exceeding eight months, along with data-related concerns regarding CCS enrollment trends, data accuracy, and visibility into program improvements. Participants emphasized the importance of historical context and reliable data to accurately reflect current program realities.</p> <p>The discussion concluded with a focus on the risk of members losing medical eligibility and the importance of documenting barriers, challenges, and ongoing initiatives to support future advocacy efforts.</p>	
<p><b>Ad Hoc Discussion</b> <i>Speaker: All</i></p>	<p>The group discussed DHCS priorities previously shared during a CCS Advisory Group meeting, noting strong engagement on the topic. Case examples were shared involving pediatric patients whose CCS eligibility was denied or lost due to documentation issues, including cases related to oncology care and longstanding medical conditions.</p> <p>The discussion highlighted concerns regarding variability in county determinations, increased denials associated with annual reviews and staffing turnover, requirements for evaluations to be completed by CCS-paneled providers, and repeated renewals for chronic conditions. Participants acknowledged that some challenges may be legislative in nature and discussed opportunities to partner with counties to elevate concerns to DHCS, emphasizing the importance of ensuring children are not adversely impacted by administrative processes.</p> <p>Additional discussion noted provider panel backlogs, rural access challenges considered during enrollment review, and the need for accurate data and clear guidance to support eligibility determinations.</p>	
	The meeting concluded at 1:49 p.m.	

Decisions Made		
Notes	Follow-Up Items	Assigned To
n/a	n/a	n/a

<b>Next Meeting</b>	
<b>Date</b>	<b>Suggestions for Agenda</b>
May 5, 2026	

## MEETING Minutes

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

**Date:** 3/17/2026

**Time:** 7:30 a.m. – 9:00 a.m.

**Facilitator:** Mohamed Jalloh, Pharm D

**Coordinator:** Bethany Hannah

**Meeting Locations:**

- Webex

**Attendees:** Aaron Brincko; Amanda Kim; Amanda McNair; Anthony Sackett; Arlene Pena; Ben Spencer; Bethany Hannah; Candy Stockton,MD,; Cathryn Couch; Christine Smith; Dawn Cook; Denise Rivera; Denise Whitsett; DeLorean Ruffin, DrPH, MPH; Emily Wellander; Eugene Durrah; Eva Julian; Folo Akintan; Hannah O’Leary; Isaac Brown; Jason Cunningham; Jeffrey DeVido; Jose Purga, Kelly YoungsStone; Kermit Jones; Kory Watkins; Leila Romero; Liat Vaisenberg; Lilly Merino; Liz Romero; Manleen Randhawa; Mark Bontrager; Mark Netherda; Marshall Kubota; Michele Grupe; Mohamed Jalloh; Monika Brunkal; Naz Sattari; Nicole Curreri, MPH CHES; Sunshine Jackson; Sydni Aguirre; Valerie Padilla; Vicquita Valazquez; Stan Leung, Sue Lee

**Absent:** Sonja Bjork; Whitney Haggerson; Amanda Smith; Hendry Ton, MD; Ian Kim; Kimberly Robertello; Noemi Doohan; Tiffany Tryan; Rachel Newman; Rocio Rodriguez; Rebecca Stark; Shannon Boyle; Latrice Innes; Nisha Gupta; Anna Cambell; Robert Bides; Monica Brunkle; Shahrukh Chishty; Nicole Escobar; Heather Eset; Greg Allen Freedman; Tony Hightower; Jaymee James; John Lemoine; Sue Quichocho; Dorian Roberts; Tim Sharp; Amy Turnipseed; Edna Villasenor; Kory Watkins; Bridget Gast; Dana Codron; Monica Ferguson; Jesus Hermosillo; Katherine Barresi; Kristine Gual; Naz Sattari; Priscila Ayala; Robert Moore, MD; Wendy Starr; Katheryn Power, Vicky Klakken; Wendi Davis; Monica Ferguson; Chloe Ungaro; Kristina Coester; Ledra Guillory; Lisa Wada; Tiffani Thomas; Chloe Ungaro; Kristina Coester; Ledra Guillory; Dana Constantino; Sunshine Jackson; Sydni Aguirre.

**External Advisory Members**

<b>Name</b>	<b>Affiliation</b>	<b>Org Type</b>	<b>3/17/26</b>	<b>5/19/26</b>	<b>7/21/26</b>	<b>9/15/26</b>	<b>11/17/26</b>
Jason Cunningham, MD Chief Executive Officer	West County Health Centers	FQHC	X				
Eugene Durrah Equity Services Manager	Solano County	County	X				
Ian Kim Chief Medical Officer	Communicare + Ole	FQHC					
Hendry Ton, MD Associate Vice Chancellor	UC Davis	Health System					
Shandi Fuller, MD Maternal Child and Adolescent Health	Solano County	Public Health Department					
Eva Julien Senior Manager, Quality Improvement	Providence	Health System					
Valerie Padilla Director of Quality and Patient Safety	Open Door Community Health	Health System	X				
Arlene Pena Senior Program of Quality Improvement	Aliados Health	Community Based Org	X				
Jeremy Plumb Systems Director, Quality Division	Northbay Medical Center	Hospital					
Lelia Romero Health Program Specialist - Health Equity	Lake County	Public Health Department	X				

Robin Schurig, MPH, CPH Executive Director	Health Alliance of Northern California	Community Based Org					
Candi Stockton, MD Health Officer of Humboldt County	Humboldt County	Public Health Department	X				
Tiffani Thomas Case Manager	Solano County Superior Court	Local Government					
Brandon Thornock Chief Executive Officer	Shasta Community Health Center	Health System					
Denise Whitsett Quality Improvement Coordinator	Community Medical Centers	Health System	X				
Cathryn Couch Chief Executive Officer	CERES Community Project	Community Based Org	X				

Agenda Topic	Notes	Action Item
<b>Agenda Item 1</b> <b>Welcome/ Introductions/Roll Call/ Minutes Review</b>  <i>Speaker: Mohamed Jalloh, Pharm.D</i>	<p>A. Dr. Jalloh welcomed everyone to the meeting as well as took a roll-call for external members.</p> <p>B. Bethany confirmed that quorum had been met, as 8 external members attended.</p> <p>C. Dr. Jalloh asked if there were any new members on the call, to which there were none. He reminded the group that new members will be voted on, in order for them to join the QIHEC meeting.</p> <p>D. Motion to approve meeting minutes from November 2025.</p> <p>1<sup>st</sup>: Valarie Padilla 2<sup>nd</sup>: Candy Stockton</p>	<p>Motion to approve meeting minutes from November 2025.</p> <p>1<sup>st</sup>: Valerie Padilla 2<sup>nd</sup>: Candy Stockton</p>

