



RESOLUTION No. 21-066

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING SUBMISSION OF A NON-BINDING LETTER OF INTENT TO THE CALIFORNIA DEPARTMENT OF HEALTHCARE SERVICES COMMUNICATING NEVADA COUNTY'S INTENT TO TRANSITION TO A COUNTY ORGANIZED HEALTH SYSTEM AND AUTHORIZING THE CHAIR OF THE BOARD TO SIGN THE LETTER

WHEREAS, in 2013, Medi-Cal Managed Care was expanded to twenty-eight California counties, including Nevada County and many counties in Northern California sought to enter the County Organized Health System (COHS) model; and

WHEREAS, prior to 2013 managed care expansion, many Northern California counties sought to join the COHS model under Partnership Health Plan; and

WHEREAS, Nevada County along with most other counties in our region, was assigned to the Regional Model and Anthem Blue Cross and California Health and Wellness were selected as our two Medi-Cal managed care plans (MCPs); and

WHEREAS, in 2018 the Joint Legislative Audit Committee approved, a state audit of California Department of Health Care Services (DHCS) oversight of managed health care in the 18 small and rural counties under the Regional Model; and

WHEREAS, pursuant to the State Auditor's recommendations, DHCS recently released information on the upcoming statewide procurement of commercial Medi-Cal MCPs and issued an instruction that all counties wishing to transition to a COHS should submit a letter of intent to DHCS by March 31, 2021.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that the submission of the letter of intent to the California Department of Healthcare Services, pertaining to Nevada County's intent to transition to a County Organized Health System, be and is hereby approved in substantially the form attached hereto, and that the Chair of the Board of Supervisors be and is hereby authorized to sign the letter of intent and any subsequent letters and other documents required to enact the proposed transition to Partnership on behalf of the County of Nevada.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 23rd day of March, 2021, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward Scofield, Dan Miller, Susan K. Hoek and Hardy Bullock.

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER
Clerk of the Board of Supervisors

By:  _____

 _____
Dan Miller, Chair

3/23/2021 cc: HHS*
AC*



March 31, 2021

Bambi Cisneros,
Assistant Deputy Director
California Department of Health Care Services

Ms. Cisneros,

In 2013, 18 counties formed the Regional Model of Medi-Cal managed care. Over the last few years, a subset of these counties have approached Partnership HealthPlan of California (PHC) about possible expansion of the plan to include 10 of these counties. With the support of the PHC Board of Commissioners, please accept this as our letter of intent for Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, and Yuba counties to join PHC in 2024.

The counties have spent years of discussion with area hospitals, outpatient Medi-Cal providers, affected county departments and many area ancillary health providers regarding the change. Moving from the Regional Model to PHC would be in the best interest of the counties' residents. This decision was made after careful deliberation and extensive discussion with health care and community partners.

Many factors motivated the 10 counties to pursue a County Organized Health System (COHS) model of Medi-Cal managed care with PHC. Some of these included:

- The organization is non-profit;
- Each county in the service area appoints members to PHC's Board of Commissioners;
- PHC's reinvestment into important community programs and benefits for members and providers, in part due to the PHC's low administrative overhead;
- PHC's long established record of working collaboratively in the local communities it serves;
- The emphasis on quality and quality incentive programs, including accreditation by the National Committee on Quality Assurance (NCQA);
- High member and provider satisfaction scores; and
- PHC's experience with the challenges of health care delivery in rural California.

PHC and the counties understand this is a significant change for all parties, including Medi-Cal beneficiaries in these counties. We are committed to working diligently to respond to all questions and inquiries from DHCS, community partners, and beneficiaries. The counties and PHC have reviewed the readiness requirements and can attest:

1. PHC is in good financial standing and is able to assume financial risk for Medi-Cal managed care plan services for Medi-Cal beneficiaries in these 10 counties, assuming revenue rates for the expansion area are determined to be sufficient by PHC. PHC is able to meet all financial readiness requirements.
2. There are no health related financial sanctions or corrective action plans currently in place for PHC or the counties.
3. PHC will explore if direct contract or subcontract/delegation arrangements are needed for this transition.
4. PHC and counties will work together to self-fund all pre-implementation activities.
5. PHC and the counties will meet non-financial readiness requirements and timelines as provided by DHCS.
6. PHC will meet network capacity requirements for all of the eligible beneficiaries in these counties.
7. PHC will implement all applicable Medi-Cal managed care plan requirements.
8. PHC is committed to a robust network contracting strategy.
9. The Counties are not aware of any new state statute that would be required to enact a transition, but if at some point it is determined that new legislation is required, then all of our counties will work together with DHCS, PHC, the County Health Executives Association of California (CHEAC), the Health Officers Association of California (HOAC) and the Rural County Representatives of California (RCRC) to develop and enact such legislation.

10. All ten counties attest that each of our Board of Supervisors will consider enacting local ordinances by October 2021 authorizing the shift of our counties to Partnership HealthPlan of California.

