

**Quality Improvement Health Equity Transformation Committee (QIHETC) Summary**

Date of meeting: **March 3, 2026**

All activities on this grid are reported to the MHC Board of Directors Committee. QIHETC Committee actions and approvals are recorded in the QI Committee minutes.

Key Decision and Actions	Follow-up Actions	Status
<b>I. Opening</b>		
<ol style="list-style-type: none"> <li>1. Called to Order – Quorum met</li> <li>2. Review and approval of previous Minutes: 12/2/25 Minutes approved via eVote prior to the meeting</li> <li>3. Announcements:</li> </ol>	N/A	closed
<b>II. NEW BUSINESS:</b>		
<ul style="list-style-type: none"> <li>• Report submitted: EAE Reporting Q4 2025: Initial HRA and ICP Completion Report               <ul style="list-style-type: none"> <li>• All goals met</li> </ul> </li> </ul>	N/A	closed
<ul style="list-style-type: none"> <li>• Report submitted: IPA Provider Survey CAP Updates – <b>Delegated Entities</b> <ul style="list-style-type: none"> <li>• Objective and Goal listed</li> <li>• Summary of Data Trends – PAAS (Provider Appointment Availability Survey)               <ul style="list-style-type: none"> <li>➢ 1st Offender Survey Updates for La and Non LA Counties                   <ul style="list-style-type: none"> <li>▪ Total # of Providers Non-Compliant – Direct Providers</li> <li>▪ Total # of Providers Non-Compliant- Delegated Entities</li> <li>▪ Total # of Provider s Non-Compliant</li> <li>▪ Education Provider via Provider Bulletin</li> </ul> </li> <li>➢ 2<sup>nd</sup> Offenders Survey Updates                   <ul style="list-style-type: none"> <li>▪ Total # of CAPs Issued, Total # CAPS Closed, Current % CAPS Completion, Total # CAPS Non-Responsive for Interventions</li> </ul> </li> </ul> </li> <li>• Summary of Findings               <ul style="list-style-type: none"> <li>➢ PAA &amp; Secret Shopper Survey Updates – Q2</li> <li>➢ MY2024 PAAS Survey Updates – Q3 2025</li> </ul> </li> <li>• Recommended Actions and next steps</li> </ul> </li> </ul>	N/A	closed
<ul style="list-style-type: none"> <li>• Report submitted: Direct Provider Survey CAP Updates – <b>Direct Providers</b> <ul style="list-style-type: none"> <li>• Objective and Goal listed</li> <li>• Summary of Data Trends – PAAS (Provider Appointment Availability Survey)               <ul style="list-style-type: none"> <li>➢ 1st Offender Survey Updates for La and Non LA Counties                   <ul style="list-style-type: none"> <li>▪ Total # of Providers Non-Compliant – Direct Providers</li> <li>▪ Total # of Providers Non-Compliant- Delegated Entities</li> <li>▪ Total # of Providers Non-Compliant</li> <li>▪ Education Provider via Provider Bulletin</li> </ul> </li> <li>➢ 2<sup>nd</sup> Offenders Survey Updates                   <ul style="list-style-type: none"> <li>▪ Total # of CAPs Issued, Total # CAPS Closed, Current % CAPS Completion, Total # CAPS Non-Responsive for Interventions</li> </ul> </li> </ul> </li> <li>• Summary of Findings               <ul style="list-style-type: none"> <li>MY2024 PAAS Survey Updates – Q4 2025</li> </ul> </li> <li>• Recommended Actions and next steps</li> </ul> </li> </ul>		

Key Decision and Actions	Follow-up Actions	Status																
