Board of Directors'
Special Quality Assurance Committee Meeting
December 11, 2025

Quality Improvement Health Equity Committee (QIHEC) Third Quarter 2025 Report

QIHEC Summary	
QIHEC Chair(s)	Quality Medical Director and Chief Health Equity Officer
Reporting Period	Quarter 3, 2025
QIHEC Meeting Dates	July 8, 2025, August 12, 2025, September 9, 2025
Topics Presented and Discussed in QIHEC or subcommittees during the reporting period	- Access and Availability - Adolescent Care - Adult Wellness and Prevention - Appropriate Testing for Pharyngitis (CWP) and Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) - Behavioral Health Integration (BHI) - Benefit Management Subcommittee (BMSC) - Deputy Chief Medical Officer - California Advancing and Innovating Medi-Cal (CalAIM) - Case Management (CM) program - Comprehensive Community Cancer Screening Program - Consumer Assessment of Healthcare Providers and Systems (CAHPS) - Care Management and Care Coordination - Chronic Conditions Management - Continuity & Coordination of Care - Credentialing and Recredentialing - Cultural and Linguistics Appropriate Services Program - Health Education - Health Risk Assessments - Health Needs Assessments - Healthcare Effectiveness Data and Information Set (HEDIS) - Initial Health Appointment - Language Accessibility - Long-Term Care Support and Services - Managed Care Accountability Set (MCAS) - Maternal and Child Health - Medicare Advantage Star Program Rating - Medication Adherence - Medication Management - Member Experience (MemX) - National Committee for Quality Assurance (NCQA) Accreditation - Network Adequacy - OneCare Model of Care - Pediatric Wellness and Prevention - Performance Improvement Projects - Pharmacy & Therapeutics (P&T) Subcommittee

- Customer Service - Delegation Oversight - Demographic Data Collection - Department of Health Care Services (DHCS) Non-Clinical Performance Improvement Project (PIP) - Depression Screening - Diabetes Care - Emergency Department Diversion Program - Enhanced Care Management (ECM) - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) - External Quality Review Organization (EQRO) - Facility Site Review (FSR)/Medical Record Review (MRR)/Physical Accessibility Review Survey (PARS) - Grievance & Appeals Resolution Services (GARS)	- Plan All-Cause Readmission (PCR) - Policy - Population Health Management (PHM) - Potential Quality Issues (PQIs) - Prenatal and Postpartum Care - Preventive and Screening Services - Maternal Care - Quality Compliance Report - Quality Improvement Health Equity Work Plan - Quality Metrics - Student Behavioral Health Incentive Program - Transitional Care Services (TCS) - Utilization Management Committee - Whole Child Model (WCM)

QIHEC Actions in Quarter 3, 2025

QIHEC Approved the Following Items:

- June 10, 2025, meeting minutes; July 8, 2025; August 12, 2025, meeting minutes
- Ten Quality Improvement policies:
  - Policy GG.1110 - Primary Care Practitioner Definition, Role, and Responsibilities
  - Policy GG.1602 - Non-Physician Medical Practitioner Scope of Practice (Redline)
  - Policy GG.1608 - Full Scope Site Review (Redline)
  - Policy GG.1617 - Infection Control Plan (Redline)
  - Policy GG.1630 - Reporting Communicable Diseases (Redline)
  - Policy GG.1713 - Certified Nurse Midwife Practice Guidelines (Redline)
  - Policy MA.7025 - Primary Care Engagement and Clinical Documentation Integrity
  - Policy GG.1656: Quality Improvement and Utilization Management Conflicts of Interest and Non- Discrimination.
  - GG.1628: Confidentiality of Quality Improvement Activities
  - GG.1639: Post-Hospital Discharge Medication Supply

Accepted and filed the following items:

- Appendix: HEDIS MY2024 Results
- 2025 QI Work Plan Quarter 2 update
- Appendix Credentialing and Peer Review Committee CPRC
- Grievance and Appeals Resolution Services Committee Meeting Minutes5.30.25 _Final
- Member Experience Committee Meeting Minutes_1_28_25_Final
- Member Experience Committee Meeting Minutes_4_15_25_Final
- Population Health Management Committee Meeting Minutes_5_15_25_Final

QIHEC Actions in Quarter 3, 2025
• Utilization Management Committee Meeting Minutes_05.22.25_Final • Whole Child Model Clinical Advisory Committee Meeting Minutes_05.20.25_Final
Committee Updates: • A behavioral specialist from the Orange County Health Care Agency, who has been a long-standing member of the Quality Improvement Health Equity committee, stopped participating following a change in their position at the County.

