



Health Net Community Solutions QIHE Committee

Minutes of the Meeting: August 14, 2025

The Health Net Community Solutions QIHE Committee convened on the 14th day of August 2025 at 3:00 p.m.

| Voting Members Attendance Record (Quorum = 11) Name / Title | Present | Absent | Designee | Voting Members Attendance Record Name / Title | Present | Absent | Designee |
|---|---------|--------|----------|---|---------|--------|----------|
| Zuniga, Ramiro, MD, MBA, FAAFP <i>Vice President, Medical Director, Medi-Cal</i> (Committee Chair) | X | | | Khan, Saima, MD, FAAP, MS-HQSM <i>Practitioner – Pediatrics</i> <i>NorthEast Valley Health Corporation</i> | X | | |
| Mittal, Pooja, MD <i>Vice President, Health Equity</i> (Committee Chair) | X | | | Kondle, Venu M., M.D. <i>Chief Executive Officer/Practitioner –</i> <i>Nephrology</i> | X | | |
| Adeniyi, Hakeem Jr., MD <i>Family Medicine</i> <i>Medical Director, Sacramento Native American</i> <i>Health Center</i> | X | | | Lambert, Lisa <i>VP, Operations & Business Strategy</i> | X | | |
| Bosse, Christy <i>Senior VP, Compliance</i> | | X | | Lim, Jenelyn <i>Supervisory Medical Director</i> | | X | |
| Kemp, Amber <i>Vice President, Medi-Cal Regional Lead</i> | X | | | Martinez, Gerard, MD <i>Family Medicine</i> <i>Medical Director, Prospect Medical</i> <i>Systems</i> | X | | |
| Davidson, David <i>VP, Provider Network Management (PNM)</i> <i>Operations</i> | | X | | Mireya R. Fajardo <i>Vice President, Medi-Cal Regional Lead –</i> <i>Los Angeles</i> | X | | |
| Dixit, Anshul <i>Supervisory Medical Director</i> | X | | | Misquitta, Cathrine, Pharm.D., MBA, BCPS, BCGP, CPHQ, FCSHP <i>VP, Quality Management</i> | X | | |
| Jafri, Asma, MD <i>Family Medicine</i> <i>Department Chair, San Joaquin General Hospital</i> | | X | | Patnaude, Carrie-Lee <i>Director, Medical Management</i> | X | | |
| Kebebew, Positron, MD <i>Supervisory Medical Director</i> | X | | | Patolia, Dipa <i>Senior Director, Population Health &</i> <i>Clinical Operations</i> | X | | |
| Zwerdling, Theodore, M.D. <i>Director of Palliative Care</i> <i>Adventist Health Clearlake</i> | X | | | Powell, Rick, MD <i>Internal Medicine</i> <i>Chief Medical Officer, MedPoint</i> <i>Management</i> | X | | |



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|--|---------|--------|------------------------|--|---------|--------|----------|
| Salonga-Moreno, Donna <i>Director, Clinical Operations</i> | X | | | Zaher, Carol <i>Senior Medical Director, MED-Medical Affairs</i> | | X | |
| Seleski, Dorothy <i>SVP, Plan Product</i> | | X | | | | | |
| Sockaci, Erika <i>Vice President, Provider Relations</i> | | X | | | | | |
| Torosian, Harout <i>VP, Medi-Cal Regional Lead</i> | | X | | | | | |
| Van Schalkwyk, Gerrit <i>Medical Director, Behavioral Health</i> | | X | Tullumello, Lee | | | | |
| Wong, Matthew, MD <i>Psychiatry, Medical Doctor</i> | X | | | | | | |



