Quality Improvement Health Equity Transformation Committee (QIHETC) Summary **Date of meeting:** <mark>**December 2, 2025**</mark>		
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 – Quorum met** 2. **Review and approval of previous Minutes: 9/2/25 Minutes approved via eVote prior to the meeting** 3. **Announcements:**	**N/A**	**closed**
II. NEW BUSINESS:		
• **Report submitted: EAE Reporting Q3 2025: Initial HRA and ICP Completion Report** • **All goals met**	**N/A**	**closed**

• **Report submitted: IPA Provider Survey CAP Updates –** <mark>**Delegated Entities**</mark>
  • **Objective and Goal listed**
  • **Summary of Data Trends – PASAS (Provider appointment availability survey)**
    ➢ **Ist Offender Survey Updates for La and Non LA Counties**
      ▪ **Total # of Providers Non-Compliant – Direct Providers**
      ▪ **Total # of Providers Non-Compliant- Delegated Entities**
      ▪ **Total # of Provider s Non-Compliant**
      ▪ **Education Provider via Provider Bulletin**
    ➢ **2ⁿᵈ Offenders Survey Updates**
      ▪ **Total # of CAPs Issued, Total # CAPS Closed, Current % CAPS Completion, Total # CAPS Non-Responsive for Interventions**
  • **Summary of Findings**
    ➢ **PAA & Secret Shopper Survey Updates – Q2**
    ➢ **MY2024 PAAS Survey Updates – Q3 2025**
  • **Recommended Actions and next steps**
	N/A	**closed**

• **Report submitted: Direct Provider Survey CAP Updates –** <mark>**Direct Providers**</mark>
  • **Objective and Goal listed**
  • **Summary of Data Trends – PASAS (Provider appointment availability survey)**
    ➢ **Ist Offender Survey Updates for La and Non LA Counties**
      ▪ **Total # of Providers Non-Compliant – Direct Providers**
      ▪ **Total # of Providers Non-Compliant- Delegated Entities**
      ▪ **Total # of Providers Non-Compliant**
      ▪ **Education Provider via Provider Bulletin**
    ➢ **2ⁿᵈ Offenders Survey Updates**
      ▪ **Total # of CAPs Issued, Total # CAPS Closed, Current % CAPS Completion, Total # CAPS Non-Responsive for Interventions**
  • **Summary of Findings**
    ➢ **PAA & Secret Shopper Survey Updates – Q2**
    ➢ **MY2024 PAAS Survey Updates – Q3 2025:**
  • **Recommended Actions and next steps**		

Report Submitted: DEI TGI Training Annual Update:
Report identifies:
  ▪ **Objective of Training Program**
  ▪ **Previously Identified Parties Responsible**
  ▪ **Timeline**
  ▪ **Action Plan/Benchmark Goal**
  ▪ **Results/Timeframe/Date that Goal was met**
  ▪ **2025 CLAS and TGI Training completion**		

