

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

Date of meeting: **June 3 2025**

All activities on this grid are reported to the MHC Board of Directors Committee. QIHETC Committee actions and approvals are recorded in the QI Committee minutes.

Key Decision and Actions		Follow-up Actions	Status
<b>I. Opening</b>			
1. Called to Order – <b>37</b> Attendees – Quorum met 2. Review and approval of previous Minutes: 3/4/25 Minutes approved via eVote prior to the meeting 3. Announcements:		N/A	closed
<b>II. NEW BUSINESS:</b>			
1. Report submitted: EAE Reporting Q1 2025: Initial HRA and ICP Completion Report • All goals met		N/A	closed
2. Report submitted: Provider & Network Management - Provider Access & Availability Survey (PAAS) – No Update for Q1 2025		N/A	closed
<b>NEW BUSINESS FOR APPROVAL</b>			
3. Reported: Q1 2025 Call Center Report. Report Submitted. Pre-Approved • LOBs: Medi-Cal, Marketplace, Medicare, Medicare-CFHMP) <ul style="list-style-type: none"> <li>○ Member &amp; Provider Contact Center – Call Tracking</li> </ul> • LOBs: Medi-Cal, Marketplace, Medicare <ul style="list-style-type: none"> <li>○ Statewide Call Tracking Resolution TAT</li> <li>○ Inquiry percentages - Call inquiries by defined categories of Service, Claims, Access, Pharmacy, and other</li> <li>○ Member Web Portal Transactions</li> <li>○ Member Mobile App Transactions</li> <li>○ Priorities and Conclusion</li> </ul>		N/A	closed
4. Reported: MP– 30-day Welcome Call - White Glove Outreach Q1. Report submitted and pre-approved prior to meeting. • MP Data Report – Members Attempted, Members Reached, Successful Completed Calls, Wrong/Disconnected #s reported. • Conclusion and Priorities reviewed.		N/A	closed
5. Reported. Initial Health Appointment – Report submitted and approved.  • Objective/Goal • Summary of Data Trends: <ul style="list-style-type: none"> <li>○ IHA Compliance Rate: Encounter Data</li> <li>○ IHA Call Outcomes (RS/SB, SD, SAC)</li> <li>○ IHA Outreach Team Appointments Scheduled YTD 2024</li> </ul> • Summary of Findings and Q4 2024 Actions & Recommended Actions & Next Steps.		N/A	closed
6. Reported: Wellness and Prevention DHCS reporting – Overview – Report Received  <b>Purpose:</b> <ul style="list-style-type: none"> <li>• Current Status</li> <li>• DEEPER DIVE ON NON-HEDIS MEASURES</li> <li>• ALIGNMENT WITH HEDIS MEASURES</li> <li>• Priority Child Measures – How are we doing and What is currently working               <ul style="list-style-type: none"> <li>○ Fluoride Varnish – Q1 2025 and Factors contributing to success</li> <li>○ Lead Poisoning Screening – Q1 2025 and Factors contributing to success</li> <li>○ Developmental Screening Q1 2025 and Factors contributing to success in some counties</li> </ul> </li> <li>• 2025 Overall Strategy for Priority Measures</li> <li>• Appendix               <ul style="list-style-type: none"> <li>○ Breast Cancer Screener Q1 2025 and on-going member incentives and provider bonus program</li> </ul> </li> </ul>		N/A	closed

