

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

Date of meeting: **June 2, 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: 3-2-26 Minutes approved via eVote prior to the meeting</li> <li>3. Announcements: 2 new Medical Directors are joining Molina and QIHETC as voting members</li> </ol>	N/A	closed
<b>II. NEW BUSINESS:</b>		
<ul style="list-style-type: none"> <li>• Report submitted: EAE Reporting Q1 2026: 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</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 – All Counties/LA county</li> <li>• Recommended Actions and next steps</li> </ul> </li> </ul>	N/A	closed
<b>NEW BUSINESS FOR APPROVAL</b>		
<ul style="list-style-type: none"> <li>• Reported: Q1 2026 Contact center - Call Center Report. Report Submitted. Pre-Approved                             <ul style="list-style-type: none"> <li>• LOBs: Medi-Cal, Marketplace, Medicare, Medicare-CFHMP, Duals                                     <ul style="list-style-type: none"> <li>○ Member &amp; Provider Contact Center – Call Tracking</li> </ul> </li> </ul> </li> </ul>	N/A	closed

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<ul style="list-style-type: none"> <li>○ <table border="1" style="display: inline-table; vertical-align: top;"> <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> <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,</b></li> </ul> <table border="1" style="margin-left: 40px;"> <thead> <tr><th>Goals</th></tr> </thead> <tbody> <tr><td>95% Of Inquiries closed within 48 hours</td></tr> <tr><td>&lt;3% of Inquiries closed within 3-days</td></tr> <tr><td>&lt;2% in 5+ days</td></tr> </tbody> </table> </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>○ Q1 2026 Specific Inquiries for Medicare and Marketplace (Service, Claims, Other, Access Availability Pharmacy)</li> <li>○ Member Web Portal Transactions</li> <li>○ Member Mobile App Transactions</li> <li>○ Portal usage comparison by state for TX, WA, CA Medicaid</li> <li>○ Priorities and Conclusion</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)	Goals	95% Of Inquiries closed within 48 hours	<3% of Inquiries closed within 3-days	<2% in 5+ days		
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<ul style="list-style-type: none"> <li>● <b>Reported: MP– 30-day Welcome Call - White Glove Outreach Q1.</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></li> <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. Q1 2026 Appts Scheduled</li> </ul> </li> <li>● <b>Summary of Findings and Q1 2026 Actions &amp; Recommended Actions &amp; Next Steps.</b></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 Program</b> <ul style="list-style-type: none"> <li>○ Overview</li> <li>○ DHCS Mandatory Spending Categories</li> <li>○ Community Reinvestment Program Steps <ul style="list-style-type: none"> <li>▪ Proposal submission</li> <li>▪ Committee Review</li> <li>▪ DHCS Submission</li> <li>▪ Funding Disbursement</li> </ul> </li> </ul> </li> </ul>	N/A	closed																

Key Decision and Actions	Follow-up Actions	Status
<b>III: Old Business/Action Item(s)</b> <b>From 3-3-26 QIHETC</b> <b>Report: New Business - Member &amp; Provider Contact Center - Call Center Report:</b> <b>Action Item:</b> Was asked how many members are using My Chart compared to the members from other states. Sally stated she will have to research and will respond at the next meeting.	<b>Action/Response</b> The Portal Usage Comparison by State is in response to an action item from the March QIHETC. Question was asked if there were any comparisons from other states of members using My Chart. It was presented in a comparisons noting that California uses a different vendor for tracking than other states.	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> <ul style="list-style-type: none"> <li>• 3 sites fell out of compliance - correction/Mitigation listed</li> </ul> </li> <li>3. <b>Grievance And Appeals: Reported Variance</b> <ul style="list-style-type: none"> <li>• Q1 2026 Medi-Cal and Marketplace Standard/Expedited Appeals</li> <li>• Q1 2026 Medi-Cal and Marketplace Standard/Expedited Grievances</li> <li>• Interventions for MediCal &amp; Marketplace               <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 Q1 – 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: Goals met – No Variance to report</b></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 contact Metrics for Phone Calls – Medi_Cal</li> <li>• Resolution time metrics for contact center member &amp; provider call trackers – Medi-Cal, Marketplace, Medicare</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 - Variance for Q1reported</b> <ul style="list-style-type: none"> <li>○ ASA/ABND rates not met</li> <li>○ NAL Quarterly Report Summary listing: Opportunity identified, Action/Interfention Planned and Barrier Addressed</li> </ul> </li> <li>9. <b>Pharmacy - No Variance for Q1</b></li> <li>10. <b>Professional Review – Reported via Committee Synopsis</b></li> <li>11. <b>Provider Network - No Variance for Q1</b></li> </ol>	N/A	closed