<p><b>NEW BUSINESS FOR APPROVAL</b></p> <ul style="list-style-type: none"> <li>• <b>Reported: Q4 2025 Call Center Report. Report Submitted. Pre-Approved</b> <ul style="list-style-type: none"> <li>• <b>LOBs: Medi-Cal, Marketplace, Medicare, Medicare-CFHMP)</b> <ul style="list-style-type: none"> <li>○ Member &amp; Provider Contact Center – Call Tracking <table border="1" data-bbox="352 224 504 553"> <tr><td>Service Level%</td></tr> <tr><td>Calls Offered</td></tr> <tr><td>Abnd%</td></tr> <tr><td>ASA(secs)</td></tr> <tr><td>ASA (mins)</td></tr> <tr><td>AHT(secs)</td></tr> <tr><td><b>Provider Combined</b></td></tr> <tr><td>Service Level%</td></tr> <tr><td>Calls Offered</td></tr> <tr><td>Abnd%</td></tr> <tr><td>ASA(secs)</td></tr> <tr><td>AHT(secs)</td></tr> </table> </li> </ul> </li> <li>• <b>Resolution TAT - Statewide Call Tracking Q4 - Calls Offered to Call Center Resolution TAT Performance Goals</b> <ul style="list-style-type: none"> <li>○ <b>LOBs: Med-Cal, Marketplace, Medicare, Medicare-CFHMP)</b> <table border="1" data-bbox="380 626 787 732"> <tr><td><b>Goals</b></td></tr> <tr><td><b>95% Of Inquiries closed within 48 hours</b></td></tr> <tr><td><b>&lt;3% of Inquiries closed within 3-days</b></td></tr> <tr><td><b>&lt;2% in 5+ days</b></td></tr> </table> </li> </ul> </li> </ul> </li> <li>• <b>LOBs: Medi-Cal, Marketplace, Medicare,</b> <ul style="list-style-type: none"> <li>○ Inquiry percentages - Call inquiries by defined categories of Service, Claims, Access, Pharmacy, and other</li> <li>○ Q4 2024 Specific Inquiries for Medicare and Marketplace (Service, Claims, Other, Access Availability Pharmacy)</li> <li>○ Member Web Portal Transactions</li> <li>○ <b>Member Mobile App Transactions</b></li> <li>○ <b>Priorities and Conclusion</b></li> </ul> </li> </ul>	Service Level%	Calls Offered	Abnd%	ASA(secs)	ASA (mins)	AHT(secs)	<b>Provider Combined</b>	Service Level%	Calls Offered	Abnd%	ASA(secs)	AHT(secs)	<b>Goals</b>	<b>95% Of Inquiries closed within 48 hours</b>	<b>&lt;3% of Inquiries closed within 3-days</b>	<b>&lt;2% in 5+ days</b>	N/A	closed
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<ul style="list-style-type: none"> <li>• <b>Reported: MP– 30-day Welcome Call - White Glove Outreach Q4.</b> Report submitted and pre-approved prior to meeting. <ul style="list-style-type: none"> <li>• MP Data Report – Members Attempted, Members Reached, Successful Completed Calls, Wrong/Disconnected #s reported.</li> <li>• Conclusion and Priorities reviewed.</li> </ul> </li> </ul>	N/A	closed																
<ul style="list-style-type: none"> <li>• <b>Reported.: Initial Health Appointment – Report submitted and approved.</b> <ul style="list-style-type: none"> <li>• <b>Objective/Goal</b></li> <li>• <b>Summary of Data Trends:</b> <ul style="list-style-type: none"> <li>○ IHA Compliance Rate: Encounter Data</li> <li>○ IHA Call Outcomes (RS/SB, SD, SAC)</li> <li>○ IHA Outreach Team Appointments Scheduled YTD 2025 vs. YTD 2024</li> </ul> </li> <li>• <b>Summary of Findings and Q4 2025 Actions &amp; Recommended Actions &amp; Next Steps.</b></li> </ul> </li> </ul>	N/A	closed																
<p><b>Reported:</b> Community Reinvestment Plan – Report submitted and approved via eVote</p> <ul style="list-style-type: none"> <li>• <b>Community Reinvestment Activity Planning &amp; Community Reinvestment Activity Planning Pending Approval</b> <ul style="list-style-type: none"> <li>○ Plan paused until Q3 2026</li> </ul> </li> </ul>																		
<p><b>III: Old Business/Action Item(s)</b></p>	<b>Action/Response</b>																	
<p>No Old business from 12-2-25</p>																		
	Closed																	

<b>IV: Variance Report(s):</b> Departments that report up to the QIHETC have regulatory goals or standards that are set for them. If goal(s) are not met an explanation of barriers and interventions are to be reported. Variance Reports are reported at QIHETC for discussion as needed.		
