

**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.
Brian Montenegro, M.D.	Danielle Oryn, D.O.	Karina Gookin, M.D.	Mustafa Ammar, M.D.
Candy Stockton, M.D.	Darrick Nelson, M.D.	Malia Honda, M.D.	Teresa Shinder, D.O.
Chester Austin, M.D.	Derice Seid, M.D.	Matthew Zavod, M.D.	Steve Gwiazdowski, M.D.
Chris Myers, D.O.	John McDermott, FNP-PAC	Michele Herman, M.D.	Vanessa Walker, D.O.
			Zoe Cappe, M.D.

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	Ledra Guillory, Senior Manager, Provider Relations Reps.
Aaron Brinkco, Senior Director, Provider Relations	Amy McCune, 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

Kim Tangermann, Partnership Board Chair

FROM: PAC@partnershipHP.org

DATE: January 9, 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, January 14, 2026

TIME: 7:30 a.m. – 9:00 a.m.

HOSTING LOCATIONS

Partnership HealthPlan of California 4605 Business Center Drive Fairfield, CA	Partnership – Santa Rosa 495 Tesconi Circle Santa Rosa, CA	Partnership – Redding 2525 Airpark Drive Redding, CA	Partnership – Eureka 1036 5 th Street Eureka, CA
Partnership - Auburn 281 Nevada St. Auburn, CA 95603	Partnership - Chico 2760 Esplande, Suite 130 Chico, CA 95973	Sutter-Roseville 6 Medical Plaza Roseville, CA 95661	Aliados Health 1310 Redwood Way Petaluma, CA 94999
Tahoe Forest Health Systems 10976 Donner Pass Rd., Suite 29 Truckee, CA 96161	Office of Dr. Mills Matheson 1245 S. Main St. Willits, CA 95490	Marin Community Clinic 3260 Kerner Blvd. San Rafael, CA 949013	Ampla Health 935 Market Street Yuba City, CA 95991

Sutter-Lakeside
5176 Hill Rd. East
Lakeport, CA 95453

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

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

Date: January 14, 2026 Time: 7:30 – 9:00 a.m. Location: Partnership

Partnership HealthPlan of California 4605 Business Center Drive Fairfield, CA	Partnership – Santa Rosa Office 495 Tesconi Circle Santa Rosa, CA	Partnership – Redding Office 2525 Airpark Drive Redding, CA	Partnership – Eureka Office 1036 5 th Street Eureka, CA
Partnership - Auburn Office 281 Nevada St. Auburn, CA 95603	Partnership - Chico 2760 Esplande, Suite 130 Chico, CA 95973	Aliados Health 1310 Redwood Way Petaluma, CA 94999	Sutter-Roseville 6 Medical Plaza Roseville, CA 95661
Tahoe Forest Health Systems 10976 Donner Pass Rd., Suite 9 Truckee, CA 96161	Office of Dr. Mills Matheson 1245 S. Main St. Willits, CA 95490	Marin Community Clinic 3260 Kerner Blvd. San Rafael, CA 94901	Ampla Health 935 Market Street Yuba City, CA 95991
Sutter-Lakeside 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>				
<i>Welcome / Introductions</i>				
I.		EXECUTIVE OFFICE UPDATES	LEAD	TIME
A.	I	Chief Executive Officer Administration Updates	Ms. Bjork	7:35
B.	I	Chief Medical Officer Health Services Report	Dr. Moore	7:45
II.	A	MOTIONS FOR APPROVAL	LEAD	PG TIME
A.	A	Review of November 12, 2025 PAC Minutes	Dr. Brennan	5 7:55
B.	A	Consent Review: Agenda Items II. B.1, B.2, B.5, and B.7 *Consent review allows multiple agenda items to be approved with one motion.	Dr. Brennan	20- 112 7:57
1	C	Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – November 19, 2025 <u>Acceptance of Draft Meeting Minutes:</u> <ul style="list-style-type: none"> • Q/UAC Agenda • Q/UAC Activities & Minutes • Internal Quality Improvement Meetings November 11, 2025 <ul style="list-style-type: none"> • Agenda • Minutes Quality Improvement Update – November 2025 <u>Special Presentations (not included in the packet, for reference only)</u> <ul style="list-style-type: none"> • 2024-2025 Member Experience Grand Analysis: Consumer Assessment of Healthcare Providers & Systems (CAHPS®) Program • Network Access Grand Analysis: Network Adequacy Report • 2025 3rd Next Available & Next Available Survey 	Dr. Brennan	20 23 40 42 56 8:00

II.B	C	Consent Review: Agenda Items II. B.2, B.5, and B.7 Continued	LEAD	PG	TIME																																																										
2	C	<p>Policy Summary January 2026</p> <table border="1" data-bbox="253 193 1078 1745"> <thead> <tr> <th colspan="2" data-bbox="253 193 1078 239"><i>Policies/Procedures/Guidelines for Action</i></th> </tr> </thead> <tbody> <tr> <th colspan="2" data-bbox="253 239 1078 285">Care Coordination</th> </tr> <tr> <td data-bbox="253 285 418 352">MCCP2022</td> <td data-bbox="418 285 1078 352">Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services</td> </tr> <tr> <td data-bbox="253 352 418 415">MCCP2036</td> <td data-bbox="418 352 1078 415">Memorandum of Understanding (MOU) Requirements For Medi-Cal Managed Care Plans and Third-Party Entities</td> </tr> <tr> <td data-bbox="253 415 418 506">MPCP2019</td> <td data-bbox="418 415 1078 506">Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children’s Services</td> </tr> <tr> <td data-bbox="253 506 418 548">MPCP2023</td> <td data-bbox="418 506 1078 548">New Member Needs Assessment</td> </tr> <tr> <td data-bbox="253 548 418 617">MCCP2016</td> <td data-bbox="418 548 1078 617"><i>Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT)(Archived)</i></td> </tr> <tr> <td data-bbox="253 617 418 659">MCCP2029</td> <td data-bbox="418 617 1078 659"><i>Emergency Medical Transportation (Archived)</i></td> </tr> <tr> <th colspan="2" data-bbox="253 659 1078 705">Population Health Management</th> </tr> <tr> <td data-bbox="253 705 418 747">MPNP9006</td> <td data-bbox="418 705 1078 747">Doula Services Benefit</td> </tr> <tr> <th colspan="2" data-bbox="253 747 1078 800">Quality Improvement</th> </tr> <tr> <td data-bbox="253 800 418 842">MCQG1015</td> <td data-bbox="418 800 1078 842">Pediatric Preventive Health Guidelines</td> </tr> <tr> <td data-bbox="253 842 418 884">MCQP1021</td> <td data-bbox="418 842 1078 884">Initial Health Appointment</td> </tr> <tr> <td data-bbox="253 884 418 953">MPQG1011</td> <td data-bbox="418 884 1078 953">Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines</td> </tr> <tr> <th colspan="2" data-bbox="253 953 1078 1005">Transportation</th> </tr> <tr> <td data-bbox="253 1005 418 1068">MPTP2501</td> <td data-bbox="418 1005 1078 1068">Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT) <i>(New)</i></td> </tr> <tr> <td data-bbox="253 1068 418 1110">MPTP2502</td> <td data-bbox="418 1068 1078 1110">Emergency Medical Transportation <i>(New)</i></td> </tr> <tr> <th colspan="2" data-bbox="253 1110 1078 1163">Utilization Management</th> </tr> <tr> <td data-bbox="253 1163 418 1226">MCUG3038</td> <td data-bbox="418 1163 1078 1226">Review Guidelines for Member Placement in Extended Care (Custodial/Long Term Care, Skilled, or Subacute) Facilities</td> </tr> <tr> <td data-bbox="253 1226 418 1289">MCUG3058</td> <td data-bbox="418 1226 1078 1289">Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-N Facilities</td> </tr> <tr> <td data-bbox="253 1289 418 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Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT)(Archived)</i>	MCCP2029	<i>Emergency Medical Transportation (Archived)</i>	Population Health Management		MPNP9006	Doula Services Benefit	Quality Improvement		MCQG1015	Pediatric Preventive Health Guidelines	MCQP1021	Initial Health Appointment	MPQG1011	Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines	Transportation		MPTP2501	Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT) <i>(New)</i>	MPTP2502	Emergency Medical Transportation <i>(New)</i>	Utilization Management		MCUG3038	Review Guidelines for Member Placement in Extended Care (Custodial/Long Term Care, Skilled, or Subacute) Facilities	MCUG3058	Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-N Facilities	MCUP3003	Rehabilitation Guidelines for Acute and Skilled Nursing Inpatient Services	MCUP3020	Hospice Services	MCUP3041-A	Partnership TAR Requirements (attachment only)	MCUP3049	Pain Management Specialty Services	MCUP3102	Vision Care	MCUP3106	Waiver Programs	MCUP3125	Gender Dysphoria/Surgical Treatment	MCUP3131	Genetic Screening and Diagnostics	MPUP3051	<i>Long Term Care SSI Regulation (previously Long Term Care Admissions) (Archived)</i>	Dr. Brennan		8:00
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3	C	Pharmacy & Therapeutics Committee	Dr. Stan Leung		
4	C	Provider Education & Networking (PEN) Meeting	Ms. Kerlin		
5	C	Credentials Committee Meeting <ul style="list-style-type: none"> Summary, October 8, 2025 Credentialed List, October 8, 2025 Summary, November 12, 2025 Credentialed List, November 12, 2025 	Dr. Netherda	75 78 83 87	8:00
6	C	Pediatric Quality Committee	Dr. Ribordy		
7	C	Quality Improvement Health Equity Committee <ul style="list-style-type: none"> Summary, November 18, 2025 	Dr. Jalloh	93	8:00
C.	A	Physician Advisory Committee Membership	Dr. Brennan		
III.	I	REGIONAL MEDICAL DIRECTOR REPORTS	LEAD		TIME
A.	I	Napa, Yolo & Solano	Dr. Townsend		8:06
B.	I	Marin & Sonoma	Dr. Ward		8:09
C.	I	Del Norte, Humboldt, Mendocino & Lake	Dr. Ribordy		8:12
D.	I	Glenn, Butte, Sutter, Colusa & Yuba,	Dr. Matthews		8:15
E.	I	Siskiyou, Modoc, Shasta, Lassen, Trinity & Tehama	Dr. Cox		8:18
F.	I	Plumas, Sierra, Nevada & Placer	Dr. Morris		8:21
IV.	I	Office Practice Update	LEAD	PG	TIME
V.	I	Old Business	LEAD	PG	TIME
VI.	I	SPECIAL PRESENTATIONS	LEAD	PG	TIME
A	I	Community Supports: Transitional Rent Implementation	Ms. Barresi	N/A	8:25
VII.	I	ADJOURNMENT	LEAD		9:00
Next PAC on February 11, 2026 at 7:30 a.m.			Dr. Brennan		

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

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

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

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

In compliance with the Americans with Disabilities Act (ADA), Partnership meeting rooms are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact the Executive Assistant to the Chief Medical Officer at least two (2) working days before the meeting at (707) 863-4228 or by email at pac@partnershiphp.org. Notification in advance of the meeting will enable Partnership to make reasonable arrangements to ensure accessibility to this meeting and to materials related to it.

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

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

Committee: Physician Advisory Committee
Date / Time: November 12, 2025 - 7:30 to 9:00 a.m.

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

Members Present:	Angela Brennan, DO (FF) Steven Gwiazdowski, MD (FF) Michele Herman, MD, (FF) Brian Montenegro, MD (FF) Karen Sprague, MSN, CFNP (FF) Matthew Zavod, MD (FF) Darrick Nelson, MD (R)	Malia Honda, MD (E) Chris Myers, MD (E) Karina Gookin, MD (AU) Chester Austin, MD (C) John McDermott, FNP (C) Danielle Oryn, DO (A) Derice Seid, MD (MCC) Christina Lasich, 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
Members Excused:	Mustaffa Ammar, MD Teresa Shinder, DO	Candy Stockton, MD Zoe Cappe, MD		
Members Absent:	Vanessa Walker, DO	Mills Matheson, MD		
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	

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).	11/12/25

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
I.A. Chief Executive Officer (CEO) Report	<p>Partnership’s Chief Executive Officer provided the following report for Partnership activities</p> <ul style="list-style-type: none"> • Rural Health Transformation Grant <ul style="list-style-type: none"> • Center for Medicare and Medicaid Services (CMS) released guidance relating to the availability of rural health transformation grant funds stating a point-scoring system will be applied to states. • HR1 Established \$50B for rural hospitals throughout the entire United States to be used over the next five years. • \$25B is to be used for all 50 states; the other \$25B is discretionary. • States must apply for the funds, and California submitted its application before the November 5, 2025 deadline. • Application was a collaborative effort between several agencies including Department of Health Care Access and Information (HCAI), California Primary Care Association (CPCA), California Hospital Association (CHA), health plan associations, and other stakeholders. • CMS has indicated they are interested in grants focused on maternal health in rural communities, chronic disease management, and rural access to care. • The funds requested in the application are not guaranteed and must be approved. Award announcements will be available on December 31, 2025. • MediCal Eligibility Changes <ul style="list-style-type: none"> • Beginning January 1, 2026, those who have undocumented immigration status (UIS) will not be eligible for new MediCal enrollment. • Members already enrolled in MediCal who have uncertain immigration status may keep their coverage, but if coverage lapses for any reason, they will not be eligible to re-enroll. • It is important those who are enrolled keep their coverage so Partnership is engaged in outreach with a toolkit available in English and Spanish to inform members of changes. • Members can call Member Services and be directed for immigration questions. • Partnership, along with Community Based Organizations and workers within care clinics, are reaching out to members who are up for redetermination to aid with paperwork and ensuring applications are turned in. • Provider Engagement <ul style="list-style-type: none"> • Partnership is involved in several initiatives to keep network providers strong. There are several means of additional funding available including Quality Incentive Programs, Behavioral Health California Health Care Improvement Projects (BH/CHIPs), and sponsorship. <p>Questions</p> <p><i>As part of the re-enrollment campaign, is there any focus on asking American Indian/Alaskan Native (AI/AN) to be sure to check the box for that ethnicity? United Indian Health Service is asking its patients to check only the (AI/AN) box to ensure they are included in the pool and will be exempted from certain requirements for reenrollment.</i></p> <p>Yes, Partnership has specific AI/AN outreach and shared the importance of declaring AI/AN on the forms to ensure exemption from community engagement and work requirements and avoid the paperwork to demonstrate hours worked. AI/AN need to select only the one box for AI/AN non-Hispanic even if they multiple racial and ethnic identities. It is a recommendation to not check any other boxes to avoid being incorrectly identified as non-exempt from additional requirements. Members do not have to belong to a federally recognized tribe. AI/AN is self-defined and declared.</p> <p>There are other exceptions as well for those who have qualifying health conditions. A pathway will have to be established for those whose status changes from non-exempt to exempt during the enrollment period to notify the state.</p> <p><i>Is there a way for providers to see who is undocumented and/or may be due for redetermination?</i></p> <p>The largest percentage of UIS members are location in Marin, Sonoma, Napa, and Solano Counties where outreach efforts will be focused. Partnership is careful about members’ sensitive information and does not maintain a list or release information. Redetermination webinars are being offered to network providers every two weeks starting in January. Those interested can click here to register.</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
<p>I.B. Chief Medical Officer (CMO) Health Services Report</p>	<p>Partnership’s Chief Medical Officer presented a brief update for Health Services.</p> <ul style="list-style-type: none"> • California Health Care Foundation (CHCF) Leadership Fellowship <ul style="list-style-type: none"> • Selected 32 incoming fellows for Cohort 25 beginning in December 2025. Two fellows are from Partnership’s network <ul style="list-style-type: none"> • Dr. Rebecca Katz, Chief Medical Officer, Petaluma Health Center • Dr. Alinea Stephens, Medical Director, Chapa-De Indian Health • Credentials Committee Member Solicitation <ul style="list-style-type: none"> • Partnership’s Credentials Committee is looking for nominees to replace members who will resign in the near future. • Serving on the committee is a good leadership opportunity to understand complex and interesting cases in regards to credentialing network providers. • Credentials Committee meets the second Wednesday of every month from 7:00 – 7:30 a.m. <ul style="list-style-type: none"> • Due to the Veterans’ Day Holiday, both the Physician Advisory Committee and Credentials Committee meetings have been moved from Wednesday, November 11, 2026 to Wednesday, November 4, 2026. • Pay for Performance Contracts <ul style="list-style-type: none"> • New federal laws require signed contract amendments to specify the details of pay for performance programs before the end of December 2025. • The contracts must be done before the deadline or providers will become ineligible for pay for performance funds and lose the opportunity for QIP dollars. • Long Term Care Quality Incentive Program reimplemented beginning January 1, 2026. DHCS has eliminated its Skilled Nursing Facility/Long Term Care pay for performance program. • Billing Instruction for Pediatric COVID Vaccinations <ul style="list-style-type: none"> • Providers will need to submit with the appropriate CPT code without the SL modifier and the remark: “Non-VFC Covid vaccine used due to lack of availability of VFC vaccine” • Legislative Advocacy <ul style="list-style-type: none"> • Senate Bill 669, Rural hospitals, standby perinatal medical services, was passed and signed by Governor Newsom on October 11, 2025. • Assembly Bill 55, Alternative birth centers: licensing and Medi-Cal reimbursement was passed and signed by Governor Newsom on October 11, 2025. • CPCA Annual Conference Highlights <ul style="list-style-type: none"> • Held end of October 2025. • Focused largely on effects of HR1 and discussed upcoming requirements: <ul style="list-style-type: none"> • Health plans will be required to monitor disaster plans for provider networks. No additional details have been defined. • Rumors UIS adults will be carved out of MediCal eligibility in 2027 when co-payments for UIS members are proposed to take effect. • Providers will no longer be reimbursed the Prospective Payment System (PPS) rates for UIS adults members and will be paid the fee for service rate instead. • Partnership Tribal Health Convening <ul style="list-style-type: none"> • DHCS shared no claims have been submitted for the Traditional Healer Benefit to treat Substance Use Disorder (SUD) through County SUD treatment. <ul style="list-style-type: none"> • Pilot was approved by Centers for Medicare and Medicaid Services (CMS) for one year through December 2026. • Grant is unlikely to be renewed, but those interested in using the benefit while available must take the steps and follow through so any other grant requests in the future are considered. <p>Questions <i>None</i></p>

AGENDA ITEM	MOTIONS FOR APPROVAL	RECOMMENDATIONS / ACTION	DATE RESOLVED
II.A.	October 2025 PAC minutes were presented for approval.	<u>MOTION:</u> Dr. Zavod moved to approve Agenda II.A as presented, seconded by, seconded by Nurse Sprague. <u>ACTION SUMMARY:</u> [15] yes, [0] no, [0] abstentions.	11/12/25 Motion carried.
II.B. II.B.1 II.B.2 II.B.3 II.B.5 II.B.7	Consent Calendar Review <ul style="list-style-type: none"> • Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – October 2025 • Policies, Procedures, and Guidelines for Action Policy Summary November 2025 • Pharmacy & Therapeutics Committee Summary and Approved Criteria, October 9, 2025 • Credentials Committee Meeting Minutes and Credentialed List, September 10, 2025 • Quality Improvement Health Equity Committee Meeting Summary, September 16, 2025 	<u>MOTION:</u> Dr. Gwiazdowski moved to approve Agenda II.B.1, II.B.2, II.B.3, II.B.5, and II.B.7 as presented, seconded by Dr. Herman. <u>ACTION SUMMARY:</u> [15] yes, [0] no, [0] abstentions.	11/12/25 Motion carried.
II.C.	<i>No appointments or resignations for Physician Advisory Committee in November.</i>	<i><u>N/A</u></i>	
II.D.	Long-Term Care Quality Incentive Proposal – Measurement Year 2026 Summary of Changes	<u>MOTION:</u> Dr. Gwiazdowski moved to approve Agenda item II.D as presented, seconded by Dr. Herman. <u>ACTION SUMMARY:</u> [15] yes, [0] no, [0] abstentions.	11/12/25 Motion carried.

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
III.A Status Update, Regional Medical	<p>Partnership’s Regional Medical Director for Napa, Solano, and Yolo Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Several health fairs with vaccination drives have been taking places through the communities. • Public health offices in Napa and Yolo Counties have begun requiring providers be vaccinated or wear a mask when providing care during flu season. • Solano County is working to improve well child visit and human papilloma virus (HPV) vaccination rates.
III.B. Status Update, Regional Medical	<p>Partnership’s Regional Medical Director for Marin and Sonoma Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Area stakeholders continue to meet to discuss vaccine hesitancy. • Providence Santa Rosa Memorial will be closing its inpatient pediatric unit and transferring patients to USCF Benioff Children’s Hospital. <ul style="list-style-type: none"> • The closure of the unit will force families to receive care in San Francisco or Oakland. • Local medical community is working to delay or reverse decision to keep the beds open. • Aliados Health will be supporting the implementation of eConsult services to expand telehealth options. • Dr. Angelique Green is interim CMO at Alexander Valley Healthcare. • Dr. Dedriana Lomax joined Marin City Health and Wellness Center as Associate Medical Director. • Physical Therapy (PT) services continue to be constrained. Telehealth is utilized heavily to fill in gaps.
III.C. Status Update, Regional Medical	<p>Partnership’s Regional Medical Director for Lake, Mendocino, Humboldt, and Del Norte Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Adventist announced it is halting all capital investment projects citing uncertainty about Medicaid reimbursement in light of proposed cuts. Construction projects in Lake County for the planned expansion of a new clinic for primary and urgent care have been canceled. • Senator Maguire announced additional funding for mental health services has been made available and a triage center will be built next to Mad River Hospital. The center will offer crisis stabilization, mental health services, dual diagnosis, and in-patient beds. • Sorrel Leaf Healing Center is on track to open next year and will serve as a residential crisis program for children. • Ms. Lara Weiss retired from Humboldt County Public Health after 27 years. A replacement Deputy Director has not been named. • Ms. Linda Royal has been appointed CEO of Redwood Coast Medical Services.
III.D Status Update, Regional Medical	<p>Partnership’s Regional Director for Glenn, Butte, Sutter, and Colusa Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • DHCS joined Partnership leadership for site visits at area Tribal health clinics. Dr. Chester Austin and Northern Valley Indian Health hosted in Chico. • Palliative care and hospice care are notably underutilized in Partnership expansion county areas. • Healthy Rural California (HRC) has begun a new cycle of medical education clubs in high schools to encourage careers in medicine. This parallels with efforts of Enloe Hospital, UC Davis, and Touro University. • Local hospital systems are reporting financial strains.
III.E Status Update, Regional Medical	<p>Partnership’s Regional Director for Siskiyou, Modoc, Shasta, Lassen, Trinity, and Tehama Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Siskiyou County Health and Human Services was awarded a \$100K CHIP grant. • Mountain View Skilled Nursing Facility (SNF), attached to Modoc Medical Center, has opened its 50-bed facility and believes it will be granted permission to keep its 34-bed facility open as well. • Vaccine drive was held in Redding offering 25 different vaccinations to infants, children, and adults. • Partnership continues to engage with network providers at several area events.

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
III.F Status Update, Regional Medical	<p>Partnership’s Regional Director for Plumas, Sierra, Nevada & Placer presented a brief update on activities.</p> <ul style="list-style-type: none"> • Sierra Nevada Memorial Hospital has been experiencing challenges in home health due to financial constraints and will be closing the program effective December 31, 2025. CEO, Dr. Scott Neely, is working on a transition plan to ensure patients experience no gaps in care. • Sierra Nevada Memorial Hospital pediatric clinic experienced a pipe break that caused the building to close and moved care to the Grass Valley site. • One positive case of tuberculosis was diagnosed and traced. Patient is receiving treatment and all those who were exposed have been offered testing. <ul style="list-style-type: none"> • California had 2,000 cases of tuberculosis in 2024 and experiences more than 2000 deaths every year. Tuberculosis is treatable when diagnosed. • Assembly Bill 2132 went into effect January 1, 2025 and requires adult patients receiving primary care services to be offered a Tuberculosis (TB) test if risk factors are identified, followed by provision or referral for appropriate follow-up care. Risk factors include travel of more than a month to countries with active cases and immunosuppressed patients in congregated setting such as unhoused shelters and correctional facilities. • One case of Dengue Fever was diagnosed in Nevada County after an individual returned from Puerto Rico where exposure likely occurred. The individual has been treated and is recovering well. Dengue Fever is transmitted through infected mosquitoes in tropical areas. • Nevada County Health and Human Services discussed the importance of local food banks as a growing number of people face food insecurity.
<i>IV. Office Practice Update</i>	<i>None</i>
<i>V. Old Business</i>	<i>None</i>

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
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VI.A
Health Equity
Community
Reinvestment

Health Equity Community Reinvestment

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:

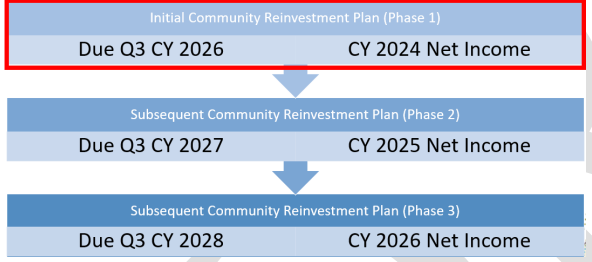
- An additional 7.5% of their annual net income for counties with an Enforcement Tier 2 or 3 assignment
 - Tier 2: assigned to any county where MCP has 2 or more measures below MPL in any 1 MCAS domain
 - Tier 3: assigned to any county where MCP has 3 or more measures below MPL in 2 or more MCAS domains

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

What are the investing requirements per county?

- For CY 2024, an MCP in its first year of operation in a given county is subject to Community Reinvestment beginning the following year in that county.
- For example, an MCP in its first year of operation within a given county in CY 2024, Community Reinvestment requirements beginning with the MCP's CY 2025 annual net income and CY 2025 MCAS measure performance

Investment Period 1 (2025 to 2028) for 14 Legacy Counties



Investment Period 1 (2025 to 2028) for 14 Legacy Counties



Timelines

Q2 2025 - Initiate+ Plan

- Develop project charter and plan
- Identify core project team
- Have kick-off meeting

Q3 2025 - Execute + Control

- Develop program framework for al locating and managing community reinvestment activities
- Stakeholder engagement and communication
- Identify data reports, existing assessments, and data elements necessary to prioritize community needs

Q4 2025 Execute + Control

- Develop a preliminary Community Reinvestment strategy
- Circulate initial Community Reinvestment Plan draft for internal review; revise as needed

Q1 2026 - Execute + Control

- Present Partnership's Community Reinvestment Plan to external stakeholders; revise as needed
- Develop/refine Phase II project deliverables and timelines

**AGENDA
ITEM**

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

VI.A
Health Equity
Community
Reinvestment,
Continued

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)

Developing the Healthcare Workforce Examples

- Funding scholarships for allied health professional students.
- Designing or expanding programs to locally recruit, train, and fill high-demand healthcare jobs to expand the pipeline of high school and college-age individuals within underserved communities.
- Funding high school-based doula training programs to align with the Medi-Cal Enrollment Requirements and Procedures for Doulas in rural and underserved areas.
- Supporting programs to promote the career pipeline, representation, and advancement of under-represented populations in the health tech sector.

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

VI.B
2025 Primary
Care
Physician &
Obstetrician
Vacancy
Survey
Results

2025 Primary Care Physician & Obstetrician Vacancy Survey Results

Survey Overview

Purpose: Track provider vacancy data across 24 counties, compare year-over-year trends, and inform future workforce strategies.

Background and Methodology

- The 2025 Point-in-Time Provider Vacancy Rate Survey assesses gaps between current and desired staffing for primary care and OB providers.
- Builds on the 2024 survey with consistent methodology or year-over-year comparison.
- Minor question updates ensure continuity and comparability.
- Captures point-in-time vacancy rates as of Q2 2025.

Vacancy Rate = Vacant FTE / (Working FTE + Vacant FTE)

Provider Vacancy Rate Survey

Survey Sample Size

104healthcareorganizations (500+members) surveyed across 24 counties.

Response Rate

80% response rate, with 83 organizations participating- strong engagement.

Geographic and Organizational Reach

Respondents represent 271medicalsites,reflecting diverse geographic and organizational settings

Focus on Provider Vacancies

Identifies notable provider vacancies with persistent recruitment challenges in primary care and obstetrics.

Primary Care Provider (PCP) Vacancy Overview -2025

Overall Vacancy Rate:21.1%(↓ from 25.6%)

Total PCP FTEs:1,489 (↑ from 1,404)

Vacant Positions:314 (↓ from 359)

Key Findings: Primary care staffing gaps remain significant, though vacancy rates overall show modest improvement compared to prior years. Physician vacancies are higher than those for Advanced Practice Clinicians (APCs), with a 25.7% vacancy rate compared to 16.4%.

Clinician Type	Working FTE	Vacant FTE	Total FTE	Vacancy %
Physician	557	193	750	25.7%
APC	618	121	739	16.4%
Total	1175	314	1489	21.1%

**AGENDA
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DISCUSSION / CONCLUSIONS

VI.B
2025 Primary
Care
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PCP Vacancy Rate Survey – Rural Findings

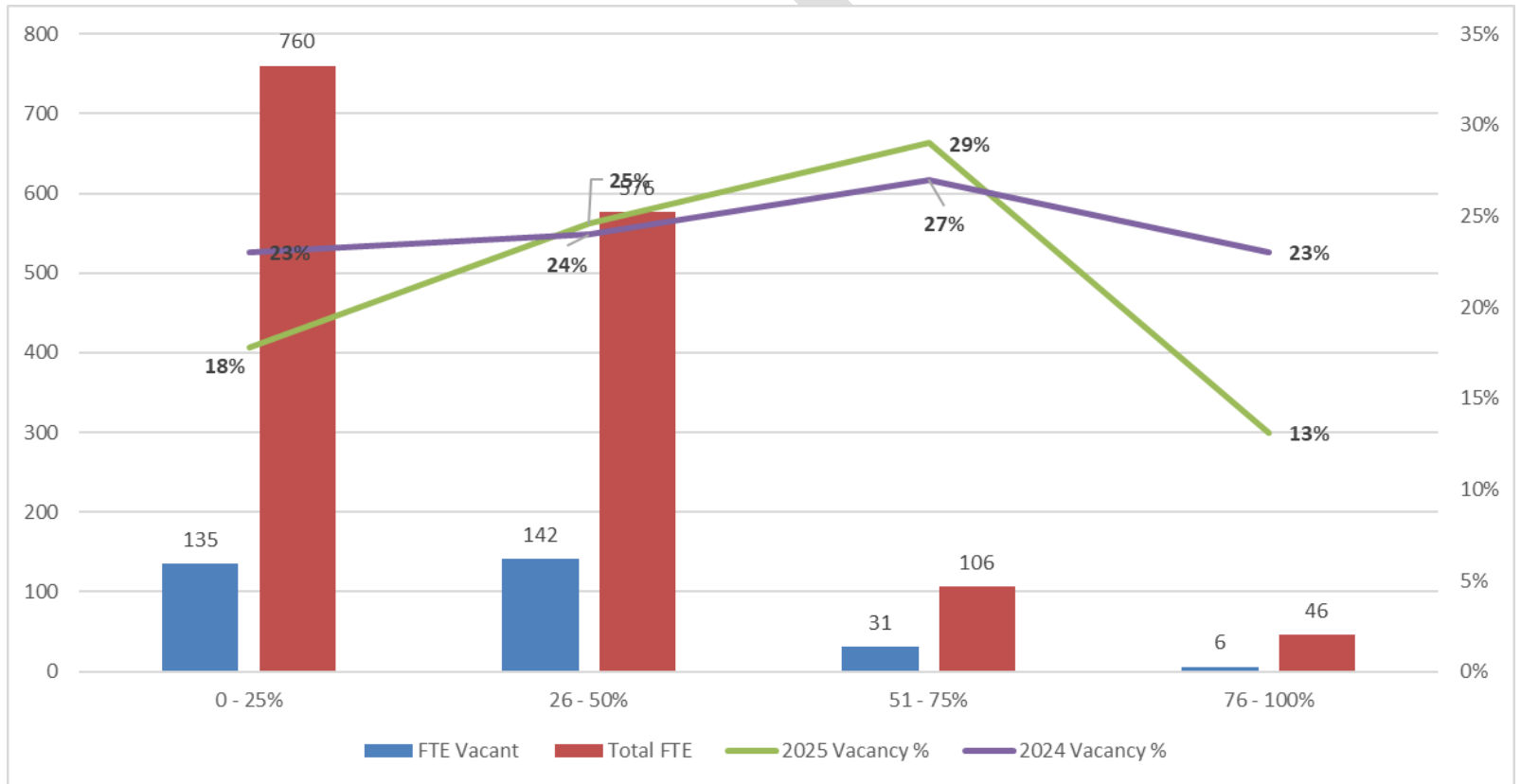
Completely rural counties:
Modoc, Plumas, Sierra and Trinity

Counties with rural populations under 10%:
Yolo, Marin, and Solano

Key finding:
Rurality alone does not predict vacancy

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

*County rurality was defined using U.S. Census Bureau classifications



**AGENDA
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DISCUSSION / CONCLUSIONS

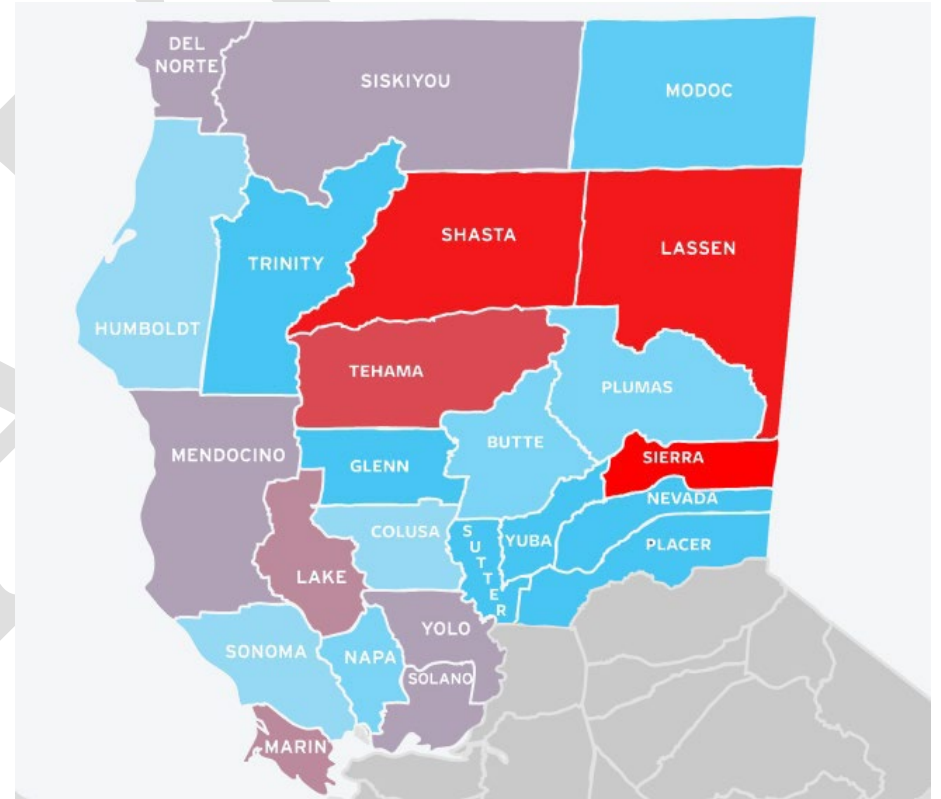
VI.B
2025 Primary
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24/25 Year-Over-Year PCP Vacancy Comparison

Key Finding

From 2024 to 2025, vacancy rates dropped 16–27% in Nevada, Placer, Trinity, and Glenn (led by Glenn), while Sierra, Shasta, and Lassen saw 7–10% increases—reflecting shifting regional workforce trends.

County	2024 Vacancy Rate	2025 Vacancy Rate	% Change
Sierra	23.8%	33.3%	9.5%
Shasta	20.4%	28.3%	8.0%
Lassen	26.8%	34.6%	7.8%
Tehama	28.3%	33.1%	4.8%
Marin	27.3%	28.6%	1.3%
Lake	20.3%	21.0%	0.7%
Solano	27.8%	27.6%	-0.2%
Del Norte	43.9%	43.0%	-0.8%
Siskiyou	24.8%	23.9%	-0.9%
Yolo	13.7%	12.4%	-1.2%
Mendocino	28.5%	27.1%	-1.3%
Colusa	29.4%	25.0%	-4.4%
Sonoma	22.3%	17.4%	-4.9%
Humboldt	28.0%	23.0%	-5.0%
Napa	23.8%	16.6%	-7.2%
Butte	27.8%	19.5%	-8.2%
Plumas	18.4%	9.8%	-8.6%
Modoc	12.5%	0.0%	-12.5%
Yuba	34.4%	19.8%	-14.5%
Sutter	20.7%	5.0%	-15.7%
Nevada	24.7%	8.7%	-16.0%
Placer	20.4%	4.3%	-16.1%
Trinity	39.0%	22.2%	-16.8%
Glenn	47.9%	21.2%	-26.7%



**AGENDA
ITEM**

DISCUSSION / CONCLUSIONS

VI.B
2025 Primary
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OB Vacancy Overview -2025

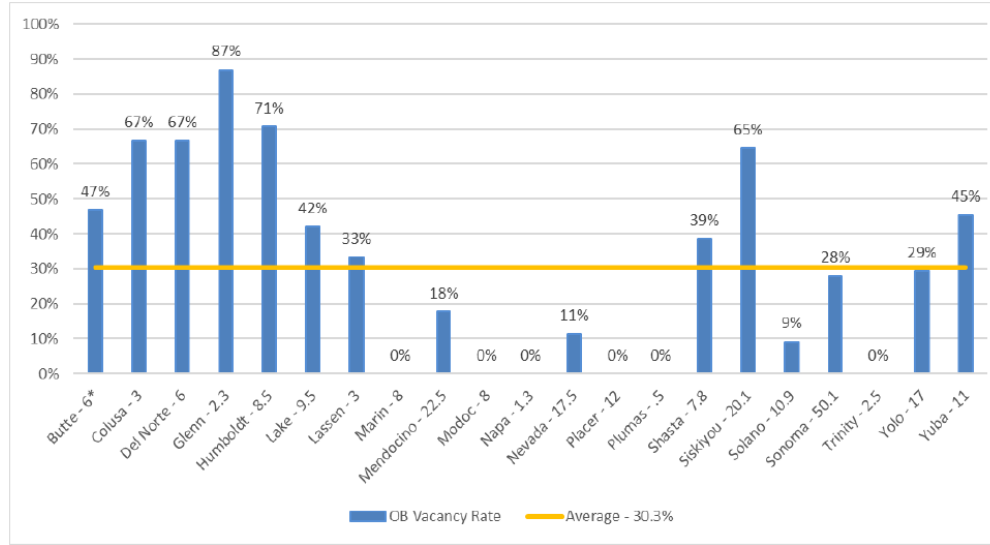
Overall Vacancy Rate: 30.3%(↓ from 33%)
Total OB FTEs: 228 (↓ from 254)
Vacant Positions: 69 (↓ from 82.6)
Orgs providing OB services ≥1 county: 45% of respondents

Key Findings: The OB vacancy rate declined modestly overall, suggesting some improvement in recruitment and retention. **APC vacancy rate is significantly higher** than physician vacancy rate, with a 41.4% vacancy rate compared to 25.3%.

Clinician Type	Working FTE	Vacant FTE	Total FTE	Vacancy %
Physician	118	40	158	25.3%
APC	41	29	70	41.4%
Total	159	69	228	30.3%

OB Vacancy Rate County Comparison

Key Finding: While more counties exceeded 40% OB vacancy rate in 2025 than in 2024, a greater number of counties also reported being fully staffed in 2025 (six counties as compared to just one in 2024).



