Board of Directors'

Quality Assurance Committee Meeting

June 18, 2026

Quality Improvement Health Equity Committee (QIHEC) First Quarter 2026 Report

QIHEC Summary	
QIHEC Chair(s)	Quality Medical Director and Chief Health Equity Officer
Reporting Period	Quarter 1, 2026
QIHEC Meeting Dates	January 13, 2026, February 10, 2026, March 10, 2026

January 13, 2026, QIHEC Meeting

Compliance: No compliance issues were reported.

Review/Approval of December 9, 2025, Meeting Minutes: The committee reviewed and approved the meeting minutes.

Conflict of Interest (COI) & Confidentiality: The committee collected the required Annual Conflict of Interest and Confidentiality forms. Staff confirmed full compliance and identified no conflicts.

Chief Medical Officer (CMO) Update: The CMO emphasized a 2026 organizational priority to improve diabetes outcomes, particularly through increased use of glucagon-like peptide 1 (GLP-1) medications. The update highlighted evidence of improved A1c control, reductions in diabetes related complications, and cardiovascular and metabolic benefits. Staff also discussed access challenges and the expectation that a lower-cost oral GLP 1 formulation may improve availability. A demonstration project for prior authorization is planned for June to streamline access.

Old Business: Point-of-Care Self-Collection for Cervical Cancer Screening (CCS) & Alinea Mobile Mammography for Breast Cancer Screening (BCS): Staff provided updates on point-of-care self-collection for cervical cancer screening and on efforts to strengthen reporting for mobile mammography. A total of 251 members received mobile mammography through Alinea, and 64.5% had no prior screening mammogram on record, demonstrating the program's reach to first-time participants.

National Committee for Quality Assurance (NCQA) Accreditation Updates: CalOptima Health achieved Health Equity Accreditation with a score of 100%, valid through December 2028. Staff outlined the transition to the new Health Outcomes Accreditation program and described ongoing staff training. While Year One deliverables are on track, remediation activities are underway to address risks associated with untimely

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denials, incomplete appeals, and missing credentialing elements. The committee asked how many CalOptima Health providers use Electronic Medical Records (EMR) and if that would improve accreditation performance. Staff reported that 20% of providers continue to use paper charts; to improve data accuracy, CalOptima Health will offer a $1,000 incentive to support EMR adoption.

2026 Quality Improvement Health Equity Transformation Program (QIHETP) Description and Work Plan: The committee reviewed and approved the 2026 QIHETP Description and Work Plan, which includes HEDIS Medicaid/Medicare goals, Population Health Management (PHM) Strategy, Culturally and Linguistically Appropriate Services (CLAS) Program, and Pay-for-Value programs. Updates include aligning with the 2025 Comprehensive Quality Strategy, incorporating Covered California requirements, launching the Behavioral Health Integration Pay-for-Value Program, and updating the organizational structure to strengthen quality oversight. Goals include meeting or exceeding the Medi-Cal Managed Care Accountability Set (MCAS) minimum performance levels, maintaining accreditations, improving Health Plan Ratings (HPR), and achieving operational readiness for Covered California by January 1, 2027.

Population Health Management (PHM) Strategy and Work Plan: Integrated with the QIHETP and Work Plan, the PHM strategy focuses on prevention, emerging risk, patient safety, and support for members with chronic conditions. Initiatives include the "Keeping Children Healthy" campaign, well-child visits, maternal health, expanding disease management services, and emergency department programs.

Culturally and Linguistically Appropriate Services (CLAS) Program: Integrated with the QIHETP and Work Plan, the CLAS Program focuses on strengthening demographic data collection for members and providers, including disability, accommodations, and military status.

Behavioral Health Quality Measures: Staff reported improvements at the measure level and described barriers to data capture, coding, and provider engagement.

- Antipsychotic Metabolic Monitoring improved to 33.43% but remained below the 37.93% minimum performance level. Staff continue to focus on data sharing.
- Depression Screening and Follow Up improved modestly, with continued data ingestion and coding challenges.
- Antipsychotic Medication Adherence increased substantially across Medi-Cal and OneCare populations, Medi-Cal reached 66.39% (up 27.88%), and OneCare reached 78.72% (up 5.96%), supported by expanded data exchange with the county.
- Diabetes Screening for members with serious mental illness improved but remains below target ranges.
- Follow-Up After Emergency Department (ED) Visit and Follow Up After Hospitalization for mental illness both improved year over year, though gaps remain relative to minimum performance levels.
- First-Line Psychosocial Care for Children and Adolescents increased by 20.3 percentage points from Q3 to Q4, surpassing the work plan goal with a Q4 rate of 57.69%.
- Pharmacy for Opioid Use Disorder improved slightly but continues to face member engagement and system barriers.

