



MEETING MINUTES

Meeting Type:	Public Policy and Community Advisory Q1 2024		
Meeting Date:	03/12/2024	Meeting Time:	1:00 PM PST
Meeting Location:	Teleconference – Zoom		
Minutes Prepared by:	Michelle Ladyzhenskaya, Marketing and Communications Materials Coordinator; PPCAC Coordinator		

Attendees:	<p>Melissa Ramos: Director of Member Services Joanne Tillman: Consultant Michael O’Malley: Health Plan Administrator Eric Ott: Member Services Supervisor Sandy Johansson: Senior Contracts Manager Susan Saleh: Quality Improvement Project Manager Maria Hobbs: National Quality Auditor - RN Sandra Holzner: Compliance Officer Emelyne Beneche: Risk Manager, Grievance and Appeals Laura Morales Garcia: Pharmacy Sales Representative; Director of Outreach, LOUD Queen Victoria Ortega: International President, FLUX Scottie Jeanette Madden: Committee Member, FLUX Sandra Whitmus: Committee Member Tomeka Dunnigan: Committee Member Ronald Gagnon: Committee Member Dennis Lumpkin: Committee Member Sharon Wilson: Committee Member Leonardo Martinez-Garcia: Committee Member Michelle Ladyzhenskaya: Marketing and Communications Materials Coordinator; PPCAC Coordinator</p>
Absentees:	0



Agenda Item	Discussion	Linked Report	Responsible Party	Action Notes
Call to Order	Joanne Tillman called the meeting to order at 1:01 PM PST.		J. Tillman	
Welcome and Welcoming Remarks	<p>All committee attendees introduce themselves.</p> <p>J. Tillman – Provided information about recruitment and membership for committee. Summarized purpose of PPCAC and asking members to commit to coming to meetings, becoming committee members, to vote, and community input.</p>		J. Tillman	

Standing Action Items				
Agenda Item	Discussion	Linked Report	Responsible Party	Action Notes
PPCAC recruitment of members and providers	<p>J. Tillman – Screen Shared the 2024 Committee charter and read through it. Reemphasized purpose of committee and stressed importance of member input and collaboration with PHC CA in the decision-making process to make sure community members, patients, providers, and other organizations working directly with PHC CA are included.</p> <p>M. O’Malley – The 2024 contract signed with DHCS requires PPCAC meetings to involve a more structured meeting style in comparison to previous meetings. Asked plan members and affinity group members to become standing committee members. The purpose of the meetings is to improve how the plan works, not just for attendees of the meeting, but for all members of the plan. Attendees are invited to be standing committee members with the understanding that quarterly meetings must be attended.</p> <p>T. Dunnigan: Willing to commit, however did not receive emails pertaining to the meetings.</p> <p>M. O’Malley: Notes that a website page is being built with all information pertaining to PPCAC meetings. This page will include agenda, minutes, and meeting dates.</p> <p>D. Lumpkin: Agrees to be apart of the committee. Inquires about where names of members will be published. Requesting reminders of meeting dates.</p> <p>M. O’Malley: Names will be published in meeting minutes and members will certainly be notified of future meetings.</p> <p>J Tillman: Asking if we will send out something to members asking for commitment, or verbally ask present attendees for commitment.</p>		J. Tillman	J. Tillman will send out a follow up to all members in attendance today confirming acceptance with information.



	<p>M. O'Malley: It can be done, we can have as many standing committee members from plan membership as we want. DHCS encourages more plan member committee members.</p>			
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New Business				
Agenda Item	Discussion	Linked Report	Responsible Party	Action Notes
<p>Review of 2024 Charter</p>	<p>Q. V. Ortega - Addresses issues with language located in the “purpose” section of the charter. Recommends making the language more accessible for members and committee. Wants to come to a collective agreement to approach action items through a “solution-based thinking” approach, and inquires what actions will be put in place in order to achieve that (specifically making language used more “consumer based”. Furthermore, Q. V. Ortega recommends looking at potential action items through an equitable lens and asks how the more vulnerable communities be addressed.</p> <p>M. O'Malley – Notes that a Health Equity Officer has been hired and the big focus of this committee is to look at access and equity for all members.</p> <p>At the end of 2025, health equity accreditation must be obtained from NCQA (accrediting body for health plans). Suggests motion to approve the charter with the condition that a version is produced with less “technical speak”. This will suffice what must be produced to auditors, state, and Department of Managed Health Care.</p> <p>Motion to approve 2024 Charter brought forward by M. O'Malley. Seconded by Q. V. Ortega All in Favor. No Opposition.</p>		<p>J. Tillman</p>	<p>- M. O'Malley will produce a new charter to be used internally for these committee meetings that is easier to read</p> <p>- Approved as is. Will follow up with a version for internal use.</p>
<p>PHC CA Plan Updates</p>	<p>M. O'Malley – The CalAim initiative which went live in 2022 with Community Support benefits and Enhanced Care Management (ECM) services, developed a new initiative for ECM, a program called Justice Involved (JI) Enhanced Care Management. The State wants managed care plans to accept auto enrollments of their membership for people leaving incarceration. Once released, they will be auto enrolled in a Medi-Cal managed health care plans. PHC CA is a voluntary plan so we don't get auto enrollment, but we are expected to participate in this plan. Everyone who is released from incarceration is going to be put into an ECM, which means they will receive community supports (i.e. housing, meals) in contrast to previously, where they were on their own upon release.</p> <p>S. Johansson – Recently we have met with DHCS and got clarification on our role in this</p>		<p>M. O'Malley</p>	