<ol style="list-style-type: none"> <li>1. <b>Delegation Oversight: No Variance to report</b></li> <li>2. <b>Facility Site Review: No Variance to report</b></li> <li>3. <b>Grievance And Appeals: Reported Variance</b> <ul style="list-style-type: none"> <li>• Medi-Cal and Marketplace Standard Clinical and Expedited Clinical Appeals</li> <li>• Q4 2025 Medi-Cal and Marketplace Standard/Expedited Grievances</li> <li>• Interventions for MediCal               <ol style="list-style-type: none"> <li>a) Goal Not Met, Reason out of Compliance, Intervention taken to correct the deficiency</li> </ol> </li> </ul> </li> <li>4. <b>Healthcare Services</b> <ol style="list-style-type: none"> <li>a) <b>UM OUT PT PRIOR AUTH TAT Q4 – Variance reported for:</b> <ul style="list-style-type: none"> <li>• AUTHORIZATION TIMELINES: MediCal/Marketplace</li> <li>• Member / Provider Timely Notification of Outpatient Decision:</li> <li>• Barrier Analysis and Interventions: Opportunity Identified, Actions taken and planned, Barrier Addressed and Reason for not taking action</li> </ul> </li> <li>b) <b>UM Call Center: Q4 Variance reported</b> <ul style="list-style-type: none"> <li>• Medical and Marketplace Call Center Statistics               <ul style="list-style-type: none"> <li>➢ Seconds to answer</li> <li>➢ % of answered Calls</li> <li>➢ Abandonment Rate</li> </ul> </li> <li>• Barrier Analysis: Goal Not met, Interventions taken to correct the deficiency, Action Planned, Barrier Addressed, Due date to complete</li> </ul> </li> <li>c) <b>UM In Pt Review/Post Stabilization Report Q3- Variance reported for:</b> <ul style="list-style-type: none"> <li>• Authorization Timeliness: Medi-Cal and Marketplace</li> <li>• Member/Provider timely Notification of Impatient Decision:               <ul style="list-style-type: none"> <li>➢ Member written Notification</li> <li>➢ Provider Notification</li> </ul> </li> <li>• Barrier Analysis, Opportunities and Interventions for above</li> </ul> </li> </ol> </li> <li>5. <b>Initial Health Appointment (IHA) Variance Report - (Variances are reported under Section II. )</b></li> <li>6. <b>Member &amp; Provider Contact Center Call Tracking - Variance reported for:</b> <ul style="list-style-type: none"> <li>• Member and Provider Metrics for Phone Calls – Medi_Cal</li> <li>• <b>Resolution time metrics for contact center member &amp; provider call trackers – Medi-Cal, Marketplace, Medicare</b></li> <li>• Quarterly Report Summary: Barrier Analysis, Opportunities and Interventions planned and addressed</li> </ul> </li> <li>7. <b>Member &amp; Provider Contact Center Ca MP 30 Day Welcome Call (Retention) - No Variance to report</b></li> <li>8. <b>Nurse Advice Line - No Variance for Q4</b></li> <li>9. <b>Pharmacy - No Variance for Q4</b></li> <li>10. <b>Professional Review – Reported via Committee Synopsis</b></li> <li>11. <b>Provider Network - No Variance for Q4</b></li> </ol>	N/A	closed
<b>V: Committee Synopsis</b> Departments that report up to the QIHETC are required by regulation to have at least quarterly meetings. These Committees/subcommittees report up to QIHETC via Synopsis of their meetings and reports.		