PHC and the counties understand this is a non-binding letter of intent, and that an expansion of PHC's service area to include these counties is contingent upon DHCS and CMS approval. We acknowledge that under federal Medicaid rules, beneficiaries are required to have a choice of at least two managed care plans. An exception to this rule does apply for COHS plans, provided that total enrollment does not exceed 16 percent (16%) of the total Medi-Cal population. Further, Medi-Cal beneficiaries residing in rural areas are also exempted from federal managed care plan choice requirements. Currently, the number of beneficiaries falling under this provision appears to be below the cap. Based on PHC's initial legal review, it also appears that under current federal agreements for managed care operations that this federal enrollment cap may be waived. We note, however, that DHCS may have a different view of the application and impact of this enrollment cap. PHC and the counties will need to engage in further conversation with DHCS regarding the interpretation of this cap; and/or potential waivers needed for approval.

PHC and the counties acknowledge this is a large initiative for DHCS and appreciate the opportunity to improve the care our Medi-Cal members receive. We look forward to ongoing collaboration during this transition.

Thank you,

Liz Gibboney
CEO, Partnership HealthPlan of California

Bill Connelly
Chair, Board of Supervisors
Butte County

Jeff Engel
Chair, Board of Supervisors
Plumas County

Gary Evans
Chair, Board of Supervisors
Colusa County

Lee Adams
Chair, Board of Supervisors
Sierra County

Keith Corum
Chair, Board of Supervisors
Glenn County

Dan Flores
Chair, Board of Supervisors
Sutter County

Dan Miller
Chair, Board of Supervisors
Nevada County

Dennis Garton
Chair, Board of Supervisors
Tehama County

Robert Weygandt
Chair, Board of Supervisors
Placer County

Gary Bradford
Chair, Board of Supervisors
Yuba County

Enclosure (3):

1. Contact Information for PHC and Counties
2. Readiness Planning Document
3. PHC Financial Documents

Enclosure 1: County and PHC Contact Information

County/Name of Contacts	Contact type	Phone	Email	Address
Butte County				
Danette York	Primary	(530) 552-3820	DYork@buttecounty.net	Butte County Public Health, 202 Mira Loma Dr. Oroville, CA 95965
Dr. Robert Berstein	Secondary	(530) 552-3902	rberstein@buttecounty.net	Butte County Public Health, 202 Mira Loma Dr. Oroville, CA 95965
Colusa County				
Elizabeth Kelly	Primary	(530) 458-0250	Elizabeth.Kelly@colusadhhs.org	Colusa County HHS, 251 E. Webster St., Colusa, CA 95932
Annie Mitchell	Secondary	(530) 458-0250	annie.mitchell@countyofcolusa.com	Colusa County HHS, 251 E. Webster St., Colusa, CA 95932
Glenn County				
Brenda Enriquez	Primary	(530) 934-1496	Benriquez@countyofglenn.net	Glenn County HHS, 420 E. Laurel St., Willows, CA 95988
Nan DiLouie	Secondary	(530) 934-1439	NDiLouie@countyofglenn.net	Glenn County HHS, 420 E. Laurel St., Willows, CA 95988
Christine Zoppi	County Rep.	(530) 934-6683	Czoppi@countyofglenn.net	Glenn County HHS, 420 E. Laurel St., Willows, CA 95988
Nevada				
Phebe Bell	Primary	(530) 470-2784	Phebe.Bell@co.nevada.ca.us	Nevada County Behavioral Health, 500 Crown Point Circle, Grass Valley, CA 95945
Ryan Gruver	Secondary	(530) 265-7226	Ryan.Gruver@co.nevada.ca.us	Nevada County HHSA, 950 Maidu Ave, Suite 120, Nevada City, CA 95959
Placer				
Rob Oldham	Primary	(530) 745-3191	roidham@placer.ca.gov	Placer County HHS, 3091 County Center Drive, Auburn, CA 95603
Joe Arsenith	Secondary	(530) 889-7145	jarsenith@placer.ca.gov	Placer County HHS/Public Health, 11484 B Avenue, Auburn, CA 95603
Plumas				
Tony Hobson	Primary	(530) 283-6307 ext 1007	thobson@pcbh.services	Plumas County Public Health Agency, 270 County Hospital Road, Suite 109 Quincy, CA 95971
Shelley Evans	Secondary	530-283-6307 ext. 1038	sevans@pcbh.services	Plumas County Public Health Agency, 270 County Hospital Road, Suite 109 Quincy, CA 95971
Sierra				
Vickie Clark	Primary	(530) 993-6707	vclark@sierracounty.ca.gov	Sierra County Public Health and Social Services, 202 Front

