

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

Date of meeting: **September 2, 2025**

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 – 37 Attendees – Quorum met</li> <li>2. Review and approval of previous Minutes: 6/3/25 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 Q2 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 – Delegated Entities <ul style="list-style-type: none"> <li>• Objective and Goal</li> <li>• Summary of Data Trends – PAA &amp; Secret Shopper <ol style="list-style-type: none"> <li>a) 1<sup>st</sup> Offenders, total #of Provider non-Compliant, Date Education provider via Bulletin</li> </ol> </li> <li>• 2<sup>nd</sup> Offenders Survey Updates <ol style="list-style-type: none"> <li>a) Total # of CAPs Issued, Total # CAPS Closed, Current % CAPS Completion, Total # CAPS Non-Responsive for Interventions</li> </ol> </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 – <ul style="list-style-type: none"> <li>• Objective and Goal</li> <li>• Summary of Data Trends – PAA &amp; Secret Shopper <ol style="list-style-type: none"> <li>a) 1<sup>st</sup> Offenders, total #of Provider non-Compliant, Date Education provider via Bulletin</li> </ol> </li> <li>• 2<sup>nd</sup> Offenders Survey Updates <ol style="list-style-type: none"> <li>a) Total # of CAPs Issued, Total # CAPS Closed, Current % CAPS Completion, Total # CAPS Non-Responsive for Interventions</li> </ol> </li> <li>• Summary of Findings</li> <li>• Recommended Actions and next steps</li> </ul> </li> </ul>		
<b>NEW BUSINESS FOR APPROVAL</b>		
<ul style="list-style-type: none"> <li>• Reported: Q2 2025 Call Center Report. Report Submitted. Pre-Approved <ul style="list-style-type: none"> <li>• LOBs: Medi-Cal, Marketplace, Medicare, Medicare-CFHMP) <ol style="list-style-type: none"> <li>○ Member &amp; Provider Contact Center – Call Tracking <div style="border: 1px solid black; padding: 2px; margin: 2px;"> Service Level%  Calls Offered  Abnd%  ASA(secs)  ASA (mins)  AHT(secs)  Provider Combined  Service Level%  Calls Offered  Abnd%  ASA(secs)  AHT(secs) </div> </li> <li>○</li> </ol> </li> <li>• LOBs: Medi-Cal, Marketplace, Medicare, <ol style="list-style-type: none"> <li>○ Statewide Call Tracking Resolution TAT</li> </ol> </li> </ul> </li> </ul>	N/A	closed

Key Decision and Actions	Follow-up Actions	Status
<ul style="list-style-type: none"> <li>○ Inquiry percentages - Call inquiries by defined categories of Service, Claims, Access, Pharmacy, and other</li> <li>○ Member Web Portal Transactions</li> <li>○ Member Mobile App Transactions</li> <li>○ Priorities and Conclusion</li> </ul>		
<ul style="list-style-type: none"> <li>• <b>Reported: MP– 30-day Welcome Call - White Glove Outreach Q2.</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</li> </ul> </li> <li>• <b>Summary of Findings and Q2 2025 Actions &amp; Recommended Actions &amp; Next Steps.</b></li> </ul> </li> </ul>	N/A	closed
<ul style="list-style-type: none"> <li>• <b>Reported: Wellness and Prevention DHCS reporting – Overview – Report Received</b></li> <li>• <b>Purpose</b></li> <li>• <b>Priority Adult Measures</b> <ul style="list-style-type: none"> <li>• Breast Cancer Screening</li> <li>• Cervical Cancer Screening</li> <li>• Ongoing Efforts</li> </ul> </li> </ul>	N/A	closed
<p>7. <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: Counties, Description of Activity, \$ Amount invested, Alignment with state defined use categories, Base or Quality Achievement Allocation</b></li> </ul>		