Low Vacancy Counties	
Modoc	0%
Plumas	0%
Trinity	0%
Napa	0%
Marin	0%
Placer	0%

High Vacancy Counties	
Glenn	87%
Humboldt	71%
Colusa	67%
Del Norte	67%
Siskiyou	65%
Butte	47%

*County and total FTE (working and vacancies)

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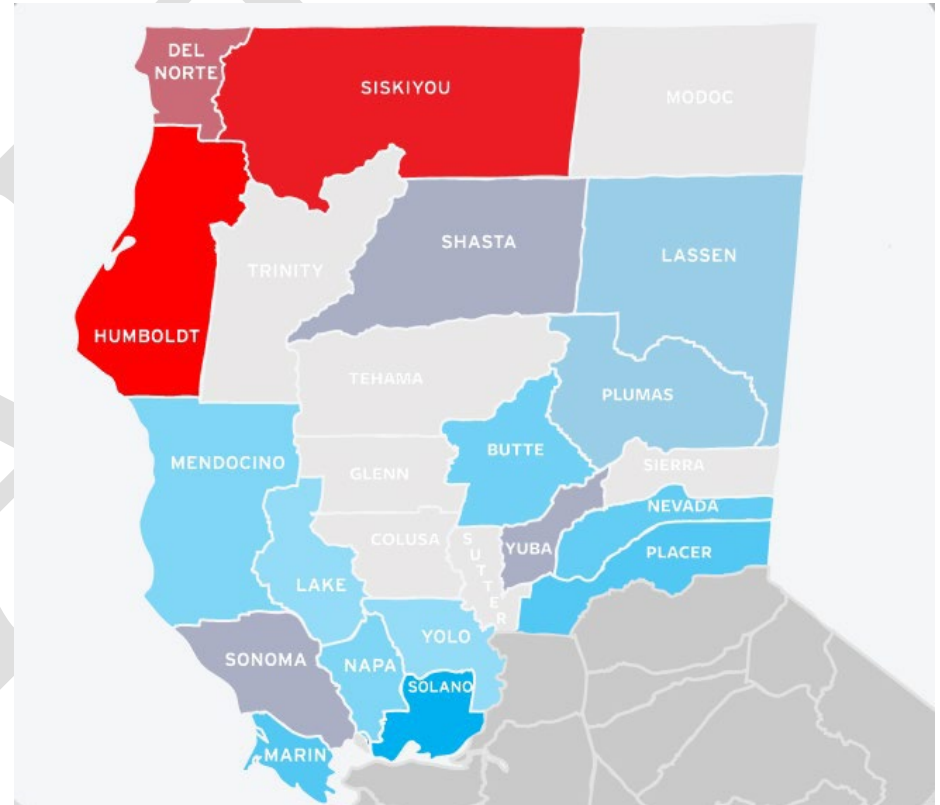
DISCUSSION / CONCLUSIONS

VI.B
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24/25 Year-Over-Year OB Vacancy Comparison

Key Finding: Year-over-year data shows modest improvement in OB vacancy rates and total FTEs.
Low overall FTE counts mean small changes in vacancies can cause large percentage swings county to county, making trends more volatile.

County	2024 Vacancy Rate	2025 Vacancy Rate	% Change
Humboldt	23.0%	70.6%	47.6%
Siskiyou	26.0%	64.7%	38.7%
Del Norte	43.0%	66.7%	23.7%
Yuba	37.0%	45.4%	8.4%
Shasta	31.0%	38.7%	7.7%
Sonoma	21.0%	27.9%	6.9%
Lassen	32.0%	33.3%	1.3%
Plumas	0.0%	0.0%	0.0%
Lake	44.0%	42.1%	-1.9%
Yolo	32.0%	29.5%	-2.5%
Mendocino	29.0%	17.8%	-11.2%
Napa	12.0%	0.0%	-12.0%
Butte	65.0%	46.9%	-18.1%
Nevada	36.0%	11.5%	-24.5%
Marin	32.0%	0.0%	-32.0%
Placer	39.0%	0.0%	-39.0%
Solano	80.0%	9.2%	-70.8%



AGENDA ITEM

VI.B
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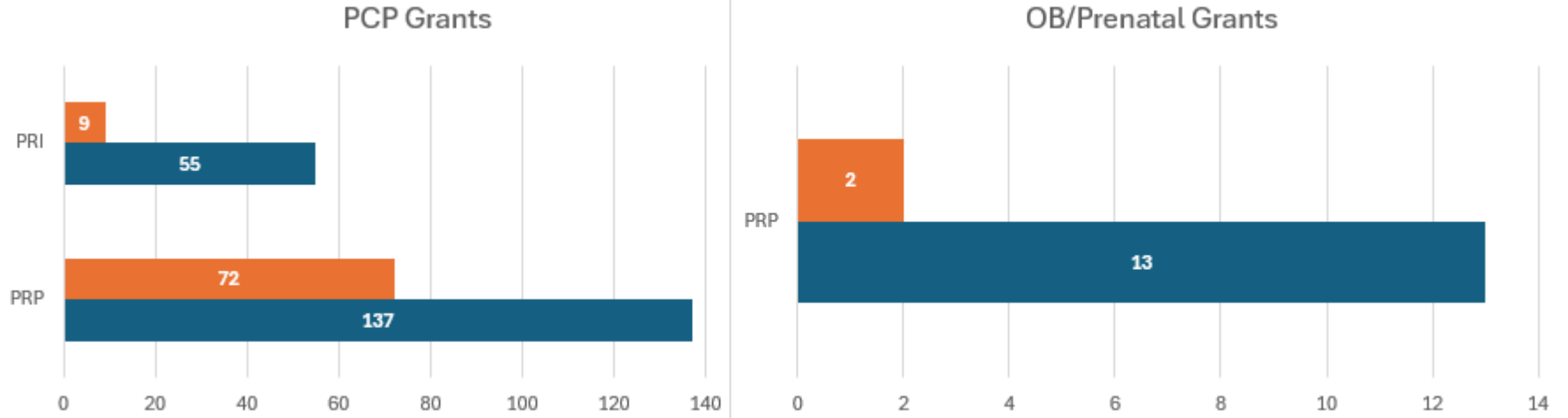
PRP and PRI Grant Activity

Provider Recruitment Program (PRP)

PRP offers up to \$100K over 5 years for PCPs, OBs, and mental health providers

Provider Retention Initiative (PRI)

PRI offers up to \$45k over 3 years for PCPs, OBs, and mental health providers



Year	Total Awards	Vacancy Rate	Year	Total Awards	Vacancy Rate
2024	81	25.6%	2024	2	33%
2025	192	21.1%	2025	13	30.3%

Conclusion & Next Steps

- Learn from Success: Capture best practices from improving counties and organizations
- Investigate Challenges: Analyze drivers of rising vacancies on a county and organizational level
- Strengthen Monitoring: Continue annual tracking across all 24 counties to guide regional strategies

AGENDA ITEM	DISCUSSION / CONCLUSIONS
VI.B 2025 Primary Care Physician & Obstetrician Vacancy Survey Results	<p>Questions and Comments</p> <p>Several physicians in attendance had questions about the reliability of the OB vacancy rate data based on the survey results and their own experiences in practice. The survey was point-in-time and does not capture staffing variability over time to include any hospital or service closures. Survey questions may be updated in the future to capture additional underlying data for results.</p>
VII.	ADJOURNMENT
PAC adjourned at 9:07 a.m.	Next Physician Advisory Committee announced for January 14, 2026.

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
QUALITY/UTILIZATION ADVISORY COMMITTEE (Q/UAC)
MEETING AGENDA**

Date: Nov. 19, 2025

Time: 7:30 – 9:10 a.m.

Locations: Partnership HealthPlan of California

4665 Business Center Drive, Fairfield, CA 94534 | Napa/Solano Room
2525 Airpark Drive, Redding, CA 96002 | Trinity Alps Conference Room
495 Tesconi Circle, Santa Rosa, CA 95401 | Santa Rosa Huddle Room
2760 Esplanade Ave., Ste 130, Chico 95973 | Temp Conf Room

Other Locations:

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

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 #
I.	Call to Order – Welcome/Introductions/Announcements/Approval/Acceptance of Minutes			
1	<i>Approval of</i> • Oct. 15 Quality/Utilization Advisory Committee (Q/UAC) Minutes	Robert Moore, MD, MPH, MBA	7:30	7 - 20
2	<i>Acknowledgment and acceptance of draft minutes of the</i> • Oct. 7 Internal Quality Improvement (IQI) Committee • Oct. 29 Over/Under Utilization Workgroup • Oct. 2 Population Needs Assessment (PNA) Committee • Sept. 4 Member Grievance Review Committee (MGRC)			21 - 44
II.	Standing Updates			
1	Quality and Performance Improvement Program Update	Isacc Brown, MHA/MBA	7:37	45 - 53
2	HealthPlan Update	Robert Moore, MD	7:42	--
III.	Old Business – None			
IV.	New Business – Consent Calendar			
HS Policies	Consent Calendar	All	7:47	55
	2026 LTC QIP Measure Set – PAC-approved Nov. 12: direct questions to Deanna Watson			57 - 59
	G&A PULSE Report – Issue 19, November 2025 – direct questions to Latrice Innes			61 - 71
	UM Delegated Hospital Summary – direct questions to Tony Hightower			73
	CY2024 Caredon Oversight Final Audit Results – direct questions to Gary Robinson			75 - 78
	Care Coordination			
MCCP2016 – Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT) – ARCHIVE – See MPTP2501 effective 0/14/26		79 - 90		
MCCP2029 – Emergency Medical Transportation – ARCHIVE – See MPTP2502 effective 01/14/26		91 - 93		

	Item	Lead	Time	Page #
Health Services Policies	MCCP2036 – Memorandum of Understanding (MOU) Requirements for Medi-Cal Managed Care Plans and Third-Party Entities <i>click here to review Attachments A-L (unchanged from 8/13/25)</i>			95 - 99
	MPCP2019 – Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children’s Services <i>(previously MCCP2019)</i>			101 - 125
	MPCP2023 – New Member Needs Assessment <i>(previously MCCP2023)</i>			127 - 141
	Quality Improvement			
	MCQG1015 – Pediatric Preventive Health Guidelines			143 - 156
	MCQP1021 – Initial Health Appointment <i>includes CLEAN Attachment B on p. x</i>			157 - 168
	MPQG1011 – Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines			169 - 177
	Utilization Management			
	MPUP3051 – Long Term Care SSI Regulation – ARCHIVE – <i>refer to MCUG3038</i>			179 - 180
	MCUG3058 – Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-H Facilities			181 - 187
	MCUP3003 – Rehabilitation Guidelines for Acute and Skilled Nursing Inpatient Services			189 - 194
	MCUP3049 – Pain Management Specialty Services			195 - 199
	MCUP3102 – Vision Care			201 - 203
	MCUP3125 – Gender Dysphoria/Surgical Treatment			205 - 209
Non HS Policies	Transportation			
	MPTP2501 – Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT) <i>(previously MCCP2016)</i>			211 - 223
	MPTP2502 – Emergency Medical Transportation <i>(previously MCCP2029)</i>			224 - 226
V.	New Business – Discussion Policies			
	Synopsis of Changes		--	227 - 234
Health Services Policies	Care Coordination			
	MCCP2022 – Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services	Shannon Boyle, RN	7:52	235 - 242
	Population Health			
	MPNP9006 – Doula Services Benefit	Christine Smith	7:57	243 - 252
	Utilization Management			
	MCUG3038 – Review Guidelines for Member Placement in Extended Care Facilities (Custodial/Long Term Care, Skilled or Subacute) NEW Title CLEAN policy copy begins on p. 271	Janet Rudd, RN	8:03	253 - 280
	MCUP3020 – Hospice Services	Tony Hightower, CPhT	8:8	281 - 294
	MCUP3041 – Attachment A – Partnership TAR Requirements		8:13	295 - 302
MCUP3106 – Waiver Programs	8:18		303 - 308	
MCUP3131 – Genetic Screening and Diagnostics		8:23	309 - 456	
VI.	Presentations			
1	Member Experience Grand Analysis: Consumer Assessment of Healthcare Providers & Systems (CAHPS®) Program 2024-2025 (NCQA ME 7C/7D Report) – <i>PowerPoint presentation begins on p. 501</i>	Anthony Sackett	8:28	457 - 516
2	Network Access Grand Analysis: Network Adequacy Report (NET 3, Element A, B: Assessment of Member Experience Accessing the Network & Opportunities to Improve Access to Non-Behavioral Healthcare Services) – <i>PowerPoint presentation begins on p. 563</i>	Renee Trosky, BSRRT, MOL	8:48	517 - 580

	Item	Lead	Time	Page #
3	2025 3 rd Next Available & Next Available Survey	Vander Harris	9:00	581 - 608
VI. FYI & Close	CY 2026 QI Committees Meeting Schedules and Material Deadlines	<i>Refer any questions to Leslie Erickson</i>	--	609
	CY 2026 QI Committee Presentations Calendar		--	610
	Adjournment scheduled for 9:10 a.m. Q/UAC next meets 7:30 a.m. Wednesday, Jan. 21, 2026 – THERE IS NO Q/UAC MTG IN DECEMBER			

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEETING MINUTES**

Quality and Utilization Advisory Committee (Q/UAC) Meeting

Wednesday, Nov. 19, 2025 / 7:33 a.m. – 9:26 a.m. - Napa/Solano Room, 1st Floor

<u>Voting Members Present:</u>	Phuong Luu, MD	Michael Strain, PHC Consumer Member
Steven Gwiazdowski, MD, FAAP	John Murphy, MD	Randolph Thomas, MD
Emma Hackett, MD, FACOG	Meagan Mulligan, FNP-BC	
<u>Voting Members Absent:</u> Sara Choudhry, MD; Brandy Lane, Consumer Member; Brian Montenegro, MD; Robert Quon, MD; Chris Swales, MD; Jennifer Wilson, MD		
<u>Partnership Ex-Officio Members Present:</u>	Katz, Dave, MD, Associate Medical Director	
Bides, Robert, RN, BSN, Mgr, Member Safety – Quality Investigations, QI	Leung, Stan, Pharm.D, Director of Pharmacy Services	
Bontrager, Mark, Senior Director of Behavioral Health	Moore, Robert, MD, MPH, MBA, Chief Medical Officer – Chair	
Brown, Isaac, MBA/MHA, Interim Senior Director of Q & P Improvement	Netherda, Mark, MD, Medical Director for Quality – Vice Chair	
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)	
Gast, Brigid, MSN, BS, RN, NEA-BC, Senior Director, Care Management	Ruffin, DeLorean, DrPH, MPH, Director of Population Health	
Glickstein, Mark, MD, Associate Medical Director	Spiller, Bettina, MD, Associate Medical Director	
Hightower, Tony, CPhT, Associate Director, UM Regulations	Thornton, Aaron, MD, Associate Medical Director	
Jalloh, Mohamed “Moe”, Pharm.D, Dir. of Health Equity (Health Equity Officer)	Townsend, Colleen, MD, Regional Medical Director (Southeast)	
Jensen, Annika, RN, Assoc Dir. of Clinical Integration, Care Coordination	Ward, Lisa, MD, Regional Medical Director (Southwest)	
Jones, Kermit, MD, JD, Medical Director for Medicare Services	Watkins, Kory, MBA-HM, Director, Grievance & Appeals	
<u>Partnership Ex-Officio Members Absent:</u>	Guillory, Ledra, Senior Manager of Provider Relations Representatives	
Barresi, Katherine, RN, BSN, PHN, NE-BC, CCM, Chief Health Services Officer	Newman, Rachel, RN, BSN, Mgr, Clinical Compliance – Quality Inspections	
Cotter, James, MD, Associate Medical Director		
<u>Guests:</u>	Jamali, Shahrzad, Improvement Advisor, QI (Chico)	
Boyle, Shannon, RN, Manager of Care Coordination Regulatory Performance	Jarrett-Lee, Kevin, RN, Assoc. Dir., Utilization Management (Auburn)	
Brincko, Aaron, Director of Provider Relations	Kubota, Marshal, MD, Associate Medical Director	
Brunkal, Monika, RPh, Associate Director, Population Health	Matthews, Richard “Doug,” MD, Regional Medical Director (Chico)	
Campbell, Anna, Health Policy Analyst, Utilization Management	Morris, Matthew, MD, Regional Medical Director (Auburn)	
Chebolu, Radha, Sr Health Data Analyst II, Finance	O’Leary, Hannah, Manager of Population Health, Pop Health	
Chiang, Yeun, Project Manager I, UM	Quichocho, Sue, Manager of Quality Measurement, QI	
Chishty, Shahrukh, Sr. Mgr., Child Welfare Programs, Behavioral Health	Rudd, Janet, RN, Mgr of Long Term Support Services, UM	
Conner, Maria, Improvement Advisor, QI (Auburn)	Sackett, Anthony, Program Manager II, QI (CAHPS®)	
Cunningham, Aryana, Policy Analyst, Care Coordination	Selig, Barb, Manager of Quality Improvement Programs, QI	
Devan, James, Manager of Performance Improvement (Redding)	Smith, Christine, Community Health Needs Liaison, Population Health	
Donahue, Celena, Improvement Advisor, QI (Eureka)	Trosky, Renee, Mgr of Provider Relations Compliance, Network Services	
Frankovich, Terry, MD, Associate Medical Director	Vaisenberg, Liat, Director of Health Analytics, Finance	
Harris, Vander, Sr Health Data Analyst, Finance	YoungStone, Kelly, RN, Director of Care Coordination	
Hendrix, Hillary, Executive Assistant, Behavioral Health		

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<p>I. Call to Order</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 7:33 a.m.</p> <p>There was no quorum as yet, so the meeting began with the standing updates and an introduction. Dr. Moore introduced Aaron Brincko, the new Director of Provider Relations, who replaces Mary Kerlin, the Senior Director of Provider Relations, who is retiring in January 2026. Aaron previously worked at WellSpace and with Hill Physicians.</p> <p>The Oct. 15 Q/UAC Minutes were approved with one correction: Anna Campbell noted that a “f” should proceed two codes noted on p. 11. They are properly f32.3 and f32.2.</p> <p><i>Acknowledgment and acceptance of draft meeting minutes of the</i></p> <ul style="list-style-type: none"> • Oct. 7 Internal Quality Improvement (IQI) Committee • Oct. 29 Over/Under Utilization Workgroup • Oct. 2 Population Needs Assessment (PNA) Committee • Sept. 4 Member Grievance Review Committee (MGRC) 	<p>Motion to approve the Q/UAC minutes as corrected: Steven Gwiazdowski, MD Second: John Murphy, MD <i>Approved unanimously</i></p> <p>Motion to accept the other minutes: John Murphy, MD Second: Steven Gwiazdowski, MD <i>Accepted unanimously</i></p>
<p>II. Standing Updates</p>		
<p>1. Quality Improvement (QI) Department Update</p> <p><i>Isaac Brown, Interim Senior Director of Quality and Performance Improvement, QI</i></p>	<ul style="list-style-type: none"> • There's a new federal requirement that is going to affect all of the provider groups and providers who are participating in our pay-for-performance programs or Quality Incentive Programs (QIPs). That requirement is that they sign a contract amendment for each of the QIPs in which they will participate in 2026. We have hundreds of contracts that we're trying to get signed between now and Dec. 31. Q/UAC voters are encouraged to have their organizations sign. • If you have an organization that uses the colorectal cancer bulk order and they need a facilitated order through Partnership, please remind them that that's upcoming on Jan. 19. • The 23 provider organizations participating in our Equity and Practice Transformation Project this month should be completing the PhmCAT and at least one other deliverable from program year one. • We have been working on providing some grant money to assist healthcare providers in implementing or upgrading electronic health records systems. K'ima:w Medical Center in Hoopa was awarded \$250,000 to aid in its replacement of their existing EHR (RPMS) with OCHIN Epic. • Our Healthcare Effectiveness Data Information Set (HEDIS®) team has launched its first year-round medical record review project. This past year, we increased from the 25th percentile to the 75th percentile on our W30 measure, in large part because we gleaned supplemental data from medical record review. That showed the providers are indeed doing as good a job as we thought, and we were just having data problems getting that in. Now that we have found the data, we're seeing much better scores, so we're expanding that out to additional measures in the upcoming year. • As expected, the Department of Health Care Services (DHCS) has sent Partnership a Notice of Intent for approximately \$260,000 in sanctions on MY2024 county-level performance below the Minimum Performance Level (MPL) benchmarks. We will appeal \$146,488 assessed against four measures with significant data incompleteness issues: Topical Fluoride Varnish for Children (TFL-CH), Follow-up After 	<p><i>For information only. There were no questions.</i></p> <p>Medical Director for Quality Mark Netherda, MD, remarked that, although many data incompleteness issues are indeed on our end, many can be attributed to the State, and we should not be sanctioned for those. We will be pointing this out to DHCS as we appeal.</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>ED Visit for Mental Illness (FUM 30), Follow-up After ED Visit for Substance Use (FUA-30), and Developmental Screening in the First Three Years of Life (DEV-CH).</p> <ul style="list-style-type: none"> Partnership in October passed our new consultant’s mock renewal survey on year one evidence for our National Committee for Quality Assurance (NCQA) Health Plan Accreditation (HPA). The consultant has since shared some things we will be working on to be more ready for our HPA survey in Fall 2026. 	
<p>2. HealthPlan Update</p> <p><i>Robert Moore, MD, MPH, MBA Chief Medical Officer</i></p>	<ul style="list-style-type: none"> There was a delay in releasing COVID vaccines into the Vaccines for Children (VFC) program for kids, because the federal government at first was not intending to recognize COVID vaccine as being a legitimate vaccine for children. The California Department of Public Health says the vaccine is now shipping. You can request it now from the CDPH. Going backwards, if you did administer private stock vaccine, there is usually an SL modifier to any vaccine that you give that indicates it was a VFC vaccine. If you get rid of the LSL modifier and write a remark code “non VFC COVID vaccine used due to lack of availability of VFC vaccine”, it has to be looked at manually, but that will adjudicate and be paid. <ul style="list-style-type: none"> Q/UAC voter Phuong Luu, MD interjected, encouraging folks to reach out to their local public health department, which also stock non VFC vaccines especially targeted for pediatric population three years and younger. That’s really important because with AB 144, pharmacies can vaccinate children three years and older, but they can’t vaccinate younger children. In Yuba County, where Dr. Luu is the public health officer, some vaccine has transferred to a local Federally Qualified Health Center (FQHC) so they can combine forces to provide the necessary vaccinations. Dr. Moore acknowledged that almost no pharmacies in California are VFC providers. The big topic of conversation at the recent California Primary Care Association meeting was H.R. 1. <ul style="list-style-type: none"> There is a new requirement for health plans to monitor the disaster plans of all of its providers. It is unclear whether that will be something added to the site review process or some other process: that has not been defined. “Very smart” lawyers who were presenting believe that in January 2027 when the requirement for premium kicks in for the uncertain immigration status (UIS) population, that the State probably will carve that from managed care and pay that as a sort of a carve out fee for service. The complexity of the premiums will be the hard part. They are also not going to be paying the Prospective Payment System (PPS) rate to FQHCs/RHCS for those, although I think Tribal Health will still be getting their Wrap Rate. We had our annual convening of Tribal Health Centers. The big topic of discussion was the traditional healer benefit for substance use disorder. Regulatory framework came out around January or so though the counties, and the State representative present did disclose that the State has yet to receive a claim for that benefit, which is a bad sign. Hopefully, we will get a few claims from a few providers before the end of the pilot (end of 2026 per Center for Medicare and Medicaid Services). Regarding State preparations for H.R. 1, the State is putting much effort into identifying populations that are exempt from the work requirements and from the every-six-months-redetermination. That includes individuals with disabilities, mothers with small children, the American Indian/Alaskan Native population, those with serious mental illness, etc. The State is trying to cast a very wide net of individuals who would be excluded legally. The plan is to do it on the back end so those folks won’t be sent a notice that they 	<p><i>There were no questions.</i></p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>need to redetermine; they won't be requested to upload their work documents, etc.</p> <ul style="list-style-type: none"> Effective Jan. 1, 2026, the State has a moratorium on new UIS individuals from applying to Medi-Cal under the current system. Currently, it is possible for primary care providers to look at their provider lists to see when each member assigned to them is due for redetermination. 	
III. Old Business – None		
IV. New Business – Consent Calendar (Committee Members as Applicable)		
	<p>2026 EXT QIP Measure Set – (approved at the Physician Advisory Committee (PAC) Nov.12) – <i>direct questions to Deanna Watson</i> Grievance & Appeals' PULSE Report – Issue 19, November 2025 – <i>direct questions to Latrice Innes</i> Utilization Management Delegated Hospital Summary – <i>direct questions to Tony Hightower, CPhT</i> CY2024 Caredon Oversight Final Audit Results – <i>direct questions to Gary Robinson</i></p>	<p><i>No questions were asked.</i></p>
<p>Health Services Policies <u>Care Coordination</u> ARCHIVE MCCP2016 – Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT) <i>policy transfers to the Transportation Services department as MPTP2501 effective Jan. 14, 2026</i> ARCHIVE MCCP2029 – Emergency Medical Transportation - <i>policy transfers to the Transportation Services department as MPTP2502 effective Jan. 14, 2026</i> MCCP2036 – Memorandum of Understanding (MOU) Requirements for Medi-Cal Managed Care Plans and Third-Party Entities – <i>Attachments A-L remain unchanged from Aug. 13 review</i> MPCP2019 – Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children's Services <i>(previously MCCP2019)</i> MPCP2023 – New Member Needs Assessment <i>(previously MCCP2023)</i></p> <p><u>Quality Improvement</u> MCQG1015 – Pediatric Preventive Health Guidelines MCQP1021 – Initial Health Appointment – <i>clean Attachment B included in packet</i> MPQG1011 – Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines</p> <p><u>Utilization Management</u> ARCHIVE MPUP3051 – Long Term Care SSI Regulation – <i>refer to MCUG3038</i> MCUG3058 – Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-H Facilities MCUP3003 – Rehabilitation Guidelines for Acute and Skilled Nursing Inpatient Services MCUP3049 – Pain Management Specialty Services MCUP3102 – Vision Care NCUP3125 – Gender Dysphoria/Surgical Treatment</p> <p>Non-Health Services Policies <u>Transportation Services</u> – <i>transferring from Care Coordination effective Jan. 14, 2026</i> MPTP2501 – Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT) MPTP2502 – Emergency Medical Transportation</p>		<p>Motion to approve slate as presented: Steven Gwiazdowski, MD Second: Randy Thomas, MD <i>Approved unanimously</i></p> <p><u>Next Steps:</u> All policies go to the Jan. 14, 2026 PAC</p> <p><u>Meeting Postscript:</u> Per QI leadership direction Dec. 30, 2025, VI.J.4 was struck from MCQG1015: Provider attestation of completion of DHCS approved training (accessible through the ACESaware.org website) by individual clinicians performing the screening is required for payment for billing of trauma screening services. PAC will consider the amended policy Jan. 14.</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
V. New Business – Discussion Policies		
Policy Owner: Care Coordination – Presenter: Shannon Boyle, RN, Manager of Care Coordination Regulatory Performance		
MCCP2022 – Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services	<p>Policy Edits due to APL 25-008 Hospice Services (05/05/25) – added as new Reference J. Related Policies alphanumeric designations updated for Medi-Cal and Medi-Cal/Medicare lines of business</p> <p>Related Policies added: MCUP3020 - Hospice Services Guidelines MCUP3140 – Palliative Care: Pediatric Program for Members Under the Age of 21</p> <p>Definitions added for Hospice Care and Palliative Care Whole Child Model (WCM) Definition updated: 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>V.I.P Hospice Services section added: Children receiving hospice care services for a terminal illness and life expectancy of six months or less may receive additional services than are available for adults. Children are eligible for hospice care under the same criteria as adults (a physician certifies the Member as having a life expectancy of six months or less), although children under 21 years of age also may elect to receive concurrent curative treatment of the hospice-related diagnosis and concurrent palliative care. For more information, see Partnership policy MCUP3020 Hospice Service Guidelines and MCUP3140 Palliative Care: Pediatric Program for Members Under the Age of 21.</p>	<p><i>There were no questions for Shannon.</i></p> <p>Motion to approve as presented with one type corrected: Randy Thomas, MD Second: John Murphy, MD <i>Approved unanimously</i></p> <p><u>Next Steps:</u> Jan. 14 PAC</p>
Policy Owner: Population Health Management – Presenter: Christine Smith, Community Health Needs Liaison		
MPNP9006 – Doula Services Benefit (<i>previously MCNP9006</i>)	<p>This annual policy update reflects language changes to align with APL 23-024 and for added Reference E: Partnership’s Partnership HealthPlan Perinatal Services (PHPS), a Comprehensive Perinatal Services Program-like equivalent or substantially similar to the California Department of Public Health’s CPSP.</p> <p>Related Policies alphanumeric designations updated for Medi-Cal and Medi-Cal/Medicare lines of business and for recent policy migrations from Care Coordination and Utilization Management to Enhanced Health Services.</p> <p>III. Definitions – Updated CPSP definition and added Partnership HealthPlan Perinatal Services (PHPS) definition in alignment with MCUG3118 Prenatal & Perinatal Care. Added Dual-eligible Special Needs Plan (D-SNP). V.I.D.1 – Added “Partnership Advantage enrollees” language. V.I.E.1 – Expanded eligibility for doula services to include Partnership Advantage members. Clarified that a recommending provider does not need to be enrolled in Medicare. V.I.K.2 – Per IQI discussion Nov. 12, removed section clarifying that OON abortion services must be reimbursed at no less than the Medi-Cal Fee-For-Service rate. V.I.L.1.d – Added D-SNP data reporting requirement.</p>	<p>Motion to approve as presented: Steven Gwiazdowski, MD Second: John Murphy, MD <i>Approved unanimously</i></p> <p><u>Next Steps:</u> Jan. 14 PAC</p> <p>Dr. Moore noted that Partnership is endeavoring to augment doulas’ education. Dr. Townsend said we have a perinatal case manager/doula education series which meets monthly. Today, we are talking</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>VII. References</p> <p>Added: DHCS APL 23-020 Requirements for Timely Payment of Claims Added: California Department of Public Health CPSP Program link (https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx). Added: D-SNP Quality and Data Reporting - to support new data stratification and disparity analysis requirements.</p> <p>Q/UAC voter Steven Gwiazdowski, MD, questioned VI.A.1: “It says doula services are aimed at preventing perinatal complications. That’s a broad sweep that encompasses a lot of medical complications as well, which are out of scope.” Regional Medical Director Colleen Townsend, MD, replied that that is language existing within Medicaid. It comes from the federal program: it’s considered a preventive service for the prevention of perinatal complications. Anna Campbell noted it is in the APL: doula services are aimed at preventing perinatal complications and improving health outcomes for birthing parents and infants.</p> <p>Q/UAC voter John Murphy, MD, had a question regarding CPSP. “III.A. Obstetric providers need to provide CPSP like services or refer to another CPSP provider for non-obstetric CPSP or CPSP-like services – if I am reading this correctly, a private prenatal care provider would need to provide CPSP like services or refer?” “Correct,” Dr. Moore replied. “It’s not always done but it’s been in the State policy directed to managed care plans.” Dr. Townsend noted this will be “reinforced” in another forthcoming policy as well. She added that in the quality site review checklists are things that are better within CPSP, so for every OB program, whether it incorporates perinatal services or they refer out, they have to demonstrate that they have accomplished the pieces of the assessment and follow-up for all the components of CPSP. “When they don’t, we visit them and have extensive conversations about it,” she said. “Most of the times these services are being assessed but it’s not clear in the charts.” Dr. Moore added one can sometimes be compliant without having high quality, and “one of our goals with the PHPS program is really to reach that to a more universal level of high quality throughout the network.”</p> <p>Dr. Moore asked Dr. Townsend which health plan in California has the most doulas? “As of March, it was Partnership Health Plan and specifically, Humboldt County,” she replied. She didn’t know if the State tracks that information, but we are still enrolling doulas.</p>	<p>about lactation. We also do a monthly webinar format of helping doulas who meet the criteria to really become enrolled and paid to become Medi-Cal providers and then contract and credential with us.</p>
<p>Policy Owner: Utilization Management – Presenter: Tony Hightower, CPhT, Associate Director, UM Regulations</p>		
<p>MCUG3038 – Review Guidelines for Member Placement in Extended Care (Custodial/Long Term Care, Skilled or</p>	<p>During the annual review, this policy and its title were updated to reflect use of the term “Extended Care Facility (ECF)” in lieu of previous Long Term Care (LTC), which was not always an appropriate term for all categories of extended care. Our LTSS team worked on extensive revisions to better describe our processes.</p> <p>Section I Related Policies: Removed Related Policy MCUP3051 Long Term Care SSI Regulations as the policy will be archived and language was moved into this policy MCUG3038. Also removed Related Policy MPPR210 Long Term Support Services Liaison because the policy has not been made public and includes errors that would confuse the reader. We now instead reference the external webpage that describes Partnership’s LTSS Liaison at VI.G.5. Other policy numbers were updated to reflect transfers to other departments. and three new Related Policies were added as follows:</p>	<p>Motion to approve as amended: Steven Gwiazdowski, MD Second: Meagan Mulligan, FNP-BC <i>Approved unanimously</i></p> <p><u>Next Steps:</u> Jan. 14 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<p>Subacute) Facilities – NEW TITLE</p>	<p>MPUP3139 – Criteria and Guidelines for Utilization Management MCUP3020 – Hospice Services MCUP3037 – Appeals of Utilization Management/ Pharmacy Decisions Section II: Four other departments were added as “Impacted”:</p> <ul style="list-style-type: none"> • Enhanced Health Services (EHS) • Transportation • Provider Relations • Quality and Performance Improvement <p>Section III Definitions: The definitions of Custodial Care Facility, Skilled Nursing Facility, and Subacute Contracting Unit were updated. Definitions of ICF and Long Term Care were removed. A new definition of Extended Care Facility was added as an all-inclusive term for facilities providing custodial, skilled and subacute services. The definition and purpose of DHCS’ Subacute Contracting Unit (SCU) is added. Section IV.B: A new Attachment B was added “Skilled Nursing Facility Request Form” Section V: The Purpose statement was updated to use the term “Extended Care Facilities” in lieu of “Long Term Care Facilities.” Sections VI.A. – VI.G: This policy was extensively reorganized to describe authorization requirements for three main Extended Care Classifications: Custodial/ Long Term Care Skilled Nursing Care Subacute Care Section VII: References were updated as follows: . Three new DHCS Provider Manual sections were added:</p> <ul style="list-style-type: none"> • TAR for Long Term Care: 20-1 Form (<i>tar ltc</i>) • TAR for Long Term Care (Form 20-1): Inpatient Services (<i>tar ltc ip</i>) • TAR Completion for Long Term Care (<i>tar comp ltc</i>) <p>I. All County Welfare Director’s Letter was updated to current ACWD 25-02 J. APL 23-004 was updated to APL 24-009 for SNF Facilities K. APL 23-027 was updated to APL 24-010 for Subacute Facilities</p> <p>Dr. Moore prefaced Tony’s synopsis by saying that the new policy title recognizes three different parts of “extended care,” which are often incorrectly shorthanded as “long term care.”</p> <p>There were no questions for Tony; however, Dr. Townsend interjected that staff wonder if language in accordance with California Department of Public Health (CDPH) guidelines shouldn’t be added concerning isolation for members who have a communicable disease, and whether said member in long term care may thereby qualify for a SNF day?</p> <p>Q/UAC voter and Yuba/Sutter County Public Health Officer Phuong Luu, MD, commented that the decision to isolate and when to lift any isolation is the prerogative of the local public health officer and not that of the CDPH. Dr. Moore acknowledged this but said the purpose here is whether the Health Plan pays a different</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>rate, so one standard is needed, not a separate standard for each of Partnership’s 24 counties. Further conversation ensued between physicians Luu, Moore, Netherda, and Townsend.</p> <p>Dr. Luu reiterated that public health officers are consulted on all infectious diseases, “especially the ones that frighten the long term care facilities: anything that has a hint of suspect or confirmed active tuberculosis.” She conceded, however, that while each local health officer will review every case of influenza, COVID, etc. in their specific facilities; the counties may differ in their approach to isolation. Dr. Moore added “This is good because it takes the medical directors completely out of the loop of needing to make exceptions. We basically would just follow the CDPH guidance with the local health officer. If they (the individual facility) submit evidence that the local health officer extended the isolation, that would be considered sufficient for us to cover the isolation days.”</p> <p>Q/UAC approved the policy as presented with VI.C.6.a.1) amended to read “A member in custodial care may be considered for short-term SNF level care for isolation days for communicable diseases per California Department of Public Health (CDPH) guidance and per the determination of the local health officer.”</p> <p>Associate Director of Utilization Management Kevin Jarrett-Lee, RN, asked if this policy covers isolation for behaviors, including dementia. It does not, Dr. Moore said; however, the idea merits future consideration.</p>	
<p>MCUP3020 – Hospice Services</p>	<p>This policy has been updated for APL 25-008 Hospice Services and Medi-Cal Managed Care.</p> <p>Section I. Two Related Polices were added as follows: MCCP2022 - EPSDT Services MCCP2024 - Whole Child Model For California Children’s Services (CCS)</p> <p>Section III.A. B. & C.: Definitions were added for Authorized Representative, California Children’s Services (CCS), and Whole Child Model (WCM).</p> <p>Section IV. Two new DHCS forms were added as Attachments to this policy per APL 25-008: . Medi-Cal Hospice Program Election Notice <i>DHCS 8052 (07/2023)</i> . Patient Notification of Hospice Non-Covered Items, Services, and Drugs <i>DHCS 8053 (07/2023)</i></p> <p>Section V.: The Purpose statement was updated.</p> <p>Section VI.A.1.b.: Updated statement to say that a member may elect hospice in lieu of curative care for terminal illness.</p> <p>Section VI.A.2: Updated to describe how hospice services may be elected using the new DHCS 8052 form and how hospice election works with the other aspects of Medi-Cal enrollment. Specified that Partnership does not deny late referrals or completed election notices.</p> <p>Section VI.B.1: Defined hospice provider requirements include certification, CDPH licensing, and National Provider Identifier (NPI) for out-of-network providers.</p> <p>Section VI.B.2: Specified that Providers must submit DHCS 8052 form within 5 calendar days. Clarified liability for non-covered days due to late submission. Added prepayment review process to prevent fraud, waste, and abuse.</p>	<p>Motion to approve as amended: John Murphy, MD Second: Steven Gwiazdowski, MD</p> <p style="text-align: right;"><i>Approved unanimously</i></p> <p><u>Next Steps:</u> Jan. 14 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Section VI.C.1: Specified that Members who elect hospice care are identified as Direct Members in Partnership’s system.</p> <p>Section VI.C.2.: Made distinction between hospice and palliative care services.</p> <p>Section VI.C.3.: Specified that Partnership avoids unnecessary delays and complications when Members elect hospice care while also placing appropriate safeguards to validate Member elections and to prevent Fraud, Waste, and Abuse.</p> <p>Section VI.C.4: Specified that Members who elect hospice care are entitled to curative treatment for conditions unrelated to their terminal illness.</p> <p>Section VI.C.5: Described hospice and palliative care services available to Members under age 21. Also, information regarding hospice billing and Q codes was removed in this section as it will be moved to a more appropriate claims or configuration policy.</p> <p>Section VI.C.6 –10.: Updated list of services that are part of the hospice benefit.</p> <p>Section VI.D.: Added New section for “Services Not Covered by a Hospice Provider”</p> <p>Section VI.E.: Updated this section to specify hospice services that do NOT require a TAR, and to define the only circumstance when Hospice services do require a TAR, which is inpatient care.</p> <p>Section VI.F.3: Updated requirements in Hospice Period of Care</p> <p>Section VI.G: Added language regarding written certification statements and recertification.</p> <p>Section VI.H.: Revocation of Hospice Care Services has been edited/expanded</p> <p>Section VI.I.: References were updated to include DHCS APL 25-008 Hospice Services and Medi-Cal Managed Care DHCS APL 25-013 Medi-Cal Rx Pharmacy Benefits, and Cell and Gene Therapy Coverage California Children’s Services (CCS) Numbered Letter (NL) 06-1011 Authorization of Medically Necessary Concurrent Treatment Services for CCS Clients Who Elect Hospice CCS NL 12-1119 Palliative Care Options for CCS Eligible Children (11/18/2019)</p> <p>Tony went briefly through the synopsis, emphasizing that while a general hospice placement does not require a TAR, placement into inpatient hospice care does. Anna Campbell commented that Senior Director of Care Management Brigid Gast, RN, pointed out that the added WCM definition added here varies slightly from that of Care Coordination’s MCCP2024. Brigid added the correct definition is also in the recently approved EPSDT policy. The WCM definition added here will align to match that in MCCP2024 and MCCP2022.</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
MCUP3041-A – TAR Requirements List	<p>The TAR Requirements List was updated to include the following</p> <p>Section HH: Added Repetitive Transcranial Magnetic Stimulation (rTMS) Pain Management CPT Code List: 62290, 62291: Clarified that these two codes are for “Injection procedure” for discography 63661, 63663, 63688: Added these three codes for “Insertion or revision of spinal neurostimulator” 72285, 72295: Clarified that these two codes are for “Radiological supervision and interpretation for” for discography</p>	<p><i>There were no questions for Tony.</i></p> <p>Motion to approve as presented: Steven Gwiazdowski, MD Second: Meagan Mulligan, FNP-BC</p> <p><i>Approved unanimously</i></p> <p><u>Meeting Postscript:</u> On. Jan. 14, PAC will look at the pain management changes only; rTMS requires more work that IQI will once again look at in 2026.</p>
MCUP3106 – Waiver Programs	<p>During annual review of the Waiver Programs policy, we removed reference to In Home Operations Waiver, which has ended.</p> <p>Section III.E Removed Definition of In-Home Operations Waiver (IHO) program Section VI.A.1. Removal of IHO program Section VI.B.1. Added that Partnership monitors compliance with electronic visit verification (EVV) requirements through periodic audits and provider education. Section VI.C.2. Added reference to Title 22, CCR §51340; Welfare and Institutions Code §4684-4699 Section VI.D.2 Reference added 42 CFR §441.301(c)(4); DHCS Policy Guidance, HCBS Waiver Enrollment Criteria, 2024 Section VI.D.4: Information for IHO program removed Section VI.D.5.: Updated office locations for Regional Centers Section VI.6: Updated language to specify that Sonoma County is currently the only county in Partnership’s covered service area that is participating in Assisted Living Waiver (ALW) program. List of participating facilities link was updated. Section VI.7 HCBA Code of Federal Regulations and application information cited 42 CFR §441.300-441.310. Section VI.8 Welfare and Institution Code cited §9560 et seq Section VII.: Two References added: Welfare & Institutions Code §4684-4699, 9560 et seq. DHCS Home and Community-Based Services Waiver Program Overview (2024)</p>	<p><i>There were no questions for Tony.</i></p> <p>Motion to approve as presented: Steven Gwiazdowski, MD Second: Randy Thomas, MD</p> <p><i>Approved unanimously</i></p> <p><u>Next Steps:</u> Jan. 14 PAC</p>
MCUP3131 – Genetic Screening	<p>There were no major changes to the policy itself; however, Attachments A and C were substantially updated.</p> <p>Tony thanked Dr. Townsend and Anna Campbell for their edits here. Dr. Townsend commented that these</p>	<p><i>There were no questions.</i></p> <p>Motion to approve as</p>

