

PARTNERSHIP
HEALTHPLAN
OF CALIFORNIA
2020
Community
REPORT

Stronger

Together





2020 Community Report: Cover Theme
 Throughout 2020, neighbors left one another messages of support on sidewalks and in windows. It's in this spirit that Kristine Paeste, a project coordinator in our Communications Team, illustrated our cover theme, "Stronger Together."

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CEO Message

The mission of Partnership HealthPlan of California (PHC) is to *help our members, and the communities we serve, be healthy*. The unprecedented events of 2020 have not changed our focus and, instead, have strengthened our dedication to all those we serve. Where COVID-19 presented challenges to delivering high-quality health care in the traditional manner, we found opportunities to engage our members, providers, and communities in new, innovative ways. Through a companywide effort, we conducted member outreach to our most vulnerable populations; we committed at least \$5 million from our Quality Improvement Program for provider/community grants; and we purchased blood pressure monitors, oxygen saturation monitors, and thermometers for distribution to members at no cost. All of these efforts were accomplished with about 90% of our staff working from home.

While COVID-19 has necessitated many changes in the delivery of health care, arguably the most important and overdue turning point in 2020 is the increased discussion of racial equality. We stand with our communities in opposition to injustices that we have witnessed time and time again. Racial inequalities cannot be tolerated or ignored, even when facing other crises like a pandemic. Our work on health equity and social determinants of health are two examples of our initiatives to address systemic racism. This year, we worked to strengthen our housing program to support vulnerable communities. In addition to broader community efforts, we have also looked internally to address challenges facing our staff by holding forums on race and equity. We are committed to doing more to address inequalities and to moving forward together.

As you can see from the cover, the theme of our 2020 Community Report is *Stronger Together*, embodied in a chalk drawing by Kristine Paeste of our Communications Team. To recognize the unique circumstances brought on by COVID-19, the report features socially distant "porch portraits" of staff (including me, here with my dog, Mav), as well as a couple Zoom photos.

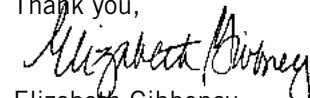
The unprecedented events of 2020 have not changed our focus but have strengthened our dedication to all those we serve.



Each of these features is to commemorate the extraordinary circumstances and renewed sense of community brought on by a far-from-ordinary year.

This report also showcases the influence and importance of our public health partners. We share: a conversation with Marin County Public Health Director Matt Willis (page 10); the excitement as multiple grant-assisted projects to house the Medi-Cal population broke ground or celebrated grand openings (page 15); and the "honorable mentions" two community partners received from the national Association for Community Affiliated Plans (page 19).

This year was certainly a unique and challenging year, but as you will see from our 2020 Community Report, we've maintained PHC's fundamental commitment to help all our communities be healthy. This report shows that all of us – staff, providers, members, and communities – are stronger together!

