



**Board of Directors’
Quality Assurance Committee Meeting
March 19, 2026**

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

QIHEC Summary	
QIHEC Chair(s)	Quality Medical Director and Chief Health Equity Officer
Reporting Period	Quarter 4, 2025
QIHEC Meeting Dates	October 14, 2025, November 4, 2025, December 9, 2025
Topics Presented and Discussed in QIHEC or subcommittees during the reporting period	<ul style="list-style-type: none"> • 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) • 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 • Customer Service • 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

	<ul style="list-style-type: none"> • 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) • Facility Site Review (FSR)/Medical Record Review (MRR)/Physical Accessibility Review Survey (PARS) • Grievance & Appeals Resolution Services (GARS) 	<ul style="list-style-type: none"> • 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)
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QIHEC Actions in Quarter 4, 2025

QIHEC Approved the Following Items:

- September 9, 2025, meeting minutes; October 14, 2025; November 4, 2025, meeting minutes
- Seven Quality Improvement or Health Equity policies:
 - GG.1603: Medical Records Maintenance
 - GG.1621: Community-Based Adult Services (CBAS) Quality Assurance and Site Visits.
 - GG.1633: Board Certification Requirements for Physicians
 - GG.1643: Minimum Provider Credentialing Standards
 - GG.1652: DHCS Notification of Change in the Availability or Location of Covered Services
 - GG.1815: Long Term Services and Support Quality of Care Reporting
 - GG.1620: Quality Improvement Health Equity Committee (QIHEC)
- QIHEC Charter with the following changes: a 75% attendance requirement, quarterly activity summaries to the Board and DHCS (also publicly posted), expanded documentation of meeting materials, and formal integration of health equity into the committee’s purpose.
- Critical Incident Reporting form to align with the DHCS definition of a critical incident.

Accepted and filed the following items:

- 2025 QI Work Plan Quarter 3 update
- Hospital Transitional Care Services (TCS) Flyer 2025
- Appendix: Credentialing Peer Review Committee Oversight Update
- Appendix: Member Experience Committee Oversight Update
- Appendix: Utilization Management Committee Update
- Appendix: Whole Child Model Clinical Advisory Committee Update
- Appendix: Delegation Oversight
- Grievance and Appeals Resolution Services Committee Meeting Minutes_August 12, 2025_Final
- Member Experience Committee Meeting Minutes_July 15, 2025_Final
- Population Health Management Committee Meeting Minutes_August 21, 2025_Final

QIHEC Actions in Quarter 4, 2025

- Utilization Management Committee Meeting Minutes_August 21, 2025_Final
- Whole Child Model Clinical Advisory Committee Meeting Minutes August 19, 2025_Final

QIHEC Quarter 4, 2025 Highlights

- Chief Medical Officer (CMO) Updates
 - Emphasized the importance of flu shots and diabetes control.
 - Highlighted the need for improved diabetes control and underuse of Glucagon-Like Peptide-1 (GLP-1) medications for quality of care and improved Star Ratings and noted GLP-1 benefits beyond glycemic control (e.g., sleep apnea, cardiac events).
 - Warned about long-term dangers of high blood sugar
 - Recognized Behavioral Health team for obtaining new data from the Orange County Health Care Agency (OCHCA).
 - Reported a 12% improvement in the mental illness follow-up (FUM) measure due to new data.
- Quality Improvement Compliance Report - During the fourth quarter of 2025, the QIHEC reported no new compliance issues.
- Follow-up reports:
 - At the committee's request, staff reported, at the October 2025 QIHEC meeting, on resources, best practices, and education on new Behavioral Health (BH) measures that have been shared and/or implemented, which include the following: distributed a HEDIS tip tool sheet in August 2025 as part of the weekly Health Network communications, began coordinating in-person visits to behavioral health prescribing provider offices for direct education, provided daily emergency department visit feeds to CalOptima Health's HNs to support timely outreach, worked with Information Technology on developing provider portal reports, with two Emergency Department (ED) follow-up measures expected to be posted in October and the remaining BH measures in November. Best practice letters and tip sheets to providers, based on Associate Professional Clinical Counselor (APCC) data, will be sent to providers once the data is available
 - At the committee's request, staff shared the TCS flyer that was attached to the September meeting minutes at the October 2025 QIHEC meeting.
 - At the committee's request, staff reported efforts to increase member participation in in-home glucose screening tests at the October 2025 QIHEC meeting. Staff reported that CalOptima Health partnered with Quest Diagnostics to provide at-home A1c and kidney testing kits for diabetic members in the CalOptima Health Community Network (CHCN). Progress toward making these kits available to eligible members is ongoing.
 - At the committee's request, staff confirmed that all TeleMed2U providers were included in the survey's universe pull at the October 2025 QIHEC meeting.
 - Across the August, November, and December QIHEC meetings, staff reported and later followed up on compliance issues involving delayed Health Risk Assessments (HRAs) and Health Needs Assessments (HNAs) for OneCare and Whole Child Model (WCM) members. The QIHEC sought clarification on the affected member types. The initial issue, identified in late June, stemmed from IT problems, incomplete member lists, delays in transmitting completed HRAs to health networks, and member identification logic errors. In total, the August report noted 62 affected OneCare and 118 WCM members, while the November and December updates confirmed 108 OneCare members experienced HRA transmission delays and 147 WCM members were impacted by HNA-related noncompliance—146 for annual outreach and one for an initial HNA. All OneCare HRA cases have since been resolved, with care plans completed and shared, and individualized care plan (ICP)