Key Decision and Actions	Follow-up Actions	Status
<ul style="list-style-type: none"> <li>○ Cervical Cancer Screening Q1 2025 and on-going member incentives and provider bonus program</li> <li>○ Colorectal Cancer Screening 45-49 and 50-75yr old Q1 2025</li> </ul>		
<b>7. Reported: Community Reinvestment Plan</b> <ul style="list-style-type: none"> <li>○ Background ( DHCS APL 25-004 Community Reinvestment Requirements – released February 7, 2025</li> <li>○ POLICY</li> <li>○ GUIDING PRINCIPLES FOR THE COMMUNITY REINVESTMENT PROGRAM</li> <li>○ MANDATORY USE - FIVE CATEGORIES PERMITTED FOR COMMUNITY REINVESTMENT ACTIVITIES</li> <li>○ MOLINA COMMUNITY REINVESTMENT REQUIREMENTS - FINANCE</li> <li>○ BEHAVIORAL HEALTH AND POPULATION HEALTH MANAGEMENT: ALIGNMENT WITH THE PNA AND BEHAVIORAL HEALTH TRANSFORMATION (BHT)</li> <li>○ BEHAVIORAL HEALTH, COMMUNITY ENGAGEMENT, HEALTH EQUITY, POPULATION HEALTH MANAGEMENT QUALITY IMPROVEMENT: ENGAGING COMMUNITY AND KEY STAKEHOLDERS IN DECISION-MAKING</li> <li>○ NEXT STEPS Next Steps - Community Reinvestment Funding Requirements</li> <li>○ COMMUNITY REINVESTMENT TIMELINES</li> </ul>		

III: Old Business/Action Item(s)		
<b>ACTION ITEM:</b> <b>REPORT: MP– 30-day Welcome Call - White Glove Outreach</b>  <b>ISSUE:</b> Katie asked Joe how many members or percentage of members are opting to receive text messages.  <b>ACTION ITEM:</b> Joe did not know but will find out and report at the next QIHETC in June	The report for members who opted in for text & email EIM has not been able to produce the report, they still are working on  Item remains Open for the September QIHETC	<b>OPEN</b> for Sept QIHETC

IV: Variance Report(s): Departments that report up to the QIHETC have regulatory goals or standards that are set for them. If goal(s) are not met an explanation of barriers and interventions are to be reported. Variance Reports are reported at QIHETC for discussion as needed.		
<b>1. Delegation Oversight: No Variance to report</b> <b>2. Facility Site Review: No Variance to report</b> <b>3. Grievance And Appeals: Reported Variance</b> <ul style="list-style-type: none"> <li>• Medi-Cal Standard and Expedited Appeals</li> <li>• Marketplace Standard and Expedited Appeals</li> <li>• Q1 2025 Medi-Cal Standard/Expedited Grievances</li> <li>• Q1 2025 MRKP Standard/Expedited Grievances</li> <li>• Interventions for MediCal and Marketplace</li> </ul> <b>4. Healthcare Services</b> <ul style="list-style-type: none"> <li>a) <b>UM OUT PT PRIOR AUTH TAT Q1 – Variance reported for:</b> <ul style="list-style-type: none"> <li>• AUTHORIZATION TIMELINES: MediCal/Marketplace</li> <li>• Member / Provider Timely Notification of Outpatient Decision:</li> <li>• Opportunity, Actions taken and planned, Barrier Addressed and Reason for not taking action</li> </ul> </li> <li>b) <b>UM Call Center: Q4 Variance reported</b> <ul style="list-style-type: none"> <li>• Medical and Marketplace Call Center Statistics <ul style="list-style-type: none"> <li>➤ Seconds to answer</li> </ul> </li> </ul> </li> </ul>	N/A	closed