Thank you,

 Elizabeth Gibboney



MISSION

To help our members, and the communities we serve, be healthy



VISION

To be the most highly regarded managed care plan in California

MEMBER DEMOGRAPHICS

Members

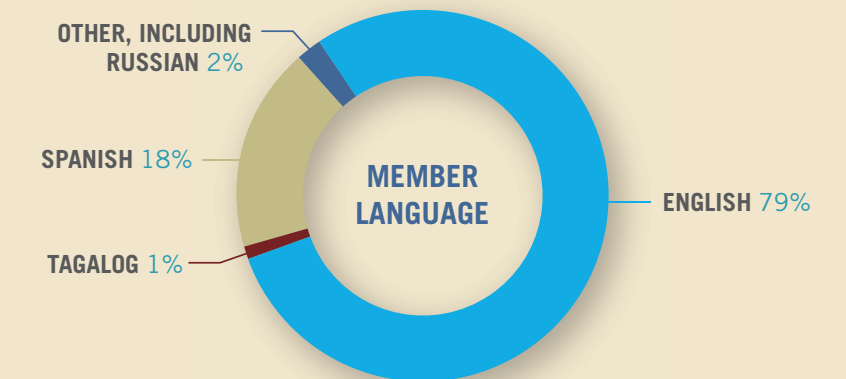
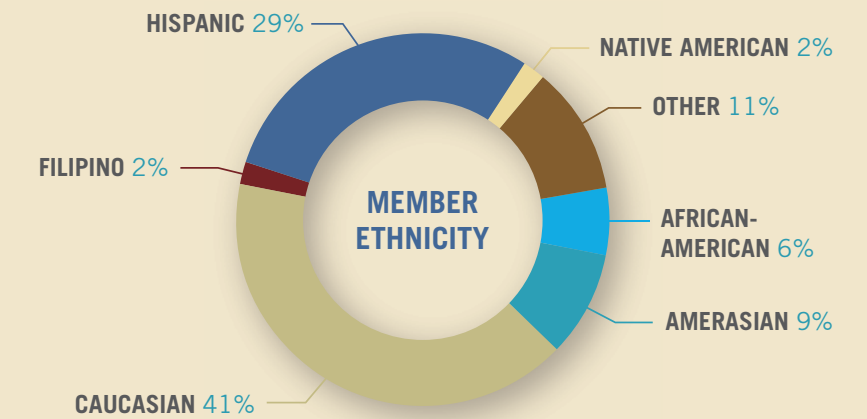
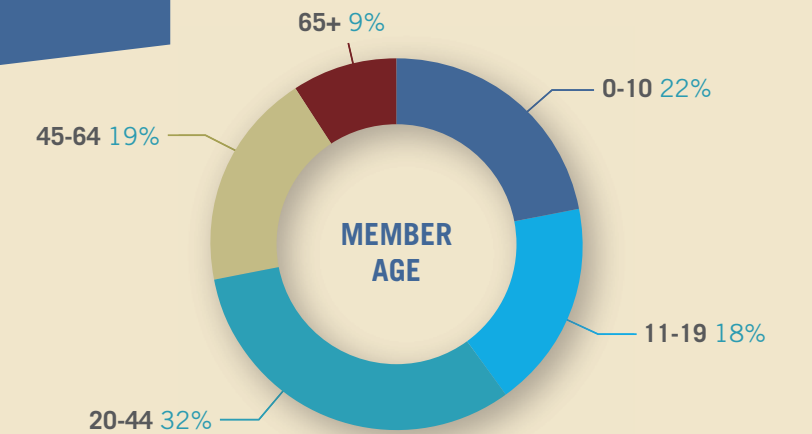
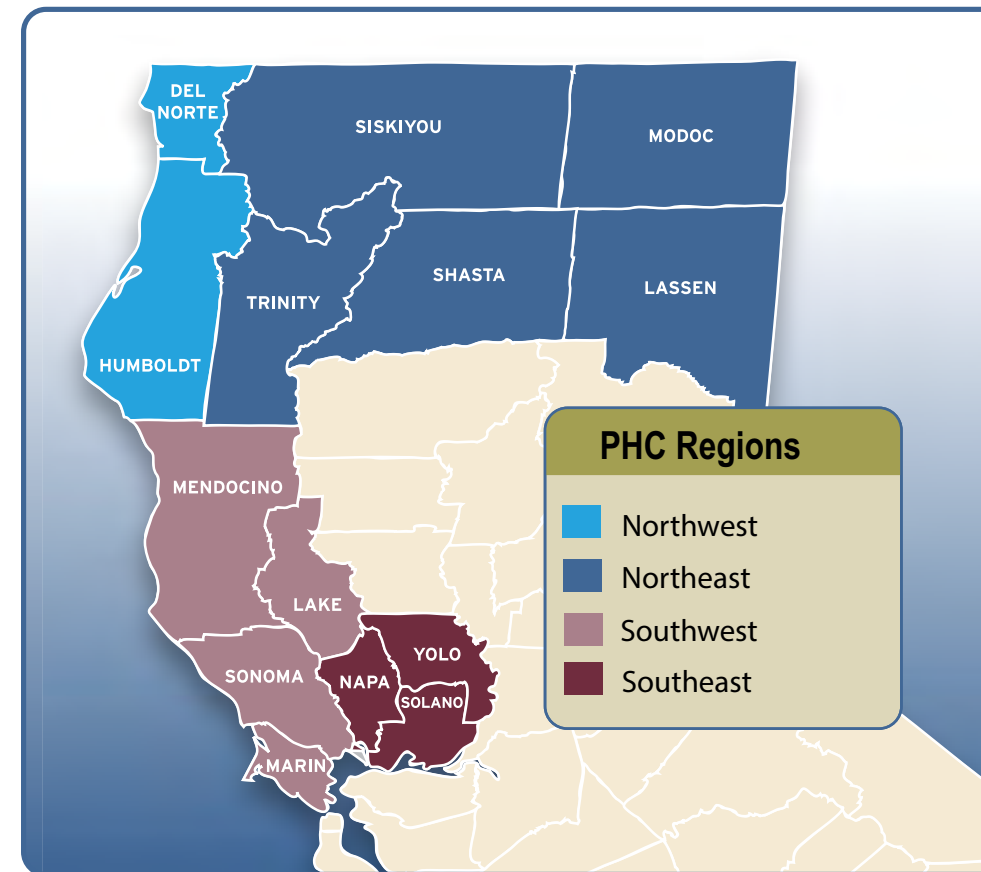
Total PHC Membership (as of September 1, 2020): **570,500**

Population

Percentage of 14-county total population who are PHC members: **27%**

Membership by Region (as of September 1, 2020):

Northwest: **65,650** Northeast: **94,850**
 Southwest: **216,000** Southeast: **194,000**



Lizel Gutierrez

Case Manager II

How your job supports PHC's mission: In the Care Coordination Department, our goal is to help our members reach their optimum health. I communicate with our members and providers to ensure our members have access to the care that they need. I assess their needs and initiate and coordinate individualized care plans, coordinate referrals and authorizations, and provide support and continuous follow-up to assist members in their plan of care.

Working from home in: Vacaville (Solano County)

Hobbies/projects during COVID: I have definitely been spending more time in the kitchen. I've been trying new recipes and also healthier ones for some of my favorite desserts. I have also been staying active with home workout videos and walks around the neighborhood.

Anything you'd like to share? When this is over, I plan to take a vacation.



A Little TLC for Partnership's Vulnerable Populations

As COVID-19 spread across the country and California, the Department of Health Care Services required Medi-Cal managed care plans, like PHC, to increase outreach to our most vulnerable members. PHC was more than willing to help our members navigate these unprecedented times.

The Population Health Management (PHM) team spearheaded the call campaign to reach these members – those over 65 (disabled or not), disabled members under 65, post-partum mothers, members in our Whole Child Model program (who receive California Children's Services), and case-managed members. The effort was named TLC 4 C19 – Tender Loving Care for COVID-19 – and many PHC employees, across various departments, volunteered to check in on members by phone.

The objective of the TLC campaign was to promote members' continued access to services and resources during the pandemic. These included medical services, mental health services, mail order prescriptions, and community resources like those on FindHelp.org.

"This call campaign was presented as a state requirement but truly became an opportunity to show members how important they are to us," said PHM Director Rebecca Boyd Anderson. "The member feedback was truly moving – they said they had never felt this cared for by a health plan."

The PHM team is new to PHC. The role of Population Health Management is to identify the needs of PHC's members and align organizational and community efforts to meet these needs. The TLC campaign, which fits into that role well, began on April 2, 2020, and by June 30, 2020 reached 58,637 members and 10,578 parents/guardians of child members under the age of 15 months. For Boyd Anderson and the PHM team, it was awesome to see staff from several departments throughout PHC volunteer to take on this project.



"Thank you all so much for all the work you do. It's so amazing that you're reaching out like this. You are such a nice person. Thank you for calling; it means a lot to me."