QIHEC Quarter 4, 2025 Highlights

- timeliness remained compliant under All Plan Letter (APL) 2024-015. A Corrective Action Plan (CAP) was initiated, resulting in new reporting processes and information technology (IT) improvements, including better call list generation and FTP data transfers.
- At the committee's request, staff provided the committee with the numerator and denominator data for both Follow-Up After Emergency Department Visit for Mental Illness (FUM) and Follow-Up After Emergency Department Visit for Substance Use (FUA) data at the November QIHEC meeting. For July, the FUA measure data represented a shortfall of 233 members needed to meet the MPL. For the FUM measure, the gap was 525 members missing timely follow-up care. Staff emphasized that integrating county data into CalOptima Health's HEDIS software has already shown positive results, improving performance by 12 percentage-points in August, and is expected to help achieve the 50th percentile goal. The data presented reflected only internal sources, with county data to be incorporated into upcoming quarterly reports.
 - At the committee's request, staff shared an update on efforts related to interventions for suicidal ideation and prevention. At present, there is no available data on these issues for CalOptima Health members. However, staff is assessing the feasibility of obtaining such data from the County, which may require additional time. The committee will revisit this topic once the data becomes accessible.
 - National Committee of Quality Assurance (NCQA) Accreditation – CalOptima Health successfully submitted for NCQA Health Outcomes Survey Accreditation (formerly known as Health Equity Accreditation), meeting all required standards and deadlines. The organization also continued preparations for the upcoming Health Plan Accreditation (HPA) survey submission and file reviews, scheduled for 2027. Policy and charter updates were made to ensure alignment with the latest DHCS and NCQA requirements. Ongoing training and readiness assessments are in place to maintain compliance with evolving accreditation standards. Overall, CalOptima Health remains on track with all NCQA accreditation activities and continues to prioritize quality and equity in care delivery.
 - CalOptima Health Comprehensive Community Cancer Screening Program (CCCSP) - CCCSP is advancing efforts to improve cancer screening access through point-of-care self-test kits and educational materials for grantees, clarifying differences between self-collection and at-home kits. Most of the 15 community grantees met benchmark metrics and received continued funding, while one grantee was working with the quality team to resolve data discrepancies. The program also expanded mobile mammography services, screening 212 members year-to-date and increasing clinic participation from three to eight for FY 2025–26. Approximately \$89,000 remains in the operational budget for upcoming events.
 - Behavioral Health Services –There was mixed progress across behavioral health measures:
 - Schizophrenia - Adherence to antipsychotic medications rose by 8.98% (Medi-Cal) and 11.46% (OneCare), while diabetes screening increased by 18.98%. Still below target but trending positively.
 - Care Coordination and Follow-Up Care – FUM and FUA measures showed a slight increase. TeleMed2U outreach and collaborative efforts continue.
 - Performance Improvement Projects (PIPs) Medi-Cal BH - Case Management enrollment within 14 days of ED visits exceeded targets with a 1.24% increase over baseline. Work continues to improve the timeliness of provider notifications.
 - School-Based Mental Health Services – While the Student Behavioral Health Incentive Program ended in December 2025, efforts around school-based mental health services led to a 38% increase in behavioral health staff, improved screening processes, and expanded telehealth access for over 260,000 students through Hazel Health. Children's Hospital of Orange County (CHOC) opened 10 well spaces and launched specialized autism care, while Western Youth Services provided on-demand training accessed