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| Ad Hoc Members & Guests Present | Present | Absent | Designee | Ad Hoc Members & Guests Present | Present | Absent | Designee |
|--|---------|--------|----------|--|---------|--------|----------|
| Valcourt, Tracy (<i>Committee Coordinator</i>) <i>Compliance Specialist, Program Accreditation</i> | X | | | Medina, Regina <i>Director, Provider Data & Analytics</i> | X | | |
| Alers, Jesse <i>Manager, Customer Service</i> | | X | | Messropian, Massis <i>Senior Manager, PNM Operations</i> | X | | |
| Alexander, Pamela <i>Senior Director, Contact Center Operations</i> | | X | | Miyashiro, Manjula P <i>Director, PNM Operations (West Region)</i> | X | | |
| Anderson, Matthew <i>Program Manager III, Quality Improvement</i> | X | | | Najarro, Michelle <i>Manager, Program Accreditation</i> | X | | |
| Armstrong, Marianne <i>Project Manager, Medical Management</i> | X | | | Navarro, Aracely <i>Community Relations Representative III</i> | | X | |
| Babby, Jamie <i>Director, Vendor Management</i> | | X | | Ong, Komsan <i>Director, Provider Data & Analytics</i> | | X | |
| Baker, Alicia <i>Staff Vice President, member & Provider Services</i> | | X | | Padmani, Tarjani <i>Manager, Clinical Pharmacy Services</i> | X | | |
| Bisson, Goldie <i>Project Manager, Provider Communications</i> | | X | | Pickering, Tammy <i>Manager, Contact Center Operations</i> | | X | |
| Carpenter, Pamela RN <i>Director, Clinical Support Services</i> | X | | | Pham, Tuyen <i>Compliance Specialist, Program Accreditation</i> | | X | |
| Carrera, Leticia <i>Senior Director, Appeals and Grievances</i> | X | | | Ramirez, Maggie <i>Supervisor, Care Coordination</i> | | X | |
| Davila, Rudolph <i>Program Manager II, G&A-Provider Services</i> | X | | | Rodriguez, Kristina <i>Director, PNM Operations</i> | | X | |
| Diaz, Ivy <i>Program Manager, Health Equity</i> | X | | | Rosales, Miriam <i>Program Manager III, Quality Improvement</i> | | X | |
| Dimailig, Ayleen <i>Program Manager, Community Advisory Committee</i> | X | | | Saldarriaga, Daniel <i>Manager, Grievance & Appeals</i> | | X | |
| Easton, Matt <i>Director, Pharmacy</i> | X | | | Salvador, Cecilia <i>Manager, Grievances & Appeals</i> | | X | |



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| Espinoza, Lorena <i>Senior Health Equity Specialist</i> | X | | | Shaw, Vernell III <i>Director, Strategic Provider Partnerships</i> | | X | |
| Ewing, Shannon <i>Supervisor, Provider Data Management</i> | | X | | Tabarez, Renee <i>Manager, Operations</i> | | X | |
| Fang, Dao <i>Manager, Health Equity</i> | X | | | Tabuso, Audrey <i>Senior Director, Integrated Communications</i> | X | | |
| Freeman, Kellie <i>Supervisor, Credentialing</i> | X | | | Toland, Guille <i>Program Manager III, Quality Improvement</i> | | X | |
| Gomez, Geoffrey <i>Director, Quality Improvement</i> | | X | | Tonkogolosuk, Anastasia <i>Manager, Delegation Oversight</i> | | X | |
| Guevara, Javier <i>Supervisor, Appeals & Grievance</i> | X | | | Turner, Sydney <i>Director, Public Policy</i> | | X | |
| Hilburn, Loren <i>Business Analyst III</i> | X | | | Vose, Shannon <i>Program Manager III</i> | X | | |
| Huerta, Tina <i>Supervisor, Appeals Grievance</i> | | X | | Vue, Melen <i>Program Manager III</i> | X | | |
| Jaghasspanian, Taline <i>Senior Director, Quality Improvement</i> | X | | | Wiley, Lori <i>Supervisor, Appeals & Grievance</i> | X | | |
| Kasaraneni, Sarika <i>Director, Health Equity</i> | | X | | Wittig, Amy <i>Director, Quality Improvement</i> | X | | |
| Ko, Alissa <i>Senior Director, Public Affairs Operations</i> | | X | | Wongvipat Kalev, Nancy <i>Senior Director, System of Care</i> | X | | |
| LaCroix-Milani, Rebecca <i>VP, Network Development</i> | X | | | Schroeder, John <i>Supervisor, Credentialing</i> | X | X | |
| MacLean, Jennifer <i>Data Analyst III, Credentialing</i> | X | | | Miller, Nicole <i>Business Analyst III</i> | | X | |
| Makarram, Faisal <i>Lead Business Process Improvement Manager</i> | | X | | Blake, Jessie <i>Vice President, Clinical Operations(Behavioral Health)</i> | X | | |
| Mariscal, Edward <i>Director, Public Programs & LTSS</i> | | X | | | | | |