<ol style="list-style-type: none"> <li>1. <b>Access &amp; Availability Committee (A&amp;A): Report submitted.</b> <ul style="list-style-type: none"> <li>• Introductions &amp; Announcements</li> <li>• Old Business Actions:               <ul style="list-style-type: none"> <li>○ Meeting Minutes from Previous Meeting –</li> <li>○ Actions from Previous Meeting</li> </ul> </li> <li>• New Business Actions: N/A</li> </ul> </li> </ol>	None	Closed

<ul style="list-style-type: none"> <li>• <b>Standing Reporting as follows:</b></li> </ul> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• DMHC Provider Survey Updates – Delegated Entities.</li> <li>• Interpreter Utilization Cultural &amp; Linguistics Services.</li> <li>• Provider Network Contracting Updates/ Network Adequacy Utilization Trends/LOAs.</li> <li>• Initial Health Appointment (IHA) Oversight.</li> <li>• Prenatal Appointment Accessibility.</li> <li>• Access Grievances Report.</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• DMHC Provider Survey Updates – Direct Providers.</li> <li>• Network Adequacy Geographic Accessibility Ongoing Monitoring.</li> <li>• Provider to Member Capacity Ratios.</li> <li>• Network Alignment/Congruency Dashboard.</li> <li>• DMHC Timely Access Report (TAR) Benchmark Monitoring.</li> <li>• DHCS Timely Access Report (QMRT) Benchmark Monitoring.</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• DMHC Provider Survey Updates – Delegated Entities.</li> <li>• Interpreter Utilization Cultural &amp; Linguistics Services.</li> <li>• Provider Network Contracting Updates/ Network Adequacy Utilization Trends/LOAs.</li> <li>• Initial Health Appointment (IHA) Oversight.</li> <li>• Prenatal Appointment Accessibility.</li> <li>• Access Grievances Report.</li> </ul>	<ul style="list-style-type: none"> <li>• DMHC Provider Survey Updates – Direct Providers.</li> <li>• Network Adequacy Geographic Accessibility Ongoing Monitoring.</li> <li>• Provider to Member Capacity Ratios.</li> <li>• Network Alignment/Congruency Dashboard.</li> <li>• DMHC Timely Access Report (TAR) Benchmark Monitoring.</li> <li>• DHCS Timely Access Report (QMRT) Benchmark Monitoring.</li> </ul>																																												
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<p><b>2. Delegation Oversight Committee Q3 2025</b></p> <p><b>Delegation Oversight – All Counties – Quarterly Report &amp; CHP Delegation Oversight – All Counties - 2025 Quarterly Report</b></p> <ul style="list-style-type: none"> <li>▪ Total New Delegation Agreements Initiated</li> <li>▪ Total Pre-delegation Audits Executed Prior to the Execution of the Delegation Agreement</li> <li>▪ Total Annual Audits Due for Delegation Arrangements in effect for 12 months or longer</li> <li>▪ Total Terminated Delegation Agreements</li> <li>▪ Total Annual Audits Completed</li> <li>▪ Total Corrective Action Plans Issued (Annual Audits)</li> <li>▪ Total Corrective Action Plans Closed (Annual Audits)</li> <li>▪ Barrier Analysis – none listed</li> </ul> <p><b>CHP Delegation Oversight – All Counties - 2025 Quarterly Report – Q3</b></p> <p><b>Total New Delegation Agreements Initiated</b></p> <p><b>Total Pre-delegation Audits Executed Prior to the Execution of the Delegation Agreement</b></p> <p><b>Total Annual Audits Due for Delegation Arrangements in effect for 12 months or longer</b></p> <p><b>Total Terminated Delegation Agreements</b></p> <p><b>Total Annual Audits Completed</b></p> <p><b>Total Corrective Action Plans Issued (Annual Audits)</b></p> <p><b>Total Corrective Action Plans Closed (Annual Audits)</b></p> <p><b>2025 Q2 Quarterly Review – Q3 2025 Barrier Analysis</b></p>	<p>N/A</p> <p>N/A</p>	<p>closed</p> <p>closed</p>																																												