III: Old Business/Action Item(s)	Action/Response	
<p><b>REPORT: Provider &amp; Network Management - Provider Access &amp; Availability Survey (PAAS) Update</b></p> <p>Dr. asked how many providers don't meet the standard. It was replied that they will pull that information and send to Dr.. This will also be an Action/Open Item to report at the next meeting in September.</p>	<p>9/2/25: The total number of providers that did not meet the standard and where corrective action plan (CAPs) were issued was provided, including a breakdown by LOB.</p>	Closed
<p><b>REPORT: MP– 30-day Welcome Call - White Glove Outreach</b></p> <p><b>ISSUE:</b> how many members or percentage of members are opting to receive text messages.</p> <p><b>ACTION ITEM:</b> will find out and report at the next QIHETC in June</p>	<p>6-3-25: reported: The report for members who opted in for text &amp; email EIM has not been able to produce the report, they still are working on it. <b>Item remains Open for the September QIHETC</b></p> <p>9/2/25: Reported: We have not been able to get a report of the percentage of members who opted in during the welcome call. When information is available will report.</p>	<p>OPEN for Sept QIHETC</p> <p>Closed</p>
<p><b>REPORT: Member &amp; Provider Contact Center - Call Center Report - Member Mobile App Transactions</b></p> <p><b>ISSUE:</b> Dr. noted that the PCP changes for Marketplace is high and asked why that might be. <b>ACTION ITEM:</b> will find out and report at the next QIHETC in Sept</p>	<p>9/2/25 The Marketplace team is analyzing the data to identify any underlying trends or potential causes contributing to the high volume of PCP changes. I will share any findings as the review is finalized.</p>	Closed
<p><b>REPORT: Member &amp; Provider Contact Center - Member Web Portal Transactions</b></p> <p><b>ISSUE:</b> It was asked: Would we be able to see if we could see member usage of the website and app by unique members to see if there are any patterns in usage? (For example, are there just a few</p>	<p>9/2/25 At this time, there is no report available that provides this level of detail. However, the team is actively exploring options to capture and report this information in the future.</p>	Closed

members using the website for all requests or is it pretty spread out? Are there any patterns in terms of demographics as well?)		
<b>ACTION ITEM:</b> Reply: there was no representative from Member Services but would forward to Member Service Director for response at the next QIHETC in September.		
<b>REPORT: Wellness and Prevention DHCS reporting – Overview</b> <b>ISSUE:</b> Dr. stated that fluoride treatment only goes to age 5. Would this be helpful to lower numbers. <b>ACTION ITEM:</b> Representative will explore the EPSDT dashboard and get back to her on what the ages for these groups were. To report finding at the next QIHETC.	9/2/25: Blood Lead Screening on EPSDT dashboard monitors child members up to age 5 as they age out of the measure at 6 years old.	Closed

<b>IV: Variance Report(s):</b> <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.</b>		
<b>1. Delegation Oversight: No Variance to report</b> <b>2. Facility Site Review: No Variance to report</b> <b>3. Grievance And Appeals: Reported Variance</b> <ul style="list-style-type: none"> <li>Medi-Cal Standard and Expedited Appeals</li> <li>Marketplace Standard and Expedited Appeals</li> <li>Q2 2025 Medi-Cal Standard/Expedited Grievances</li> <li>Q2 2025 MRKP Standard/Expedited Grievances</li> <li>Interventions for MediCal and Marketplace <ul style="list-style-type: none"> <li>a) Goal Not Met, Reason out of Compliance, Intervention taken to correct the deficiency</li> </ul> </li> </ul> <b>4. Healthcare Services</b> <ul style="list-style-type: none"> <li>a) <b>UM OUT PT PRIOR AUTH TAT Q2 – 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: Q2 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 Q2- 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> <li>Post Stabilization TAT</li> <li>Post Stabilization TAT Barrier Analysis, Opportunities and Intervention</li> </ul> </li> </ul> <b>5. Initial Health Appointment (IHA) Variance Report - (Variances are reported under Section II. )</b> <b>6. 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 – Marketplace – Medicare – Medicare CHMP</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>	N/A	closed

