

INLAND EMPIRE HEALTH PLAN
Quality Management & Health Equity Transformation Committee
Minutes of Thursday, February 26, 2026
2:00PM

Location: Sapphire



Appointed Committee Members Present/Participating: External, MD, Loma Linda University Pediatrics; External, DO Inland Empire.



Appointed Committee Members Absent: External, MD, MBA, Chief Medical Officer, Choice/Horizon Medical Group; External, Deputy Director of Riverside County Department of Public Social Services (DPSS), External, MD, Ed., Ambulatory Medical Director, Riverside University Health System; External, MD, San Bernardino County Addiction Medicine Specialist; External, MD, Consultant, Psychiatrist; External, DO, Alpha Care Medical Group.

IEHP Staff Present: Committee Member 1, Director of Accreditation Programs; Committee Member 3, Senior Director of Utilization Management Operations; Committee Member 4, PharmD, Senior Director, Pharmaceutical Services Committee Member 6, Vice President, Provider Experience; Committee Member 7, MD, Medical Director - Inpatient; Committee Member 8, MSHI, Director of Healthcare Informatics; Domanique Luckett, Quality Systems Analyst II; Committee Member 10, RN, Clinical Director of Quality Management; Committee Member 11, MD, MPH, MBA, Chief Medical Officer; Committee Member 42, DO, Senior Medical Director; Committee Member 12, MD, Medical Director; Committee Member 14, MD, Medical Director; Committee Member 15, DSW, Director, Health Equity Operations; Committee Member 16, MA, Chief Quality Officer; Committee Member 18, MBA, CPHQ, Senior Director, Quality Systems; Committee Member 20, DrPH, Manager, Health Services Evaluation; Committee Member 21, Manager, Quality Operations; Committee Member 25, MPH, Vice President, Health Equity; Committee Member 26, Manager, Health Equity; Committee Member 48, MPA, CHC, Vice President, Compliance; Committee Member 27, Manager, Health Equity Operations; Committee Member 28, Pharm. D., Director Clinical Pharmacy and Operation; Committee Member 50, MBA, MSN, RN, CPHQ, Senior Director, Care Continuum Transformation; Committee Member 30, Quality Systems Analyst III; Committee Member 31, Director, Member Services, Call Management; Committee Member 33, MD, Medical Director; Committee Member 37, MBA, Chief Operating Officer; Committee Member 38, MHA, FACHE, CPHQ, CPHRM, HACCP, LSSGB, Chief Transformation Officer; Committee Member 39, MD, MPH, Vice President, Population Health & CalAIM; Committee Member 40, RN, BSN, Senior Director, Integrated Transitional Care; Committee Member 41, MPA, BSN, PHN, CPHQ, Director of Quality Improvement; Committee Member 53, Manager, Health Plan Accreditation.

IEHP Staff Absent: Committee Member 5, MD, Senior Director, Health Service Optimization; Committee Member 13, Senior Director of Provider Network and Communication; Committee Member 17, RN, BSN, MBA, Vice President, Health Services Clinical Integration & Operations; Committee Member 19, MPH, RD; Senior Director, Population Health Management; Committee Member 45, LVN, Director of Grievance & Appeals; Committee Member 22, Director, Delegation Oversight; Committee Member 34, MBA, PCMH, CCE, Director of Provider Relations; Committee Member 23, Director, Provider Network; Committee Member 47, PharmD, Manager, Clinical Pharmacy Programs & Pharmacy Benefits; Committee Member 29, Director, Medicare Management; Committee Member 32, MD, Medical Director; Committee Member 49, MBA, Director, Communications and Marketing; Committee Member 52, Manager, Health Plan Accreditation.


Minutes by: Committee Member 9, Quality Systems Analyst II

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
<p>I. Call to Order.</p>	<p>Committee Member 16</p>	<p>Committee Member 16 called the February 26, 2026, Quality Management & Health Equity Transformation Committee meeting to order at 2:15pm.</p>  <p style="text-align: right;">2</p> <p style="text-align: center;">Quality Management & Health Equity Transformation Committee Agenda</p> <p><i>The following reports to be presented and approved by the Quality Management & Health Equity Transformation Committee:</i></p> <ol style="list-style-type: none"> 1. Minutes from December 2, 2025 2. Action Tracking Log from December 2, 2025 <p>Quality Management Reports:</p> <ol style="list-style-type: none"> 1. 2025 MCAS Measure Set Update 2. MY 2025 Medicare Stars Performance Update 3. 2026 Quality Management Program Description and Workplan 4. All Plan Letter (APL) Updates 5. Audit Updates 6. CLAS Program Description Measurable Goals and NCOA Health Outcome Survey 7. Quality Improvement Council Executive Summary <p>Monitoring Reports:</p> <ol style="list-style-type: none"> 1. 2025 Subcommittee Annual Assessments and Approved Minutes <p style="text-align: right;">3 </p> <p>Committee Member 16 provided an overview of the February 26, 2026 QMHETC agenda.</p>	

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<p>II. Quality Management & Health Equity Transformation Committee (QMHETC)</p>	<p>Committee Member 16</p>	<div style="text-align: center;"> <p>Quality Management & Health Equity Transformation Committee Purpose</p> <p>IEHP's structure and framework to monitor, evaluate and improve the quality of care provided to our Members.</p> <p>QMC Purpose/Primary Goal: Continuously monitor and improve:</p> <ul style="list-style-type: none"> • Quality of care • Access to care • Patient safety • Patient experience <p><small>Content contributor: Genia Fick</small></p> <p style="text-align: right;">4 </p> </div> <div style="text-align: center; margin-top: 20px;"> <p>Quality Management & Health Equity Transformation Committee Protocol</p> <ul style="list-style-type: none"> • Committee Members and IEHP Team attendees are expected to participate in meaningful discussions and provide recommendations and feedback based on their areas of expertise. • Voting rights are restricted to the appointed external Committee Members, CQO, CMO or physician designee, VP of Quality, Chief Health Equity Officer (CHEO) and IEHP Medical Directors. All other attendees do not have voting privileges. Non-physician Committee Members may not vote on medical issues. <p><small>Content contributor: Genia Fick</small></p> <p style="text-align: right;">5 </p> </div>	<p>The QMHET Committee accepted the Quality Management Health Equity Transformation Committee (QMHETC) purpose and protocol with no comments of concerns.</p>

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<p>III. Old Business 1. Adoption of Minutes as of December 2, 2025</p>	<p>Committee Member 16</p>	<div style="border: 1px solid black; padding: 10px; background-color: #0056b3; color: white; text-align: center; border-radius: 10px; margin-bottom: 10px;"> Adoption of Minutes for December 2, 2025 Presented By: Genia Fick, Chief Quality Officer & Dr. Edward Juhn, Chief Medical Officer </div> <p style="text-align: right; margin-right: 20px;">6 </p> <p>Committee Member 16 asked for a motion to approve the December 2, 2025 minutes.</p> <p>Committee Member 7 motion.</p> <p>Committee Member 33 Second.</p>	<p>D The QMHET Committee moved, seconded, and approved the minutes from the December 2, 2025, QMHETC Committee meeting as presented.</p>
<p>2. Action Tracking Log from December 2, 2025</p>	<p>Committee Member 16</p>	<div style="border: 1px solid black; padding: 10px; background-color: #0056b3; color: white; text-align: center; border-radius: 10px; margin-bottom: 10px;"> Action Tracking Log from December 2, 2025 Presented By: Genia Fick, Chief Quality Officer & Dr. Edward Juhn, Chief Medical Officer </div> <p style="text-align: right; margin-right: 20px;">7 </p>	<p>The QMHET Committee moved, seconded, and approved the action tracking log from December 2, 2025.</p>

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		<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;">  </div> <div style="text-align: center;"> <p>Quality Management & Health Equity Transformation Committee Action Tracking Log From December 2, 2025</p> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 8%;">Action Item #</th> <th style="width: 35%;">Item Description</th> <th style="width: 10%;">Issued Date</th> <th style="width: 10%;">Responsibility</th> <th style="width: 10%;">Target Date</th> <th style="width: 27%;">Action/Follow-Up/ Comments</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Committee Member 16 informed the committee there are no action items to be presented today.</p>	Action Item #	Item Description	Issued Date	Responsibility	Target Date	Action/Follow-Up/ Comments							
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IV. New Business															
B. Quality Management Reports															