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and Diagnostics	<p>changes were informed by Medi-Cal decision to cover a number of tests that historically have been non-covered benefits. DHCS has “provided guidance that is explicit for some of the more difficult ones to approve and review,” she said. “That is appreciated. There are a surprising set of pharmacogenetics that were approved with guidelines as well. It will be interesting to see how the requests come.”</p> <p style="text-align: center;"><u>Attachment A Code</u></p>	<p>presented: John Murphy, MD Second: Randy Thomas, MD <i>Approved unanimously</i></p> <p><u>Next Steps:</u> Jan. 14 PAC</p>
81226	CYP2D6 new code	
81227	CYP2C9 new code	
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis new code Dr. Townsend added a note to specify that this code cannot be billed if 81229 has been completed.	
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic new code	
81349	Genome-wide analysis Dr. Townsend chose to add this covered code to Attachment A because new code 81425 makes reference to 81349 (with no guidance) and we wanted the reader to be able to differentiate why they can’t bill both. Also, we added a note that this code cannot be billed if 81229 is billed.	
81403	Human Erythrocyte Antigen Gene Analyses –	Addition per DHCS guidelines to include these analyses for sickle cell
81403	RHD	Addition per DHCS guidelines
81403	VWF	Partnership is adding test for von Willebrand disease
81404	DYT-TOR1A	Partnership is adding test for Dystonia
81404	FSHD (third most common type of muscular dystrophy)	Added Facioscapulohumeral muscular dystrophy per Dr. Townsend
81404	SOD1	Addition per DHCS guidelines
81404	UGT1A1	Addition per DHCS guidelines
81405	DYT-TOR1A	Partnership is adding test for Dystonia
81405	FH	Addition per DHCS guidelines
81405	MYL2 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49	Partnership adding test for hypertrophic cardiomyopathy
81405	MYL3 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49	Partnership adding test for hypertrophic cardiomyopathy
81405	SLC2A1 (glucose transporter type 1 [GLUT 1] deficiency syndrome) This code was on our list, but Dr. Townsend added ICD-10 codes G40-G47 for pediatric absence seizures.	
81405	TPM1 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49	Partnership adding test for hypertrophic cardiomyopathy
81405	Lysine and hydroxylysine errors of metabolism ICD-10-CM diagnosis code E72	Partnership added test
81406	RYR1	Addition per DHCS guidelines
81406	TNNT2 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49	Partnership adding test for hypertrophic cardiomyopathy
81406	Lysine and hydroxylysine errors of metabolism ICD-10-CM diagnosis code E72	Partnership added test
81407	COL4A3, COL4A4, COL4A5 Alport Syndrome (ICD-10-CM diagnosis code Q87.81)	Partnership adding test for Alport Syndrome

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81407	MYBPC3 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49	Partnership adding test for hypertrophic cardiomyopathy
81407	Pediatric absence seizures ICD-10-CM diagnosis codes G40- G47	Partnership adding test for pediatric absences seizures
81408	COL4A3, COL4A4, COL4A5 Alport Syndrome (ICD-10-CM diagnosis code Q87.81)	Partnership adding test for Alport Syndrome
81408	RYR1	Addition per DHCS guidelines
81425	Whole Genome sequencing	New code, requires TAR, NOT Rapid – Cannot be billed if 81349 has been billed.
81426	Genome sequencing, up to two comparators	New code, requires TAR, NOT Rapid Must be billed in conjunction with 81425; 81349 cannot be billed with this code.
81427	Genome sequencing, re-evaluation	New code, requires TAR, NOT Rapid. Must meet criteria for 81425
81436	Hereditary colon cancer disorders;	Code Deleted per DHCS 01/01/2025
Attachment C Code		
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing	new code
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes,	DHCS guidelines updated frequency from N/A to “Once in a lifetime, except with valid TAR Override”
0340U	Oncology (pan-cancer), analysis of minimal residual disease	new code
0345U	Psychiatry (e.g., depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	new code
0369U	Infectious agent detection by nucleic acid (dna and rna), gastrointestinal pathogens	Code Deleted per DHCS
0448U	Oncology (lung and colon cancer), DNA, qualitative, next-generation sequencing detection	Code Deleted per DHCS (see 0523U instead)
0488U	Obstetrics (fetal antigen noninvasive prenatal test),	Updated slightly per DHCS guidelines
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA	new code
0494U	Red blood cell antigen (fetal RrhDd gene analysis)	Updated slightly per DHCS guidelines
0523U	Oncology (solid tumor), dna, qualitative, next generation sequencing (ngs) of single nucleotide variants (snv)	New code (Expanded test from 0448U)
0540U	Transplantation medicine, quantification of donor-derived cell-free DNA using next generation sequencing analysis of plasma, reported as percentage of donor-derived cell free DNA to determine probability of rejection	new code
0543U	Oncology (solid tumor), next-generation sequencing of DNA	new code
0094U	Rapid Whole Genome Sequencing (rWGS) Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Existing code since AB133 passed and this became a benefit in 2022 for babies under one in ICU setting only. Dr. Townsend recommended adding to this Attachment for clarity.
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing	new code
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VI. Presentations

Member Experience Grand Analysis: Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Program 2024-2025 (NCQA ME 7C/7D Report) – *Anthony Sackett, Program Manager II, QI*

The CAHPS® survey transitioned to the QI department in 2021, and since then we’ve evolved our approach to member experience into a comprehensive programmatic framework focused on three areas: performance assessment, active listening (what members tell us right now), and strategic interventions. This means removing barriers and implementing targeted solutions before the next service cycle.

The CAHPS survey collects member feedback through multiple channels, including mail, online, and QR codes, and the phone. The survey uses two types of questions to measure health care experience. The first is for ratings. Members score on a zero to 10 scale with nine and 10 being most favorable. As for composite questions, multiple related questions are combined to provide a comprehensive view of specific aspects of care, e.g., the “how well doctors communicate” section combines questions about whether doctors explain things clearly, listen carefully, show respect, and spend enough time with their patients. Lastly, our certified vendor, Press Ganey, administers this annual survey to a random sample of adult and child members. We offered the survey in two language formats, English and Spanish.

The access domain tells us how easily our members can get the care they need and when they need it. Over the past three years, we have seen steady progress in both our key measures in the Child Survey. The composite measures getting needed care reflects members ability to access specialists and receive necessary treatments. The getting care quickly measure also had a positive gain, indicating more families are receiving timely care for their child; however, scoring at just the 50th percentile of Healthcare Effectiveness Data Information Set/National Committee for Quality Assurance (HEDIS®/NCQA) Quality Compass Benchmarks (hereafter “benchmarks”), means we can improve.

Turning to how members rate their experience with their physicians and Partnership, the story shows encouraging progress with our rating of personal doctor measures showing an increase, positioning us slightly above the 66th percentile benchmark. This may be an indication that families as building stronger relationships with their children’s physicians. In terms of overall satisfaction, we’ve seen significant gains, starting with the rating of healthcare measure. We had a nice seven percentage point gain, though we still have room for growth as we work toward the next benchmark. Meanwhile, the rating of the health plan measure has reached an important milestone of achieving the 50th percentile ranking.

The four influencing measures, while not included in the health plan star rating calculations like our core measures, provide valuable insight into what drives member satisfaction. By tracking these measures (i.e., rating of specialist, coordination of care, how well doctors communicate, and customer service) against the benchmarks, we can better understand and improve the overall member experience. In specialist care, we have seen a dramatic pinpoint improvement. This significant gain (10 percentage points from the prior year) reflects our efforts to enhance the specialist experience, directly impacting how members rate their overall health care. (Anthony gave a shout out to our telehealth program.)

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	<p>Coordination of care has a notable increase as well, demonstrating our teams are working well to deliver seamless care for our young members. This 4.3 percentage point improvement helps explain the positive trends we are seeing in our overall health care ratings.</p> <p>How well doctors communicate continues to score above the 90th percentile but relative to the rankings is lower than we would like to see it: this year placing our performance slightly above the 36th percentile benchmark.</p> <p>Over the past three years, child customer service composite scores have remained consistently strong with only a slight decline: the overall HEDIS ranking dropped from the 89th to the 74th percentile. This represents an area where the plan can improve. ...</p> <p><u>The adult performance and access domain is a distinctly different story</u> from our pediatric members. In the getting needed care measure, we've seen a slight uptick while getting care quickly showed a more substantial improvement with a six-point gain; however, both measures are still underperforming: getting needed care at the 5th and getting care quickly at the 11th percentile benchmarks.</p> <p>When we look at adult member satisfaction with physicians, the rating of personal doctor measures tells a concerning story with a four percentage points decline to the 15th percentile benchmark. This clarity stands in stark contrast to our pediatric performance and highlights a significant gap in our adult member experience with their physicians. Our overall satisfaction measures reveal mixed results. Rating of health care showed encouraging progress with a nine points improvement. However, our rating of health plan, while solidly improved, remains at the 10th percentile benchmark. We've seen a slight improvement placing rating of specialists above the 73rd percentile benchmark. This modest gain aligns with our challenges we are seeing in access to specialty care, primarily in our Northern Region counties. Coordination of care shows an encouraging uptick compared to 2024, indicating our efforts to better integrate care delivery are beginning to show results. The "how well doctors communicate" score has dipped, and we will be tracking this more closely in the coming year. In our customer service ratings, we've seen a steady year-over-year decline from 89% to 86 % causing our HEDIS ranking to drop from the 38th to the 12th percentile benchmark.</p> <p>Our conjecture is that while child members typically focus on well visits in acute care, adult members navigate more complex health care journeys from preventive screenings to specialist care to chronic condition management. This higher frequency of health care interactions for adults creates more opportunities for both positive and negative experiences.</p> <p>While CAHPS provides annual insights from a retrospective, our active listening framework includes multiple real-time channels to include community event surveys to line staff engagement such as the Member Services and Population Health teams. Today we will focus on one critical component, grievance and appeals. In 2024, a little more than 6,000 grievances and appeals were closed as compared to approximately 4,000 in 2023. Grievances represented approximately 5,500 of these cases.</p> <p>Grievances is one element of our grand analyses, helping us put together our framework as we think about interventions to remove barriers and process improvement. Transportation represents our largest category, including missed rides, late arrivals, and scheduling issues, followed by a provider service, which includes treatment disputes, communication issues, and office conditions, and then access encompassing wait times, referral delays and provider availability. While Transportation accounted for 4,472 of the grievances filed, note that this figure represents just 0.4% of the 1.2 M rides Partnership provided.</p> <p>In summary, what began as team level initiatives has grown into organization wide strategic planning. Over three years, our CAHPS program has systematically addressed barriers at every level, starting with the department teams. We built foundational understanding of what member experience challenges are, what member experience is, and working through cross department collaboration, really have tackled complex barriers more effectively. Now member experience is embedded in our organizational goals, enabling continuation of proactive and continuous improvement at a larger scale. Over the past fiscal year, we've transformed how we address member experience challenges through strategic initiatives. We've tackled barriers across all dimensions of care delivery from expanding access points to enhancing digital engagement. Each represents our commitment to improve our members' interaction with their healthcare. Our approach has been both comprehensive and deliberate focusing on strengthening networks, streamlining processes and investing in technology that makes health care more accessible. Now moving to this fiscal year, our initiatives represent continuous improvement, building on what we've learned in targeting areas where we can make more improvement actions where it matters most to our members. We will continue our strike team focus to improve member experience and services: working on the phone tree system, moving members through</p>	

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	<p>more efficiently, advancing dental benefit awareness, closing gaps on data capturing initiatives, and more robustly integrating health equity into the framework.</p> <p>Dr. Gwiazdowski commented that “the difference between and 10th percentile and the 90th percentile is not a whole lot: it seems like it would not take much more to move the needle. I don’t know how that message gets out to the (member-facing) people on the front lines.” Dr. Moore noted that these results are drawn on a random sampling methodology: a different sample could return similar yet different results. “We just today got the results for our individual large PCP sites, and it’s not as narrow,” he said. “There are primary practices who got really high satisfaction ratings in access and communications, and there are others that are lower.”</p> <p>Dr. Thomas said having access to these individual PCP scores would be helpful. Dr. Moore replied he was working on such a report to the Board of Commissioners and could share that with Q/UAC on Jan. 21. “Sometimes the site is good at their pediatric scores but not so good in their adult or vice versa,” Dr. Moore said. “Interestingly, generally the communication scores are better than the access scores.” Dr. Gwiazdowski asked if we could drill down to the individual provider. Dr. Moore said we look instead at the parent organizational level for both statistical significance and pay-for-performance considerations.</p> <p>Associate Medical Director Dave Katz, MD, wondered if family physicians who treat both adults and children get different scores on the pediatric population than do pediatricians. Dr. Moore said differences are likely site dependent. “West County Health Centers has a spectacular communication score for their adults and a very low score for the peds,” he said. “Northeastern Healthcare is the exact opposite. So, I think it really does depend on the systems of care, and the providers are driving that. The big question is collectively, are all those systems of care responsible for the entire difference? That we may never know.”</p> <p>Dr. Murphy said he was “surprised” that the rating of the physician or other provider was slumping. “When we survey our patients, they may not like our systems, our phones, our access, but they tend to like the providers." What expectation does the member have that the providers are not fulfilling? Is there something happening on the provider end or both? On the expectation side, what if people had a private provider or payor and then they just had to get Medicaid in the past year? Are we not stacking up compared to someone they had?” Dr. Moore replied that the sample is statistically so small that were we to do it again with another sample the numbers may go in another direction.</p> <p>Dr. Moore asked for a motion to approve and accept both the Grand Analysis report and this accompanying presentation: Steven Giazdowski, MD / Meagan Mulligan, FNP-BC.</p>	
	<p>Network Access Grand Analysis: Network Adequacy Report (NET 3, Element A, B: Assessment of Member Experience Accessing the Network & Opportunities to Improve Access to Non-Behavioral Healthcare Services) – <i>Renee Trosky, Manager of Provider Relations Compliance, Network Services</i></p>	
	<p>The Grand Analysis for Network Access is a summary of three net reports. But based off the NCQA standards, they are broken into the categories of availability of practitioners, accessibility, and then the overall assessment of adequacy altogether. So, geographically, that is the description for availability, and accessibility is for appointment standards. Renee clarified that this report is for calendar year 2024 as it compared to 2023 data.</p> <p>Many of Renee’s remarks echoed Anthony’s. “In 2023, 42% of member grievances was attributed to member access; in 2024, analysis attributes 43% of all cases to access. Whereas we met the threshold in 2023, we fell short in 2024. The last time Partnership met its benchmarks for both the child and adult CAHPS surveys was in 2021. For the child survey, this is the third year that getting care needed has fallen short and the second year for getting care quickly. For the adult, this is the third year in a row that both missed the benchmarks.”</p> <p>Looking at the 2023 out of network requests, 1,621 were submitted with 58% approved and 42% denied. And of those 943 approved requests plan-wide, 315 or 33% were used. In 2024, we had 5,299 out of network referral requests, as you can imagine with the expansion: 70% were approved, 30% were denied, and of the 3,699 approved requests plan wide, 31% of those were used. Partnership met the performance goal for 10 or less per 1000 members for out of network claim submission for both 2023 and 2024. “This appears to demonstrate that authorization review processes are effectively identifying and redirecting out of network requests to qualified in-network providers and practitioners.” Renee said. “Partnership experienced a marked increase with membership and expansion. However, we’ve been able to maintain our primary care ratios by having a stable family medicine network.”</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>Planned wide, we met our geo access goal. However, a breakdown of the data at the county level shows Lassen County is not meeting the time or distance standard for primary care for both children and adults: out of the more than 8,000 Partnership members in Lassen County, 879 do not meet the timer distance standard despite the family practice to member ratio being one to 663 (well within the one to 2000 ratio standards set by DHCS). This discrepancy speaks to the rural geography of the county, and that has been an ongoing challenge for Partnership for many years.</p> <p>Data for assessing regular and routine care, urgent care, and after-hours care is collected by Partnership’s Provider Relations staff using the 3rd Next Available methodology for appointment access and for the after business hours survey for telephone and triage services and all of the PCPs in our network are surveyed without sampling.</p> <p>Renee offered a quick summary at differences between 2023 and 2024, saying the main changes include the geographic access of Net 2 appointment access moving from “met” to “partially met.” “There are so many great things going on to address all of the access issues throughout Partnership, but there are two that we highlighted for the Net 3 Report” Renee reported. “To address a decrease in access for OBGYN, the workforce development team has expanded its efforts to strengthen recruitment of specialty providers whose clinical focus is on perinatal care, including labor and delivery. In an effort to improve member experience with access grievance and community engagement responses will be examined on a quarterly basis and hope to identify real time opportunities to measure intervention effectiveness against targeted barriers.”</p> <p>There were no questions. Dr. Moore asked for a motion and second to accept and approve the Network Access Grand Analysis: Randy Thomas, MD / John Murphy, MD.</p>	
	<p>2025 3rd Next Available & Next Available Survey – Vander Harris, Senior Health Data Analyst I, Finance</p>	
	<p>This annual single-point-in-time telephonic survey of our provider organizations administered by Provider Relations staff is used to assess Partnership’s compliance with accessibility standards. The survey monitors appointment availability, telephone access, and appointment wait time among primary care providers and high volume and high impact specialists. In the recent past, this survey was conducted in spring. In 2025, it was conducted in September. After PR staff made the standardized calls, Health Analytics staff analyzed the results.</p> <p>A total of 808 sites were surveyed across all regions in multiple specialties, including 304 primary care providers, 270 specialty providers, and 117 prenatal providers. The response rate was about 87 %: some providers did not get back to us or did not answer their telephones or declined to participate. (Some Sutter sites declined to participate, Vander noted.) One notable change from last year is that there was a significant decline in the number of specialty providers that were surveyed.</p> <p>The criteria and target standards are dependent on the appointment itself: for an adult appointment and pediatric appointment within primary care providers, the standard is within 10 business days (i.e., does not include weekends or holidays); for primary care providers that are doing newborn or urgent care appointments, the standard is within two days or 48 hours. The high volume or high impact specialist standard is within 15 business days for non-urgent specialty appointments; for urgent specialty appointments, two business days is the standard. Lastly, for pre-natal care, whether by primary care or specialist provider, the standard is within 10 business days.</p> <p>Vander broke down the data by region and also by appointment type. For Adult PCP appointments, compliance with the standard was as low as 75% in the Fairfield Region and as high as 89% in the Redding Region. Within each region too there was some variation between individual clinics. Pediatric provider compliance with the standard varied from as low as 71% for the Fairfield Region to 93% for the Redding Region. The two-day standard for newborn appointments produced a more “compact” distribution: as low as 82% for the Eureka Region to a high of 97% in the Chico Region. The two-business-day urgent primary care appointments varied from 83% in the Auburn Region to 97% in the Chico Region.</p> <p>For trending over time, it is important to note that while we have more than 10 years of data for our 14 “legacy” counties, we only have two years for our 10 “expansion” counties (i.e., Auburn and Chico regions) added in 2024. All regions but Fairfield trended down in 2025 from 2024 on adult and pediatric PCP appointments; plan-wide,</p>	

there was an approximate six percent decrease in meeting these targets. For newborn and urgent care appointments, there was a plan-wide decline of between five and 10 percent in meeting the standards.

Vander went into the county data, noting that the Chico Region’s five counties are doing quite well in both newborn and urgent appointments. Adult and Pediatric appointments, however, have the lowest number of counties meeting targets, with 65% of clinics missing at least one PCP next appointment. Maximum waits for next appointments can be exceedingly long. (Actual wait times are called out on an organizational level in the report.)

Similar to those trends in the other appointment types, specialty appointment compliance varies depending on the region: as low as 69 % in Santa Rosa and as high as 91% within Eureka. There is quite the breadth of distribution in terms of number of days to be seen depending on the clinic itself. Urgent specialty appointment compliance was lowest (64.7%) in the Auburn Region and highest (83%) in the Fairfield Region. Plan-wide, 2025 compliance declined more than 10% across urgent specialty appointments, although non-urgent specialty results increased by 2%. Plan-wide, both averaged 79% compliance.

Specialties with the highest percentage of surveyed clinic meeting standards were Infectious Disease, General Surgery and Orthopedic Surgery. Specialties with the lowest percentage of clinics meeting the standards were Endocrinology, Gastroenterology, and Dermatology. (There are only three endocrinologists plan-wide, and none met the standards.) The Eureka Region had the greatest number of specialists meeting standards. (Eureka’s one neurologist reported 100% compliance.) Plan-wide, across all of the specialties, just 80.5 % of the specialists surveyed met the standards; 19.5% did not. (Actual wait times are called out on an organizational level in the report.)

Lastly, only Auburn and Chico regions met prenatal appointment targets. The median wait for all counties was within the target but 13 individual sites across the other four regions exceeded targets.

Dr. Moore commented that “there was a failure to close the loop on Sutter. This is unacceptable as survey participation is a regulatory requirement. This will not be allowed to happen again.”

VII. Adjournment

Dr. Moore adjourned the meeting at 9:26 a.m.

Respectfully submitted by: Leslie Erickson, Program Coordinator II, QI

Signature of Approval:

Date:

Robert Moore, MD, MPH, MBA
Chief Medical Officer

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

Date: Tuesday, Nov. 11, 2025

Time: 1:30 - 3:25 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 #		
I.	Call to Order//New Staff Introduction(s)/Announcements/Approval of Minutes					
I	Approval of Internal Quality Improvement (IQI) Committee Meeting Minutes of Oct. 7, 2025	Robert Moore, MD, MPH, MBA	1:30	5 – 13		
2	<i>Acknowledgment and Acceptance of draft minutes of the</i> <ul style="list-style-type: none"> • Oct. 29 Over/Under Utilization Workgroup • Oct. 2 Population Needs Assessment (PNA) Committee • Sept. 4 Member Grievance Review Committee (MGRC) 			15 – 29		
II.	Old Business – None					
III.	New Business – Consent Calendar					
Health Services Department Policies	Consent Calendar	All	1:37	31		
	UM Delegated Hospital Summary – November 2025 – <i>refer questions to Tony Hightower, CPhT</i>			33		
	CY2024 Carelon Oversight Final Audit Results – <i>refer questions to Gary Robinson</i>			35 – 38		
	Care Coordination					
	MCCP2016 – Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT) – ARCHIVE – <i>See MPTP2501 effective 0/14/26</i>			39 – 50		
	MCCP2029 – Emergency Medical Transportation – ARCHIVE – <i>See MPTP2502 effective 01/14/26</i>			51 – 53		
	MCCP2036 – Memorandum of Understanding (MOU) Requirements for Medi-Cal Managed Care Plans and Third-Party Entities <i>click here to review Attachments A-L (unchanged from 8/13/25)</i>			55 – 59		
	MPCP2019 – Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children’s Services (<i>previously MCCP2019</i>)			61 – 85		
	MPCP2023 – New Member Needs Assessment (<i>previously MCCP2023</i>)			87 – 101		
	Quality Improvement					
	MCQG1015 – Pediatric Preventive Health Guidelines			103 – 116		
	MCQP1021 – Initial Health Appointment <i>includes CLEAN Attachment B on p. 127</i>			117 – 128		
	MPQG1011 – Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines			129 – 137		
	Utilization Management					
MPUP3051 – Long Term Care SSI Regulation – ARCHIVE – <i>refer to MCUG3038</i>	139 – 140					
MCUG3058 – Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-H Facilities	141 – 147					

	Item	Lead	Time	Page #
Non-HS Policies	MCUP3003 – Rehabilitation Guidelines for Acute and Skilled Nursing Inpatient Services			149 – 154
	MCUP3049 – Pain Management Specialty Services			155 – 159
	MCUP3102 – Vision Care			161 – 163
	MCUP3125 – Gender Dysphoria/Surgical Treatment			165 – 169
	Transportation – policies transferring from Care Coordination			
	MPTP2501 – Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT) (<i>previously MCCP2016</i>)			171 – 183
	MPTP2502 – Emergency Medical Transportation (<i>previously MCCP2029</i>)			185 – 187
IV. New Business – Discussion Policies				
	Synopsis of Changes		--	189 – 195
Health Services Policies	Care Coordination			
	MCCP2022 – Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services	Shannon Boyle, RN	1:40	197 – 204
	Population Health			
	MPNP9006 – Doula Services Benefit	Christine Smith	1:46	205 – 214
	Utilization Management			
	MPUG3038 – Review Guidelines for Member Placement in Extended Care Facilities (Custodial/Long Term Care, Skilled or Subacute) (NEW Title, previously MCUG3038) <i>CLEAN policy copy begins on p. 233</i>	Janet Rudd, RN	1:52	215 – 242
	MCUP3020 – Hospice Services	Tony Hightower, CPhT	1:58	243 – 256
	MCUP3041 – Attachment A – Partnership TAR Requirements		2:04	257 – 264
	MCUP3106 – Waiver Programs		2:10	265 – 270
MCUP3131 – Genetic Screening and Diagnostics	2:16		271 – 413	
V. Presentations				
1	Quality Improvement Update	Isaac Brown, MHA/MBA	2:24	415 – 423
2	Reviving the Long Term Care QIP: Proposed 2026 Measure Set	Deanna Watson	2:30	425 – 427
3	Member Experience Grand Analysis: Consumer Assessment of Healthcare Providers & Systems (CAHPS®) Program 2024-2025 (NCQA ME 7C/7D Report) – <i>PowerPoint presentation begins on p. 473</i>	Anthony Sackett	2:40	429 – 488
4	Network Access Grand Analysis: Network Adequacy Report (NET 3, Element A, B: Assessment of Member Experience Accessing the Network & Opportunities to Improve Access to Non-Behavioral Healthcare Services) – <i>PowerPoint presentation begins on p. 535</i>	Renee Trosky, BSRRT, MOL	3:00	489 – 551
5	2025 3 rd Next Available & Next Available Survey	Vander Harris	3:15	553 – 580
VI. FYI & Close	CY 2026 QI Committees Meeting Schedules and Material Deadlines	<i>Refer all comments and questions to Leslie Erickson</i>		581
	CY 2026 IQI Subcommittees' Meeting Schedules			582
	CY 2026 QI Committee Presentations Calendar			583
	Adjournment by 3:25 p.m. to 1:30 p.m. Tuesday, Nov. 11, 2025			

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
INTERNAL QUALITY IMPROVEMENT (IQI) COMMITTEE MEETING MINUTES
Tuesday, Nov. 11, 2025 / 1:32 – 3:30 PM

Members Present:

Andrews, Leigha, MBA, Regional Director (Southwest)
 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
 Brincko, Aaron, Director, Provider Relations
 Brown, Isaac, MHA/MBA, Interim Sr. Dir. of Q & P Improvement
 Brundage O’Connell, Lisa, MHA, Director of Enhanced Health Services
 Brunkal, Monika, RPh, Assoc. Dir., Population Health
 Campbell, Anna, Policy Analyst, Utilization Management
 DeVido, Jeff, MD, Behavioral Health Clinical Director
 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
 Jalloh, Mohamed “Moe,” Pharm.D, Health Equity Officer
 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
 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
 Ward, Lisa, MD, Regional Medical Director (Southwest)
 YoungStone, Kelly, RN, Director of Care Coordination, Care Coordination

Members Absent:

Davis, Wendi, Chief Operating Officer
 Esget, Heather, RN, BSN, ACM, Director of Utilization Management
 Klakken, Vicki, Regional Director (Northwest)

Netherda, Mark, MD, Medical Director for Quality, Committee Vice-Chair
 Sharp, Tim, Regional Director (Northeast)
 Turnipseed, Amy, Senior Director of External and Regulatory Affairs
 Villasenor, Edna, Senior Director, Member Services and G&A

Guests:

Akintan, Folo, MBBS/MD MPH MBA, Epidemiologist, Population Health
 Allegro, Baylie, Grievance & Appeals Case Analyst, G&A
 Arrazola, Kelcie, Education Specialist, Provider Relations
 Bikila, Dejene, Manager of Data Science, Finance
 Boyle, Shannon, RN, Manager, Care Coordination Regulatory Performance
 Bushey, Lindsey, Project Manager I, QI
 Chiang, Yuen, Program Manager I, Utilization Management
 Clark, Kristen, Manager, Quality & Training, Member Services
 Conner, Maria, Improvement Advisor, QI (Auburn)
 Devan, James, Sr. Mgr. of Performance Improvement, QI (Redding)
 Donahue, Celena, Improvement Advisor, QI (Eureka)
 Durst, Jennifer, Sr. Mgr. of Performance Improvement, QI (Santa Rosa)
 Enos, Mary, Director, Member Services Enrollment
 Flournoy, Candi, Project Manager II, QI
 Godinez, Juan, Improvement Advisor, QI (Fairfield)
 Hanusiak, Kenzie, Sr. Mgr., Regulatory Affairs & Compliance (RAC)
 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)
 Jamali, Shahrzad, Improvement Advisor, QI (Chico)

Leung, Paul, Senior Health Data Analyst I, Finance
 Ling, Samuel, Senior Health Data Analyst I, Finance
 O’Leary, Hannah, Manager of Population Health, Population Health
 McCune, Amy, Manager of Quality Incentive Programs, QI
 Moraghebi, Roudabeh, Manager of Health Analysts, Finance
 Moore, Jordan, Education Specialist, Provider Relations
 Morris, Matthew, MD, Regional Medical Director (Auburn)
 Muncy, Kellie, Mgr of Change Management & Configuration, Configuration
 Nguyen, Tom, Manager of Health Analytics, Finance
 Quichocho, Sue, Manager of Quality Measurement, QI
 Paduano, Cynthia, Improvement Advisor, QI (Chico)
 Rathnayake, Russ, Senior Health Data Analyst I, Finance
 Rudd, Janet, RN, Manager of Long Term Support Services, UM
 Sackett, Anthony, Program Manager II, QI (CAHPS®)
 Salehi, Tiphonie, Sr. Health Data Analyst I, Finance
 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