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DHCS BH Performance Improvement Project (PIP): The PIP aims to increase case-management enrollment after ED visits for specialty mental health (SMH)/substance abuse disorder (SUD), moving from a 1.08% baseline to 2.32% and meeting the goal for the remeasurement period; the second remeasurement was submitted and awaits DHCS feedback, with barriers including data timeliness, protected health information (PHI)-sharing constraints, and difficulty engaging members.

Maternal & Child Health: The Maternal Health Program continues to expand outreach, provide standardized assessments, and coordinate care with community resources. Planned improvements include enhanced risk stratification, postpartum text campaigns, expansion of doula services, and provider education to increase participation in the Comprehensive Perinatal Services Program. 2026 enhancements include aligning with DHCS Omnibus All Plan Letter (APL) and Transitions of Care (TCS), updating the risk stratification model, reestablishing a cross-department maternal health workgroup, and developing a dashboard to monitor risk and interventions.

Medication Management and Adherence: Medication adherence improved across diabetes, hypertension, and statin therapy. Staff completed more than 13,000 outreach calls, including refill reminders, and engaged 3,435 unique members. The organization is working with provider networks to increase 100-day supplies and expand pharmacist-supported refill processes. Medi-Cal performance on avoiding inappropriate antibiotics remains below benchmarks for both acute bronchitis/bronchiolitis and pharyngitis, and staff are implementing education and targeted outreach to high-prescribing providers. OneCare medication adherence trends are improving, with diabetes and hypertension adherence increasing by 1.6% and statin adherence increasing by 2.4%. Current projections show diabetes medication adherence trending toward a four-star rating, while hypertension and statin adherence remain at two stars, with statins potentially receiving a “significant improvement” adjustment.

Network Cultural Responsiveness: Member Demographic Data: The 2025 Sexual Orientation and Gender Identity (SOGI) survey goal of collecting 10% of member SOGI data was not met, with 286,334 surveys offered and 8,690 completed (a 3% response rate). Barriers included reluctance to share personal information and survey fatigue. Low response rates for SOGI and demographic surveys.

Language Services: Cultural & Linguistics and Accessibility: Russian was added as a threshold language in August 2025, and efforts continued to expand interpreter and translation services. Supported by a full-time translator and averaging 360 translations per quarter since Q3, alongside high Spanish and Vietnamese volumes. Translation services have increased, and interpreter services have slightly decreased in the last quarter.

Experience with Language Services: A member survey mailed to 32,480 recipients yielded 1,883 responses (6% response rate) with high satisfaction, while a staff survey yielded 73 responses out of 1,645 (4% response rate), indicating a need to strengthen engagement. Member and staff satisfaction surveys indicated high satisfaction but low response rates, prompting planned improvements in survey engagement. Planned

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strategies include leadership-led promotion, staff education on the importance of surveys, concise member surveys focused on improvements, and text reminders to increase response rates.

Diversity, Equity, and Inclusion (DEI) Training: Staff achieved a 98.22% completion rate for three new training modules. Provider completion is underway and will continue through December 31, 2026. DHCS draft language updates in January 2026, with final revisions expected in Q2 2026.

Comprehensive Community Cancer Screening Program (CCCSP): No updates were reported for CCCSP at this meeting but was kept on the agenda item for visibility and announcement of updates in the next quarter.

Open Discussion:

- Attendance requirements and 2026 QIHEC meeting schedule were reviewed.

Items Approved by QIHEC

- Approval of December 2025 QIHEC meeting minutes.
- 2026 QIHETP Description and Work Plan
- 2026 Population Health Management Strategy
- 2026 CLAS Program Description
- Measurement Year 2026 Medi-Cal and OneCare Pay-for-Value Programs

Items Accepted & Filed

- Appendix: NCQA Accreditation
- Reports on campaign outreach effectiveness and EHR adoption

February 10, 2026, Meeting

Compliance: No compliance issues reported.