Key Decision and Actions	Follow-up Actions	Status
▪ **2025 Grievances**		
NEW BUSINESS FOR APPROVAL		
• **Reported: Q3 2025 Call Center Report. Report Submitted. Pre-Approved**	**N/A**	**closed**
• **LOBs: Medi-Cal, Marketplace, Medicare, Medicare-CFHMP)**		
o Member & Provider Contact Center – Call Tracking		
Service Level%		
Calls Offered		
Abnd%		
ASA(secs)		
ASA (mins)		
AHT(secs)		
Provider Combined		
Service Level%		
Calls Offered		
Abnd%		
ASA(secs)		
AHT(secs)		
o		
• **Resolution TAT - Statewide Call Tracking Q3 - Calls Offered to Call Center Resolution TAT Performance Goals**		
o **LOBs: Med-Cal, Marketplace, Medicare, Medicare-CFHMP)**		
Goals		
95% Of Inquiries closed within 48 hours		
<3% of Inquiries closed within 3-days		
<2% in 5+ days		
• **LOBs: Medi-Cal, Marketplace, Medicare,**		
o Inquiry percentages - Call inquiries by defined categories of Service, Claims, Access, Pharmacy, and other		
o Member Web Portal Transactions		
o Member Mobile App Transactions		
o Priorities and Conclusion		
• **Reported: MP– 30-day Welcome Call - White Glove Outreach Q3.** Report submitted and pre-approved prior to meeting.	**N/A**	**closed**
• MP Data Report – Members Attempted, Members Reached, Successful Completed Calls, Wrong/Disconnected #s reported.		
• Conclusion and Priorities reviewed.		
• **Reported.: Initial Health Appointment – Report submitted and approved.**	**N/A**	**closed**
• **Objective/Goal**		
• **Summary of Data Trends:**		
o IHA Compliance Rate: Encounter Data		
o IHA Call Outcomes (RS/SB, SD, SAC)		
o IHA Outreach Team Appointments Scheduled YTD 2025 vs. YTD 2024		
• **Summary of Findings and ==Q3== 2025 Actions & Recommended Actions & Next Steps**.		
• **Reported: Wellness and Prevention DHCS reporting – Overview – Report Received**	**N/A**	**closed**
• **Purpose**		
• **Priority Adult Measures**		
• Breast Cancer Screening		
• Cervical Cancer Screening		
• Ongoing Efforts		

Key Decision and Actions	Follow-up Actions	Status

Reported: Community Reinvestment Plan – Report submitted and approved via eVote
•   **Community Reinvestment Activity Planning & Community Reinvestment Activity Planning Pending Approval**
     o   Counties,
     o   Description of Activity,
     o $ Amount invested,
     o   Alignment with State Defined Use categories,
     o Base or Quality Achievement Allocation		

Report: APL 24-012 NSMHS Specialty Mental Health Services Member and Provider Outreach, Education, and Experience - Report submitted and approved via eVote Reported: • Methodology • Key Findings – Populations to Focus on • 2026 Outreach and Education Plan • 2025 Member Outreach and Education Plan for Non-Specialty Mental Health Services • Goal • Objectives • 2025 Provider annual outreach and education for covered Non-Specialty Mental Health Services (NSMHS) • Dissemination of information • Integration into Existing Education Channels • Quality Assurance: HCS-Behavioral Health leadership & Committee Review		

III: Old Business/Action Item(s)	Action/Response	
REPORT: Initial **Health Appointment** **ISSUE/DISCUSSION:** *QI AVP asked if there was a process in place to determine if a new member may have had an IHA completed before they were a member of Molina.* **Reply was:** there is no process to identify through encounter data. Can look at Medical Record Review for deficiency and bring to front. **ACTION:** Will explore ways for Provider's to attest to IHA being completed and report out at next meeting.	We are still exploring ways for Provider to attest to IHA being completed if the new Molina member is an established patient of their assigned PCP.	<mark>Closed</mark>
REPORT: Wellness and Prevention DHCS reporting **ISSUE/DISCUSSION/ACTION:** QI and Community Engagement to meet and discuss potential community partners to launch weekend PAP Clinics.	QI and Community Engagement met on 10/15/25 to discuss potential partners. QI is having a meeting with HCS Medical Director and potential partner in October to discuss. Community Engagement Director advised of potential partners that would be a good pilot in San Diego and in Sacramento. There is also interest with another partner in San Diego and Inland Empire	<mark>Closed</mark>

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.**		

1.   **Delegation Oversite: No Variance to report**
2.   **Facility Site Review: R**eported Variance
     • Review Due date not met.
3.   **Grievance And Appeals: Reported Variance**
     • Medi-Cal Standard and Expedited Appeals
	N/A	**closed**