V: Committee Synopsis																																																					
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.																																																					
<b>1. 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> <li>• <b>Standing Reporting as follows:</b></li> </ul> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <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> <li>• Provider Survey CAP Updates – Direct Providers.</li> <li>• Provider Survey CAP Updates – Delegated Entities.</li> <li>• Timely Access Wait Times – Plan Member Services Call Center.</li> <li>• Timely Access Member Satisfaction Survey.</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Timely Access Screening Wait Times – Nurse Advice Line.</li> <li>• Timely Access Provider Satisfaction Survey.</li> <li>• Network Adequacy Geographic Accessibility Ongoing Monitoring.</li> <li>• Provider to Member Capacity Ratios.</li> <li>• Network Alignment/Congruency Dashboard.</li> <li>• DHCS Subcontractor Network Certification (SNC) Updates.</li> <li>• DHCS Annual Network Certification (ANC).</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>• 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> <li>• Provider Survey CAP Updates – Direct Providers.</li> <li>• Provider Survey CAP Updates – Delegated Entities.</li> <li>• Timely Access Wait Times – Plan Member Services Call Center.</li> <li>• Timely Access Member Satisfaction Survey.</li> </ul>	<ul style="list-style-type: none"> <li>• Timely Access Screening Wait Times – Nurse Advice Line.</li> <li>• Timely Access Provider Satisfaction Survey.</li> <li>• Network Adequacy Geographic Accessibility Ongoing Monitoring.</li> <li>• Provider to Member Capacity Ratios.</li> <li>• Network Alignment/Congruency Dashboard.</li> <li>• DHCS Subcontractor Network Certification (SNC) Updates.</li> <li>• DHCS Annual Network Certification (ANC).</li> <li>• DMHC Timely Access Report (TAR) Benchmark Monitoring.</li> <li>• DHCS Timely Access Report (QMRT) Benchmark Monitoring.</li> </ul>	N/A	Closed																																														
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<b>2. Delegation Oversight Committee Q4 2025</b> <b>Delegation Oversight – All Counties – Quarterly Report – Q4 2025 Quarterly Report</b> <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> <b>CHP Delegation Oversight – All Counties - 2025 Quarterly Report – Q4</b> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #e0f0ff;">Total New Delegation Agreements Initiated</td></tr> <tr><td style="background-color: #e0f0ff;">Total Pre-delegation Audits Executed Prior to the Execution of the Delegation Agreement</td></tr> <tr><td style="background-color: #e0f0ff;">Total Annual Audits Due for Delegation Arrangements in effect for 12 months or longer</td></tr> <tr><td style="background-color: #e0f0ff;">Total Terminated Delegation Agreements</td></tr> <tr><td style="background-color: #e0f0ff;">Total Annual Audits Completed</td></tr> <tr><td style="background-color: #e0f0ff;">Total Corrective Action Plans Issued (Annual Audits)</td></tr> <tr><td style="background-color: #e0f0ff;">Total Corrective Action Plans Closed (Annual Audits)</td></tr> </table> <b>2025 Q2 Quarterly Review – Q4 2025 Barrier Analysis - No barriers to report currently</b>				Total New Delegation Agreements Initiated	Total Pre-delegation Audits Executed Prior to the Execution of the Delegation Agreement	Total Annual Audits Due for Delegation Arrangements in effect for 12 months or longer	Total Terminated Delegation Agreements	Total Annual Audits Completed	Total Corrective Action Plans Issued (Annual Audits)	Total Corrective Action Plans Closed (Annual Audits)	N/A	closed																																									