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<p>1. MY 2025 MCAS MPL Measure Performance</p>	<p>Committee Member 18</p>	<div data-bbox="884 394 1692 846" style="background-color: #0056b3; color: white; padding: 10px;"> <h2 style="text-align: center; margin: 0;">MY 2025 MCAS MPL Measure Performance</h2> <p style="text-align: center; margin: 5px 0 0 0;">Presented By: Jacob Diekmann Name of Department: Quality Systems</p> <p style="text-align: center; margin: 5px 0 0 0;">Based on Data as of February 2026 – 1st Run</p>  </div> <p data-bbox="884 846 1644 906">Committee Member 18 provided an overview of the MY 2025 MCAS Measure Performance update.</p> <div data-bbox="884 906 1644 1356" style="background-color: #0056b3; color: white; padding: 10px;"> <h3 style="text-align: center; margin: 0;">MPL Changes MY 2024 to MY 2025</h3> <table border="1" data-bbox="919 1016 1465 1317" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: #0056b3; color: white;">Measure</th> <th style="background-color: #0056b3; color: white;">MY 2024 MPL 50th Percentile</th> <th style="background-color: #0056b3; color: white;">MY 2025 MPL 50th Percentile</th> <th style="background-color: #0056b3; color: white;">% Change</th> </tr> </thead> <tbody> <tr><td>Asthma Medication Ratio</td><td>66.24%</td><td>63.66%</td><td>-2.58%</td></tr> <tr><td>Breast Cancer Screening - ECDS (Ages 52-74)</td><td>52.68%</td><td>55.87%</td><td>3.19%</td></tr> <tr><td>Controlling High Blood Pressure</td><td>64.48%</td><td>67.89%</td><td>3.40%</td></tr> <tr><td>Cervical Cancer Screening - ECDS</td><td>57.18%</td><td>52.32%</td><td>-4.86%</td></tr> <tr><td>Chlamydia Screening in Women</td><td>55.95%</td><td>56.30%</td><td>0.35%</td></tr> <tr><td>Childhood Immunization Status: Combination 10 - ECDS</td><td>27.49%</td><td>23.89%</td><td>-3.60%</td></tr> <tr><td>Developmental Screening in the First Three Years of Life</td><td>35.70%</td><td>37.40%</td><td>1.70%</td></tr> <tr><td>Follow-Up After ED Visit for Substance Abuse - 30 Days</td><td>35.15%</td><td>39.10%</td><td>2.92%</td></tr> <tr><td>Follow-Up After ED Visit for Mental Illness - 30 Days</td><td>53.82%</td><td>57.13%</td><td>3.31%</td></tr> <tr><td>Hemoglobin A1c Poor Control (>9%)**</td><td>33.33%</td><td>30.41%</td><td>-2.92%</td></tr> <tr><td>Immunizations for Adolescents: Combination 2 - ECDS</td><td>34.30%</td><td>34.14%</td><td>-0.16%</td></tr> <tr><td>Lead Screening in Children</td><td>63.84%</td><td>69.96%</td><td>6.12%</td></tr> <tr><td>Postpartum Care</td><td>80.22%</td><td>82.48%</td><td>2.25%</td></tr> <tr><td>Timeliness of Prenatal Care</td><td>84.55%</td><td>86.37%</td><td>1.82%</td></tr> <tr><td>Topical Fluoride for Children: Dental or Oral Health Services</td><td>19.00%</td><td>21.60%</td><td>2.60%</td></tr> <tr><td>Well-Child Visits in the First 30 Months of Life - 15 to 30 Months - Two or More Well-Child Visits</td><td>69.43%</td><td>72.32%</td><td>2.89%</td></tr> <tr><td>Well-Child Visits in the First 30 Months of Life - 0 to 15 Months - Six or More Well-Child Visits</td><td>60.38%</td><td>63.38%</td><td>3.00%</td></tr> <tr><td>Child and Adolescent Well-Care Visits</td><td>51.81%</td><td>55.41%</td><td>3.60%</td></tr> </tbody> </table> <ul style="list-style-type: none"> • MPL increased for 14 measures • MPL decreased for 4 measures </div>	Measure	MY 2024 MPL 50th Percentile	MY 2025 MPL 50th Percentile	% Change	Asthma Medication Ratio	66.24%	63.66%	-2.58%	Breast Cancer Screening - ECDS (Ages 52-74)	52.68%	55.87%	3.19%	Controlling High Blood Pressure	64.48%	67.89%	3.40%	Cervical Cancer Screening - ECDS	57.18%	52.32%	-4.86%	Chlamydia Screening in Women	55.95%	56.30%	0.35%	Childhood Immunization Status: Combination 10 - ECDS	27.49%	23.89%	-3.60%	Developmental Screening in the First Three Years of Life	35.70%	37.40%	1.70%	Follow-Up After ED Visit for Substance Abuse - 30 Days	35.15%	39.10%	2.92%	Follow-Up After ED Visit for Mental Illness - 30 Days	53.82%	57.13%	3.31%	Hemoglobin A1c Poor Control (>9%)**	33.33%	30.41%	-2.92%	Immunizations for Adolescents: Combination 2 - ECDS	34.30%	34.14%	-0.16%	Lead Screening in Children	63.84%	69.96%	6.12%	Postpartum Care	80.22%	82.48%	2.25%	Timeliness of Prenatal Care	84.55%	86.37%	1.82%	Topical Fluoride for Children: Dental or Oral Health Services	19.00%	21.60%	2.60%	Well-Child Visits in the First 30 Months of Life - 15 to 30 Months - Two or More Well-Child Visits	69.43%	72.32%	2.89%	Well-Child Visits in the First 30 Months of Life - 0 to 15 Months - Six or More Well-Child Visits	60.38%	63.38%	3.00%	Child and Adolescent Well-Care Visits	51.81%	55.41%	3.60%
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color: #c00000;"><i>Indicates hybrid measure</i></p> <p>Activities:</p> <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> Member Incentive for Flu and HPV vaccine series completion CS-Combo 10 proactive outreach campaign for members only pending last flu vaccine IMA-Combo 2 proactive outreach campaign for members only pending last HPV vaccine Urgent Care + Wellness Incentive Program for Well Care Visits, Immunizations, and Fluoride (ages 3-21) Global Quality P4P Bonus Payment: <ul style="list-style-type: none"> All antigens including Flu Vaccine (\$18) Lead Screening in Children (\$25) Topical Fluoride for Children (\$25-1st application; \$50-2nd application) Prospective chart review project for Well-Child Visits in the First 30 Months of Life <ul style="list-style-type: none"> Member Services WCV phone outreach campaign to Members 3-21 years of age <ul style="list-style-type: none"> Assistance with appointment scheduling Health disparities focus population Member Services W30-6 and W30-2 phone outreach: Members that need one visit Member Texting Campaigns Well child visit community events </div> <div style="text-align: right; margin-top: 20px;">12 </div>	Measure	MY 2024 Final Rate	MY 2025 Rate YTD*	MY 2025 Numerator To Date	MY 2025 Denominator To Date	MY 2025 MPL 50th Percentile	Number Needed to Reach MPL	Rate Change %	MPL Met	Childhood Immunization Status: Combination 10 - ECDS	21.30%	20.93%	3,962	18,530	23.80%	560	-0.37%		Developmental Screening in the First Three Years of Life	61.54%	67.70%	29,669	43,823	37.40%	-13,279	6.17%	Yes	Immunizations for Adolescents: Combination 2 - ECDS	38.88%	42.85%	11,348	26,481	34.14%	-2,307	3.97%	Yes	Lead Screening in Children	58.95%	70.00%	266	380	69.96%	0	11.05%	Yes	Topical Fluoride for Children: Dental or Oral Health Services	23.38%	20.23%	98,597	487,499	21.60%	6,703	-3.16%		Well-Child Visits in the First 30 Months of Life - 15 to 30 Months - Two or More Well-Child Visits	70.83%	75.76%	14,461	19,505	72.32%	-283	2.93%	Yes	Well-Child Visits in the First 30 Months of Life - 0 to 15 Months - six or More Well-Child Visits	60.77%	54.81%	4,898	8,937	63.38%	765	-5.97%		Child and Adolescent Well-Care Visits	55.84%	57.23%	262,341	458,365	55.41%	-8,361	1.40%	Yes	
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Lead Screening in Children	58.95%	70.00%	266	380	69.96%	0	11.05%	Yes																																																																												
Topical Fluoride for Children: Dental or Oral Health Services	23.38%	20.23%	98,597	487,499	21.60%	6,703	-3.16%																																																																													
Well-Child Visits in the First 30 Months of Life - 15 to 30 Months - Two or More Well-Child Visits	70.83%	75.76%	14,461	19,505	72.32%	-283	2.93%	Yes																																																																												
Well-Child Visits in the First 30 Months of Life - 0 to 15 Months - six or More Well-Child Visits	60.77%	54.81%	4,898	8,937	63.38%	765	-5.97%																																																																													
Child and Adolescent Well-Care Visits	55.84%	57.23%	262,341	458,365	55.41%	-8,361	1.40%	Yes																																																																												

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		<div style="text-align: center; margin-bottom: 20px;"> <h3 style="color: #0070c0;">Chronic Disease Management</h3> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #e0e0e0;"> <th>Measure</th> <th>MY 2024 Final Rate</th> <th>MY 2025 Rate YTD*</th> <th>MY 2025 Numerator To Date</th> <th>MY 2025 Denominator To Date</th> <th>MY 2025 MPL 50th Percentile</th> <th>Number Needed to Reach MPL</th> <th>Rate Change %</th> <th>MPL Met</th> </tr> </thead> <tbody> <tr> <td>Asthma Medication Ratio</td> <td>62.57%</td> <td>68.99%</td> <td>5,574</td> <td>8,079</td> <td>63.66%</td> <td>-431</td> <td>6.42%</td> <td>Yes</td> </tr> <tr style="color: #c00000;"> <td>Controlling High Blood Pressure</td> <td>71.86%</td> <td>64.04%</td> <td>219</td> <td>342</td> <td>67.88%</td> <td>13</td> <td>-7.82%</td> <td></td> </tr> <tr style="color: #c00000;"> <td>Hemoglobin A1c Poor Control (>9%)**</td> <td>32.36%</td> <td>32.66%</td> <td>130</td> <td>398</td> <td>30.41%</td> <td>9</td> <td>-0.30%</td> <td>Yes</td> </tr> </tbody> </table> <p style="font-size: small; margin-bottom: 5px;">** Lower rate indicates better performance</p> <p style="font-size: small; margin-bottom: 5px; color: #c00000;">Indicates hybrid measure</p> <p style="font-size: small; margin-bottom: 10px;">Hemoglobin A1c Poor Control (>9%) Admin Rate = 29.65%</p> <p>Activities:</p> <ul style="list-style-type: none"> Global Quality P4P Program ECM Program clinical outcome measure alignment Pharmacy P4P Program AMR-Member outreach by a pharmacist and Provider Academic detailing Leveraging Member reported blood pressure readings captured in internal medical management systems Member Texting Campaigns <p style="text-align: right; margin-top: 10px;">13 </p>	Measure	MY 2024 Final Rate	MY 2025 Rate YTD*	MY 2025 Numerator To Date	MY 2025 Denominator To Date	MY 2025 MPL 50th Percentile	Number Needed to Reach MPL	Rate Change %	MPL Met	Asthma Medication Ratio	62.57%	68.99%	5,574	8,079	63.66%	-431	6.42%	Yes	Controlling High Blood Pressure	71.86%	64.04%	219	342	67.88%	13	-7.82%		Hemoglobin A1c Poor Control (>9%)**	32.36%	32.66%	130	398	30.41%	9	-0.30%	Yes	
Measure	MY 2024 Final Rate	MY 2025 Rate YTD*	MY 2025 Numerator To Date	MY 2025 Denominator To Date	MY 2025 MPL 50th Percentile	Number Needed to Reach MPL	Rate Change %	MPL Met																															
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Measure	MY 2024 Final Rate	MY 2025 Rate YTD*	MY 2025 Numerator To Date	MY 2025 Denominator To Date	MY 2025 MPL 50th Percentile	Number Needed to Reach MPL	Rate Change %	MPL Met																															
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		<div style="text-align: center; color: #0070c0; font-weight: bold; margin-bottom: 10px;">Cancer Prevention</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #e0e0e0;"> <th>Measure</th> <th>MY 2024 Final Rate</th> <th>MY 2025 Rate YTD*</th> <th>MY 2025 Numerator To Date</th> <th>MY 2025 Denominator To Date</th> <th>MY 2025 MPL 50th Percentile</th> <th>Number Needed to Reach MPL</th> <th>Rate Change %</th> <th>MPL Met</th> </tr> </thead> <tbody> <tr> <td>Breast Cancer Screening - ECDS (Ages 52-74)</td> <td>63.82%</td> <td>65.44%</td> <td>47,383</td> <td>72,403</td> <td>55.87%</td> <td>-6,931</td> <td>1.61%</td> <td>Yes</td> </tr> <tr> <td>Cervical Cancer Screening - ECDS</td> <td>53.98%</td> <td>57.45%</td> <td>161,415</td> <td>280,942</td> <td>52.32%</td> <td>-14,426</td> <td>3.47%</td> <td>Yes</td> </tr> </tbody> </table> <p><u>Activities:</u></p> <ul style="list-style-type: none"> • Global Quality P4P Program • Breast Cancer Screening <ul style="list-style-type: none"> ◦ Mobile Mammography Screening Events ◦ IEHP Standing Orders Program • Proactive outreach campaign – Members previously compliant, now due for Pap/HPV test <ul style="list-style-type: none"> • Member Services phone outreach campaign and assistance with appointment scheduling • Sharing proactive outreach list for highest volume providers • Sharing outreach list with OBGyn Providers that opt in to receive • Member Texting Campaigns <p style="text-align: right; margin-right: 20px;">15 </p> <div style="text-align: center; color: #0070c0; font-weight: bold; margin-top: 20px;">MCAS MPL Performance Summary</div> <ul style="list-style-type: none"> • 18 MCAS MPL measures across 5 domains • For MY 2025, IEHP has achieved the MPL for 13 measures • 5 measures are currently below the MPL <ul style="list-style-type: none"> ◦ Controlling High Blood Pressure ◦ Childhood Immunization Status – Combo 10 ◦ Timeliness of Prenatal Care ◦ Topical Fluoride for Children: Dental or Oral Health Services ◦ Well-Child Visits in the First 30 Months of Life – 0 to 15 Months <p style="text-align: right; margin-right: 20px;">16 </p>	Measure	MY 2024 Final Rate	MY 2025 Rate YTD*	MY 2025 Numerator To Date	MY 2025 Denominator To Date	MY 2025 MPL 50th Percentile	Number Needed to Reach MPL	Rate Change %	MPL Met	Breast Cancer Screening - ECDS (Ages 52-74)	63.82%	65.44%	47,383	72,403	55.87%	-6,931	1.61%	Yes	Cervical Cancer Screening - ECDS	53.98%	57.45%	161,415	280,942	52.32%	-14,426	3.47%	Yes	
Measure	MY 2024 Final Rate	MY 2025 Rate YTD*	MY 2025 Numerator To Date	MY 2025 Denominator To Date	MY 2025 MPL 50th Percentile	Number Needed to Reach MPL	Rate Change %	MPL Met																						
Breast Cancer Screening - ECDS (Ages 52-74)	63.82%	65.44%	47,383	72,403	55.87%	-6,931	1.61%	Yes																						
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AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
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MCAS MPL Measure Performance – Riverside County

