## 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
I. Opening		
1. Called to Order – 37 Attendees – Quorum met	N/A	closed
<ol> <li>Review and approval of previous Minutes: 3/4/25 Minutes approved via eVote prior to the meeting</li> <li>Announcements:</li> </ol>		
5. Announcements:		
II. NEW BUSINESS:		
1. Report submitted: EAE Reporting Q1 2025: Initial HRA and ICP Completion Report	N/A	closed
All goals met		
2. Report submitted: Provider & Network Management - Provider Access & Availability Survey (PAAS) - No Update for Q1 2025	N/A	closed
NEW BUSINESS FOR APPROVAL		
3. Reported: Q1 2025 Call Center Report. Report Submitted. Pre-Approved	N/A	closed
• LOBs: Medi-Cal, Marketplace, Medicare, Medicare-CFHMP)		
<ul> <li>Member &amp; Provider Contact Center – Call Tracking</li> </ul>		
LOBs: Medi-Cal, Marketplace, Medicare		
Statewide Call Tracking Resolution TAT		
o Inquiry percentages - Call inquiries by defined categories of Service, Claims, Access, Pharmacy, and other		
<ul> <li>Member Web Portal Transactions</li> <li>Member Mobile App Transactions</li> </ul>		
<ul> <li>Member Mobile App Transactions</li> <li>Priorities and Conclusion</li> </ul>		
o Thornes and Conclusion		
4. Reported: MP-30-day Welcome Call - White Glove Outreach Q1. Report submitted and pre-approved prior to meeting.	N/A	closed
<ul> <li>MP Data Report – Members Attempted, Members Reached, Successful Completed Calls, Wrong/Disconnected #s reported.</li> </ul>		
Conclusion and Priorities reviewed.		
5. Reported. Initial Health Appointment – Report submitted and approved.	N/A	closed
Objective/Goal		
Summary of Data Trends:		
IHA Compliance Rate: Encounter Data		
<ul> <li>IHA Call Outcomes (RS/SB, SD, SAC)</li> </ul>		
<ul> <li>IHA Outreach Team Appointments Scheduled YTD 2024</li> </ul>		
<ul> <li>Summary of Findings and Q4 2024 Actions &amp; Recommended Actions &amp; Next Steps.</li> </ul>		
6. Reported: Wellness and Prevention DHCS reporting – Overview – Report Received	N/A	closed
Purpose:		
Current Status		
DEEPER DIVE ON NON-HEDIS MEASURES		
ALIGNMENT WITH HEDIS MEASURES		
<ul> <li>Priority Child Measures – How are we doing and What is currently working</li> </ul>		
o Fluoride Varnish – Q1 2025 and Factors contributing to success		
<ul> <li>Lead Poisoning Screening – Q1 2025 and Factors contributing to success</li> </ul>		
<ul> <li>Developmental Screening Q1 2025 and Factors contributing to success in some counties</li> </ul>		
• 2025 Overall Strategy for Priority Measures		
• Appendix		
<ul> <li>Breast Cancer Screener Q1 2025 and on-going member incentives and provider bonus program</li> </ul>		

	Key Decision and Actions	Follow-up Actions	Status
	<ul> <li>Cervical Cancer Screening Q1 2025 and on-going member incentives and provider bonus program</li> </ul>		
	<ul> <li>Colorectal Cancer Screening 45-49 and 50-75yr old Q1 2025</li> </ul>		
7. Repor	rted: Community Reinvestment Plan		
0	Background (DHCS APL 25-004 Community Reinvestment Requirements – released February 7, 2025		
0	POLICY		
0	GUIDING PRINCIPLES FOR THE COMMUNITY REINVESTMENT PROGRAM		
0	MANDATORY USE - FIVE CATEGORIES PERMITTED FOR COMMUNITY REINVESTMENT ACTIVITIES		
0	MOLINA COMMUNITY REINVESTMENT REQUIREMENTS - FINANCE		
0	BEHAVIORAL HEALTH AND POPULATION HEALTH MANAGEMENT: ALIGNMENT WITH THE PNA AND BEHAVIORAL HEALTH		
	TRANSFORMATION (BHT)		
0	BEHAVIORAL HEALTH, COMMUNITY ENGAGEMENT, HEALTH EQUITY, POPULATION HEALTH MANAGEMENT QUALITY IMPROVEMENT:		
	ENGAGING COMMUNITY AND KEY STAKEHOLDERS IN DECISION-MAKING		
0	NEXT STEPS Next Steps - Community Reinvestment Funding Requirements		
0	COMMUNITY REINVESTMENT TIMELINES		

III: Old Business/Action Item(s)		
ACTION ITEM: REPORT: MP- 30-day Welcome Call - White Glove Outreach	The report for members who opted in for text & email EIM has not been able to produce the report, they still are	OPEN for Sept QIHETC
KETOKT: 1917 – 50-day welcome Can - White Glove Outreach	working on	QHEIC
ISSUE: Katie asked Joe how many members or percentage of members are opting to receive text messages.	Item remains Open for the September QIHETC	
ACTION ITEM: Joe did not know but will find out and report at the next QIHETC in June		