QIHEC Quarter 3 2025 Highlights

- Chief Medical Officer (CMO) Updates
  - CalOptima Health discussed with the County Public Health office the leading causes of death in Orange County, highlighting heart disease, cancer, and drug overdoses.
  - There was an increase in infectious diseases in Orange County, including HIV, syphilis, and gonorrhea, particularly in the correctional system.
  - Suicide prevention is important and, during Suicide Awareness Month, the 988 Lifeline and open conversations about mental health should be promoted.
  - GLP-1 medications play a transformative role in diabetes care, given that 17% of OneCare members have an A1C level above 8.
- Quality Improvement Compliance Report - At the August QIHEC meeting, staff reported an issue regarding the timeliness of Health Risk Assessments (HRAs) and Health Needs Assessments (HNAs) for OneCare and Whole Child Model (WCM) members, affecting 62 OneCare and 118 WCM members. Staff conducted a root cause analysis, and IT issues were identified as contributing to the delays, particularly incomplete member lists and staff oversight. Remediation efforts include enhanced tracking, member outreach, and updates to care plans. The majority of the affected members were due for their annual HRA/HNA, with only six OneCare members getting an initial HRA/HNA. QIHEC requested a follow-up report on remediation efforts.
- NCQA Accreditation – CalOptima Health is on track to submit the Health Equity Accreditation initial survey on October 7, 2025. Staff continue to focus on preparing Health Plan Accreditation documents for the renewal submission, scheduled for April 6, 2027.
- Medi-Cal HEDIS Measurement Year 2024 Results
  - 15 out of 18 MCAS measures achieved the Minimum Performance Level (MPL). The following three measures fell short of the MPL.
    - Follow-up after ED visits for alcohol/drug dependency
    - Follow-up after ED visits for mental illness
    - Asthma medication ratio
  - Cervical Cancer Screening within 3% of the MPL margin.
  - Health Plan Rating (HPR) is projected to maintain a 3.5 out of 5.0 rating.
  - The following Medi-Cal Quality Withhold measures lost points or are within 3% margin:
    - Prenatal and Postpartum Care (PPC)
    - Well-Child Visits in the First 30 Months of Life (W30 15-30 months)
    - Child and Adolescent Well-Care Visits (WCV)
    - Controlling High-Blood Pressure (CBP)
    - Glycemic Status Assessment for Patients With Diabetes (Glycemic Status Data (GSD) >9.0%)
- OneCare HEDIS Measurement Year 2024 Results