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| Mathew, Abey <i>Program Manager II, G&A-Utilization Management</i> | X | | |
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| Agenda Item | Discussion | Recommendation /Decision/ Action /Date | Responsible Party |
|---|---|---|-------------------|
| I. Call to Order II. Announcements | Dr. Zuniga called the meeting to order at 3:05 p.m. Dr. Zuniga presented the following announcement(s): <ul style="list-style-type: none"> Dental Committee Plan transitioning to HNCS 1/1/2026 | | |
| III. Review of Minutes | Dr. Zuniga presented the meeting minutes from the HNCS meeting held on May 8, 2025 for Committee review and approval. | A motion to approve the minutes was made by Dr. Powell and seconded by Dr. Adeniyi. | |
| IV. Consent Agenda | | | |
| Consent Agenda Reports | Dr. Zuniga presented the Consent Reports for Committee review and approval. Please reference the meeting packet consent reports section for detailed information. | A motion to approve the consent items was made by Dr. Powell and seconded by Dr Martinez. | |
| A. Member Service & Provider Call Center Report (HN/CHPIV) | | | |
| B. Peer Review Credentialing Potential Quality Issues (PQI)/ Quality of Care (QOC) Access Report | | | |
| C. Credentialing Report (CHPIV only) | | | |
| D. LTSS Report (HN/CHPIV) | | | |
| E. Behavioral Health (BH) Summary (HN/CHPIV) | | | |



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| <p>F. Service Coordination Report (HN/CHPIV)</p> <p>G. Pharmacy & Therapeutics (P&T) Metrics (HN/CHPIV)</p> <p>H. Provider Operations Manual Updates (HN/CHPIV)</p> <ul style="list-style-type: none"> i. Medical ii. BH <p>I. Corporate & HN Clinical Policies</p> <p>J. 2025 Health Net California Utilization Management Program</p> | <p>The Health Net California Utilization Management Program Description was submitted for approval following edits that clarified the definition of Minor Consent Services. These changes were made in accordance with the Medi-Cal Handbook DHCS Errata, and as a result the UM PD required edit and committee approval of the ad hoc change.</p> | | |



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| V. New Business | | | |
| <p>A. Access and Adequacy Reports (HN/CHPIV)</p> | <p>HN</p> <p>Ms. Miyashiro presented Annual Integrated Access Report for HN.</p> <p>Health Net (HN) has established timely access standards to comply with regulatory requirements and ensure members have adequate access to medical and behavioral health care services Compliance is ensured through monitoring and evaluation of the following access metrics for medical and behavioral health care: timely appointments, telephone and in-office wait times, member grievances, provider satisfaction and member experience. A variety of surveys are used to support ongoing monitoring efforts.</p> <p>MY 2024 Provider Appointment Availability Survey (PAAS) results show that the 70% DMHC compliance threshold was met for both Urgent Care and Non-Urgent appointments across all survey types. Results for both DMHC and HN PCP surveys indicate that PCPs did not meet the 70% performance goal for Urgent Care Appointments (67.2%) with a decrease of 11.2 percentage points (PP) compared to the previous year. PCPs met the 70% goal for <i>Non-Urgent</i> Appointments (79.7%) with a decrease of 6.5 PP compared to 2023. Ancillary Providers met and exceeded the 70% goal for Non-Urgent Appointments (95.0%) with a slight increase of 1.3% PP from 2023.</p> <p>The cumulative rate for the quarterly monitoring results from DHCS Timely Access Survey indicate the 70% performance goals were met for Non-Urgent appointment with a PCP or Specialist and Non-Urgent follow-up appointments with an NPMH. However, the performance goals were not met in any quarter for Urgent appointments with a PCP or Specialist.</p> <p>The MY 2024 Access and Availability Provider Satisfaction Survey results show that satisfaction was highest for Access to non-urgent primary care (86.9%), which increased 3.5 PP from MY 2023.</p> <p>Lastly, Ms. Miyashiro provided a summary of key initiatives which include Corrective Action Plans (CAPs), provider education, performance based incentives, and training opportunities.</p> | <p>A motion to approve Access and Adequacy Reports made by Dr. Powell and seconded by Dr Martinez.</p> | |