Jensen, Annika, RN, Associate Director, Clinical Integration, Care Coordination 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	Trosky, Renee, Manager of Provider Relations Compliance, Network Services Ungaro, Chloe, Senior Program Manager, Provider Relations Watkins, Kory, Director, Grievance & Appeals Watson, Deanna, Program Manager I, QI (ECM QIP) Yu, Fei, Senior Data Scientist I, Finance Zhao, Li, Senior Health Data Analyst I, Finance
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AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
I. Call to Order <ul style="list-style-type: none"> • Introductions • Approval / Acceptance of Minutes 	<p>Chief Medical Officer Robert Moore, MD, MPH, MBA called the meeting to order at 1:32 p.m.</p> <p>Several staff attended their first IQI meeting:</p> <ul style="list-style-type: none"> • Grievance & Appeals Case Analyst Baylie Allegro • Improvement Advisor Cindy Paduano • Senior Health Data Analyst I Samuel Ling • Senior Health Data Analyst I Li Zhao • Program Manager (Provider Relations) Jaylyn Stites <p>Two directors attended as new voting members, replacing former voters:</p> <ul style="list-style-type: none"> • Director of Provider Relations Aaron Brincko replaces Senior Director Mary Kerlin • Director of Health Analytics Liat Vaisenberg replaces retired Director Margarita Garcia-Hernandez <p>Approval of the Oct. 7, 2025 IQI Minutes</p> <ul style="list-style-type: none"> • Acknowledgment and Acceptance of the draft minutes of the <ul style="list-style-type: none"> ○ Oct. 29 Over/Under Utilization Workgroup ○ Oct. 2 Population Needs Assessment (PNA) Committee ○ Sept. 4 Member Grievance Review Committee (MGRC) 	<p>Motion to approve IQI Minutes: Issac Brown Second: Lisa O’Connell</p> <p>Motion to accept other minutes: Lisa O’Connell Second: Kristine Gual</p>
II. Old Business - None		
III. New Business Consent Calendar (Committee Members as applicable)		
<p>UM Delegated Hospitals Summary – November 2025 – <i>direct questions to Tony Hightower</i> CY 2024 Carelon Oversight Final Audit Results – <i>direct questions to Gary Robinson</i></p> <p>Health Services Policies <u>Care Coordination</u> ARCHIVE MCCP2016 – Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT) – <i>policy transfers to Transportation as MPTP2501, effective 01/14/26</i> ARCHIVE MCCP2029 – Emergency Medical Transportation - <i>policy transfers to Transportation as MPTP2502, effective 01/14/26</i> MCCP2036 – Memorandum of Understanding (MOU) Requirements for Med-Cal Managed Care Plans and Third-Party Entities – <i>Attachments A-L (unchanged from last review 8/13/25) are available on Partnership’s external website</i> MPCP2019 – Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children’s Services (<i>previously MCCP2019</i>) MPCP2023 – New Member Needs Assessment (<i>previously MCCP2023</i>) <u>Quality Improvement</u> MCQG1015 – Pediatric Preventive Health Guidelines</p>		<p><i>There were no questions.</i></p> <p>Motion to approve slate as presented: Kristine Gual Second: Lisa O’Connell</p> <p><u>Next Steps</u>: All policies will go to the Nov. 19 Quality/ Utilization Advisory Committee (Q/UAC) and to the Jan. 14, 2026 Physician Advisory Committee (PAC)</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>MCQP1021 – Initial Health Appointment MPQG1011 – Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines <u>Utilization Management</u> ARCHIVE MPUP3051 – Long Term Care SSI Regulation – <i>refer to MCUG3038</i> MCUG3058 – Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-H Facilities MCUP3003 – Rehabilitation Guidelines for Acutes and Skilled Nursing Inpatient Services MCUP3049 – Pain Management Specialty Services MCUP3102 – Vision Care MCUP3125 – Gender Dysphoria/Surgical Treatment</p> <p>Non-Health Services Policies <u>Transportation transferring ownership from Care Coordination, effective 01/14/26:</u> MPTP2501 – Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT) MPTP2502 – Emergency Medical Transportation</p>	
<p>IV. New Business – Discussion Policies</p>		
<p>Policy Owner: Care Coordination – <i>Presenter: Shannon Boyle, RN, Manager of Care Coordination</i></p>		
<p>MCCP2022 – Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services</p>	<p>Policy Edits due to APL 25-008 Hospice Services (05/05/25) – added as new Reference J. Related Policies alphanumeric designations updated for Medi-Cal and Medi-Cal/Medicare lines of business Related Policies added: MCUP3020 - Hospice Services Guidelines MCUP3140 – Palliative Care: Pediatric Program for Members Under the Age of 21 Definitions added for Hospice Care and Palliative Care Whole Child Model (WCM) Definition updated: 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. VI.H.1 updated to include Partnership’s Behavioral Health access line at (855)765-9703. VI.P Hospice Services section added: 1. Children receiving hospice care services for a terminal illness and life expectancy if six months or less may receive additional services than are available for adults. 2. Children are eligible for hospice care under the same criteria as adults (a physician certifies the Member as having a life expectancy of six months or less), although children under 21 years of age also may elect to receive concurrent curative treatment of the hospice-related diagnosis and concurrent palliative care. For more information, see Partnership policy MCUP3020 Hospice Service Guidelines or and MCUP3140 Palliative Care: Pediatric Program for Members Under the Age of 21.</p> <p>Dr. Moore clarified that although Partnership has brought in-house some Behavioral Health services, we still contract with Carelon for other Behavioral Health services. Chief Executive Office Sonja Bjork, JD, noted, however, that the parenthetical reference to “formerly Beacon” and that phone number too can be deleted from VI.H.1. Anna Campbell noted that “or” should be changed to “and” as above.</p>	<p>Motion to approve as amended: Isaac Brown Second: Kristine Gual</p> <p><u>Next Steps:</u> Nov. 19 Q/UAC Jan. 14 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
Policy Owner: Population Health – <i>Presenter: Christine Smith, Community Health Need Liaison, Population Health</i>		
MPNP9006 – Doula Services Benefit <i>(previously MCNP9006)</i>	<p>This annual policy update reflects language changes for added Reference E: Partnership’s Partnership HealthPlan Perinatal Services (PHPS), a Comprehensive Perinatal Services Program-like equivalent or substantially similar to the California Department of Public Health’s CPSP.</p> <p>Related Policies alphanumeric designations updated for Medi-Cal and Medi-Cal/Medicare lines of business and for recent policy migrations from Care Coordination and Utilization Management to Enhanced Health Services.</p> <p>VI.E.1 – Expanded eligibility for doula services to include Partnership Advantage members. Clarified that a recommending provider does not need to be enrolled in Medicare.</p> <p>VI.K – Clarified that OON abortion services must be reimbursed at no less than the Medi-Cal Fee-For-Service rate; this also applies to eligible Partnership Advantage members.</p> <p>VI.L.1.d – Added D-SNP data reporting requirement.</p> <p>VII. References</p> <ul style="list-style-type: none"> • Added: DHCS APL 23-020 Requirements for Timely Payment of Claims • Added: California Department of Public Health CPSP Program link (https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx). • Added: D-SNP Quality and Data Reporting - to support new data stratification and disparity analysis requirements. <p>Anna Campbell wondered if this policy should reference federal H.R.1 and define “prohibited entity” as VI.K.2 now states “if a member chooses to see an OON Provider for abortion services...” Dr. Moore, however, thought that detail unnecessary as defined exclusions affect certain providers, not the services themselves. Dr. Moore wondered why this policy references abortion services in the first place. Moreover, he said it is not appropriate to mention reimbursement in our policies. After further input from Sonja, and real time research by Senior Manager for Regulatory Affairs and Compliance Kenzie Hanusiak, IQI agreed to strike VI.K.2 altogether.</p> <p>IQI further agreed with Anna that the policy’s Comprehensive Perinatal Services Program (CPSP) definition should match that found in UM’s MCUG3118, Prenatal & Perinatal Care.</p> <p>These changes will be done before Q/UAC considers the policy on Nov. 19.</p>	<p>Motion to approve as amended: Brigid Gast, RN Second: Isaac Brown</p> <p><u>Next Steps:</u> Nov. 19 Q/UAC Jan. 14 PAC</p>
Policy Owner: Utilization Management – <i>Presenter: Tony Hightower, CPhT, Associate Director, UM Regulations</i>		
MCUG3038 – Review Guidelines for Member Placement in Extended Care (Custodial/Long Term Care,	<p>During the annual review, this policy and its title were updated to reflect use of the term “Extended Care Facility (ECF)” in lieu of previous Long Term Care (LTC), which was not always an appropriate term for all categories of extended care. Our LTSS team worked on extensive revisions to better describe our processes.</p> <p>Section I Related Policies: Removed Related Policy MCUP3051 Long Term Care SSI Regulations as the policy will be archived and language was moved into this policy MCUG3038. Also removed Related Policy MPPR210 Long Term Support Services Liaison because the policy has not been made public and includes errors that would confuse the reader. We now instead reference the external webpage that describes Partnership’s LTSS Liaison at</p>	<p>Motion to approve as presented: Katherine Barresi, RN Second: Kristine Gual</p> <p><u>Next Steps:</u> Nov. 19 Q/UAC Jan. 14 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
<p>Skilled or Subacute) Facilities – NEW TITLE</p>	<p>VI.G.5. Other policy numbers were updated to reflect transfers to other departments. and three new Related Policies were added as follows: MPUP3139 – Criteria and Guidelines for Utilization Management</p> <ul style="list-style-type: none"> • MCUP3020 – Hospice Services • MCUP3037 – Appeals of Utilization Management/ Pharmacy Decisions <p>Section II: Four other departments were added as “Impacted”:</p> <ul style="list-style-type: none"> • Enhanced Health Services (EHS) • Transportation • Provider Relations • Quality and Performance Improvement <p>Section III Definitions: The definitions of Custodial Care Facility, Skilled Nursing Facility, and Subacute Contracting Unit were updated. Definitions of ICF and Long Term Care were removed. A new definition of Extended Care Facility was added as an all-inclusive term for facilities providing custodial, skilled and sub-acute services. The definition and purpose of DHCS’ Subacute Contracting Unit (SCU) is added.</p> <p>Section IV.B: A new Attachment B was added “Skilled Nursing Facility Request Form”</p> <p>Section V: The Purpose statement was updated to use the term “Extended Care Facilities” in lieu of “Long Term Care Facilities.”</p> <p>Sections VI.A. – VI.G: This policy was extensively reorganized to describe authorization requirements for three main Extended Care Classifications:</p> <ul style="list-style-type: none"> • Custodial/ Long Term Care • Skilled Nursing Care • Subacute Care <p>Section VII: References were updated as follows:</p> <p>A. Three new DHCS Provider Manual sections were added:</p> <ul style="list-style-type: none"> • TAR for Long Term Care: 20-1 Form (<i>tar ltc</i>) • TAR for Long Term Care (Form 20-1): Inpatient Services (<i>tar ltc ip</i>) • TAR Completion for Long Term Care (<i>tar comp ltc</i>) <p>I. All County Welfare Director’s Letter was updated to current ACWD 25-02</p> <p>J. APL 23-004 was updated to APL 24-009 for SNF Facilities</p> <p>K. APL 23-027 was updated to APL 24-010 for Subacute Facilities</p> <p>Tony noted that DHCS and others are using the phrase “extended care facilities” rather than “long term care.” Policy edits reflect this. Relevant language in the archiving MCUP3052 is now incorporated in this policy.</p> <p>Dr. Moore noted that the LTC QIP now being revived after a prolonged dormancy to be effective Jan. 1, 2026 is in contracting and has “long term care’ all over it.” He wondered if “subacute” was utilized in the last LTC QIP. Manager of Quality Incentive Programs Amy McCune noted there were no subacute providers in the 2022 program. Anna noted that this policy is now reorganized for custodial, skilled nursing facility (SNF), and subacute.</p>	<p>Kenzie Hansiak noted that although DHCS standards are met, some clarification from DHCS on nomenclature may be necessary regarding some past deliverables.</p> <p><i>Meeting Postscript:</i> In subsequent meetings, it was decided that the revived LTC QIP to be branded “Extended Care Facility QIP” will be known by the acronym EXT QIP.</p>
<p>MCUP3020 – Hospice Services</p>	<p>This policy has been updated for APL 25-008 Hospice Services and Medi-Cal Managed Care.</p> <p>Section I. Two Related Polices were added as follows:</p>	<p>Motion to approve as presented: Doug Matthews, MD</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<ul style="list-style-type: none"> • MCCP2022 - EPSDT Services • MCCP2024 - Whole Child Model For California Children’s Services (CCS) <p>Section III.A. B. & C.: Definitions were added for Authorized Representative, California Children’s Services (CCS), and Whole Child Model (WCM).</p> <p>Section IV. Two new DHCS forms were added as Attachments to this policy per APL 25-008:</p> <ul style="list-style-type: none"> A. Medi-Cal Hospice Program Election Notice <i>DHCS 8052 (07/2023)</i> B. Patient Notification of Hospice Non-Covered Items, Services, and Drugs <i>DHCS 8053 (07/2023)</i> <p>Section V.: The Purpose statement was updated.</p> <p>Section VI.A.1.b.: Updated statement to say that a member may elect hospice in lieu of curative care for terminal illness.</p> <p>Section VI.A.2: Updated to describe how hospice services may be elected using the new DHCS 8052 form and the how hospice election works with the other aspects of Medi-Cal enrollment. Specified that Partnership does not deny late referrals or completed election notices.</p> <p>Section VI.B.1: Defined hospice provider requirements include certification, CDPH licensing, and National Provider Identifier (NPI) for out-of-network providers.</p> <p>Section VI.B.2: Specified that Providers must submit DHCS 8052 form within 5 calendar days. Clarified liability for non-covered days due to late submission. Added prepayment review process to prevent fraud, waste, and abuse.</p> <p>Section VI.C.1: Specified that Members who elect hospice care are identified as Direct Members in Partnership’s system.</p> <p>Section VI.C.2.: Made distinction between hospice and palliative care services.</p> <p>Section VI.C.3.: Specified that Partnership avoids unnecessary delays and complications when Members elect hospice care while also placing appropriate safeguards to validate Member elections and to prevent Fraud, Waste, and Abuse.</p> <p>Section VI.C.4: Specified that Members who elect hospice care are entitled to curative treatment for conditions unrelated to their terminal illness.</p> <p>Section VI.C.5: Described hospice and palliative care services available to Members under age 21. Also, information regarding hospice billing and Q codes was removed in this section as it will be moved to a more appropriate claims or configuration policy.</p> <p>Section VI.C.6 –10.: Updated list of services that are part of the hospice benefit.</p> <p>Section VI.D.: Added New section for “Services Not Covered by a Hospice Provider”</p> <p>Section VI.E.: Updated this section to specify hospice services that do NOT require a TAR, and to define the only circumstance when Hospice services do require a TAR, which is inpatient care.</p> <p>Section VI.F.3: Updated requirements in Hospice Period of Care</p> <p>Section VI.G: Added language regarding written certification statements and recertification.</p> <p>Section VI.H.: Revocation of Hospice Care Services has been edited/expanded</p> <p>Section VI.I.: References were updated to include</p> <ul style="list-style-type: none"> • DHCS APL 25-008 Hospice Services and Medi-Cal Managed Care • DHCS APL 25-013 Medi-Cal Rx Pharmacy Benefits, and Cell and Gene Therapy Coverage • California Children’s Services (CCS) Numbered Letter (NL) 06-1011 Authorization of Medically Necessary Concurrent Treatment Services for CCS Clients Who Elect Hospice 	<p>Second: Lisa O’Connell</p> <p><u>Next Steps:</u> Nov. 19 Q/UAC Jan. 14 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<ul style="list-style-type: none"> CCS NL 12-1119 Palliative Care Options for CCS Eligible Children (11/18/2019) <p>There were no questions for Tony, who thanked both Anna Campbell and Chief Health Services Officer Katherine Barresi, RN, for their updates to this policy in response to DHCS’ additional information request (AIRs). Dr. Moore said these changes interpolate with other UM efforts underway, including assessing our provider network, Essette, and Jiva.</p>	
MCUP041-A TAR Requirements List	<p>The TAR Requirements List was updated to include the following</p> <p>Section HH: Added Repetitive Transcranial Magnetic Stimulation (rTMS) Pain Management CPT Code List: 62290, 62291: Clarified that these two codes are for “Injection procedure” for discography 63661, 63663, 63688: Added these three codes for “Insertion or revision of spinal neurostimulator” 72285, 72295: Clarified that these two codes are for “Radiological supervision and interpretation for” for discography.</p> <p>Dr. Moore directed Anna to remove “(see policy MPBPXXXX)” from the added HH. Repetitive Transcranial Magnetic Stimulation (rTMS) as that policy does not yet exist.</p>	<p>Motion to approve as amended: Colleen Townsend, MD Second: Brigid Gast, RN</p> <p><u>Next Steps:</u> Nov. 19 Q/UAC</p>
MCUP3106 – Waiver Programs	<p>During annual review of the Waiver Programs policy, we removed reference to In Home Operations Waiver, which has ended.</p> <p>Section III.E Removed Definition of In-Home Operations Waiver (IHO) program Section VI.A.1. Removal of IHO program Section VI.B.1. Added that Partnership monitors compliance with electronic visit verification (EVV) requirements through periodic audits and provider education. Section VI.C.2. Added reference to Title 22, CCR §51340; Welfare and Institutions Code §4684-4699 Section VI.D.2 Reference added 42 CFR §441.301(c)(4); DHCS Policy Guidance, HCBS Waiver Enrollment Criteria, 2024 Section VI.D.4: Information for IHO program removed Section VI.D.5.: Updated office locations for Regional Centers Section VI.6: Updated language to specify that Sonoma County is currently the only county in Partnership’s covered service area that is participating in Assisted Living Waiver (ALW) program. List of participating facilities link was updated. Section VI.7 HCBA Code of Federal Regulations and application information cited 42 CFR §441.300-441.310. Section VI.8 Welfare and Institution Code cited §9560 et seq Section VII.: Two References added: <ul style="list-style-type: none"> Welfare & Institutions Code §4684-4699, 9560 et seq. DHCS Home and Community-Based Services Waiver Program Overview (2024) <p>There were no questions for Tony and no committee discussion.</p> </p>	<p>Motion to approve as presented: Brigid Gast, RN Second: Lisa Ward, MD</p> <p><u>Next Steps:</u> Nov. 19 Q/UAC Jan. 14 PAC</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
MCUP3131 – Genetic Screening and Diagnostics	<p>There were no major changes to the policy itself; however, attachments A and C were substantially updated, and changed again after the IQI packet was published. The changes that will go to Nov. 19 Q/UAC are listed below.</p> <p>Regional Medical Director Colleen Townsend, MD, who together with Anna Campbell reviewed and updated these codes, remarked that this is an expansion of what has been covered by Medi-Cal and gives us additional guidance. DHCS has created structure around the criteria, which could be of help in our medical necessity reviews. Anna added that some discrepancies may yet remain: Dr. Moore said any conflicting codes we identify should be brought to DHCS’s attention. Dr. Moore gave a “quick flag to Configuration,” saying Partnership’s policy is what needs to be applied and configured.</p> <p style="text-align: center;">MCUP3131 Attachment A Changes comments in bold-face type</p>	<p>Motion to approve per version emailed just prior to the meeting: Kristine Gual Second: Isaac Brown</p> <p><u>Next Steps</u>: Nov. 19 Q/UAC Jan. 14 PAC</p>
Code	Gene / Comment	
81226	CYP2D6 new code	
81227	CYP2C9 new code	
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis new code Dr. Townsend added a note to specify that this code cannot be billed if 81229 has been completed.	
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic new code	
81349	Genome-wide analysis Dr. Townsend chose to add this covered code to Attachment A because new code 81425 makes reference to 81349 (with no guidance) and we wanted the reader to be able to differentiate why they can’t bill both. Also, we added a note that this code cannot be billed if 81229 is billed.	
81403	Human Erythrocyte Antigen Gene Analyses –	Addition per DHCS guidelines to include these analyses for sickle cell
81403	RHD	Addition per DHCS guidelines
81403	VWF	Partnership is adding test for von Willebrand disease
81404	DYT-TOR1A	Partnership is adding test for Dystonia
81404	FSHD (third most common type of muscular dystrophy)	Added Facioscapulohumeral muscular dystrophy per Dr. Townsend
81404	SOD1	Addition per DHCS guidelines
81404	UGT1A1	Addition per DHCS guidelines
81405	DYT-TOR1A	Partnership is adding test for Dystonia
81405	FH	Addition per DHCS guidelines
81405	MYL2 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49	Partnership adding test for hypertrophic cardiomyopathy
81405	MYL3 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49	Partnership adding test for hypertrophic cardiomyopathy
81405	SLC2A1 (glucose transporter type 1 [GLUT 1] deficiency syndrome)	This code was on our list, but Dr. Townsend added ICD-10 codes G40-G47 for pediatric absence seizures.
81405	TPM1 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49	Partnership adding test for hypertrophic cardiomyopathy
81405	Lysine and hydroxylysine errors of metabolism ICD-10-CM diagnosis code E72	Partnership added test
81406	RYR1	Addition per DHCS guidelines

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
81406	TNNT2 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49	Partnership adding test for hypertrophic cardiomyopathy
81406	Lysine and hydroxylysine errors of metabolism ICD-10-CM diagnosis code E72	Partnership added test
81407	COL4A3, COL4A4, COL4A5 Alport Syndrome (ICD-10-CM diagnosis code Q87.81)	Partnership adding test for Alport Syndrome
81407	MYBPC3 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49	Partnership adding test for hypertrophic cardiomyopathy
81407	Pediatric absence seizures ICD-10-CM diagnosis codes G40- G47	Partnership adding test for pediatric absences seizures
81408	COL4A3, COL4A4, COL4A5 Alport Syndrome (ICD-10-CM diagnosis code Q87.81)	Partnership adding test for Alport Syndrome
81408	RYR1	Addition per DHCS guidelines
81425	Whole Genome sequencing	New code, requires TAR, NOT Rapid – Cannot be billed if 81349 has been billed.
81426	Genome sequencing, up to two comparators	New code, requires TAR, NOT Rapid Must be billed in conjunction with 81425; 81349 cannot be billed with this code.
81427	Genome sequencing, re-evaluation	New code, requires TAR, NOT Rapid. Must meet criteria for 81425
81436	Hereditary colon cancer disorders;	Code Deleted per DHCS 01/01/2025
MCUP3131 Attachment C Changes comments in bold-face type		
<u>Code</u>	<u>Gene / Comment</u>	
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing	new code
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes,	DHCS guidelines updated frequency from N/A to “Once in a lifetime, except with valid TAR Override”
0340U	Oncology (pan-cancer), analysis of minimal residual disease	new code
0345U	Psychiatry (e.g., depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	new code
0369U	Infectious agent detection by nucleic acid (dna and rna), gastrointestinal pathogens	Code Deleted per DHCS
0448U	Oncology (lung and colon cancer), DNA, qualitative, next-generation sequencing detection	Code Deleted per DHCS (see 0523U instead)
0488U	Obstetrics (fetal antigen noninvasive prenatal test),	Updated slightly per DHCS guidelines
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA	new code
0494U	Red blood cell antigen (fetal Rhd gene analysis)	Updated slightly per DHCS guidelines
0523U	Oncology (solid tumor), dna, qualitative, next generation sequencing (ngs) of single nucleotide variants (snv)	New code (Expanded test from 0448U)
0540U	Transplantation medicine, quantification of donor-derived cell-free DNA using next generation sequencing analysis of plasma, reported as percentage of donor-derived cell free DNA to determine probability of rejection	new code
0543U	Oncology (solid tumor), next-generation sequencing of DNA	new code
0094U	Rapid Whole Genome Sequencing (rWGS) Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Existing code since AB133 passed and this became a benefit in 2022 for babies under one in ICU setting only. Dr. Townsend recommended adding to this Attachment for clarity.
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing	new code
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes,	DHCS guidelines updated frequency from N/A to “Once in a lifetime, except with valid TAR Override”
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0488U	Obstetrics (fetal antigen noninvasive prenatal test),	Updated slightly per DHCS guidelines
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA	new code
0494U	Red blood cell antigen (fetal RhDd gene analysis)	Updated slightly per DHCS guidelines
0523U	Oncology (solid tumor), dna, qualitative, next generation sequencing (ngs) of single nucleotide variants (snv)	New code (Expanded test from 0448U)
0540U	Transplantation medicine, quantification of donor-derived cell-free DNA using next generation sequencing analysis of plasma, reported as percentage of donor-derived cell free DNA to determine probability of rejection	new code
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V. Presentations

QI Update – Isaac Brown, MPH/MBA, Interim Senior Director, Quality Improvement and Performance

1. Those who work with providers participating in our various Quality Incentive Programs (QIPs) are asked to reach out to these providers and encourage them to sign their contracts before Dec. 31, 2025. Those who do not sign by Dec. 31 will be ineligible to participate in Calendar Year 2026 QIPs. Tribal Health providers too must sign these contracts, Isaac said in response to a question from Director of Health Equity Moe Jalloh, Pharm.D. CEO Sonja Bjork, JD, also encouraged everyone to make this effort. Associate Medical Director Marshall Kubota, MD, reminded everyone that some organizations have hierarchical approval processes, including boards, so time is of the essence. Dr. Moore asked if a provider organization awaiting board approval could meanwhile submit a letter of intent signed by its CEO? Sonja replied there may be some leeway since effective date is not the same as a signing date.
2. DHCS has sent Partnership a Notice of Intent for approximately \$260,000 in sanctions on MY2024 county-level performance below the Minimum Performance Level (MPL) benchmarks. More than one half of this total is based against dental or other measures with data incompleteness issues: Topical Fluoride Varnish for Children (TFL-CH), Follow-up After ED Visit for Mental Illness (FUM 30), Follow-up After ED Visit for Substance Use (FUA-30), and Developmental Screening in the First Three Years of Life (DEV-CH).
3. Our new NCQA Consultant, Managed Healthcare Resources (MHR), is perhaps more “persnickety” than was our previous consultant; nevertheless, Partnership did pass our recent Health Plan Accreditation Mock Survey focused on evidence within the Year One look-back period based on 2026 HPA standards and Guidelines. Business Owners will be asked to complete and submit Action Plans in December to address recommendations.
4. Continuing to offer help to our struggling providers through a modified QIP measure set may prove difficult in 2026 under new federal rules. Specifically, it is now required that the measure set has to be known and shared with the providers ahead of the measurement period. Thus, instead of a reduced measure set, we will be assigning additional engagement and improvement activities to our lowest performing providers so they may continue to participate in the QIP.

1. Amy McCune said these contract obligations were made clear today in a webinar in which about 70 persons participated. Provider Contracting will update its outstanding list so more outreach can begin. Partnership’s intent is to communicate everything out by Dec. 10. Aaron Brincko, Director of Provider Relations, said his staff will be calling providers to remind them of the contract deadline.
2. Partnership, during a Nov. 4 meeting with DHCS, will appeal \$146,488 in sanctions against four measures with data incompleteness issues.

Reviving the Long Term Care QIP: Proposed 2026 Measure Set – Deanna Watson, Program Manager I, QI

Partnership last ran an LTC QIP in 2023, and Deanna noted she is excited to bring it back in MY 2026. **The nine measure QIP is scheduled for Nov. 12 PAC approval;** however, in keeping with the nomenclature changes noted today in UM’s policy MCUG3038, this revived program will be known as the “Extended Care Facility QIP” and its acronym will be “EXT QIP.” In addition to the nine measures to be awarded full or partial points against 2025 national and California averages, there are three

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>“Gateway” measures, including required enrollment in the California Immunization Registry (CAIR); thus, CAIR entry has been removed specifically from clinical Measures 3 and 4: percentage of long-stay residents who needed and got a flu shot, and percentage of residents who received a vaccine to prevent pneumonia, respectively. Dr. Moore noted that this measure set has been vetted with others and approved by DHCS.</p>	
	<p>Member Experience Grand Analysis: Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Program 2024-2025 (NCQA ME 7C/7D Report) – <i>Anthony Sackett Program Manager II, QI</i></p>	
	<p>The CAHPS® survey transitioned to the QI department in 2021, and since then we’ve evolved our approach to member experience into a comprehensive programmatic framework focused on three areas: the performance assessment, active listening (what members tell us right now), and strategic interventions. This means removing barriers and implementing targeted solutions before the next service cycle.</p> <p>The CAHPS survey collects member feedback through multiple channels, including mail, online, and QR codes, and the phone. The survey uses two types of questions to measure health care experience. The first is for ratings. Members score on a zero to 10 scale with nine and 10 being most favorable. As for composite questions, multiple related questions are combined to provide a comprehensive view of specific aspects of care; e.g., the “how well doctors communicate” combines questions about whether doctors explain things clearly, listen carefully, show respect, and spend enough time with the patients. Lastly, our certified vendor, Press Ganey, administers this annual survey to a random sample of adult and child members. We offered the survey in two language formats, English and Spanish.</p> <p>The access domain tells us how easily our members can get the care they need and when they need it. Over the past three years, we have seen steady progress in both our key measures in <u>the Child Survey</u>. The composite measures getting needed care reflects members ability to access specialists and receive necessary treatments. The getting care quickly measure also had a positive gain, indicating more families are receiving timely care for their child; however, scoring at just the 50th percentile of Healthcare Effectiveness Data Information Set/National Committee for Quality Assurance (HEDIS®/NCQA) Quality Compass Benchmarks (hereafter “benchmarks”), means we can improve.</p> <p>Turning to how members rate their experience with their physicians and Partnership, the story shows encouraging progress with our rating of personal doctor measures showing an increase, positioning us slightly above the 66th percentile benchmark. This may be an indication that families as building stronger relationships with their children’s physicians. In the terms of overall satisfaction, we’ve seen significant gains, starting with the rating of healthcare measure. We had a nice seven percentage point gain, though we still have room for growth as we work toward the next benchmark. Meanwhile, the rating of the health plan measure has reached an important milestone of achieving the 50th percentile ranking.</p> <p>The four influencing measures, while not included in the health plan star rating calculations like our core measures, provide valuable insights into what drives member satisfaction. By tracking these measures (i.e., rating of specialist, coordination of care, how well doctors communicate, and customer service) against the benchmarks, we can better understand and improve the overall member experience.</p> <ul style="list-style-type: none"> • In specialist care, we have seen a dramatic pinpoint improvement. This significant gain (10 percentage points from the prior year) reflects our efforts to enhance the specialist experience, directly impacting how members rate their overall health care. (Anthony gave a shout out to our telehealth program.) • Coordination of care has a notable increase as well, demonstrating our teams are working well to deliver seamless care for our young members. This 4.3 percentage point improvement helps explain the positive trends we are seeing in our overall health care ratings. • How well doctors communicate continues to score above the 90th percentile but relative to the rankings is lower than we would like to see it: this year placing our performance slightly above the 36th percentile benchmark. • Over the past three years, child customer service composite scores have remained consistently strong with only a slight decline: the overall HEDIS ranking dropped from the 89th to the 74th percentile. This represents an area where the plan can improve. ... <p><u>The adult performance and access domain is a distinctly different story</u> from our pediatric members. In the getting needed care measure, we’ve seen a slight uptick while getting care quickly showed a more substantial improvement with a six point gain; however, both measures are still underperforming: getting needed care at the 5th and getting care quickly at the 11th percentile benchmarks.</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>When we look at adult member satisfaction with physicians, the rating of personal doctor measures tells a concerning story with a four percentage point decline to the 15th percentile benchmark. This clarity stands in stark contrast to our pediatric performance and highlights a significant gap in our adult member experience with their physicians. Our overall satisfaction measures reveal mixed results. Rating of health care showed encouraging progress with a nine point improvement. However, our rating of health plan, while solidly improved, remains at the 10th percentile benchmark. We’ve seen a slight improvement placing rating of specialist above the 73rd percentile benchmark. This modest gain aligns with our challenges we are seeing in access to specialty care, primarily in our Northern Region counties. Coordination of care shows an encouraging uptick compared to 2024, indicating our efforts to better integrate care delivery are beginning to show results. The how well doctors communicate score has dipped, and we will be tracking this more closely in the coming year. In our customer service ratings, we've seen a steady year-over-year decline from 89% to 86 % causing our HEDIS ranking to drop from the 38th to the 12th percentile benchmark.</p> <p>Our conjecture is that while child members typically focus on well visits in acute care, adult members navigate more complex health care journeys from preventive screenings to specialist care to chronic condition management. This higher frequency of health care interactions for adults creates more opportunities for both positive and negative experiences.</p> <p>While CAHPS provides annual insights from a retrospective, our active listening framework includes multiple real time channels to include community event surveys to line staff engagement such as the Member Services and Population Health teams. Today we will focus on one critical component, grievance and appeals. In 2024, a little more than 6,000 grievance and appeals were closed as compared to approximately 4,000 in 2023. Grievances represented approximately 5,500 of these cases.</p> <p>Grievances is one element of our grand analyses, helping us put together our framework as we think about interventions to remove barriers and process improvement. Transportation represents our largest category, including missed rides, late arrivals, and scheduling issues, followed by a provider service, which includes treatment disputes, communication issues, and office conditions, and then access encompassing wait times, referral delays and provider availability. While Transportation accounted for 4,472 of the grievances filed, note that this figure represents just 0.4% of the 1.2 M rides Partnership provided.</p> <p>In summary, what began as team level initiatives has grown into organization wide strategic planning. Over three years, our CAHPS program has systematically addressed barriers at every level, starting with the department teams. We built foundational understanding of what member experience challenges are, what member experience is, and working through cross department collaboration, really have tackled complex barriers more effectively. Now member experience is embedded in our organizational goals, enabling continuation of proactive and continuous improvement at a larger scale. Over the past fiscal year, we've transformed how we address member experience challenges through strategic initiatives. We've tackled barriers across all dimensions of care delivery from expanding access points to enhancing digital engagement. Each represents our commitment to improve our members’ interaction with their healthcare. Our approach has been both comprehensive and deliberate focusing on strengthening networks, streamlining processes and investing in technology that makes health care more accessible. Now moving to this fiscal year, our initiatives represent continuous improvement, building on what we've learned in targeting areas where we can make more improvement actions where it matters most to our members. We will continue our strike team focus to improve member experience and services: working on the phone tree system, moving members through more efficiently, advancing dental benefit awareness, closing gaps on data capturing initiatives, and more robustly integrating health equity into the framework.</p> <p>Anthony thanked senior leadership for allowing us to take a comprehensive approach to the member experience. Dr. Moore commented that this Grand Analysis is part of our NCQA accreditation and will be added to the coming year’s QI Trilogy documentation. Isaac Brown moved and Leigha Andrews seconded approval and acceptance of both the report and this accompanying presentation.</p>	
	<p>Network Access Grand Analysis: Network Adequacy Report (NET 3, Element A, B: Assessment of Member Experience Accessing the Network & Opportunities to Improve Access to Non-Behavioral Healthcare Services) – <i>Renee Trosky, Manager of Provider Relations Compliance, Network Services</i></p>	
	<p>Piggy backing on Anthony’s presentation, Renee noted that the CAHPS Survey and Member Grievances are just two of the elements that comprise the Assessment of Network Adequacy. The others are the Population Needs Assessment (PNA), Out of Network (OON) requests and utilization of same, availability ratio and geographic distribution of our practitioners, and accessibility of services. “Availability” has to do with the numbers of practitioners, while “accessibility” concerns the number of appointments, she said.</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>In 2024, 42% of all grievances were attributed to access. Our threshold was 2.47 grievances per 1,000 members, which at 2.83 per, we failed to meet. In 2024, Partnership received 674 Appeals and Second Level Grievance cases, a 2% decrease in filings from the previous year. “Access” accounted for 34% of these filings and, at .49 per 1,000 members, met the .57 per threshold. However, adult composite scores decreased for getting needed care and getting care quickly, and while the child composite scores increased slightly for the same, both populations failed to meet Partnership benchmarks. Renee noted that the last time the adult population met the benchmark was 2021.</p> <p>The OON request threshold is less than 20 per 1,000 members, and the OON utilization is less than or equal to 10 per. Partnership met these standards in CY 2023 when we had 14 counties, and again in CY 2024 when we grew to 24 counties. The county expansion pushed a 38.8% membership increase, yet Partnership was able to maintain its access to primary care ratios for all ages by having a stable Family Medicine network. Partnership also met the plan-wide geographic distribution of “primary care practitioner” overall standard and the individual performance standard for each primary care specialty, although the very rural Lassen County continues to not meet time and distance standards.</p> <p>Presaging the following Third Next Available Survey Report, Renee noted that as performance decreased 6.7% from 2023, we did not meet the non-urgent primary care adult appointments within 10 business days threshold in 2024..</p> <p>Renee summarized two opportunities:</p> <ul style="list-style-type: none"> • Partnership has identified the need to increase the number of primary care and women’s health specialists contracted in network, particularly in the Southern Region. The 2024 Provider Recruitment Program has added 15 obstetrics providers, i.e., physicians, nurse practitioners and certified nurse midwives whose clinical focus is on perinatal care, including labor and delivery. • Grievance and Appeals and Population Health Management community engagement responses will be examined on a quarterly basis to provide the CAHPS team more real time opportunity to measure intervention effectiveness against targeted barriers. <p>Anna Campbell noted that in 2025 we no longer have Second Level Grievances, and Kory Watkins, Director of G&A, spoke to this, attributing the elimination to a DHCS audit. Any “adverse benefit decision” grieved can be appealed. Dr. Moore clarified that such a grievance is in itself an appeal.</p> <p>Dr. Moore asked for a motion and second to accept and approve the Network Access Grand Analysis: Isaac Brown/Kristine Gual.</p>	
	<p>2025 3rd Next Available & Next Available Survey – Vander Harris, Senior Health Data Analyst I, Finance</p>	
	<p>This annual single-point-in-time telephonic survey of our provider organizations administered by Provider Relations staff is used to assess Partnership’s compliance with accessibility standards. The survey monitors appointment availability, telephone access, and appointment wait time among primary care providers and high volume and high impact specialists. In the recent past, this survey was conducted in spring. In 2025, it was conducted in September. After PR staff made the standardized calls, Health Analytics staff analyzed the results.</p> <p>A total of 808 sites were surveyed across all regions in multiple specialties, including 304 primary care providers, 270 specialty providers, and 117 prenatal providers. The response rate was about 87 %: some providers did not get back to us or did not answer their telephones or declined to participate. (Some Sutter sites declined to participate, Vander noted.) One notable change from last year is that there was a significant decline in the number of specialty providers that were surveyed.</p> <p>The criteria and target standards are dependent on the appointment itself: for an adult appointment and pediatric appointment within primary care providers, the standard is within 10 business days (i.e., does not include weekends or holidays); for primary care providers that are doing newborn or urgent care appointments, the standard is within two days or 48 hours. The high volume or high impact specialist standard is within 15 business days for non-urgent specialty appointments; for urgent specialty appointments, two business days is the standard. Lastly, for pre-natal care, whether by primary care or specialist provider, the standard is within 10 business days.</p> <p>Vander broke down the data by Region and also by appointment type. For Adult PCP appointments, compliance with the standard was as low as 75% in the Fairfield Region and as high as 89% in the Redding Region. Within each region too there was some variation between individual clinics. Pediatric provider compliance with the standard varied from as low as 71 % for the Fairfield Region to 93 % for the Redding Region. The two-day standard for newborn appointments produced a more</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<p>“compact” distribution: as low as 82% for the Eureka Region to a high of 97% in the Chico Region. The two-business-day urgent primary care appointments varied from 83% in the Auburn Region to 97% in the Chico Region.</p> <p>For trending over time, it is important to note that while we have more than 10 years of data for our 14 “legacy” counties, we only have two years for our 10 “expansion” counties (i.e., Auburn and Chico regions) added in 2024. All regions but Fairfield trended down in 2025 from 2024 on adult and pediatric PCP appointments; plan-wide, there was an approximate six percent decrease in meeting these targets. For newborn and urgent care appointments, there was a plan-wide decline of between five and 10 percent in meeting the standards.</p> <p>Vander then went into the county data, noting that the Chico Region’s five counties are doing quite well in both newborn and urgent appointments. Adult and Pediatric appointments, however, have the lowest number of counties meeting targets, with 65% of clinics missing at least one PCP next appointment. Maximum waits for next appointments can be exceedingly long. (Actual wait times are called out on an organizational level in the report.)</p> <p>Similar to those trends in the other appointment types, specialty appointment compliance varies depending on the region: as low as 69 % in Santa Rosa and as high as 91% within Eureka. There is quite the breadth of distribution in terms of number of days to be seen depending on the clinic itself. Urgent specialty appointment compliance was lowest (64.7%) in the Auburn Region and highest (83%) in the Fairfield Region. Plan-wide, 2025 compliance declined more than 10% across urgent specialty appointments, although non-urgent specialty results increased by 2%. Plan-wide, both averaged 79% compliance.</p> <p>Specialties with the highest percentage of surveyed clinic meeting standards were Infectious Disease, General Surgery and Orthopedic Surgery. Specialties with the lowest percentage of clinics meeting the standards were Endocrinology, Gastroenterology, and Dermatology. (There are only three endocrinologists plan-wide, and none met the standards.) The Eureka Region had the greatest number of specialists meeting standards. (Eureka’s one neurologist reported 100% compliance.) Plan-wide, across all of the specialties, just 80.5 % of the surveyed specialists met the standards; 19.5% did not. (Actual wait times are called out on an organizational level in the report.)</p> <p>Lastly, only Auburn and Chico regions met prenatal appointment targets. The median wait for all counties was within the target but 13 individual sites across the other four regions exceeded targets.</p> <p>Dr. Moore commented that Sutter’s refusal to participate is troubling as such compliance is a DHCS requirement. He said Partnership does have the option to “secret shop” the 3NA. CEO Sonja Bjork, JD, said this issue could be raised at the next Operations meeting. Dr. Moore added he would like to see a report on this at IQI Jan. 13.</p> <p>Dr. Moore also said that although we are still missing some data – a “major cause” of the financial withholds we will be appealing – there is some good here, particularly in the prenatal data, wherein the Chico Region is to be commended.</p> <p>Southwest Regional Medical Director Lisa Ward, MD, said she was impressed with the Eureka Region’s access despite the lack of certain specialties, and attributed these results to eConsult and Telehealth usage. Anthony Sackett said it would be helpful to link Telehealth in future surveys.</p>	
VI. Adjournment		
Dr. Moore adjourned the meeting at 3:30 p.m. IQI will meet next Tuesday, Jan. 13, 2026. IQI will not meet in December.		
<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> <i>Chief Medical Officer and Committee Chair</i></p>		



**QI DEPARTMENT UPDATE
NOVEMBER 2025
PREPARED BY ISAAC BROWN
INTERIM SENIOR DIRECTOR, QUALITY AND PERFORMANCE IMPROVEMENT**

<u>QUALITY INCENTIVE PROGRAMS (QIPs)</u>	
PROGRAM	UPDATE
GENERAL QIP UPDATE	<ul style="list-style-type: none"> There is a new annual requirement for a signed contract amendment to be able to participate in pay-for-performance programs. Signed amendments will be required by December 31st of each calendar year.
PRIMARY CARE PROVIDER QUALITY INCENTIVE PROGRAM (PCP QIP)	<ul style="list-style-type: none"> 2026 PCP QIP measure set was approved at PAC in October. One (1) new measure for the 2026 measurement year: Kidney Health Evaluation for Patients with Diabetes 2026 specifications in progress and will be posted to public website by 12/31/2025
PALLIATIVE CARE QUALITY INCENTIVE PROGRAM (PALLIATIVE CARE QIP)	<ul style="list-style-type: none"> 2026 Palliative QIP measure set was approved at PAC in October. One (1) new measure for the 2026 measurement year: Measure III: Completion of a standardized patient symptom assessment - this is a replacement measure in response to the dissolution of PCQC January – June 2026 payment is in progress and will distribute by 11/30/2025
PERINATAL QUALITY INCENTIVE PROGRAM (PQIP)	<ul style="list-style-type: none"> FY24/25 payment is set to be distributed by 11/30/2025 Q1 FY25/26 reports will be distributed by 11/30/2025
ENHANCED CARE MANAGEMENT QUALITY INCENTIVE PROGRAM (ECM QIP)	<ul style="list-style-type: none"> Q2 2025 payment was distributed in October 2026 ECM QIP measure set was approved at PAC in October, no changes to the measures for 2026
HOSPITAL QUALITY INCENTIVE PROGRAM (HQIP)	<ul style="list-style-type: none"> FY24/25 payment is set to be distributed by 11/30/2025

<u>QUALITY DATA TOOLS</u>	
TOOL	UPDATE
PARTNERSHIP QUALITY DASHBOARD (PQD)	<ul style="list-style-type: none"> 2025 PQD was launched in October. Kick Off webinar has been posted to the PCP QIP webpage
eREPORTS	<ul style="list-style-type: none"> 2026 eReports development has begun in preparation for the March 2026 launch

<u>PERFORMANCE IMPROVEMENT (PI)</u>	
ACTIVITY	UPDATE
STATE MANDATED WORK: <i>PERFORMANCE IMPROVEMENT PROJECT (PIP) & PLAN-TO-DO-STUDY-ACT (PDSA) CYCLE</i>	<ul style="list-style-type: none"> North Bay Region (formerly “Southern Region”): Work continues to work on the Children’s Health Domain through work within Sonoma County to improve Lead Screening and Fluoride varnish. · Rural Upper North (Formerly “Northern Region): Continues to work on multiple interventions within the Children's Health, Chronic Disease, Reproductive Health & Cancer Prevention Domains in the North, such as expediting newborn

	<p>membership enrollment, academic detailing for medication-based measures like asthma and diabetes, increasing mammography access through mobile mammography and fixed-imaging, and more.</p> <ul style="list-style-type: none"> • Next update to DHCS due October 31, 2025 • Non-Clinical PIP: The non-clinical Behavioral Health PIP submitted to Health Services Advisory Group (HSAG) in August will be resubmitted to include additional performance data beyond the originally submitted timeframe. No further updates are expected, and the next cycle will continue into 2026.
<p>QUALITY MEASURE SCORE IMPROVEMENT</p>	<ul style="list-style-type: none"> • Pediatrics: The workgroup has identified priority areas and selected activities across several QIP measures in preparation for upcoming implementation. <ul style="list-style-type: none"> ○ Child & Adolescent Well Child Visits, Childhood Immunization Series, and Immunizations for Adolescents: The workgroup has outlined a phased approach starting with data analysis and interviews of high-performing sites. Based on those findings, the workgroup will select activities for 2026. ○ Developmental Screening in Children: The workgroup will be developing and implementing one-on-one education for lower-performing providers. ○ Fluoride Varnish Application: Will continue with data investigation. ○ Lead Screening in Children: Will continue to focus on education and POC grants. ○ Well Child Visits under 30 months (6 by 15 months): Partnership will continue promotion of the Growing Together Program. ○ Well Child Visits under 30 months (2 between 15 – 30 months): The workgroup launched the implementation of a newborn pilot project with Fairchild on 09/01/2025 and will continue through the end of the calendar year. This project is an adaptation of the project previously completed with North Bay Health in 2024. • Chronic Disease: <ul style="list-style-type: none"> ○ Academic detailing continues at many health centers to provide education to prescribing providers regarding medication adherence and titration recommendations. The focus has been on Asthma, Hypertension, and Diabetes with additional topics covered upon request. ○ DHCS has proposed retiring the Asthma Medication Ratio measure in 2026 and replacing it with a new measure, Follow-up after an ED or Urgent care visit for Asthma. ○ Colorectal Cancer Screening is planned to be an accountable measure in 2026. • Woman’s Health and Perinatal: <ul style="list-style-type: none"> ○ Partnership hosted a Doula Pathways Webinar on 09/09/2025, with 14 attendees. Provider Relations has held five onboarding sessions since

	<p>July and brought in 20 new doulas. We now have doulas in 18 Partnership counties.</p> <ul style="list-style-type: none"> ○ The Woman’s Health and Perinatal workgroup is continuing to facilitate integration of the hrHPV self-collect across our network and offer providers one-on-one education. In 2025, 24 parent orgs with 93 total sites have completed training. Training and health education materials are being reviewed and updated to reflect current screening options. ○ New topic identified for Improvement Academy 2026 Improving Measure Outcome series focusing on sexual and reproductive health is scheduled for April 2026. <ul style="list-style-type: none"> ● Behavioral Health: DHCS has proposed adding three new depression measures as accountable for 2026. Depression screening for Adolescents and Adults, Prenatal Depression Screening and Follow Up, and Postpartum Depression Screening and Follow Up. These screenings are not captured through administrative means like claims, so records have to be retrieved through Partnership’s data aggregator, DataLink. ● Elder Care: No updates
IMPROVEMENT ACADEMY	<ul style="list-style-type: none"> ● Promotional materials (emails, flyers, website posts, and newsletter announcements) are now live for the 02/05/2026, ABCs of Quality Improvement training, which will be held in Fairfield. ● Registration information can be found on our website: https://www.partnershiphp.org/Providers/Quality/Pages/Quality_Events.aspx
JOINT LEADERSHIP INITIATIVE (JLI)	<ul style="list-style-type: none"> ● No updates
REGIONAL IMPROVEMENT MEETINGS	<ul style="list-style-type: none"> ● The Auburn Region Quality meeting was held on 10/06/2025, and the Chico Region Quality meeting was held on 10/28/2025. The topics were geared toward maximizing clinical resources when there are access constraints. ● The first Santa Rosa Region Quality meeting was held on 10/07/2025, and focused on the topic of immunization measure improvement, covering strategies for vaccine hesitancy and immunization inventory management. A second meeting is planned for the smaller-sized health centers, which will focus on implementing strategies learned at the Regional Quality Meeting. ● To be added to future Regional Quality Meeting invitations, please contact the Performance Improvement Team at PIT@partnershiphp.org

Note: Detailed information and recordings of Performance Improvement related webinars, virtual CME, Best Practice resources, and more are posted to the PHC Website:
<https://www.partnershiphp.org/Providers/Quality/Pages/PIAcademyLandingPage.aspx>

<u>QI PROGRAM & PROJECT MANAGEMENT</u>	
ACTIVITY	UPDATE
CAHPS SURVEY PROGRAM - MEDI-CAL PRODUCT LINE AND FY 25/26 ORG GOALS	<p>CAHPS® Regulated Measurement Year (MY) 2025 / Report Year (RY) 2026 Survey</p> <ul style="list-style-type: none"> The CAHPS Program is on track for the next survey cycle (MY 2025 | RY 2026) with preparation activities scheduled to conclude by the end of the calendar year. <p>Fiscal Year 2025/2026 Organizational Goal 5: Member Experience (MX)</p> <ul style="list-style-type: none"> Fiscal Quarter 2 (On-Track): Goal activities continue, led by champions from four departments: Transportation, Member Services, Population Health, and Quality Improvement. <p>NCQA Health Plan Accreditation Requirement Update</p> <ul style="list-style-type: none"> The 2024 Member Experience Outcomes (ME7) was presented at the October NCQA Steering Committee, receiving strong engagement from Senior Leadership. <ul style="list-style-type: none"> Priority Outcome: Enhancing Member Experience by improving member touchpoints, particularly interactions related to connecting with the plan (all member engagement customer service lines). Key internal stakeholders are actively collaborating on a strategy with implementation targeted for the first quarter of 2026. <p>The MY 2024 | RY 2025 Annual Member Experience Grand Analysis (ME7) will be presented formally at Committee (IQI and Q/UAC) in November.</p>
PROMOTING COLORECTAL CANCER SCREENINGS	<p>Colorectal Cancer Web Page</p> <p>A provider-facing webpage is available on Partnership’s website to support colorectal cancer screening efforts.</p> <p>https://www.partnershiphp.org/Providers/Quality/Pages/Cologuard.aspx</p> <p>Partnership Facilitated Order</p> <ul style="list-style-type: none"> The next Facilitated Order is scheduled to launch on 01/19/2026 and is aligned with Colorectal Cancer Awareness Month in March.
EQUITY & PRACTICE TRANSFORMATION PROJECT	<p>PDPP Participation and Deliverables</p> <ul style="list-style-type: none"> Twenty-three (23) provider organizations are working on completing their deliverables due 11/01/2025. To continue participating in the EPT program, provider organizations are to follow the updated delivery requirements: <ul style="list-style-type: none"> By November 2025, practices should complete the 2025 PhmCAT and at least one additional deliverable from program year 1.