7. Member & Provider Contact Center Ca MP 30 Day Welcome Call (Retention) - No Variance to report																																																			
8. Nurse Advice Line - No Variance for Q2																																																			
9. Pharmacy - No Variance for Q2																																																			
10. Professional Review – Reported via Committee Synopsis																																																			
11. Provider Network - No Variance for Q2																																																			
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.																																																			
1. Access & Availability Committee (A&A): Report submitted.		None	Closed																																																
<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>• Standing Reporting as follows:</li></ul> <table><tr><td><ul style="list-style-type: none"><li>• Interpreter Utilization Cultural &amp; Linguistics Services.</li><li>• Provider Network Contracting Updates.</li><li>• Initial Health Appointment (IHA) Oversight.</li><li>• Prenatal Appointment Accessibility.</li><li>• Access Grievances Report.</li><li>• DMHC Provider Access and Availability Survey (PAAS) Updates/Delegated Entities.</li></ul></td><td><ul style="list-style-type: none"><li>• Network Adequacy Geographic Accessibility Ongoing Monitoring.</li><li>• Provider to Member Capacity Ratios.</li><li>• DMHC Timely Access Report (TAR)</li><li>• Network Alignment ongoing 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.</li><li>• Initial Health Appointment (IHA) Oversight.</li><li>• Prenatal Appointment Accessibility.</li><li>• Access Grievances Report.</li><li>• DMHC Provider Access and Availability Survey (PAAS) Updates/Delegated Entities.</li></ul>	<ul style="list-style-type: none"><li>• Network Adequacy Geographic Accessibility Ongoing Monitoring.</li><li>• Provider to Member Capacity Ratios.</li><li>• DMHC Timely Access Report (TAR)</li><li>• Network Alignment ongoing Monitoring</li></ul>																																																
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2. Delegation Oversight Committee Q2		N/A	closed																																																
Delegation Oversight – All Counties –Quarterly Report & CHP Delegation Oversight – All Counties - 2025 Quarterly Report		N/A	closed																																																
<ul style="list-style-type: none"><li>•<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></li></ul>																																																			
3. Community Engagement- Q2 2025		N/A	closed																																																
<table><tr><th>REGION</th><th>DESCRIPTION OF TOPICS</th><th>SUCSESSES IDENTIFIED</th><th>OPPORTUNITIES IDENTIFIED / PLANNED INTERVENTIONS</th></tr><tr><td colspan="4">COMMUNITY ADVISORY BORAD</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>Los Angeles</td><td>reported</td><td>reported</td><td>None Identified</td></tr><tr><td>Sac</td><td>reported</td><td>reported</td><td>reported</td></tr><tr><td colspan="4">MOLINA COMMUNITY COLLABORATIVE COMMITTEE</td></tr><tr><td>San Diego</td><td>reported</td><td>reported</td><td>none Identified</td></tr><tr><td>Sac</td><td>reported</td><td>reported</td><td>none Identified</td></tr><tr><td>SB/R</td><td>reported</td><td>reported</td><td>none Identified</td></tr><tr><td>Los Angeles</td><td>reported</td><td>reported</td><td>none Identified</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>		REGION	DESCRIPTION OF TOPICS	SUCSESSES IDENTIFIED	OPPORTUNITIES IDENTIFIED / PLANNED INTERVENTIONS	COMMUNITY ADVISORY BORAD				R/SB	reported	reported	reported	San Diego	reported	reported	reported	Los Angeles	reported	reported	None Identified	Sac	reported	reported	reported	MOLINA COMMUNITY COLLABORATIVE COMMITTEE				San Diego	reported	reported	none Identified	Sac	reported	reported	none Identified	SB/R	reported	reported	none Identified	Los Angeles	reported	reported	none Identified						
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<p><b>4. Member Grievance and Appeals – Q2 2024</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>• Grievance Percentages, Exempt Grievance Percentages, Behavioral Health Grievance Percentages, Regulatory Percentages, Medical 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 (appeal &amp; State Fair Hearing, Standard &amp; Expedited 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</li> <li>• Analysis</li> </ul> <p>Quality Report:</p> <ul style="list-style-type: none"> <li>• Reviewed West Region Quality Results</li> </ul> <p>Member and Provider Contact Center</p> <ul style="list-style-type: none"> <li>• Educational Opportunities</li> <li>• Appeals and Grievance</li> <li>• Contact Center Initiatives for A&amp;G Improvement</li> <li>• CA DSNP &amp; MMP 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 A &amp; G &amp; CTMS</li> <li>o Action items</li> <li>o Closing comments</li> <li>o adjournment</li> </ul> </li> </ul>		
<p><b>5. Healthcare Services Committee – Q2 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 Q3 2024 Report</b></li> </ul> </li> <li>• <b>Care Management Reports/Activities</b> <ul style="list-style-type: none"> <li>o Case Management Phone Queue Report Q2 2025</li> <li>o Enhanced Care Management (ECM) Report</li> <li>o Community Supports (CS) Report</li> <li>o Palliative Care, My Care Program</li> <li>o Major Organ Transplant Report</li> <li>o Long Term Care Utilization (LTC) Custodial Level of Care and ICF/Subacute Members Report</li> </ul> </li> </ul> <p><b>UTILIZATION MANAGEMENT REPORTS/ACTIVITIES</b></p> <ul style="list-style-type: none"> <li>• Inpatient Utilization Management Report</li> <li>• Inpatient Utilization Management Denial Report</li> <li>• UM Decision Timeliness &amp; Notification UM 5G NCQA Authorization Report PA/ IP Medi-Cal &amp; Marketplace</li> <li>• UM Call Center Telephone Service Level Report</li> <li>• Delegation Oversight UM Reports</li> <li>• Emergency Department Support Unit and Post Stabilization Report</li> <li>• Behavioral Health Access Unit Data: Referrals Report &amp; Volume, FUA/FUM Engagement Report</li> <li>• Pharmacy Phone Queue</li> <li>• Pharmacy Scorecards</li> <li>• Pharmacy Denial Report</li> <li>• Outpatient Denial Report</li> <li>• HealthNet - LA County</li> <li>• <b>Medical Director IRR UM Summary Report (Monthly IRR, Appeals IRR, PQOC IRR)</b></li> </ul>	N/A	closed