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<b>3. Community Engagement- Q1 2026</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #0056b3; color: white;"> <th style="width: 15%;">REGION</th> <th style="width: 25%;">DESCRIPTION OF TOPICS</th> <th style="width: 20%;">SUCSESSES IDENTIFIED</th> <th style="width: 40%;">OPPORTUNITIES IDENTIFIED / PLANNED INTERVENTIONS</th> </tr> </thead> <tbody> <tr style="background-color: #0056b3; color: white;"> <td colspan="4"><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>CHP</td> <td>reported</td> <td>reported</td> <td>None Identified</td> </tr> <tr style="background-color: #0056b3; color: white;"> <td colspan="4"><b>MOLINA COMMUNITY COLLABORATIVE COMMITTEE</b></td> </tr> <tr> <td>SB/R</td> <td>No Report</td> <td>No Report</td> <td>No Report</td> </tr> <tr> <td>San Diego</td> <td>No Report</td> <td>No Report</td> <td>No Report</td> </tr> <tr> <td>Los Angeles</td> <td>No Report</td> <td>No Report</td> <td>No Report</td> </tr> <tr> <td>Sac</td> <td>No Report</td> <td>No Report</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	CHP	reported	reported	None Identified	<b>MOLINA COMMUNITY COLLABORATIVE COMMITTEE</b>				SB/R	No Report	No Report	No Report	San Diego	No Report	No Report	No Report	Los Angeles	No Report	No Report	No Report	Sac	No Report	No Report	No Report	N/A	closed
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<p><b>4. Member Grievance and Appeals – Q1 2026</b></p> <p><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 &amp; Expedited Appeals, Appeals by Type, Clinical Decision Reason for Overturn Resolutions, Decision Reason Detail for Overturn Resolutions</li> <li>• Q1 2026 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> Q1 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>• Specialist Opportunities Top Drivers</li> <li>• Opportunities Specification</li> <li>• Current QA Results for Q1 2026</li> <li>• Quality Assurance Audit and Training Initiatives</li> <li>• Member and Provider Contact Center – Q1 2026 A &amp; G Committee meeting</li> <li>• Educational Opportunities</li> <li>• Support Center Initiatives for A&amp;G Improvement</li> <li>• Call Center Performance and Educational Opportunities <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 Member Grievances (FCRs included for Acknowledgment Letter results)</li> <li>o CTMS</li> <li>o Appeals and Grievances Metrics and Timeliness quarterly grievances Metris</li> <li>o Comments</li> </ul> </li> </ul>		
<p><b>Healthcare Services Committee – Q1 2026 Report Submitted.</b></p> <ul style="list-style-type: none"> <li>• Utilization Report – Medi-Cal, Marketplace, Medicare and Summary</li> <li>• Clinical Management Reports/Activities <ul style="list-style-type: none"> <li>o Outpatient: Ca Under &amp; Over Utilization, Utilization Trend by Race/Ethnicity, Utilization Trend by Quarter</li> <li>o Inpatient: Ca Under &amp; Over Utilization, Utilization Trend by Race/Ethnicity, Utilization Trend by Quarter</li> <li>o ER: Ca Under &amp; Over Utilization, Utilization Trend by Race/Ethnicity, Utilization Trend by Quarter</li> <li>o Summary</li> </ul> </li> <li>• Medical Director Audits: Monthly Audits, Appeals, IRR &amp; PQOC IRR and summary</li> <li>• Inpatient – LA Health Net Utilization Management Report</li> <li>• Inter-Rater Reliability Analysis UM Staff and Summary</li> <li>• Inpatient Utilization Management Timeliness Report and Summary</li> <li>• Inpatient Utilization Management Denial Report and Summary</li> <li>• Inpatient UM Decision Timeliness &amp; Notification 5G NCQA Authorization Report (MediCal &amp; Marketplace) and Summary</li> <li>• Emergency Department Support Unit (EDSU) Report and Summary</li> <li>• Outpatient Utilization Management Timeliness Report and Summary</li> </ul>	N/A	closed