– PHC member, to Keiko T., clerk in Claims during a TLC 4 C19 call

Work from Home: Deploying Staff, Staying Connected

COVID-19 has had drastic effects on the way we work, live, and gather in our communities. Like many employers, PHC had to reimagine the work environment and pivot quickly to telecommuting while still providing essential services. **In March, we deployed about 90% of our employees to work from home.** Working from home can be challenging, especially for departments that work closely with other teams or for those accustomed to daily in-person meetings. The days of walking over to ask a coworker for help have been replaced with virtual meetings and instant messages.

To get hundreds of employees equipped to work at home took coordination from our IT and Facilities departments, with some help from the Human Resources team. Deployments were prioritized based on staff who were at high risk medically, operational priorities, and other factors.

HR and IT partnered to make sure employees learned how to set up computers at home and were reminded of their responsibility to keep equipment in good condition. The Facilities team worked with IT to coordinate employees picking up their equipment. **This huge undertaking was achieved smoothly and with very few problems.** At PHC, we pride ourselves on being a group of hard-working and dedicated employees who also like to have fun. With birthday decorations and department potlucks no longer an option, see how PHC employees stayed connected this year:



Marya Parker from Human Resources working at home

Staying Connected with Each Other

- Sharing photos of family, pets, and the outdoors
- Doing group crafts and sharing finished products via email
- Virtual spirit week
- Birthday shout-outs
- Emails or meetings with trivia and games
- Encouraging breaks to get fresh air
- Sharing new talents, favorite recipes, shows, movies, and jokes
- Monthly virtual potlucks
- Group pictures at the end of each meeting

Staying Connected with Our Communities

At the beginning of our temporary work-from-home order, PHC implemented the How-to-Help Spotlight as a recurring email to staff. The Communications Team shared opportunities, suggestions, and tips from other employees on ways to help out during the COVID-19 pandemic. Ideas ranged from thanking a frontliner to donating personal protective equipment to supporting local businesses.

Q&A with Dr. Moore: COVID, Virtual Office Hours – and Hiking

Chief Medical Officer Robert Moore is looked to as our leader on all things medical at PHC, but that has never been more true than this year. Dr. Moore has been an invaluable resource to PHC staff, providers, community partners, and members in explaining the facts about the COVID-19 pandemic and stopping its spread. Here, Dr. Moore tells us about what 2020 has been like for him:

Did you ever expect to see a pandemic like this in your career? And is this something you had prepared for in training, experience?

I did not anticipate a pandemic of this magnitude in my lifetime. I studied the epidemiology and public health principles behind the history of epidemics and infectious disease outbreaks in my public health training. The AIDS pandemic burst onto the scene while I was an undergraduate at UC Berkeley. During medical school, residency, and my early work at a community health center, I cared for many patients with AIDS, many of whom died. I was the medical director of Ole Health when the H1N1 influenza pandemic hit in 2009, and I was involved in countywide planning of a massive vaccination campaign that led to the virtual elimination of the disease within months. These prior pandemics and epidemics offer many lessons in the current COVID-19 outbreak.

“A health crisis like this taps into people’s sense of community and giving and reduces our focus on material goods.”



How does COVID compare with other challenges you’ve faced as a physician and as a medical director?

My experiences with leadership, communications, public health, clinical care and the basic science of infectious diseases were all required to understand the important roles a health plan CMO can take in COVID-19. These roles include that of: synthesizer and disseminator of information within the medical and public health communities; advisor to PHC Human Resources, leadership, and employees; influencing the community beliefs and policies that impact the pandemic.

You’ve been hosting virtual “Office Hours with Dr. Moore” for PHC staff. How’s that going?

The feedback has been very supportive. The format has evolved from just Q&A format to include a summary of the state of the pandemic, with helpful hints, quiz questions, and major scientific updates, followed by Q&A. I’ve learned that this format is not only informative to staff, but offers the opportunity to indirectly

impact the broader community, as our staff pass on what they learn to family and friends.

What are your top tips for those who want to do their part to stop the spread of COVID?

We need to think of every person outside our bubble (and ourselves) without symptoms as potentially presymptomatic or asymptomatic. Don’t let your guard down, and don’t let COVID fatigue lead to you being unsafe.

Have you noticed any positives during this time?

A health crisis like this taps into people’s sense of community and giving and reduces our focus on material goods. The leadership of local health officers whose jobs are usually lower-key and mundane, but who are not at the center of their community’s response – they have been a bright spot. And the PHC leadership team has been thoughtful and decisive, keeping providers, members, staff, and stakeholders in mind.

How has COVID affected you in your personal life?

Because of social or physical distancing, I’m spending more time hiking and cooking each weekend. All three adult children moved home, which is actually a real blessing. My oldest daughter had a Zoom wedding at our house with Zoom attendees from around the United States and India.



Staying Connected in Our Work

- Weekly group meetings via WebEx
- Daily or weekly virtual check-ins with supervisors
- Sharing department policy and updates via a shared website
- Team members taking turns leading huddles or team-building activities
- Motivational memes

2020 PHC Work From Home Deployment Kit

Shalice Ciulla

Claims Customer Service Representative I

How your job supports our mission: By processing claims in a timely manner. It helps ensure the members and communities we serve are happy and healthy and have the resources they need.

Working from home in: Anderson (Shasta County)

Hobbies/projects during COVID: Working out and hanging with my little family (husband Ryan and their 14-year-old dog, Cornbread).

Anything you'd like to share? "Try and be a rainbow in someone else's cloud." – Maya Angelou



PHC Provider Delivers Groceries, Kindness

As communities all over the world coped with the pandemic this year, there were examples of human kindness to remind us that we're all in this together.



One such example is a program set up by Mayers Memorial Hospital District (MMHD), one of our providers in Shasta County. Groceries to Go is a free program in which MMHD partnered with Ray's Market in Fall River Mills and Safeway in Burney to do shopping and deliver grocery items to the over-65 and immune-compromised population in the small, rural community.