Measure	MY 2024 Final Rate	MY 2025 Rate YTD*	MY 2025 Numerator To Date	MY 2025 Denominator To Date	MY 2025 MPL 50th Percentile	Number Needed to Reach MPL	Rate Change %	MPL Met
Asthma Medication Ratio	65.80%	70.64%	2,812	3,981	63.66%	-278	5.34%	Yes
Breast Cancer Screening - ECDS (Ages 52-74)	64.38%	66.55%	25,333	36,563	55.87%	-3,905	2.17%	Yes
Controlling High Blood Pressure	70.74%	63.64%	119	187	67.88%	8	-7.10%	Yes
Cervical Cancer Screening	53.70%	57.29%	81,132	141,584	52.32%	-2,805	3.53%	Yes
Chlamydia Screening in Women	68.62%	69.25%	13,936	20,124	56.30%	-2,606	0.63%	Yes
Childhood Immunization Status: Combination 10 - ECDS	22.17%	21.41%	2,046	9,557	23.89%	237	-0.76%	Yes
Developmental Screening in the First Three Years of Life	80.71%	65.32%	14,377	22,009	37.40%	-6,146	4.61%	Yes
Follow-Up After ED Visit for Substance Abuse - 30 Days	38.40%	42.88%	1,309	3,540	39.10%	125	4.23%	Yes
Follow-Up After ED Visit for Mental Illness - 30 Days	62.93%	59.34%	3,785	6,378	57.13%	-141	-3.99%	Yes
Hemoglobin A1c Poor Control (>9%)**	35.15%	32.09%	69	215	30.41%	4	3.06%	Yes
Immunizations for Adolescents: Combination 2 - ECDS	37.62%	42.36%	5,714	13,483	34.14%	-1,111	4.76%	Yes
Lead Screening in Children	60.38%	72.00%	144	200	69.96%	-4	11.42%	Yes
Postpartum Care	83.90%	81.48%	110	135	82.48%	1	-2.42%	Yes
Timeliness of Prenatal Care	88.14%	82.22%	111	135	86.37%	6	-5.92%	Yes
Topical Fluoride for Children: Dental or Oral Health Services	22.39%	20.29%	56,403	248,428	21.60%	3,257	-2.10%	Yes
Well-Child Visits in the First 30 Months of Life - 15 to 30 Months - Two or More Well-Child Visits	70.96%	74.42%	7,411	9,959	72.32%	-209	3.46%	Yes
Well-Child Visits in the First 30 Months of Life - 0 to 15 Months - Six or More Well-Child Visits	58.99%	53.41%	1,878	3,516	63.38%	350	-5.58%	Yes
Child and Adolescent Well-Care Visits	56.21%	57.17%	133,802	234,031	55.41%	-4,125	0.96%	Yes

** Lower rate indicates better performance
 Indicates hybrid measure

11 measures have achieved the MPL

17



MCAS MPL Measure Performance – San Bernardino County

Measure	MY 2024 Final Rate	MY 2025 Rate YTD*	MY 2025 Numerator To Date	MY 2025 Denominator To Date	MY 2025 MPL 50th Percentile	Number Needed to Reach MPL	Rate Change %	MPL Met
Asthma Medication Ratio	60.02%	67.40%	2,762	4,098	63.66%	-153	7.38%	Yes
Breast Cancer Screening - ECDS (Ages 52-74)	63.25%	64.31%	23,090	35,840	55.87%	-3,026	1.06%	Yes
Controlling High Blood Pressure	73.65%	64.52%	100	155	67.88%	5	-8.93%	Yes
Cervical Cancer Screening - ECDS	54.21%	57.82%	80,303	139,337	52.32%	-7,391	3.41%	Yes
Chlamydia Screening in Women	72.52%	71.99%	15,863	20,115	56.30%	-3,136	-0.92%	Yes
Childhood Immunization Status: Combination 10 - ECDS	20.46%	20.44%	1,916	9,373	23.89%	333	0.04%	Yes
Developmental Screening in the First Three Years of Life	62.26%	70.10%	15,292	21,814	37.40%	-7,134	7.84%	Yes
Follow-Up After ED Visit for Substance Abuse - 30 Days	40.51%	42.77%	1,549	3,622	39.10%	-133	2.26%	Yes
Follow-Up After ED Visit for Mental Illness - 30 Days	60.75%	58.25%	4,472	7,677	57.13%	-80	-4.49%	Yes
Hemoglobin A1c Poor Control (>9%)**	21.67%	33.33%	65	193	30.41%	5	-8.66%	Yes
Immunizations for Adolescents: Combination 2 - ECDS	40.26%	43.35%	5,634	12,998	34.14%	-1,196	3.15%	Yes
Lead Screening in Children	57.47%	67.78%	122	180	69.96%	4	10.31%	Yes
Postpartum Care	80.28%	86.40%	108	125	82.48%	-5	6.12%	Yes
Timeliness of Prenatal Care	89.44%	82.00%	110	125	86.37%	-7	-1.44%	Yes
Topical Fluoride for Children: Dental or Oral Health Services	24.42%	20.16%	48,194	239,070	21.60%	3,445	-4.26%	Yes
Well-Child Visits in the First 30 Months of Life - 15 to 30 Months - Two or More Well-Child Visits	70.70%	73.09%	7,050	9,646	72.32%	-74	2.99%	Yes
Well-Child Visits in the First 30 Months of Life - 0 to 15 Months - Six or More Well-Child Visits	61.89%	55.71%	3,020	5,421	63.38%	416	-6.18%	Yes
Child and Adolescent Well-Care Visits	55.43%	57.30%	128,539	224,333	55.41%	-4,236	1.87%	Yes

** Lower rate indicates better performance
 Indicates hybrid measure



12 measures have achieved the MPL

18



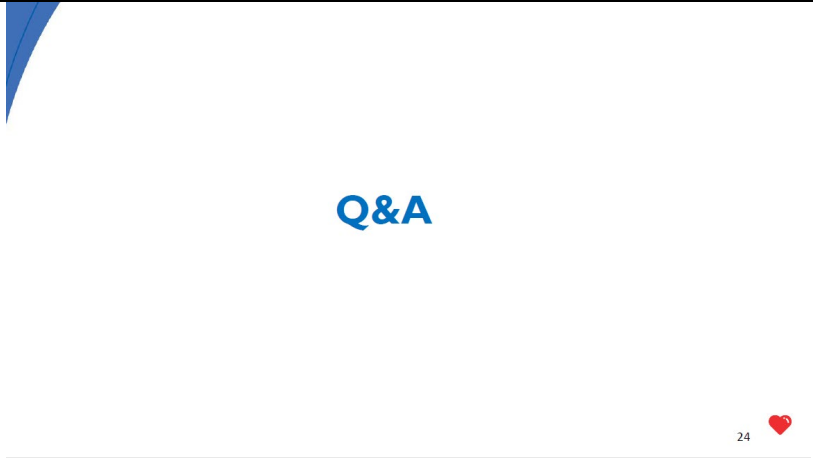

Key Highlights



- 13 of 18 measures currently meet MPL; expected to reach 15 once final reviews are in.
- Behavioral health measures are meeting MPL; decline in one measure tied to a larger denominator.
- Strong results in developmental screening, adolescent immunizations, lead screening, and well-child visits; child immunization at 15 months


AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		<p>likely to miss due to methodology changes.</p> <ul style="list-style-type: none"> • Asthma, A1c, and prenatal measures improving; blood pressure control expected to meet MPL. • Breast and cervical cancer screenings are solidly above MPL. • County performance: Riverside at 11 MPL measures; San Bernardino at 12. <p style="text-align: center; color: blue; font-size: 24px;">Q&A</p> <p style="text-align: right; font-size: 10px;">19 </p>	
<p>2. Medicare Stars Performance Update for MY 2025</p>	<p>Committee Member 18</p>	 <p style="text-align: center; font-size: 24px; color: white;">MY 2025 Medicare Stars Performance Update</p> <p style="text-align: center; font-size: 12px; color: orange;">Presented By: Jacob Diekmann Name of Department: Quality Systems</p> <p style="text-align: center; font-size: 10px; color: white;">IEHP Inland Empire Health Plan</p> <p style="text-align: right; font-size: 10px;">20</p>	<p>The QMHET Committee approved the Medicare Performance Update for MY 2025 as presented.</p>