- o By May 2026, practices should complete the 2026 PhmCAT and successfully submit the following deliverables:
 - Data Policy & Procedure
 - Empanelment Policy & Procedure
 - Data Implementation Plan
 - Disparity Reduction Plan
 - One Model of Care deliverable

EPT MCP Reporting Requirements

In accordance with the [APL 25-015](#) published on 10/02/2025, DHCS is asking Managed Care Plans (MCPs) to produce quarterly rolling quality measure rates using the [California Technical Specifications \(CaTS\)](#) so that performance can be tracked for all EPT deliverables that include HEDIS-like measures.

- DHCS will allow MCPs to either submit self-produced rates using CaTS or utilize a third-party solution (Innovaccer) through the Pop Health Learning Center. Partnership will proceed with the self-produced CaTS submission, and the HEDIS team is preparing rates for all EPT sites to meet the 10/31/2025 deadline.
- MCPs expected to submit practice-level rates on a quarterly basis moving forward.

PREVENTIVE CARE BRIDGE PROJECT (FORMERLY: LOCUM PILOT INITIATIVE)

Participating providers have completed or are nearing completion of the 12-week program. Close-out questionnaires are required of all providers and program evaluation will begin in early November.

Most recent visit data is included in the table below and the October Strategy Team Update is [linked here](#) for further details.

Provider Org	Total Visits	PHC Members	WCV	CCS	No-show Rate	Avg. Visit/Day (anticipated 16-20/day)
WSMC <i>Start: June 30</i>	637	505	548	0	28.5%	12
Open Door <i>Start: July 14</i>	511	446	337	47	13.2%	9
Shasta <i>Start: July 28</i>	509	499	443	66	29.5%	9.5
Ampla <i>Start: Aug 18</i>	268	245	90	177	32.2	6.5

<p>MOBILE MAMMOGRAPHY PROGRAM</p>	<p>Current Event Days for FY 25/26 Q2 (October – December)</p> <table border="1" data-bbox="448 331 1490 936"> <thead> <tr> <th colspan="4" style="background-color: #800040; color: white;">Current Event Days 10/01/2025 – 12/30/2025</th> </tr> <tr> <th style="color: #800040;">Region</th> <th style="color: #800040;"># of Provider Organizations</th> <th style="color: #800040;"># of Provider Sites</th> <th style="color: #800040;"># of Event Days</th> </tr> </thead> <tbody> <tr> <td>Auburn</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>Chico</td> <td>1</td> <td>3</td> <td>3</td> </tr> <tr> <td>Eureka</td> <td>6</td> <td>6</td> <td>6</td> </tr> <tr> <td>Fairfield</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>Redding</td> <td>6</td> <td>6</td> <td>6</td> </tr> <tr> <td>Santa Rosa</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>Plan Wide</td> <td>16</td> <td>20</td> <td>20</td> </tr> </tbody> </table>	Current Event Days 10/01/2025 – 12/30/2025				Region	# of Provider Organizations	# of Provider Sites	# of Event Days	Auburn	1	1	1	Chico	1	3	3	Eureka	6	6	6	Fairfield	2	2	2	Redding	6	6	6	Santa Rosa	2	2	2	Plan Wide	16	20	20
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<p>PARTNERING FOR PEDIATRIC LEAD PREVENTION PROGRAM (PPLP)</p>	<ul style="list-style-type: none"> The Partnering for Pediatric Lead Prevention (PPLP) program continues to accept applications for either a LeadCare II POC device or reimbursement for a lead analyzer within 3 months of application. Hill Country Community Clinic and Butte County Public Health received their devices (total of 3) and have been onboarded to the program. Pediatric Medical Associates has been approved to participate in the program (4 devices) with an MOU currently pending development. 																																				
<p>QI TRILOGY PROGRAM</p>	<ul style="list-style-type: none"> All Trilogy documents (FY2025/26 QI Program Description; FY2024/25 QI Work Plan; FY2024/25 QI Evaluation; and FY2025/26 QI Work Plan) have been completed and received Board approval on 10/22/2025. 																																				
<p>QI PROJECT TRAINING PROGRAM</p>	<p>No New Updates.</p>																																				
<p>SAGE GRANT</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. The grant application and review period ended 10/01/2025.</p> <p>Of the three applications, Kimaw Medical Center was awarded \$250,000 to aid in the replacement of their existing EHR (RPMS) with OCHN Epic with the goal to improve accuracy, coordination, and quality of care, while also increasing efficiency in healthcare delivery.</p>																																				

<u>D-SNP</u>	
ACTIVITY	UPDATE
Coding Intensity Webinar Series	<ul style="list-style-type: none"> • “Capturing Patient Acuity through Coding Part 2”, a webinar addressing coding acuity for D-SNP, took place on 10/08/2025 at 12 p.m. The webinar was led by Dr. Kermit Jones, Deputy Medical Director at Partnership. The webinar was attended by 55 individuals from 26 organizations and are eligible for 0.75 CME/CE credits upon completing the post-webinar evaluation. Of those who evaluated the session content, 100% rated the webinar “good” or “excellent”. • The D-SNP Team will be working with a Practicum student from Harvard’s Master of Public Health program beginning in November. The student will assist in developing curriculum for various QI department teams to increase their knowledge of D-SNP specific to their current roles. • The Medicare Quality team is developing an approach to share Stars and DHCS measure information with key stakeholders in a centralized, cloud-based format. This would allow measure sponsors, business owners and process owners key measure information including data sources, measures descriptions and current interventions. Upon finalization, stakeholders from across the organization will be able to access the material.
<u>QUALITY ASSURANCE AND PATIENT SAFETY</u>	
ACTIVITY	UPDATE
POTENTIAL QUALITY ISSUES (PQI) FOR THE PERIOD: 09/30/2025 to 10/23/2025	<ul style="list-style-type: none"> • 23 PQI referrals were received with 16 coming from Grievance and Appeals, 2 from Utilization Management, 1 from a Regional Medical Director, 2 from an Associate Medical Director, and 2 from Care Coordination. • 13 PQI cases were processed and closed. • 88 PQI cases are currently open. • One case was discussed at Peer Review Committee (PRC) on 10/15/2025 • Two cases were sent to Medical Institute of America (MRIOA) for an expert opinion.

<p>FACILITY SITE REVIEWS (FSR) & MEDICAL RECORD REVIEWS (MRR) FOR THE PERIOD: 09/29/2025 TO 10/17/2025</p>	<ul style="list-style-type: none"> As of 10/23/2025, we have a total of 523 reviews including PCP, OB, Multiple check-ins and delegated reviews <p>Primary and OB Reviews:</p> <table border="1"> <thead> <tr> <th>Region</th> <th># of FSR conducted</th> <th># of MRR conducted</th> <th># of FSR CAP issued</th> <th># of MRR CAP issued</th> </tr> </thead> <tbody> <tr> <td>Auburn</td> <td>0</td> <td>0</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Chico</td> <td>2</td> <td>3</td> <td>0</td> <td>2</td> </tr> <tr> <td>Eureka</td> <td>4</td> <td>4</td> <td>0</td> <td>2</td> </tr> <tr> <td>Fairfield</td> <td>3</td> <td>3</td> <td>0</td> <td>2</td> </tr> <tr> <td>Redding</td> <td>1</td> <td>0</td> <td>0</td> <td>N/A</td> </tr> <tr> <td>Santa Rosa</td> <td>1</td> <td>0</td> <td>0</td> <td>N/A</td> </tr> </tbody> </table> <p>New sites opened this period → None</p>	Region	# of FSR conducted	# of MRR conducted	# of FSR CAP issued	# of MRR CAP issued	Auburn	0	0	N/A	N/A	Chico	2	3	0	2	Eureka	4	4	0	2	Fairfield	3	3	0	2	Redding	1	0	0	N/A	Santa Rosa	1	0	0	N/A
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HEALTHCARE EFFECTIVENESS DATA INFORMATION SET (HEDIS)

ACTIVITY	UPDATE
Annual HEDIS® Projects	<ul style="list-style-type: none"> New for MY2025, the HEDIS team has launched its first ever Year-Round Medical Record Review project. This project will include the Well Child Visits Birth – 30 Months (W30) and other HEDIS measures. With the launch of this project, it will provide opportunities for the team to receive and review the records collected in a timelier manner to support the regulatory compliance deadlines for MY2025. On October 16th, the HEDIS team hosted a Provider webinar focused on the medical record retrieval process. Thank you to those who attended, we truly appreciate the great questions that were asked. Provider outreach began in October and will continue into the Annual Regulatory Medical Record Review Project. Preparation is underway to launch the MY2025 Annual Regulatory project in January 2025.
HEDIS® Program Overall	<ul style="list-style-type: none"> DHCS sent Partnership a Notice of Intent to Sanction for MY2024 county-level performance below the Minimum Performance Level benchmarks. The proposed sanctions totaled \$260,000 for MY2024. Partnership has scheduled a Meet and Confer meeting with DHCS for 11/04/2025 to appeal \$146,488 in sanctions for four (4) measures with significant data completeness issues: Topical Fluoride Varnish for Children (TFL-CH), Follow-Up After ED Visit for Mental Illness—30 days (FUM-30), Follow-Up After ED Visit for Substance Use—30 days (FUA-30), and Developmental Screening in the First Three Years of Life (DEV-CH).

NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) ACCREDITATION

ACTIVITY	UPDATE
<p>NCQA Health Plan Accreditation</p>	<ul style="list-style-type: none"> • The NCQA Program Management Team submitted our application for the 2026 HPA Renewal Survey and received confirmation from NCQA of the final survey dates: Survey submission date by 09/15/2026 and the two (2) day file review is scheduled for 11/02-11/03/2026. • The majority of Business Owners (BOs) reviewed and submitted the 2026 HPA Workbook and updated 2024-2026 HPA Report Schedule by the due date of 10/24/2025. The NCQA Program Management Team continues to work with the selected departments to complete their annual HPA Workbook and/or HPA Report schedule, and to ensure no issues are identified due to the late submission, such as any delay in producing evidence per the look-back period or at the frequency specified by NCQA. • Our NCQA Consultant, Managed Healthcare Resources (MHR), conducted a four (4) day HPA Mock Renewal Survey with Partnership, focusing on evidence within the Year One look-back period based on 2026 HPA Standards and Guidelines. The BOs will submit a completed Action Plan (AP) in December 2025 to address the recommendations by the applicable look-back period, timelines, and/or expectations by NCQA. Any revised or subsequent new evidence must be submitted to MHR for approval and in alignment with the timeline of committee meetings approval. No edits should be made without review and/or assessment by the NCQA Consultant.
<p>NCQA Health Equity Accreditation</p>	<ul style="list-style-type: none"> • NCQA shared the proposed updates for the 2026 HEA Standards and Guidelines in August 2025. NCQA will release the final Standards and Guidelines in December 2025. The new requirements will take effect for surveys scheduled on or after 07/01/2026. The NCQA Program Management Team has updated the HEA Key Activities and Milestones in alignment with the NCQA timeline for release of the new HEA Standards and Guidelines, along with our tentative HEA Renewal Survey submission date of 05/18/2028. Additional details will be shared with the key stakeholders at the November 2025 Business Owner Check-in meetings.

Partnership

Policy & Procedure Updates

January
2026

Policy Number	Policy/Procedures/Guidelines	Version Links
<p>The following documents were reviewed by the Quality / Utilization Advisory Committee (Q/UAC) in November 2025.</p> <p>**All policy versions hyperlinked for review.</p> <p>Highlighted policies have significant changes, new attachments, or were amended during the Q/UAC meeting. Redline versions contain attachments.</p> <p>Please review all drafts and the detailed Synopsis of Changes.</p>		
Care Coordination		
MCCP2022	Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services	C CD RD
MCCP2036	Memorandum of Understanding (MOU) Requirements For Medi-Cal Managed Care Plans and Third-Party Entities	C CD RD
MPCP2019	Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children's Services	C CD RD
MPCP2023	New Member Needs Assessment	C CD RD
MCCP2016	<i>Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT)(Archived)</i>	C CD RD
MCCP2029	<i>Emergency Medical Transportation (Archived)</i>	C CD RD
Population Health Management		
MPNP9006	Doula Services Benefit	C CD RD
Quality Improvement		
MCQG1015	Pediatric Preventive Health Guidelines	C CD RD
MCQP1021	Initial Health Appointment	C CD RD
MPQG1011	Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines	C CD RD
Transportation		
MPTP2501	Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT) (<i>New</i>)	N/A CD RD
MPTP2502	Emergency Medical Transportation (<i>New</i>)	N/A CD RD

Utilization Management			
MCUG3038	Review Guidelines for Member Placement in Extended Care (Custodial/Long Term Care, Skilled, or Subacute) Facilities <i>New attachment B</i>	C	CD RD
MCUG3058	Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-N Facilities <i>New attachment B</i>	C	CD RD
MCUP3003	Rehabilitation Guidelines for Acute and Skilled Nursing Inpatient Services	C	CD RD
MCUP3020	Hospice Services <i>New attachments A and B</i>	C	CD RD
MCUP3041-A	Partnership TAR Requirements (attachment only)	C	CD RD
MCUP3049	Pain Management Specialty Services	C	CD RD
MCUP3102	Vision Care	C	CD RD
MCUP3106	Waiver Programs	C	CD RD
MCUP3125	Gender Dysphoria/Surgical Treatment	C	CD RD
MCUP3131	Genetic Screening and Diagnostics	C	CD RD
MPUP3051	<i>Long Term Care SSI Regulation (previously Long Term Care Admissions) (Archived)</i>	C	CD RD

Synopsis of Changes to Discussion Policies

Below is an overview of the policies that will be discussed at the Nov. 19, 2025 Quality/Utilization Advisory Committee (Q/UAC).
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)
Policy Owner: Department Name – <i>Presenter: Shannon Boyle, RN, Manager of Care Coordination Regulatory Performance</i>			
MCCP2022 – Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services	235 – 242	<p>Policy Edits due to APL 25-008 Hospice Services (05/05/25) – added as new Reference J.</p> <p>Related Policies alphanumeric designations updated for Medi-Cal and Medi-Cal/Medicare lines of business</p> <p>Related Policies added: MCUP3020 - Hospice Services Guidelines MCUP3140 – Palliative Care: Pediatric Program for Members Under the Age of 21</p> <p>Definitions added for Hospice Care and Palliative Care</p> <p>Whole Child Model (WCM) Definition updated: 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>V.I.P Hospice Services section added:</p> <ol style="list-style-type: none"> 1. Children receiving hospice care services for a terminal illness and life expectancy if six months or less may receive additional services than are available for adults. 2. Children are eligible for hospice care under the same criteria as adults (a physician certifies the Member as having a life expectancy of six months or less), although children under 21 years of age also may elect to receive concurrent curative treatment of the hospice-related diagnosis and concurrent palliative care. 3. For more information, see Partnership policy MCUP3020 Hospice Service Guidelines and MCUP3140 Palliative Care: Pediatric Program for Members Under the Age of 21. 	Health Services Claims Member Services Provider Relations
Policy Owner: Population Health <i>Presenter: Christine Smith, Community Health Needs Liaison, Population Health</i>			
MPNP9006 – Doula Services Benefit (<i>previously MCNP9006</i>)	243 – 252	<p>This annual policy update reflects language changes for added Reference E: Partnership’s Partnership HealthPlan Perinatal Services (PHPS), a Comprehensive Perinatal Services Program-like equivalent or substantially similar to the California Department of Public Health’s CPSP.</p> <p>Related Policies alphanumeric designations updated for Medi-Cal and Medi-Cal/Medicare lines of business and for recent policy migrations from Care Coordination and Utilization Management to Enhanced Health Services.</p>	Provider Relations Member Services Network Services Health Services

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>III. Definitions – Updated CPSP definition and added Partnership HealthPlan Perinatal Services (PHPS) definition in alignment with MCUG3118 Prenatal & Perinatal Care. Added Dual-eligible Special Needs Plan (D-SNP).</p> <p>VI.D.1 – Added “Partnership Advantage enrollees” language.</p> <p>VI.E.1 – Expanded eligibility for doula services to include Partnership Advantage members. Clarified that a recommending provider does not need to be enrolled in Medicare.</p> <p>VI.K.2 – Per IQI discussion Nov. 12, removed section clarifying that OON abortion services must be reimbursed at no less than the Medi-Cal Fee-For-Service rate.</p> <p>VI.L.1.d – Added D-SNP data reporting requirement.</p> <p>VII. References</p> <ul style="list-style-type: none"> • Added: DHCS APL 23-020 Requirements for Timely Payment of Claims • Added: California Department of Public Health CPSP Program link (https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx). • Added: D-SNP Quality and Data Reporting - to support new data stratification and disparity analysis requirements. 	
Policy Owner: Utilization Management <i>Presenter: Janet Rudd, RN, Manager of Long Term Support Services, UM</i>			
<p>MCUG3038 – Review Guidelines for Member Placement in Extended Care (Custodial/Long Term Care, Skilled or Subacute) Facilities – NEW TITLE</p>	<p>253 – 280 <i>CLEAN policy copy begins on p.271</i></p>	<p>During the annual review, this policy and its title were updated to reflect use of the term “Extended Care Facility (ECF)” in lieu of previous Long Term Care (LTC), which was not always an appropriate term for all categories of extended care. Our LTSS team worked on extensive revisions to better describe our processes.</p> <p>Section I Related Policies: Removed Related Policy MCUP3051 Long Term Care SSI Regulations as the policy will be archived and language was moved into this policy MCUG3038. Also removed Related Policy MPPR210 Long Term Support Services Liaison because the policy has not been made public and includes errors that would confuse the reader. We now instead reference the external webpage that describes Partnership’s LTSS Liaison at VI.G.5. Other policy numbers were updated to reflect transfers to other departments. and three new Related Policies were added as follows:</p> <ul style="list-style-type: none"> • MPUP3139 – Criteria and Guidelines for Utilization Management • MCUP3020 – Hospice Services • MCUP3037 – Appeals of Utilization Management/ Pharmacy Decisions <p>Section II: Four other departments were added as “Impacted”:</p> <ul style="list-style-type: none"> • Enhanced Health Services (EHS) • Transportation • Provider Relations 	<p style="text-align: center;">Claims Member Services Enhanced Health Services Quality Improvement Transportation 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)
		<ul style="list-style-type: none"> • Quality and Performance Improvement <p>Section III Definitions: The definitions of Custodial Care Facility, Skilled Nursing Facility, and Subacute Contracting Unit were updated. Definitions of ICF and Long Term Care were removed. A new definition of Extended Care Facility was added as an all-inclusive term for facilities providing custodial, skilled and sub-acute services. The definition and purpose of DHCS’ Subacute Contracting Unit (SCU) is added.</p> <p>Section IV.B: A new Attachment B was added “Skilled Nursing Facility Request Form”</p> <p>Section V: The Purpose statement was updated to use the term “Extended Care Facilities” in lieu of “Long Term Care Facilities.”</p> <p>Sections VI.A. – VI.G: This policy was extensively reorganized to describe authorization requirements for three main Extended Care Classifications:</p> <ul style="list-style-type: none"> • Custodial/ Long Term Care • Skilled Nursing Care • Subacute Care <p>Section VII: References were updated as follows:</p> <p>A. Three new DHCS Provider Manual sections were added:</p> <ul style="list-style-type: none"> • TAR for Long Term Care: 20-1 Form (<i>tar ltc</i>) • TAR for Long Term Care (Form 20-1): Inpatient Services (<i>tar ltc ip</i>) • TAR Completion for Long Term Care (<i>tar comp ltc</i>) <p>I. All County Welfare Director’s Letter was updated to current ACWD 25-02</p> <p>J. APL 23-004 was updated to APL 24-009 for SNF Facilities</p> <p>K. APL 23-027 was updated to APL 24-010 for Subacute Facilities</p>	
Policy Owner: Utilization Management <i>Presenter: Tony Hightower, CPhT, Associate Director, UM Regulations</i>			
MCUP3020 – Hospice Services	281 – 294	<p>This policy has been updated for APL 25-008 Hospice Services and Medi-Cal Managed Care.</p> <p>Section I. Two Related Polices were added as follows:</p> <ul style="list-style-type: none"> • MCCP2022 - EPSDT Services • MCCP2024 - Whole Child Model For California Children’s Services (CCS) <p>Section III.A. B. & C.: Definitions were added for Authorized Representative, California Children’s Services (CCS), and Whole Child Model (WCM).</p> <p>Section IV. Two new DHCS forms were added as Attachments to this policy per APL 25-008:</p> <p style="padding-left: 20px;">A. Medi-Cal Hospice Program Election Notice <i>DHCS 8052 (07/2023)</i></p> <p style="padding-left: 20px;">B. Patient Notification of Hospice Non-Covered Items, Services, and Drugs <i>DHCS 8053 (07/2023)</i></p> <p>Section V.: The Purpose statement was updated.</p>	Compliance Provider Relations Configuration Member Services

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>Section VI.A.1.b.: Updated statement to say that a member may elect hospice in lieu of curative care for terminal illness.</p> <p>Section VI.A.2: Updated to describe how hospice services may be elected using the new DHCS 8052 form and the how hospice election works with the other aspects of Medi-Cal enrollment. Specified that Partnership does not deny late referrals or completed election notices.</p> <p>Section VI.B.1: Defined hospice provider requirements include certification, CDPH licensing, and National Provider Identifier (NPI) for out-of-network providers.</p> <p>Section VI.B.2: Specified that Providers must submit DHCS 8052 form within 5 calendar days. Clarified liability for non-covered days due to late submission. Added prepayment review process to prevent fraud, waste, and abuse.</p> <p>Section VI.C.1: Specified that Members who elect hospice care are identified as Direct Members in Partnership’s system.</p> <p>Section VI.C.2.: Made distinction between hospice and palliative care services.</p> <p>Section VI.C.3.: Specified that Partnership avoids unnecessary delays and complications when Members elect hospice care while also placing appropriate safeguards to validate Member elections and to prevent Fraud, Waste, and Abuse.</p> <p>Section VI.C.4: Specified that Members who elect hospice care are entitled to curative treatment for conditions unrelated to their terminal illness.</p> <p>Section VI.C.5: Described hospice and palliative care services available to Members under age 21. Also, information regarding hospice billing and Q codes was removed in this section as it will be moved to a more appropriate claims or configuration policy.</p> <p>Section VI.C.6 –10.: Updated list of services that are part of the hospice benefit.</p> <p>Section VI.D.: Added New section for “Services Not Covered by a Hospice Provider”</p> <p>Section VI.E.: Updated this section to specify hospice services that do NOT require a TAR, and to define the only circumstance when Hospice services do require a TAR, which is inpatient care.</p> <p>Section VI.F.3: Updated requirements in Hospice Period of Care</p> <p>Section VI.G: Added language regarding written certification statements and recertification.</p> <p>Section VI.H.: Revocation of Hospice Care Services has been edited/expanded</p> <p>Section VI.I.: References were updated to include</p> <ul style="list-style-type: none"> • DHCS APL 25-008 Hospice Services and Medi-Cal Managed Care • DHCS APL 25-013 Medi-Cal Rx Pharmacy Benefits, and Cell and Gene Therapy Coverage • California Children’s Services (CCS) Numbered Letter (NL) 06-1011 Authorization of Medically Necessary Concurrent Treatment Services for CCS Clients Who Elect Hospice CCS NL 12-1119 Palliative Care Options for CCS Eligible Children (11/18/2019) 	

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)
MCUP3041-A – TAR Requirements List	295 – 302	<p>The TAR Requirements List was updated to include the following</p> <p>Section HH: Added Repetitive Transcranial Magnetic Stimulation (rTMS) Pain Management CPT Code List: 62290, 62291: Clarified that these two codes are for “Injection procedure” for discography 63661, 63663, 63688: Added these three codes for “Insertion or revision of spinal neurostimulator” 72285, 72295: Clarified that these two codes are for “Radiological supervision and interpretation for” for discography</p>	Provider Relations
MCUP3106 – Waiver Programs	303 – 308	<p>During annual review of the Waiver Programs policy, we removed reference to In Home Operations Waiver, which has ended.</p> <p>Section III.E Removed Definition of In-Home Operations Waiver (IHO) program Section VI.A.1. Removal of IHO program Section VI.B.1. Added that Partnership monitors compliance with electronic visit verification (EVV) requirements through periodic audits and provider education. Section VI.C.2. Added reference to Title 22, CCR §51340; Welfare and Institutions Code §4684-4699 Section VI.D.2 Reference added 42 CFR §441.301(c)(4); DHCS Policy Guidance, HCBS Waiver Enrollment Criteria, 2024 Section VI.D.4: Information for IHO program removed Section VI.D.5.: Updated office locations for Regional Centers Section VI.6: Updated language to specify that Sonoma County is currently the only county in Partnership’s covered service area that is participating in Assisted Living Waiver (ALW) program. List of participating facilities link was updated. Section VI.7 HCBA Code of Federal Regulations and application information cited 42 CFR §441.300-441.310. Section VI.8 Welfare and Institution Code cited §9560 et seq Section VII.: Two References added: <ul style="list-style-type: none"> • Welfare & Institutions Code §4684-4699, 9560 et seq. • DHCS Home and Community-Based Services Waiver Program Overview (2024) </p>	Compliance

Synopsis of Changes to Discussion Policies

MCUP3131 – Genetic Screening and Diagnostics	309 – 456	There were no major changes to the policy itself; however, attachments A and C were substantially updated.	Health Services Claims Member Services
MCUP3131 Attachment A Changes			
<u>Code</u>	<u>Gene</u>		<u>Comment</u>
81226	CYP2D6		New code
81227	CYP2C9		New code
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis		New code Dr. Townsend added a note to specify that this code cannot be billed if 81229 has been completed.
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic		New code
81349	Genome-wide analysis		Dr. Townsend chose to add this covered code to Attachment A because new code 81425 makes reference to 81349 (with no guidance) and we wanted the reader to be able to differentiate why they can't bill both. Also, we added a note that this code cannot be billed if 81229 is billed.
81403	Human Erythrocyte Antigen Gene Analyses –		Addition per DHCS guidelines to include these analyses for sickle cell
81403	RHD		Addition per DHCS guidelines
81403	VWF		Partnership is adding test for von Willebrand disease
81404	DYT-TOR1A		Partnership is adding test for Dystonia
81404	FSHD (third most common type of muscular dystrophy)		Added Facioscapulohumeral muscular dystrophy per Dr. Townsend
81404	SOD1		Addition per DHCS guidelines
81404	UGT1A1		Addition per DHCS guidelines
81405	DYT-TOR1A		Partnership is adding test for Dystonia
81405	FH		Addition per DHCS guidelines
81405	MYL2 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49		Partnership adding test for hypertrophic cardiomyopathy
81405	MYL3 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49		Partnership adding test for hypertrophic cardiomyopathy

Synopsis of Changes to Discussion Policies

81405	SLC2A1 (glucose transporter type 1 [GLUT 1] deficiency syndrome)	This code was on our list, but Dr. Townsend added ICD-10 codes G40-G47 for pediatric absence seizures.
81405	TPM1 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49	Partnership adding test for hypertrophic cardiomyopathy
81405	Lysine and hydroxylysine errors of metabolism ICD-10-CM diagnosis code E72	Partnership added test
81406	RYR1	Addition per DHCS guidelines
81406	TNNT2 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49	Partnership adding test for hypertrophic cardiomyopathy
81406	Lysine and hydroxylysine errors of metabolism ICD-10-CM diagnosis code E72	Partnership added test
81407	COL4A3, COL4A4, COL4A5 Alport Syndrome (ICD-10-CM diagnosis code Q87.81)	Partnership adding test for Alport Syndrome
81407	MYBPC3 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49	Partnership adding test for hypertrophic cardiomyopathy
81407	MYH7 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49	Partnership adding test for hypertrophic cardiomyopathy
81407	Pediatric absence seizures ICD-10-CM diagnosis codes G40-G47	Partnership adding test for pediatric absences seizures
81408	COL4A3, COL4A4, COL4A5 Alport Syndrome (ICD-10-CM diagnosis code Q87.81)	Partnership adding test for Alport Syndrome
81408	RYR1	Addition per DHCS guidelines
81425	Whole Genome sequencing	New code, requires TAR, NOT Rapid Cannot be billed if 81349 has been billed.
81426	Genome sequencing, up to two comparators	New code, requires TAR, NOT Rapid Must be billed in conjunction with 81425 81349 cannot be billed with this code.
81427	Genome sequencing, re-evaluation	New code, requires TAR, NOT Rapid Must meet criteria for 81425
81436	Hereditary colon cancer disorders;	Code Deleted per DHCS 01/01/2025

Synopsis of Changes to Discussion Policies

MCUP3131 Attachment C Changes

<u>Code</u>	<u>Gene</u>	<u>Comment</u>
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing	New code
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes,	DHCS guidelines updated frequency from N/A to “Once in a lifetime, except with valid TAR Override”
0340U	Oncology (pan-cancer), analysis of minimal residual disease	New code
0345U	Psychiatry (e.g., depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	New code
0369U	Infectious agent detection by nucleic acid (dna and rna), gastrointestinal pathogens	Code Deleted per DHCS
0448U	Oncology (lung and colon cancer), DNA, qualitative, next-generation sequencing detection	Code Deleted per DHCS (see 0523U instead)
0488U	Obstetrics (fetal antigen noninvasive prenatal test),	Updated slightly per DHCS guidelines
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA	New code
0494U	Red blood cell antigen (fetal RrhDd gene analysis),	Updated slightly per DHCS guidelines
0523U	Oncology (solid tumor), dna, qualitative, next generation sequencing (ngs) of single nucleotide variants (snv)	New code (Expanded test from 0448U)
0540U	Transplantation medicine, quantification of donor-derived cell-free DNA using nextgeneration sequencing analysis of plasma, reported as percentage of donor-derived cell free DNA to determine probability of rejection	New code
0543U	Oncology (solid tumor), next-generation sequencing of DNA	New code
0094U	Rapid Whole Genome Sequencing (rWGS) Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Existing code since AB133 passed and this became a benefit in 2022 for babies under one in ICU setting only. Dr. Townsend recommended adding to this Attachment for clarity.

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

Draft

Committee: Credentials Committee
 Date: 10/08/2025 7:00 AM
 Members Present: Steven Gwiazdowski, MD; David Gorchoff, MD*; Madeleine Ramos, 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; Matthew Morris, MD* Regional Medical Director; Priscila Ayala, Director of Network Services*; Ayana Shorter, Credentialing Supervisor; 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 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.			10/08/2025
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.			10/08/2025
II. Review and approval of September 10, 2025, Credentials Meeting Summary.	II. The Credentials Committee meeting Summary for September 10, 2025, were reviewed by the Committee.	II. Summary was reviewed. A motion for approval of the Summary was made by Bradley Sandler, MD and seconded by Madeleine Ramos, MD. Meeting Summary was unanimously approved without changes.		10/08/2025
III. Old Business.	III. Old Business –	III. Old Business		
a. Old Business	a. No Old Business to Report	a. No Old Business to Report		10/08/2025

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
<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. <i>Information Only:</i> Discussion on group</p> <p>d. Review and Approval of Revised Policies.</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. Dr. Netherda discussed the group. In August 2025, a facility site audit was completed by Partnership HealthPlan. It was discovered the clinic did not have a VFC (California Vaccine for Children). The clinic explained to Partnership that they would not get their certification until 9/10/2025. In order to not delay care to Partnership members, Dr. Netherda completed a MPCR200 for providers with the group. Both providers are in good standing. The group received their VFC certification on 9/10/2025. <i>Information Only.</i></p> <p>d. Review and Approval of Revised Policies presented by Ayana Shorter, Credentialing Team Supervisor. The policies presented to the committee are MPCR 301 Non-Physician Clinician Credentialing and Re-Credentialing Requirements. Ayana explained new verbiage was added to the policy regarding Non-Physician Locum Tenens. The verbiage was mirrored from MPCR300.</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 Bradley Sandler, MD and seconded by Madeleine Ramos, 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 of practitioners was made by Bradley Sandler, MD and seconded by Brian Montenegro, MD. The Committee unanimously approved the MPCR200 Clean/Routine and Ancillary Practitioners list.</p> <p>c. <i>Information Only</i></p> <p>d. The Committee reviewed the Revised Policy. A motion to approve the Revised Policy was made by Steven Gwiazdowski, MD and seconded by Bradley Sandler, MD. The Committee unanimously approved the revised policies.</p>		<p>10/08/2025</p> <p>10/08/2025</p> <p>10/08/2025</p> <p>10/08/2025</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List. a. Review and Approval of Ongoing Monitoring of Sanctions Report. b. Practitioner Monitoring List.	V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List. 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. 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. <i>Information Only.</i>	V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List. a. The Credentials Committee members reviewed the report. A motion for approval of the Ongoing Monitoring of Sanctions Report was made by Madeleine Ramos, MD and seconded by Bradley Sandler, MD. The Committee unanimously approved. b. <i>Information only.</i>		10/08/2025 10/08/2025
VI. Review and Approval of Consent Calendar Items. a. Report of Long Term Care Facility, Hospital, and Ancillary provider list.	VI. Review and Approval of Consent Calendar Items. a. Dr. Netherda asked the Credentials Committee members to review the report of Long Term Care Facility, Hospital, and Ancillary provider list.	VI. Review and Approval of Consent Calendar Items. a. The Credentials Committee members reviewed the list of Consent Calendar Items. A motion for approval was made by Bradley Sandler, MD and seconded by Madeliene Ramos, MD. The Credentialing Committee unanimously approved.		10/08/2025
VII. Meeting Adjourned.	VII. Meeting adjourned.			

Credentials Meeting Summary for 10/08/2025 respectfully prepared and submitted by J'aime Seale, Credentials Team Lead.