"It is vitally important that our community follows the shelter-in-place order from our governor in order to slow down the spread of COVID-19 in our state," said

Louis Ward, CEO of MMHD, back in April. MMHD realized that some members of our community could not and should not go out for essential grocery items, so Groceries to Go was launched.

The program allows a person to call in a grocery list or use an online ordering process and a MMHD employee will do their shopping for them and then deliver the items to their home. Additionally, MMHD staff provided a prescription pickup service at Mayers Pharmacy.

Several MMHD staff members shopped, including Volunteer Services Manager, Kandie Dekker. "It has been very rewarding for me to be able to provide this personal shopping service for seniors and help them stay safe," Kandie said.

The program was especially popular in the early months of shelter-in-place, but continues as needed.

Kandie says they are still making deliveries for some regular customers who have expressed deep appreciation for the service.



Benjamin Gammon, Emergency Medical Services coordinator for Solano County, picks up N95 masks from PHC in Fairfield.

Helping Protect Our Providers on the Front Lines

As many medical facilities faced shortages of N-95 masks and other personal protective equipment at the start of the coronavirus pandemic, Partnership HealthPlan of California stepped in to help by donating masks. The masks were from PHC's supplies used during fire season in California.

PHC's Northern Region donated 800 masks to four facilities: Fairchild Medical Center (500), Shasta Cascade Health Center (100), Shasta Community Health Center (100), and Quartz Hill Post-Acute (100). The Southern Region donated 1,000 masks to Solano County Medical Service Division.

"During this challenging time, one of our main objectives is not just providing quality care to our community while keeping patients safe, but also ensuring we do everything we can to keep our care providers protected," said Susan Westphal, RN, assistant administrator at Fairchild Medical Center in Siskiyou. "The donation of N95 masks helped us maintain these safety goals and provided peace of mind. Thank you!"

We're pleased to be able to help in this small way to keep our health care workers safe.

Marin County: Health Officer's Public Role, Personal Experience

County public health officers throughout our PHC region, and beyond, have been thrust into the spotlight during the COVID-19 pandemic as they address the spread of the disease, prevention measures, and testing in their communities. Dr. Matt Willis, the health officer for Marin County, gained attention because of his public role and personal experience.

Dr. Willis, who served on PHC's Board of Commissioners, says Marin County saw COVID-19 cases earlier than many counties in our service area. This, he says, was likely due to Marin's proximity to densely populated core Bay Area counties.

Willis says he approaches the pandemic like he approached his primary care practice: being clear about the facts; adjusting and changing as needed, understanding science, and giving tools to those you are serving.

"I mainly am working to protect people through sensible policies and clear communication," Willis says.

As such, Willis makes himself frequently available to the media and the public, offering status updates, keeping in close communication with community clinics and generally being accessible. **He thinks honesty and transparency help minimize fears.**

"When our health is at stake, there's a lot of fear and anxiety," he says. "In a position of responsibility, we're expected to manage that fear and anxiety."

Willis knows firsthand how scary COVID-19 can be. In mid-March, before universal masking was mandated, he contracted the virus and was bed-ridden at home for more than two weeks.

"My own experience was a reminder that under the tip of the iceberg (hospitalizations), there was a much larger proportion of people who are quite ill and require support but remain at home," he says. "They're unable to meet needs of those dependent on them – children and older people."

His experience reinforced his belief in the need for social support – food, hotel rooms for isolation, income support, and home monitoring kits, including pulse oximeters to track oxygen levels. Marin County is distributing such kits through Emergency Departments and clinics.

Willis was able to return to his work and the county has faced many challenges – from an outbreak at San Quentin Prison to high infection rates among Latinos in Marin County.

"Those who identify as Hispanic or Latino make up 16 percent of Marin's population," Dr. Willis told us over the summer. "But as of August 17, they are currently 75 percent of the COVID cases."



Dr. Matt Willis

Officials say crowded apartments in San Rafael's Canal neighborhood, a predominantly Latino community, have resulted in transmission among large groups of people living together.

"It's an exaggerated form of health inequities that go far beyond the virus," Dr. Willis says, citing jobs, housing costs, and other factors that, in turn, affect health.

Dr. Willis says addressing the matters of testing, care, and prevention are the immediate concerns, but that we must also look at the systems in place that leave some populations vulnerable and see how we can change those systems in the future.

He says long-term partnerships between public health departments, clinics, and health plans (like PHC) offer hope. He also says that new partnerships have formed out of a practical need. Hospitals that were once competitors now are working together.

"We need to be focusing on **the real enemy** here, which is the virus," Willis says.

Marin County: Clinics Meeting Challenges of a Pandemic

Federally Qualified Health Centers (FQHCs) provide primary care to many PHC members throughout our service area. Throughout this pandemic, their work continues to align with our mission: to help our members, and the communities we serve – be healthy.

They are serving our members by using telemedicine or virtual visits. They've been available for both well and sick visits and have partnered with counties to get members COVID testing in a timely manner. They've worked to ensure both members and their staff remain safe.

One example – which reflects what so many others are doing – is Marin Community Clinics (MCC). We talked to three doctors at MCC: Dr. Elizabeth Shaw, Medical Director for Novato South; Dr. Melanie Thompson, Regional Medical Director, San Rafael; and Dr. Tracey Hessel, Associate Medical Director, Pediatrics.



Dr. Hessel and Dr. Shaw

What have been the biggest challenges for you/MCC during this pandemic?

Dr. Shaw: Transforming our model of care delivery in a matter of days, followed by rapidly solidifying new workflows for the short and long term. The ironic part is that most of these changes are things that we would have liked to have had the opportunity to pilot and implement before this

pandemic, like telehealth, but were faced with assimilating at a pace that no one was prepared for.

Dr. Thompson: Personally, my father was in hospice care at the height of the pandemic and I wasn't able to go home or be there with him when he died. Navigating this loss at the same time as leading organizational change was and has been a continued challenge at times. On the other hand, it has also allowed me to demonstrate that we can share collective grief and still be OK.

How has MCC met the challenges posed by COVID?