County/Name of Contacts	Contact type	Phone	Email	Address
				St., PO Box 1019, Loyalton, CA 96118
Jamie Franceschini	Secondary	(530) 993-6770	jfranceschini@sierracounty.ca.gov	Sierra County Public Health and Social Services, 202 Front St., PO Box 7, Loyalton, CA 96118
Sutter				
Nancy O'Hara	Primary	(530) 822-7327	nohara@co.sutter.ca.us	Sutter County HHS, 1445 Veterans Memorial Circle, Yuba City, CA 95993
Rick Bingham	Secondary	(530) 822-7327	rbingham@co.sutter.ca.us	Sutter County HHS, 1445 Veterans Memorial Circle, Yuba City, CA 95993
Leah Northrop	Secondary	(530) 822-7226	lnorthrop@co.sutter.ca.us	Sutter County HHS, 1445 Veterans Memorial Circle, Yuba City, CA 95993
Tehama				
Valerie Lucero	Primary	(530) 528-3216	Valerie.Lucero@tchsa.net	Tehama County Health Services Agency, P.O. Box 400/818 Main St. Red Bluff, CA 96080
Jayme Bottke	Secondary	(530) 528-3275	Jayme.Bottke@tchsa.net	Tehama County Health Services Agency, P.O. Box 400/818 Main St. Red Bluff, CA 96080
Yuba				
Homer Rice	Primary	(530) 749-6385	hrice@co.yuba.ca.us	Yuba County HHS, 5730 Packard Ave, Marysville, CA 95901
Jennifer Vasquez	Secondary	(530) 749-6380	jvasquez@co.yuba.ca.us	Yuba County HHS, 5730 Packard Ave, Marysville, CA 95901
Partnership HealthPlan of California				
Liz Gibboney	CEO	(707) 863-4232	egibboney@partnershiphp.org	4665 Business Center Dr. Fairfield, CA 94534
Amy Turnipseed	Sr. Director External and Regulatory Affairs	(661) 203-7836	aturnipseed@partnershiphp.org	4665 Business Center Dr. Fairfield, CA 94534

Enclosure 2: Readiness Planning Document

Partnership HealthPlan of California (PHC) was formed as a health insurance organization, and is legally a subdivision of the State of California, but is not part of any city, county or state government system. PHC began serving Medi-Cal eligible persons in Solano in May 1994. Napa County joined PHC in March of 1998, followed by Yolo in March of 2001, Sonoma in October 2009, and Marin and Mendocino in July 2011. PHC expanded to eight northern counties (Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity) in September 2013.

Today, PHC serves over 570,000 Medi-Cal beneficiaries in 14 counties. PHC is willing to produce supplemental information (policies, reports, etc.) needed to elaborate on our ability to meet readiness criteria; and are proud of our experience with five expansions.

Service Utilization

PHC has systematic processes for monitoring for overutilization and underutilization of services (PHC policy MPUP 3006 and UM program description MPUD 3001, as approved by DHCS). The availability of primary care and specialty care providers and accessibility of primary care and specialty care services are evaluated as part of the network adequacy and availability requirements, following DHCS and NCQA standards.

Network Adequacy

Per our contract with DHCS, PHC submits a complete Provider Network that is adequate to provide required covered services for eligible beneficiaries within PHC's service area.

Within PHC's service area, we ensure and monitor an appropriate network, including adult and pediatric primary care providers (PCPs), OB/GYN, adult and pediatric behavioral health providers, adult and pediatric specialists, professional, Allied Health Care Personnel, supportive paramedical personnel, hospitals, pharmacies, and an adequate number of accessible inpatient facilities and service sites. PHC's network includes American Indian Health Service Programs, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Freestanding Birthing Centers (FBCs), where available. In addition, we have a robust telemedicine program that offers adult and pediatric specialty health care services.

Quality Monitoring

PHC's Quality and Performance Improvement (QI/PI) program provides a systematic process to monitor the quality of clinical care and health care service delivery to PHC members. It includes an organized framework to identify opportunities to improve the quality of health care services provided, promote efficient and effective use of health plan financial resources, and to partner with internal and external stakeholders to support performance improvement and to improve health outcomes. The program promotes consistency in application of quality assessment and improvement functions for the full scope of health care services while providing a mechanism to:

- Ensure integration with current community health priorities, standards, and goals that impact the health of the PHC member population
- Identify and act on opportunities to improve care and service
- Identify overuse, misuse, and underuse of health care services
- Identify and act on opportunities to improve processes to ensure patient safety
- Address potential or tangible quality issues
- Review trends that suggest variations in the process or outcomes of care

Accessibility Standards

PHC is committed to ensuring that its members have access to providers to meet their health care needs. PHC has established standards that meet or exceed DHCS requirements for the numbers and types of clinicians and facilities, as well as for their geographic distribution, appointment accessibility and office and telephone availability. PHC monitors provider availability and accessibility on an annual basis by conducting various surveys. These includes verifying the third next available appointment ("the 3NA"), telephone access, and access to care outside of normal business hours. PHC policy MPNET 100 describes the plan's approach to full compliance with both DHCS and NCQA standards. PHC also ensures the provider network is educated on how our members can access the PHC 24/7 Advice Nurse program, transportation benefits, interpreter services and behavioral health services.



Dan Miller
Chair, Board of Supervisors
Nevada County