- Marketplace Standard and Expedited Appeals
- Q3 2025 Medi-Cal Standard/Expedited Grievances
- Q3 2025 MRKP Standard/Expedited Grievances
- Interventions for MediCal and Marketplace
  - a) Goal Not Met, Reason out of Compliance, Intervention taken to correct the deficiency

4. **Healthcare Services**
   - a) **UM OUT PT PRIOR AUTH TAT Q3 – Variance reported for:**
     - AUTHORIZATION TIMELINES: MediCal/Marketplace
     - Member / Provider Timely Notification of Outpatient Decision:
     - Barrier Analysis and Interventions: Opportunity Identified , Actions taken and planned, Barrier Addressed and Reason for not taking action
   - b) **UM Call Center: Q3 Variance reported**
     - Medical and Marketplace Call Center Statistics
       - ➢ Seconds to answer
       - ➢ % of answered Calls
       - ➢ Abandonment Rate
     - Barrier Analysis: Goal Not met, Interventions taken to correct the deficiency, Action Planned, Barrier Addressed, Due date to complete
   - c) **UM In Pt Review/Post Stabilization Report Q3- Variance reported for:**
     - Authorization Timeliness: Medi-Cal and Marketplace
     - Member/Provider timely Notification of Impatient Decision:
       - ➢ Member written Notification
       - ➢ Provider Notification
     - Barrier Analysis, Opportunities and Interventions for above
5. **Initial Health Appointment (IHA) Variance Report** - (**Variances are reported under Section II.)**
6. **Member & Provider Contact Center Call Tracking** - Variance reported for:
   - Member and Provider Metrics for Phone Calls – Medi_Cal
   - **RESOLUTION TIME METRICS FOR CONTACT CENTER MEMBER & PROVIDER CALL TRACKERS – Medi-Cal, Marketplace, Medicare**
   - Quarterly Report Summary: Barrier Analysis, Opportunities and Interventions planned and addressed

7. **Member & Provider Contact Center Ca MP 30 Day Welcome Call (Retention**) - No Variance to report
8. **Nurse Advice Line - No Variance for Q3**
9. **Pharmacy - No Variance for Q3**
10. Professional Review – Reported via Committee Synopsis
11. Provider Network - No Variance for Q3

V: Committee Synopsis **Departments that report up to the QIHETC are required by regulation to have at least quarterly meetings. These Committees/subcommittees report up to QIHETC via Synopsis of their meetings and reports.**		

1. Access & Availability Committee (A&A): Report submitted.
 • Introductions & Announcements
 • Old Business Actions:
    o Meeting Minutes from Previous Meeting –
    o Actions from Previous Meeting
 • New Business Actions: N/A
 • Standing Reporting as follows:
	None	**Closed**

• Interpreter Utilization Cultural & Linguistics Services. • Provider Network Contracting Updates/ Network Adequacy Utilization Trends/LOAs. • Initial Health Appointment (IHA) Oversight. • Prenatal Appointment Accessibility. • Access Grievances Report.	• DMHC Provider Survey Updates – Delegated Entities • Network Adequacy Geographic Accessibility. • Provider to Member Capacity Ratios. • Network Alignment/Congruency Dashboard. • DMHC Timely Access Report (TAR) Benchmark Monitoring

• DMHC Provider Survey Updates – Direct Providers.			

2. Delegation Oversight Committee Q2 **Delegation Oversight – All Counties – Quarterly Report & CHP Delegation Oversight – All Counties - 2025 Quarterly Report** ▪ Total New Delegation Agreements Initiated ▪ Total Pre-delegation Audits Executed Prior to the Execution of the Delegation Agreement ▪ Total Annual Audits Due for Delegation Arrangements in effect for 12 months or longer ▪ Total Terminated Delegation Agreements ▪ Total Annual Audits Completed ▪ Total Corrective Action Plans Issued (Annual Audits) ▪ Total Corrective Action Plans Closed (Annual Audits) ▪ Barrier Analysis – none listed **CHP Delegation Oversight – All Counties - 2025 Quarterly Report – Q2**	N/A N/A	closed closed