Dr. Hessel: Frequent communication! In different ways and with patience when people have trouble keeping everything straight. In addition to our brief morning updates at each site, we have had many organization-wide town-hall-style meetings to go over changes to ensure that everyone is hearing the same information.



Dr. Melanie Thompson of Marin Community Clinics with a patient (photo taken pre-COVID)

Dr. Thompson: We adopted universal masking early on and a "phone first" model at the same time, which allowed us time to continue refining delivery of patient care and be thoughtful about bringing patients in.

Not everything is about COVID: How are you addressing your patients' non-COVID needs during this time?

Dr. Shaw: Our behavioral health, complex care, and care navigation departments have really stepped up to support our patients' psychosocial needs, which has been critical. We have set up respiratory clinics to separate our COVID care from the rest of the clinic so that we can start to bring patients back in safely for urgent and routine care.

Dr. Hessel: We have transitioned to providing almost all of our care by telemedicine first. ... For issues that require a physical examination to fully evaluate and for our well-child visits (those who need vaccines, screenings, and close monitoring of growth and weight gain), we are able to focus on just those aspects of care to limit the time of the visit and the exposure for the patient and staff. In addition, we are transitioning to doing many of our brief encounters in the car or in spaces outside of the clinic, again to avoid enclosed spaces and also to limit the volume and flow of patients within the clinic.

Cody Wade

Provider Relations Representative

How your job supports our mission: By building a strong relationship of support for our providers and ensuring they have all the information and resources they could need in order to provide the best care possible for our members.

Working from home in: Cottonwood (Shasta County)

Hobbies/projects during COVID: Our backyard “dreams” have been our project of focus during the last few months.

Anything you'd like to share? I started with Partnership on April 6, which was a few weeks into the first wave of COVID. Changing career paths during that time was definitely a bit nerve-racking, not knowing what the future was going to bring during such a fluid situation. I could not be happier with my choice to become part of this amazing team.



The Importance of Telehealth Spotlighted During Pandemic

Our telehealth program launched in 2015, and this year it became especially important across our 14 counties.

Telehealth has been a critical tool in health care delivery and access for our providers and members during the COVID-19 pandemic. Telehealth has minimized, and sometimes eliminated, the need to be seen in office settings, which is of significant importance when shelter-in-place or quarantine rules call for less in-person interaction.

Our members and providers can now connect virtually and still produce positive health care outcomes. Members have expressed how happy they are that services are still available and that being seen from home provided them with more comfort just knowing that they were not at risk for exposure or exposing someone else. Providers have acknowledged there is a bit of effort required on their part to learn the telehealth technology, but it has been a welcome challenge and they appreciate PHC's support.

We continue to push telehealth forward as a means for care delivery because we believe it helps our members to get care in a timely manner and because it has proven to be a cost-effective alternative to in-person services.

In light of COVID-19, PHC partnered with TeleMed2U and UC Davis Health to provide access to pediatric and adult specialty care services via direct-to-member options offering appointments that are more flexible during this unprecedented year.

Additionally in 2020, PHC launched our Primary Care Provider (PCP) Virtual Care Grant Program. The purpose of this grant is to offer incentive payments to contracted PCPs that successfully demonstrate an increase in video visits for a specific period of time.

We look forward to continuing to serve our communities with high-quality telehealth offerings.



Telehealth and Collaboration

PHC primary care providers and specialists can securely share health information and discuss patient care via eConsult, an email-based platform. The eConsult process works well in conjunction with video telehealth. An eConsult before a video visit allows the specialist to request tests or evaluations in advance. After the video visit, follow-up questions or medication requests through eConsult assist in patient maintenance.

Here's some positive feedback from a provider on the eConsult experience:

“Mayers Memorial uses eConsult as a tracker, as a follow-up tool for the PCPs, and it's easy for the specialist to keep track of patients and care since they can also log on in real time ... Our Hep-C specialist loves the tool because he is able to follow up on patients who have treatments that can go two to six weeks.” – **Amanda Harris, Mayers Memorial Hospital**

Addressing Inequities that Impact Health

There is so much more to a healthy community than health coverage, a primary care provider, or an affordable prescription. Working toward health equity means acknowledging that people experience health care differently, and that inequities exist across age, race and ethnicity, disability status, citizenship, language, geography, sexual orientation and gender identity, and other categories.

PHC has made health equity a companywide effort. This year, we hosted our first Health Equity Week, featuring group discussion sessions and a workforce survey, and facilitated staff forums on race and equity. We created a Health Equity Repository, for internal materials related to our work on health equity, and a Health Equity Toolkit, with materials from outside sources, including links to videos, studies, and other materials from trusted experts.

There is much work yet to do.

When we achieve health equity in our communities, it will mean that everyone has an equal opportunity to be healthy. This goes well beyond making sure someone has a PHC card and a doctor to call. It also means we recognize that some groups face additional barriers, and we all have a role in identifying those barriers and working to overcome them. Achieving health equity means that different circumstances call for different resources and approaches. We aim to address health disparities with compassion and by using impactful, relevant data to guide our efforts.



Defining Health Equity

PHC's definition of health equity was influenced by the Robert Wood Johnson Foundation and states, in part: "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. PHC recognizes a range of factors impacts the holistic health of the diverse communities we serve. PHC is committed to create just and person-centered opportunities to attain the highest quality health and well-being for our members, our staff, and the communities we serve."

Showing that Housing is Health

In 2017, PHC committed \$25 million to supportive housing grants to ensure our members have a safe space to call home. As part of a multi-pronged approach to address social determinants of health – the social and environmental factors that affect an individual's well-being – our initial grant funds have since been leveraged to support over 26 housing initiatives across our 14 counties. At PHC, we believe these critical investments will help show that "housing is health," and individuals cannot effectively manage their health without it.

Through partnerships with counties, non-profits, hospitals, and other community groups, we have made progress on several exciting projects this year. Here are just a few:

Northern Region Counties



The "Blue Vic" in Eureka

- **Lassen** – PHC helped subsidize rental properties serving low-income households in Susanville. Currently, 18 individuals have case management and housing services as part of this initiative.