Review/Approval of January 13, 2025, Meeting Minutes: The committee reviewed and approved the meeting minutes.

Chief Medical Officer Update: The Chief Medical Officer emphasized the importance of vaccination amid a regional measles outbreak and reinforced providers' roles in vaccine advocacy.

2026 Quality Improvement Health Equity Transformation Program (QIHETP) Description Update: The committee approved an addition to the QIHETP appendix, a list of positions and job descriptions supporting the QIHETP.

2025 Quality Improvement Health Equity Transformation Program (QIHETP) Evaluation (including PHM & CLAS Evaluations): The committee approved the evaluation of the 2025 QIHETP, including the PHM and CLAS evaluations. Accomplishments included approval to participate in Covered California, expansion of Street Medicine services, major outreach investments, onboarding of a new health network, and attainment of NCQA Health Outcomes Accreditation. The organization met two of seven priority goals: closing the maternity care disparity for Black members and exceeding the 50th percentile for all children's

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preventive care measures. Medi-Cal met 15 of 18 MCAS measures and achieved 100% of quality withhold dollars. OneCare achieved a 3-Star overall rating with strong clinical performance. Recommendations for 2026 focus on expanding at-home care (visits and labs), improving demographic and quality data infrastructure (including disability and veteran/military status), enhancing data exchange, and achieving operational readiness for Covered California by January 1, 2027.

2025 PHM Strategy Evaluation (Highlights): Six of nine PHM goals were met or partially met. Hypertension control improved by six percentage points, though disparities persist across several racial and ethnic groups. Street Medicine connected 90% of participants to Enhanced Care Management or Housing Navigation and 80% to an active primary care provider. Housing placements remain limited due to broader community constraints. Program accomplishments included distributing 709 blood pressure monitors, improving child health measures, stronger case/disease management satisfaction, increased engagement of high-risk members (62%→76%), data sharing with the Orange County Health Care Agency (OCHCA), and a Community Health Worker toolkit for blood lead screening. Challenges with measures regarding Follow-Up After ED Visit For Mental Illness (FUM) and Substance Abuse (FUA) were driven by the following barriers: data delays, inconsistent network engagement, and technology constraints, with partial mitigation achieved through daily reporting in the provider portal.

2025 CLAS Program Evaluation: Two of five goals were met or partially met. Russian was successfully implemented as a threshold language with dedicated translator staffing. Member and staff survey response rates were low, limiting data completeness. Staff recommended earlier evaluation development, clearer program goals, and improved collaboration across departments.

2025 UM Program Evaluation & 2026 Integrated UM/CM Program Description: The committee approved the 2026 Integrated Utilization Management/Case Management (UM/CM) Program Description. The program outlines accomplishments from the UM sub workgroups (High Risk Management, Over/Under Utilization, Gender Affirming Care, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), Enhanced Care Management (ECM) Clinical Oversight, skilled nursing facility (SNF) and committees (Pharmacy & Therapeutics (P&T), Benefits Management Subcommittee (BMSC), Behavioral Health Quality Improvement (BHQI)). Staff identified accomplishments such as improved inventory management and oversight, report refinements, PSA oversight and monitoring, established the Pediatric Workgroup, provider portal automation and capabilities, implementation of prior authorization consultant workgroup, established facility hospital rounds with Loma Linda to support transplant services, removed preventative and screening prior authorization requirements for OneCare, enhanced TCS and assigned dedicated Medical Director, launched SNF Work Group and launched Usher texting campaign. Consumer Assessment of Healthcare Providers and Systems (CAHPS) trends showed increased satisfaction with the access measure,Getting Needed Care, UM/Pharmacy/BH/Long-Term Support Services (LTSS) targets were met for turnaround time (TAT) and OneCare adherence measures, and all staff passed IRR at ≥90%.