Chairman Signature of Approval _____

Mark Netherda, M.D., PHC Credentialing Chairman



Date _____

10/08/2025

Routine Practitioner List
October 2025

App. Type	Full Name	NPI Number	Provider Type	City	Name/Street	County Name	Specialty Desc	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
I	Akhtar, Shafqat M.,MD	1700960788	SPEC		Dignity Health St. Elizabeth	Tehama	Medical Oncolc	ABMS of Intern	11/09/1995	Yes	Mercy Medical	Current
I	Al-Marsumi, Hadeel S.,MD	1285130096	SPEC		Jiva Health Inc - Concord	Solano	Endocrinology	ABMS of Intern	10/24/2023	Yes	Admitting Agre	None
I	Alvarado Martinez, Marieli BCBA	1609325273	BHP		Behavioral & Educational St	Solano	BCBA	Behavior Analy:	04/06/2022	Yes		
I	Armbruster, Krystle A.,FNP-C	1417342916	SPEC		Selah Women's Health	Shasta	Obstetrics and	None		No		
I	B Manalu, Crystal L.,Doula	1033360052	SPEC		Caring Hands Doula	Butte	Doula	None		No		
I	Balzano, Josephine BCBA	1104637297	BHP		Montera Health California, L	Yolo	BCBA	Behavior Analy:	12/19/2024	Yes		
I	Banisad, Ali MD	1174016968	SPEC		Summit Nephrology Medica	Placer	Nephrology	None		No	Sutter Roseville	Provisiona
I	Barker, Rusty CADC I	1073409074	W&R		Recover Medical Group	Solano	Wellness and F	California Cons	03/24/2023	Yes		
I	Barriga, Aurora V.,OD	1548273196	SPEC		Northridge Eye Care	Tehama	Optometry	None		Not Applica	Admitting Agre	Active- Nc
I	Barron, Deon BCBA	1942830997	BHP		Advance Kids	Placer	Board Certified	Behavior Analy:	08/12/2025	Yes		
I	Bazaron, Dmitriy V.,FNP-C	1043728249	PCP		Elica Health Centers-Halyar	Yolo	Family Nurse P	American Acad	10/17/2017	Yes		
R	Bell, Eric J.,PA-C	1891217204	PCP		Providence Medical Group, Sonoma		Physician Assis	National Comm	03/02/2017	Yes		
R	Benko, Frances B.,DO	1013395227	PCP		NBHG: Center for Primary C	Solano	Family Medicin	ABMS of Famil	07/01/2018	Yes	NorthBay Medic	Active
R	Benko, Michael J. DO	1801274006	SPEC		NBHG: Neurosurgery and P	Solano	Neurological St	ABMS of Neurc	05/03/2025	Yes	NorthBay Medic	Active
R	Berg, Alice A.,PA-C	1336805696	PCP		Redding Rancheria Tribal H	Shasta	Physician Assis	National Comm	12/27/2021	Yes		
I	Bergman, Rachael M.,PA-C	1194438341	SPEC		Planned Parenthood Northe	Solano	Physician Assis	National Comm	06/16/2025	Yes		
I	Bestard, Merry RD	1144112889	Allied		NBHG: Center for Primary C	Solano	Nutrition	Commission of	08/14/2021	Yes		
R	Birch, Kurtis G.,MD	1659781565	SPEC		Providence Medical Group, Sonoma		Neurological St	ABMS Neurolo	11/01/2020	Yes	Santa Rosa Me	Active
I	Biton, Juliet BCBA	1801428370	Allied		Center for Social Dynamics	Solano	BCBA	Behavior Analy:	01/15/2025	Yes		
I	Biyo, Eule T.,MD	1851408090	PCP		Nativity Pediatrics, Inc		Pediatrics	Meets MPCR #		No	Admitting Agre	None
I	Blair, Gregory R.,MD	1598731291	SPEC		Sierra Hematology & Oncol	Sacramento	Medical Oncolc	American Boar	11/03/1993	Yes	Methodist Hos	Active
R	Blumberg, Dean A.,MD	1578545836	SPEC		Shriners Hospitals for Child	Yolo	Pediatric Infect	ABMS of Pedia	11/15/1994	Yes	Shriners Hospit	Consulting
I	Boatwright, Andrea R.,PT	1801550850	Allied		Live Oak Physical Therapy (	Sutter	Physical Therap	None		No		
I	Bonecutter, Isabelle L.,Doula	1699585836	SPEC		Isabelle Bonecutter	Nevada	Doula	None		Not Applicable		
R	Bookwalter, Matthew M.,DPM	1285705038	SPEC		Redwood Podiatry Group In	Humboldt	Foot Surgery	Previously Boar	07/28/2003	No	Mad River Corr	Active
I	Bottini, Brandon A.,DPM	1023545407	SPEC		Bay Area Foot Care Inc	Yolo	Podiatry/Podiat	Confirmed per		No	Admitting Agre	None
I	Boyan, Lisa M.,PT	1679683338	Allied		Gridley Physical Therapy (W	Butte	Physical Therap	None		No		
I	Boyd, Lilliana K.,PA-C	1710873492	SPEC		Enloe Women's Services- N	Butte	Physician Assis	National Comm	05/27/2025	Yes		
I	Bresee, Laurie I.,FNP-C	1174004659	SPEC		NBHG: Gastroenterology, A	Solano	Family Nurse P	American Acad	02/04/2022	Yes		
I	Brockman, Angela M.,FNP-BC	1154208775	SPEC		Enloe Northstate Cardiology	Butte	Nurse Practitio	American Nurs	06/17/2025	Yes		
I	Bruno, Jonathan BCBA	1265785588	BHP		Behavioral & Educational St	Solano	BCBA	Behavior Analy:	05/31/2010	Yes		
R	Bryant, Kathryn A.,FNP-BC	1811397177	PCP		Providence Medical Group, Sonoma		Family Nurse P	American Nurs	05/11/2016	Yes		
I	Bugayong, Alyssa R.,BCBA	1043986912	BHP		Autism Advocacy and Interv	Lake	BCBA	Behavior Analy:	04/16/2025	Yes		
R	Burnett, Mitze A.,LMFT	1235332966	BHP		Burnett Therapeutic Service	Napa	Behavioral Hea	Behavior Analy:	08/31/2015	Yes		
I	Calentti, Sydney BCBA	1639792617	BHP		ABLE Kids Co	Placer	BCBA	Behavior Analy:	07/29/2025	Yes		
I	Canfield, Lourdes M.,FNP-BC	1568488534	SPEC		NBHG: Center for Specialty	Solano	Family Nurse P	American Nurs	09/01/2003	Yes		
I	Canipe, Matthew D.,MD	1902421704	SPEC		Providence Medical Group, Humboldt		General Surger	Meets MPCR #		No		
R	Caspillo, Kaelyn C.,PA-C	1023672763	SPEC		Napa Valley Orthopaedic M	Napa	Physician Assis	National Comm	06/06/2019	Yes		
I	Castellon, Luis A.,MD	1144616798	PCP		Banner Health Clinic	Lassen	Pediatrics	ABMS of Pedia	10/18/2019	Yes	Banner Lassen	Consulting
R	Chang, Richard M.,MD	1275669954	SPEC		John Muir Cardiovascular M	Solano	Cardiovascular	California Child	11/05/2008	Yes	John Muir Medi	Active
R	Chibras-Sainz, Jose A.,MD	1265622286	PCP		Marin Community Clinic: Sa	Marin	Internal Medicir	Meets MPCR #		No	Admitting Agre	None
R	Chin, Matthew A.,MD	1629397351	SPEC		John Muir Specialty Medical	Solano	Gastroenterolo	ABMS of Intern	11/01/2016	Yes	John Muir Medi	Active
I	Chiv, Suheng BCBA	1942969910	BHP		ACES 2020 LLC	Solano	BCBA	Behavior Analy:	07/10/2025	Yes		
I	Choi, Myung S., PT	1164825295	Allied		Telehealth Specialty Medica	Yolo	Physical Therap	None		No		
I	Conboy, Crista BCBA	1386207058	BHP		Montera Health California, L	Yolo	BCBA	Behavior Analy:	08/31/2017	Yes		
I	Conrad, Julie L.,FNP-C	1336598911	PCP		Peach Tree Healthcare	Yuba	Family Nurse P	American Acad	04/06/2016	Yes		
I	Covarrubias, Jose S.,MD	1750842449	SPEC		Enloe Bariatric Program	Butte	General Surger	AOB of Surgery	03/25/2025	Yes	Enloe Medical (	Provisiona
I	Cox, Brandie CADTP	1073080636	W&R		Visions of the Cross/ Wome	Shasta	Wellness and F	California Subs	09/10/2025	Yes		
I	Cripe, Kentston DPM	1073076782	SPEC		Roseville Foot and Ankle	Placer	Podiatry	None		No	Sutter Roseville	Active
I	Cruz, Sebastian A.,MD	1356962898	SPEC		Direct Dermatology Profess	Solano	Dermatology	ABMS of Derm	07/11/2024	Yes	Admitting Agre	None
I	Curtis, Tracy A.,PA-C	1245589191	SPEC		Tahoe Forest MultiSpecialty	Nevada	Physician Assis	National Comm	08/30/2012	Yes		
I	Dalizu, Alice A.,FNP-C	1093989402	PCP		Marin City Health & Wellness	Center	Family Nurse P	American Acad	08/01/2003	Yes		
R	Dana, John A.,Jr., MD	1114091105	SPEC		John Muir Rheumatology/Pf	Contra Costa	Physical Medic	ABMS of Physi	05/20/1997	Yes	John Muir Medi	Active
R	Darwin, Amy L.,MD	1407827660	PCP		Providence Medical Group, Humboldt		Family Medicin	ABMS of Famil	08/04/2005	Yes	Providence St.	Affiliate

Routine Practitioner List
October 2025

App. Type	Full Name	NPI Number	Provider Type	City	Name/Street	County Name	Specialty Desc	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
R	Datta, Gaurav MD	1225184765	SPEC		Gaurav Datta, MD	Solano	SNFist	None		No	Admitting Agre	None
I	Davila Corona, Ana BCBA	1255194635	BHP		Center for Social Dynamics	Solano	BCBA	Behavior Analy	02/09/2023	Yes		
R	Davis, Russell C.,DPM	1376644799	SPEC		Russell Davis, DPM	Marin	Podiatry	None		No	Sutter Solano	Active
I	De Freitas Simplicio Ananias, Patri	1780319327	PCP		Lassen Medical Clinic - Cott Shasta		Family Medicin	ABMS of Famil	07/01/2025	Yes	St Elizabeth Co	Courtesy
I	De Leon, Jessica BCBA	1740861699	BHP		Center for Social Dynamics	Solano	BCBA	Behavior Analy	07/27/2021	Yes		
I	Deloney, Micaela BCBA	1609408228	BHP		Pantogran LLC dba Center Yolo		BCBA	Behavior Analy	04/17/2024	Yes		
I	Detloff, Ryan BCBA	1538540604	BHP		Burnett Therapeutic Service	Napa	BCBA	Behavior Analy	11/30/2018	Yes		
I	Deveau, Janelle BCBA	1649802885	BHP		Montera Health California, L Yolo		BCBA	Behavior Analy	08/31/2019	Yes		
I	DeWitt, Mila N.,BCBA	1558756064	BHP		Behavior Treatment & Analy	Solano	BCBA	Behavior Analy	02/08/2015	Yes		
R	Diana, John N.,MD	1649297540	SPEC		Napa Valley Orthopaedic M	Napa	Orthopaedic Su	ABMS of Ortho	07/11/2003	Yes	Providence Qui	Active
R	Doll, Robin BCBA	1831556281	BHP		Kyo Autism Therapy LLC, fk	Yolo	Behavioral Hea	Behavior Analy	11/30/2015	Yes		
I	Doshi, Bhavin M.,MD	1134353915	PCP		Jiva Health Inc - Concord	Solano	Pediatrics	ABMS of Pedia	10/18/2012	Yes	Admitting Agre	None
R	Dubey, Ankit MD	1275191249	PCP		NBHG: Center for Primary C	Solano	Internal Medicir	ABMS of Intern	08/15/2022	Yes	NorthBay Medic	Active
I	Duncan, Jordan BCBA	1689146979	BHP		Center for Social Dynamics	Solano	BCBA	Behavior Analy	06/10/2025	Yes		
I	Duncan, Joseph BCBA	1194339606	BHP		Center for Social Dynamics	Solano	BCBA	Behavior Analy	08/19/2020	Yes		
R	Dunn, Alison E.,ANP-C	1669775490	SPEC		Providence Medical Group,	Humboldt	Adult Nurse Pr	ABMS of Intern	12/01/2010	Yes		
I	Dyniewski, Bradley E.,MD	1851779839	SPEC		Enloe Health Vascular Surg	Butte	Vascular Surge	ABMS of Surge	05/17/2022	Yes	Enloe Medical C	Active
I	Ehimamieghe, Prince O.,MD	1497499719	PCP		NBHG: Center for Primary C	Solano	Family Medicin	ABMS of Famil	07/01/2025	Yes	NorthBay Medic	Provision
R	Fibrow, Marcy BCBA	1124558804	BHP		Pantogran LLC dba Center	Solano	BCBA	Behavior Analy	02/28/2017	Yes		
I	Finkmoore, Brooke C.,AGPCNP	1508275249	PCP		Marin Community Clinic: Sa	Marin	Family Nurse P	American Nurs	08/14/2014	Yes	None	
I	Fontal, Carla FNP-C	1114762739	PCP		Stallant Health and Wellnes	Del Norte	Family Nurse P	American Acad	02/16/2024	Yes		
I	Fortier, Tara BCBA	1578922407	BHP		Montera Health California, L	Yolo	BCBA	Behavior Analy	12/31/2003	Yes		
I	Frangos, Jennifer A.,DO	1043416696	SPEC		Adobe PH CA Medical Group	PC	Family Medicin	AOB-Family Me	10/10/2008	Yes	Admitting Agre	None
R	Fu, Jennifer M.,MD	1619000791	SPEC		Solano Dermatology Associ	Solano	Micrographic D	ABMS of Derm	09/24/2022	Yes	Sutter Solano	Active
I	Gainey, Nicole M.,PA-C	1225708241	SPEC		Enloe Bariatric Program	Butte	Physician Assis	National Comm	08/18/2021	Yes		
R	Galligan, Barbara M.,MD	1679896013	SPEC		Marin Cancer Care Inc.	Marin	Hematology	ABMS of Intern	10/31/2017	Yes	Marin General I	Active
R	Garden, Valerie S.,MD	1487785101	SPEC		Valerie S. Garden MD	Sonoma	Ophthalmology	Confirmed per		No	Santa Rosa Me	Active
R	Gill, Kanwar Rupinder S.,MD	1861409385	SPEC		John Muir Specialty Medical	Solano	Gastroenterolo	ABMS of Intern	10/07/2009	Yes	John Muir Medi	Active
I	Ginsberg, Traci R.,FNP-BC	1588268528	PCP		One Community Health - Inf	Yolo	Family Nurse P	American Nurs	08/20/2020	Yes		
R	Glamore, Michael J.,MD	1033522842	SPEC		Providence Medical Group,	Sonoma	Urology	Confirmed per	05/22/2021	Yes	Santa Rosa Me	Active
I	Goel, Kunal O., MD	1619610714	PCP		Adventist Health Mendocinc	Mendocino	Internal Medicir	Meets MPCR #17, Verified Resic	No	No	Adventist Healt	Provision
R	Gonzales, Karrie S.,PT	1780689877	Allied		Central Valley Physical Ther	Solano	Physical Therap	None		No		
I	Govina, Tombra L.,MD	1548688039	SPEC		Telehealth Specialty Medica	Yolo	Endocrinology,	ABMS of Intern	10/27/2021	Yes	Admitting Agre	None
I	Green, Angeliqum MD	1427269067	PCP		Alexander Valley Health Ce	Sonoma	Internal Medicir	ABMS of Intern	08/24/2004	Yes	Admitting Agre	None
I	Grissom, Carter SUDRC	1689090920	W&R		Ford Street Project - Ukiah I	Mendocino	Wellness and F	California Subs	03/26/2025	Yes		
I	Halal, Am Krista V.,FNP-C	1689027807	SPEC		NBHG: NorthBay Healthcar	Solano	Family Nurse P	American Acad	01/28/2016	Yes		
R	Hall, Laura E.,FNP-BC	1255781340	PCP		Providence Medical Group,	Humboldt	Family Nurse P	American Nurs	11/03/2015	Yes		
I	Hanhan, Paul BCBA	1699136572	BHP		Center for Social Dynamics	Solano	BCABA	Behavior Analy	12/22/2020	Yes		
I	Hansen, Claire BCBA	1760249841	BHP		Pantogran LLC dba Center	Placer	BCBA	Behavior Analy	07/03/2025	Yes		
I	Hao, Shichang MD	1104554856	PCP		Adventist Health Clearlake: Lake		Pediatrics	Confirmed per		No	Adventist Healt	Provision
R	Harris, Alexandra R.,PA-C	1336899319	PCP		Allergy & Asthma Medical G	Solano	Physician Assis	National Comm	12/08/2021	Yes		
I	Hauser, Emily PA-C	1750055562	PCP		Adventist Health Howard M	Mendocino	Physician Assis	National Comm	08/20/2021	Yes		
I	Hauser, Samantha Grace BCBA	1396305538	BHP		Pantogran LLC dba Center	Sutter	BCBA	Behavior Analy	07/25/2024	Yes		
R	Hefler, Madison PT	1790403186	Allied		Sports Rehab Physical Ther	Solano	Physical Therap	None		No		
R	Herman, Jennifer N.,FNP-BC	1760997308	PCP		West County Health Center:	Sonoma	Family Nurse P	American Nurs	07/03/2017	Yes		
I	Herme, Lei Wena G.,PA-C	1033995535	SPEC		Jiva Health, Inc - Vacaville	Sonoma	Physician Assis	National Comm	01/15/2025	Yes		
R	Ho, Paul MD	1730186677	SPEC		John Muir Cardiovascular M	Solano	Cardiovascular	ABMS of Intern	11/10/1995	Yes	John Muir Medi	Active
I	Hood, Tiffany M.,FNP-C	1730643362	PCP		Mendocino Community Hea	Mendocino	Family Nurse P	American Acad	08/10/2018	Yes		
I	Hopp, Jessica Doula	1770167918	SPEC		Infant Instincts Consulting	Sacramento	Doula	None		Not Applicable		
R	Hughes, Samantha M.,FNP-BC	1578135679	SPEC		Providence Medical Group,	Sonoma	Family Nurse P	American Nurs	01/16/2021	Yes		
I	Huynhlam, Christina BCBA	1831576305	BHP		Center for Social Dynamics	Solano	BCBA	Behavior Analy	07/30/2025	Yes		
R	Hybicki, Aliah BCBA	1053804344	BHP		Autism Learning Partners	Humboldt	BCBA	Behavior Analy	10/20/2021	Yes		
I	Ibrahim, Adel M.,MD	1609314905	PCP		NBHG: Center for Primary C	Solano	Internal Medicir	ABMS of Intern	12/14/2020	Yes	NorthBay Medic	Active
I	Imperato, Tod B., FNP	1942726252	SPEC		Adventist Health Howard M	Mendocino	Family Nurse P	American Acad	07/05/2017	Yes	None	

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R	Iverson, Donald J.,MD	1356309728	SPEC		Providence Medical Group,	Humboldt	Neurology	ABMS of Psych	04/30/1993	Yes	St. Joseph Hos	Active
I	Jackson, Clarissa BCBA	1467953364	BHP		Montera Health California,	L Yolo	BCBA	Behavior Analy:	01/06/2022	Yes		
R	Javidan, Yashar MD	1225318876	SPEC		Shriners Hospitals for Child	Yolo	Orthopaedic Su	ABMS of Ortho	07/27/2017	Yes	Shriners Hospit	Consulting
I	Jenkins, David D.,PA-C	1750168233	SPEC		Enloe Orthopedic & Trauma	Butte	Physician Assis	National Comm	10/03/2023	Yes		
I	Johnson, Dino J.,BCBA	1962901694	BHP		Center for Social Dynamics	Solano	BCBA	Behavior Analy:	10/21/2020	Yes		
I	Johnston, Clare T.,SUDRC	1750175766	W&R		Archway Recovery Services	Solano	Wellness and F	California Subs	05/01/2025	Yes		
R	Jordan, Danielle BCBA	1407276314	BHP		Pantogran LLC dba Center	Yolo	Behavioral Hea	Behavior Analy:	02/28/2014	Yes		
I	Kalidasu, Sailaja MD	1861805756	PCP		Modern Health and Wellnes	Placer	Internal Medicir	Meets MPCR #		No	Admitting Agre	None
I	Kaur, Gursirat BCBA	1326672395	BHP		Center for Social Dynamics	Solano	BCBA	Behavior Analy:	07/15/2025	Yes		
I	Keeseey, Andrea BCBA	1194180414	BHP		ACES 2020 LLC	Sonoma	BCBA	Behavior Analy:	11/30/2015	Yes	None	
I	Kellogg, Allison P.,MD	1225425440	SPEC		Tahoe Forest MultiSpecialty	Nevada	Obstetrics and	ABMS of Obste	05/14/2021	Yes	Tahoe Forest H	Provisiona
I	Kellogg, Dean L.,III, MD	1497119739	SPEC		Tahoe Forest MultiSpecialty	Nevada	Pulmonary Dis	ABMS of Intern	11/29/2022	Yes	Tahoe Forest H	Provisiona
I	Kelly, Sean C.,MD	1679929871	SPEC		Adventist Health Ukiah Vall	Mendocino	Orthopedic Sur	Meets MPCR #		No	Admitting Agre	None
I	Knox, Charity FNP	1912719840	PCP		SCHC: Shasta Community I	Shasta	Family Nurse P	American Nurs	01/23/2025	Yes	None	
R	Korenstein, Steven J.,MD	1568776318	PCP		Providence Medical Group,	Humboldt	Family Medicin	ABMS of Famil	11/08/2013	Yes	Admitting Agre	None
I	Krieger, Troy BCBA	1780040899	BHP		Montera Health California,	L Yolo	BCBA	Behavior Analy:	10/06/2020	Yes		
I	Kronen, Maria R., MD	1043758923	SPEC		Capital OB/GYN, Inc.	Yolo	Obstetrics and	ABMS of Obste	3/19/21	Yes	Methodist Hosp	Active
I	Kube, Jesssica BCBA	1730071085	BHP		Burnett Therapeutic Service	Napa	BCBA	Behavior Analy:	03/27/2025	Yes		
R	Kuo, Marissa T.,PA-C	1730768805	PCP		Marin Community Clinic: So	Marin	Physician Assis	National Comm	06/04/2021	Yes		
I	Kwok, Cosmo Y., MD	1497175178	SPEC		Shriners Hospitals for Child	Yolo	Physical Medici	ABMS of Physi	07/01/2019	Yes	Shriners Hospit	Consulting
R	Lacey, Carolyn S.,MD	1295717411	SPEC		John Muir Cardiovascular M	Solano	Cardiovascular	ABMS of Intern	11/06/2009	Yes	John Muir Medi	Active
I	Lalliss, Steven J.,MD	1437130655	SPEC		Banner Health Clinic	Lassen	Orthopaedic Su	ABMS of Ortho	07/23/2010	Yes	Banner Lassen	Temporar
I	LaMasters, Jordan D.,PA-C	1528681202	SPEC		Adventist Health Physicians	Napa	Physician Assis	National Comm	05/22/2020	Yes		
I	Lange, Rachel PT	1538687769	Allied		ProRehab Physical Therapy	Shasta	Physical Therap	None		No	None	
I	Lanns, Cherysse E., AUD	1881909489	Allied		Center for Early Interventio	Solano	Audiology	None		No	None	
I	Latner, Brooke PA-C	1902620156	SPEC		NBHG: Orthopaedics and P	Solano	Physician Assis	National Comm	02/11/2025	Yes		
I	Lee, Seung Hun LAc	1215380597	Allied		Lake County Tribal Health C	Lake	Acupuncture	None		Yes		
R	Leer, Leo R.,MD	1316984842	PCP		Providence Medical Group,	Humboldt	Family Medicin	ABMS of Famil	07/10/1987	Yes	St Joseph Hos	Active
I	Liehr, Whitney A.,DO	1487283347	SPEC		Tahoe Forest MultiSpecialty	Nevada	Physical Medici	ABMS of Physi	07/01/2025	Yes	Tahoe Forest H	Provisiona
I	Loschen, Mallory A.,SLP	1861034472	Allied		SPOT, Inc.	Shasta	Speech & Language	Pathology				
R	Loudin, Michael G.,Jr., MD	1932542156	SPEC		John Muir Specialty Medical	Solano	Gastroenterolog	ABMS of Intern	11/20/2019	Yes	John Muir Medi	Active
I	Lum, Selena BCBA	1326536616	BHP		Roman Empire ABA Service	Solano	BCBA	Behavior Analy:	08/03/2021	Yes		
I	Luu, Peter BCBA	1598306391	BHP		Roman Empire ABA Service	Solano	BCBA	Behavior Analy:	02/28/2023	Yes		
R	LyFoung, Hnoukaj A.,MD	1053774919	SPEC		Providence Medical Group,	Sonoma	General Surger	ABMS of Surge	03/21/2022	Yes	Providence Sar	Active
R	Macdonald, Dusten M.,MD	1467550012	SPEC		Eureka Radiation Oncology	Humboldt	Radiation Onc	ABMS of Radio	06/02/2009	Yes	St. Joseph Hos	Active
I	Madrigal, Karina BCBA	1881282689	BHP		Family First	Butte	BCBA	Behavior Analy:	11/30/2019	Yes	None	
I	Madsen, Sophie A.,LCSW	1740675875	Allied		Enloe Wound/Ostomy & Hy	Butte	Licensed Social	Worker		Yes		
I	Maldonado, Victor CADCI	1831715333	W&R		Recover Medical Group	Solano	Wellness and F	California Cons	06/04/2025	Yes	None	
I	Manulkin, Stephanie E.,FNP-C	1508280595	PCP		Petaluma Health Center	Sonoma	Family Nurse P	American Acad	01/22/2014	Yes	Petaluma Valle	Active
I	Marinos, Paul DPM	1881270940	SPEC		Bay Area Surgical Specialis	Solano	Podiatry Foot a	None		Yes	Admitting Agre	None
I	Martin, Nancy BCBA	1427947977	BHP		Behavior Matters California,	Solano	BCBA	Behavior Analy:	10/09/2023	Yes		
I	McGrimmon, Marissa BCBA	1467175380	BHP		Burnett Therapeutic Service	Napa	BCBA	Behavior Analy:	06/18/2025	Yes		
R	McLaughlin, Eleanor R.,FNP-C	1548479181	PCP		Providence Medical Group,	Sonoma	Family Nurse P	American Acad	05/27/2015	Yes		
R	McQuaid, Matthew DPM	1962405613	SPEC		Sutter Lakeside Medical Pr	Lake	Foot Surgery	AB of Foot and	07/31/2001	Yes	Adventist - Ukia	Active
I	Mendoza, Nicole BCBA	1730732124	BHP		ABLE Kids Co	Placer	BCBA	Behavior Analy:	06/21/2025	Yes		
I	Merz-Herrala, Allison A.,MD	1770112492	SPEC		Planned Parenthood Northe	Solano	Family Plannin	None		No	Admitting Agre	None
I	Meyer, Anabelle Y.,FNP-C	1588461107	PCP		Adventist Health Ukiah Vall	Mendocino	Family Nurse P	American Nurs	06/12/2025	Yes		
R	Meyer, Sylvia J.,PA-C	1326698473	SPEC		Napa Valley Orthopaedic M	Napa	Physician Assis	National Comm	01/25/2019	Yes		
I	Miller, Aubre E.,PA-C	1164165098	SPEC		NBHG: Neurology	Solano	Physician Assis	National Comm	04/12/2022	Yes		
I	Miller, Emma DO	1124778113	PCP		Harvest Pediatrics	Napa	Pediatrics	AOB of Pediatri	07/01/2025	Yes	Admitting Agre	None
R	Montana, James V.,PT	1114028305	Allied		Red Bluff Physical Therapy,	Shasta	Physical Therap	None		No		
R	Montano, Devery J.,CNM	1083067979	SPEC		Mendocino Community Hea	Mendocino	Certified Nurse	American Midw	06/01/2015	Yes		
I	Mosby, Christine D., LMFT	1497385686	BHP		Northern Valley Indian Heal	Butte	Marriage and F	None		No	None	
I	Mueller, Kristen M.,PA-C	1780250928	PCP		La Clinica	Solano	Physician Assis	National Comm	06/09/2023	Yes		

Routine Practitioner List
October 2025

App. Type	Full Name	NPI Number	Provider Type	City	Name/Street	County Name	Specialty Description	Board Name	Initial Cert Date	Board Certified	Hospital Name	Staff Category
I	Murillo, Javier Jr., BCBA	1205297421	BHP		Novo Behavioral Services, I	Sonoma	BCBA	Behavior Analy:	02/23/2022			
I	Murillo, Peyton SLP	1285217000	Allied		Novo Behavioral Services, I	Sonoma	Speech & Lang	None		No		
I	Muskwe, Tinofa O.,MD	1902861156	SPEC		HOSPITAL & SLEEP MEDIC	Shasta	Internal Medicin	ABMS of Intern	08/24/1999	No	Shasta Region	Active
R	Nagesetty, Rajiv MD	1689786840	SPEC		Bay Area Surgical Specialis	Solano	Surgery	Previously Boar	06/02/2003	No	John Muir Medi	Active
R	Nasir, Javed M.,MD	1295942381	SPEC		NBHG: Heart and Vascular	Solano	Cardiovascular	ABMS of Intern	11/02/2012	Yes	NorthBay Medic	Active
I	Newport-Hewitt, Erica Doula	1063229714	SPEC		Loula Perinatal Health Servi	Solano	Doula	None		No		
I	Nguyen, Laura D., BCBA	1447752639	BHP		Autism Intervention Profess	Solano	BCBA	Behavior Analy:	09/05/2023	Yes	None	
R	Nicora Bia, Maria D., MD	1174785489	PCP		SCHC: Shasta Community I	Shasta	Family Medicin	ABMS of Famil	12/03/2009	Yes	Mercy Medical	Active
R	Nishio, Midori J.,MD	1316010366	SPEC		John Muir Rheumatology/Pr	Contra Costa	Rheumatology	Previously Boar	11/06/1990	No	John Muir Medi Consulting	
I	Ochoa, Briana BCBA	1669937546	BHP		Center for Social Dynamics	Solano	BCBA	Behavior Analy:	11/03/2022	Yes		
I	Oommen, Tessy PT	1679961114	Allied		Telehealth Specialty Medica	Yolo	Physical Therap	None		No	None	
R	Patel, Shruti P.,MD	1376937656	SPEC		Providence Medical Group,	Sonoma	Internal Medicin	ABMS of Intern	08/23/2018	Yes	Admitting Agre	None
I	Peabody, Jorieh Doula	1841186988	SPEC		Primal Passage	Butte	Doula	None		Not Applicable		
I	Perez, Chris SUDCC	1184194169	W&R		Aegis Treatment Centers, L	Shasta	Wellness and F	California Subs	06/14/2024	Yes		
R	Perkins, Tiffany A.,MD	1518383140	SPEC		Redding Urologic Associate	Shasta	Urology	ABMS of Urolog	05/22/2021	Yes	Mercy Medical	Active
R	Phillips, David A.,MD	1629040480	SPEC		Providence Medical Group,	Humboldt	Interventional C	ABMS of Intern	11/05/2012	Yes	Providence Ther	Active
R	Phillips, Colin C.,PT	1811413032	Allied		Sports Rehab Physical Ther	Solano	Physical Therap	None		No		
I	Piatti, Gillian K.,PA-C	1922873199	PCP		Tahoe Forest MultiSpecialty	Nevada	Physician Assis	National Comm	10/17/2023	Yes		
I	Pinkerton, Katrina L., FNP	1194183038	PCP		Lyon-Martin Community Hea	Solano	Family Nurse P	American Acad	04/27/2021	Yes	None	
I	Pirillo, Christiane BCBA	1538664594	BHP		Center for Social Dynamics	Solano	BCBA	Behavior Analy:	05/14/2025	Yes		
I	Pitt, Mary BCBA	1194370908	BHP		BM Behavioral Center, LLC	Solano	BCBA	Behavior Analy:	06/15/2022	Yes		
I	Pizano, Annette D.,PA-C	1538241260	SPEC		NorthBay Health Urgent Cai	Solano	Physician Assis	National Comm	09/19/2003	Yes		
I	Powell, Chanel L.,SUDCC	1821006131	W&R		Cache Creek Lodge Inc	Yolo	CADC	California Cons	03/20/2017	Yes		
R	Rahman, MD Mahfuzur MD	1447470554	SPEC		Capital Nephrology Medical	Yolo	Nephrology	ABMS of Intern	10/18/2011	Yes	Sutter Medical	Active
I	Raines, Maykenzey SUDRC	1710878129	W&R		Aegis Treatment Center LLC	Humboldt	Wellness and F	California Subs	07/09/2025	Yes		
I	Rankin, Holly A.,MD	1326508508	SPEC		Enloe Women's Services (E	Butte	Obstetrics and	ABMS of Obste	11/22/2024	Yes	Enloe Medical (	Provisiona
R	Ray, Jeannine J.,BCBA	1003987843	BHP		McGrew Behavioral Health	Napa	BCBA	Behavior Analy:	08/31/2016	Yes		
I	Rayas Almeraz, Ma De Lourdes M	1518607282	PCP		Alliance Medical Center	Sonoma	Family Medicin	ABMS of Famil	07/01/2025	Yes	Admitting Agre	None
R	Reynolds, Ashleigh BCBA	1790285351	BHP		Innovative Behavior Resour	Sonoma	BCBA	Behavior Analy:	08/31/2017	Yes		
R	Riley, Kaitlyn PA-C	1659945749	PCP		Solano County Family Healt	Solano	Physician Assis	National Comm	06/27/2022	Yes	Admitting Agre	None
I	Rivera, Daniel J.,BCBA	1467913244	BHP		Novo Behavioral Services, I	Sonoma	BCBA	Behavior Analy:	02/28/2019	Yes		
I	Robertson, Charissa SUDCC III	1518406248	W&R		Aegis Treatment Centers, L	Shasta	Wellness and F	California Subs	05/01/2025	Yes		
R	Romea, Raul Jose A.,MD	1962408112	SPEC		John Muir Rheumatology/Pr	Contra Costa	Rheumatology	ABMS of Intern	11/03/1999	Yes	John Muir Medi	Active
I	Rosa, Antonio A.,MD	1548335854	PCP		Mendocino Community Hea	Mendocino	Pediatrics	ABMS of Pedia	10/19/1999	Yes	Admitting Agre	None
I	Sandhu, Gurshan S., MD	1962123547	PCP		Lassen Medical Clinic- Red	Shasta	Family Medicin	ABMS of Famil	07/01/2025	Yes	St Elizabeth Co	Courtesy
I	Sarantos, Andrew BCBA	1326631532	BHP		Novo Behavioral Services, I	Sonoma	BCBA	Behavior Analy:	04/14/2023	Yes		
R	Savage, Walter T.,MD	1417985276	SPEC		John Muir Cardiovascular M	Contra Costa	Cardiovascular	ABMS of Intern	11/08/1989	Yes	John Muir Medi	Active
R	Schreeder, Teresa A.,PT	1932689163	Allied		NBHG: Northbay Rehab Sei	Solano	Physical Therap	None		No		
R	Seeley, Brien A.,MD	1972566842	SPEC		Brien Seeley MD Inc	Sonoma	Ophthalmology	ABMS of Opth	05/20/1979	Yes	Santa Rosa Me	Affiliate
I	Sek, Erica BCBA	1336717743	BHP		Behavioral & Educational St	Solano	BCBA	Behavior Analy:	11/01/2023	Yes		
R	Shah, Paarth M.,MD	1548722580	PCP		NBHG: Center for Primary C	Solano	Internal Medicin	ABMS of Intern	08/15/2022	Yes	NorthBay Medic	Active
R	Sharma, Vandana D.,MD	1528131588	SPEC		John Muir Rheumatology/Pr	Contra Costa	Rheumatology	Previously Boar	11/04/1998	Yes	John Muir Medi Consulting	
I	Sharp, Angel R.,Doula	1356921639	SPEC		Lactation Consultants of Arr	Plumas	Doula	None		Not Applicable		
R	Shea, Justin M., LCSW	1598132391	BHP		Ritter Health Center	Marin	Licensed Socia	None		No	None	
R	Shereshevsky, Alexey MD	1033326061	PCP		Providence Medical Group,	Humboldt	Family Medicin	ABMS of Famil	07/18/2009	Yes	Redwood Mem	Active
R	Shubrook, Jay H., Jr., DO	1336179704	PCP		Solano County Family Healt	Solano	Family Medicin	AOB-Family Me	11/05/1999	Yes	Admitting Agre	None
I	Simms, Shala BCBA	1649780412	BHP		Center for Social Dynamics	Solano	BCBA	Behavior Analy:	06/29/2020	Yes		
R	Singh, Leena MD	1033172689	SPEC		Adventist Health	Butte	Endocrinology,	ABMS of Intern	10/28/2005	Yes	Adventist Healt	Affiliate
I	Singh, Shon S.,PA-C	1063921369	PCP		One Community Health - Inf	Yolo	Physician Assis	National Comm	09/28/2017	Yes		
R	Smith, Leo A.,MD	1023265816	PCP		Providence Medical Group,	Sonoma	Family Medicin	ABMS of Famil	07/15/2009	Yes	Admitting Agre	Active
R	Smith, Quynh-Uyen N.,MD	1780929109	PCP		Solano County Family Healt	Solano	Pediatrics	ABMS of Pedia	10/18/2018	Yes	Sutter Medical	Active
I	Soriano, Kristin D.,FNP-C	1194407676	PCP		Solano County Family Healt	Solano	Family Nurse P	American Acad	08/29/2023	Yes		
R	Spake, Colin M.,FNP-C	1730522475	SPEC		MCHWC Women's Health (	Marin	Family Nurse P	American Acad	05/13/2013	Yes		
I	Spence, Melanie BCBA	1437575784	BHP		BM Behavioral Center, LLC	Solano	BCBA	Behavior Analy:	05/31/2013	Yes		

Routine Practitioner List
October 2025

App. Type	Full Name	NPI Number	Provider Type	City	Name/Street	County Name	Specialty Desc	Board Name	Initial Cert Date	Board Certi	Hospital Name	Staff Cat
I	Stanley, Danielle F.,BCBA	1831465129	BHP		Pantogran LLC dba Center	Yolo	BCBA	Behavior Analy	09/30/2013	Yes		
R	Stover, Devin A.,MD	1366838138	SPEC		Obstetrix Medical Group of	Yolo	Maternal and F	ABMS of Obste	04/19/2024	Yes	Sutter Medical	Active
R	Strickland, Lauren P.,DO	1619947231	SPEC		Valor Oncology_ Redding	Shasta	Breast Surgical	AOB-General S	05/21/2011	Yes	Mercy Medical	Active
I	Stuckey, Janay BCBA	1750042735	BHP		Center for Social Dynamics	Solano	BCBA	Behavior Analy	04/26/2025	Yes		
R	Suarez, Daniela BCBA	1003478454	BHP		Grow With Me - Creciendo	Solano	BCBA	Behavior Analy	10/13/2022	Yes		
I	Summerlin, Jason PA-C	1093495632	PCP		One Community Health - Inf	Yolo	Physician Assis	National Comm	05/30/2023	Yes		
R	Sung, Michael L.,MD	1225423072	SPEC		First Surgical Consultants a	Solano	General Surger	ABMS of Surge	03/21/2022	Yes	Sutter Alta Bate	Active
I	Tamargo, Fe Marie BCBA	1316399371	BHP		Behavioral & Educational St	Solano	BCBA	Behavior Analy	07/20/2022	Yes		
I	Tamar-Mattis, Suegee DO	1831398346	PCP		West County Health Center:	Sonoma	Family Medicin	ABMS of Famil	07/16/2009	Yes	West County H	Active
R	Tapen, Elizabeth M.,MD	1134108525	SPEC		NBHG: NorthBay Cancer C	Solano	Radiation Onc	ABMS of Radio	06/11/1997	Yes	NorthBay Medic	Active
I	Tolan, McKenzie M.,MD	1750901906	SPEC		BASS Medical Group dba N	Napa	Otolaryngology	Confirmed per		Yes	Providence Qui	Provision
R	Tsai, Tony MD	1548294101	SPEC		Retinal Consultants Medical	Yolo	Ophthalmology	ABMS of Opth	11/06/2005	Yes	Mercy General	Active
R	Tseng, Hennessey MD	1003811746	SPEC		John Muir Cardiovascular M	Solano	Cardiovascular	ABMS of Intern	11/07/2001	Yes	John Muir Medi	Active
I	Untalan, Axle Maria Rafaelle D.,MC	1871225847	PCP		Adventist Health	Butte	Internal Medicir	Meets MPCR #		No	Adventist Healt	Provision
I	Vang, PA T.,FNP-C	1942588652	SPEC		Sierra Hematology & Oncol	Solano	Family Nurse P	American Acad	07/01/2011	Yes		
R	Veretennikov, Sergey V.,MD	1134640899	PCP		River Bend Medical Associa	Yolo	Family Medicin	ABMS of Famil	07/29/2022	Yes	Methodist Hosp	Provision
I	Wallace, Eveline S.,ANP-C	1427058932	SPEC		Providence Medical Group,	Humboldt	Adult Nurse Pr	American Acad	09/01/2010	Yes		
I	Wang, Qian Psy.D	1922520964	BHP		Autism Center of Northern C	Marin	Psychiatry	None		No		
R	Waterman, Megan L.,CATC	1407512189	W&R		North Coast Substance Abu	Humboldt	Wellness and F	California Asso	07/23/2019	Yes		
R	Wei, Justin M.,MD	1508246703	SPEC		NorthBay Healthcare Ear, N	Solano	Otolaryngology	Meets MPCR #	07/01/2015	No	NorthBay Medic	Active
R	Weiner, Paul D.,DPM	1730167370	SPEC		Bay Area Foot Care Inc	Solano	Foot Surgery	AB of Foot and	07/27/2000	Yes	Sutter Solano	Active
R	Whiting, Carrie J.,PA-C	1720451610	PCP		Northeastern Rural Health C	Lassen	Physician Assis	National Comm	10/01/2015	Yes		
I	Whyte, Byron O.,MD	1720255649	PCP		UIHS - Potawot Health Villa	Humboldt	Pediatrics	Meets MPCR#1	10/18/2012	Yes	Admitting Agre	None
I	Wiestling, Sarah BCBA	1326697863	BHP		Kyo Autism Therapy, LLC	Marin	BCBA	Behavior Analy	08/22/2022	Yes	None	
I	Wilhelm, Isaac L.,DPM	1558854059	SPEC		Bay Area Foot Care Inc	Yolo	Podiatry/Podiat	None		No	Admitting Agre	None
R	Wilson, Andrew PA-C	1982347522	SPEC		Adventist Health St Helena-	Napa	Physician Assis	National Comm	04/18/2022	Yes		
R	Wilson, Charles R.,MD	1295933471	SPEC		Adventist Health St Helena	Napa	Surgery	ABMS of Surge	03/19/2013	Yes	Adventist Healt	Active
R	Yaar, Atzimba BCBA	1770086704	BHP		Kyo Autism Therapy, LLC	Solano	Behavioral Hea	Behavior Analy	08/31/2018	Yes		
R	Yee, Dwayne F.,FNP-BC	1891422416	PCP		Providence Medical Group,	Sonoma	Family Nurse P	American Nurs	07/27/2022	Yes		
I	Young, Taylor BCBA	1720627177	BHP		Montera Health California, L	Yolo	BCBA	Behavior Analy	11/30/2019	Yes		
I	Zarr, Amanda SUDCC	1760214464	W&R		Aegis Treatment Centers, L	Shasta	Wellness and F	California Subs	01/22/2024	Yes		
I	Zastrow, Connie L.,MD	1578547543	SPEC		NBHG: Heart and Vascular	Solano	Vascular Surge	ABMS of Surge	05/23/2011	Yes	NorthBay Medic	Provision