Agenda Topic	Notes	Action Item
<p><b>Agenda Item 2</b></p> <p><b>CMO Health Plan Updates</b></p> <p><i>Speaker: Kermit Jones on behalf of Robert Moore, MD, MPH, MBA</i></p>	<ul style="list-style-type: none"> <li>A. Regional Medical Director meetings have started, the first one occurred last week in Fairfield. There are others scheduled in Redding, Eureka, Santa Rosa, and other regions. Updates are based on information given in these meetings.</li> <li>B. Partnership Advantage: Target date for rolling it out is Jan 1<sup>st</sup>, 2027. The plan is to go live in 8 counties, with the estimates being 50,000 members are eligible, estimated that 500-1000 will sign up, so it will be a small plan.</li> <li>C. On track for HRP to go live this summer and JIVA to go live in October.</li> <li>D. There is some state budget uncertainty because of the War in Iran; the legislative affairs office said it could be close to about 20 billion. Medical changes coming in 2026 and 2027 for FQHCs and rural health clinics: They will receive the FFS rate for UIS individuals. The plan under implementation of HR1 is dental will also be eliminated for UIS in July. In October, the federal matching rate for MediCal will be reduced from 90% to 50% for emergency services for UIS individuals. In the beginning of Jan 2027, the work requirements will kick in, renewals required every 6 months. MCO tax revenue ends and in October 2027, \$30 per month MediCal premiums for UIS adults between 19 and 59 will go into effect. In February 2026, Governor Newsome signed SB106 which provided 90 million dollars in emergency grant funding for planned parenthood.</li> <li>E. 2023/2024 prenatal and postpartum care HEDIS measures on timeliness in prenatal and postpartum care and prenatal immunization status had very strong results, with some of the measures hitting the national 90<sup>th</sup> percentile.</li> </ul>	

Agenda Topic	Notes	Action Item
	<p>F. Timeliness of prenatal care was 85.4% in 2022, then dipped a little bit to 84.4% in 2023, then went up to 84.6 in 2024. Some counties that had lower rates were Shasta, Solano, and Chico, in the prenatal visit area. In the prenatal vaccine area, Nevada, Del Norte, and the Trinity counties were on the low end.</p> <p>G. New DHCS mandatory transitional care services for the pregnant population. Pregnant members and up to 12 months postpartum have been divided into two groups: a high intensity group and moderate intensity group based on their RSST score.</p> <p>H. There is a new community support with transitional rent which came into effect in January 2026, which provides up to 6 months of rent for MediCal members who are experiencing or are at risk of homelessness who meet certain criteria.</p>	
<p><b>Agenda Item 3</b></p> <p><b>HEO Health Plan Health Equity Updates</b></p> <p><i>Speaker: Mohamed Jalloh, Pharm.D</i></p>	<p>A. There is a new assembly bill currently being discussed surrounding Tribal family support services, where they are hoping to provide more support to our Tribal communities.</p> <p>B. NCQA has changed their health equity accreditation standard from HEA to HOA (Health Outcomes Accreditation.) SOGI data collection and DEI training: looking to expand our data collection regarding people’s disability status as well as geographic updates.</p> <p>C. Health Equity is continuing their Community Reinvestment work, and have developed a preliminary list of ideas and are working with counties to identify core investment options to choose</p> <ul style="list-style-type: none"> <li>• Cathryn Couch states that in the Counties where she is operating in, community-based organizations that are contracted to provide community supports and ECM services are being completely left out of the conversation around reinvestment, she feels it is a big, missed opportunity. She feels CBOs should be included in the conversation.</li> </ul>	

Agenda Topic	Notes	Action Item
	<ul style="list-style-type: none"> <li>• Dr. Jalloh appreciated the feedback and stated that we will be mindful of including key people in these meetings.</li> </ul> <p>D. Launched the Community Health worker barbershop pilot. 10 Barbers have been trained so far, further trainings will be on the 23<sup>rd</sup> and 30<sup>th</sup>. Looking into how to optimize this project, before we bring it to other regions.</p>	
<p><b>Agenda Item 4</b></p> <p><b>Grand Analysis Presentation</b></p> <p><i>Speaker: Hannah O’Leary, MPH</i></p>	<p>A. Hannah presents the Cultural and Linguistic Trilogy presentation.</p> <p>B. The presentation structured based off Partnership’s program description which describes all the services Partnership has to offer, as well as a work plan. The ultimate goal of the evaluation result is to drive forward the next set of trilogy documents for the coming year. Hannah O’Leary, manager of population health proceeds to present the 2026 Population Health Needs Assessment.</p> <p>C. The needs assessment looks at the overall needs of our members, pulls from a variety of sources for the data. (local community needs assessment/HEDIS Data etc.)</p> <p>D. Community Needs Assessment findings:</p> <ul style="list-style-type: none"> <li>• Economic instability</li> <li>• Lack of access to health care</li> <li>• Neighborhood and built environment challenges</li> <li>• Limited access to quality education</li> <li>• Social and community context challenges</li> </ul> <p>E. Other local findings:</p> <ul style="list-style-type: none"> <li>• Access to care</li> <li>• Differences in Health Outcomes</li> <li>• Transportation</li> <li>• Environmental concerns</li> <li>• Chronic Conditions</li> </ul> <p>1. Adults: hypertension, tobacco use, and depression.</p>	