IV:	Var	iance 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.		
	1.	Delegation Oversite: No Variance to report	N/A	closed
	2.	Facility Site Review: No Variance to report		
	3.	Grievance And Appeals: Reported Variance		
		Medi-Cal Standard and Expedited Appeals		
		Marketplace Standard and Expedited Appeals		
		Q1 2025 Medi-Cal Standard/Expedited Grievances		
		Q1 2025 MRKP Standard/Expedited Grievances		
		Interventions for MediCal and Marketplace		
	4.	Healthcare Services		
		a) UM OUT PT PRIOR AUTH TAT Q1 – Variance reported for:		
		<ul> <li>AUTHORIZATION TIMELINES: MediCal/Marketplace</li> </ul>		
		<ul> <li>Member / Provider Timely Notification of Outpatient Decision:</li> </ul>		
		<ul> <li>Opportunity, Actions taken and planned, Barrier Addressed and Reason for not taking action</li> </ul>		
		b) UM Call Center: Q4 Variance reported		
		Medical and Marketplace Call Center Statistics		
		Seconds to answer		

	➤ % of answered Calls			
	Abandonment Rate			
	<ul> <li>Interventions and Timeframe</li> </ul>			
	c) UM In Pt Review/Post Stabilization Re	port Q1- Variance reported for:		
	<ul> <li>Authorization Timeliness</li> </ul>			
	<ul> <li>Member/Provider timely Notifica</li> </ul>	ation of Impatient Decision		
	<ul> <li>Post Stabilization TAT</li> </ul>	•		
	Barrier Analysis, Opportunities as	nd Interventions for above		
5.	Initial Health Appointment (IHA) Variance Report - (Variances	s are reported under Section II. Item 7)		
6.	Member & Provider Contact Center Call Tracking - Variance re			
		Medi_Cal – Marketplace – Medicare – Medicare CHMP		
		ACT CENTER MEMBER & PROVIDER CALL TRACKERS – Medi-Cal, Marketplace,		
	Medicare	<b></b>		
	• Impacts			
	Barrier Analysis, Opportunities and Interventions	actions planned and addressed		
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7.	Member & Provider Contact Center Ca MP 30 Day Welcome	Call (Retention) - No Variance to report		
8.	Nurse Advice Line - No Variance for Q1	•		
9.	Pharmacy - No Variance for Q1			
10.	Professional Review – Reported via Committee Synopsis			
11.				
V: Cor	nmittee Synopsis			
	Departments that report up to the QIHETC are require	d by regulation to have at least quarterly meetings. These		
	Committees/subcommittees report up to QIHETC via S	ynopsis of their meetings and reports.		
1. Acces	ss & Availability Committee (A&A): Report submitted.		None	Closed
•	Introductions & Announcements			
•	Introductions & Announcements Old Business Actions:			
•				
•	Old Business Actions:			
•	Old Business Actions:  o Meeting Minutes from Previous Meeting –			
•	Old Business Actions:  o Meeting Minutes from Previous Meeting – o Actions from Previous Meeting			
•	Old Business Actions:  o Meeting Minutes from Previous Meeting – o Actions from Previous Meeting  New Business Actions: N/A	DMHC Provider Access and Availability Survey (PAAS)		
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3. Comn	nunity Engagement- Q1 REGION	DESCRIPTION	SUCCESSES	OPPORTUNITIES IDENTIFIED /		N/A	clos
		OF TOPICS	IDENTIFIED	PLANNED INTERVENTIONS			
	COMMUNITY AD						
	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 COMMU	<u>UNITY COLLABORATI</u>					
	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. Memb	ber Grievance and Appe	eals – Q1 2024					
	Member Grievance and	Appeals SB/RVS, Sac, SI	O, IMP, LA				
i-Cal:	TATT D.C	O + D + (	10 C/ / F : II · · · · ·	V 1 10 F 15 1A 1 A 1 1 5			
	IAI Time Performa	ince, Overturn Rate (appeal	& State Fair Hearing, S	Standard & Expedited Appeals, Appeals by	ype, Clinical Decision Reason for		
		ns, Decision Reason Detail			: N. Cl. : 1 A. 1		
•		ges, Exempt Grievance Per	centages, Benavioral He	ealth Grievance Percentages, Medical Post S	ervice Non Clinical Appeal		
4D1	<ul> <li>Analysis</li> </ul>						
tetPlace:	TATT D C	O 4 P 4 (	1004 E . II	N 1 10 F 17 1A 1 A 1 1 5	,		
•				Standard & Expedited Appeals, Appeals by			
•			e Percentages, Exempt C	Grievance Percentages, Behavioral Health G	levance Percentages, Post Service		
	Non-Clinical Appea	11					
· D ·	<ul> <li>Analysis</li> </ul>						
y Report:	D : 101W (	D : O !!! D !!					
		Region Quality Results					
	vider Contact Center						
•	zaacanonan opponi						
•	• Q1 Appeals and Gri						
•		atives for A&G Improvement	ent				
•		Appeals and Grievances –					
	o Pre-Serv	rice Appeals – Decisions					
	o Type of S	Service ces – First call Resolution v	va Ctandand				
			5. Stanuaru				
		ces by NCQA Category 016/H3038-003 A & G & C	TMS				
	o H5810-0 o Action it		C1V1.0				
		comments					
	o adjournn						
	hcare Services Committ Management Reports/A	tee – Q1 2025 Report Sub	omitted.			N/A	clos
Care		Management Reports/Ac	tivities				
		Over-utilization and U		24 Report			
		nagement Reports/Activitie		er reput			
		magement Keports/Activiti					
		Enhanced Care Maraga	ment (ECM) Danort				
	0	Enhanced Care Manager					
		Enhanced Care Manager Community Supports (C Palliative Care, My Care	S) Report				