QIHEC Quarter 4, 2025 Highlights

- by 65% of districts. Telehealth services were extended through 2025–2026, and a real-time referral platform was introduced to improve care coordination.
- Language Services – Sexual Orientation and Gender Identity (SOGI) data collection averaged only 3% in 2025 despite outreach efforts. For 2026, Health Equity standards will shift to broader member-level data, adding disability and geographic elements. CalOptima Health is updating policies and systems to meet these new requirements
 - Network Cultural Responsiveness: Data Collection on Member Demographic Information - Spanish remains the highest-volume language for written translation, and Russian was added as a new threshold language in August, with 442 translation requests completed since then. Oral interpretation services are also available for members who cannot read written translations, ensuring equitable access to information.
 - Experience with Language Services - Satisfaction with language services was high, 100% among staff and over 90% among members, though survey response rates were low. Planned improvements include leadership engagement and simpler surveys.
 - Diversity, Equity, and Inclusion (DEI) training program - CalOptima Health’s DEI training program was on hold pending a legal review, with more detailed status shared at a future meeting
 - Introduction to Community Reinvestment – Staff introduced DHCS’s Community Reinvestment requirement, which mandates plans with positive net income to reinvest earnings into local communities. CalOptima Health qualifies and will focus on health access, behavioral health initiatives, and equity improvements, with the first plan due in Q2 2026 after board approval.
 - Special Needs Plan (SNP) Model of Care (MOC) - CalOptima Health achieved the Centers for Medicare & Medicaid Services (CMS) cut point for a four-star rating in HRA completion for 2025. This milestone reflects years of targeted interventions and outreach efforts aimed at improving member engagement and compliance. Care plan completion rates were strong: 76.83% of newly enrolled members completed a care plan within 90 days, and 95.1% of members had a care plan completed within the past year. Member collaboration in care planning showed modest improvement, with 37.4% participation for initial care plans and 32.7% for annual care plans. As of September 2025, 84% of OneCare members had a well visit in the current year and 87% within the past 12 months, increasing to 88% when excluding newly enrolled members. Multiple outreach campaigns, including text messaging and phone calls, are ongoing to close this gap.
 - Quality Performance Measure Update:
 - Maternal and Child Health: Prenatal (81.56%) and postpartum care (68.39%) measure rates are significantly higher than those in June 2024 and are on track to reach the goal.
 - Medication Management Update - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) and Appropriate Testing for Pharyngitis (CWP) are performing slightly behind last year’s pace. As part of the intervention strategy, top antibiotic prescribers have been identified, and targeted education and support will be provided to improve prescribing practices and align with clinical guidelines.
 - Medication Adherence - Staff reported improved July 2025 Star medication adherence rates for diabetes, hypertension, and cholesterol compared to last year, with slower declines. Outreach on 8,000 prescriptions achieved a 41% refill success rate, led by pharmacy outreach (50.7%). SortPak mail service enrollment had a 15.2% success rate, supporting overall adherence and Star performance.
 - Pediatric and Adolescent Wellness - EPSDT/Children's Preventive and Screening Services – CalOptima Health showed improvement in pediatric and adolescent wellness measures, with immunization-related metrics like Childhood Immunization Status (CIS) and Immunizations for

QIHEC Quarter 4, 2025 Highlights

Adolescents (IMA) already meeting Minimum Performance Levels (MPLs). Other measures are trending upward. Outreach has shifted to personalized strategies, providing individualized vaccine status and directing members to their providers, supported by data-driven efforts to close documentation gaps.