Agenda Topic	Notes	Action Item
	<p>2. Children: anxiety, trauma/stress, and depression. =</p> <p>F. Partnership’s Organizational Structure</p> <ul style="list-style-type: none"> <li>• In 2025 the Health Equity department hired a Cultural and Linguistic Liaison, Supervisor of Health Equity training, a Cultural Community Manager and a Project Coordinator.</li> <li>• In 2025 Partnership hired its community health needs liaison team which is fully staffed to cover all 24 counties.</li> </ul> <p>G. Social and Environmental needs</p> <ul style="list-style-type: none"> <li>• Partnership was able to leverage funding from the CalAIM Incentive payment program, which has helped build out grant opportunities to address housing concerns. The incentive payment program has awarded over \$52 million in grants.</li> <li>• Partnership offers a member scholarship program which aids members who are interested in pursuing career paths and education with the focus on health care, social work, and other related fields.</li> <li>• Partnership also continued to utilize its fire and disaster reporting inbox for monitoring disasters in Partnerships region in 2025.</li> <li>• Partnership continued the Asthma Emergency Department visit outreach program, to better support members with Asthma.</li> </ul> <p>H. Access to Care</p> <ul style="list-style-type: none"> <li>• To increase access to care, Partnership has continued to work to improve poor behavioral health outcomes and increase access to care among students.</li> <li>• Partnership contracts with Medical Imaging company to bring mobile mammography services to our rural regions. In 2025</li> </ul>	

Agenda Topic	Notes	Action Item
	<p>there were 75 mobile mammography days conducted in 17 regions.</p> <ul style="list-style-type: none"> <li>• Partnership conducts 1:1 provider trainings for 111 total sites.</li> <li>• Partnership’s growing together program encourages our parents to take their children to their Well care visits to get vaccinations.</li> <li>• Partnership’s provider recruitment program focuses on recruiting and retaining providers to improve access to care.</li> <li>• Partnership was able to administer basic health population management programs and added a texting component.</li> <li>• Partnership was able to conduct health education sessions on vaping and positive coping strategies.</li> <li>• Partnership was able to continue to support and update its community resources pages that are tailored to each county.</li> <li>• Member services department conducted member/community informative sessions, where staff can give an overview of what their benefits are. These sessions are conducted in English and Spanish.</li> </ul> <p>I. The presentation structured based off Partnership’s program description which describes all the services Partnership has to offer, as well as a work plan. The ultimate goal of the evaluation result is to drive forward the next set of trilogy documents for the coming year.</p> <p>J. In 2025 there were 1864 translation requests. (In 2024 there were 1113) In 2025 there were 444,134 interpreter calls, in 2024 there were 320,760. In 2025 there were 13,790 alternate format requests fulfilled; in 2024 there were 689. The stark contrast is due to being able to get better data in 2025.</p> <p>K. In 2025 there were 32+ languages spoken. The top languages were English, Spanish, Russian, Punjabi, and Tagalog. There were over 47</p>	

Agenda Topic	Notes	Action Item
	<p>attendees at each QIHEC meeting, and each Agenda item was discussed. Each quarterly CAC meeting met quorum.</p> <p>L. In 2025 all C&amp;L policies reviewed and approved.</p> <p>M. Health Equity staff was Hired to support:</p> <ul style="list-style-type: none"> <li>• Discrimination cases</li> <li>• DEI regulatory requirements</li> <li>• Addressing key health disparities</li> </ul> <p>N. In 2026 we split the workplan from C&amp;L/QIHETP to C&amp;L workplan (Population Health) and QIHETP work plan (Health Equity)</p> <p>O. 2026 C&amp;L workplan goals</p> <div data-bbox="491 808 1293 1256" style="border: 1px solid #0072bc; padding: 10px; margin: 10px 0;"> <p style="text-align: center; background-color: #0072bc; color: white; padding: 5px;"><b>2026 C&amp;L Work Plan</b></p> <hr/> <div style="display: flex; flex-direction: column; gap: 10px;"> <div style="background-color: #0072bc; color: white; padding: 5px; text-align: center;">Goal 1</div> <ul style="list-style-type: none"> <li>• By December 31, 2026, 92% of members who have requested materials in an alternative format will be mailed in their preferred format.</li> </ul> <div style="background-color: #0072bc; color: white; padding: 5px; text-align: center;">Goal 2</div> <ul style="list-style-type: none"> <li>• By December 31, 2026, increase the percentage of bilingual MSR staff by 2% to move closer to organizational goal of 75% of bilingual MSR staff.</li> </ul> <div style="background-color: #0072bc; color: white; padding: 5px; text-align: center;">Goal 3</div> <ul style="list-style-type: none"> <li>• By December 31, 2026, improve the rate of timely translations in the Utilization Management and/or Care Coordination department by 1% from baseline of 96% or 98.5%, respectively.</li> </ul> <div style="background-color: #0072bc; color: white; padding: 5px; text-align: center;">Goal 4</div> <ul style="list-style-type: none"> <li>• By March 31, 2026, complete the 2025 C&amp;L Program Evaluation.</li> </ul> </div> </div> <p>P. Services Partnership offers (Cultural &amp; Linguistic)</p> <ul style="list-style-type: none"> <li>○ Translation services</li> <li>○ Interpreter services</li> <li>○ Alternative formats and/or auxiliary aids and services</li> <li>○ Language data collection</li> <li>○ Trainings for staff</li> <li>○ Compliance monitoring</li> </ul>	

Agenda Topic	Notes	Action Item
	<ul style="list-style-type: none"> <li>○ Goals for 2026 around C&amp;L services</li> <li>○ C&amp;L team structure</li> </ul>	
<p><b>Agenda Item 5</b></p> <p><b>Grand Analysis Discussion and Vote</b></p> <p><i>Speaker: ALL</i></p>	<p>A. Dr. Jalloh asked QIHEC members if there is any disparity assessment data they would want included in a future analysis of the CL trilogy (e.g. Additional stratifications, etc).</p> <p>B. There was no additional recommendations.</p>	<p>Motion to approve the Grand analysis.</p> <p>1<sup>st</sup> Candy Stockton 2<sup>nd</sup> Denise Whitsett</p>
<p><b>Agenda Item 6</b></p> <p><b>Community and Member Voice Presentation</b></p> <p><i>Speaker: Amanda McNair on behalf of Jesus Hermosillo, MPH</i></p>	<p>A. Jesus has been working diligently on launching focus groups.</p> <p>B. There was a focus group on 2/27, they spoke with 6 African American mothers age 23-38 who have had 1-5 pregnancies.</p> <p style="padding-left: 20px;">a. The topics discussed in the focus group surrounded postpartum care, support resources, and Healthplan reflection.</p> <p>C. Key findings:</p> <ul style="list-style-type: none"> <li>● Associating PPC visits with addressing depression</li> <li>● Lack of continuity in providers, new providers each time</li> <li>● Limited education on monitoring, procedures, and classification</li> </ul> <p>D. Community interviews were conducted from 1/12/26-2/24/26, at the foodbank, resource fair, and a member informative session.</p> <p style="padding-left: 20px;">a. The demographics of those interviewed were:</p> <ul style="list-style-type: none"> <li>● 30+ community members were interviewed</li> <li>● Their ages ranged from 23-65+</li> </ul>	