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



Committee: Credentials Committee
 Date: 11/12/2025 7:00 AM
 Members Present: Steven Gwiazdowski, MD; Michele Herman, MD; Madeleine Ramos, MD*; Bradley Sandler, MD*; Brian Montenegro, MD
 by phone conference*

PHC Staff: 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
 by phone conference*

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
I. Meeting called to order. a. Voting member reminder.	I. Partnership Associate Medical Director Marshall Kubota, MD called the meeting to order at 7:00AM. Credentials Committee roll call taken by J'aime Seale Credentialing Team Lead. Dr. Kubota reminded everyone that all items discussed are confidential. a. Partnership Associate Medical Director Marshall Kubota, MD reminded The Credentials Committee of who the voting members are, and voting is restricted to non-PHC staff. Dr. Kubota reminded the committee that all information discussed is confidential in nature.			11/12/2025 11/12/2025
II. Review and approval of 10/08/2025 Credentials Meeting Summary.	II. The Credentials Committee meeting Summary for 10/08/2025 were reviewed by the Committee.	II. Summary was reviewed. A motion for approval of the Summary was made by Bradley Sandler, MD and seconded by Steven Gwiazdowski, MD. Meeting Summary was unanimously approved without changes.		11/12/2025
III. Old Business. a. No Old Business to Report	III. Old Business – a. No Old Business to Report	III. Old Business		11/12/2025

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
<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. Exception: Provider</p>	<p>IV. New Business</p> <p>a. Dr. Kubota referred the Credentials Committee to review the routine list of practitioners.</p> <p>b. Dr. Kubota referred the Credentials Committee to the MPCR200 Clean/Routine Practitioners and Ancillary Practitioners list. These practitioners are approved by Dr. Netherda and Dr. Moore pre-Credentials Committee meeting.</p> <p>c. Dr. Kubota summarized to the Credentials Committee the exception for a provider. Dr. Kubota explained the Nevada Pharmacy Board found the provider submitted 690 controlled substance prescriptions (one every two days estimated) from 3/18/2018-1/12/2022. The provider was fined \$10,000 for violations and \$544.55 in attorney fees. The provider also received Accusations from the CA Physician Assistant Board. Dr. Gwiazdowski asked what were the nature of the Accusations? Dr. Moore and Dr. Kubota responded that the Accusation on the CA Physician Assistant Board is reciprocal information from the NV Pharmacy Board regarding the fines. Dr. Ribordy asked if this is an initial credentialing application? Dr. Moore responded that this is a re-credential application. Dr. Moore further explained that Partnership HealthPlan requested a statement from the provider's Supervising Physician regarding the provider's issue with the NV Pharmacy Board but have not received a response yet. The provider also attested paying the fine within their statement. Dr. Gwiazdowski motioned that in order to move forward the Committee will need proof of payment of fines along with a Supervising Physician statement. Motion to defer to December 10, 2025, Credentials Meeting.</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 Michele Herman, 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 Michele Herman, 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 exception for provider. A motion to defer the exception to the December 10, 2025, Credentials Meeting was made by Steven Gwiazdowski, MD and seconded by Madeleine Ramos, MD. The Committee unanimously to defer exception until December 10, 2025, when requested information has been received.</p>	<p>11/12/2025</p> <p>11/12/2025</p> <p>12/10/2025</p>	<p>11/12/2025</p> <p>11/12/2025</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
d. Exception: Provider	<p>d. Dr. Kubota explained to the Credentials Committee about a provider. The provider was charged with a felony conviction for willfully submitting a false income tax return. Dr. Ribordy commented that he did not feel the felony conviction listed was correct and that Medicare fraud allegations are still being investigated. Dr. Gwiazdowski agreed due to the attestation question which looks to be associated with Medicare Fraud. Dr. Gwiazdowski stated they are concerned with any new allegations and is requesting a further timeline with Medicare information. Dr. Moore commented that the provider is currently enrolled with Medi-Cal and someone who is Medicare suspended will not be able to be enrolled with Medi-Cal. Dr. Moore explained further per the NPDB report, the provider was at once termed from Medicare and Reinstated on the same day 2/1/2022. Dr. Gwiazdowski stated they understand the misunderstanding regarding the Medicare termination (due to Dr. Moore’s explanation), however, due to the agenda timeline being out of order along with some other inconsistencies, Dr. Gwiazdowski motioned to hold discussion and review from the Committee for the provider, to allow for further review of inconsistencies with the timeline presented. Committee requested clearer timeline of events, along with investigation into provider’s answer to “Yes” attestation question. Provider needs to be reinstated with Medicare and enrolled with Medi-Cal.</p>	<p>d. The Committee reviewed the exception for the provider. Further discussion and review by the Committee will be moved to December 10, 2025 in order to create a clearer timeline of events along with investigation of provider Medicare reinstatement, Medi-Cal enrollment and any current or active investigations of the provider.</p>	12/10/2025	
<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. Kubota reminded the</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 Bradley Sandler, MD and seconded by Steven Gwiazdowski. The Committee unanimously approved.</p> <p>b. <i>Informational only.</i></p>		<p>11/12/2025</p> <p>11/12/2025</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
	committee that the credentialing department monitors these boards for any actions regarding our providers.			
VI. Review and Approval of Consent Calendar Items. a. Report of Long Term Care Facility, Hospital, and Ancillary provider list.	VI. Review and Approval of Consent Calendar Items. a. Dr. Kubota asked the Credentials Committee members to review the report of Long Term Care Facility, Hospital, and Ancillary provider list.	VI. Review and Approval of Consent Calendar Items. a. The Credentials Committee members reviewed the list of Consent Calendar Items. A motion for approval was made by Bradley Sandler, MD and seconded by Madeleine Ramos, MD. The Credentialing Committee unanimously approved.		11/12/2025
VII. Meeting Adjourned.	VII. Meeting adjourned.			

Credentials Meeting Summary for 11/12/2025 respectfully prepared and submitted by J'aime Seale Credentialing Team Lead.

Chairman Signature of Approval _____ *Date* _____
Marshall Kubota, M.D., PHC Associate Medical Director

November 2025
Routine Practitioner List

App. Ty	Full Name	NPI Number	Provider Type	Cr Name/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certifi	Hospital Name	Staff Cat
I	Addison Samuels, Kea	1124895958	PCP	Elica Health Centers - Cadill Placer		Family Nurse P	American Nurs	11/17/2023	Yes	None	
R	Agadzi, Anthony K.,MD	1740323559	SPEC	Redwood Eye Center	Solano	Ophthalmology	ABMS of Ophth	06/07/2009	Yes	Sutter Solano	Active
R	Aggarwal, Piyush MD	1700070273	SPEC	John Muir Specialty Medical	Solano	Colon and Rect	ABMS of Colon	09/22/2018	Yes	John Muir Medi	Active
I	Aguilar, Jared PT	1194297507	Allied	Telehealth Specialty Medica	Yolo	Physical Therap	None		No	None	
R	Aitali, Adel DPM	1720518129	SPEC	Basso Podiatry Group, Inc.	Yolo	Podiatry	Confirmed per /		No	Sutter Davis Hc	Active
I	Ali, Syed A.,MD	1376799858	SPEC	Capital Nephrology Medical	Yolo	Nephrology	ABMS of Intern	10/23/2019	Yes	Sutter Medical	Provisional
R	Ambrosio, Joel P.,PA-C	1154628105	SPEC	NBHG: Gastroenterology, A	Solano	Physician Assis	National Comm	01/27/2011	Yes	None	
R	Anderson, Lyndsae BC	1598175663	BHP	Center for Social Dynamics	Solano	BCBA	Behavior Analy:	05/31/2013	Yes	None	
I	Anthony, Katherine BC	1801577606	BHP	Montera Health California, L	Yolo	Board Certified	Behavior Analy:	06/22/2023	Yes	None	
R	Austin, Andrea H.,MD	1730311507	SPEC	Redwood Family Dermatolo	Mendocino	Dermatology	ABMS of Derm:	07/25/2013	Yes	Admitting Agree	None
R	Auyoung, Matthew S.,I	11053707190	SPEC	John Muir Health Cardiovas	Contra Costa	Cardiovascular	AOB of Internal	10/27/2022	No	John Muir Medi	Active
I	Babu, Vedesh K.,MD	1487262267	PCP	Community Medical Centers	Solano	Internal Medicin	ABMS of Intern	08/22/2023	Yes	Admitting Agree	None
I	Baltayan, Laura L.,FNP	1396514154	PCP	McCloud Healthcare Clinic	Siskiyou	Family Nurse P	American Nurs	03/17/2024	Yes	None	
I	Beauton, Michele BCB	1770987398	BHP	Montera Health California, L	Yolo	BCBA	Behavior Analy:	08/31/2016	Yes	None	
I	Belli, Kathleen APCC	1104693449	W&R	Aldea Children and Family	Solano	Wellness and F	None		No	None	
I	Bennett, Ian M.,MD	1992740518	PCP	Solano County Family Health	Solano	Family Medicin	ABMS of Famil	04/06/2018	Yes	Admitting Agree	None
R	Bermudez, Gabriela M.	1477553675	PCP	Ole Health	Napa	Family Medicin	ABMS of Famil	12/05/2003	Yes	Admitting Agree	None
R	Betenia, Nicole MD	1316309511	SPEC	Marin Community Clinic: Ca	Marin	Obstetrics and	ABMS of Obste	12/08/2023	Yes	Admitting Agree	None
I	Bettis, Colin ACSW	1730446113	W&R	Humboldt County Programs	Humboldt	Associate Clinic	None		No	None	
I	Bevelaqua, Anna-Chris	1679736714	SPEC	Telehealth Specialty Medica	Yolo	Physical Medici	ABMS of Physic	07/01/2013	Yes	Admitting Agree	None
I	Black, Ellie C.,FNP-C	1962009324	PCP	Tahoe Forest MultiSpecialty	Placer	Family Nurse P	American Acad	07/06/2020	Yes	None	
R	Blau, Nathan MD	1508137555	BOTH	La Clinica	Solano	Internal Medicin	Meets MPCR #	07/01/1975	No	Admitting Agree	None
I	Bloch, Roxana BCBA	1528297280	BHP	Behavior Treatment & Analy	Solano	BCBA	Behavior Analy:	12/29/2022	Yes	None	
R	Bloom, Tracy R.,ACNP	1699858357	PCP	Providence Medical Group-	Napa	Family Nurse P	American Nurs	09/01/2000	Yes	None	
R	Boldt, Christopher BCE	1649636069	BHP	Autism Learning Partners	Yolo	BCBA	Behavior Analy:	11/30/2015	Yes	None	
R	Bosetti, John B.,MD	1023082393	SPEC	Eye Specialists Med Grp of	Napa	Ophthalmology	ABMS of Ophth	10/18/1992	Yes	Queen of the V:	Active
R	Bowman, Andrew MD	1306409586	PCP	Elica Health Centers-Halyar	Yolo	Pediatrics	AOB of Pediatr	10/13/2022	Yes	Admitting Agree	None
I	Boylan, Genevieve RAI	1770279895	W&R	Shasta County Women's Re	Shasta	Wellness and F	California Cons	10/04/2024	Yes	None	
I	Brown, Nathalia BCBA	1851900922	BHP	Burnett Therapeutic Service	Napa	BCBA	Behavior Analy:	10/01/2022	Yes	None	
R	Brown, Ryan A.,MD	1467425439	SPEC	John Muir Cardiovascular M	Solano	Cardiovascular	ABMS of Intern	11/05/2008	Yes	John Muir Medi	Active
I	Buller, Jill M.,MD	1194302851	PCP	Kimaw Medical Center	Humboldt	Family Medicin	ABMS of Famil	07/01/2024	Yes	Admitting Agree	None
R	Burkhard, Brianna BCE	1215407903	BHP	Center for Social Dynamics,	Sonoma	BCBA	Behavior Analy:	08/31/2019	Yes	None	
R	Burton, Anthony G.,PA	1427578376	SPEC	Adventist Health Howard Me	Mendocino	Physician Assis	National Comm	06/08/2017	Yes	None	
I	Camaret, Jocelyn E.,P	1639885395	PCP	NBHG: Center for Primary C	Solano	Physician Assis	National Comm	12/23/2022	Yes	None	
R	Carlton, Bruce R.,MD	1093802589	SPEC	Bruce Carlton, M.D.	Solano	Dermatology	ABMS of Derm:	09/14/1973	Yes	Sutter Solano	Active
R	Carlton, Christina MD	1659467405	PCP	Lassen Indian Health Cente	Lassen	Pediatrics	ABMS of Pedia	10/19/1999	Yes	Admitting Agree	None
R	Castaneda, Catherine	1013503820	BHP	BM Behavioral Center, LLC	Solano	BCBA	Behavior Analy:	09/03/2022	Yes	None	
I	Castro, Oscar L.,MD	1093743288	SPEC	Ampla Health Yuba City	Sutter	Endocrinology,	ABMS of Intern	11/08/2000	Yes	Admitting Agree	None
I	Chan, Simon C.,MD	1063431179	PCP	Shasta Regional Medical Gr	Shasta	Internal Medicin	ABMS of Intern	08/26/1998	Yes	Admitting Agree	None
I	Chaparro Robles, Imel	1164997730	BHP	Montera Health California, L	Yolo	BCBA	Behavior Analy:	08/31/2018	Yes	None	
R	Chen, Christopher MD	1356704407	SPEC	John Muir Cardiovascular M	Contra Costa	Internal Medicin	ABMS of Intern	08/23/2019	Yes	John Muir Medi	Active
I	Coppini, Carrie G.,APC	1336795376	W&R	County of Humboldt - Health	Humboldt	Associate Profi	None		No	None	
I	Corona Haro, Keshia D	1801563887	W&R	Recover Medical Group	Solano	Wellness and F	California Subs	02/24/2025	Yes	None	
I	Crowder, Shonna C.,D	1114710944	SPEC	Momma Shonna Crowder's	Shasta	Doula	None		Not Applica	None	
I	Crump, Sharlyn BCBA	1811674575	BHP	Behavior Treatment & Analy	Solano	BCBA	Behavior Analy:	05/31/2018	Yes	None	
R	De Vera, Sheryl BCBA	1699133108	BHP	Trumpet Behavioral Health-I	Solano	Behavioral Hea	Behavior Analy:	11/30/2015	Yes	None	
I	Delaplaine-Yusem, Nac	1013769801	SPEC	Loula Perinatal Health Servi	Solano	Doula	None		Not Applica	None	
I	Delema, Jenessa BCB	1548910474	BHP	Behavior Frontiers, LLC	Placer	BCBA	Behavior Analy:	07/15/2025	Yes	None	
I	Desmond, Elizabeth A.	1295774255	SPEC	Synergy Surgicalists PC	Nevada	Orthopaedic Su	ABMS of Ortho	07/23/2010	Yes	Sierra Nevada	Active
R	Deyhim, Ali DPM	1851590012	SPEC	Humboldt Foot and Ankle Pi	Humboldt	Podiatry	None		No	St. Joseph Hos	Active
I	Dhillon, Ramneek MD	1285261974	SPEC	Evolve Restorative Center	Sonoma	Pain Medicine	Confirmed per /		No	Sutter Lakeside	Provisional
R	Di Pasqua, Katrina B.,I	1487840211	SPEC	Katrina DiPasqua, DPM	Napa	Podiatry	None		No	Admitting Agree	None

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App. Ty	Full Name	NPI Number	Provider Type	Cr Name/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certifi	Hospital Name	Staff Cat
I	Dobbins, Arnita Doula	1386477859	SPEC	Honey Bees Doula Services	Contra Costa	Doula	None		No	None	
R	Doll, Stephen J.,PA-C	1649345281	SPEC	Shasta Orthopedics & Sport	Shasta	Physician Assis	National Comm	08/09/2007	Yes	None	
R	Doolittle, Laurie M.,MD	1740364710	PCP	Providence Medical Group,	Sonoma	Pediatrics	ABMS of Pedia	10/19/1999	Yes	Petaluma Valle	Affiliate
I	Eardley-Pryor, Brianna	1427593219	Allied	Rohnert Park Community Ac	Sonoma	Acupuncture				None	
R	Edraki, Babak MD	1942249388	SPEC	John Muir Health Center Me	Sacramento	Gynecologic Or	ABMS of Obste	04/12/2000	Yes	John Muir Medi	Active
I	Ellis, Eric L.,MD	1215968409	SPEC	Granite Bay Urgent Care	Placer	Urgent Care	None		No	Admitting Agree	None
I	Elo, Erin Doula	1194518076	SPEC	Erin Elo-Doula Care	Sonoma	Doula	None		No	None	
I	Enerio, Leizel M.,FNP-	1144020439	SPEC	Bay Area Surgical Specialis	Solano	Family Nurse P	American Nurs	12/17/2024	Yes	None	
I	Faulstich, Michael BCE	1356943385	BHP	Nexus Therapies LLC	Solano	BCBA	Behavior Analy:	07/03/2025	Yes	None	
I	Ferguson, Micheala M.	1639834054	PCP	UIHS - Crescent City Health	Del Norte	Family Nurse P	American Acad	09/13/2021	Yes	None	
R	Ferraro, Stephen P.,Jr.	1366544595	SPEC	Shasta Orthopedics & Sport	Shasta	Orthopaedic Su	ABMS of Ortho	07/16/1999	No	Mercy Medical	Courtesy
R	Filbrandt, Phillip R.,MD	1013955657	SPEC	Interventional Pain Solution:	Butte	Physical Medici	ABMS of Physic	05/14/1989	Yes	Admitting Agree	Active
I	Flaim, Allison M.,DO	1114149853	PCP	Adventist Health Ukiah Valle	Mendocino	Family Medicin	ABMS of Famil	07/08/2009	Yes	Adventist - Ukia	Provisional
I	Francillon, Lydie D.,MC	1720647381	PCP	Marin City Health & Wellness	Center	Family Medicin	AOB-Family Me	11/11/2024	Yes	Admitting Agree	Active
I	Frazee, Gianna M.,MD	1104839778	PCP	Providence Medical Group,	Sonoma	Pediatrics	ABMS of Pedia	10/09/1996	Yes	California Pacifi	Active
I	Gabriel, Nick H.,DO	1952351777	SPEC	Valor Oncology _ Redding	Shasta	General Surger	Confirmed per /	10/05/2001	Yes	Admitting Agree	None
R	Gamble, Lisa K.,PA-C	1568405983	SPEC	Madrone Care Network	Mendocino	Physician Assis	National Comm	06/01/2021	Yes	None	
R	Garcia-Fullana, Ines M	1184112153	BHP	Autism Advocacy and Interv	Lake	BCBA	Behavior Analy:	05/05/2021	Yes	None	
R	Garg, Shilpi MD	1932463486	SPEC	Children's Heart Center Nev	Solano	Pediatric Cardic	ABMS of Pedia	11/19/2018	Yes	Admitting Agree	None
I	Gehring, Sharon K.,F	1053423608	SPEC	Bright Heart Health Medical	Solano	Addiction Medic	None		No	None	
R	Geisse, John K.,MD	1275571028	SPEC	Solano Dermatology Associ:	Solano	Dermatology	ABMS of Derm:	11/06/1989	Yes	Sutter Solano M	Active
I	Gerrish, Heather R.,PA	1508345430	SPEC	Telehealth Specialty Medica	Yolo	Physician Assis	National Comm	01/11/2024	Yes	None	
I	Godbole, Shehla AUD	1760807705	Allied	Center for Early Intervention	Solano	Audiology	None		No	None	
R	Gorchoff, David B.,MD	1720098429	BOTH	Mendocino Community Hea	Lake	HIV/AIDS Spec	None		No	Admitting Agree	None
R	Grady, Conor W.,MD	1730590563	SPEC	NBHG: Neurology	Solano	Neurological St	Meets MPCR #		No	NorthBay Medic	Active
R	Granfield, Amanda BCI	1922574896	BHP	Burnett Therapeutic Service	Napa	BCBA	Behavior Analy:	10/23/2021	Yes	None	
R	Greer, Karl A.,MD	1396010740	PCP	Petaluma Health Center: Rc	Sonoma	Family Medicin	ABMS of Famil	07/01/2015	Yes	Petaluma Valle	Active
R	Grigsby, Eric J.,MD	1952328494	SPEC	Napa Pain Institute	Napa	Pain Medicine	ABMS of Anest	09/11/1993	Yes	Admitting Agree	None
I	Guo, Yanhong BCBA	1700245347	BHP	Burnett Therapeutic Service	Napa	BCBA	Behavior Analy:	08/31/2019	Yes	None	
I	Gupta, Anuj MD	1336753300	SPEC	East Bay Nephrology Medic	Solano	Nephrology	None		No	Sutter Solano M	Provisional Active
R	Haggerty, Joseph F.,Ur	1407333453	SPEC	John Muir Physician Networ	Solano	Obstetrics and	Confirmed per /		No	John Muir Medi	Active
R	Haight, Holly J.,MD	1083693923	SPEC	Providence Medical Group,	Humboldt	Orthopaedic Su	ABMS of Ortho	07/23/2010	Yes	Providence St.	Active
R	Hanna, Ziad DO	1023027992	SPEC	Adventist Health Ukiah Valle	Mendocino	Surgery	ABMS of Surge	05/05/2009	Yes	Adventist - Ukia	Active
R	Hardell, Neil BCBA	1972962462	BHP	Neil B. Hardell, BCBA	Humboldt	Behavioral Hea	Behavior Analy:	08/31/2008	Yes	None	
I	Hastings, Jordan P.,ML	1609457308	SPEC	Reeve Woods Eye Center	Butte	Ophthalmology	ABMS of Ophth		No	Enloe Medical	Provisional
R	Hazelwood, Kenneth M	1164555306	SPEC	Pit River Health Service, Inc	Shasta	Marriage and F.	None		No	None	
I	Heckburn, Russell T.,M	1518617919	PCP	Peach Tree Healthcare	Yuba	Family Medicin	ABMS of Famil	07/01/2025	Not Applica	Admitting Agree	None
R	Herman, Michele MD	1588600753	PCP	La Clinica - North Vallejo	Solano	Internal Medicin	ABMS of Intern	09/13/1989	Yes	Admitting Agree	None
R	Hernandez, Dennis J.,F	1467120931	Allied	UIHS - Potawot Health Villa	Humboldt	Physical Therap	None		No	None	
R	Hessel, Tracey M.,MD	1780776039	PCP	Marin Community Clinic: No	Marin	Pediatrics	ABMS of Pedia	10/21/2003	Yes	Admitting Agree	None
R	Hoff, Tram L.,MD	1225599293	PCP	SCHC: Shasta Community H	Shasta	Family Medicin	ABMS of Famil	07/01/2022	Yes	Admitting Agree	None
R	Holmes, Scott M.,DO	1801281027	PCP	Petaluma Health Center	Sonoma	Family Medicin	None		No	Petaluma Valle	Active
R	Honda, Linda M.,FNP-I	1598720732	SPEC	Camellia Women's Health	Yolo	Family Nurse P	American Nurs	11/01/2000	Yes	None	
I	Hoskinson, Jordan BCI	1548874753	BHP	Burnett Therapeutic Service	Napa	BCBA	Behavior Analy:	07/21/2020	Yes	None	
I	HUERTA MJEMA, NAN	1851109466	SPEC	BLISSFUL ARRIVAL DOUL	Sonoma	Doula	None		Not Applica	None	
I	Hunt, Camille PT	1316483464	Allied	Telehealth Specialty Medica	Yolo	Physical Therap	None		No	None	
R	Hussain, Huma FNP-C	1073911210	PCP	Community Medical Centers	Solano	Family Nurse P	American Acad	07/05/2016	Yes	None	
R	Iota-Herbei, Claudia I.,I	1548367113	SPEC	East Bay Nephrology Medic	Solano	Nephrology	ABMS of Intern	11/03/1999	Yes	Alta Bates Sum	Courtesy
I	Ipsen, Allison CNM	1023747334	SPEC	CommuniCare Ole - Davis C	Yolo	Certified Nurse	American Midw	05/01/2022	Yes	None	
R	Jameson, Nancy MD	1992770804	SPEC	Eye Specialists Med Grp of	Napa	Ophthalmology	ABMS of Ophth	10/18/1992	Yes	Queen of the V.	Active
I	Jawanda, Chharandeej	1932828597	BHP	Learning Artists	Yolo	BCBA	Behavior Analy:	07/21/2025	Yes	None	
I	Jefcoat, Karen M.,PA-C	1043588700	PCP	UIHS - Crescent City Health	Del Norte	Physician Assis	National Comm	01/13/2014	Yes	None	

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I	Jillson, Stephanie N.,B	1689144776	BHP	Kyo Autism Therapy, LLC	Solano	BCBA	Behavior Analy:	07/05/2022	Yes	None	
R	Jimenez, Douglas B.,M	1154474781	BOTH	Santa Rosa Community Hes	Sonoma	Family Medicin	ABMS of Famil	07/12/2002	Yes	Sutter Santa R	Active
I	Jollie, Maria	1720598980	BHP	Kyo Autism Therapy LLC, fk	Marin	BCBA	Behavior Analy:	02/14/2022	Yes	None	
I	Jones, Joscelyn	1144719113	BHP	Empower Minds ABA LLC	Solano	Board Certified	Behavior Analy:	04/05/2021	Yes	None	
R	Joseph, Rachel M.,FNF	1629551254	PCP	Petaluma Health Center, Inc	Marin	Family Nurse P	American Acad	08/13/2018	Yes	None	
I	Jovel, Cecilia	1326801341	SPEC	Cecilia Jovel	Solano	Doula	None		Not Applica	None	
R	Kambhampati, Ganesh	1649400839	SPEC	Capital Nephrology Medical	Yolo	Nephrology	ABMS of Intern	10/23/2012	Yes	Woodland Merr	Active
I	Kamboj, Georgia N.,MI	1366946170	SPEC	West Coast Retina Medical	Marin	Retina	None		No	Admitting Agree	None
R	Kang, Jennifer A.,MD	1417132572	SPEC	Selah Women's Health	Shasta	Obstetrics and	ABMS of Obste	01/18/2013	Yes	Mercy Medical	Active
I	Kang, Kyung Hee	1205683380	SPEC	Piyush K. Dhanuka MD	Shasta	Family Nurse P	American Acad	01/26/2024	Yes	None	
I	Kappe, Bryan C.,DC	1376147504	SPEC	PRO EASE LLC	Sonoma	Chiropractic	None		No	None	
I	Kaur, Arshdeep	1841967809	BHP	Behavior Frontiers, LLC	Placer	BCBA	Behavior Analy:	09/02/2025	Yes	None	
I	Kavalam, George J.,DPM	1962030726	SPEC	Nephrology Associates	Sonoma	Nephrology	None		No	Admitting Agree	None
I	Kaye, Brian P.,DPM	1811639131	SPEC	Parkview Podiatry	Lake	Podiatry	Confirmed per /		No	Sutter Lakeside	Provisional
R	Keeler, Brittny	1265789101	BHP	Pantogran LLC dba Center	Solano	Behavioral Hea	Behavior Analy:	05/31/2012	Yes	None	
I	Keppeler, Corina M.,AC	1104138387	W&R	County of Humboldt - Health	Humboldt	Associate Clinic	None		No	None	
I	Keyes, Kimberly S.,PA	1700819828	PCP	Dignity Health Solano Stree	Tehama	Physician Assis	National Comm	07/22/2004	Yes	None	
I	Khairi, Jehanzeb	1972087740	BHP	Behavior Treatment & Analy	Solano	BCBA	Behavior Analy:	12/18/2021	Yes	None	
I	Kiani, Ahmed Z.,MD	1003295700	SPEC	Pulmonary Medicine Associ	Yolo	Pulmonary Dise	ABMS of Intern	11/13/2024	Yes	Admitting Agree	None
R	Kilian, Barbara J.,MD	1306869342	PCP	Mendocino Coast Clinic	Mendocino	Internal Medicin	None		No	Admitting Agree	None
I	Kim, Eunice Y.,BCBA	1942961842	BHP	Momentum Behavior Servic	Sonoma	BCBA	Behavior Analy:	10/19/2022	Yes	None	
I	King, Michelle	1932658861	SPEC	Sports Rehab Physical Ther	Solano	Physical Therap	None		No	None	
R	Kip, Katrinka T.,MD	1982687208	SPEC	Children's Heart Center Nev	Solano	Pediatric Cardiac	ABMS of Pedia	08/13/1996	Yes	Admitting Agree	None
I	Klopping, Jenna L.,FNF	1306723127	PCP	NBHG: Center for Primary C	Solano	Family Nurse P	American Nurs	05/29/2025	Yes	None	
R	Komatsu, Judith ANP-C	1346261005	BOTH	Petaluma Health Center	Sonoma	Adult Nurse Pre	American Acad	08/01/2011	Yes	None	
R	Kristoffersen, Sahaille	1265443972	PCP	Redding Rancheria: Churn	(Shasta	Family Medicin	ABMS of Famil	12/08/2006	Yes	Mercy Medical	Courtesy
R	Kylstra, Trieneke A.,MI	1740243286	PCP	Providence Medical Group,	Sonoma	Family Medicin	ABMS of Famil	07/09/1999	Yes	Santa Rosa Me	Affiliate
R	Labbe, Susannah R.,N	1154609949	PCP	Alliance Medical Center	Sonoma	Nurse Practitior	None		No	None	
I	Laderer, Clayton PA-C	1740664184	SPEC	NBHG: Center for Specialty	Solano	Physician Assis	National Comm	05/28/2015	Yes	None	
R	Lapalme, Suleiman N.,	1932466778	SPEC	John Muir Rheumatology/Ph	Contra Costa	Physical Medicin	ABMS of Physic	07/01/2018	Yes	John Muir Medi	Active
R	LaValley-Willsey, Eve	1417269747	SPEC	Camellia Women's Health	Yolo	Obstetrics and	ABMS of Obste	01/15/2016	Yes	Mercy San Jua	Active
R	Laws, Sara E.,BCBA	1508246760	BHP	Autism Learning Partners	Yolo	BCBA	Behavior Analy:	02/28/2017	Yes	None	
I	Lee, Danielle	1043954167	SPEC	NBHG: Orthopaedics and P	Solano	Orthopaedic Su	Confirmed per /		No	NorthBay Medic	Provisional
I	Lee, Daone	1861908253	PCP	Ampla Health Oroville Medic	Butte	Family Nurse P	American Acad	06/18/2025	Yes	None	
I	Lendaris, Maria E.,FNF	1922596899	SPEC	Adventist Health Physicians	Napa	Family Nurse P	American Acad	03/06/2018	Yes	None	
I	Lennox, Christy	1477371862	W&R	Recover Medical Group	Solano	Wellness and R	California Cons	07/17/2017	Yes	None	
R	Lewis, Casey A.,DPM	1598259509	SPEC	Basso Podiatry Group, Inc	Yolo	Podiatry	None		No	Mercy General	Courtesy
I	Lillegraven, John M.,MI	1427634872	PCP	Eastern Plumas Health Care	Sierra	Family Medicin	ABMS of Famil	08/01/2024	Yes	Admitting Agree	None
R	Lim, Wayland	1134311905	SPEC	John Muir Cardiovascular M	Contra Costa	Cardiovascular	ABMS of Intern	11/08/2013	Yes	John Muir Medi	Active
I	Lin, Holly	1558094144	BHP	Burnett Therapeutic Service	Napa	BCBA	Behavior Analy:	10/04/2024	Yes	None	
R	Lin, Julie H.,MD	1063572907	SPEC	Direct Dermatology Professi	Solano	Dermatology	ABMS of Derm:	08/07/2009	Yes	Admitting Agree	None
R	Lipps, MacKenzie L.,B	1598290553	BHP	Autism Advocacy and Interv	Lake	BCBA	Behavior Analy:	05/31/2019	Yes	None	
R	Liu, Jason Y.,MD	1770945909	SPEC	John Muir Cardiovascular M	Solano	Cardiovascular	ABMS of Intern	10/27/2022	No	John Muir Medi	Active
I	Low, Kenneth T.,MD	1750548814	PCP	NBHG: Center for Primary C	Solano	Internal Medicin	ABMS of Intern	09/25/1991	Yes	NorthBay Medic	Active Non-Attending
R	Ludwick, Joseph M.,MI	1508849928	SPEC	Children's Heart Center Nev	Solano	Pediatric Cardiac	ABMS of Pedia	08/18/2006	Yes	Admitting Agree	None
I	Luna, Mario E.,MD	1245429422	PCP	Synergy Surgicalists PC	Nevada	Orthopedic Sur	None		No	Sierra Nevada	Active
I	Machado, Kelsey Doula	1487385522	SPEC	Humboldt County Doula	Humboldt	Doula	None		Not Applica	None	
R	Maharaj, Sheena K.,M	1801192448	SPEC	Pulmonary Medicine Associ	Yolo	Pediatrics	ABMS of Pedia	10/18/2012	Yes	Sutter Medical	Active
I	Mak, Ray	1972253292	PCP	Santa Rosa Community Hes	Sonoma	Family Medicin	ABMS of Famil	07/01/2025	Yes	Santa Rosa Co	Active
R	Manohar, Naveen S.,M	1790777308	SPEC	Capital Pediatric Cardiology	Yolo	Pediatric Cardiac	ABMS of Pedia	08/18/2006	Yes	Sutter Medical	Active
I	Martel, Joseph R.,MD	1063439776	SPEC	Joseph R. Martel, MD	Solano	Ophthalmology	ABMS of Ophth	05/08/1983	Yes	Sutter Roseville	Courtesy
R	Martin, Laura	1225353923	BOTH	Petaluma Health Center: Rc	Sonoma	Family Medicin	ABMS of Famil	07/01/2013	Yes	Sutter Santa R	Active