<p><b>3. Community Engagement- Q4 2025</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #0056b3; color: white;">REGION</th> <th style="background-color: #0056b3; color: white;">DESCRIPTION OF TOPICS</th> <th style="background-color: #0056b3; color: white;">SUCSESSES IDENTIFIED</th> <th style="background-color: #0056b3; color: white;">OPPORTUNITIES IDENTIFIED / PLANNED INTERVENTIONS</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="background-color: #0056b3; color: white;"><b>COMMUNITY ADVISORY BORAD</b></td> </tr> <tr> <td>R/SB</td> <td>reported</td> <td>reported</td> <td>reported</td> </tr> <tr> <td>San Diego</td> <td>reported</td> <td>reported</td> <td>reported</td> </tr> <tr> <td>Sacramento</td> <td>reported</td> <td>reported</td> <td>reported</td> </tr> <tr> <td>Los Angeles</td> <td>reported</td> <td>reported</td> <td>None Identified</td> </tr> <tr> <td colspan="4" style="background-color: #0056b3; color: white;"><b>MOLINA COMMUNITY COLLABORATIVE COMMITTEE</b></td> </tr> <tr> <td>SB/R</td> <td>reported</td> <td>reported</td> <td>No Report</td> </tr> <tr> <td>San Diego</td> <td>reported</td> <td>reported</td> <td>No Report</td> </tr> <tr> <td>Los Angeles</td> <td>reported</td> <td>reported</td> <td>No Report</td> </tr> <tr> <td>Sac</td> <td>reported</td> <td>reported</td> <td>No Report</td> </tr> </tbody> </table>	REGION	DESCRIPTION OF TOPICS	SUCSESSES IDENTIFIED	OPPORTUNITIES IDENTIFIED / PLANNED INTERVENTIONS	<b>COMMUNITY ADVISORY BORAD</b>				R/SB	reported	reported	reported	San Diego	reported	reported	reported	Sacramento	reported	reported	reported	Los Angeles	reported	reported	None Identified	<b>MOLINA COMMUNITY COLLABORATIVE COMMITTEE</b>				SB/R	reported	reported	No Report	San Diego	reported	reported	No Report	Los Angeles	reported	reported	No Report	Sac	reported	reported	No Report	<p>N/A</p>	<p>closed</p>
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<p><b>4. Member Grievance and Appeals – Q4 2025</b></p> <p style="text-align: center;"><b>Member Grievance Appeals and State Fair Hearing TAT, Clinical Decisions and Service Types</b></p> <p>Medi-Cal:</p>																																														

<ul style="list-style-type: none"> <li>• TAT Time Performance, Overturn Rate (appeal &amp; State Fair Hearing), Standard Clinical &amp; Expedited Clinical Appeals, Appeals by Type, Clinical Decision Reason for Overturn Resolutions, Decision Reason Detail for Overturn Resolutions</li> <li>• Q4 2025 Medi-Cal Standard/Expedited Grievances, Grievance Percentages, Behavioral Health Grievance Percentages, Regulatory Percentages, Post Service Non-Clinical Appeal</li> <li>• Analysis</li> </ul> <p>Marketplace:</p> <ul style="list-style-type: none"> <li>• TAT Time Performance, Overturn Rate, Standard Clinical &amp; Expedited Clinical Appeals, Appeals by Type</li> <li>• Standard and Expedited Grievances, Grievance Percentages, Exempt Grievance Percentages, Behavioral Health Grievance Percentages, Regulatory Percentages, Post Service Non-Clinical Appeal, Standard/Expedited Grievances, Grievance Percentages, Exempt Grievance Percentages, Behavioral Health Grievance Percentages, Regulatory Percentages, Post Service Non-Clinical Appeal</li> <li>• Analysis</li> </ul> <p><b>New Report:</b> Q4 Gender Affirming Care &amp; Cultural Competency Grievances</p> <p>Quality Report: G &amp; A Quality Scorecard</p> <ul style="list-style-type: none"> <li>• Reviewed CA Quality Results</li> <li>• CA Member Grievance Percentage, Appeals volume and Percentage Audited</li> <li>• Intake Opportunities Top Drivers</li> <li>• Specialist Opportunities Top Drivers</li> <li>• Opportunities Specification</li> <li>• Current QA Results for Q4 2025</li> <li>• Educational Opportunities</li> <li>• Medical and Marketplace Appeals and Grievance</li> <li>• Support Center Initiatives for A&amp;G Improvement</li> <li>• CA DSNP &amp; MAPD Appeals and Grievances – <ul style="list-style-type: none"> <li>o Pre-Service Appeals – Decisions</li> <li>o Type of Service</li> <li>o Grievances – First call Resolution vs. Standard</li> <li>o Grievances by NCQA Category</li> <li>o H5810-016/H3038-003/H5649-002 Appeals and Grievances</li> <li>o CTMS</li> <li>o Comments</li> </ul> </li> </ul>		