<ul style="list-style-type: none"> <li>• Outpatient Utilization Management Denial Report and Summary</li> <li>• Outpatient UM Decision Timelines &amp; notification 5G NCQA Authorization Report and summary</li> <li>• MediCal and Marketplace call center Statistics</li> <li>• Case Management Phone Queue Report and access to Care Report <ul style="list-style-type: none"> <li>○ Summary</li> </ul> </li> <li>• 2025 Medicaid – Access to Care Assignment per Month</li> <li>• 2025 Medicaid – Access to Care Assignment per County</li> <li>• 2025 Medicaid - Access to Care Assignment per Outcomes <ul style="list-style-type: none"> <li>○ Summary</li> </ul> </li> <li>• LTC ICF Q4 2025 – ICF Facilities Per Age (Peds = Under 18)</li> <li>• ICF 2025 Top ICF Parent Facilities</li> <li>• ICF Q4 2025 By County</li> <li>• ICF Q3 by County</li> <li>• LTC ICF 2025 Per County <ul style="list-style-type: none"> <li>○ Summary</li> </ul> </li> <li>• Major Organ Transplant (MOT) and Summary</li> <li>• Palliative Care – My Care Program Q4 2025 and Summary</li> <li>• Behavioral Health Access Unit Data: Referrals Report and Volume <ul style="list-style-type: none"> <li>○ BH access Lead Correspondence Tracker 2025</li> <li>○ Mental Health Care Management Diversion (MH CMD) Tracker 2025</li> <li>○ DHCS Adult Screening &amp; Transition Tool Outbound Step-Up Tracker 2025</li> <li>○ DHCS Child Screening &amp; Transition Tool Outbound Step-Up Tracker 2025</li> <li>○ DHCS Adult Screening &amp; Transition Tool Inbound Stepdown Tracker 2025</li> <li>○ DHCS Child Screening &amp; Transition Tool Inbound Stepdown Tracker 2025 <ul style="list-style-type: none"> <li>▪ Summary</li> </ul> </li> </ul> </li> <li>• EPSDT USPSTF Wellness Dashboard and Selection of Priority Measures – Blood Lead Screening, Breast Cancer Screening, Fluoride Varnish, Cervical Cancer Screening, Colon Cancer Screening 45-49 old, 50-75 old and summary</li> <li>• EPSDT USPSTF Wellness Dashboard and Selection of Priority Measures (LA County) - Blood Lead Screening, Breast Cancer Screening, Fluoride Varnish, Cervical Cancer Screening and Summary</li> <li>• Community Supports (CS) Report and Summary</li> <li>• Enhanced Care Management (ECM) <ul style="list-style-type: none"> <li>○ Enrollment by county, Adult POFs, Child POFs, Number of in-person encounters, Number of Telephonic or Telehealth Encounters, # enrolled members, Q4 2025 Referrals by County, Total 2025 Referrals processed by County, Number of Providers by County,</li> <li>○ Delegation Oversight UM Audits &amp; Reporting</li> <li>○ Q4 2025 Overall Quarterly Denial Rate</li> <li>○ Molina – Q4 Overall Pediatric Denial Rate- Medical Necessity,</li> <li>○ Delegated Entity by MediCal Denials, Medi_Cal Authorizations, Medi-Cal Denial Rate, Medi-Cal Membership</li> <li>○ Delegated Entity by Marketplace Denials, Marketplace Authorizations, Marketplace Denial Rate, Marketplace Membership <ul style="list-style-type: none"> <li>▪ Summary</li> </ul> </li> </ul> </li> <li>• Pharmacy Scorecards review and Summary</li> <li>• Pharmacy Phone Queue and Summary</li> <li>• Pharmacy Denial Report and Summary</li> <li>• HCS Workplan</li> <li>• Molina clinical Policies – Medical, Radiology and Pharmacy – Approved</li> <li>• <b>Molina Healthcare of CA Policies and Procedures - Approved</b></li> </ul>		
<p><b>5. Pharmacy Committee Synopsis Q1</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 Q1 2026 Credentialing Status</b></p> <ul style="list-style-type: none"> <li>• Initial Providers submitted for credentialing.</li> <li>• Initial Providers Credentialed Complete</li> </ul>	None	Closed

<ul style="list-style-type: none"> <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 recredentialed incomplete – Missing information – Not Returned/Provider non-responsive and Total Providers out of compliance with recredentialed</li> <li>• <b>Total Providers out of compliance with recredentialed</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>		
<p><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</p>		
Analysis MHC Complaints and Appeals Review Q1 2026		closed
Annual MHI Quality Improvement – 2025 Program Evaluation Note: rec'd Ad Hoc approval and since there was a revision. Revision approved via eVote for this meeting.		Ad Hoc & Approval Rec'd - Closed
Quality Improvement P&P Summary of Changes QM 108		closed