- **Humboldt** – The Blue Victorian ("Blue Vic") opened in July 2020, and includes eight supportive housing units for individuals and families with children experiencing homelessness, or substance use and mental health diagnoses.

- **Humboldt** – In September 2019, PHC was part of a diverse coalition led by the Redwood Community Action Association (RCAA), to provide supportive housing units for 10 families in Eureka.

Southern Region Counties

- **Marin** – Homeward Bound is an exciting project that broke ground in fall 2020 and will include 15 supportive housing units for people experiencing chronic homelessness and substance use disorder. The project is expected to welcome residents in the fall of 2021.

- **West Sacramento** – In partnership with Mercy Housing, the city of West Sacramento, Yolo County, and Sutter Health, 75 permanent supportive multifamily housing units will come online in late 2021.

- **Napa** – Heritage House will offer affordable housing to low-income residents and permanent supportive housing for people with mental health disabilities and other barriers to housing.



Tammi Robertson, left, with her daughter Mary and mother Diane

Family finds a home, and relief, at Onyx Apartments in Eureka

Tammi Robertson had been having a tough time accessing the special care that her daughter Mary, 8, needs. That was before moving back to Humboldt County to be near family.

With help from local organizations Arcata Partnership and Rapid Rehousing, Tammi found permanent housing at Onyx Apartments in Eureka. Onyx is one of the projects supported by the \$25 million in housing grants that PHC announced in 2018.

Tammi and Mary are PHC members and live with Tammi's mom, Diane. "It's just a relief," says Tammi of their housing situation.

Finding that stable home base was what she needed to then access health care and supportive services for Mary, who has multiple health challenges and receives California Children's Services through PHC's Whole Child Model program.

Tammi appreciates that their apartment has a wheelchair ramp for Mary, who is working hard to stand for longer periods and to walk. "She's come a long way," Tammi says. "I know she's going to walk this year."

Amrit Singh

State Hearing Representative

How your job supports our mission: I assist members with resolving their court issues.

Working from home in: Vallejo (Solano County)

Hobbies/projects during COVID: I have always had a passion for gardening and cooking. Tomatoes, mustard greens, and peppers are my regular plants. This year, I expanded my gardening to explore planting vegetables like squash and cucumbers. I also set up an outdoor cooking area.

Anything you'd like to share? I was on my first trip to India when this pandemic started. After a week of sightseeing, I spent two weeks in lockdown. I took that time to take naps during the day, watched Bollywood movies, and got hooked on wordscapes (a word hunt game). This was a very challenging time for me, not knowing what the next day will bring and living with limited resources. I was lucky to get on the first repatriated flights out of India on April 5, 2020.



The Big 5: PHC's Top Priorities & Projects

These were PHC's major areas of focus for 2020:

NCQA Accreditation

The National Committee for Quality Assurance (NCQA) health plan accreditation seal indicates an organization is well managed and delivers high-quality care and service in six major areas: quality management and improvement, population health management, utilization management, credentialing, network management, and member experience.



In August 2019, PHC obtained Interim Accreditation. In 2020, PHC's efforts focused on preparing for the next big step: First Survey Accreditation. PHC estimates obtaining First Survey Accreditation by February 2021.

Following NCQA guidelines, we prepared for a strong formal submission and are confident we will see a positive survey result in 2021.

Wellness and Recovery

On July 1, 2020, PHC launched the Wellness and Recovery Program to improve access to substance use disorder treatment. This program expands these services in seven PHC counties: Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano. This benefit is available to all who qualify for Medi-Cal in these counties.



The range of services includes: case management and recovery; detox; residential treatment; medication assisted treatment; and intensive outpatient treatment. Led by our Behavioral Health team, this three-year effort came to fruition because of the commitment of many PHC departments. We are proud to be addressing social determinants of health across the full continuum of care.

HEDIS

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a tool developed by the National Committee for Quality Assurance (NCQA) to measure the quality of care and services delivered to Medi-Cal recipients. We know high performance in HEDIS translates to improved health outcomes for our members.

In spring 2019, some changes were made to the quality measures that PHC is responsible for reporting. These included the introduction of new measures focused on improving adolescent well care and behavioral health.

Despite the changes, we saw a 9% year-over-year improvement across all HEDIS measures. All PHC reporting regions showed significant improvement thanks to efforts both plan-wide and at the provider site level. PHC continues to work closely with our provider network to improve health outcomes, as there is still work to do across all areas of care.

New Claims System

PHC is committed to serving our providers and members with innovative technology. In 2019, we began laying the groundwork for a new claims and eligibility system to launch in January 2022. This system, HealthRules Payor™, will increase claims quality and processing precision, and reduce errors and staff hours dedicated to corrective actions. In 2020, our project team of more than 100 staff members made great progress in these areas:

- **Resources and Training:** The project team was on-boarded and core implementation team was trained in multiple subject areas.
- **Configuration:** Designing the system involves creating fee schedules, contracts, benefit packages, work distribution rules, and ensuring claims match correctly.
- **Data conversion:** The team completed preparations to convert historical data into the new system.
- **System Testing:** Internal testing began to ensure accurate data.

CaAIM

In 2018, the Department of Health Care Services (DHCS) announced the California Advancing and Innovating Medi-Cal (CaAIM), an initiative to improve health outcomes and reduce the cost of care for the Medi-Cal population.



In January 2020, preparations for CaAIM were well underway at PHC and included seeking NQCA certification and establishing a Population Health Management program. Unfortunately, due to COVID-19 and a state budget deficit, the governor and Legislature delayed CaAIM until 2022. In the interim, PHC will continue developing plans related to long-term care, enhanced care management, and other programs to prepare for a successful launch in 2022.



Dr. Cotter was presented the award by Dr. James Knister, who earned the same recognition in 2018.