<p><b>Healthcare Services Committee – Q4 2025 Report Submitted.</b></p> <p><b>Care Management Reports/Activities</b></p> <ul style="list-style-type: none"> <li>• <b>Clinical Management Reports/Activities</b> <ul style="list-style-type: none"> <li>o <b>Over-utilization and Under-utilization Q4 2024 Report -</b></li> </ul> </li> <li>• <b>Care Management Reports/Activities</b> <ul style="list-style-type: none"> <li>o CM Phone Queue Q3 2025</li> <li>o Access to Care Q3 2025</li> <li>o Summary</li> <li>o Member support &amp; Education</li> <li>o Referrals &amp; Authorizations</li> <li>o ICF/Subacute Membership by Age and Facility Type and County</li> <li>o Summary</li> <li>o Q4 MOT Reporting &amp; Summary</li> <li>o Q3 2025 Dat and Trending and Summary</li> </ul> </li> <li>• <b>Community Supports Reports/Activities:</b> <ul style="list-style-type: none"> <li>o Molina’s Community Supports Offerings by Counts</li> <li>o Community Supports – Q2 2025 Request and Denials</li> <li>o Q3 2025 CS Authorizations Approved by County</li> <li>o Q3 2025 CS Services Received by County</li> <li>o Q3 2025 CS Authorizations Approved by type</li> <li>o Q3 2025 CS Services Received by type</li> <li>o CS {provider Network as of Q3 2025</li> <li>o Q1 &amp; Q2 2025 Authorizations Approved and Claims Received by county</li> <li>o Summary</li> </ul> </li> </ul>	N/A	closed

- Delegation Oversight Report/Activities
  - Q3 2025 Delegated Network Audit Summary
  - 2025 Quarterly UM Denial File Reviews – Summary
  - 2024-2025 YTD Denial Rate Trending: Reporting Q3 2025
  - 2024-2025 YTD Pediatric Denial Rate Trending: Reporting Q3 2025
  - Q2 2025 Pediatric Denial Rate (Medical Necessity) – Top Offenders – Medi-Cal and Marketplace
  - Summary
- Enhanced Care Management Report/Activities.
  - ECM Populations of Focus / Timeline
  - ECM Program – Q3 2025 Enrolment by County
  - ECM Program – Q3 Enrollment by Population of Focus by county
  - ECM Program Q1-Q3 2025 Members and Services – Encounters for ECM Enrolled Members by county
  - ECM Program Q3 2025 Request and Outreach
  - ECM Program Q3 2025 Request and Outreach
  - ECM Program Q3 Referral Volume Processed by county
  - ECM Program Provider Network as of Q3 2025
  - Summary
- Pharmacy Report / Activities:
  - 1 year Trending for Medicaid and Marketplace – Membership & Costs Rolling 5 quarters
  - 1 year Trending - Marketplace – Specialty Costs Rolling 5 Quarters
  - 1 year Trending for Medicaid–Generic Utilization Rolling 5 Quarters
  - 1 year Trending - Marketplace – Generic Utilization Rolling 5 Quarters
  - Top 10 Therapies by Cost, Q3 2025 (Medicaid and Marketplace Net costs, Utilizers & PMPM)
  - Top 10 Drugs by Cost & Days Supply Q3 2025 – Marketplace
  - Top 10 Drugs for 18 & Under – Medicaid and Marketplace
  - Summary
  - Provider Phone Stats – Medicaid – Physician Administered Drugs
  - Provider Phone Stats – Marketplace and Summary
  - Q3 2025 Audit Results – Medicaid and Marketplace – Summary
- UM Reports/Activities
  - Analysis – Inpatient Utilization
  - Re-admit Summary
  - ER Utilization
  - Summary
  - Summary – Monthly IRR Case Audits
  - PQOC Severity Analysis Q4 2025
  - Summary of Uphold vs. Overturn Appeals Decisions and Summary
  - Health Net – LA: Inpatient Utilization – Q3 2025
  - Referral Metrics & ER Visits: Q3 2025
  - Complex Care Management Q3 2025
  - Pediatric Complex Care Management Q3 2025
  - HN Over/Under Utilization Q3 2025
  - Summary
  - Priority Child Measure from the EPSDT Dashboard – BLS & Floride Varnish
  - Priority Adult Measures – BCS & CCS
  - Summary
  - Priority Child Measures BLS & Floride Varnish
  - Priority Adult Measures –CCS 45-49 and 50-79
- Authorization Timeliness Medical and Marketplace
- Member Provider Timely Notification of Inpatient Decision – Member and Provider – Summary
- Total Inpatient Utilization Q4 2024 – Q3 2025
- Inpatient Auths Denials: Q3 2025
- Summary
- Q3 2025 Concurrent Analysis Decision and Notification Timeliness and Summary
- Authorization Timeliness
- Member/Provider Timely Notification of Outpatient Decision
- Summary