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| | <p><u>CHPIV</u></p> <p>Mr. Davila presented 2024 Annual Integrated Access Report for CHPIV.</p> <p>Community Health Plan of Imperial Valley (CHPIV) has established access to care standards to meet new and existing regulatory requirements. Compliance is ensured through the monitoring and annual assessment of these standards. CHPIV monitors accessibility to appointment access for medical and behavioral health care, member services telephone access, provider satisfaction with access, member grievances related to access, and access to triage and screening services.</p> <p>MY 2024 Provider Appointment Availability Survey (PAAS) results show that the 70% DMHC compliance threshold was met for Non-Urgent appointments across all survey types (77%). The DMHC compliance threshold was not met for Urgent Care appointments at 69%.</p> <p>The cumulative rate for the quarterly monitoring results from DHCS Timely Access Survey indicates that the 70% performance goal was met for Non-Urgent follow-up appointments with an NPMH. However, the performance goals were not met in any quarter for both Urgent and Non-Urgent appointments with a PCP or Specialist.</p> <p>Results of the 2024 Enrollee Experience Survey show that 82% of members indicate that they had no problems getting a timely appointment for routine care. The top 3 barriers identified in receiving routine care were: “Getting transportation” at 11%, followed by “Getting a timely appointment with any other doctor or provider in the practice, including a specialist”, “Getting approval from my health plan”, and “Other”, each at 5%. For access to urgent care, 79% of respondents indicated that they had “No problems getting timely appointments for care needed right away”.</p> <p>Experience of Care and Health Outcomes (ECHO) survey results for MY2024 reflect scores ranging from 32% to 84%, with the highest performance observed for Non-Urgent Follow-Up Appointments with Non-Physician Behavioral Health Providers (84%).</p> <p>MY 2024 (HSAG) Member Satisfaction with Access results ranged between 79% to 89%. The overall Access and Availability Composite score was 61.2%. The highest satisfaction was</p> | | |



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| | <p>reported for access to non-urgent primary care, which scored 76.5%. In contrast, the lowest satisfaction was related to access to current and accurate provider directory data, which received a score of 41.2%.</p> <p>Lastly, Mr. Davila provided a summary of key initiatives which include Corrective Action Plans (CAPs), provider education, performance based incentives, and training opportunities.</p> | | |
| VI. Health Equity (HE) | | | |
| <p>A. Health Equity (HN/CHPIV)</p> <p>a. 2025 Mid-Year Workplan Evaluation</p> <p>b. Language Assistance Program Report</p> | <p>Ms. Diaz presented 2025 HE Mid-Year Workplan Evaluation for HN and CHPIV.</p> <p>The goals for workplan are to monitor activities completed through June 2025 and ensure we remain on track for the rest of the year by assigning appropriate owners, tracking performance, and maintaining accountability.</p> <p>Activities in the work plan are listed under five domains.</p> <ol style="list-style-type: none"> 1. Language Services & Compliance 2. Health Literacy 3. Cultural Competency 4. Health Equity & Social Needs 5. Compliance <p>Ms. Diaz also provided examples for tasks and activities for each domain as well as mid-year work plan highlights.</p> <p>Ms. Espinoza presented the Language Assistance Program report for HN and CHPIV.</p> <p>HN</p> <p>The report covered January – June 2025 and included evaluation of language services, trend analysis, and barriers identified. The breakdown for race and ethnicity was provided with Hispanic being the largest group at over 59.9%. 42.2% of Medi-Cal members have Limited English Proficiency. Of those, 45.8% are male and 54.2% are female.</p> <p>Annual data for LAP services was provided, covering Telephone Interpreter, Face-to-Face Interpreter, Sign Language Interpreter, and Written Translation. Among these, the Telephone Interpreter service had the highest utilization rate. The most frequently requested languages</p> | <p>A motion to approve the HE Mid-Year Work Plan, LAP Report, HE Governance Report, PHM quarterly update, Population Analysis (CHPIV), ECM/CS Performance Report, and NSMHS Education Outreach Plan was made Dr. Powell and seconded by Dr Martinez.</p> | |



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| <p>B. CalAIM, Population Health, and HE (CPHE) (HN/CHPIV)</p> <ul style="list-style-type: none"> a. HE Governance Report b. PHM Quarterly Update c. Population Analysis(CHPIV) d. ECM/CS Performance Report e. NSMHS Member and PCP Outreach & Education Plan | <p>for telephone interpretation were also highlighted, with Spanish accounting for the largest share at 31.7%, followed by Russian at 15.6%.</p> <p>CHPIV</p> <p>The report covered January – June 2025 and included evaluation of language services, trend analysis, and barriers identified. The breakdown for race and ethnicity was provided with Hispanic being the largest group at over 92.8%. 42.2% of CHPIV members have Limited English Proficiency. Of those, 57% are male and 43% are female.</p> <p>Annual data for LAP services was provided, covering Telephone Interpreter, Face-to-Face Interpreter, Sign Language Interpreter, and Written Translation. Among these, the Telephone Interpreter service had the highest utilization rate. The most frequently requested languages for telephone interpretation were also highlighted, with Spanish accounting for the largest share at 96.2%.</p> <p>The purpose of the Effectiveness Analysis is to evaluate the impact of PHM programs on care processes, health outcomes, cost and utilization, and member experience. The analysis supports the identification of opportunities to enhance program performance and overall effectiveness.</p> <p>Ms. Navarro presented the Health Equity Governance report and highlighted Health Net’s areas of impact during the Los Angeles County wildfires. Health Net is focusing on four key areas to support financial recovery efforts: respiratory health, mental and behavioral health, children and youth, and housing. In partnership with the Centene Foundation, Health Net has committed an additional \$750,000 toward wildfire recovery efforts in Los Angeles County, bringing the total support since January to \$1 million.</p> <p>Ms. Patolia presented updates for community events from CalAim, Population Health, Health Equity (CPHE) Campaign Management.</p> <p>Ms. Patolia provided updates on CPHE event-based campaigns focused on children’s health, chronic disease, cancer prevention, and reproductive health. She reviewed campaign materials for members and providers, highlighted impacted counties, shared data on completed screenings, member attendance, feedback, and lessons learned from the events.</p> | | |