Agenda Topic	Notes	Action Item
	<ul style="list-style-type: none"> <li>• Their race/ethnicity was African American, White, Hispanic/Latino, and AAPI</li> </ul> <p>E. The topics discussed:</p> <ul style="list-style-type: none"> <li>• Respect and dignity</li> <li>• Communication</li> <li>• Experiences of unfair treatment</li> <li>• Trust</li> <li>• Quality of care</li> <li>• Partnerships strengths and weaknesses</li> </ul> <p>F. Key findings from these interviews:</p> <ul style="list-style-type: none"> <li>• Relationships drive engagement</li> <li>• Members want to be included in decisions about their care</li> <li>• Members hesitate to raise concerns</li> <li>• Continuity and follow through build or erode trust.</li> </ul> <p>E. Cathryn Couch asks if the regional staff will be included in these conversations. Dr. Jalloh answers that we are working with the regional staff and how we can integrate these meetings.</p>	
<p><b>Agenda Item 7</b></p> <p><b>Health Equity Policy Discussion</b></p> <p><i>Speaker: Mohamed Jalloh, Pharm.D</i></p>	<p>A. On a year to year basis, QIHEC will provide an “equity” review of policies/procedures.</p> <p>B. QIHEC Reviewed the following 3 policies</p> <ol style="list-style-type: none"> <li>a. Medical Member Grievance System Policy</li> <li>b. CMO Credentialing Program</li> <li>c. Authorization of Ambulatory Procedures and Services</li> <li>d. No suggestions were made for the policies</li> </ol> <p>C. Dr. Jalloh asked if there are any policies the committee would want to review at the upcoming meeting, to which there was no additional recommendations from the committee members.</p>	

Agenda Topic	Notes	Action Item								
<p><b>Agenda Item 8</b></p> <p><b>Disparity Project review</b></p> <p>Speaker: All</p>	<p><b>Key Disparity Priorities to Collaborate with QMSI</b></p>  <table border="1" data-bbox="537 472 1255 792"> <tr> <th data-bbox="537 472 705 513">Pediatric Workgroup</th> <th data-bbox="726 472 894 513">Chronic Disease Workgroup</th> <th data-bbox="915 472 1083 513">Women's Health Workgroup</th> <th data-bbox="1104 472 1255 513">Tribal Disparities Workgroup**</th> </tr> <tr> <td data-bbox="537 513 705 792"> <ul style="list-style-type: none"> <li>Well-Care Visits for all race groups</li> <li>Well-Child 15, 15-30 Visits for Black African/American Members</li> <li>Lead Screening for Black/African American Members</li> <li>Childhood Immunization for White Members</li> <li>Immunization for adolescents for White Members</li> </ul> </td> <td data-bbox="726 513 894 792"> <ul style="list-style-type: none"> <li>Controlling Blood Pressure in Black/African American</li> <li>Colorectal Cancer Screening for all race groups</li> </ul> </td> <td data-bbox="915 513 1083 792"> <ul style="list-style-type: none"> <li>Breast Cancer Screening in Tribal Members</li> <li>Postpartum Care visits for Black/African American members</li> <li>Cervical Cancer Screening for East Asian and Asian/Pacific Islander members, and Tribal Members</li> </ul> </td> <td data-bbox="1104 513 1255 792"> <ul style="list-style-type: none"> <li>Tribal Perinatal Program</li> <li>Well-Care Visits for all race groups</li> <li>Developmental Screening for first 3 years of life for Tribal Members</li> <li>Childhood Immunization for Tribal members</li> </ul> </td> </tr> </table> <p>A. Committee members to vote on the core factors to consider for Disparity Prioritization:</p> <p><b>Core Factors to Consider for Disparity Prioritization</b></p>  <ul style="list-style-type: none"> <li>% Below MPL (50<sup>th</sup> percentile) from DHCS MCAS Sample Data</li> <li>% Below Key Race Group (From QIP Data)</li> <li>Number of Regions with Disparity</li> <li>NCQA HOA (HEA) Measure</li> <li>Feasibility Assessment</li> <li>Population Number</li> <li>Sanction or Withhold Measure Potential</li> </ul> <p>B. Dr. Jalloh asks the committee if there are other factors to consider.</p> <ul style="list-style-type: none"> <li>Dr. Stockton responded by saying that looking at smaller counties that the population numbers are so small it is hard to assess trends over time. She states it is something to keep in</li> </ul>	Pediatric Workgroup	Chronic Disease Workgroup	Women's Health Workgroup	Tribal Disparities Workgroup**	<ul style="list-style-type: none"> <li>Well-Care Visits for all race groups</li> <li>Well-Child 15, 15-30 Visits for Black African/American Members</li> <li>Lead Screening for Black/African American Members</li> <li>Childhood Immunization for White Members</li> <li>Immunization for adolescents for White Members</li> </ul>	<ul style="list-style-type: none"> <li>Controlling Blood Pressure in Black/African American</li> <li>Colorectal Cancer Screening for all race groups</li> </ul>	<ul style="list-style-type: none"> <li>Breast Cancer Screening in Tribal Members</li> <li>Postpartum Care visits for Black/African American members</li> <li>Cervical Cancer Screening for East Asian and Asian/Pacific Islander members, and Tribal Members</li> </ul>	<ul style="list-style-type: none"> <li>Tribal Perinatal Program</li> <li>Well-Care Visits for all race groups</li> <li>Developmental Screening for first 3 years of life for Tribal Members</li> <li>Childhood Immunization for Tribal members</li> </ul>	<p>Motion to approve the core factors to consider for Disparity prioritization</p> <p>1<sup>st</sup> Valerie Padilla 2<sup>nd</sup> Cathryn Couch</p>
Pediatric Workgroup	Chronic Disease Workgroup	Women's Health Workgroup	Tribal Disparities Workgroup**							
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Agenda Topic	Notes	Action Item
	<p>mind that some of the rural counties have such small numbers that it becomes a challenge to do a comparison.</p> <ul style="list-style-type: none"> <li>• Dr. Jalloh agreed and will work with leaders to see how adjustments can be made when assessing population number.</li> </ul>	
<p><b>Agenda Item 10</b>  <b>Tribal Disparities Projects Updates</b>  <i>Speaker: Tribal Liaison, Sunshine Jackson</i></p>	<p>A. Sunshine Jackson introduces herself as the new Tribal Liaison.  B. The goal of the Tribal Perinatal program is to support Tribal communities achieve the best possible outcomes for Native Americans in Northern California.</p> <ol style="list-style-type: none"> <li>a. The program uses a strength-based approach based on traditional values, traditional practices, and local workforce.</li> <li>b. Care models are used that support the best outcome across the perinatal continuum. These care models include ambulatory medical care both prenatal and postpartum, ensuring timely culturally aligned clinical support. It also includes Doulas, who provide culturally grounded continuous emotional and physical support before, during and after birth. It includes the family spirit program, which is an evidence based culturally tailored home visiting model created for native communities. As well as enhanced care management designed to support individuals with complex needs.</li> </ol> <p>C. PHPS program (formally CPSP) which expands comprehensive perinatal services and collaborative relationship building with the care delivery system and surrounding communities.  D. When fully utilized, these resources can provide significant system level improvements in pregnancy outcomes.  E. The training curriculum integrates several key trainings including trauma informed care emphasizing safety trust, and healing. The</p>	<p>Motion to approve Tribal Perinatal Initiative projects</p> <p>1<sup>st</sup> Candy Stockton  2<sup>nd</sup> Densie Whitsett</p>