<ul style="list-style-type: none"> <li>• Authorization Denial Summary</li> <li>• Q3 2025 Prior Auth Analysis Decision and Notification Timeliness</li> <li>• Retrospective Review Um Decision timeliness</li> <li>• Summary</li> <li>• MediCal &amp; Marketplace Call Center Stats and Summary</li> <li>• St Stabilization TAT and Top 10 Requested Facilities</li> <li>• Post Stabilization Q3 2025</li> <li>• Post Stabilization Q3 2025 Par/Non-Par requests</li> <li>• EDSU Call Statistics Q4 2024 – Q3 2025</li> <li>• Summary</li> <li>• 2025 HCS Workplan</li> <li>• Molina Clinical Policies – Medical, Radiology, and Pharmacy</li> </ul>		
<p><b>5. Pharmacy Committee Synopsis Q4</b></p> <p>“Review of new drugs to markets and their formulary status, Medications with new formulations/strengths/combinations or 505b2 NDA, Utilization Management Criteria Review Updates, Additions, and Removals and New Business items (e.g. HOT drug list review, Formulary removals and additions, Medical preferred drug list review etc.) and New Indications review. _</p>	N/A	closed
<p><b>6. Professional Review Committee Q3 2025</b></p> <p><b>Credentialing Status</b></p> <ul style="list-style-type: none"> <li>• Initial Providers submitted for credentialing.</li> <li>• Initial Providers Credentialed Complete</li> <li>• % Providers Missing Information-Not Returned/Provider non-responsive</li> </ul> <p><b>Approved</b></p> <ul style="list-style-type: none"> <li>• Initial Providers Approved by the Credentialing Committee and Recred Providers Approved by the Credentialing Committee</li> </ul> <p><b>Denied/Terminated</b></p> <ul style="list-style-type: none"> <li>• Initial Providers Denied by the Credentialing Committee</li> <li>• Recred Providers Terminated by the Credentialing Committee</li> </ul> <p><b>Recredentialing Performance Metrics.</b></p> <ul style="list-style-type: none"> <li>• Total Providers Recredentialed</li> <li>• % Providers recredentialling incomplete – Missing information – Not Returned/Provider non-responsive and Total Providers out of compliance with recredentialling</li> <li>• <b>Total Providers out of compliance with recredentialling</b></li> </ul> <p><b>Potential Quality of Care Cases</b> <i>Cases Referred to PRC:</i></p> <ul style="list-style-type: none"> <li>• Level 3: PQOCs referred to PRC for Peer Review</li> <li>• Level 4: PQOCs referred to PRC for Peer Review</li> <li>• Total Number of Corrective Actions Issued</li> <li>• Total Number of Corrective Actions Closed</li> </ul> <p><b>Initial Credentialing Metrics</b></p> <ul style="list-style-type: none"> <li>• Volume Submitted by Plan</li> <li>• Plan Submit TAT</li> <li>• Volume Completed by Cred</li> <li>• Compliance TAT Average</li> <li>• End to End Average TAT</li> <li>• CA BH Compl TAT 60 day</li> <li>• % of Initial Cred Non-Responders &amp; Denied</li> </ul> <p><b>Recredentialing Metrics</b></p> <ul style="list-style-type: none"> <li>• Volume Initiated</li> <li>• Volume Completed</li> <li>• Recreds Completed 60 days prior to Due Date</li> <li>• % of Recred Approved Non Responders &amp; Denied</li> <li>• Recreds out of Compliance</li> </ul>	None	Closed

<b>VI. Approval Documents</b>		
Approval Documents are required reports by regulation - quarterly or annual. As a time saving effort these documents are not reported but require review and approval. Policy and Procedure Annual Reviews and or individual updates are included via Summary of Changes		
Analysis MHC Complaints and Appeals Review Q4 2025		<b>closed</b>
Annual MHI Quality Improvement - Program Description for 2026		<b>closed</b>
Annual MHI Quality Improvement – 2025 Program Evaluation (To be approved via Ad Hoc when complete) Note: At this time the QI 2025 Annual Eval is not complete. When complete will be sent out for Ad Hoc approval.		<b>Ad Hoc Approval</b>
2026 Annual MHI Quality Improvement Program Workplan		<b>closed</b>
Semi Annual MHI QI Workplan - Q3 & Q4/Annual 2025 update		<b>closed</b>
2026 Population Health Management Program Description		<b>closed</b>
Quality Improvement P&P Summary of Changes Part 2 of 2		<b>closed</b>