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| | <p>Additionally, Ms. Patolia presented CPHE campaign outreach efforts related to clinical pharmacy and member connections, sharing data on members contacted, members reached, key insights, and the number of interventions delivered through clinical pharmacy support.</p> <p>Ms. Padmani presented PHM Assessment/Population Analysis for CHPIV.</p> <p>Population Analysis aims to assess the needs and characteristics of the enrolled population, including social determinants of health. It identifies key sub-populations such as children, adolescents, members with disabilities, and those with severe mental illness, and evaluates how well current population health management efforts and community resources address their needs, recommending changes as necessary.</p> <p>Ms. Padmani also provided a summary of the identified needs of subpopulations, an overview of the actions implemented, and the membership population needs that were addressed.</p> | | |
| | <p>Ms. Wongvipat Kalev presented the Enhanced Care Management (ECM) and Community Supports (CS) Report for HN and CHPIV.</p> <p><u>HN</u> There are 9,157 members enrolled in ECM, accounting for an 16.8% enrollment rate. For CS services, a total of 12,635 authorizations were submitted between January and March 2025. CS claims were as follows:</p> <ul style="list-style-type: none"> • 6% - Services related to Medically-Tailored Meals/Medically Supported Foods • 21% - Short-Term Post Hospitalization Housing • 50% - Recuperative Care • 7% - Personal Care and Homemaker Services • 11% - Housing Transition/Housing Sustaining/Housing Deposits Services • 5% Diversion • Less than 1% - Other CS services <p>A total of 617 CS referrals were made through Findhelp.</p> <p><u>CHPIV</u> There are 1,252 members enrolled in ECM, accounting for a 31% enrollment rate. For CS services, a total of 5,144 authorizations were submitted between January and March 2025. CS claims were as follows:</p> <ul style="list-style-type: none"> • 86% - Services related to Medically-Tailored Meals/Medically Supported Foods • 8% - Recuperative Care | | |



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| | <ul style="list-style-type: none"> • 4% - Personal Care and Homemaker Services • 2% - Respite Services <p>A total of 23 CS referrals were made through Findhelp.</p> <p>Ms. Vue presented Non-Specialty Mental Health Services (NSMHS) PCP Outreach & Education Plan</p> <p>The goals this plan is to address underutilization of NSMHS by ensuring members and PCPs are aware of all covered NSMHS.</p> <p>Ms. Vue presented the 2025 outreach and education strategy for providers and members, which included social media and email campaigns, provider trainings, results to date, and next steps for implementation.</p> | | |
| VII. Quality Improvement | | | |
| <p>A. Quarterly Evaluation of Accessibility (HN/CHPIV)</p> | <p>Mr. Messropian provided the Evaluation of Access Grievances for HN and CHPIV.</p> <p>HN</p> <p>Medi-Cal QOC access grievances Per Thousand Members Per Year (PTMPY) was lower Q2 2025 as compared to Q2 2024. QOC access grievance volume decreased to 1 in Q2 2025, compared to 6 in Q2 2024. The QOC PTMPY in Q2 2025 was lower than Q2 2024. SPD access grievances PTMPY was lower in Q2 2025 compared to Q2 2024.</p> <p>The quality of service (QOS) access grievances in Q2 2025 decreased compared to Q2 2024. There was a decrease to 622 in Q2 2025 compared to 635 in Q2 2024. The top three QOS grievances for Medi-Cal in Q2 2025 were Availability of Appointment with Primary Care Provider (PCP), Availability of Appointment with Specialist, and Prior Authorization Delay. Approximately 24% of all QOS Medi-Cal grievances were attributed to SPD membership. The top four QOS grievances for Medi-Cal SPD were Availability of Appointment with PCP, Availability of Appointment with Specialist, Prior Authorization Delay, and Transportation Missed Appointment.</p> <p>The Customer Contact Center (CCC) Q2 2025 data showed improvement compared to Q1 2025. Calls answered within 30 seconds met the goal at 95% and calls answered within 10 minutes were 100%.</p> <p>CHPIV</p> | <p>A motion to approve the Evaluation of Accessibility report was made by Dr. Powell and seconded by Dr Martinez.</p> | |