Agenda Topic	Notes	Action Item
	<p>addition of Doula training is also being explored to further strengthen perinatal support and widen access to culturally aligned birth workers within tribal communities.</p> <p>F. This program provides funding for capacity building and long-term sustainability. Grant funding from Partnership is based on practice size with up to 150,000 distributed periodically as programs meet key deliverables:</p> <ul style="list-style-type: none"> <li>• Identify a case manager or Doula</li> <li>• Completing 80% or 100 hours of training curriculum</li> <li>• Securing assigned ECM contract with birth equity as a population focus</li> </ul> <p>G. To advance this work a large emphasis is on building relationships with providers to understand the needs in Tribal communities for perinatal case management programs that are culturally congruent and support best access to quality care.</p> <p>H. Partnership currently has 5 Tribal Health Programs fully contracted, 3 contracts in process, and one application process and 8 with little to no interest.</p> <p>I. Sunshine asks input from the QIHEC committee on any effective strategies, resources, and best practices that could strengthen the Tribal Perinatal Program.</p> <ul style="list-style-type: none"> <li>• Dr. Kubota asks what is missing from our program that would engage the communities that show little or no interest.</li> <li>• Sunshine states that some of the Tribal Health programs don't have time to take on another initiative due to being understaffed, some also declined because they do not do prenatal care and have to refer those patients out. Sunshine has done out reach to these clinics, making them aware they can still be a part of the program even if they have to refer patents out.</li> </ul>	

Agenda Topic	Notes	Action Item
	<ul style="list-style-type: none"> <li>• Dr. Stockton shares that from her perspective, Tribal communities have been open to any data that they can share with them which helps support grant requests for their Tribal programs locally, however she does not feel qualified to speak specifically to what would make the program more attractive or useful to our Tribal partners. She has had the best success in asking them directly what they want.</li> <li>• Leila Romero asks if Tribal health programs include both clinics and CBOs</li> <li>• Sunshine states that currently we only offer the Tribal health program to the Tribal Health Clinics</li> <li>• Anthony Sacket asked if a more holistic approach been explored for the training? (cultural/spiritual)</li> <li>• Sunshine states as of right now it has not, she has just recently taken over the role and has been focused on building relationships but will take note of bringing in the cultural and spiritual dimensions of prenatal care in those Tribal communities.</li> </ul>	
<p><b>Agenda Item 11</b>  <b>Women’s Health Disparity Projects Updates</b>  <i>Speaker: Amanda McNair</i></p>	<p>A. The maternity photo shoot is a collaborative effort with Population Health and Health Equity. The next photo shoot is on April 17<sup>th</sup>. There are 60 slots for members to reserve, and this event is free for our members. This event is open to all races but is focused on the disparity for prenatal African American mothers.</p> <p>B. Currently collaborating with the Humboldt region for the first photo shoot event outside of Solano County, it will be in the Eureka area on July 25<sup>th</sup>.</p> <p>C. Marketing for the event is through event bright, social media, and physical flyers that would be handed out to other CBOs, cafes, and any other places that expected mothers may be congregating.</p>	<p>Motion to approve Maternity Photoshoot projects</p> <p>1<sup>st</sup> Candy Stockton  2<sup>nd</sup> Densie Whitsett</p>

Agenda Topic	Notes	Action Item
	<p>D. Amanda states they are open to expanding this effort, and asks the committee what counties they would like to see this maternity photo shoot in.</p> <ul style="list-style-type: none"> <li>• Cathryn Couch feels that some of the rural areas should be a focus.</li> <li>• Dr. Netherda states that last year he and other leaders attended a LHPC DHCS meeting where they discussed innovative activities to improve member engagement. He brought this project up and many other health plans thought it was a great idea. He asked if any organizations have reached out with interest.</li> <li>• Amanda confirms they are reaching out to other community partners, recently they connected with Black Infant health in Solano County. She recently tabled at a community baby shower in Vallejo, and there were several organizations who were unaware of the Maternity photo shoot and have reached out as a result.</li> <li>• Cathryn Couch wonders about looking at where there is low engagement of moms in care through the community health center lens and see if there are opportunities to collaborate with community health centers. She feels this is a member engagement strategy that could be very helpful.</li> <li>• Amanda states she does have contact with La Clinica and Promotores.</li> <li>• Cathryn Couch states that Solano County is not the biggest need. She calls out Mono County, Dell Nort and Plumus County.</li> <li>• Amanda shared her contact information, and she welcomes any feedback regarding the Maternity photo shoot.</li> </ul>	