Special Needs Plan (SNP) Model of Care (MOC)
The 2026 Model of Care updates require completing Initial Individualized Care Plans (ICPs) within 90 days of enrollment, standardizing terminology by renaming ECM–like services to California Integrated Case Management, adding dementia as a new population of focus, and maintaining palliative care services; the

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2027 Model of Care will be submitted to the Centers for Medicare & Medicaid Services (CMS) by May 2026. Health Risk Assessment (HRA) completion reached 76% in 2025, meeting the four-star cut point, and 85% of members enrolled for four months or more had a face-to-face provider visit. Annual Wellness Visit (AWV) completion increased from 35.1% to 38.0% in the fourth quarter, supported by text and email outreach and Optum engagement efforts. **Pediatric & Adolescent Wellness (EPSDT/Children's Preventive & Screening):** Performance improved in immunizations, well-child visits, and lead screening. Measures such as Childhood Immunization Status (CIS) and Immunizations for Adolescents reached the 75th percentile, supported by chart reviews, member outreach, and increased use of at-home testing for select populations. **Adult Wellness (Preventive & Screening Services):** Breast Cancer Screening (BCS) performance in Medi-Cal remains below prior-year levels and benchmark cut points, while Cervical Cancer Screening (CCS) improved; projections place OneCare BCS at 2 stars and Colorectal Cancer Screening (COL) at 3 stars, with Cozeva expected to close the remaining gaps. Improvement efforts include expanded chart chases, at-home FIT and Cologuard testing for CalOptima Health Community Network (CHCN) members, collaborations with gastroenterology providers, targeted care-gap lists for more than 70 primary care groups, and standing orders to increase completion of screening mammography. **Maternity Care for Black Members:** Postpartum Care reached 75.75% and Prenatal Care reached 81.43% as of December 2025, but both remain below 50th-percentile benchmarks, with preliminary rates for Black members lagging behind overall performance. Interventions include ECM authorizations, doula services, and Black Infant Health enrollment supported through data sharing with the OCHCA and the maternal health workgroup continues aligning with the DHCS Birthing Care Pathway ahead of the Omnibus All-Plan Letter. **Performance Improvement Projects (PIPs) – Medi-Cal**: The PIP aims to raise well-child visit rates for Black/African American members (0–15 months) to 55.78%; preliminary December 2025 data show 45%, with final rates pending. Improvement efforts include telephonic outreach, contact validation, culturally responsive materials and multi-modal campaigns. **Chronic Conditions: Heart Health (Hypertension)**: Controlling Blood Pressure (CBP) measured 45.49% in Medi-Cal. CBP measured 49% in OneCare, below the 2-star cut point; disparities persist (e.g., Black, Korean, and Vietnamese populations); interventions include telephonic outreach, education, self-reported BP collection, and 709 BP monitors via standing orders to reduce access barriers. **Chronic Care Improvement Projects (CCIPs) – Diabetes:** Diabetes performance in Medi-Cal improved across blood sugar control, eye exams, and kidney health evaluation, with several measures reaching the 33rd to 75th percentiles and OneCare stars projections trending toward three- to four-star cut points. Fourth-quarter initiatives included condition-specific assessments, rapid-follow-up outreach, enhanced provider communications, improved stratification tools, pre-call texting, and standing orders for glucose meters to support home monitoring. Member feedback remained strong, with 92.3% satisfaction reported through the 2025 Disease Management Satisfaction Survey.

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Plan All-Cause Readmissions (PCR): Plan All-Cause Readmissions did not meet performance targets for either Medi-Cal or OneCare, despite quarter-over-quarter improvement. To address this, staff are implementing provider education on transitional care management, strengthening transitional care workflows, increasing daily post-discharge outreach, assisting members with primary care appointments, expanding staff training, and conducting targeted post-discharge outreach for OneCare emergency department visits.

Emergency Department Member Support: The Emergency Department Support Program, launched in early 2025, increased member outreach by 15.6% in the fourth quarter and expanded in-person and telephonic engagement, resulting in more referrals to ECM, TCS, Case Management, and community resources. Key barriers include member declination and inconsistent facility engagement. Ongoing interventions focus on maintaining onsite presence, strengthening warm handoffs and referral monitoring, weekly workgroup review, expanding ED coverage, and optimizing workflows.

Network Cultural Responsiveness: Practitioner Demographic Data (REL): Race and ethnicity data collection exceeded the 10% goal at 16.04%, while language data collection fell short at 4.5%; 2026 targets increase to 18% and 7%, respectively. Barriers include voluntary participation and prior confusion about whether English qualifies as a reportable language—an issue clarified with updated NCQA guidance. Data collection efforts continue through email and phone outreach to provider offices, as well as through provider forms.

Open Discussion

- Discussion addressed provider guidance on handling vaccine refusals; leadership will promote American Academy of Pediatrics (AAP) guidance and tools on the provider website with aligned recommendations.