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		<p>Committee Member 18 provided an overview of the MY 2025 Medicare Stars Performance update.</p> <p>CMS Star Ratings MY2025 Forecast</p> <div style="text-align: center;"> <p>Overall 2.89 → 3.0</p> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <p><i>Preventative, Management & Member Experience</i></p> <p>Part C 2.70</p> </div> <div style="text-align: center;"> <p><i>Pharmaceutical Experience</i></p> <p>Part D 3.25</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <table border="1" style="width: 48%; border-collapse: collapse;"> <thead> <tr style="background-color: #4f81bd; color: white;"> <th>Category</th> <th>Projected Rating</th> </tr> </thead> <tbody> <tr><td>HEDIS</td><td>2.47</td></tr> <tr><td>Administrative</td><td>3.18</td></tr> <tr><td>CAHPS</td><td>2.23</td></tr> <tr><td>HOS</td><td>2.60</td></tr> <tr><td>Health Plan Quality Improvement</td><td>3.00</td></tr> <tr><td>CAI Reward Part C</td><td>0.08045</td></tr> </tbody> </table> <table border="1" style="width: 48%; 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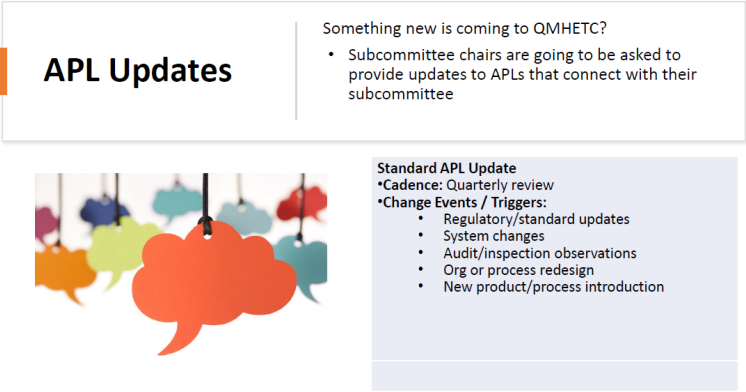
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<p>3. 2026 QM Program Description and Workplan</p>	<p>Committee Member 21</p>	 <p>Committee Member 21 provided an overview of the 2026 Quality Management & Health Equity Transformation Program Description and Workplan.</p>	<p>D The QMHET Committee approved the 2026 QM Program Description and Workplan as presented.</p>

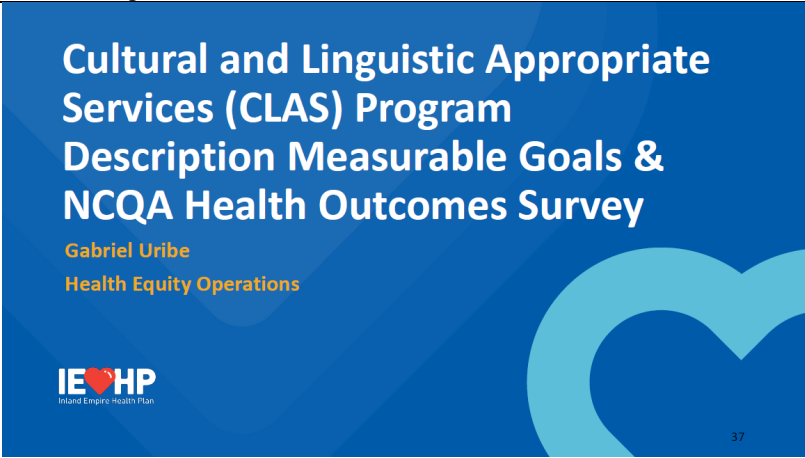
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		<div data-bbox="976 418 1598 492" style="text-align: center;"> <h3>2026 Quality Management & Health Equity Transformation Program Description</h3> </div> <ul style="list-style-type: none"> ❑ The purpose of the QM & Health Equity Program Transformation Description is to provide a written outline of quality improvement goals, objectives and structure for the Quality Department annually. ❑ IEHP will utilize this document for oversight, monitoring, and evaluation of Quality & Health Equity activities to ensure the Quality Program is operating in accordance with standards and processes as defined in the Program Description. ❑ The QMHET Committee approves the QM & Health Equity Transformation Programs annually. This includes review & approval of the QM & Health Equity Transformation Program Description and Workplan to ensure ongoing performance improvement. ❑ The QM & Health Equity Transformation Program Description and Workplan are regulatory & accreditation requirements. <div style="text-align: right;">26 </div> <div data-bbox="993 863 1579 904" style="text-align: center;"> <h3>2026 QM & Health Equity Workplan</h3> </div> <p>The QM and Health Equity Workplan is a dynamic document that covers a full year of planned activities and objectives.</p> <ul style="list-style-type: none"> • IEHP identifies and includes activities in the workplan that address: <ul style="list-style-type: none"> ○ Quality of clinical care; ○ Safety of clinical care; ○ Quality of service; and ○ Member Experience. • IEHP must document a timeframe for completion and frequency for each activity. • The workplan must specify the staff responsible for activities. • The Quality & Health Equity workplan includes periodic or ongoing monitoring of issues identified in prior years that is determined required follow-up. • Annual evaluation of the Quality program must be listed as a specific activity on the workplan, with a stated timeframe and identification of the staff responsible for the evaluation. <div style="text-align: right;">27 </div>	



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		<p>Key Performance Highlights</p> <ul style="list-style-type: none"> • Annual Program Description and Work Plan updated and approved across all committees. • Work Plan continues to serve as the unified calendar for all quality and regulatory reporting. • Three-year lookback (2025–2027) validated for compliance and audit readiness. 																																																																																																																																																																				

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		<ul style="list-style-type: none"> • Strong committee reporting compliance with accurate tracking of deliverables. • Board Report Schedule and 2026 special initiatives incorporated for full visibility. <p>Genia informed the committee there is a correction to the workplan board report schedule. She noted that both the Annual HEDIS Report and NCQA LTSS Accreditation Update had been presented to the board in accordance with their due date. A correction to the workplan was requested and has been completed.</p> <p style="text-align: center; color: blue; font-size: 24pt;">Q&A</p>	


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<p>4. APL Updates and Audit Updates</p>	<p>Committee Member 16 & Committee Member 11</p>	 <p>All Plan Letter (APL) Updates</p> <p>Presented By: Dr. Edward Juhn & Genia Fick</p> <p>IEHP Inland Empire Health Plan</p> <p>33</p>  <p>APL Updates</p> <p>Something new is coming to QMHETC?</p> <ul style="list-style-type: none"> Subcommittee chairs are going to be asked to provide updates to APLs that connect with their subcommittee <p>Standard APL Update</p> <ul style="list-style-type: none"> Cadence: Quarterly review Change Events / Triggers: <ul style="list-style-type: none"> Regulatory/standard updates System changes Audit/inspection observations Org or process redesign New product/process introduction <p>34</p>	<p>The QMHET Committee approved the APL and Audit Updates as presented.</p>


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		<div data-bbox="890 394 1690 841" style="background-color: #0056b3; color: white; padding: 20px;"> <h2 style="text-align: center;">Audit Updates</h2> <p style="text-align: center; color: #f0e68c;">Presented By: Dr. Edward Juhn & Genia Fick</p>  <p style="text-align: right; font-size: small;">35</p> </div> <div data-bbox="890 841 1690 1279" style="padding: 20px;"> <h3 style="color: #0056b3;">2025 Audit Updates</h3> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div data-bbox="940 917 1144 987" style="text-align: center;">  <small>California Department of Health Care Services</small> </div> <div data-bbox="1186 906 1390 987" style="text-align: center;">  <small>CENTERS FOR MEDICARE & MEDICAID SERVICES</small> </div> <div data-bbox="1411 906 1638 987" style="text-align: center;"> <small>DEPARTMENT OF</small> Managed Health Care  </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div data-bbox="913 998 1165 1136" style="border: 1px solid #0056b3; padding: 5px; font-size: small;"> <ul style="list-style-type: none"> Date the audit occurred: Entrance Letter received 11/21/25, Virtual Interviews 1/26/26 – 2/5/26. Anticipated date for receiving results: Fieldwork is still underway, so no ETA Date of the next scheduled audit: 2027 </div> <div data-bbox="1176 998 1396 1177" style="border: 1px solid #0056b3; padding: 5px; font-size: small;"> <p>CMS Mock audit</p> <ul style="list-style-type: none"> Date the audit occurred: Engagement Letter received 9/22/25, Universe Integrity Testing and Audit Field Work (webinars) 10/20/25 – 11/19/25. Anticipated date for receiving results: Final Report received 12/31/25. Date of the next scheduled audit: N/A </div> <div data-bbox="1407 998 1648 1274" style="border: 1px solid #0056b3; padding: 5px; font-size: small;"> <p>DMHC Medical Survey:</p> <ul style="list-style-type: none"> Date the audit occurred: Entrance Letter received 3/6/25, In-Person Interviews 8/4/25-8/7/25. Anticipated date for receiving results: March 2026 Date of the next scheduled audit: TBD <p>DMHC Financial Exam:</p> <ul style="list-style-type: none"> Date the audit occurred: Entrance Letter received 8/29/25, Virtual Interviews 12/11/25 & 12/17/25. Anticipated date for receiving results: Fieldwork is still underway, so no ETA Date of the next scheduled audit: TBD <p style="text-align: right; font-size: x-small;">36 </p> </div> </div> </div> <div data-bbox="890 1291 1218 1323" style="margin-top: 20px;"> <p>Key Performance Highlights</p> </div> <div data-bbox="934 1323 1669 1502" style="margin-top: 5px;"> <ul style="list-style-type: none"> The team is navigating a period of significant change, driven by rapid updates to APLs and new audit findings across DMHC, DHCS, and Blue Peak/CMS. Committees need better visibility and coordination to keep pace with state-driven timelines, feedback windows, and required responses. </div>	

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		<ul style="list-style-type: none"> • Audit outcomes—while showing strength also highlight cross-department opportunities that require organized tracking and follow-up. • The proposal is for subcommittees to begin consistently reporting APL updates and related improvement opportunities through the Executive Summary. • This structure aims to improve awareness, collaboration, and alignment across teams handling regulatory and related responsibilities. 	
<p>5. CLAS Program Description Measurable Goals and NCQA Health Outcome Survey</p>	<p>Committee Member 15</p>	 <p>Committee Member 15 provided an overview of the CLAS Program Description Measurable Goals & NCQA Health Outcomes Survey.</p>	<p>The QMHET Committee approved the CLAS Program Description Measurable Goals and NCQA Health Outcome Survey as presented.</p>