Total New Delegation Agreements Initiated
Total Pre-delegation Audits Executed Prior to the Execution of the Delegation Agreement
Total Annual Audits Due for Delegation Arrangements in effect for 12 months or longer
Total Terminated Delegation Agreements
Total Annual Audits Completed
Total Corrective Action Plans Issued (Annual Audits)
Total Corrective Action Plans Closed (Annual Audits)

2025 Q2 Quarterly Review – Q2 2025 Barrier Analysis

3. Community Engagement- Q3 2025	N/A	closed

REGION	DESCRIPTION OF TOPICS	SUCCESSES IDENTIFIED	OPPORTUNITIES IDENTIFIED / PLANNED INTERVENTIONS
COMMUNITY ADVISORY BORAD			
R/SB	reported	reported	reported
San Diego	reported	reported	reported
Los Angeles	reported	reported	None Identified
Sac	reported	reported	None Identified
MOLINA COMMUNITY COLLABORATIVE COMMITTEE			
San Diego	No Report	No Report	No Report
Sac	No Report	No Report	No Report
SB/R	No Report	No Report	No Report
Los Angeles	No Report	No Report	No Report

4. Member Grievance and Appeals – Q3 2024

Member Grievance Appeals and State Fair Hearing TAT, Clinical Decisions and Service Types

Medi-Cal:

- TAT Time Performance, Overturn Rate (appeal & State Fair Hearing), Standard & Expedited Appeals, Appeals by Type, Clinical Decision Reason for Overturn Resolutions, Decision Reason Detail for Overturn Resolutions
- Grievance Percentages, Exempt Grievance Percentages, Behavioral Health Grievance Percentages, Regulatory Percentages, Medical Post Service Non Clinical Appeal
- Analysis

MarketPlace:

- TAT Time Performance, Overturn Rate (appeal & State Fair Hearing, Standard & Expedited Appeals, Appeals by Type

- Standard and Expedited Grievances, Grievance Percentages, Exempt Grievance Percentages, Behavioral Health Grievance Percentages, Regulatory Percentages, Post Service Non-Clinical Appeal - Analysis Quality Report: - Reviewed West Region Quality Results Member and Provider Contact Center Medicaid & Marketplace - Educational Opportunities - Medical and Marketplace Appeals and Grievance - Support Center Initiatives for A&G Improvement - CA DSNP & MAPD Appeals and Grievances – - Pre-Service Appeals – Decisions - Type of Service - Grievances – First call Resolution vs. Standard - Grievances by NCQA Category - CTMS - Comments		
Healthcare Services Committee – Q3 2025 Report Submitted. **Care Management Reports/Activities** **Clinical Management Reports/Activities** **Over-utilization and Under-utilization Q3 2024 Report** **Care Management Reports/Activities** - Over-utilization and Under-utilization Q3 2024 Report - Enhanced Care Management (ECM) Report - Community Supports (CS) Report - Palliative Care, My Care Program - Major Organ Transplant Report - Long Term Care Utilization (LTC) Custodial Level of Care and ICF/Subacute Members Report **UTILIZATION MANAGEMENT REPORTS/ACTIVITIES** - Inpatient Utilization Management Timeliness Report - Inpatient Utilization Management Denial 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 - Outpatient Denial Report - HealthNet - LA County - Medical Director IRR UM Summary Report (Monthly IRR, Appeals IRR, PQOC IRR) **2025 HCS Workplan – Q2 2025** - Utilization Management - Long Term Services and Supports (LTSS) - Program Development - Behavioral Health - Case Management - Enhanced Care Management - Community Supports - Population Health Management - Health Education - Cultural Literacy	**N/A**	**closed**