QIHEC Quarter 3 2025 Highlights

- o The following measures are below the 3-Star cut point and are the top opportunities for improvement:
    - Controlling of blood pressure (CBP)
    - Colorectal Cancer Screening (COL-E)
    - Care for Older Adults (COA-Medication Review)
    - Transitions of Care (TRC)
    - Plan All-Cause readmissions (PCR)
- o The following measures are three times the weight and are the top opportunities for improvement:
    - Controlling of blood pressure (CBP)
    - Diabetes Care - Blood Sugar Controlled
    - Plan All-Cause readmissions (PCR)
- o Improvement strategies include expanding data sources to identify non-compliant members, sharing data with providers, conducting year-round medical record reviews for key measures, and launching a qualitative workgroup to improve administrative data collection.
- HEDIS Measurement Year 2025 MCAS - As of August, six measures have already met the Minimum Performance Level (MPL), while five others are on track to meet the MPL. However, seven measures remain in red status, having fallen below the new MPLs in 2024, and will require focused intervention to improve. Key challenges include the impact of telehealth exclusions on well-child and adolescent care measures, as well as limitations in data capture for clinical metrics such as blood pressure and HbA1c. To address this, CalOptima Health is enhancing supplemental data collection and outreach strategies, particularly for glucose screening, by combining mailed kits with direct member engagement. The committee emphasized the need for aggressive, coordinated action to close gaps and improve outcomes across networks.
- Comprehensive Community Cancer Screening Program (CCCSP) – CalOptima Health implemented amendments to the program grants to improve payment and reporting. The cancer screening team will collaborate with UCI Child Comprehensive Cancer Center to explore strategies to further program enhancements.
- School-Based Mental Health Services – Staff completed all deliverables, and another update will be provided once the final report is received.
- Language Services Utilization -Russian is a new threshold language. To support Russian-speaking members, a Russian translator was hired to translate materials into Russian, and contractor vendors now provide interpretation and translation services in Russian. Ongoing efforts include monitoring service utilization and collaborating with quality improvement and health equity teams to ensure continued support and accessibility.
- Experience with Language - In 2025, CalOptima Health staff launched staff and member surveys to assess satisfaction with language services. The staff survey, launched on March 17, received 72 responses. Member surveys were mailed to 32,480 health members, with 1,271 responses received so far. Results are being reviewed, with a satisfaction report due by mid-July.
- Enhanced Care Management (ECM) audit process - All ECM providers have been audited and received individualized feedback. The following audit phase is scheduled to begin in January 2026 and will include a minimum score requirement of 80%. Providers falling below this threshold will be placed on a corrective action plan and re-audited; failure to meet the standard after re-audit will result in contract termination. Additionally, 12 new ECM providers will participate in the next ECM Academy.
- Implementation of External Quality Review Organization (EQRO) Recommendations – Staff implemented the following EQRO recommendations for the 2023–2024 cycle: (1) PIP training

QIHEC Quarter 3 2025 Highlights

compliance for clinical and non-clinical projects; (2) data-sharing with OCHCA to improve FUM and FUA measures, which led to performance gains though still below MPL; (3) corrective actions for appointment wait times, documentation, and transportation consent forms, all approved by DHCS; and (4) successful implementation of annual network certification.

- Special Needs Plan (SNP) Model of Care - CalOptima Health has made measurable progress in improving HRA completion rates, with rates consistently above 85% for both initial and annual assessments. Internal tracking showed that 72.7% of individualized care plans were completed within 90 days of enrollment for newly eligible OneCare members and 95.20% within 365 days. The committee recommended using the Adult Wellness Visit (AWV) measure as an indicator, and staff will include these metrics in the next update.

  Quality Performance Measure Update:

  o Maternal and Child Health: Prenatal (82.79%) and postpartum care (63.92%) rates. CalOptima Health is strengthening early identification and care for pregnant members by enhancing data collection across departments and partners and building a centralized data system to support timely prenatal care.

  o Medication Adherence - Current medication adherence efforts include multiple interventions such as interactive voice response (IVR) messages, provider and member outreach, and a 100-day supply conversion program. Approximately 8,400 IVR calls have been completed, resulting in a 42.8% prescription fill rate following the intervention. To support these efforts, the proportion of days covered report is refreshed daily, made accessible to health networks via the provider portal, and accompanied by coaching on best practices.

  o Pediatric and Adolescent Wellness - Measures are improving, with immunization and lead screening rates trending higher than last year. Targeted outreach, including personalized letters and a new care gap tracking portal, is being implemented to further close gaps and enhance preventive care.

  o Adult Wellness – Measures for cancer screening and adult immunization rates have improved. Staff launched new initiatives, including care gap alerts in the member portal and direct scheduling for imaging, to close remaining gaps and enhance member engagement. Additionally, a standing order program was implemented for mammograms without a PCP order, and the Cologuard program will continue.

  o Maternity Care for Black Members - CalOptima Health is working to improve maternity care for Black members by enhancing coordination through ECM referrals, piloting a closed-loop referral process with the Black Infant Health program, and transitioning the Bright Steps program to Clinical Operations to strengthen care continuity. As of Q3, 18 Black pregnant members had open ECM authorizations. While prenatal care rates are approaching targets, postpartum care remains an area for improvement, with ongoing efforts focused on culturally affirming, community-based support.

  o Medi-Cal Performance Improvement Projects (PIPs) - Well Child Visits for Black Members: Current completion rate of just 10.2% against a year-end goal of 55.78%. While telephonic outreach has been the primary strategy, low contact rates due to outdated or unanswered calls are limiting progress, prompting the team to explore more effective outreach methods.

  o OneCare CCIP - Diabetes Emerging Risk – Strong progress in improving A1C control, with rates rising from 24% to 40% over the past year. While still below the four-star benchmark of 87%, the improvement reflects effective collaboration across teams and a continued focus on member support and engagement.