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		 <p>CLAS PD Clinical & Experience Measurable Goals</p> <p>IEHP Inland Empire Health Plan</p> <p>38</p> <p>CLAS Program Description Overview</p> <ul style="list-style-type: none"> • The Culturally and Linguistically Appropriate Services (CLAS) Program Description integrates the National CLAS Standards within IEHP's operational framework to ensure: <ul style="list-style-type: none"> ◦ Delivery of care and programs is safe, effective, patient centered, equitable, culturally, and linguistically appropriate for our diverse population ◦ Inform and deploy initiatives to advance health equity, improve quality, and help eliminate health disparities. • The CLAS Program Description contains measurable goals focused on the reduction of health care disparities and the improvement of service appropriateness and accessibility. The program description is reviewed and modified annually. <p>39 </p>	

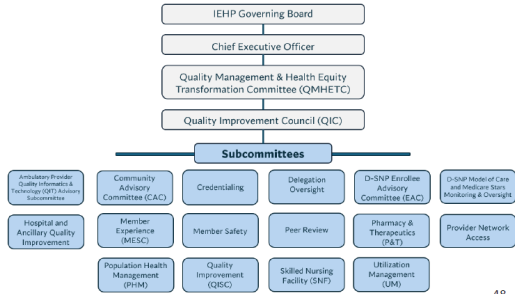


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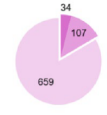
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		 <p>The slide features a blue background with a large white heart shape on the right. The title 'NCQA Health Outcomes Accreditation' is in white. The IEHP logo is in the bottom left. A central white circle contains the text 'NCQA Health Outcomes Accreditation (HOA)'. Four text boxes describe the accreditation's focus: improving member health outcomes and advancing health equity; ensuring organizations collect and use key demographic data to identify disparities; promoting culturally and linguistically appropriate care and equitable access to services; and providing a structured framework for continuous quality improvement across the organization. A footer note states 'IEHP is scheduled for the HOA survey on October 2026'.</p>	

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		<p>NCQA Health Outcomes Accreditation Implementation Plan</p> <ul style="list-style-type: none"> • Reviewed recently published Health Outcomes Accreditation Standards • Partnered with Quality and Health Equity Teams to develop a gap analysis of new standards and elements <ul style="list-style-type: none"> ◦ 2026 Survey Gaps Action Tracker • Established a cross-functional workgroup comprised of subject matter experts to identify necessary policies and evidence to support accreditation requirements <p style="text-align: right;">44 </p> <p>NCQA Health Outcomes Accreditation (HOA) Preparation • Organizational transition from Health Equity Accreditation to the new HOA standards is underway.</p> <ul style="list-style-type: none"> • Cross-functional workgroups have been established, and standards have been fully reviewed. • Pre-work for gap analysis and requirement alignment is in progress for the October 2026 survey. 	

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		<div style="border: 1px solid #0070c0; padding: 10px; margin-bottom: 10px;"> <h3 style="text-align: center; color: #0070c0;">New Health Outcomes Standards – Led by HEO/HE</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th>Standard</th> <th>Description</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="background-color: #d9e1f2;">HO 2: Collecting Member- or Patient- Level Data</td> <td style="background-color: #d9e1f2;">2C: Sexual Orientation • Increase direct SO data collection</td> <td style="background-color: #d9e1f2;">• HEO to present Member Demographics Data Collection training to Behavioral Health and Case Management by Q1 2026</td> </tr> <tr> <td style="background-color: #d9e1f2;">2D: Disability Status • Member demographic profile includes disability status</td> <td style="background-color: #d9e1f2;">• Tactic Development/SNOW ticket to be submitted</td> </tr> <tr> <td style="background-color: #d9e1f2;">HO 4: Access & Availability of Disability Accommodations</td> <td style="background-color: #d9e1f2;">4C: Disability Accommodations • Train providers on physical accommodations and auxiliary aids/services</td> <td style="background-color: #d9e1f2;">• Initial meeting completed with Provider Communications on 2/17 • Follow-up meeting to be scheduled with Provider Communications, L&D, and HEO • Curriculum research and outline development in progress</td> </tr> <tr> <td style="background-color: #d9e1f2;">HO 7: Reducing Health Care Disparities</td> <td style="background-color: #d9e1f2;">7B: Stratifying Measures to Assess Disparities</td> <td style="background-color: #d9e1f2;">• NCOA to schedule meeting with stakeholders by 3/6</td> </tr> </tbody> </table> <p style="text-align: right; font-size: small;">45 </p> </div> <ul style="list-style-type: none"> HealthEquity Operations is leading efforts on sexual orientation data, new self-reported disability status, tracking disability accommodations, and disparity monitoring. Governance planning is needed to manage differences between self-reported and clinically validated disability data and to guide program use of disability indicators. <p>Committee Member 16 inquired will aid codes be utilized to help identify a Member’s self-diagnosed disability. Committee Member 15 confirmed yes, the team will utilize aid codes along with what the system has internally and HIE.</p> <p>External inquired about the disability codes are will be utilized to identify a Member’s disability. Committee Member 15 confirmed the team is can verify a Member’s disability if they self-report.</p>	Standard	Description	Status	HO 2: Collecting Member- or Patient- Level Data	2C: Sexual Orientation • Increase direct SO data collection	• HEO to present Member Demographics Data Collection training to Behavioral Health and Case Management by Q1 2026	2D: Disability Status • Member demographic profile includes disability status	• Tactic Development/SNOW ticket to be submitted	HO 4: Access & Availability of Disability Accommodations	4C: Disability Accommodations • Train providers on physical accommodations and auxiliary aids/services	• Initial meeting completed with Provider Communications on 2/17 • Follow-up meeting to be scheduled with Provider Communications, L&D, and HEO • Curriculum research and outline development in progress	HO 7: Reducing Health Care Disparities	7B: Stratifying Measures to Assess Disparities	• NCOA to schedule meeting with stakeholders by 3/6	
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<p>6. Quality Improvement Council Executive Summary</p>	<p>Genia Fick & Subcommittee Chairs</p>		<p>The QMHET Committee accepted the Quality Improvement Council Executive Summary as presented.</p>

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		<p>QIC Committee Structure</p> <p>The Quality Improvement Council (QIC) is an internal committee with participation from IEHP's senior leadership across the organization. The QIC reviews updates from Subcommittees to support inter-departmental coordination, transparency and provide support.</p> <p style="text-align: center;">IEHP COMMITTEE STRUCTURE</p>  <p style="text-align: right;">48 </p> <p>QIC Update</p> <p>Since our last update, QIC has met three times with the following updates from subcommittees:</p> <table border="1" data-bbox="1010 971 1577 1222"> <thead> <tr> <th>QIC Meeting December 11th</th> <th>QIC Meeting January 21st</th> <th>QIC Meeting February 11th</th> </tr> </thead> <tbody> <tr> <td>Hospital and Ancillary QI (10/22/2025)</td> <td>Credentialing (10/15/2025, 11/19/2025,</td> <td>Peer Review (10/22/2025, 11/26/2025, 12/2025)</td> </tr> <tr> <td>Delegation Oversight (7/28/2025, 8/29/2025, 9/29/2025)</td> <td>Delegation Oversight (10/27/2025, 11/24/2025, 12/29/2025)</td> <td>Pharmacy & Therapeutics (11/17/2025)</td> </tr> <tr> <td>Peer Review (7/23/2025, 9/24/2025)</td> <td>D-SNP MOC and Medicare Stars Monitoring (12/10/2025)</td> <td>Population Health Management (12/9/2025)</td> </tr> <tr> <td>Population Health Management (10/23/2025, 11/12/2025)</td> <td>Member Experience (11/20/2025)</td> <td>Provider Network Access 12/9/2025</td> </tr> <tr> <td></td> <td>Quality Improvement (12/15/2025)</td> <td>Utilization Management 11/12/2025</td> </tr> <tr> <td></td> <td>Community Advisory Committee (12/4/2025)</td> <td>Transgender, Gender, Diverse, and Intersex 12/17/2025</td> </tr> </tbody> </table> <p style="text-align: right;">49 </p> <p>Committee Member 16 provided an overview of the Quality Improvement Council executive summary.</p>	QIC Meeting December 11 th	QIC Meeting January 21 st	QIC Meeting February 11 th	Hospital and Ancillary QI (10/22/2025)	Credentialing (10/15/2025, 11/19/2025,	Peer Review (10/22/2025, 11/26/2025, 12/2025)	Delegation Oversight (7/28/2025, 8/29/2025, 9/29/2025)	Delegation Oversight (10/27/2025, 11/24/2025, 12/29/2025)	Pharmacy & Therapeutics (11/17/2025)	Peer Review (7/23/2025, 9/24/2025)	D-SNP MOC and Medicare Stars Monitoring (12/10/2025)	Population Health Management (12/9/2025)	Population Health Management (10/23/2025, 11/12/2025)	Member Experience (11/20/2025)	Provider Network Access 12/9/2025		Quality Improvement (12/15/2025)	Utilization Management 11/12/2025		Community Advisory Committee (12/4/2025)	Transgender, Gender, Diverse, and Intersex 12/17/2025	
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		<p>Committee Member 41 and Committee Member 1 provided an overview of the Quality Improvement Subcommittee executive summary.</p> <p>1. Preventive Services Texting Campaign Six campaigns targeted Members with care gaps and achieved an 86.6% successful contact rate. Completion rates varied widely (2.6%–27%), translating to significant real-world impact due to large population</p>																	

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		<p>outreach. Key opportunities include earlier campaign timing, better data capture, and expanding communication methods.</p> <p>2. Standing Orders Effectiveness Study Standing orders for mammograms and colorectal cancer screening produced measurable improvements in screening completion. Breast cancer screening rates increased 5% (Medi-Cal) and 7% (Medicare); colorectal screening increased 2% (Medi-Cal) and 4% (Medicare). Providers expressed interest in further analysis by demographic and geographic subgroups.</p> <p>3. Cervical Cancer Screening Pilot Among 800 eligible Members, 141 completed screening, with low uptake of the self-swab HPV option (34 participants). Findings highlight the need for stronger public and provider education before expanding self-swab or at-home screening strategies.</p> <p>External inquired about the context of the Member Texting Campaign. Committee Member 41 confirmed it is a general reminder to the Members to make sure they receive their services.</p> <p>External inquired about additional analysis on the Standing Orders Program. Any demographics or region that performed better than others. Committee Member 41 confirmed no additional analysis was done.</p> <p>*An Action Item was developed for a comprehensive presentation on Standing Orders to be presented at a later QMHETC meeting.</p>	