**2023 HCS Workplan**

- Q1 2025 Utilization Management
- Q1 2025 Long Term Services and Supports (LTSS)
- Q1 2025 Program Development
- Q1 2025 Behavioral Health
- Q1 2025 Case Management
- Q1 2025 Enhanced Care Management
- Q1 2025 Community Supports
- Q1 2025 Population Health Management
- Q1 2025 Health Education
- Q1 2025 Cultural Literacy
- Q1 2025 Incentive Programs
- Q1 2025 Internal Auditing
- Q1 2025 Peds and CCS/Regional Center-
- Q1 2025 My Right Care
- Q1 2025 Behavioral Health Treatment (BHT)
- Q1 2025 Palliative Care
- Q1 2025 Case Management
- Q1 2025 Transitions of Care

**Healthcare Services Committee - Quarterly Report - Policy and Procedure Review****Molina Clinical Policies: Medical, Radiology, and Pharmacy**

- **Behavioral Health**
  - Annual review - No changes to Coverage Policy
- **CAR T**
  - Annual review - No changes to Coverage Policy
  - Coding updates - No changes to Coverage Policy
  - Revised
- **Gene Therapy**
  - Annual review - No changes to Coverage Policy
  - New policy
- **Medical**
  - Annual review - No changes to Coverage Policy
  - New policy
  - Retired
  - Revised
- **Pharmacy**
  - Annual review - No changes to Coverage Policy
- **Radiation Oncology**
  - Revised
- **Surgery**
  - Annual review - No changes to Coverage Policy
  - Coding updates - No changes to Coverage Policy
  - Revised
- **Grand Total**

**Molina Healthcare of CA Policies and Procedures Tracking (No Action needed, Retired, Reviewed, Revised, Grand Total)**

- **Annual**
  - CM/PHM
  - CM/UM
  - CS
  - ECM
  - IP
  - UM

**Newly Adopted**

<div> <div> <div>Off-Cycle</div> <ul style="list-style-type: none"> <li>CM</li> <li>CM/UM</li> </ul> </div> <div> <ul style="list-style-type: none"> <li>BH</li> <li>CM</li> <li>UM</li> </ul> </div> </div> <div> <ul style="list-style-type: none"> <li>Grand Total</li> </ul> </div>		
<div>6. Pharmacy Committee Synopsis Q2</div> <div>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.</div>	N/A	closed
<div>7. Professional Review Committee Q2 2025</div> <div>Credentialing Status <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> </div> <div>Approved <ul style="list-style-type: none"> <li>Initial Providers Approved by the Credentialing Committee and Recred Providers Approved by the Credentialing Committee</li> </ul> </div> <div>Denied/Terminated <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> </div> <div>Recredentialing Performance Metrics. <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>Total Providers out of compliance with recredentialed</li> </ul> </div> <div>Potential Quality of Care Cases Cases Referred to PRC: <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> </div>	None	Closed
<div>VI. Approval Documents</div> <div>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</div>		
1. Analysis MHC Complaints and Appeals Review Q2 2024		closed
2. Annual MHI Quality Improvement Workplan Q1& Q2		closed
3. Quality Improvement P&P Summary of Changes (QM 102 & QM 110)		closed
Meeting Adjourned: Next meeting 12/2/25		