QIHEC Quarter 3 2025 Highlights

- o Prenatal Care Initiative - CalOptima Health is currently performing ahead when compared to the same point in time in 2024, with a postpartum care rate of 63.92% and a prenatal care rate of 82.79%. Current initiatives involve various departments and Health Network partners, focusing on improving data collection to identify pregnant members early and provide timely prenatal care. CalOptima Health is developing a data repository to track these members more closely. The committee recommended that staff focus on initiatives for members under 21 years old. Additionally, efforts are underway to develop digital messaging and explore educational programs tailored to younger populations to enhance engagement and improve health outcomes. However, due to confidentiality concerns, CalOptima Health will not send targeted communications to pregnant members under 18 for prenatal and postpartum care. Instead, providers are encouraged to refer these members to case management or community-based programs, such as Fristers. The initiative aims to ensure high-risk youth receive appropriate support while respecting privacy, with a strong emphasis on consistent referrals across the care team.
- o Behavioral Health Services - Significant improvements were observed in follow-up care after emergency department visits for substance use and mental health issues, mainly due to the integration of supplemental county data. To support continued progress, efforts are underway to finalize HEDIS tip sheets and update provider best practices letters. Additional activities include securely transmitting data to health networks via FTP, collaborating with IT to complete provider portal reports, and working with telehealth providers to ensure timely follow-up care.
- o Behavioral Health Performance Improvement Projects (PIPs) - The Medi-Cal PIP aims to increase case management enrollment among CalOptima Health Medi-Cal members with specialty mental health diagnoses. Enrollment more than doubled during the 2024 measurement period, rising from 1.08% to 2.32%, driven by daily reporting to health networks, ongoing telehealth collaboration, and county data exchange, despite internal coordination and data-sharing challenges with community partners.
- o Medication Management Update - Efforts to improve performance on measures related to the avoidance of antibiotics for acute bronchitis and the use of appropriate testing for pharyngitis include enhancing provider education and implementing targeted interventions in urgent care settings. Key activities include identifying top prescribers, drafting provider-facing educational materials, and planning targeted outreach through faxes and follow-up phone calls.

- Plan All-Cause Readmission - Current rates remain above targets. Efforts include developing provider education on underused transitional care codes, piloting a transitional care model in PointClickCare, and enhancing coordination for high-risk members through ED diversion and care management strategies.
- Cultural Responsiveness – Practitioner Data - CalOptima Health is collecting Race, Ethnicity, and Language (REL) data from providers; however, progress has been slow, with only 0.15% of the network submitting data in Q1. To improve engagement, the team is enhancing outreach, redesigning forms, and analyzing language trends, with a focus on improving access to culturally responsive care.
- Cultural Responsiveness – Member Data - Of 186,000 surveys collecting sexual orientation and gender identity data sent, only 1.2% were returned, resulting in an overall lower response rate of 2.8%. New member surveys see a 5% return rate. Member hesitancy remains a challenge, and the team is exploring the use of text messaging to improve participation.
- Delegation Oversight - In Q2 2025, CalOptima Health conducted audits for Heritage Provider Network–Regal Medical Group, resulting in Corrective Action Plan (CAP) findings: seven in Medi-Cal, two in OneCare, and one that applied across all lines of business. A trend analysis covering 2024 through mid-2025 was also shared, highlighting recurring CAP themes across these functional areas, which include

QIHEC Quarter 3 2025 Highlights

claims and provider resolution payment accuracy and timelines, credentialing of organizational providers, and utilization management decision notification accuracy and timeliness. HEDIS Measurement Year 2025 MCAS. Seven measures remain in red status, having fallen below the new MPLs in 2024, and will require focused intervention to improve. Key challenges include the impact of telehealth exclusions on well-child and adolescent care measures, as well as limitations in data capture for clinical metrics such as blood pressure and HbA1c. To address this, CalOptima Health is enhancing supplemental data collection and outreach strategies, particularly for glucose screening, by combining mailed kits with direct member engagement. The committee emphasized the need for aggressive, coordinated action to close gaps and improve outcomes across networks. As of August, six measures have already met the Minimum Performance Level (MPL), while five others are on track to meet the MPL

QIHEC Subcommittee Report Summary in Quarter 3, 2025
Credentialing Peer Review Committee (CPRC)

CPRC held regular meetings on April 4, 2025, May 22, 2025, and June 26, 2025, and approved the minutes from their previous meetings. They held a closed session meeting on April 25, 2025, to meet with a physician undergoing a fair hearing.