Approved by QIHEC

- 2025 QIHETP Evaluation and supporting documents; 2026 QIHETP Support Positions and Job Descriptions
- 2026 CalOptima Health Integrated Utilization Management/Case Management Program Description
- 2025 Utilization Management Program Evaluation

March 10, 2026, QIHEC Meeting

Review/Approval of February 10, 2026, Meeting Minutes: The committee reviewed and approved the meeting minutes.

Committee Operations and Compliance: No compliance issues were reported.

Chief Medical Officer Update: The CMO highlighted the need to achieve five-star performance in Glycemic Status Assessment and presented new analysis showing that 62% of OneCare members with uncontrolled diabetes are not receiving GLP-1 therapy. Staff developed provider tools to support proper prescribing and titration.

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Increase Primary Care Utilization — Initial Health Appointment (IHA): IHA requirements were expanded to all Dual Eligible Special Needs Plan members, resulting in a current completion rate of 34.87%, below the 50% benchmark, although pediatric performance remains strong at 72%
For members under 18 months: Two system enhancements—Cozeva integration in April 2026 to document outreach attempts and day-one auto-assignment of primary care providers beginning July 1, 2026—are expected to improve rates, and the benchmark will be reassessed following implementation.

Health Education Program: The Health Education Program processed 5,856 referrals in 2025, a 6% year-over-year increase, and delivered 171 classes to 810 participants across virtual and in-person formats, along with individual virtual coaching sessions. Staff also launched two hypertension text campaigns and developed a new multilingual curriculum, "Sleep Well for Good Health." The HealthHub digital engagement platform launched in March 2026, providing accessible, clinically reviewed content with built-in translation and accessibility features that support health equity goals.

CalAIM Community Supports and ECM: Provider audits for housing and ECM services began in early 2026, with corrective action plans issued to providers that did not meet quality thresholds and potential contract termination for continued non-compliance. Phase I Housing Trio audits showed an average score of 66.4% across the first 10 of 50 providers reviewed; Phase II will require at least 80% to pass, with corrective actions required for providers below the threshold. Phase II ECM audits also began, with 15 of 18 providers meeting standards and three undergoing corrective action with 90-day remediation and re-audit requirements; failure to reach 80% may result in termination.

Street Medicine Program: The Street Medicine Program exceeded 2025 goals by connecting 95% of participants to primary care and 94% to ECM or Housing Navigation, though only 13% secured shelter or housing due to regional constraints. Since launching in April 2023, the program has served more than 1,000 members and permanently housed 44 individuals, including many who were previously considered service-resistant. More than 400 members remain actively enrolled; services were expanded to Santa Ana in March; and a multi-city expansion approved by the Board will begin accepting applications in April.

Credentialing Peer Review Committee (CPRC) Oversight: The committee reviewed credentialing, peer review, and facility site review activities for Q4 2025, including quality-of-care actions and audit findings. All potential fair hearings concluded, with four physicians placed on probation and one administratively terminated; ongoing monitoring resulted in additional sanctions, including probation, citation, and reprimand. Quality-of-Care PQIs increased, and three preventable conditions were identified across three hospitals. The Provider Action Workgroup issued a corrective action plan to a primary care provider due to high grievance volume. The committee also approved updated Board Certification Requirements and Minimum Physician Standards, recognizing the National Board of Physicians and Surgeons. Facility Site Review and Medical Record Review failures decreased, although corrective action plans increased as oversight strengthened.

Grievance & Appeals Resolution Services (GARS) Committee: The GARS meeting was rescheduled to March 12 due to the DHCS audit; an update will be provided at the following QIHEC.

Member Experience (MEMX) Committee: MemX met January 27, 2026:

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The 2024 Medi-Cal Network Adequacy Validation (NAV) audit closed successfully, and as part of health network readiness, Providence was found fully compliant in its 2025 network adequacy assessment. While OneCare met network adequacy standards at the plan level, gaps persist in South Orange County and several specialties, prompting ongoing recruitment, telehealth expansion, and streamlined credentialing. Timely Access performance improved from 65% to 90% following education and outreach, with corrective actions planned as monitoring continues. Customer Service met all Medi-Cal and OneCare goals, and with increased CMS weighting for member experience, CalOptima Health is expanding data-driven strategies, real-time text-based feedback, and service recovery to address CAHPS priorities and recurring access concerns.