PHC's Dr. Cotter Honored for Life's Work

PHC Associate Medical Director Dr. James Cotter received a special honor in February 2020 as Napa County's 2019 honoree for Lifetime Achievement. "It was a great honor. And it wasn't a roast – which was good," Dr. Cotter said with a laugh.

In his acceptance speech, he thanked his fellow physicians and reminded them of what they can do for the health of their communities.

"Our patients are very grateful for our skill and caring. But sometimes it is not enough," he told the attendees, mentioning problems patients face related to poverty, homelessness, and health equity.

Dr. Cotter encouraged his colleagues to "look beyond our clinic walls" to make a difference by getting involved with community-focused groups,

Dr. Cotter's award and the career it honors show he practices what he preaches: After graduating from medical school, he served in the National Health Service Corps in Lake County and then practiced solo family medicine in Clearlake. He was medical director at Redbud Community Hospital and then moved to Kaiser Permanente's Napa Medical Offices, where he was physician in charge from 1993 to 2014, when he came to PHC.

When asked what's special about PHC, Dr. Cotter doesn't hesitate: "The staff," he says. "The people here smile ... and they get along! I think it's because we're all serving a higher good."

Kudos for Provider Relations Team

Here's what our providers have been saying about their PHC representatives:

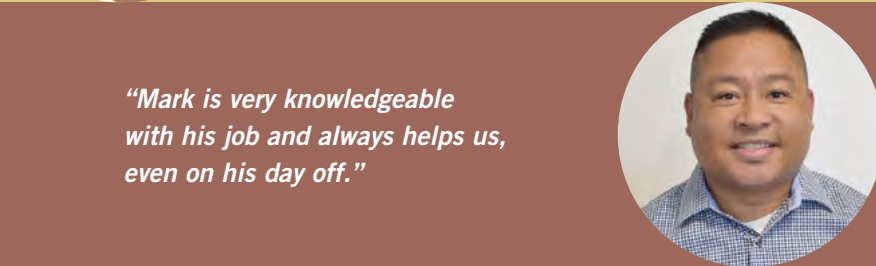


"Becky is always courteous and professional in our dealings regarding members/patients, and our relationship is truly a partnership."

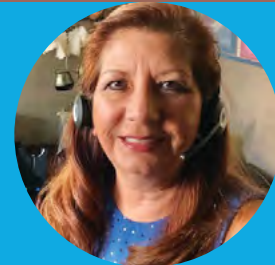
"Kristina has been doing a great job at helping me quickly with any questions I've had. It's been especially helpful during the COVID-19 pandemic and our quick change to telehealth for the majority of our visits. A huge thank-you to her!"



"Gloria is so pleasant and friendly! She always helps us find answers to our questions, and gives us appropriate information. We are grateful to have her as our rep."



"Mark is very knowledgeable with his job and always helps us, even on his day off."



"Rebecca has been such a wonderful wealth of knowledge. I appreciate having a liaison with PHC. It would be great if other insurance companies followed suit."

PHC Partners Honored for Serving Medi-Cal Population

This year, PHC nominated partner organizations for two awards sponsored by Association for Community Affiliated Plans (ACAP). We are pleased to announce that both nominees received honorable mentions from ACAP.

Elba Gonzalez-Mares, executive director of Community Health Initiative (CHI) Napa County, was nominated for the Leadership in Advocacy Award.

This honor recognizes an individual who clearly exceeds the norm in advocating for Medicaid and other safety net health programs, on behalf of people with low incomes or significant health needs who are served by these programs.

Elba has an inspiring background as a native of Mexico who moved to the United States at the age of 1 while her father earned a PhD in agricultural economics. She moved back to Mexico at age 5 before gaining permanent U.S. residency at age 11. When she was 18, Elba became a U.S. citizen.

Elba has a collaborative working style and has forged relationships between CHI and other community providers and governmental departments, advancing our mutual goal of making health coverage accessible to Napa County children and adults. She is able to get the big players at the table to discuss important topics that impact our most vulnerable populations.

Elba has spent the past 10-plus years helping children and their families across Napa County get access to health care services. She is committed to community health and is a leader in putting that commitment into action. Thank you, Elba!



Lake County Tribal Health's Home Visiting Program headed by Daphne Colacion, was nominated for ACAP's Supporting the Safety Net Award.

The Gouk-Gumu Xolpelema (All People Coming Together) Tribal Home Visiting Program serves Native American families with children up to age 5 in Lake County.

The Home Visiting Program has three main goals:

- To reduce Native children's exposure to tobacco, alcohol, and drugs through their family and community.
- To increase Native parents' knowledge of child development and parenting and improve parent-child interactions.
- To strengthen connections for Native families to community resources, information and services, as well as to community and tribal activities.



For the 2018-2019 reporting period, the Home Visiting Program served 53 households (with 641 home visits) and welcomed 17 new families. It served 63 caregivers and 94 children.

Program Manager Daphne Colacion leads the group of Family Advocates who visit these Native American families. In the Home Visiting Program's Spring-Summer 2020 newsletter, Daphne explains that in-home visits are on hold due to COVID-19, but that the program is not on hold. "Family Advocates will continue to be here for you," Daphne writes. "Family Advocates will reach out to you by phone, text, email and other social media. They can help you find needed resources, share parenting information, coping skills and be there for you, just to talk."