Agenda Topic	Notes	Action Item
	<ul style="list-style-type: none"> <li>• Monica Brunkal adds that the reason they started in Solano County is because of what the disparity data showed.</li> <li>• Dr. Kubota that it is an interesting project that could be considered outside of woman's healthcare. For instance, completing childhood immunizations and bringing your child in for a photo.</li> </ul>	
<p><b>Agenda Item 12</b>  <b>Chronic Disease Disparity Project Updates</b>  <i>Speaker: ALL</i></p>	<p>CHW Barbershop Project</p> <ul style="list-style-type: none"> <li>• There was not enough time to discuss this disparity project, and it will be brought up in the next QIHEC meeting.</li> </ul>	
<p><b>Agenda Item 13</b>  <b>New Committee Member Vote</b>  <i>Speaker: Mohamed Jalloh, Pharm.D</i></p>	<p>There were no new members to vote in at this time.</p>	
<p><b>Agenda Item 14</b>  <b>Adjournment</b>  <i>Speaker: Mohamed Jalloh, Pharm.D</i></p>	<p>Next meeting: <b>May 19<sup>th</sup>, 2026</b>  <b>7:30 a.m. -9:00 a.m.</b></p>	

## Proposed 2026 6-Month Perinatal Quality Improvement Program (PQIP) Measurement Set

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

#### (A) Gateway Measure – Measure 1

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

#### (B) Clinical Measures – Measures 2-6

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  $\geq 14$  weeks gestation, Timely Postpartum Care and Timely Assessments (monitoring only measure).

#### Key:

Change to Measure Design

Current FY2024-25 Measures	Proposed FY2025-26 Measures
<b>ECDS &amp; Clinical Domains</b>	
<p><b>Perinatal Medicine:</b></p> <ol style="list-style-type: none"> <li>1. Electronic Clinical Data Systems (ECDS)</li> <li>2. Prenatal Immunization</li> <li>3. Timely Prenatal Care</li> <li>4. Depression Screening</li> <li>5. Timely Postpartum Care</li> <li>6. Timely Comprehensive Assessments Monitoring</li> </ol>	<p><b>Perinatal Medicine:</b></p> <ol style="list-style-type: none"> <li>1. <span style="color: red;">Electronic Clinical Data Systems (ECDS)</span></li> <li>2. Prenatal Immunization</li> <li>3. <span style="color: red;">Timely Prenatal Care</span></li> <li>4. <span style="color: red;">Depression Screening</span></li> <li>5. <span style="color: red;">Timely Postpartum Care</span></li> <li>6. Timely Comprehensive Assessments Monitoring</li> </ol>

## PROPOSED CHANGES FOR THE PQIP 2026 6-MONTH MEASURE SET

### Programmatic Changes:

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.

#### **A. GATEWAY MEASURE 1: ELECTRONIC CLINICAL DATA SYSTEMS (ECDS) – DATALINK IMPLEMENTATION**

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.

#### **B. CLINICAL MEASURES**

##### **I. 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.

**Reporting**  
**(Applies to Measures 3 & 4)**

There are two options for submitting monthly visits with depression screenings to Partnership.

**Option 1: Monthly DataLink Extractions**

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.

**Option 2: Monthly Manual submissions**

**II. Measure 4: Depression Screening at First Prenatal Visit with Late Entry to Care ( $\geq 14$  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.

**III. 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.

**Measurement Period**

April 7, 2026, to October 7, 2026: Index period by which women with live births are identified.

# Community Reinvestment

Review of Requirements and Funding Options

Mohamed Jalloh, PharmD

Health Equity Officer

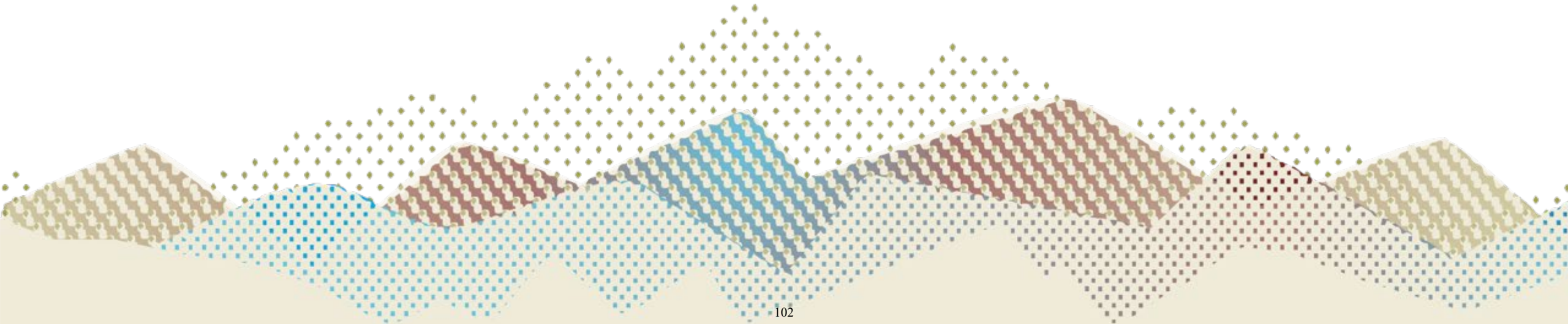
[mjalloh@partnershiphp.org](mailto:mjalloh@partnershiphp.org)

# Agenda Overview

- Review methodology of idea solicitation
- Review finalized list of ideas
- Discuss strategies for mitigating paying for 10 county expansion via MY2024 calculations

# What is Community Reinvestment Initiative?

101 and Funding



# What is Community Reinvestment?

- 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

# What Are The Minimum Funding Calculations?

## Base Community Reinvestment Requirement

MCPs **and** Qualifying Subcontractors with positive net income must contribute:

- 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%**

*\*Annual net revenue for initial cycle must come from their Medi-Cal contract revenues for 2024.*

## Quality Achievement Requirement

MCPs with positive net income must contribute:

- **An additional 7.5%** of their annual net income for counties with an Enforcement Tier 2 or 3 assignment
  - *Tier 2: assigned to any county where MCP has 2 or more measures below MPL in any 1 MCAS domain*
  - *Tier 3: assigned to any county where MCP has 3 or more measures below MPL in 2 or more MCAS domains*

*\*Funding will be 100% allocated to improving quality measures below target for counties within Enforcement Teir 2 or 3*

# Which Counties Will Receive Funding?

## 2024, 2025, and 2026 Funding Calculations per APL

- 14 Original Counties

## 2025, 2026, and 2027 Funding Calculations per APL\*\*\*

- 10 Expansion Counties

# What Are We Allowed to Fund?

DHCS will require MCPs to allocate Community Reinvestment funds toward a defined set of categories tailored to the specific needs of their communities.