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		<p style="text-align: right;">Chairs: Nikole DeVries, Shelley Phillips Meeting dates: 10/22/25</p> <p style="text-align: center;">Hospital and Ancillary Subcommittee</p> <p>Key Topics</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>2024 Hospital P4P Annual Evaluation Outcome</p> <ul style="list-style-type: none"> Goals met for MedEx Active Data Sharing and Timely Post Partum Care Goals not met for Post Discharge Follow-Up and ED Follow-Up Care (FUA/FUM) <p>2026 Hospice Incentive Program Updates</p> <ul style="list-style-type: none"> Existing Two measures were retired Two new measures were added Each measure is worth 2.5% of total claims submitted. <p>QOM Performance</p> <ul style="list-style-type: none"> Positive trends in Follow-up after ED visit for Mental Illness (FUM), Med Reconciliation Post-Discharge (C14: MRP), and Transitions of Care- avg total (C17-TRC) </td> <td style="width: 50%; vertical-align: top;"> <p>KPIs (June 2025)</p> <p><i>Team acknowledged that data will be lagging and commits to focusing on the most recently available and complete data set</i></p> <p>Hospital - IEHP In-Network Hospitals</p> <ul style="list-style-type: none"> Plan ACR O/E: 0.6867 (below goal of <0.73) Average LOS: 4.50 (below goal of <5.0) 30 Day Readmission: 18.6% (above goal of <13.6%) Mortality Rate: 1.30% (below goal <1.4%) <p>Hospice</p> <ul style="list-style-type: none"> Overall Average % of live discharges: 45% (higher than QHN average of 15%) Future state will be changed to include ED Utilization Rate and Acute Hospitalization Admission Rate </td> </tr> </table> <p>Next Steps</p> <ul style="list-style-type: none"> All KPI goals to be updated to reflect targets for CY 2026; team to continue to engage in targeted performance improvement activities for underperforming metrics Hospice KPIs to be updated to align with the 2026 Hospice Incentive Program <p style="text-align: right;">52 </p> <p>Nikole DeVries provided an overview of the Hospital and Ancillary Subcommittee executive summary.</p> <ul style="list-style-type: none"> 2024 hospital goals met for data sharing and postpartum care, with remaining gaps in post-discharge and behavioral health follow-up. For 2025 KPIs, 3 of 4 hospital metrics were on target; biggest opportunity is readmission reduction. 2026 Hospice incentives updated to focus on ED utilization and readmissions for stronger value-based alignment. Quality Hospice Network outperformed out-of-network agencies (~15% utilization vs. 45% overall). Hospitals vary in their ability to schedule follow-up before discharge; additional transition clinics are helping fill gaps. Committee moved to bimonthly meetings to maintain momentum. <p>Committee Member 16 inquired about the ALOS data and how it compares to the UM ALOS. Committee Member 50 confirmed that the ALOS in the Hospital and Ancillary Subcommittee data is different than the ALOS presented by UM. The ALOS are based on the hospital's definition of ALOS. Additionally, the UM ALOS data takes in account many other criteria based on the Member's enrollment.</p>	<p>2024 Hospital P4P Annual Evaluation Outcome</p> <ul style="list-style-type: none"> Goals met for MedEx Active Data Sharing and Timely Post Partum Care Goals not met for Post Discharge Follow-Up and ED Follow-Up Care (FUA/FUM) <p>2026 Hospice Incentive Program Updates</p> <ul style="list-style-type: none"> Existing Two measures were retired Two new measures were added Each measure is worth 2.5% of total claims submitted. <p>QOM Performance</p> <ul style="list-style-type: none"> Positive trends in Follow-up after ED visit for Mental Illness (FUM), Med Reconciliation Post-Discharge (C14: MRP), and Transitions of Care- avg total (C17-TRC) 	<p>KPIs (June 2025)</p> <p><i>Team acknowledged that data will be lagging and commits to focusing on the most recently available and complete data set</i></p> <p>Hospital - IEHP In-Network Hospitals</p> <ul style="list-style-type: none"> Plan ACR O/E: 0.6867 (below goal of <0.73) Average LOS: 4.50 (below goal of <5.0) 30 Day Readmission: 18.6% (above goal of <13.6%) Mortality Rate: 1.30% (below goal <1.4%) <p>Hospice</p> <ul style="list-style-type: none"> Overall Average % of live discharges: 45% (higher than QHN average of 15%) Future state will be changed to include ED Utilization Rate and Acute Hospitalization Admission Rate 	
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		<p>External inquired about IEHP’s involvement with Providers regarding follow-up for 30-day readmissions. Committee Member 50 confirmed that there is some level of involvement within the hospitals. Since Post Discharge Follow-Up (PDFU) is a P4P hospital measure, hospitals are incentivized to ensure Members are connected with their Providers after discharge. Additionally, IEHP is currently piloting a PDFU Clinic to support situations where a Provider is unable to see the Member in a timely manner.</p> <p>External additionally inquired about telehealth visits being used for post discharge follow-up appointments. Committee Member 50 confirmed that telehealth does count as a post discharge visit. Some hospitals maintain contracts with provider offices to handle these post-discharge follow-ups, and telehealth visits fall within that scope. Provider offices.</p> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: right;">Chair: Eugene Kim, MD Meeting date: 11/12/2025</p> <p style="text-align: center;">Utilization Management Subcommittee</p> <p>Key Findings</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <p>Q2 2025 Pre-Service Referral and Denial Trends :</p> <ul style="list-style-type: none"> • Referrals and BH Referrals <i>met the goal of <3%</i> (for all LOBS) <p>Q2 2025 ALOS:</p> <ul style="list-style-type: none"> • DSNP <i>met the goal</i> for Acute and BH. Did <i>not meet the goal</i> for SNF • Medi-Cal <i>met the goal</i> for acute; <i>did not meet the goal</i> for SNF <p>Q2 2025 Medical Appeals: Increase from 717 (Q4, 2024) to 809 (Q1,2025) to 955 (Q2, 2025)</p> <p>Q2 2025 ED visits Utilization:</p> <ul style="list-style-type: none"> • BH ED (D-SNP and Medi-Cal) <i>met the goal</i> for Q2 2025 • ED Visits (Medi-Cal) <i>met the Goal</i>; D-SNP <i>did not meet the goal</i> </td> <td style="vertical-align: top;"> <p>Q2 2025 Nurse Advice Line:</p> <ul style="list-style-type: none"> • Service Level >80% <i>was not met</i> for May and June 2025 • Speed of answer <30 sec <i>was not met</i> for May and June 2025 • Abandonment Rate <5% <i>was not met</i> for May and June 2025 <p>Q2 2025 MD Live:</p> <ul style="list-style-type: none"> • Medical Consultation Wait Time <i>was not met</i> for May 2025 • Average Speed of Answer <30 sec <i>was not met</i> for June 2025 </td> </tr> </table> <p>Next Steps</p> <ul style="list-style-type: none"> • Continue to promote the use of NAL and MD Live • Continue to promote Urgent Care Usage <p style="text-align: right;">53 </p> </div> <p>Committee Member 14 provided an overview of the Utilization Management Subcommittee executive summary.</p> <ul style="list-style-type: none"> • Denials stayed below the 3 percent target with no concerning trends. • SNF length of stay was mostly stable; D-SNP was slightly above goal but only by about 0.3 percent. • Appeals increased, mainly due to Community Supports. 	<p>Q2 2025 Pre-Service Referral and Denial Trends :</p> <ul style="list-style-type: none"> • Referrals and BH Referrals <i>met the goal of <3%</i> (for all LOBS) <p>Q2 2025 ALOS:</p> <ul style="list-style-type: none"> • DSNP <i>met the goal</i> for Acute and BH. Did <i>not meet the goal</i> for SNF • Medi-Cal <i>met the goal</i> for acute; <i>did not meet the goal</i> for SNF <p>Q2 2025 Medical Appeals: Increase from 717 (Q4, 2024) to 809 (Q1,2025) to 955 (Q2, 2025)</p> <p>Q2 2025 ED visits Utilization:</p> <ul style="list-style-type: none"> • BH ED (D-SNP and Medi-Cal) <i>met the goal</i> for Q2 2025 • ED Visits (Medi-Cal) <i>met the Goal</i>; D-SNP <i>did not meet the goal</i> 	<p>Q2 2025 Nurse Advice Line:</p> <ul style="list-style-type: none"> • Service Level >80% <i>was not met</i> for May and June 2025 • Speed of answer <30 sec <i>was not met</i> for May and June 2025 • Abandonment Rate <5% <i>was not met</i> for May and June 2025 <p>Q2 2025 MD Live:</p> <ul style="list-style-type: none"> • Medical Consultation Wait Time <i>was not met</i> for May 2025 • Average Speed of Answer <30 sec <i>was not met</i> for June 2025 	
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		<p>• ED utilization was mostly on target; only small increases in D-SNP Medi-Cal ED visits.</p> <p>• Nurse Advice Line struggled in Q2 with long wait times and higher abandonment, but metrics improved later in the year despite higher call volumes.</p> <p>• MDLive had some early issues but generally met metrics with increased staffing.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">Member Experience Subcommittee Chairs: Dan Gomez Meeting Dates: 11/20/2025</p> <p style="background-color: #0056b3; color: white; padding: 2px;">Key Findings</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Medi-Cal Adult CAHPS and MMSS Survey Results- MY 2024</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr style="background-color: #e0e0e0;"> <th>2024 MMSS Rate</th> <th>2024 HPR Percentile</th> <th>2024 CAHPS Rate</th> <th>2024 HPR Percentile</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">Rating of Health Plan</td> </tr> <tr> <td>76.47%</td> <td>>90th (5)</td> <td>69.11%</td> <td>66.67th (4) ↓</td> </tr> <tr> <td colspan="4" style="text-align: center;">Rating of Health Care</td> </tr> <tr> <td>64.14%</td> <td>90th (5)</td> <td>52.31%</td> <td>10th (2) ↓↓↓</td> </tr> <tr> <td colspan="4" style="text-align: center;">Rating of Personal Doctor</td> </tr> <tr> <td>66.39%</td> <td>10th (2)</td> <td>64.47%</td> <td><10th (1) ↓</td> </tr> <tr> <td colspan="4" style="text-align: center;">Getting Needed Care</td> </tr> <tr> <td>81.36%</td> <td>33.33rd (3)</td> <td>78.51%</td> <td>10th (2) ↓</td> </tr> <tr> <td colspan="4" style="text-align: center;">Getting Care Quickly</td> </tr> <tr> <td>80.46%</td> <td>33.33rd (3)</td> <td>N/A</td> <td>N/A <small>Not Reportable < than required minimum responses</small></td> </tr> </tbody> </table> </div> <div style="width: 35%;"> <p>Quarterly Reports</p> <ul style="list-style-type: none"> • Standard Grievance Received Volume Q3 2025: There was a 4% decrease in standard grievance cases received from Q2 2025. (9,698 cases in Q2 2024 to 9,286 cases in Q3 2025) • Sensitive Grievances Q3 2025: There were 47 Balance Billing cases during Q3 2025. • Appeals Q3 2025: There was an overall 6% decrease in appeals received from Q2 2025 (1,937 in Q2 2025 to 1,812 in Q3 2025) • Member Services Service Level Q3 2025: <ul style="list-style-type: none"> • 80% of calls answered within 30 seconds: met for MCR and CCA, not met for Medi-Cal LOB. • Call Abandonment Rate: met for MCR and CCA, not met for Medi-Cal LOB </div> </div> </div> <p style="margin-top: 10px;">Next Steps</p> <ul style="list-style-type: none"> • Grievances (balance billing cases): cases with repeat offenders were escalated to compliance. • Member Services Service Level improvement: Monitor allocation of Medi-Cal call center team members who have supported other departments (e.g. Transportation and Medicare). • Member Experience (CAHPS): explore opportunities for continual improvement interventions across all domains. <p style="text-align: right; font-size: 8px;">54 </p> <p>Committee Member 6 provided an overview of Member Experience Subcommittee executive summary.</p> <p>Grievance and Appeals Performance Trends</p> <ul style="list-style-type: none"> • Standard grievances decreased by 4 percent from Q2 to Q3, indicating improvement in operational issues. • Sensitive grievances—particularly balance billing—showed an uptick, with several recurring Providers identified. • Appeals declined by 6 percent from Q2 to Q3. <p>Service Level Performance</p> <ul style="list-style-type: none"> • Member Services performance dipped, specifically for the Medi-Cal line of business. 	2024 MMSS Rate	2024 HPR Percentile	2024 CAHPS Rate	2024 HPR Percentile	Rating of Health Plan				76.47%	>90th (5)	69.11%	66.67 th (4) ↓	Rating of Health Care				64.14%	90th (5)	52.31%	10 th (2) ↓↓↓	Rating of Personal Doctor				66.39%	10th (2)	64.47%	<10th (1) ↓	Getting Needed Care				81.36%	33.33rd (3)	78.51%	10th (2) ↓	Getting Care Quickly				80.46%	33.33rd (3)	N/A	N/A <small>Not Reportable < than required minimum responses</small>	