- Incentive Programs
- Internal Auditing
- Palliative Care
- Transitions of Care

Healthcare Services Committee - Quarterly Report - Policy and Procedure Review

Molina Clinical Policies: Medical, Radiology, and Pharmacy

Molina Clinical Policies (MCPs)	
Row Labels	**Count of Category**
Administrative	
Annual Reviews - MCPs (No Changes to Coverage Policy)	4
Coding Updates - MCPs (No Changes to Coverage Policy)	1
Behavioral Health	
Retired in lieu of MCG ACG: A-1050	1
CAR T	
Annual Reviews - MCPs (No Changes to Coverage Policy)	3
Coding Updates - MCPs (No Changes to Coverage Policy)	1
MCPs With Revisions	1
DME	
Coding Updates - MCPs (No Changes to Coverage Policy)	1
Gene Therapy	
Annual Reviews - MCPs (No Changes to Coverage Policy)	5
Coding Updates - MCPs (No Changes to Coverage Policy)	1
MCPs With Revisions	4
New MCP	1
Retired, no longer on the market.	1
Medical	
Annual Reviews - MCPs (No Changes to Coverage Policy)	11
Coding Updates - MCPs (No Changes to Coverage Policy)	1
MCPs With Revisions	5
New MCP	2
Retire in lieu of MCG ACG: A-0634.	1
Retired in lieu of MCG ACG: A-0223.	1
Retired in lieu of, Code does not require prior authorization.	1

Pharmacy	
Annual Reviews - MCPs (No Changes to Coverage Policy)	2
MCPs With Revisions	1
Radiation Oncology	
Annual Reviews - MCPs (No Changes to Coverage Policy)	1
MCPs With Revisions	1
Radiology	
Annual Reviews - MCPs (No Changes to Coverage Policy)	2
MCPs With Revisions	1
Radiopharmaceutical	
Annual Reviews - MCPs (No Changes to Coverage Policy)	1
MCPs With Revisions	1
Retired in lieu of pharmacy policy C29411-A Therapeutic Radiopharmaceuticals.	2
Surgery	
Annual Reviews - MCPs (No Changes to Coverage Policy)	2
MCPs With Revisions	1
Transplant	
Annual Reviews - MCPs (No Changes to Coverage Policy)	3
Coding Updates - MCPs (No Changes to Coverage Policy)	1
MCPs With Revisions	7
Grand Total	**72**

Molina Healthcare of CA Policies and Procedures

MCA Policy & Procedures				
Row Labels	**(blank)**	**No Action Needed**	**Reviewed**	**Revised**	**Grand Total**
Annual					
Behavioral Health			1		1
Case Management		7	3	2	12
Case Management/Utilization Management			3	1	4
Medical Affairs			2		2
Population Health Management			2	2	4
Utilization Management	1		11	1	13
Newly Adopted					
Population Health Management		1			1
Off-Cycle					
Behavioral Health			1		1
Community Supports			1		1
Population Health Management			1		1
Grand Total	**1**	**8**	**20**	**11**	**40**

5. Pharmacy Committee Synopsis Q3	**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.		
6. **Professional Review Committee Q2** 2025 **Credentialing Status** • Initial Providers submitted for credentialing.	**None**	**Closed**

	• Initial Providers Credentialed Complete • % Providers Missing Information-Not Returned/Provider non-responsive **Approved** • Initial Providers Approved by the Credentialing Committee and Recred Providers Approved by the Credentialing Committee **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** **Potential Quality of Care Cases** *Cases Referred to PRC:* • Level 3: PQOCs referred to PRC for Peer Review • Level 4: PQOCs referred to PRC for Peer Review • Total Number of Corrective Actions Issued • Total Number of Corrective 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 Q3 2024		**closed**
Policy and Procedures		**closed**
2. Community Engagement Annual P&P Summary of Changes		**closed**
3. Pharmacy Annual P&P Summary of Changes		
4. Quality Improvement Annual P&P Summary of Changes Part 1 of 2		
Meeting Adjourned: Next meeting 3-3-26		