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I	Martinez, Marena BCB	1881044584	BHP	Montera Health California,	Yolo	BCBA	Behavior Analy:	11/30/2019	Yes	None	
I	Mattii, Nadir N.,MD	1275262719	PCP	NBHG: Center for Primary C	Solano	Family Medicin	ABMS of Famil	10/28/2025	Yes	Admitting Agree	None
R	McIntyre, Robin A.,FNF	1821640616	PCP	Ole Health	Solano	Family Nurse P	American Nurs	06/12/2019	Yes	None	
I	McMichael, Jessica C.,	1912101668	SPEC	Synergy Surgicalists PC	Nevada	Orthopedic Sur	ABMS of Ortho	07/24/2012	Yes	Sierra Nevada	Active
I	McMullin Douglas MD	1487681185	PCP	Dignity Health Mercy Family	Shasta	Family Medicin	ABMS of Famil	07/08/1994	Yes	Mercy Medical	Active
R	Melchione, Thomas E.	1558338525	SPEC	Capital OB/GYN, Inc.	Yolo	Obstetrics and	ABMS of Obste	12/09/1994	Yes	Sutter Medical	Active
I	Meyer, Benjamin J.,FN	1750171906	PCP	Adventist Health Mendocino	Mendocino	Family Nurse P	American Acad	06/12/2025	Yes	None	
R	Milhous, Michaela L.,C	1841835766	SPEC	CommuniCare Ole - Davis C	Yolo	Certified Nurse	American Midw	09/01/2019	Yes	None	
R	Miller, Michael P.,DO	1609309475	SPEC	California Pain Specialists -	Yolo	Pain Medicine	ABMS of Anest	09/17/2022	Yes	Admitting Agree	None
R	Milne-Price, Ryann MD	1689164691	PCP	La Clinica	Solano	Family Medicin	ABMS of Famil	07/01/2021	Yes	Admitting Agree	None
I	Mims, Jasmine C.,APC	1205425782	W&R	Recover Medical Group	Solano	Wellness and R	None		No	None	
R	Min, Howard K.,MD	1972585859	SPEC	John Muir Cardiovascular M	Contra Costa	Cardiovascular	Previously Boar	11/09/2005	No	John Muir Medi	Active
R	Mina, Sarah L.,DPM	1134400492	SPEC	Integrative Foot and Ankle C	Solano	Foot Surgery	AB of Foot and	05/02/2021	Yes	Sutter Davis Hc	Active
I	Miranda, Renee M.,MD	1154740454	PCP	NorthBay Health Urgent Car	Solano	Urgent Care	None		No	NorthBay Medic	Active
I	Mironenko, Tatiana Do	1326836818	SPEC	Loula Perinatal Health Servi	Solano	Doula	None		Not Applica	None	
I	Model, Maricris BCBA	1790394807	BHP	Roman Empire ABA Service	Solano	BCBA	Behavior Analy:	08/31/2019	Yes	None	
I	Mollier, Maya PT	1518759802	Allied	UIHS - Potawot Health Villa	Humboldt	Physical Therap	None		No	None	
R	Moore, Ryan E.,MD	1528266202	SPEC	Adventist Health St Helena-	Napa	Orthopaedic Su	ABMS of Ortho	07/23/2015	Yes	Adventist Healt	Active
I	Morse, Kevin M.,PA-C	1164181061	SPEC	Pacific Skin Institute	Yolo	Physician Assis	National Comm	10/25/2021	Yes	None	
R	Moura, Yetzenia L.,FNI	1508599648	PCP	Elica Health Centers - Mary	Placer	Family Nurse P	American Acad	06/27/2022	Yes	None	
I	Myers, Patrick PT	1528118213	SPEC	Telehealth Specialty Medica	Yolo	Physical Therap	None		No	None	
R	Nagaraj, Priti BCBA	1699156455	BHP	Trumpet Behavioral Health-	Solano	Behavioral Hea	Behavior Analy:	11/30/2014	Yes	None	
R	Nakagawa, Evelyn J.,M	1023077294	SPEC	Evelyn J. Nakagawa, MD In	Solano	SNFist	None		No	Kindred Hospitz	Active
I	Nasir, Kinza U.,SUDRC	1598646473	Allied	Aegis Treatment Center LLC	Humboldt	Wellness and R	California Subs	07/25/2025	Yes	None	
R	Nelson, Christine NP	1144483702	SPEC	Women's Health Specialists	Shasta	Nurse Practitior	None		No	None	
I	Newton, Caleb A.,DO	1144979402	PCP	Dignity Health - Mercy Mt. S	Siskiyou	Family Medicin	American Oster	07/01/2025	Yes	Mercy Medical	Active
R	Nganga, Mary N.,AGP	1578920880	SPEC	ReSolution Care, PC	Solano	Adult-Gerontolc	American Nurs	11/21/2015	Yes	None	
I	Nguyen, Linda SUDCC	1558886507	W&R	Aegis Treatment Centers, LI	Shasta	Wellness and R	California Subs	07/01/2024	Yes	None	
R	Nibley, Carleton T.,MD	1508963489	SPEC	John Muir Cardiovascular M	Contra Costa	Cardiovascular	Previously Boar	11/10/1995	No	John Muir Medi	Active
R	Nielsen, Marc DO	1265601207	PCP	Lassen Indian Health Cente	Lassen	Family Medicin	ABMS of Famil	12/02/2010	Yes	Banner Lassen Consulting	
I	Nijjar, Sukhranjan DPM	1457928384	SPEC	Bay Area Foot Care Inc	Solano	Podiatry	None		No	Admitting Agree	None
I	Nishikawa, Cole K.,MD	1245611912	SPEC	NBHG: Heart and Vascular	Solano	Vascular Surge	ABMS of Surge	07/14/2021	Yes	NorthBay Healt	Provisional
R	Nowak, Jason D.,DPM	1831402155	SPEC	Shasta Orthopedics & Sport	Shasta	Podiatry	None		No	Mercy Medical	Courtesy
I	Nunez, David L.,MD	1396047437	PCP	Alexander Valley Health Cer	Sonoma	Family Medicin	None		No	Admitting Agree	None
I	Oandasan, Teresita A.,	1134290422	SPEC	Teresita Oandasan	Sacramento	Certified Regist	National Board	07/13/1989	Yes	Admitting Agree	None
I	Obnial, Gonzalo P.,MD	1497909931	SPEC	Bay Area Surgical Specialis'	Solano	Vascular Surge	ABMS Vascular	05/20/2019	Yes	John Muir Healt	Active
I	Ochoa Bayona, Jose L	1669475158	SPEC	John Muir Health Cancer Mk	Solano	Hematology	ABMS of Intern	11/07/2001	Yes	John Muir Medi	Provisional
I	Odumakinde, Elizabeth	1952408999	SPEC	Dignity Health St. Elizabeth	Tehama	Medical Oncolo	Previously Boar	11/09/1995	No	St Elizabeth Co	Courtesy
I	Oke, Adeduntan O.,PM	1457010860	PCP	Ampla Health Lindhurst Mec	Yuba	Psychiatric Mer	American Nurs	11/10/2021	Yes	None	
R	Opitz, Kimberly M.,PA-	1376875872	SPEC	Napa Valley Orthopaedic M	Napa	Physician Assis	National Comm	09/24/2009	Yes	None	
R	Orlino, Jon Christopher	1265963789	SPEC	Bay Area Surgical Specialis'	Solano	Vascular Surge	ABMS of Surge	05/14/2024	Yes	John Muir Healt	Active
I	Orr, Pamela A.,FNP-BC	1730154527	PCP	Shingletown Medical Center	Shasta	Family Nurse P	American Nurs	09/01/2000	Yes	None	
I	Osei-Bonsu, Kathryn M	1174159164	SPEC	Santa Rosa Community Hez	Sonoma	Obstetrics and	Meets MPCR #		No	Sutter Santa R	Provisional Active
R	Otani, Robert K.,MD	1942313226	SPEC	Adventist Health	Butte	Physical Medici	ABMS of Physic	05/18/1986	Yes	Adventist Healt	Affiliate
I	Owens, Victoria E.,FNF	1548784374	PCP	La Clinica/ Great Beginning	Solano	Family Nurse P	American Acad	09/18/2018	Yes	None	
I	Padua, Irie P.,MD	1013544568	PCP	Santa Rosa Community Hez	Sonoma	Family Medicin	ABMS of Famil	11/14/2023	Yes	Admitting Agree	None
R	Palfy, Shelley A.,MD	1043282429	PCP	Alliance Medical Center	Sonoma	Pediatrics	ABMS of Pedia	10/16/2001	Yes	Marin Health M	Active
I	Partridge, James E.,II,	1952382905	SPEC	Enloe Health General Surge	Butte	Surgery	ABMS of Surge	04/16/2002	Yes	Enloe Medical	Provisional
I	Paull, Tabitha M.,FNP-	1598652471	PCP	Providence Medical Group,	Sonoma	Family Nurse P	American Acad	06/03/2025	Yes	None	
R	Pearson, John D.,FNP	1033221262	SPEC	Greenville Rancheria	Shasta	Family Nurse P	None		No	None	
R	PeBenito, Milana J.,MC	1073991741	PCP	Petaluma Health Center	Sonoma	Family Medicin	ABMS of Famil	07/01/2018	Yes	Petaluma Valle	Consulting
R	Pelayo, Terry L.,PA-C	1326482068	PCP	Redding Rancheria: Churn	(Shasta	Physician Assis	National Comm	04/18/2013	Yes	None	

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Routine Practitioner List

App. Ty	Full Name	NPI Number	Provider Type	Cr Name/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certifi	Hospital Name	Staff Cat
I	Perez, Eduardo CADC	1053910901	W&R	Recover Medical Group	Solano	Wellness and F	California Cons	11/18/2024	Yes	None	
R	Perryman, Scott V.,MD	1083800999	SPEC	Whole Health Weight Loss	Napa	Surgery	ABMS of Surge	10/18/2010	Yes	Queen of the V	Active
R	Pflum, Jeannie L.,DO	1194816678	SPEC	Sutter Lakeside Community Lake		Obstetrics and	ABMS of Obste	01/14/2005	Yes	Sutter Lakeside	Active
I	Piltz, Alison A.,FNP-BC	1760154843	PCP	SCHC: Anderson Family He	Shasta	Family Nurse P	American Nurs	04/14/2021	Yes	None	
I	Pineda, Ashleigh A.,CN	1790425171	SPEC	Dignity Health Women's He	Tehama	Certified Nurse	American Midw	06/01/2023	Yes	None	
R	Powell, Hilary R.,PA-C	1528213543	PCP	Petaluma Health Center	Sonoma	Physician Assis	National Comm	08/21/2008	Yes	None	
I	Prince, Diana M.,MD	1316051501	PCP	Santa Rosa Community He	Sonoma	Family Medicin	ABMS of Famil	07/09/1999	Yes	Admitting Agree	None
I	Pulliam, Natasha Doula	1912893439	SPEC	Roots on the Ground	Solano	Doula	None		Not Applica	None	
I	Pyles, Malcolm N.,MD	1023570041	SPEC	Berman Skin Institute Medic	Solano	Dermatology	ABMS of Derm	07/20/2023	Yes	Admitting Agree	None
I	Raju, Apoorva T.,MD	1245954767	PCP	Elica Health Centers - Arder	Placer	Internal Medicir	Meets MPCR#1		No	Admitting Agree	Active
R	Reynolds, Tony L.,FNP	1124387568	PCP	Modoc Medical Clinic	Modoc	Family Nurse P	American Acad	02/01/2012	Yes	None	
R	Rhodes, Jessica D.,MC	1427343912	PCP	Petaluma Health Center	Sonoma	Family Medicin	ABMS of Famil	07/01/2018	Yes	Petaluma Valle	Active
I	Riemer, Dana BCBA	1154838712	BHP	Center for Social Dynamics	Solano	BCBA	Behavior Analy:	11/30/2017	Yes	None	
I	Riopelle, Alexandria M.	1477180982	SPEC	Berman Skin Institute Medic	Solano	Dermatology	ABMS of Derm	07/11/2024	Yes	Admitting Agree	None
I	Rivetti-Sharpe, Seth B	1093385270	BHP	Montera Health California, L	Yolo	BCBA	Behavior Analy:	06/28/2021	Yes	None	
R	Roache, Paul B.,MD	1255362919	SPEC	Paul B Roache MD	Sonoma	Orthopaedic Su	Previously Boar	07/12/2001	Not Applica	Sonoma Valley	Active
I	Romero, Yvonne BCB	1811499288	BHP	Maxim Healthcare Services, Solano		BCBA	Behavior Analy:	08/08/2023	Yes	None	
R	Row, Paul K.,MD	1548345580	SPEC	Eye Care Center of Napa V	Napa	Ophthalmology	ABMS of Ophth	06/05/2005	Yes	Queen of the V	Active
I	Rubin, Rebecca S.,DO	1275282139	PCP	Santa Rosa Community He	Sonoma	Family Medicin	ABMS of Famil	07/01/2025	Yes	Admitting Agree	None
R	Ruppert, Beverly S.,PA	1386199370	SPEC	Adventist Health Physicians	Napa	Physician Assis	National Comm	10/06/2016	Yes	None	
I	Sanders, Lisa CADC II	1396350005	W&R	Aegis Treatment Centers, LI	Shasta	Certified Alcohc	California Cons	10/16/2023	Yes	None	
R	Sandler, Brandley MD	1932102415	SPEC	Bradley Sandler, MD dba Sc	Solano	Ophthalmology	ABMS of Ophth	10/22/1988	Yes	NorthBay Medic	Active
I	Sarkaria, Sandeep K.,M	1801390703	SPEC	Jiva Health Inc - Concord	Solano	Internal Medicir	American Boar	08/30/2021	Yes	Admitting Agree	Active
R	Saw, Aman MD	1184865982	SPEC	John Muir Cardiovascular M	Solano	Interventional C	ABMS of Intern	10/29/2013	Yes	Admitting Agree	None
R	Schembre, Drew B.,MC	1366557217	SPEC	John Muir Specialty Medical	Solano	Gastroenterolog	ABMS of Intern	11/09/1995	Yes	John Muir Medi	Active
I	Schrodi, Mollie PMHNF	1023992807	PCP	Santa Rosa Community He	Sonoma	Psychiatric Mer	American Nurs	06/18/2025	Yes	None	
I	Scipione, Paul J.,MD	1609266071	SPEC	Greenville Rancheria	Shasta	Pain Medicine	None		No	Admitting Agree	Active
I	Seeds, Rachel M.,PA-C	1326475799	SPEC	Wound MD PC	Solano	Physician Assis	National Comm	09/26/2013	Yes	None	
R	Sharma, Rishi K.,MD	1992969281	SPEC	Bay Area Surgical Specialis	Solano	Internal Medicir	Meets MPCR#1	08/10/2011	No	John Muir Heal	Active
I	Sheu, Jonathan I.,MD	1043874431	SPEC	Bay Area Foot Care Inc	Placer	Orthopaedic Su	Confirmed per /		No	Mercy Hospital	Provisional
I	Sinha, Anvita MD	1467463422	SPEC	NBHG: Center for Specialty	Solano	Urology	ABMS of Urolo	02/28/1998	Yes	The Sugery Cei	Active
R	Sinkondo, Martine BCE	1215597737	BHP	Positive Behavior Supports	Sonoma	Behavioral Hea	Behavior Analy:	11/30/2019	Yes	None	
I	Sit, Michelle T.,MD	1740269513	SPEC	NBHG: Rheumatology A No	Solano	Rheumatology	ABMS of Intern	10/23/2008	Yes	Admitting Agree	None
I	Sivanushanthan, Nirup.	1720729031	PCP	CommuniCare Ole - Davis C	Yolo	Family Medicin	ABMS of Famil	07/01/2025	Yes	Admitting Agree	None
I	Sivard, David BCBA	1851889885	BHP	Roman Empire ABA Service	Solano	BCBA	Behavior Analy:	01/25/2022	Yes	None	
R	Slade, John MD	1457442394	SPEC	NorthBay Health Wound Ca	Solano	Wound Care	ABMS of Famil	07/10/1981	Yes	NorthBay Medic	Active
I	Sloan, Steven H.,MD	1932191285	SPEC	NorthBay Healthcare Ear, N	Solano	Otolaryngology,	ABMS of Otolar	05/03/1994	Yes	Admitting Agree	None
R	Smith, Stephanie S.,PT	1194741900	Allied	Elevate Physical Therapy	Shasta	Physical Therap	None		No	None	
I	Sokolowski, Marie BCE	1962010140	BHP	Autism Advocacy and Interv	Lake	BCBA	Behavior Analy:	06/29/2020	Yes	None	
I	Speer, Marisa J.,PA-C	1376898544	SPEC	Pacific Skin Institute	Yolo	Physician Assis	National Comm	10/09/2020	Yes	None	
R	Stern, Peter M.,LAc	1487707162	SPEC	Peter Stern ND, LAC	Humboldt	Acupuncture	None		No	None	
I	Sukeforth, Kristin FNP-	1356233845	PCP	Community Medical Centers	Solano	Family Nurse P	American Acad	08/11/2025	Yes	None	
R	Swan, Christopher H.,M	1790913879	SPEC	John Muir Cardiovascular M	Contra Costa	Cardiovascular	ABMS of Intern	09/27/2016	Yes	John Muir Medi	Active
I	Taba, Kiana MD	1770995128	SPEC	Telehealth Specialty Medica	Yolo	Rheumatology	ABMS of Intern	11/07/2019	Yes	Admitting Agree	Active
I	Talluri, Jayanth MD	1265653356	PCP	Chapa-De Indian Health (Au	Placer	Family Medicin	ABMS of Famil	12/05/2009	Yes	Sutter Roseville	Provisional
R	Taylor, Ashley BCBA	1114510302	BHP	BM Behavioral Center, LLC	Solano	BCBA	Behavior Analy:	09/22/2022	Yes	None	
R	Ter-Pogosyan, Manuel	1639537376	BHP	Aura Behavioral Health LLC	Yolo	BCBA	Behavior Analy:	11/30/2017	Yes	None	
I	Thao, Choua MD	1053653576	PCP	Enloe Health Symptom	Mar Butte	Hospice & Pall	None		No	Enloe Medical (	Active
I	Thomas, Pamela PA	1407007206	SPEC	Adventist Health Physicians	Sutter	Physician Assis	None		No	None	
I	Todd, Shannon C.,FNF	1659870186	PCP	Adventist Health Ukiah Valle	Mendocino	Family Nurse P	American Acad	11/14/2017	Yes	None	
I	Tran, Toan BCBA	1063125581	BHP	Empower Minds ABA LLC	Solano	BCBA	Behavior Analy:	01/17/2023	Yes	None	
I	Vande Stouwe, Michell	1790561777	SPEC	Katsuura MD	Marin	Physician Assis	National Comm	01/15/2025	Yes	None	

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Routine Practitioner List

App. Ty	Full Name	NPI Number	Provider Type	Cr Name/Street	County Name	Specialty Descr	Board Name	Initial Cert Date	Board Certifi	Hospital Name	Staff Cat
I	Vang, Sabryna FNP-C	1811885684	PCP	Solano County Family Health	Solano	Family Nurse P	American Acad	06/24/2025	Yes	None	
I	Vanwinkle, Mkenna A.,	1356213987	SPEC	Your Birth Story	Solano	Doula	None		Not Applica	None	
R	Vasiliauskas, Tomas M	1073612529	SPEC	Providence Medical Group,	Sonoma	Cardiovascular	ABMS of Intern	11/07/2005	Yes	Santa Rosa Me	Active
R	Vasquez, Tony E.,MD	1477524197	PCP	Karuk Tribal Health Clinic, Y	Siskiyou	Family Medicin	Meets MPCR#1		No	Admitting Agree	None
I	Venturi, Coury BCBA	1528561172	BHP	Roman Empire ABA Service	Solano	BCBA	Behavior Analy:	03/01/2021	Yes	None	
R	Veyna, Kathryn J.,FNP	1255374690	SPEC	ReSolution Care, PC	Solano	Family Nurse P	American Acad	05/07/2014	Yes	None	
I	Volodarskaya, Polina C	1700851896	PCP	Doctor Volodarskaya Family	Sacramento	Family Medicin	American Oster	02/03/2006	Yes	Admitting Agree	None
R	Vu, John D.,MD	1124050216	SPEC	John Muir Health Cardiovas	Contra Costa	Cardiovascular	ABMS of Intern	10/31/2007	Yes	John Muir Medi	Active
R	Washington, Rebecca	1184158503	BHP	Autism Advocacy and Interv	Lake	BCBA	Behavior Analy:	11/30/2018	Yes	None	
I	Weber, Ally BCBA	1154881753	BHP	Center for Social Dynamics	Solano	BCBA	Behavior Analy:	02/25/2023	Yes	None	
R	Weiser, Casey E.,MD	1730742586	BOTH	Open Door Community Hea	Humboldt	Family Medicin	ABMS of Family	07/01/2022	Yes	Admitting Agree	None
R	Wendling, Kimberley A	1467937920	BHP	Autism Advocacy and Interv	Lake	BCBA	Behavior Analy:	05/31/2015	Yes	None	
I	Weng, Edward E.,MD	1285799668	SPEC	Synergy Surgicalists PC	Nevada	Surgery	ABMS of Surge	05/20/1987	Yes	Sierra Nevada I	Active
I	Werdeshheim, Nicole B	1194377606	BHP	Behavior Treatment & Analy	Solano	BCBA	Behavior Analy:	05/31/2019	Yes	None	
I	Williams, Shante BCBA	1023473048	BHP	Center for Social Dynamics	Solano	BCBA	Behavior Analy:	07/02/2025	Yes	None	
I	Wilson, Lauren E.,PPC	1972847747	PCP	Pediatric Medical Associate:	Yolo	Pediatric Prima	American Nurs	08/08/2012		None	
R	Wilson, Natalie J.,RD	1144946716	Allied	As You Are Nutrition	Napa	Registered Diet	Commission of	07/25/2014	No	None	
R	Wong, Sammuel J.,DO	1215034905	SPEC	East Bay Nephrology Medic	Solano	Nephrology	ABMS of Intern	11/20/1996	Yes	Sutter Solano I	Courtesy
R	Workman, Theodore E	1316970031	SPEC	Redding Pain Medicine	Shasta	Pain Medicine	None		No	Mercy Medical I	Courtesy
R	Xiong, Emily P.,BCBA	1104327931	BHP	Positive Behavior Supports	Yolo	Behavioral Hea	Behavior Analy:	09/25/2021	Yes	None	
R	Yasmeen, Shagufta MI	1922082429	PCP	Ritter Health Center	Marin	Internal Medicir	ABMS of Intern	08/26/1998	Yes	Admitting Agree	None
R	Yebra, Christina M.,FN	1699950618	PCP	Santa Rosa Community Hea	Sonoma	Family Nurse P	American Nurs	01/27/2009	Yes	None	
R	Youssef, Moudy S.,MD	1881743409	PCP	Fairchild Medical Clinic (PC	Siskiyou	Internal Medicir	ABMS of Intern	08/16/2016	Yes	Fairchild Medic	Active
I	Zanoletti, Ana C.,FNP-I	1528858180	PCP	Providence Medical Group,	Sonoma	Family Nurse P	American Acad	01/07/2025	Yes	None	
R	Zhang, Xiaoqian MD	1346474020	SPEC	John Muir Cardiovascular M	Solano	Cardiovascular	ABMS of Intern	11/28/2012	Yes	John Muir Medi	Courtesy

MEETING Minutes

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

Date: 11/18/25

Time: 7:30 a.m.- 9:30 a.m.

Facilitator: Mohamed Jalloh, HEO

Coordinator: Bethany Hannah

Meeting Locations:

- WebEx

Attendees:

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

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

External Advisory Members

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

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

***FQHC= Federally Qualified Health Center

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

Agenda Topic	Notes	Action Item
<p>1. Welcome/ Introductions/ Roll Call/Minutes review</p> <p><i>Time: 3 minutes Speaker: Mohamed Jalloh, Pharm.D</i></p>	<p>A. Dr. Jalloh conducted a roll call for external advisory members to mark their attendance.</p> <p>B. Quorum was met by having 7 external members present.</p> <p>C. A new member, Dr. Ronski was introduced as Medical Director at Carelon. Dr. Ronski explained his reason for joining the group is to gain new insights on child/adolescent and teach child psychiatrists on health equity and seeing things from different perspectives. There will be a vote to determine if Dr. Ronski can join the Committee.</p> <p>D. Attendees approved meeting minutes from the September 2025 QIHEC meeting. Motion to approve 1st Valarie Padilla</p>	

Agenda Topic	Notes	Action Item
	2 nd Jason Cunningham	
<p>3. Health Equity Updates</p> <p><i>Time: 5 minutes</i></p> <p><i>Speaker: Mohamed Jalloh, Pharm D.</i></p>	<p>A. Dr. Jalloh provides key updates regarding Health Equity as well as old business.</p> <p>B. Dr. Jalloh states that he has been to several conferences this year related to health equity and that one main concern he has noticed is people wondering what is going on with the Federal Government. What has been helpful, he noted, is highlighting the key need for measuring the impact of the health equity work as well as highlighting personal stories as it relates to health equity.</p> <p>C. Dr. Jalloh poses the question to the group’s external members: “How have you used data for some of your health equity work? Or are there stories that you have experienced that could help convey your message regarding health equity?”</p> <p>D. Dr. Jalloh leads with the example of the Health Equity Dashboard that Partnership Healthplan has developed based off HEDIS data, which we then stratified based on Race, Language, and other measures. Partnership is also conducting focus groups and interviews with the community to gain insight into what some of the disparities they are experiencing.</p> <p>E. Valarie Padilla at Open Door shared that they are participating in the disparity reduction optional program of the QIP with Partnership. This involves sharing disparity data, they have been actively sharing data around their identified disparity measures with our leadership teams, and they've been shared with</p>	<ul style="list-style-type: none"> • Connect Valarie Padilla with QIP team.

Agenda Topic	Notes	Action Item
	<p>each individual health centers. Valarie is interested to know if Open Door has been meeting the threshold. Dr. Jalloh explains that we can follow up with her and connect her to the QIP team at Partnership to determine if they will be getting the bonus money from this program.</p> <p>F. Dr. Jalloh highlighted that NCQA is going to be changing their naming structure for health equity accreditation, they'll be changing it to health outcomes accreditation, and they will also be changing the health equity plus accreditation to community focused care accreditation. Currently, we can keep our Health Equity accreditation as it is and change the name in 3 years when it expires.</p>	
<p>3. CMO Health plan updates</p> <p><i>Time: 20 minutes</i></p> <p><i>Speaker: Kermit Jones, MD</i></p>	<p>Kermit Jones gave the following CMO Health plan updates:</p> <p>A. QIP Contract Amendment Updates</p> <ul style="list-style-type: none"> • A new federal law requires annual contract amendments for all pay-for-performance programs, effective January 1. • QI, contracting, communications, and PR teams are coordinating to ensure compliance. • All participating organizations will receive amendments by December 10. • Informational seminars are ongoing; the next session is scheduled for November 20, 2025. <p>B. Medi-Cal RX Policy Updates and Challenges</p> <ul style="list-style-type: none"> • DHCS issued a policy reclassifying certain physician-administered drugs from pharmacy benefits to medical benefits, effective October 17. • This change caused coverage denials and operational confusion for pharmacies, providers, and health plans. • Although DHCS announced a 90-day pause, denials continue, particularly for new starts and home infusions. • DHCS has agreed to form a stakeholder workgroup to address ongoing concerns. 	

Agenda Topic	Notes	Action Item
	<ul style="list-style-type: none"> • The issue remains unresolved and may result in cost shifting to managed care plans. <p>C. Extended Care QIP (EXTQIP) Program</p> <ul style="list-style-type: none"> • A new Extended Care QIP (EXTQIP) has been launched, replacing the prior long-term care QIP. • The program was developed in response to the planned end of WQIP at year-end. • EXTQIP includes 11 measures and 2 gateway measures (CMS Five-Star Rating and CA Immunization Registry enrollment). • Contracting, finance, and quality teams are preparing contract amendments. 	
<p>4. Grand Analysis Presentation</p> <p><i>Time: 20 minutes</i></p> <p><i>Speaker: Anthony Sackett</i></p>	<p>A. Mohamed Jalloh opened the agenda item for the grand analysis and CAHPS member experience presentation and introduced Anthony Sackett as the presenter. Minor technical delays occurred, and presentation materials were successfully displayed.</p> <p>B. The purpose of the presentation was to review 2024 CAHPS survey results and explain how the data supports NCQA accreditation, health equity accreditation, and annual grand analysis requirements. The presentation also highlighted the evolution of CAHPS into a broader member experience improvement framework.</p> <p>C. The CAHPS program transitioned to the Quality Improvement Department in 2021 and now operates under a proactive framework.</p> <ul style="list-style-type: none"> • Performance assessment through annual CAHPS survey analysis • Active listening via real-time feedback, grievances, and community engagement • Strategic interventions to address barriers prior to the next survey cycle • Surveys are administered annually by Press Ganey in English and Spanish using mail, online, phone, and QR code options • Performance is benchmarked against NCQA national benchmarks (1–100) 	

Agenda Topic	Notes	Action Item
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D. Survey methodology includes two domains: health plan experience and health care experience.

- Rating questions use a 0–10 scale, with 9–10 considered top box
- Composite measures use top box scoring based on “usually” or “always” responses
- Demographic stratification includes age, race/ethnicity (self-identified, multiple selections allowed), and health status

E. Key findings for the child population showed improvement in access to care.

CAHPS® Survey Results Measure Year 2024 | Reporting Year 2025



Adult (511/3,375)

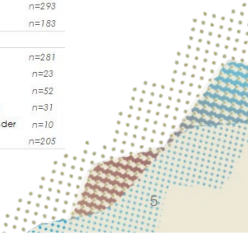
- **511 Completed Surveys (15.4% Response Rate)**
 - Age 55 or older with highest response rate
 - Ages 35 to 44 with lowest scores

Child (783/5,000)

- **783 Completed Surveys (15.8% Response Rate)**
 - Ages 9 to 13 with highest response rate
 - Ages 5 to 8 with Lowest scores

Demographic	Category	Total
Gender	Male	n=187
	Female	n=308
Age	18-34	n=135
	35-44	n=82
	45-54	n=90
	55+	n=186
Overall Health	Excellent / Very Good	n=153
	Good	n=186
	Fair / Poor	n=155
Mental Health	Excellent / Very Good	n=174
	Good	n=194
	Fair / Poor	n=126
Education	High School or Less	n=293
	Some College or More	n=183
Race Ethnicity	White	n=281
	Black / African American	n=23
	Asian	n=52
	American Indian or Alaska Native	n=31
	Native Hawaiian or other Pacific Islander	n=10
	Hispanic	n=205

*Race/Ethnicity figures will not equal 100% because they are separate questions



• Getting needed care and getting care quickly improved but remained below the

Agenda Topic	Notes	Action Item
	<p>33rd percentile</p> <ul style="list-style-type: none"> • Rating of personal doctor improved to above the 66th percentile • Rating of health care increased by approximately seven percentage points but remained below benchmark • Rating of health plan reached the 50th percentile • Influencing measures showed significant improvement in specialist care, supported by telehealth expansion • Care coordination improved • Doctor communication scored high overall but ranked around the 36th percentile • Customer service showed a slight decline, with ranking dropping from the 89th to the 74th percentile <p>F. Key findings for the adult population reflect ongoing challenges.</p> <ul style="list-style-type: none"> • Getting needed care ranked around the 5th percentile • Getting care quickly ranked around the 11th percentile • Rating of personal doctor declined by approximately four percentage points to the 15th percentile • Rating of health care improved by approximately nine points but remained near the 10th percentile • Rating of health plan showed slight improvement but continued to underperform • Specialist care showed modest improvement, ranking above the 73rd percentile • Care coordination improved year over year • Doctor communication dipped slightly after years of stability • Customer service showed a steady decline, with ranking falling to approximately the 12th percentile and identified as a priority improvement area <p>G. Health equity analysis revealed disparities across multiple dimensions.</p> <ul style="list-style-type: none"> • Members reporting fair or poor physical or mental health consistently reported lower satisfaction across all domains 	

Agenda Topic	Notes	Action Item
	<ul style="list-style-type: none"> • Members aged 18–44 scored significantly lower than older adults in access and specialist care • Hispanic/Latino representation was higher in child surveys (68.6%) than in adult surveys (42.7%) • Satisfaction with provider-based interpreter services exceeded satisfaction with health plan interpreter services, with larger gaps observed among adults • Additional detail is available in the appendix and related grand analysis reports <p>H. Active listening efforts included grievance and appeal analysis.</p> <ul style="list-style-type: none"> • Approximately 6,000 grievances and appeals were closed in 2024, compared to about 4,000 in 2023 • Grievances represented approximately 5,500 cases • Transportation was the largest grievance category, followed by provider services, access issues, and health plan services • Approximately 1.2 million transportation rides were booked in 2024 • About 4,500 transportation-related concerns were reported, representing less than 0.4% of total rides and an improvement from 0.6% in 2023 <p>I. Organizational improvement efforts were reviewed.</p> <ul style="list-style-type: none"> • Member experience evolved from a team-level initiative to an organization-wide strategic goal for the second consecutive year • Initiatives included expanding access points, improving digital engagement, and strengthening networks • Strike teams continued to focus on service improvements • Enhancements to member services phone operations and benefit literacy education were implemented • Collaboration with DHCS and Smile California aimed to reduce misdirected calls 	

Agenda Topic	Notes	Action Item
	<p>related to dental benefits</p> <p>J. Mohamed Jalloh thanked Anthony Sackett and the QI team for a clear and comprehensive overview of CAHPS data, methodology, and purpose. The importance of CAHPS accountability despite known limitations was acknowledged.</p> <p>K. No additional questions were raised.</p>	
<p>5. Health Disparity Discussion: Community Feedback <i>Time: 10 minutes</i> <i>Speaker: Jesus Hermosillo</i></p>	<p>A. Mohamed Jalloh provided an update on staffing and focus group leadership.</p> <ul style="list-style-type: none"> • Jesus Hermosillo was hired to support community engagement and member feedback efforts • Jesus will lead focus groups and coordinate with departments seeking to conduct additional focus groups • The agenda item provided Jesus an opportunity to share updates from recent community engagement activities <p>B. Jesus Hermosillo shared updates on focus group and community engagement work.</p> <ul style="list-style-type: none"> • No major updates this month due to focus on process development and reporting structures • Processes are being developed to structure, report, and share focus group findings internally and externally • Four focus groups and ten community engagement events have been completed • Approximately 37 unique data points have been collected and can be linked to claims data • Data will be used to better understand disparities and strengthen Partnership programs and initiatives 	

Agenda Topic	Notes	Action Item
	<ul style="list-style-type: none"> • Future meetings will include presentations on work with Native American populations and Black/African American members in rural regions <p>C. Mohamed Jalloh outlined the revised focus group strategy at Partnership.</p> <ul style="list-style-type: none"> • Focus groups will target specific health disparities identified in the community • Focus groups will also function as a service that leaders and medical directors may request <ul style="list-style-type: none"> • Quality Improvement and Population Health teams will support as needed • Leaders may choose their level of involvement, including direct participation or full delegation • A Microsoft Form will be developed to formalize focus group requests across the organization <p>D. Mohamed Jalloh invited external advisory members to share best practices for conducting focus groups.</p> <p>E. Hendry Ton (UC Davis Health) shared lessons learned from conducting focus groups.</p> <ul style="list-style-type: none"> • Health systems are not always the most trusted entities to conduct focus groups • Community-based organizations (CBOs) are often better positioned to facilitate trusted engagement • Trusted facilitators increase participation from individuals who may otherwise not attend • Honest assessment of relationships with communities is necessary • Trust-building and collaboration with CBOs are critical before conducting focus groups 	

Agenda Topic	Notes	Action Item
	<p>F. Mohamed Jalloh acknowledged the importance of trust-building and collaboration with CBOs.</p> <ul style="list-style-type: none"> • Emphasized the need to build trust rather than conduct transactional engagement • Expressed appreciation for the feedback provided <p>G. Leila Romero (Lake County Health Services) shared insights on community outreach and communication.</p> <ul style="list-style-type: none"> • Trust is critical, but communication methods are equally important • Previous forums provided food and childcare but still had low attendance • Outreach relied on Facebook, which did not reach many Latino community members • Community members preferred radio-based communication • Messaging must align with how target communities receive information <p>H. Mohamed Jalloh agreed and reinforced the importance of appropriate communication channels.</p> <ul style="list-style-type: none"> • Posting on social media alone is insufficient if the target audience does not use the platform • Identifying trusted and widely used communication channels (e.g., radio) is more effective <p>I. Anthony Sackett raised a question regarding interpreter services and member experience.</p> <ul style="list-style-type: none"> • CAHPS data shows members rate provider-based interpreter services higher than plan-based services • This trend has persisted for three years across both adult and child populations • Anthony suggested focus groups to better understand barriers on the plan side 	

Agenda Topic	Notes	Action Item
	<ul style="list-style-type: none"> • He noted the issue may relate to navigation or connection processes rather than individual staff performance <p>J. Mohamed Jalloh invited external advisory members to share perspectives on why plan services may be rated lower than provider services.</p> <p>K. Ian Kim, MD (CommuniCare) shared provider experience with interpreter services.</p> <ul style="list-style-type: none"> • Clinics use video-based interpreter services via iPads • Interpreter access typically takes approximately 30 seconds • Professional interpreters provide higher quality interpretation than untrained bilingual staff • Transitioning from medical assistants to professional interpreters improved patient experience • Use of interpreters allowed medical assistants to focus on clinical tasks <p>L. Mohamed Jalloh confirmed understanding that professional video interpretation improved patient experience.</p> <p>M. Ian Kim elaborated on trade-offs of interpreter models.</p> <ul style="list-style-type: none"> • In-person interpreters capture nonverbal communication and rapport • Professional interpreters reduce medical terminology errors • Overall, video interpretation improved patient experience despite limitations <p>O. Isaac Brown asked about challenges with interpreter availability for specific languages or dialects.</p> <p>P. Ian Kim responded regarding language access variability.</p> <ul style="list-style-type: none"> • Dari interpreters are often available quickly and reliably 	

Agenda Topic	Notes	Action Item
	<ul style="list-style-type: none"> • Some Mandarin dialects present challenges due to limited interpreter availability • Dialect-specific differences can impact interpretation quality <p>R. The discussion concluded with appreciation expressed to presenters and advisory members.</p>	
<p>6.Policy Discussion: Community Reinvestment Special Meeting <i>Time: 10 minutes</i> <i>Speaker: Mohamed Jalloh, PharmD</i></p>	<ul style="list-style-type: none"> • The presentation focused on Partnership’s community reinvestment framework • Quality Advisory (QA) members were invited to contribute ideas for reinvestment priorities in an upcoming special meeting/session in December 19th <p>C. DHCS community reinvestment funding calculations.</p> <ul style="list-style-type: none"> • DHCS will determine minimum reinvestment amounts annually • Base requirement is expected to be approximately 5% of annual income for most plans • Additional quality achievement requirements may apply based on enforcement tiers • Official funding calculations are expected from the state in Q1 of the following year • Funds will be distributed once calculations are finalized <p>D. Allowable categories for community reinvestment funding.</p> <ul style="list-style-type: none"> • DHCS requires funds to be allocated across broad categories • Examples include cultivating neighborhoods, healthcare workforce, local communities, and improved outcomes • Categories are intentionally broad to allow flexibility for health plans • Funding is not restricted to a single narrowly defined activity 	

Agenda Topic	Notes	Action Item
	<p>E. Examples of permissible investments provided by the state.</p> <ul style="list-style-type: none"> • Scholarships for health professionals • Recruitment and training programs for high-demand healthcare roles • Career pipeline development initiatives • These examples serve as guidance for future reinvestment planning <p>F. Timeline and planning considerations for reinvestment plans.</p> <ul style="list-style-type: none"> • Reinvestment plans will be submitted in Q3 2026 based on 2024 net income • Future plans will be based on subsequent years' net income • Expansion counties added in 2024 may follow a different timeline • Partnership is deciding whether to use one unified calendar or separate frameworks for original and expansion counties <p>• DHCS guidance ties eligibility to the length of time Partnership has operated in each county</p> <p>G. Community and stakeholder engagement process.</p> <ul style="list-style-type: none"> • Surveys have been developed for CAC members, behavioral health leaders, and public health leaders • Former CDPH officials reviewed draft ideas in November • Surveys will be distributed in December • A special December session will invite QHEC members to provide direct feedback • Feedback will be synthesized and presented to executive leadership and workgroup leaders in January • Final reinvestment decisions will be made following leadership review 	

Agenda Topic	Notes	Action Item
	<p>H. Transition to discussion on addressing health disparities.</p> <ul style="list-style-type: none"> • Mohamed Jalloh reviewed disparities previously identified using MCAS data • Disparities have now been stratified by relevant QMSI workgroups • Each workgroup will focus on disparities aligned with their scope (e.g., women’s health and breast cancer screening) • The goal is to develop targeted interventions within each workgroup. <p>I. Planned multi-level approach to addressing disparities.</p> <ul style="list-style-type: none"> • Each disparity is intended to be addressed through: <ul style="list-style-type: none"> • A QHEC policy action • A QMSI intervention • A community-based intervention • External advisory members will be asked to suggest community-based strategies during upcoming meetings. • The goal is to achieve measurable impact for each identified disparity. <p>J. Meeting schedule and open discussion.</p> <ul style="list-style-type: none"> • Meetings will continue odd-numbered months. • Time was reserved for external advisory members to share updates or feedback on their health equity work. <p>K. External advisory member updates and feedback.</p> <ul style="list-style-type: none"> • One-member shared appreciation for the discussion and noted plans to explore similar work internally. • Members were encouraged to continue sharing updates and support needs. 	

Agenda Topic	Notes	Action Item
	<p>L. Concerns raised regarding gender-affirming care and policy changes.</p> <ul style="list-style-type: none"> • Ian Kim shared concerns about potential federal restrictions on gender-affirming care. • NPR reported on a leaked draft policy that could ban gender-affirming care for all ages. • Clinics are already reconsidering how publicly they discuss or provide gender-affirming care. • Concerns were raised about access, patient safety, and uncertainty. • Ongoing concerns remain about upcoming Medi-Cal changes affecting undocumented and immigrant populations. <p>M. Partnership response and related discussion.</p> <ul style="list-style-type: none"> • Mohamed Jalloh requested the NPR article for context. • Partnership leadership will explore potential safeguards similar to state protections for abortion care. • Internal efforts are underway to educate affected members about upcoming Medi-Cal eligibility changes. • Partnership is participating in outreach efforts such as the “Keep Your Medi-Cal” campaign. • External coalitions are supporting outreach to impacted members. <p>N. Additional insights on alternative care delivery models.</p> <ul style="list-style-type: none"> • Jason Cunningham shared that gender-affirming care may not be treated the same as abortion care. • Clinics may be prohibited from providing or prescribing gender-affirming care if 	

Agenda Topic	Notes	Action Item
	<p>billing Medi-Cal or Medicare.</p> <ul style="list-style-type: none"> • Some organizations are exploring partnerships with free clinics. • Clinicians may volunteer at non-billing clinics to continue providing care. • Patients could still access medications through insurance while receiving care externally. <p>O. Legal and system-level considerations.</p> <ul style="list-style-type: none"> • California law protects gender identity under anti-discrimination statutes. • A potential federal ban would conflict with state law. • Legal challenges are expected, creating uncertainty during the interim. • Clinics may defensively shut down services, which could significantly harm patients. <p>P. Additional resources and collaborative efforts.</p> <ul style="list-style-type: none"> • CPCA is convening a workgroup to explore alternative care models. • Members were encouraged to participate if eligible. • Partnership allows primary care-to-primary care referrals for gender-affirming care. • Video visits and alternative referral pathways may be utilized. <p>Q. Additional organizational updates.</p> <ul style="list-style-type: none"> • Aliados Health is planning a workgroup focused on gender-affirming care for patients under 18. • CMOs and medical directors are involved. • Outreach to relevant members will occur soon. 	

Agenda Topic	Notes	Action Item
<p>8. Adjournment</p> <p><i>Time: 1 minute</i></p> <p><i>Speaker:</i> <i>Mohamed</i> <i>Jalloh, Pharm.D</i></p>	<p><i>Next Meeting:</i></p> <p><i>January 19, 7:30 am to 9:00 am PST</i></p>	