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| | <p>CHPIV QOS Access grievance PTMPY decreased in Q2 2025 compared to Q2 2024. Access grievances were 27 in Q2 2025, compared to 36 in Q2 2024. The top QOS grievances for CHPIV were PCP Referral for Services, and Prior Authorization Delay. QOS SPD Access grievance PTMPY decreased in Q2 2025 compared to Q2 2024. Access grievances attributed to SPD decreased to 6 in Q2 2025, compared to 8 in Q2 2024. The following classifications each had one grievance in Q2 2025: Availability of Appointment with PCP, Availability of Appointment with Specialist, Prescription Delay, Prior Authorization Delay, Transportation, and Provider Wait Time.</p> <p>The Customer Contact Center (CCC) Q2 2025 data showed calls answered within 30 seconds met the goal at 97% and calls answered within 10 minutes was 100%.</p> | | |
| <p>B. QI (HN/CHPIV)</p> <ul style="list-style-type: none"> a. QI Program Description b. 2025 QI Work Plan Mid-Year Update c. HEDIS Update d. Initial Health Assessment (IHA) Report e. Lead Screening | <p>Ms. Wittig presented Quality Improvement (QI) Program Update for HN & CHPIV.</p> <p>HN</p> <p>For Health Net all trendable HEDIS metrics are better than the same month last years (SMLY). 16 out of 18 measured improved Month over Month (MOM). 6 measures met pacing goal.</p> <p>The update on HN Regulatory Projects and Quality Improvement (QI) Programs included the process and status of HN Performance Improvement Plans (PIPs), including topic of focus for Non-Clinical Behavioral Health and measure focus for Clinical initiatives. The PIP strategy outlined goals, targeted interventions, priority diagnoses, participating counties, workflow implementation, and scheduled quality trainings.</p> <p>Ms. Wittig also presented the 2025 DHCS Quality Monitoring Improvement Program (QMIP), which included an overview of Quality Improvement (QI) Accountability Levels and HN QMIP Medi-Cal deliverables. In addition, she shared updates on the Institute for Healthcare Improvement (IHI)/DHCS Child Health Equity Collaborative. This initiative focuses on improving the completion of Well-Child Visits (WCV), and the presentation covered the Phase 2 timeline, improvement goals, intervention dates, pilot site activities, updates from IHI and DHCS, and next steps.</p> <p>The Quality EDGE Request Summary was shared. There were a total of 268 funding requests for HN.</p> | <p>A motion to approve the QI PD, QI Work Plan, HEDIS update, IHA, and Lead Screening reports for HN/CHPIV was made by Dr. Powell and seconded by Dr Martinez.</p> | |



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| | <p>For IHA, 30% of sites (13 out of 43) were compliant in documenting and completing the Initial Health Assessment (IHA) for new members in Q1 2025. 47% (85/181) of adult records and 58% (104/178) of pediatric records were found compliant.</p> <p>Lead Screening was reported. Ms. Wittig shared findings, barriers, and next steps.</p> <p>CHPIV</p> <p>For CHPIV, 15 trendable HEDIS metrics are better than the same month last year (SMLY). 16/18 measures improved Month over Month (MOM). 9 measures met pacing, 2 measures performing worse than Rate SMLY.</p> <p>The update on CHPIV Regulatory Projects and Quality Improvement (QI) Programs covered the process and status of CHPIV Performance Improvement Plans (PIPs), including focus areas for Non-Clinical Behavioral Health and measure focus for Clinical initiatives. The PIP strategy outlined goals, targeted interventions, priority diagnoses, participating county, workflow implementation, an expanded focus to include all pediatric providers, and scheduled quality trainings.</p> <p>Ms. Wittig provided an update on the Institute for Healthcare Improvement (IHI)/DHCS Child Health Equity Collaborative, which is focused on improving the completion of Well-Child Visits (WCV). The update included the Phase 2 timeline, improvement goals, intervention dates, pilot site activities, updates from IHI and DHCS, and next steps</p> <p>The Quality EDGE Request Summary was shared for CHPIV. There were a total of 19 funding requests.</p> <p>In Q1 2025, 82% of sites (18 out of 22) were compliant in documenting and completing the Pediatric Initial Health Assessment (IHA) for new members. For the Adult IHA, compliance was significantly lower, with only 27% of sites (12 out of 44) meeting documentation and completion requirements.</p> <p>Lead Screening was reported. Ms. Wittig shared findings, barriers, and next steps.</p> | | |
| VIII. Medical Management | | | |
| <p>A. UM (HN/CHPIV)</p> <p>a. Key Indicator Report</p> | <p>Mr. Hilburn provided Q2 2025 Key Indicator updates for HN and CHPIV.</p> | <p>A motion to approve the UM Key Indicator Report (HN/CHPIV),</p> | |