Utilization Management Committee (UMC): UMC met on January 22, 2026

The committee reviewed utilization trends and operational performance, noting that several utilization goals—including adult Medi-Cal admissions and readmissions, Temporary Assistance for Needy Families (TANF) under-18 length of stay, seniors and persons with disability (SPD) readmissions, OneCare admissions, and emergency department use for Medi-Cal adults and long-term care members—were not met, though progress is improving through targeted workgroups, enhanced dashboards, and provider education. The committee approved key 2026 UM program documents and reviewed multiple policies across lines of business. Turnaround times remained compliant at or above 95%, and post-discharge outreach improved by 7.1% toward the 10% goal. The ED Diversion Program reported a 15.6% increase in outreach, and related committees advanced work in benefits management, pharmacy review, risk stratification, and Medi-Cal Connect. Complex Case Management audits identified performance below goal, prompting coaching, while LTSS corrected an expedited turnaround time issue. Community-Based Adult Services and Multipurpose Senior Services Program metrics were met or exceeded.

Whole Child Model Clinical Advisory Committee (WCM CAC) and Pediatric Care: WCM CAC met on February 17, 2026

The committee reviewed updates on IHA requirements and noted that UCI Fountain Valley's hospital, NICU, PICU, and High-Risk Infant Follow-Up Program are no longer California Children's Services–approved following ownership and NPI changes, requiring CCS members to be triaged and transferred to approved facilities; emergency guidance was also clarified. Staff shared measles preparedness materials due to regional under-immunization concerns, and reported that network coverage remains adequate, with improvements in behavioral health measures and increased outpatient and ABA utilization. Additional work includes screening for Adverse Childhood Experiences (ACES), developing a transition planning playbook, and offering provider incentives to support youth aging out of pediatric care. Staff also reported that, effective January 1, 2026, GLP-1 drugs are not covered by Medi-Cal Rx for weight-loss indications except under EPSDT, while coverage continues for diabetes and other approved conditions with prior authorization. The DHCS audit is progressing well.

Delegation Oversight: Annual audits of delegated entities, including Optum, AltaMed/Altura, and Family Choice/Altura, identified recurring UM issues such as timeliness and quality of Notices of Action (NOA), clarity of denial rationale, adherence to clinical criteria, post-stabilization turnaround times, post-acute discharge procedures, and accuracy of member and provider communications. Corrective action plans were issued across all entities, with Optum findings spanning both Medi-Cal and OneCare lines and similar remediation themes identified for AltaMed/Altura and Family Choice/Altura.

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Quality Performance Improvement: MCAS / Stars / DHCS Quality Withhold / Health Plan Accreditation: Preliminary HEDIS Measurement Year 2025 results show that 11 of 18 Medi-Cal MCAS measures already meet minimum performance levels and are trending above last year's final rates. Five measures remain below minimum levels, though four hybrid measures are expected to improve after chart review and topical fluoride varnish rates are anticipated to rise with additional dental claims. Follow-Up After Emergency Department Visit and Follow-Up After Hospitalization for Mental Illness remain below benchmarks but show year-over-year improvement; more than 20% of non-compliant members completed follow-up just outside the 30-day window, indicating the need to accelerate engagement timelines.

Value-Based Payment Program — Hospital P4V (2024 Results): The committee reviewed the Hospital Quality Program's incentive structure and performance results. The program evaluates hospitals using CMS Hospital Compare and Leapfrog data across quality, patient experience, and safety domains, with payments based on tiered performance. In 2024, hospitals earned $16.7 million of the $30 million incentive pool, leaving $13.2 million unearned due to lower performance, with notable variability across hospitals when compared to 2023 results. A $150,000 reporting grant remains available for hospitals initiating CMS or Leapfrog reporting, though participation continues to be limited.

Items Approved by QIHEC

- February 2026 QIHEC Meeting Minutes
- Policy GG.1618 (Member Request for Medical Records) – annual review, no changes

Items Accepted and Filed

- UMC Meeting Minutes 12/18/25
- WCM CAC Meeting Minutes 11/18/2025
- Policy GG.1618 slide materials
- Appendices for UMC Oversight, CPRC, Delegation Oversight, and Hospital Quality Program 2023–2027