- Adult Wellness – CalOptima Health reported improvements in adult preventive care, with cervical cancer screening trending upward and breast and colorectal screenings at 62%, on track for at least a three-star CMS rating. Adult immunization rates improved across all categories, with influenza and zoster vaccines meeting targets. Key initiatives include at-home colorectal testing and standing orders for mammography to streamline scheduling and follow-up.
- Maternity Care for Black Members - CalOptima Health addresses disparities in prenatal and postpartum care for Black members, whose rates (78.87% prenatal, 64.79% postpartum) lag overall population averages. Initiatives include enrolling members in the Black Infant Health (BIH) program, promoting doula services, and leveraging community partnerships, such as HEAL, to improve access and engagement. Digital strategies and culturally affirming support aim to close gaps and enhance maternal health outcomes
- Medi-Cal PIP - CalOptima Health’s state-mandated PIP focuses on increasing well-child visits for Black/African American children ages 0–15 months, aiming for at least six visits by 15 months. As of August 2025, performance was 32.26%, significantly below the overall population rate of 46.74%, highlighting a critical disparity. Strategies include layered outreach messaging, improved provider awareness through stratified performance data, and collaborative efforts with Health Networks to drive targeted interventions and close gaps in early childhood preventive care.
- Chronic Conditions: Members with Hypertension- CalOptima Health is working to improve hypertension management, with current performance at 38.04% for Medi-Cal (goal: 67.88%) and 40% for OneCare, placing it at a one-star level. Initiatives include launching Cozeva Payer One for real-time data exchange, enabling providers to close care gaps more efficiently, and expanding electronic medical record (EMR) integration. Outreach strategies feature telephonic education, text/email campaigns, and distribution of blood pressure monitors through standing orders to remove access barriers.
- OneCare Chronic Care Improvement Projects (CCIPs): Diabetes Emerging Risk - CalOptima Health is working to improve diabetes care for OneCare members through targeted strategies. Key initiatives include at-home lab kits for HbA1c and kidney health testing (launching November 2025), text outreach for health coaching, and dashboards to identify high-risk members. These efforts aim to close care gaps, improve outcomes, and boost CMS Star ratings.
- Chronic Conditions: Members with Diabetes - CalOptima Health is improving diabetes care for Medi-Cal and OneCare members, focusing on eye exams, HbA1c control, and kidney health evaluations. Performance is trending upward, supported by new initiatives like at-home lab kits for HbA1c and kidney testing, text outreach for health coaching, and dashboards to identify high-risk members
- Plan All-Cause Readmission (PCR) - The PCR metric compares the observed number of readmissions to the expected number based on risk-adjusted benchmarks. Medi-Cal O/E ratio improved to 0.0933 (goal: 0.8937); OneCare readmissions decreased to 11.72% (goal: 8%). A lower O/E ratio indicates better performance because fewer readmissions occurred than predicted. Key actions include provider education, promotion of TCM codes, and piloting a transitional care assessment to reduce readmissions.
- Emergency Department (ED) Member Support - CalOptima Health launched the ED Member Support Program in early 2025 to improve engagement and care transitions. The program includes warm handoffs

QIHEC Quarter 4, 2025 Highlights

- to internal and delegated networks, SNF placements from the ED, and referrals to services like Transitional Care, Case Management, and Community Supports under CalAIM. Engagement has steadily grown, with 188 members engaged in September, and new tools have been integrated into the Jiva system to streamline workflows. Plans include expanding to UCI Medical Center using a telephonic support model.
- Cultural Responsiveness – Practitioner Data - CalOptima Health collected provider demographic data on race, ethnicity, and language (REL). The 2025 goal was a 10% response rate, but current participation remains low, 2.83% for race/ethnicity and 3.4% for language fluency. Outreach strategies include direct email and phone campaigns, “Lunch and Learn” sessions, and the integration of REL forms into credentialing and provider data processes. These efforts aim to enhance culturally appropriate care and identify gaps in provider diversity.
 - CalOptima Health’s Disease Management program - Focuses on diabetes, asthma, and cardiovascular disease. In 2025, the program transitioned to Clinical Operations to better align with case management and introduced enhancements, including condition-specific health coaching, mailed education materials, and refined stratification to target high-risk members. A new text-based outreach approach significantly improved engagement and satisfaction, with 98% of surveyed members reporting positive experiences. A pilot targeting members with urgent needs achieved higher success rates via text opt-in than via cold calls, leading to improved PCP scheduling and medication support. The program also streamlined assessments, reducing time by over 50%, and implemented dashboards and simplified provider communications. For diabetes, interventions prioritize members with elevated A1c and no recent PCP visit, and early data indicate notable A1c reductions among those on GLP-1 medications. Overall, the update highlighted strong engagement, operational efficiencies, and plans for ongoing outcome tracking and collaboration with health networks.
 - Increase Primary Care Utilization - Initial Health Appointment – IHA performance averaged 32.24% across networks and 24.60% excluding CHOC and CHCN, with higher rates (70.56%) for members under 18 months. Strategies included member engagement through outreach campaigns, provider education, and enhanced monitoring. CalOptima Health passed the DHCS audit due to strong documentation. A revised benchmark for 2026 will be proposed in Q1 to support improved compliance.
 - Health Education Program – Staff reported a 24% increase in referrals over two years, continuing virtual and telephonic education after suspending in-person sessions in late 2025. Key enhancements included the launch of Healthwise Coach within Jiva for personalized content delivery and plans for HealthHub, a centralized wellness portal with interactive tools and multilingual support, set for a December soft launch
 - CalAIM Community Supports and Enhanced Care Management (ECM) Update – ECM services far exceeded targets, serving about 9,500 members versus the original goal of 2,842, supported by 12 new providers, bringing the total to 61. Street Medicine achieved 94% PCP connection and 98% linkage to ECM and housing navigation, though housing placement remains challenging, with 18 members housed in 2025 (34 total since inception). Audits for all 50 housing-related providers will begin in January 2026, and expansion of Street Medicine services to Santa Ana is planned for early 2026
 - Delegation Oversight - In Q3 2025, CalOptima Health conducted four audits, including combined audits for AMVI Care, Prospect Medical Group, and United Care Medical Group, and a separate audit for Noble Mid-Orange County. Findings primarily involved Utilization Management compliance, such as delays in issuing coverage decision letters, inaccurate or incomplete Notice of Action letters, and translation errors in member communications. CAPs were issued to Prospect, United Care, and Noble for these issues. Broader trends from 2024–2025 audits highlighted recurring concerns in case management, regulatory implementation, claims accuracy, credentialing, and timely notifications.