## Cultivating Neighborhoods & Built Environment

*(e.g., neighborhood revitalization, affordable housing, new wing of a rural health clinic)*



## Cultivating a Health Care Workforce

*(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)*



**Cultivating Well-Being for Priority Populations** *(e.g., tailored support for foster children & youth, justice-involved, maternal/child populations, individuals experiencing homelessness)*



## Cultivating Local Communities

*(e.g., education initiatives, employment & training programs, wellness initiatives to address social isolation)*



## Cultivating Improved Health Outcomes

*(e.g., initiatives to address immediate and long-term health outcomes by targeting improvements in quality measures in which the MCP underperformed)*

## How Much?



## How Much Will My County Get?

- **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).**
  - Contingent on **Positive Net Income**
  - Adjusted for Quality Achievement
  - Adjusted for **Medi-Cal membership size**

# DHCS Examples (High Level SDOH)

## “Yays”

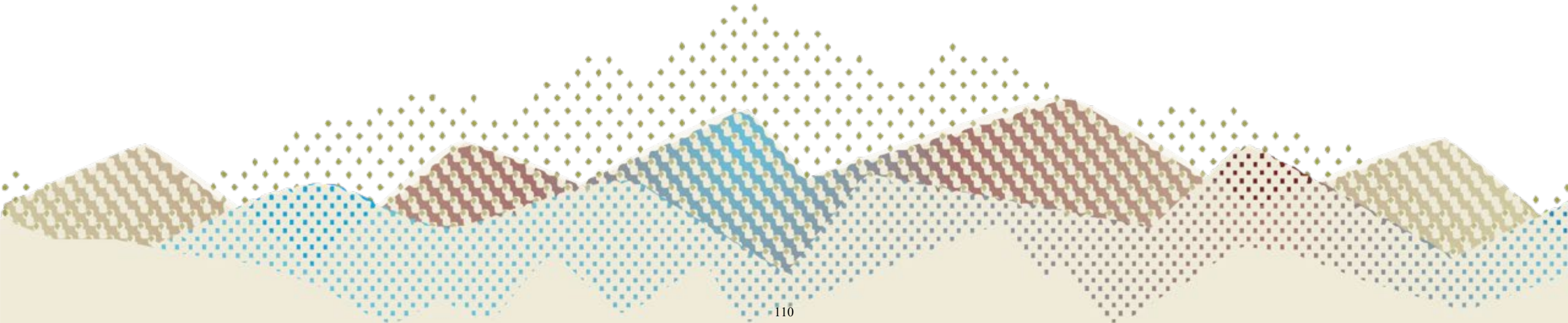
- Funding for **scholarships** for allied health professions
- Funding for **Park development** in a community
- Funding for **Hospital development** in a community

## “Nays”

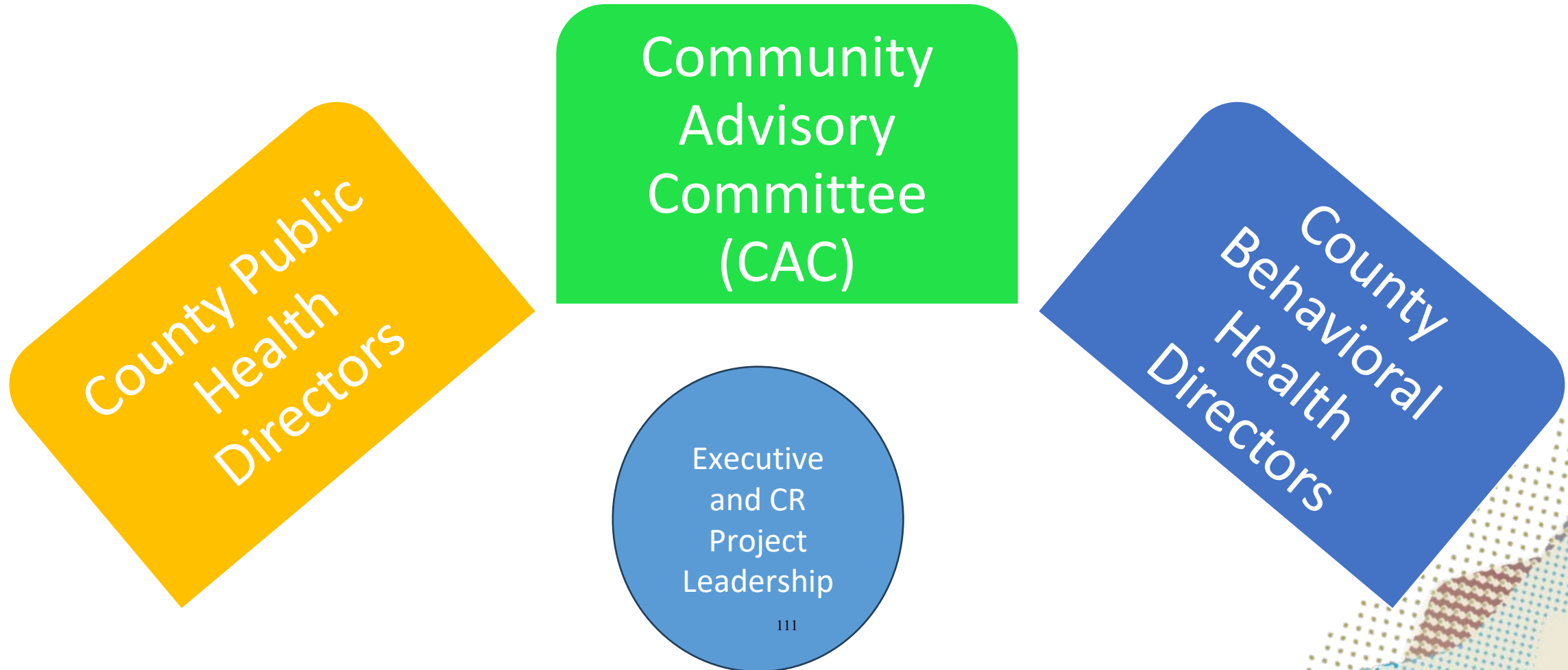
- Funding for clinical services at a clinic or hospital
- Funding for **Expanding Provider Networks** for the delivery of services covered under the MCP Contract
- Funding **street medicine services** for persons experiencing unsheltered homelessness.