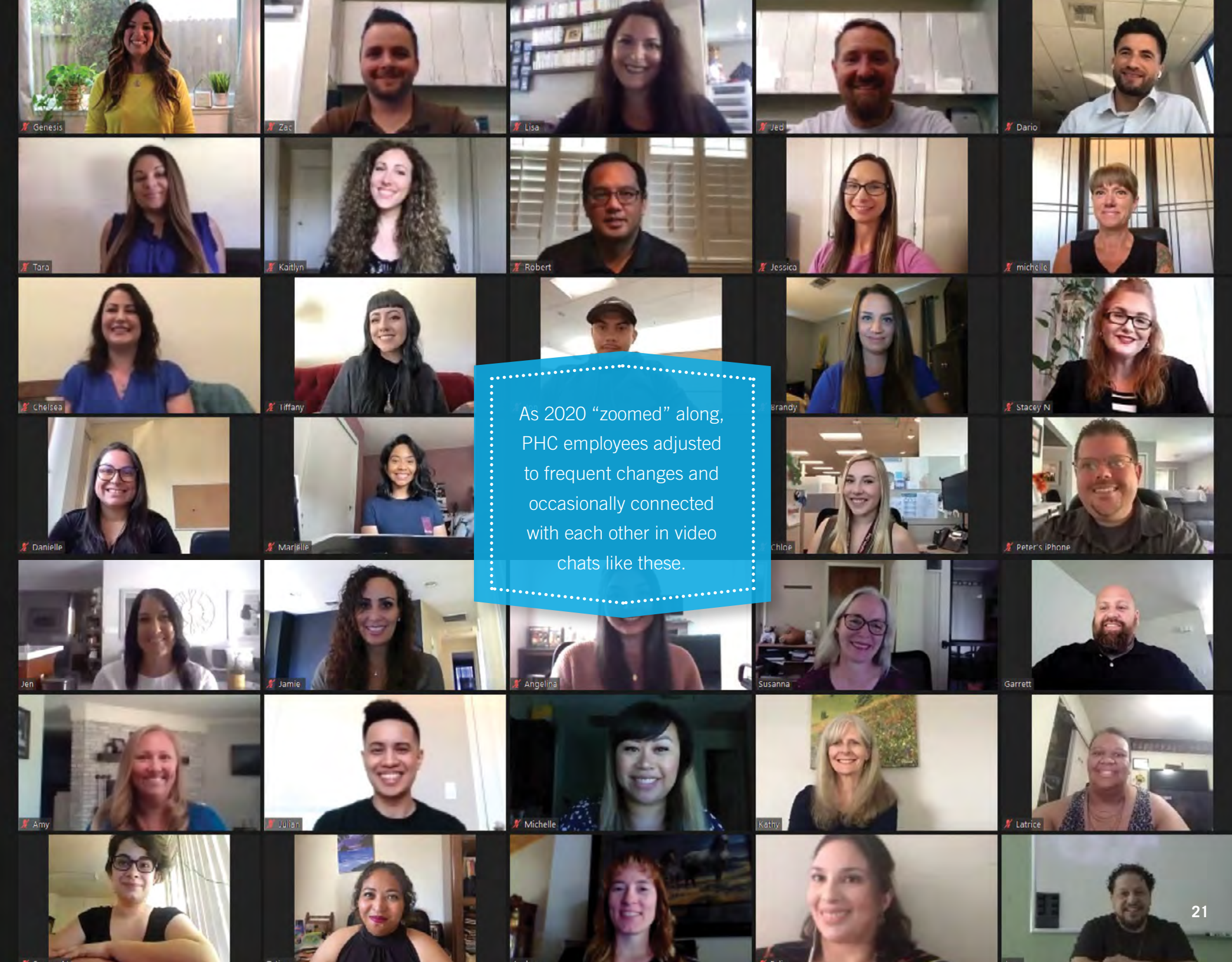
We are grateful that Daphne and the Gouk-Gumu Xolpelema Tribal Home Visiting Program are there to serve this vulnerable population, especially in tough times.



Finance Update: Fiscal Year 2019-20

One of PHC's guiding principles is financial stewardship. Providing high-quality health care to all of our members is a top priority and by being fiscally responsible, we can fulfill that commitment. Over the past few years, PHC has methodically used excess reserves to increase provider reimbursement where there was the greatest need. As the reserve returned to a prudent balance, the strategic use of reserve (SUR) spending ended and key changes were made to ensure PHC returned to realizing a net surplus. These efforts proved timely as the COVID-19 pandemic took everyone by surprise. With a 1.5% revenue cut and state-mandated expense increases, the forecasted surplus turned to a deficit for the 2019-20 fiscal year. The pandemic and recession stand to be a challenge in the coming years, but PHC is poised to make necessary adjustments to ensure our members continue to receive high-quality care while the health plan remains solvent.

| CATEGORY | AMOUNT |
|--|-----------------------|
| Fee for service hospital, physician, and other costs | \$1.45 billion |
| Capitated physician, hospital, and other costs | \$493 million |
| Long-term care | \$359 million |
| Pharmacy | \$295 million |
| Quality Improvement Program | \$76 million |
| TOTAL HEALTH CARE EXPENDITURES | \$2.67 billion |



As 2020 "zoomed" along, PHC employees adjusted to frequent changes and occasionally connected with each other in video chats like these.

Board of Commissioners

Jonathon Andrus, Fairchild Medical Center
Darcie Antle, Mendocino County
Aimee Brewer, NorthBay Healthcare Group
Mary Kay Brooks, Kaiser Foundation Hospital
Lewis Broschard, M.D., Retired
Amby Burum, Consumer
Ron Clement, M.D., Woodland Memorial Hospital
Paula Cohen, Retired
Greta Elliott, Canby Family Practice Clinic
Donnell Ewert, Shasta County Health & Human Services Agency
Dean Germano, Shasta Community Health Center
Alicia Hardy, OLE Health
Randall Hempling, Retired
Gerald Huber, Solano County Health and Social Services
Dave Jones, Retired
Karen Larsen, Yolo County Health and Human Services Agency
Viola Lujan, La Clinica de La Raza
Melissa Marshall, M.D., CommuniCare Health Centers
Gary Pace, M.D., Public Health Officer, Lake County
Mitesh Popat, M.D., Marin Community Clinic
Kathryn Powell, Petaluma Health Center
John Reeves III, United Indian Health Services, Inc.
William Remak, Consumer
Barbie Robinson, Sonoma County Department of Health Services
Heather Snow, Del Norte Department of Health and Human Services
Nancy Starck, Humboldt County Department of Health and Human Services
Tory Starr, Open Door Community Health
Kim Tangermann, MCHC Lakeview Health Center
Jennifer Yasumoto, Napa County Health and Human Services



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