QIHEC Quarter 4, 2025 Highlights

- Managed Care Accountability Set (MCAS) MPL Measures- Nine MCAS measures have met the MPL, but several remain below target, including HbA1c Poor Control, Timeliness of Prenatal Care, Well-Child Visits, Cervical Cancer Screening, Controlling High Blood Pressure, and Postpartum Care. Behavioral health follow-up measures improved but are still under MPL. Contributing factors include changes in methodology, such as excluding telehealth visits and shifting cervical cancer screening to Electronic Clinical Data Systems (ECDS). To close gaps, CalOptima Health conducts supplemental data collection, medical record reviews, and retrieves missing lab results.
- Value-Based Payment Program: Health Network Pay for Value (P4V) - For Medi-Cal Measurement Year 2024, CalOptima Health adopted a new Integrated Healthcare Association (IHA) methodology to calculate quality performance and improvement on a 0–10 scale. Performance points are based on percentile benchmarks, and improvement points compare current rates to prior-year rates. Combined ratings showed variation across networks, with CHOC achieving the highest score (4.8) and others ranging from 1.49 to 3.54. CAHPS results highlighted member experience as a key improvement area, with CHOC leading at 4.78 and most networks scoring below 2.5. Overall, the update emphasized opportunities to improve quality measures and member experience across networks.

QIHEC Subcommittee Report Summary in Quarter 4, 2025

Credentialing Peer Review Committee (CPRC)

CPRC held regular meetings on July 24, 2025, August 28, 2025, and September 25, 2025, and approved the minutes from their previous meetings. CPRC held closed session meetings on July 24 and September 25 to address physicians undergoing a fair hearing.

- Policies Approved by CPRC in Q4 2025:
 - GG.1633 – Board Certification Requirements for Physicians (added the National Board of Physicians and Surgeons as a recognized certifying body)
 - GG.1643 – Minimum Physician Standards (expanded scope and made minor changes)
- CPRC Reviewed, Accepted and Filed
 - PQI (Potential Quality Issue) closure list report Q3 without findings.
 - Credentialing and Recredentialing Clean List and Closure Reports for Q3 2025 without findings.
- Fair Hearings & Monitoring: Three physicians are on a probationary status and are being monitored.
- Ongoing Monitoring: Fourteen providers were identified through sanction lists, resulting in 13 terminations in accordance with policy.
- Delegation Oversight presented credentialing delegation oversight and reported an open CAP for one delegated group.
- Compliance Reports
 - One Provider Preventable Condition was reported to DHCS in Q1 2025
 - Incident Report - Critical incident reports increased in Q2 and Q3, primarily related to caregiver abuse/neglect and Orange County Transportation Authority (OCTA) transportation errors involving members with dementia; a PQI was initiated to address these issues.
 - CPRC reviewed a new Grievance Report on data from January to June 2025.
- Provider Action Workgroup was introduced to review practitioners with high grievance volumes and outlier performance, considering factors such as Facility Site Reviews (FSRs) and HEDIS scores, fraud/waste/abuse concerns, and credentialing status to inform future recommendations.
- Potential Quality Issues (PQIs)