- Charter update: Added the Executive Director of Behavioral Health Integration as an ad hoc non-voting member.
- Approved Policies:
  - GG.1605: Delegation and Oversight of Credentialing and Recredentialing Activities
  - GG.1607: Monitoring Adverse Actions
  - GG.1611: Potential Quality Issue Review Process
  - GG.1616: Fair Hearing Plan for Practitioners
  - GG.1657: State Licensing Board and the National Practitioner Data Bank (NPDB) Reporting
  - GG.1658: Summary Suspension or Restriction of Practitioner Participation in CalOptima Health's Network
- Fair Hearings & Monitoring - Three physicians were involved in fair hearing processes; Ongoing monitoring revealed no concerns.
- CPRC reviewed credentialing, cleanliness, and closure reports for Q2.
- CPRC initiated a PQI (Potential Quality Issue) closure list and reviewed the report for April, May and June.
- The committee reviewed PQI trends, noting a reduction from 723 (August 2024) to 363 (July 2025), mainly due to increased support from medical directors. Behavioral health PQIs increased, with over half tied to documentation or medical records from ABA groups.
- One PPC (Potential Preventable Complication) from Q1 was reported to DHCS again in Q2.
- One PCP failed their Facility Site Review in Q1, and two PCPs failed in Q2 and were terminated. There were six failed audits in both Q1 and Q2. Corrective Action Plans (CAPs) were issued. The timeliness of CAP closure remained ≥90% each quarter.
- Nursing facility incident reporting increased due to better reporting.
- Three Level 3 PQIs, two Level 2 PQIs, and one Level 0 PQI were reported this quarter. CAPs and best practice letters were issued.
- The CCN credentialing team made significant progress, completing nearly 1,300 initial credentialing files for behavioral health (BH) providers. They processed over 3,000 files, achieving this through volunteer support and overtime efforts, which helped substantially reduce the backlog.

QIHEC Subcommittee Report Summary in Quarter 3, 2025
Grievance & Appeals Resolution Services Committee (GARS)

GARS met on August 12, 2025, and approved the meeting minutes from May 23, 2025.

- The GARS committee discussed trends and remediation efforts related to member grievances, appeals, disputes, and external appeals. The next meeting is scheduled for November 13, 2025.
- The committee reviewed Q2 2025 trends.
- Medi-Cal
  - In Q2, 406 appeals were received, up from 266 in Q1, with 115 overturning for a 28% overturn rate. CalOptima Health Community Network (CHCN) had the highest overturn rate at 30%, mainly involving specialty care and procedures
  - State Fair Hearings - There were 42 State Fair Hearing requests, with none overturned, four upheld, and 38 withdrawn or dismissed.
  - Grievances increased to 1.70 per 1,000 member months; CCN led with 3.10 grievances per 1,000 members. The most common issues were referral and authorization delays, as well as provider staff attitude.
- OneCare
  - In Q2, 96 appeals were received, up from 59 in Q1. Of these, 32 were overturned, resulting in a 33% overturn rate. Optum had the highest overturn rate at 47%, with 16 of 34 appeals overturned, mostly involving inpatient and specialty care.
  - Independent Review Entity – 18 cases were submitted to Maximus, with one overturned due to the two-midnight rule.
  - Grievances slightly decreased from 10.62 to 10.40 per 1,000 member months. Optum was the highest trending network, reporting 8.5 grievances per 1,000 member months. Common issues included provider staff attitude, customer service, and provider availability and access.
- Discrimination Grievances - While 76 discrimination-related grievances were reported for Medi-Cal in Q2, only three were substantiated. All grievances were ADA-related, and all were resolved in favor of the plan. The substantiated cases involved accessibility issues with Motivecare transportation services and one of our HNs. No discrimination grievances were reported for OneCare.
- Remediation & Monitoring - Remediation efforts have strengthened through monthly monitoring and collaboration with Case Management, targeting members with repeat grievances and improving issue resolution accuracy through tools like the Customer Service Feedback Tracker. These efforts are helping reduce repeat issues and enhance coordination with health networks and customer service teams.