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| <p>b. UM/CM Work Plan Mid-Year Evaluation</p> | <p>Mr. Hilburn provided an update on current Utilization Management initiatives, including team alignment, optimization of discharge planning across all lines of business, and audit enhancements aimed at improving both quality assurance and regulatory compliance.</p> <p>HN Non-SPD Bed Days Per Thousand Members Per Year (PTMPY) decreased 28%, Admits PTMPY decreased 13% to 52.4in Q2). Average Length of Stay (ALOS) decreased to 18%, and ER utilization decreased to 4%.</p> <p>SPD Bed Days PTMPY decreased 32%, Admits PTMPY decreased 17% , ALOS decreased to 18%, and ER utilization increased to 2%.</p> <p>Dental Anesthesia was reported by county for children and adults. There was a total of 54 requests, and 5 denials. No developmental disability (DD) requests were received in Q2 2025. Non-development disability (non-DD) request volume decreased 2% from Q1 to Q2 2025. Non-DD Children request approval rates decreased 6% from Q1 to Q2 2025.</p> <p>Turn-around-time (TAT) was not met for Routine Pre-Service Authorization with extension (non-BH) in Q2 2025.</p> <p>CHPIV Bed Days PTMPY decreased 11%, Admits PTMPY decreased 10%. ALOS did not change significantly, and Readmissions decreased by 5%.</p> <p>Dental Anesthesia was reported for children and adults. There was a total of 54 requests, and no denials. No developmental disability (DD) requests were received in the past six quarters. Q2 2025 request volume is 29% higher than Q1.</p> <p>Turn-around-time (TAT) was not met for Pre-Service Authorization Provider Notification TAT (non-BH), and Routine Pre-Service Authorization with extension/deferral TAT (non-BH) in Q2 2025.</p> <p>Mr. Mathew presented Utilization Managements Care Mid-Year Work Plan CHPIV.</p> | <p>and UM Mid-Year Work Plan (CHPIV) was made by Dr. Powell and seconded by Dr Martinez.</p> | |



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| | <p>All work plan elements are on track for mid-year, with a few areas marked as "Too Soon to Tell":</p> <ul style="list-style-type: none"> • 2.2 Authorization Timeliness: Delays in Preservice Routine with Deferrals due to high inventory and translation lags; small volume skews compliance rates. • 3.1 Inpatient Performance: Slight rise in 30-day readmissions linked to limited post-acute care options in Imperial County. • 3.3 PPG Audit: Scheduled for July 15, 2025; evaluation pending. • 4.6 Behavioral Health Coordination: County referrals down, but internal case management referrals up due to process changes. Trends will be reassessed in the second half of the year. | | |
| <p>B. A&G Report (HN/CHPIV) a. A&G Report b. A&G Turn Around Time (TAT) and Volume Reports</p> | <p>Mr. Guevara provided report for CHPIV Appeals and Grievances for Q2 2025.</p> <p>The number of CHPIV grievances declined to 119 in Q2 2025, compared to 145 Q2 2024. Appeals increased to 22 in Q1 2025, up from 15 in Q4 2024. There were 119 grievances and 22 appeals in Q2. The top QOS (quality of service) Grievance was Transportation – General Complaint Vendor. Top Appeal types were Not Medically Necessary – Diagnostic – MRI. There was no top QOC (quality of care) Grievance. All categories (cultural competency, referral delay, inadequate care, and misdiagnosis) had 1 case each, and all were resolved.</p> <p>There were 5 resolved formal grievances related Behavioral Health compared to 1 case for Q2 2024.</p> <p>Ms. Wiley provided report for HN Appeals and Grievances for Q2 2025.</p> <p>The data demonstrated A&G totals quarter-over-quarter with an increase in both appeals and grievances from Q1. There were 291 appeals in Q2 2025 and the PTMPY was 0.84. There were 1,971 grievances and the PTMPY was 5.69. Medi-Cal compliance rates for appeals were 99.66% and 99.75% for grievances.</p> <p>The top appeal reason in Q2 2025 is ILOS Related - Meals/Medically Tailored Meals. The top QOS grievance in Q2 remains Transportation – General Complaint Vendor. There was a decrease in Transportation cases with 167 in Q2 2025, compared to 176 in Q1 2025.</p> | <p>A motion to approve the A&G reports was made by Dr. Powell and seconded by Dr Martinez.</p> | |