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		<ul style="list-style-type: none"> Medicare and Covered California service levels were met for call answer rate and abandonment, but doing so required pulling resources from the Medi-Cal queue. <p>Next Steps</p> <ul style="list-style-type: none"> Engage Compliance more aggressively to address balance billing concerns. Evaluate staffing allocation in Member Services to reduce cross-queue impact on Medi-Cal service levels. <div data-bbox="890 704 1684 1136" style="border: 1px solid black; padding: 5px;"> <p style="text-align: right;">Provider Network Access Subcommittee Chairs: Debbie Canning, Kirk Fermin Date: 12/09/2025</p> <p>Key Findings</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">2025 Provider Language Competency Study</th> <th colspan="2">2025 Provider Directory Accuracy Study</th> <th colspan="4">2025 Provider Experience Survey Results</th> </tr> <tr> <th>Language</th> <th>2025 PCP Rate (Goal=85%)</th> <th>2025 High Volume/Impact Specialist Rate (Goal=85%)</th> <th>Factor</th> <th>2025 Rate (Goal=90%)</th> <th>2025 Overall Satisfaction</th> <th>2024 Overall Satisfaction</th> <th>2023 Overall Satisfaction</th> <th>2022 Overall Satisfaction</th> </tr> </thead> <tbody> <tr> <td>Spanish</td> <td>99%</td> <td>99%</td> <td>Accuracy of Provider Office Location and Phone Number</td> <td>99.4%</td> <td>84.2%</td> <td>82.8%</td> <td>83.4%</td> <td>100%</td> </tr> <tr> <td>Chinese (Mandarin, Cantonese)</td> <td>81%</td> <td>89%</td> <td>Accuracy of Provider Hospital Affiliation</td> <td>100.0%</td> <td>82.8%</td> <td>80.8%</td> <td>80.8%</td> <td>82%</td> </tr> <tr> <td>Vietnamese</td> <td>83%</td> <td>92%</td> <td>Accuracy of the Provider Accepting New Members</td> <td>99.7%</td> <td>84.8%</td> <td>82.2%</td> <td>85.2%</td> <td>100%</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Accuracy of physician office staff of physician's participation in the health plan's networks</td> <td>100.0%</td> <td>84.2%</td> <td>81.2%</td> <td>83.4%</td> <td>82%</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Overall Accuracy</td> <td>99.8%</td> <td>85.7%</td> <td>84.6%</td> <td>88.7%</td> <td>100%</td> </tr> </tbody> </table> <p>Next Steps</p> <p>Provider Language Competency Study</p> <ul style="list-style-type: none"> Annual goal missed by approximately 2 offices PRMs to capture/confirm languages spoken during their in-service visits. Standard work developed to route changes to the appropriate teams via NDDB update request. <p>2025 Provider Experience Survey Results</p> <ul style="list-style-type: none"> Overall Satisfaction did increase from 82.6% to 84.4%. IEHP the only plan that increased in Overall Satisfaction when compared against United Healthcare, Health Net, and Molina. Despite operating at the 100th percentile, IEHP is continuing to look for ways to improve. Provider Experience is submitting interventions to the Governing Board for its two lowest performing areas: Provider Relations Response and Telehealth <p>After Hours and Appointment Availability Studies</p> <ul style="list-style-type: none"> Intervention updates are reported to the PNSC Quarterly. <p style="text-align: right;">55 </p> </div> <p>Committee Member 8 provided an overview of the Provider Network Access Subcommittee executive summary.</p> <ul style="list-style-type: none"> Language Competency: We continue to see accuracy issues mainly with Chinese and Vietnamese languages. Because the number of offices is small, even one incorrect report drops us below goal. Often the staff Member who spoke the language has left, but the office doesn't notify IEHP. A new re-verification process effort will begin this year. Provider Directory Accuracy: Performance remains very strong and consistent, though the process is resource-heavy. Providers are expected to proactively report changes. 	2025 Provider Language Competency Study			2025 Provider Directory Accuracy Study		2025 Provider Experience Survey Results				Language	2025 PCP Rate (Goal=85%)	2025 High Volume/Impact Specialist Rate (Goal=85%)	Factor	2025 Rate (Goal=90%)	2025 Overall Satisfaction	2024 Overall Satisfaction	2023 Overall Satisfaction	2022 Overall Satisfaction	Spanish	99%	99%	Accuracy of Provider Office Location and Phone Number	99.4%	84.2%	82.8%	83.4%	100%	Chinese (Mandarin, Cantonese)	81%	89%	Accuracy of Provider Hospital Affiliation	100.0%	82.8%	80.8%	80.8%	82%	Vietnamese	83%	92%	Accuracy of the Provider Accepting New Members	99.7%	84.8%	82.2%	85.2%	100%				Accuracy of physician office staff of physician's participation in the health plan's networks	100.0%	84.2%	81.2%	83.4%	82%				Overall Accuracy	99.8%	85.7%	84.6%	88.7%	100%	
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		<p>• Provider Experience: Although scores remain high, all metrics declined in 2024. Targeted interventions were implemented, and nearly all measures are now trending back up.</p> <p>• After-Hours Access: This continues to be a long-standing challenge. We’ve shifted to monthly workgroup sessions and are testing several new interventions (PRM outreach, behavioral health/care management collaboration, and monthly pilot surveys). Early findings are promising, and updates will now be shared at every subcommittee meeting.</p> <p>Committee Member 16 inquired if the findings reported by the state were consistent with those identified by IEHP. Committee Member 8 responded that overall, the findings are similar, although there is one difference between the two when the State can’t reach the Provider office.</p> <p style="text-align: right;">Chairs: Jacob Diekmann, Takashi Wada, MD Meeting Dates: (10/23/25, 11/12/25, 12/09/25)</p> <p style="text-align: center;">Population Health Management Subcommittee</p> <div style="background-color: #0056b3; color: white; padding: 2px;">Key Findings</div> <table border="0" style="width: 100%; font-size: 8px;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Annual Reports</p> <p>2025 Assessment of Ethnic and Linguistic Needs Study Distribution of languages spoken by PCPs and Members: All standards met Distribution of PCP and Member Race: Not met for Black race Distribution of PCP and Member Ethnicity: Not met for Hispanic ethnicity</p> <p>Continuity and coordination of care measure performance</p> <p>5 Star Rating Score (90th percentile): ○ Fall Risk Management (from HOS Survey) Medicare</p> <p>4 Star Rating Score (66.67th percentile):</p> <ul style="list-style-type: none"> ○ Eye Exam for Patients With Diabetes, ○ Prenatal and Postpartum Care - Timeliness of Prenatal Care, ○ Engagement of SUD Treatment ○ Follow-Up After Hospitalization For Mental Illness - 7 days Follow-Up After ED Visit for Mental Illness - 7 days </td> <td style="width: 50%; vertical-align: top;"> <p>Member Safety Reports</p> <ul style="list-style-type: none"> • Q2 2025 MRR Report: 75 medical records reviewed; 88% compliance rate; Goal of <20% failure rate Met • Q2 2025 FSR Report: 89 FSRs; 97.75% compliance rate; Goal of <5% failure rate Met • Q3 2025 Critical Incidents : 633 cases (increase from 386 in Q2); Top CI categories: Unusual Occurrences that pose a threat to patient or member welfare, safety, or health 2.) Suspected or Alleged Abuse 3.) Suicide Attempts <p>Quarterly Reports</p> <p>Q2 2025 IHA Report</p> <ul style="list-style-type: none"> • Internal Compliance Rate: 46.71% ↓ • DHCS Compliance Rate: 48.53% ↓ • Goal of 79% Not Met <p>CCM Participation Medi-Cal Q2 2025: 1,190 Medi-Cal Q3 2025: 1,251 ↑ The annual goal of 1,374 Members is not yet met with Q3 enrollment at 1,251 Members. CCA Q2 2025: 41 CCA Q3 2025: 84 ↑ The annual goal of 70 Members is exceeded with Q3 enrollment at 84 Members</p> </td> </tr> </table> <div style="background-color: #0056b3; color: white; padding: 2px;">Next Steps</div> <ul style="list-style-type: none"> • IHA Rates: Provider Education through PRM Visits • CCM Member Participation: reinforce performance minimums per Care Manager to ensure outreach to eligible Members. • Assessment of Ethnic and Linguistic Needs: DEI Training Program <p style="text-align: right; font-size: 8px;">56 </p>	<p>Annual Reports</p> <p>2025 Assessment of Ethnic and Linguistic Needs Study Distribution of languages spoken by PCPs and Members: All standards met Distribution of PCP and Member Race: Not met for Black race Distribution of PCP and Member Ethnicity: Not met for Hispanic ethnicity</p> <p>Continuity and coordination of care measure performance</p> <p>5 Star Rating Score (90th percentile): ○ Fall Risk Management (from HOS Survey) Medicare</p> <p>4 Star Rating Score (66.67th percentile):</p> <ul style="list-style-type: none"> ○ Eye Exam for Patients With Diabetes, ○ Prenatal and Postpartum Care - Timeliness of Prenatal Care, ○ Engagement of SUD Treatment ○ Follow-Up After Hospitalization For Mental Illness - 7 days Follow-Up After ED Visit for Mental Illness - 7 days 	<p>Member Safety Reports</p> <ul style="list-style-type: none"> • Q2 2025 MRR Report: 75 medical records reviewed; 88% compliance rate; Goal of <20% failure rate Met • Q2 2025 FSR Report: 89 FSRs; 97.75% compliance rate; Goal of <5% failure rate Met • Q3 2025 Critical Incidents : 633 cases (increase from 386 in Q2); Top CI categories: Unusual Occurrences that pose a threat to patient or member welfare, safety, or health 2.) 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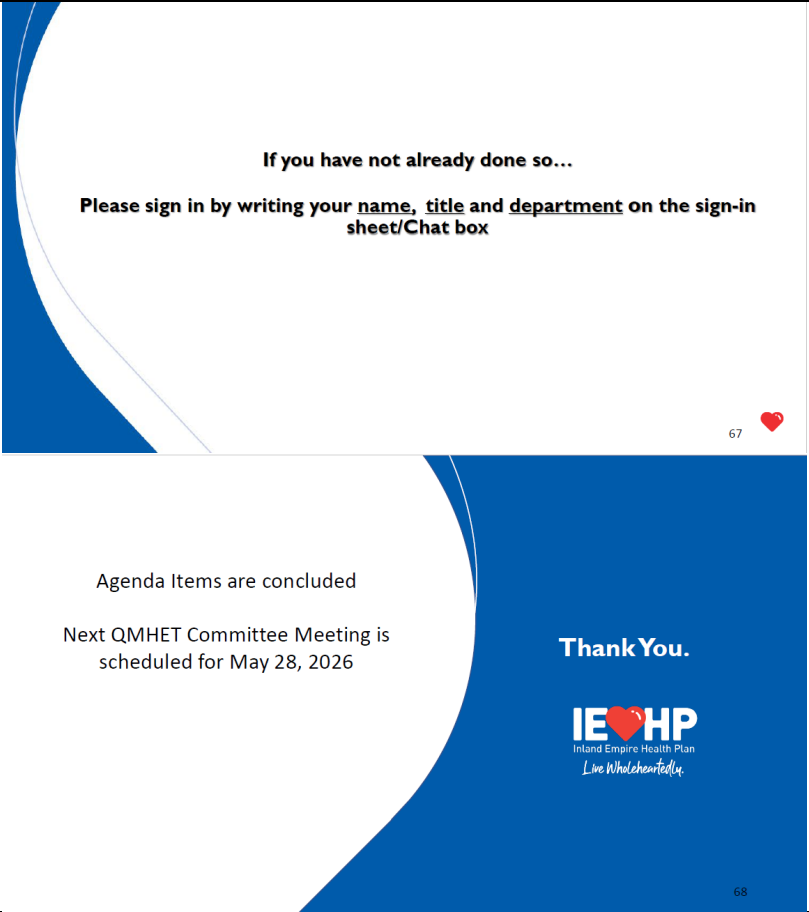
Committee Member 18 provided an overview of the Population Health Management executive summary.