3. Community Engagement- Q1 2025				N/A	closed
REGION	DESCRIPTION OF TOPICS	SUCCESSSES IDENTIFIED	OPPORTUNITIES IDENTIFIED / PLANNED INTERVENTIONS		
COMMUNITY ADVISORY BORAD					
R/SB	reported	reported	Nothing to report		
San Diego	reported	reported	reported		
Los Angeles	reported	reported	Nothing to report		
Sac	reported	reported	Nothing to report		
MOLINA COMMUNITY COLLABORATIVE COMMITTEE					
San Diego	Nothing to report	Nothing to report	Nothing to report		
Sac	Nothing to report	Nothing to report	Nothing to report		
SB/R	Nothing to report	Nothing to report	Nothing to report		
Los Angeles	Nothing to report	Nothing to report	Nothing to report		
4. Member Grievance and Appeals – Q1 2024					
Member Grievance and Appeals SB/RVS, Sac, SD, IMP, LA					
Medi-Cal:					
<ul style="list-style-type: none"><li>TAT Time Performance, Overturn Rate (appeal &amp; State Fair Hearing, Standard &amp; Expedited Appeals, Appeals by Type, Clinical Decision Reason for Overturn Resolutions, Decision Reason Detail for Overturn Resolutions</li><li>Grievance Percentages, Exempt Grievance Percentages, Behavioral Health Grievance Percentages, Medical Post Service Non Clinical Appeal</li><li>Analysis</li></ul>					
MarketPlace:					
<ul style="list-style-type: none"><li>TAT Time Performance, Overturn Rate (appeal &amp; State Fair Hearing, Standard &amp; Expedited Appeals, Appeals by Type</li><li>Standard and Expedited Grievances, Grievance Percentages, Exempt Grievance Percentages, Behavioral Health Grievance Percentages, Post Service Non-Clinical Appeal</li><li>Analysis</li></ul>					
Quality Report:					
<ul style="list-style-type: none"><li>Reviewed Q1 West Region Quality Results</li></ul>					
Member and Provider Contact Center					
<ul style="list-style-type: none"><li>Educational Opportunities</li><li>Q1 Appeals and Grievance</li><li>Contact Center Initiatives for A&amp;G Improvement</li><li>CA DSNP &amp; MMP Appeals and Grievances –<ul style="list-style-type: none"><li>Pre-Service Appeals – Decisions</li><li>Type of Service</li><li>Grievances – First call Resolution vs. Standard</li><li>Grievances by NCQA Category</li><li>H5810-016/H3038-003 A &amp; G &amp; CTMS</li><li>Action items</li><li>Closing comments</li><li>adjournment</li></ul></li></ul>					
5. Healthcare Services Committee – Q1 2025 Report Submitted.				N/A	closed
Care Management Reports/Activities					
<ul style="list-style-type: none"><li>Clinical Management Reports/Activities<ul style="list-style-type: none"><li>Over-utilization and Under-utilization Q3 2024 Report</li></ul></li><li>Care Management Reports/Activities<ul style="list-style-type: none"><li>Enhanced Care Management (ECM) Report</li><li>Community Supports (CS) Report</li><li>Palliative Care, My Care Program</li><li>Major Organ Transplant Report</li></ul></li></ul>					