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| | <p>Grievances increased 12 cases overall from Q1 2025. There was 1 dental anesthesia appeal in Q2. There were 20 Evolent Appeals of which 4 were overturned, none withdrawn, and 5 upheld. Behavioral Health cases decreased by 37 from 112 in Q1 to 77 in Q2.</p> | | |
| <p>C. CM (HN/CHPIV) a. CM Key Indicator Report b. 2024 CM Program Evaluation</p> | <p>Ms. Patnaude presented the Medi-Cal Key Indicator Report for Q2 2025 for HN and CHPIV.</p> <p>HN The metrics shared included physical health (PH), BH, and maternity. Ms. Patnaude stated that the total outreached and total engaged, and total managed increased. The percentage of members declining CM increased slightly this quarter.</p> <p>Total cases managed for PH was 1,433,641 for BH, and 484 for maternity. The total outreach for all programs increased 14.9%, and the volume of new cases opened increased 12.7% from previous quarter. The quarterly average engagement rate decreased slightly to 65.7% in Q2 from 66.9% in Q1.</p> <p>For utilization outcomes, 1,213 members were reviewed for utilization patterns post case engagement, compared to prior utilization patterns. There was a decrease in readmissions by 3.9%, and ED utilization decreased by 23%. For the maternity program, 59 members met the inclusion criteria for visits, and 26 members met the inclusion criteria for the pre-term delivery measure.</p> <p>Member satisfaction survey results were also reported. Of the ten elements in the survey, three met the goal. There were twelve complaints against CM in Q2. Actions include staff will promote the member satisfaction survey at case closure, and grievances against the Plan or Case Management will be monitored with appropriate actions taken as needed.</p> <p>CM file audits demonstrated a score of 88% for PH, 99% for maternity, and 90% for behavioral health (BH).</p> <p>Ms. Patnaude also provided barriers, actions, and next steps.</p> <p>CHPIV</p> | <p>A motion to approve the CM Key Indicator Report, and CM Program Evaluation made by Dr. Powell and seconded by Dr Martinez.</p> | |



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| | <p>The metrics shared included physical health (PH), BH, and maternity) Ms. Patnaude stated that Q2 Total Outreached and engaged decreased from Q1. Total Managed cases increased in Q2. The percentage of members declining CM increased slightly to 2.3% this quarter.</p> <p>Total cases managed for PH was 97, 14 for BH, and 239 for maternity. The total outreach decreased 11.8%. Q2 engagement rate is 62.2%. The volume of new cases opened decreased 7.1%. Q2 Total number of cases managed was 452.</p> <p>There was a decrease in readmissions by 7.6%, and ED utilization decreased by 46%. Admissions, readmissions, above goal: >5% reduction. ED Diversion significantly over goal of >10%. 12 members met inclusion criteria for visits, and 11 members met the inclusion criteria for the pre-term delivery measure.</p> <p>Member satisfaction survey results were also reported. Of the ten elements in the survey, eight met the goal. There were no member complaints against CM in Q2.</p> <p>CM file audits demonstrated a score of 88% for PH, 99% for maternity, and 90% for behavioral health (BH).</p> <p>Ms. Patnaude also provided barriers, actions, and next steps.</p> | | |
| <p>IX. Adjournment</p> | <p>Dr. Zuniga asked if there were any recommendations to the Board of Directors. There were no recommendations.</p> <p>Next Meeting: Date: Tuesday, November 18, 2025 Time: 3:00pm – 5:00pm Location: Zoom Meeting materials due: November 4, 2025</p> <p>Meeting adjourned at 5:30 P.M.</p> | | |



ACKNOWLEDGEMENT OF APPROVED COMMITTEE MINUTES

I acknowledge that the HNCS QIHEC minutes for August 14, 2025 were approved by the committee on November 18, 2025.

A handwritten signature in black ink that reads "Ramiro Zuniga". The signature is written in a cursive style and is positioned above a horizontal line.

Ramiro Zuniga, MD, MBA, FAAFP
Vice President, Medical Director, Medi-Cal

11/18/2025

Date