# Reinvestment Methodology

Review of How Partnership Determined Current Investment Ideas



# Who was “Required” to Be Involved in Community Reinvestment Planning and Decision-Making Process?



# 2025 Methodology Review

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 emailed and surveyed our Former CDPH officers, BH Directors, Public Health Directors, an CAC members and presented their data at their respective meetings

Partnership hosted a special December meeting for additional external community members and leaders (e.g. QIHEC members), CAC members, PAC members, BH Leaders, PT members etc)

# Q1 2026 Methodology

Partnership Collated Information and Presented to Internal Leaders in 1<sup>st</sup> week of January

Internal Leaders voted and recommended top 1-2 funding options per category

Integrated feedback of combining funding options

# Review of Funding Options

# Key Factors Considered for Determining Reinvestment Options

- DHCS APL requirements
- Annual Health Disparities Assessment
- CHA Analysis
- CHIP Analysis
- Access Improvement Assessment
- Community Support
  - CAC Support via Survey
  - BHT Director Support via Survey
  - LHJ Director Support Via Survey

# Impact



50+ IDEAS



30+ IDEAS



10 SOLUTIONS



# List of Reinvestment Options

## Cultivating Neighborhood

**Option #1:** Funding To Support Expansion of RHC or FQHC facility to meet community needs

**Option #2:** Funding to Support Expansion of Mobile Health Services to meet community needs

## Cultivating Healthcare Workforce

**Option #1:** Funding to Support Specialty Provider Recruitment

**Option #2:** Funding to Support Expansion of Residency Slots, Programs, and Development

**Option #3:** Funding to Support Expansion of Student Slots, Programs, and Development

## Cultivating Wellbeing

**Option #1:** Funding to Support Community Wellness and Resource Centers

**Option #2:** Funding To Support Accountable Communities for Health (ACH) initiatives and programming

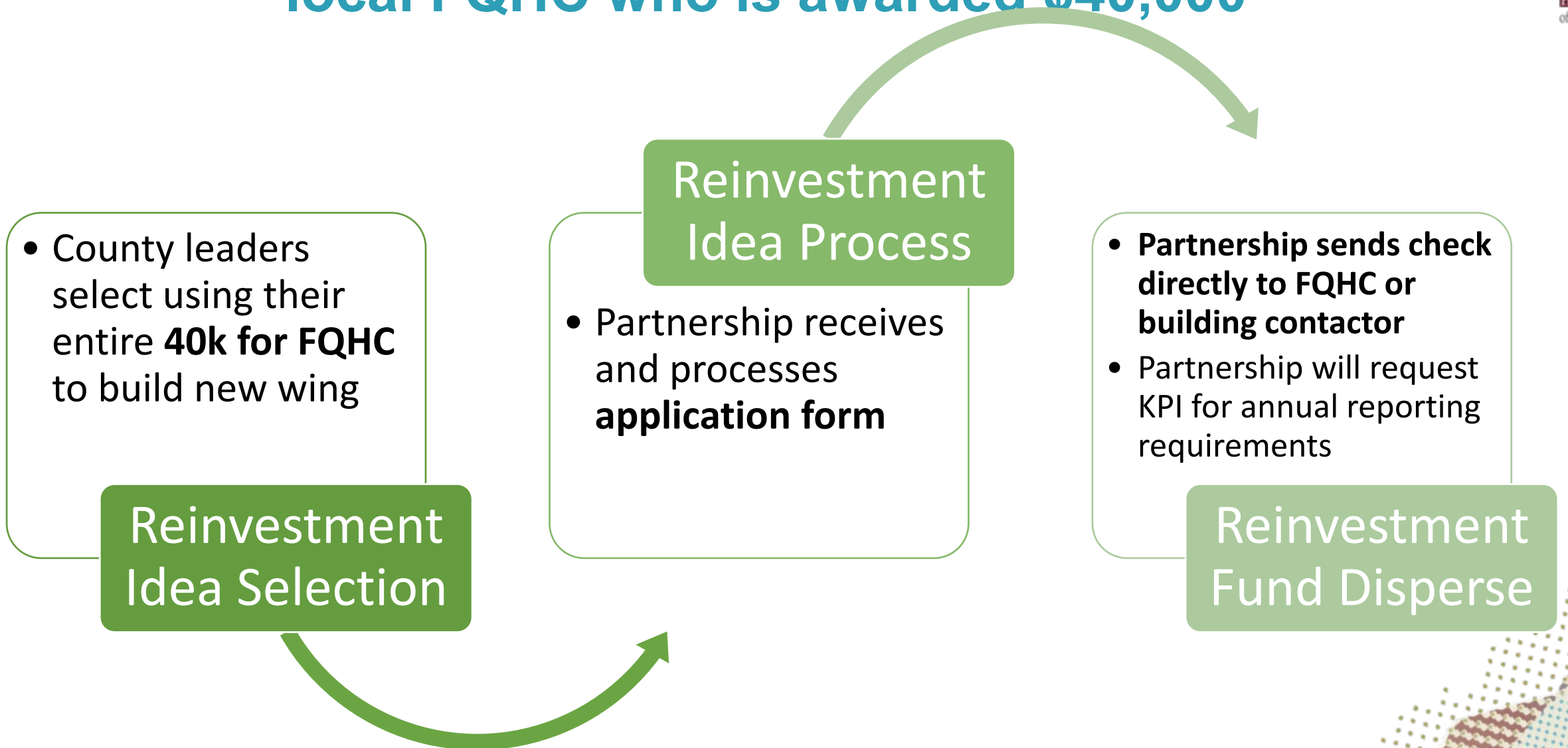
**Option #3:** Funding to Support Community Fitness Programs

## Cultivating Local Communities

**Option #1:** Funding to Support the development and funding of CHW programs in each county

**Option #2:** Funding to Support the development and funding of doula programs in each county

# Example Payment Workflow for funding expansion of local FQHC who is awarded \$40,000



## What we still don't know?

- How much each **county will receive each year?**
- What is the exact date of when DHCS **will clarify county amounts?**
- What are the exact dates of when funds need to be **dispersed?**
- Will DHCS approve submissions in a **timely manner? Can Partnership dispense payment pending approval?**

# What Counties Can Start Doing Now

- To Prepare for the potential community reinvestment application process:
  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 done 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.

# Note for 10 Expansion Counties

- 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.

# Questions

- [Communityreinvestment@partnershiphp.org](mailto:Communityreinvestment@partnershiphp.org)