• **Race and Ethnicity Distribution:** Met most targets; shortfalls for Black and Hispanic populations.

• **Quality Measures:** Achieved 5-Star/90th percentile in Fall Risk; strong results in Diabetes, Postpartum care, and 7-day Hospital Follow-Up.

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION										
		<p> <ul style="list-style-type: none"> • Safety Reviews: Q2 Medical Record Review (<20%) and Facility Site Review (<5%) failure rates both met goals. • Incidents: Reports increased from 386 to 633; top issues include unusual occurrences, safety threats, suspected abuse, and suicide attempts. • IHA Compliance: Q2 rate at 46.71%, down from Q1 and below requirement. • Care Management: CCM participation up to 12,151 (slightly below goal); CCA increased from 41 to 84, surpassing goal. <p> External inquired what factors in more of the low rate for IHA, Members or Providers. Committee Member 18 confirmed IEHP sees Members having more of a factor affecting the low IHA rate. Members are not following up with their Provider within 120 days unless it's an emergency. On the other hand, Providers are not documenting correctly in the medical record which DHCS looks for. External noted it's hard to document an IHA on a new Member because sometimes they do not have a chart for the Member yet. </p> <div style="text-align: right;"> Chairs: Dr Michael Blatt Meeting Date: 12/05/25 </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">Pharmacy and Therapeutics Subcommittee</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #0056b3; color: white;">Key Findings</th> <th style="background-color: #0056b3; color: white;">Next Steps</th> </tr> </thead> <tbody> <tr> <td style="font-size: 8px;"> Appointed new P&T member Dr. Gaurav Gandotra Medi-Cal DUR Reports: Underutilization measures <ul style="list-style-type: none"> • Asthma Medication Ratio (AMR) showed November 2025 YoY rate change +9.21% • Statin Adherence showed November 2025 YoY rate change improvements seen in: People with Diabetes (SPD) +6.6% and People with Cardiovascular Disease (SPC) +7.25% • Opioid Safety 3Q2025 Targeted provider faxes to recommend naloxone to member's primary care provider are planned for 4Q2025 </td> <td style="font-size: 8px;"> <ul style="list-style-type: none"> • For overutilization and underutilization measures presented: Continue Provider Clinical Education Sessions, Targeted Provider Faxes, Adherence Outreaches (providers, members and pharmacies), and promote Direct/FOHC P4P Programs • For formulary changes, the strategies to reduce cost share include the following: Utilize 100-day supply and no-cost delivery services, utilize lower-cost alternatives, and switching to preferred drugs. 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		 <p style="text-align: center; font-size: 24pt; color: #0070C0;">Thank You!</p> <p style="text-align: right; font-size: 8pt;">65 </p>	
<p>C. Open Discussion</p>		 <p style="text-align: center; font-size: 18pt; color: #0070C0;">MOTION TO VOTE</p> <p style="text-align: right; font-size: 8pt;">66 </p> <p>Committee Member 16asked for a motion to approve all of the agenda items including the action item, subcommittee reports, and signed minutes.</p> <p>Committee Member 7 motion.</p> <p>External second.</p>	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
			
<p>A. Monitoring Reports</p>			
		<ol style="list-style-type: none"> 1. Quality Improvement Council <ul style="list-style-type: none"> ▪ 2025 Quality Improvement Council Annual Assessment ▪ Approved Minutes of November 13, 2025 ▪ Approved Minutes of December 16, 2025 ▪ Approved Minutes of January 21, 2026 2. Credentialing Subcommittee 	<p>Monitoring Reports were sent out to committee Members in advance of the meeting for review</p>

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
	<ul style="list-style-type: none"> ▪ 2025 Credentialing Annual Assessment ▪ Approved Minutes of October 15, 2025 ▪ Approved Minutes of November 19, 2025 ▪ Approved Minutes of December 17, 2025 		& comment. All reports were accepted and approved by committee with no questions or concerns noted.
3.	Peer Review Subcommittee <ul style="list-style-type: none"> ▪ 2025 Peer Review Annual Assessment 		
4.	Hospital and Ancillary QI Subcommittee <ul style="list-style-type: none"> ▪ 2025 Hospital and Ancillary QI Annual Assessment ▪ Approved Minutes of October 22, 2025 		
5.	Skilled Nursing Facility Subcommittee <ul style="list-style-type: none"> ▪ 2025 Skilled Nursing Facility Annual Assessment 		
6.	Utilization Management Subcommittee <ul style="list-style-type: none"> ▪ 2025 Utilization Management Annual Assessment ▪ Approved Minutes of November 12, 2025 		
7.	Pharmacy & Therapeutics Subcommittee <ul style="list-style-type: none"> ▪ 2025 Pharmacy & Therapeutics Annual Assessment ▪ Approved Minutes of August 1, 2025 		
8.	D-SNP Enrollee Advisory <ul style="list-style-type: none"> ▪ 2025 D-SNP Enrollee Advisory Annual Assessment ▪ Approved Minutes of November 18, 2025 		
9.	Member Experience Subcommittee <ul style="list-style-type: none"> ▪ 2025 Member Experience Annual Assessment ▪ Approved Minutes of November 20, 2025 		
10.	Delegation Oversight Subcommittee <ul style="list-style-type: none"> ▪ 2025 Delegation Oversight Annual Assessment ▪ Approved Minutes of October 2025 ▪ Approved Minutes of November 2025 ▪ Approved Minutes of December 2025 		
11.	Population Health Management Subcommittee <ul style="list-style-type: none"> ▪ 2025 Population Health Management Annual Assessment ▪ Approved Minutes of October 23, 2025 ▪ Approved Minutes of November 12, 2025 ▪ Approved Minutes of December 9, 2025 		
12.	Provider Network Access Subcommittee <ul style="list-style-type: none"> ▪ 2025 Provider Network Access Annual Assessment ▪ Approved Minutes of September 9, 2025 		
13.	D-SNP Model of Care and Stars		

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
<ul style="list-style-type: none"> ▪ 2025 D-SNP MOC Annual Assessment ▪ Approved Minutes of September 30, 2025 ▪ Approved Minutes of December 10, 2025 <p>14. Transgender, Gender, Diverse, and Intersex Subcommittee</p> <ul style="list-style-type: none"> ▪ 2025 Transgender, Gender, Diverse, and Intersex Annual Assessment ▪ Approved Minutes of October 15, 2025 ▪ Approved Minutes of December 17, 2025 <p>15. Quality Improvement Subcommittee</p> <ul style="list-style-type: none"> ▪ 2025 Quality Improvement Annual Assessment ▪ Approved Minutes of August 20, 2025 ▪ Approved Minutes of September 23, 2025 <p>16. Community Advisory Committee</p> <ul style="list-style-type: none"> ▪ 2025 Community Advisory Annual Assessment ▪ Approved Minutes of September 25, 2025 <p>17. Member Safety Subcommittee</p> <ul style="list-style-type: none"> ▪ 2025 Member Safety Annual Assessment <p>18. Ambulatory Provider QIT Committee</p> <ul style="list-style-type: none"> ▪ 2025 Ambulatory Provider QIT Annual Assessment 				
A. Next Meeting: May 28, 2026			D	No Decision/ Action required.
7. Adjournment	The meeting was adjourned at 3:58p.m.	Nothing to report.	D	No Decision/ Action required.

Certification:

These regular meeting minutes of the Quality Management & Health Equity Transformation Committee were duly approved and adopted on May 28, 2026.