QIHEC Subcommittee Report Summary in Quarter 4, 2025

- CPRC reviewed PQI Statistics for Q2 and PQI Trends from January to June 2025, noting a significant reduction in the overall number of PQIs, compared to previous periods, which was attributed to increased support from medical directors and enhanced provider education. Most PQIs were related to documentation and medical records, particularly among behavioral health providers.
- In Q2 2025, CPRC met to conduct a peer review and leveled four providers at a three and leveled four providers at a two. No cases presented at CPRC this quarter were leveled at a one.
- Credentialing Activity in Q3
 - There were 440 initial credentialing applications and 330 recredentialing applications. Of the initial applications, 339 were from behavioral health providers, highlighting continued efforts to expand the behavioral health network.
 - One provider did not meet the 120-day credentialing standard for initial credentialing, and four Applied Behavioral Analyst (ABA) providers did not meet the 36-month credentialing standard.
- Facility Site Reviews (FSR) and Medical Record Reviews (MRRs)
 - In Q3 2025, one provider was terminated due to FSR/MRR non-compliance.
 - In Q3 2025, there was a decrease in the number of providers who failed an audit, reflecting improved compliance.

Grievance & Appeals Resolution Services Committee (GARS)

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

- The GARS reviewed and accepted:
 - Member grievances and appeals trends
 - Provider dispute resolutions (PDRs)
 - Remediation activities for identified issues
- Grievance Trends (Q3 2025)
 - Medi-Cal: 4,547 grievances were handled in Q3, with an increase in Quality of Service and Billing categories and a decrease in Quality of Care and Access. Primary drivers include the following:
 - Provider service complaints (staff behavior, poor phone etiquette, lack of callbacks)
 - Transportation issues (driver punctuality, scheduling, attitude)
 - CalAIM-related concerns (meal delivery mix-ups, housing deposit assistance).Grievance rate remains below the NCQA threshold of 5 per 1,000 member months.
 - OneCare: 584 grievances were handled in Q3, and trends are similar to Medi-Cal. Discrimination grievances increased in Q3, primarily related to the Americans with Disabilities Act (ADA), language access, and race/ethnicity. Most cases were unsubstantiated; members were educated on interpreter services; providers confirmed compliance with protocols.
- Appeals Trends (Q3 2025)
 - Medi-Cal: 307 appeals were handled, with 95 overturned (31%), mainly inpatient care and injectables. Top reasons for overturn include new information and medical necessity. Actions taken include shared rationales for overturns with health networks and educating on post-stabilization authorization requirements.
 - OneCare: 62 appeals were handled, with 19 overturned for similar reasons. The highest overturn percentage is in injectable services (67%).
- Remediation Activities
 - Weekly meetings with MotiveCare and internal teams to resolve providers' eligibility and scheduling issues.
 - Continued monitoring to ensure grievance rates remain below benchmarks.
 - Education provided to health networks on authorization requirements to reduce appeal overturns.