CCC Decisional Control December		1
<ul> <li>CCS Regional Center Report</li> <li>Behavioral Health Treatment Report</li> </ul>		
<ul> <li>Behavioral Health Treatment Report</li> <li>Long Term Care Utilization (LTC) Custodial Level of Care and ICF/Subacute Members Report</li> </ul>		
UTILIZATION MANAGEMENT REPORTS/ACTIVITIES		
Inpatient Utilization Management Report		
UM Decision Timeliness & Notification UM 5G NCQA Authorization Report PA/ IP Medi-Cal & Marketplace		
UM Call Center Telephone Service Level Report		
Delegation Oversight UM Reports		
Emergency Department Support Unit and Post Stabilization Report		
Behavioral Health Access Unit Data: Referrals Report & Volume, FUA/FUM Engagement Report		
Pharmacy Phone Queue		
Pharmacy Scorecards		
Pharmacy Denial Report		
Outpatient Utilization Management Timeliness Report		
HealthNet - LA County		
Inpatient Utilization Management Timeliness Report		
Medical Director IRR UM Summary Report (Monthly IRR, Appeals IRR, PQOC IRR)		
2023 HCS Workplan		
Q1 2024 Utilization Management		
Q1 2024 Long Term Services and Supports (LTSS)		
Q1 2024 Program Development		
Q1 2024 Behavioral Health		
Q1 2024 Case Management		
Q1 2024 Health Education		
Q1 2024 Cultural Literacy		
Q1 2024 Incentive Programs		
Q1 2024 Internal Auditing		
Q1 2024 Peds and CCS/Regional Center-		
Q1 2024 My Right Care		
Q1 2024 Behavioral Health Treatment (BHT)		
Q1 2024 Palliative Care		
Q1 2024 Case Management		
• Q1 2024 Transitions of Care		
Healthcare Services Committee - Quarterly Report - Policy and Procedure Review		
Molina Clinical Policies: Medical, Radiology, and Pharmacy     Annual Province MCPa (No. Charmach Policy)		
Annual Reviews - MCPs (No Changes to Coverage Policy)  Annual Reviews - MCPs (No Changes to Coverage Policy)		
Behavioral Health		
Case Management Policy & Procedure Review		
Clinical Management Policy & Procedure Review Policy & Procedure Review		
Community Supports Policy & Procedure Review		
Enhanced Care Management Policy & Procedure Review		
Clinical Management Policy & Procedure Review		
Utilization Management Policy & Procedure Review		
Population Health Management		
6. Pharmacy Committee Synopsis Q1	N/A	closed
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.		
7. Professional Review Committee Q1 2025	None	Closed

Initial Providers submitted for credentialing.		
Initial Providers Credentialed Complete		
<ul> <li>% Providers Missing Information-Not Returned/Provider non-responsive</li> </ul>		
Approved		
<ul> <li>Initial Providers Approved by the Credentialing Committee and Recred Providers Approved by the Credentialing Committee</li> </ul>		
Denied/Terminated		
Initial Providers Denied by the Credentialing Committee		
Recred Providers Terminated by the Credentialing Committee		
Recredentialing Performance Metrics.		
Total Providers Recredentialed		
Providers recredentialling incomplete – Missing information – Not Returned/Provider non-responsive and Total Providers out of		
compliance with recredentialing		
Total Providers out of compliance with recredentialing  Providers of Compliance with recredentialing		
Potential Quality of Care Cases  Cases Referred to PRC:		
<ul> <li>Level 3: POOCs referred to PRC for Peer Review</li> </ul>		
Level 4: POOCs referred to PRC for Peer Review		
Total Number of Corrective Actions Issued		
Total Number of Corrective Actions Closed		
Total Number of Corective Actions Closed		
VI. Approval Documents		
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		
1. Analysis MHC Complaints and Appeals Review Q4 2024 (New Quarterly report as of 8/30/21)		closed
Annual MHI Quality Improvement - Program Evaluation		closed
3. Pharmacy P&P Review - Summary of Changes		
4. Quality Improvement Policies –QM-49		
	<u> </u>	
Meeting Adjourned: Next meeting 9/2/25		