Member Experience Committee (MemX)

MemX met on July 15, 2025, and approved the meeting minutes from January 28, 2025, and April 15, 2025.

- CAHPS Survey Results - CalOptima Health underperformed in several key areas—such as care access, provider communication, and customer service—falling below the 10th percentile in some composite measures. Child member satisfaction was notably lower than that of adult members. OneCare preliminary results also showed challenges in care coordination and prescription access.
- Member experience efforts include a "voice of member" campaign. The program is expanding real-time feedback collection through tools like the Listening Post SMS campaign. It integrates multiple data sources (e.g., grievances, surveys, case management) to identify and respond to member concerns more effectively.
- Network Adequacy & Certification:

QIHEC Subcommittee Report Summary in Quarter 3, 2025

o   Medi-Cal: 2024 Annual Network Certification (ANC) and Subcontractor Network Certification (SNC): ANC was approved for provider ratios, with pending approvals for time/distance standards. Alternative access standard requests related to time and distance are under review, and full 2024 ANC certification is expected once those are approved. The SNC was submitted, and two CAPs were issued for member ratios, which have since been resolved. CalOptima Health has opened the process for health networks to request alternative access standards and use telehealth. These requests are currently under review to finalize the 2024 SNC by mid–Q3. The aim is to expand access options, including adding providers, offering telehealth, and providing free transportation for members traveling more than 15 or 30 minutes to a provider. Additionally, Provider Data Operations identified specialty access gaps, particularly in urology, rheumatology and neurology, and encouraged health networks to recruit more providers. were also noted as areas needing targeted outreach to increase provider availability

o   OneCare: CalOptima Health passed the CMS triennial network review for OneCare.

- Timely Access Measurement:
  - o   Medi-Cal: Minimum performance levels were met except for psychiatry.
  - o   OneCare: All timely access standards were met.
  - o   CAPs are being collected, and an escalation policy is in development to address non-compliance.
- Access Expansion Strategies - CalOptima Health is encouraging health networks to recruit more specialists, use telehealth, and offer transportation to improve access.

Population Health Management (PHM) Committee

PHMC met on August 21, 2025, and approved the meeting minutes from May 15, 2025, and the PHMC Consent Calendar.

- Member and Population Health Needs Assessment focused on understanding the health needs of the member population.
- The Committee received updates from First 5 Orange County on home visitation programs, preventive screenings, maternal mental health services, and support for children aged 0–5 and their families.
- CalOptima Health Disease Management Program – The Committee discussed targeted health conditions, member identification methods, and intervention strategies to support members.
- The Committee discussed Blood Pressure Control Initiatives with emphasis on health education, access to blood pressure monitors, and improved data capture.
- The Committee reviewed chronic condition metrics, including diabetes management, eye exams, osteoporosis care, and follow-up after emergency department visits.

Utilization Management Committee (UMC)

- Benefits Management Subcommittee (BMSC)
- Pharmacy and Therapeutics Committee (P&T)

The UMC met on August 22, 2025, and approved the minutes from the May 22, 2025, meeting.

- Membership Trends - Medi-Cal and Whole Child Model (WCM) enrollment declined, while OneCare membership increased.
- Committee reviewed Q2 2025 utilization data
  - o   Acute Inpatient Admissions decreased for Medical Expansion TANF (both adults and children) and increased for OneCare and WCM populations.