QIHEC Subcommittee Report Summary in Quarter 4, 2025
Member Experience Committee (MemX)
<p>MemX met on October 7, 2025, and approved the July 15, 2025, meeting minutes. The MemX Committee reviewed:</p> <ul style="list-style-type: none"> • Medicare Focus Group findings • Network adequacy and timely access updates • Voice-of-Member feedback and improvement strategies • Medicare Focus Group Findings: <ul style="list-style-type: none"> ○ Practical benefits are most valued: access to doctors, drug coverage, dental, vision, language services, transportation, and flex incentives. ○ Members requested easier provider search tools. ○ 56% of non-members expressed interest in enrolling in OneCare, with higher interest among Spanish-speaking participants. ○ Transportation is a key benefit for non-members • Network Adequacy: <ul style="list-style-type: none"> ○ CalOptima Health met all specialty time/distance requirements and bed capacity standards for Q3. ○ Annual Network Certification (ANC) pending DHCS review; Subcontracted Network Adequacy (SNC) audit closed with all CAPs submitted. ○ Telehealth expansion was identified as a key strategy to address specialist recruitment challenges. ○ DHCS landscape analysis completed; no follow-up required from Health Services Advisory Group (HSAG) for validation audit. • Timely Access: <ul style="list-style-type: none"> ○ Decision to transition to the Provider Appointment Availability Survey (PAAS) methodology. ○ New one-year survey cycle replaces previous three-year escalation cycle. ○ DHCS report on Timely Access survey showed compliance in most areas except for urgent visit appointment times, which remain below the 70% threshold but are improving. • Voice-of-Member Initiatives: <ul style="list-style-type: none"> ○ Breakout sessions focused on improving CAHPS scores in areas such as urgent care access, provider communication, and appointment scheduling. ○ Journey mapping and focus group insights will inform 2026 improvement strategies.
Population Health Management Committee (PHMC)
<p>Approvals at QIHEC Meeting</p> <ul style="list-style-type: none"> • The PHMC has been dissolved, and its responsibilities now fall primarily under the QIHEC and the Utilization Management Committee (UMC), as indicated in Policy GG.1620. • QIHEC now oversees functions previously managed by PHMC, including annual evaluations of QIHETP and UMC/CM programs and maintains a reporting calendar. • The QIHEC approved and accepted for filing the PHMC Meeting Minutes from August 21, 2025, during its December 9, 2025, meeting.
Utilization Management Committee (UMC)
<ul style="list-style-type: none"> • Benefits Management Subcommittee (BMSC) • Pharmacy and Therapeutics Committee (P&T) <p>The UMC met on November 20, 2025, and approved the minutes from the August 21, 2025, meeting.</p> <ul style="list-style-type: none"> • At the UMC meeting in November, the committee: <ul style="list-style-type: none"> ○ Approved 2026 utilization goals for inpatient bed days and ED visits (set at a 5% reduction from prior-year performance).

QIHEC Subcommittee Report Summary in Quarter 4, 2025

- Approved revisions to 16 utilization management policies and procedures.
- Utilization Metrics:
 - Medi-Cal membership showed a downward trend in Q3 2025; OneCare increased slightly; Whole Child Model remained stable.
 - Acute inpatient data: Medi-Cal Temporary Assistance for the Needy (TANF) populations saw decreases in admissions, bed days, and average length of stay; OneCare had fewer admissions but more bed days and readmissions.
 - ED utilization remained stable across aid categories.
- Operational performance remained strong, with compliance rates exceeding 97% for inpatient determinations within 72 hours, 99.8% for urgent referrals within 72 hours, and nearly 100% for routine and prior authorization turnaround times.
- Workgroups addressed utilization and quality improvement through initiatives such as:
 - Breast MRI review training
 - ER high-utilizer clinical workgroup
 - Population health initiatives targeting members with high hemoglobin A1c
 - Embedding staff in ED settings
 - Preventive screening campaigns and SNP concurrent review enhancements
 - Strategies to improve skilled nursing facility (SNF) placement and star ratings.
- Performance Improvements: Transitional care services showed a 12.31% increase in member interaction within seven days post-discharge in Q3.
- Subcommittee Updates:
 - Benefits Management Subcommittee met on July 30, August 27, and September 17, 2025, reviewing prior authorization code updates.
 - Pharmacy & Therapeutics Subcommittee met on August 21, 2025, with no structural changes; updates to Medi-Cal Physician Administered Drug (PAD) Prior Authorization (PA) List and OneCare Formulary were noted.

Whole-Child Model Clinical Advisory Committee (WCM CAC)

WCM met on November 18, 2025, and approved the August 19, 2025, Meeting Minutes

- Approved updated WCM CAC Committee charter.
- WCM CAC focused on improvements, pediatric quality metrics, behavioral health screenings, and operational/regulatory updates.
- Legislative Discussion: Reviewed California AB 1064 and AB 144 regarding expanded pharmacist roles in improving immunization rates.
- Quality Metrics: Whole Child Model members had slightly higher flu vaccination rates (45%) compared to non-WCM members (38%), and the committee emphasized the need to improve vaccination rates for medically fragile populations.
- Behavioral Health Measures: Reviewed depression screening and follow-up, and data on Adverse Childhood Experience (ACE) screenings: WCM CAC requested analysis of unique member counts and follow-up care for higher-risk scores.

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

Attachment

Approved at QIHEC throughout Q4 2025: Fourth Quarter 2025 QIHETP Work Plan 4Q