	<p>program. We are going to make sure we know which of our members have been incarcerated/imprisoned in the last 12 months and get them enrolled in the care management program. Also keeping track of members who are imprisoned so they can get the additional level of care once they are released.</p> <p>M. O'Malley – This is an extension of the care program. We have met with the Los Angeles County Department of Health Services (county entity who provides the transition of healthcare services for individuals released from incarceration back into the community), and we will see if they can refer those individuals with HIV/AIDS to enroll in PHC.</p> <p>Other plan updates consist of hiring the Health Equity Officer who starts on Monday, and working towards getting the Health Equity Accreditation. We have to develop tools to measure how well we are doing health equity. We will use this committee for input on how to be able to better measure demographics and how well we are serving our population.</p>			
2024 Evidence of Coverage	<p>M. O'Malley - We also have to look at "marketing materials" (enrollee materials). Anything sent to members has to be approved by the state, but the committee has to approve it too.</p> <p>M. O'Malley screen shares the Evidence of Coverage. Motion to approve PHC CA Evidence of Coverage brought forward by M. O'Malley. All in Favor. No Opposition.</p>		M. O'Malley	
Provider Manual	<p>M. O'Malley – This is what the providers use to help them administer care to enrollees, as well as how to bill PHC CA. We are working on making it more detailed for providers. This was approved by the state and is on the website. Motion to approve PHC CA Provider Manual brought forward by M. O'Malley. Seconded by R. Gagnon. All in favor. No Oppositions.</p> <p>S. Whitmus – Inquires whether or not members receive the Provider Manual as a part of the marketing materials.</p> <p>M. O'Malley – Members do not receive the provider manual, however it is available on the website (www.phc-ca.org).</p>		M. O'Malley	
Health Risk Assessment	<p>M. O'Malley – This form is for enrollees to complete when they first join the plan, as well as periodically throughout their membership. The form advises the care management team what enrollees are experiencing in terms of health, housing, nutrition, mental health, and more. This form follows a standard for the</p>		M. O'Malley	-M. O'Malley will move forward with adding a disclaimer to the HRA stating that a



	<p>NCQA and a question regarding incarceration needs to be added, therefore the form will be resubmitted to the committee following revision.</p> <p>R. Gagnon – Recommends that when the question regarding incarceration is added, there should be a note stating that the response will not affect eligibility in the plan.</p> <p>Q. V. Ortega – Inquires whether or not is there a reason there are no questions regarding SOGE (sexual orientation gender identity) data on the HRA form which would add a layer of equity.</p> <p>T. Dunnigan – Inquires whether or not there is a section to provide additional information. Motion to approve Health Risk Assessment Form.</p> <p>Motion to approve Health Risk Assessment Form conditionally on the premise it will be revised. Seconded by R. Gagnon. All in favor. No opposition.</p>			<p>response to the question regarding incarceration will not affect eligibility or enrollment in the plan.</p> <p>-M. O’Malley will move forward to include SOGE data collection on the HRA form.</p> <p>-M. O’Malley states a section for additional information can be added to the HRA form.</p>
<p>Grievances and Appeals</p>	<p>E. Beneche – Informs members that when grievances are received, they are looked at per issue, not by the grievance itself. Transportation receives the most grievance complaints, as per the report data for Q4 2023.</p> <p>M. O’Malley – The document of grievance report data can be sent to committee members if requested.</p> <p>Q. V. Ortega – Addresses that one of the grievances heard the most in trans and non-binary communities is not being able to access Medi-Cal covered surgery referrals. Also, inquired whether or not the grievance submission form is available in Spanish.</p> <p>E. Beneche – Added, all grievances are placed in categories provided by the State and forms are available in Spanish.</p> <p>D. Lumpkin – Inquires whether there is a report stating the resolution for trending grievances.</p> <p>E. Beneche – States that there is effort on PHC CA part to resolve all grievances and necessary parties will be contacted in order to administer corrective action as needed. There will be more detailed grievance reports in future PPCAC meetings.</p> <p>S. Wilson – States there have been many bad experiences with referrals and providers and was not satisfied with the outcome of the grievance report.</p>		<p>E. Beneche</p>	



	<p>E. Beneche – Advised that Member Services can always be contacted if members are not satisfied with the outcome of a grievance report.</p> <p>M. O’Malley – Advises that the RN Care Team Manager is a resource who can help navigate situations like this. They are available to help leverage and be a representative if members are not getting the help they need.</p> <p>L. Martinez – Garcia – Raises concerns over slow referral process.</p> <p>M. O’Malley – Referrals come out of the Doctors office, not the healthcare plan and asks M. Ramos to help figure this situation out.</p>			
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Action Items		
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PPCAC recruitment of members and providers	J. Tillman	J. Tillman will send out a follow up to all members in attendance today confirming acceptance and providing information regarding future meetings.
Health Risk Assessment	M. O’Malley	<p>-M. O’Malley will move forward with adding a disclaimer to the HRA stating that a response to the question regarding incarceration will not affect eligibility or enrollment in the plan.</p> <p>-M. O’Malley will move forward to include SOGE data collection on the HRA form.</p> <p>-M. O’Malley states a section for additional information can be added to the HRA form.</p>
Grievances and Appeals	E. Beneche	-More detailed grievance reports will be shared with committee members showing trends in grievances in committee meetings moving forward.