<ul style="list-style-type: none"> <li>○ CCS Regional Center Report</li> <li>○ Behavioral Health Treatment Report</li> <li>○ Long Term Care Utilization (LTC) Custodial Level of Care and ICF/Subacute Members Report</li> </ul> <p><b>UTILIZATION MANAGEMENT REPORTS/ACTIVITIES</b></p> <ul style="list-style-type: none"> <li>• Inpatient Utilization Management Report</li> <li>• UM Decision Timeliness &amp; Notification UM 5G NCQA Authorization Report PA/ IP Medi-Cal &amp; Marketplace</li> <li>• UM Call Center Telephone Service Level Report</li> <li>• Delegation Oversight UM Reports</li> <li>• Emergency Department Support Unit and Post Stabilization Report</li> <li>• Behavioral Health Access Unit Data: Referrals Report &amp; Volume, FUA/FUM Engagement Report</li> <li>• Pharmacy Phone Queue</li> <li>• Pharmacy Scorecards</li> <li>• Pharmacy Denial Report</li> <li>• Outpatient Utilization Management Timeliness Report</li> <li>• HealthNet - LA County</li> <li>• Inpatient Utilization Management Timeliness Report</li> <li>• <b>Medical Director IRR UM Summary Report (Monthly IRR, Appeals IRR, PQOC IRR)</b></li> </ul> <p><b>2023 HCS Workplan</b></p> <ul style="list-style-type: none"> <li>• Q1 2024 Utilization Management</li> <li>• Q1 2024 Long Term Services and Supports (LTSS)</li> <li>• Q1 2024 Program Development</li> <li>• Q1 2024 Behavioral Health</li> <li>• Q1 2024 Case Management</li> <li>• Q1 2024 Health Education</li> <li>• Q1 2024 Cultural Literacy</li> <li>• Q1 2024 Incentive Programs</li> <li>• Q1 2024 Internal Auditing</li> <li>• Q1 2024 Peds and CCS/Regional Center-</li> <li>• Q1 2024 My Right Care</li> <li>• Q1 2024 Behavioral Health Treatment (BHT)</li> <li>• Q1 2024 Palliative Care</li> <li>• Q1 2024 Case Management</li> <li>• Q1 2024 Transitions of Care</li> </ul> <p><b>Healthcare Services Committee - Quarterly Report - Policy and Procedure Review</b></p> <ul style="list-style-type: none"> <li>• Molina Clinical Policies: Medical, Radiology, and Pharmacy <ul style="list-style-type: none"> <li>○ Annual Reviews - MCPs (No Changes to Coverage Policy)</li> </ul> </li> <li>• Behavioral Health</li> <li>• Case Management Policy &amp; Procedure Review</li> <li>• Clinical Management Policy &amp; Procedure Review Policy &amp; Procedure Review</li> <li>• Community Supports Policy &amp; Procedure Review</li> <li>• Enhanced Care Management Policy &amp; Procedure Review</li> <li>• Clinical Management Policy &amp; Procedure Review</li> <li>• Utilization Management Policy &amp; Procedure Review</li> <li>• Population Health Management</li> </ul>		
<p>6. Pharmacy Committee Synopsis Q1</p> <p><u>Review of new drugs to markets and their formulary status, Medications with new formulations/strengths/combinations or 505b2 NDA, Utilization Management Criteria Review Updates, Additions, and Removals and New Business items (e.g. HOT drug list review, Formulary removals and additions, Medical preferred drug list review etc.) and New Indications review.</u></p>	N/A	closed
<p>7. Professional Review Committee Q1 2025 Credentialing Status</p>	None	Closed

<ul style="list-style-type: none"> <li>Initial Providers submitted for credentialing.</li> <li>Initial Providers Credentialed Complete</li> <li>% Providers Missing Information-Not Returned/Provider non-responsive</li> </ul> <p><b>Approved</b></p> <ul style="list-style-type: none"> <li>Initial Providers Approved by the Credentialing Committee and Recred Providers Approved by the Credentialing Committee</li> </ul> <p><b>Denied/Terminated</b></p> <ul style="list-style-type: none"> <li>Initial Providers Denied by the Credentialing Committee</li> <li>Recred Providers Terminated by the Credentialing Committee</li> </ul> <p><b>Recredentialing Performance Metrics.</b></p> <ul style="list-style-type: none"> <li>Total Providers Recredentialed</li> <li>% Providers recredentialling incomplete – Missing information – Not Returned/Provider non-responsive and Total Providers out of compliance with recredentialing</li> <li><b>Total Providers out of compliance with recredentialing</b></li> </ul> <p><b>Potential Quality of Care Cases</b>  <i>Cases Referred to PRC:</i></p> <ul style="list-style-type: none"> <li>Level 3: PQOCs referred to PRC for Peer Review</li> <li>Level 4: PQOCs referred to PRC for Peer Review</li> <li>Total Number of Corrective Actions Issued</li> <li>Total Number of Corrective Actions Closed</li> </ul>		
<p><b>VI. Approval Documents</b></p> <p>Approval Documents are required reports by regulation - quarterly or annual. As a time saving effort these documents are not reported but require review and approval. Policy and Procedure Annual Reviews and or individual updates are included via Summary of Changes</p>		
1. Analysis MHC Complaints and Appeals Review Q4 2024 (New Quarterly report as of 8/30/21)		closed
2. <b>Annual MHI</b> Quality Improvement - Program Evaluation		closed
3. Pharmacy P&P Review - Summary of Changes		
4. Quality Improvement Policies –QM-49		
Meeting Adjourned: Next meeting 9/2/25		