QIHEC Subcommittee Report Summary in Quarter 3, 2025

> - Hospital Utilization focus was placed on facilities with high readmission rates and long average lengths of stay.
> - A readmission data workgroup is analyzing trends and will report findings at the next UMC meeting.
> - The committee discussed Emergency Department (ED) utilization. ED use remained stable across all Medi-Cal aid codes, LTC and OneCare.
> - 14 CCS eligibility referrals were made from April to June for WCM members
> - Operational Performance - Strong compliance was reported across key metrics

Workgroup Updates

- ED Diversion: Engaged 97 members in July through an embedded case manager at UCI's ED.
- Over/Under Utilization: Removed prior authorization for Medi-Cal preventive services.
- Gender Affirming Care: Partnered with Alonza Translatinx to update website resources.
- EPSDT: Collaborated with provider relations to identify home health agencies offering Private Duty Nursing (PDN).
- High-Risk Management: Enhanced the Usher text campaign through case management.
- New SNF Workgroup: Formed in July to improve concurrent review and appeal processes; evaluating high-volume SNFs for contracting.
- The committee reviewed non-emergency medical transportation (NEMT) and non-medical transportation (NMT) trips and on-time utilization and approved 14 revised policies for Q2 2025.
- Potential Quality Issues (PQIs) – Staff presented authorization-related categories covering Q1 2024 through Q2 2025.
- Pharmacy updates included updates on pharmacy claims utilization, while the clinical team is developing a process to identify members with non-adherence.
- The committee reviewed data on mental health and psychotherapy visits, as well as OneCare BH treatment utilization.
- The LTSS team reported that turnaround time goals for routine and expedited requests under CalAIM CBAS and LTC were met for Q2 2025.
- CalAIM staff provided an update on community supports, highlighting the upcoming implementation of transitional rent, effective January 2026.
- Long-Term Services and Support Services (LTSS) - CalAIM-related operational delays from late 2024 have been resolved. As of Q2 2025, turnaround times exceed performance goals: Long-Term Care (LTC) requests are being completed at 99% (goal: 95%), CBAS requests at 100%, and CBAS inquiry-to-determination assessments are also at 100% compliance within the 30-day target. These improvements reflect strong operational recovery and sustained performance.
- Emergency Department Member Support – There was substantial progress in member engagement, which increased membership significantly by July 2025, reaching 97 members. The CCN COD program also engaged 62 members. This improvement is attributed to enhanced operational strategies, including weekly workgroup meetings and strengthened outreach and collaboration with health networks.
- Transitional Care Services (TCS) – The TCS team is targeting a 10% improvement in discharge engagement with high-risk members by year-end and has already achieved an 8% quarter-over-quarter gain. Additionally, successful member interactions have risen significantly, from 46% in January to

QIHEC Subcommittee Report Summary in Quarter 3, 2025
nearly 70% in June, indicating substantial progress and continued momentum in post-discharge engagement efforts.

Benefit Management Subcommittee (BMSC)

- The Benefit Management Subcommittee met on April 30, 2025, and May 8, 2025. They approved updates to the committee charter. Out of 42 procedure codes under review, 37 remained under prior authorization (PA), five were granted exemptions, and one was removed from the PA list.

Pharmacy & Therapeutics (P&T) Committee

- The P&T Committee met on May 15, 2025. Although no structural changes or general findings were reported, the committee reviewed and approved updates to the CalOptima Health Medi-Cal Physician Administered Drug (PAD) Prior Authorization (PA) List and the OneCare Formulary.

Whole-Child Model Clinical Advisory Committee (WCM CAC)

WCM met on August 19, 2025, and approved the May 20, 2025, Meeting Minutes

- Deputy Chief Medical Officer update: CalOptima Health shared updated American Academy of Pediatrics (AAP) guidance for young children.
- The Committee reviewed the CHOC Thompson Autism Center and the School-Based Health Integration Program (SBHIP) Autism Comprehensive Care Pilot. The SBHIP Autism Pilot for teens is currently limited to 5–6 members, with a fall cohort in planning. Referral process materials are in development.
- The committee discussed expanding specialist access and improving enhanced case management for pediatric CalAIM.
- No issues were reported with pediatric prescription prior authorizations, though insulin pump supply limits will be addressed in the following Medical RX meeting.
- Perinatal Mental Health & Childcare – The Committee reviewed 2024 data, identifying performance gaps and opportunities for improvement.
- WCM pediatric quality measures continue to outperform non-WCM, though improvement is needed in flu and dental care.
- CalOptima Health was recognized with first place in screening rates by DHCS.
- The EPSDT workgroup has been actively working to meet APL requirements

For more detailed information on the workplan activities, please refer to the Third Quarter of the 2025 QIHETP Work Plan.

Attachment

Approved at QIHEC throughout Q3 2025: Third Quarter 2025 QIHETP Work Plan 3Q