



Health Net Community Solutions QIHE Committee

Minutes of the Meeting: November 18, 2025

The Health Net Community Solutions QIHE Committee convened on the 18th day of November 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, DO <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 Health</i> <i>Center</i>	X			Lambert, Lisa <i>VP, Operations & Business Strategy</i>	X		
Bosse, Christy <i>Senior VP, Compliance</i>	X			Lim, Jenelyn, MD <i>Supervisory Medical Director</i>		X	
Davidson, David <i>VP, Provider Network Management (PNM)Operations</i>		X		Misquitta, Cathrine, Pharm.D., MBA, BCPS, BCGP, CPHQ, FCSHP <i>VP, Quality Management</i>	X		
Dixit, Anshul, MD <i>Supervisory Medical Director</i>	X			Patnaude, Carrie-Lee <i>Director, Medical Management</i>	X		
Fajardo, Mireya R. <i>Vice President, Medi-Cal Regional Lead</i>	X			Patolia, Dipa <i>Senior Director, Population Health &</i> <i>Clinical Operations</i>	X		
Jafri, Asma, MD <i>Family Medicine</i> <i>Department Chair, San Joaquin General Hospital</i>	X			Powell, Rick, MD <i>Internal Medicine</i> <i>Chief Medical Officer, MedPoint</i> <i>Management</i>	X		
Kebebew, Positron, MD <i>Supervisory Medical Director</i>		X		Salonga-Moreno, Donna <i>Director, Clinical Operations</i>	X		
Kemp, Amber <i>Vice President, Medi-Cal Regional Lead</i>	X			Seleski, Dorothy <i>SVP, Plan Product</i>		X	



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Sockaci, Erika <i>Vice President, Provider Relations</i>			X						
Torosian, Harout <i>VP, Medi-Cal Regional Lead</i>			X						
Van Schalkwyk, Gerrit, MD <i>Medical Director, Behavioral Health</i>			X	Tullumello, Lee					
Wong, Matthew, MD <i>Psychiatry, Medical Doctor</i>		X							
Zaher, Carol, MD <i>Senior Medical Director, MED-Medical Affairs</i>		X							
Zwerdling, Theodore, MD <i>Director of Palliative Care Adventist Health Clearlake</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			Espinoza, Lorena <i>Senior Health Equity Specialist</i>		X	
Alers, Jesse <i>Manager, Customer Service</i>		X		Ewing, Shannon <i>Supervisor, Provider Data Management</i>	X		
Alexander, Pamela <i>Senior Director, Contact Center Operations</i>		X		Fang, Dao <i>Manager, Health Equity</i>	X		
Anderson, Matthew <i>Program Manager III, Quality Improvement</i>	X			Freeman, Kellie <i>Supervisor, Credentialing</i>		X	
Andrade, Denise <i>Manager, Special Projects</i>	X			Gomez, Geoffrey <i>Director, Quality Improvement</i>		X	
Armstrong, Marianne <i>Project Manager, Medical Management</i>	X			Guevara, Javier <i>Supervisor, Appeals & Grievance</i>		X	
Babby, Jamie <i>Director, Vendor Management</i>		X		Herrera, Leticia <i>Senior Director, Utilization Management</i>	X		
Baker, Alicia <i>Staff Vice President, member & Provider Services</i>		X		Hilburn, Loren <i>Business Analyst III</i>	X		
Blake, Jessie <i>Vice President, EPHCO Clinical Operations</i>	X			Huerta, Tina <i>Supervisor, Appeals Grievance</i>		X	
Bisson, Goldie <i>Project Manager, Provider Communications</i>	X			Jaghasspanian, Taline <i>Senior Director, Quality Improvement</i>	X		
Carpenter, Pamela RN <i>Director, Clinical Support Services</i>	X			Kasaraneni, Sarika <i>Director, Health Equity</i>		X	
Carrera, Leticia <i>Senior Director, Appeals and Grievances</i>		X		Kelechian, Armine <i>Senior Health Equity Specialist</i>	X		
Davila, Rudolph <i>Program Manager II, G&A-Provider Services</i>	X			Ko, Alissa <i>Senior Director, Public Affairs Operations</i>		X	
Diaz, Ivy <i>Program Manager, Health Equity</i>	X			LaCroix-Milani, Rebecca <i>VP, Network Development</i>		X	
Dimailig, Ayleen <i>Program Manager, Community Advisory Committee</i>	X			Lofti, Shima <i>Business Analyst II</i>		X	
Easton, Matt <i>Director, Pharmacy</i>	X			Lowe, Connie <i>Manager, Public Programs Operations</i>	X		



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MacLean, Jennifer <i>Data Analyst III, Credentialing</i>	X			Rodriguez, Kristina <i>Director, PNM Operations</i>		X	
Makarram, Faisal <i>Lead Business Process Improvement Manager</i>		X		Rosales, Miriam <i>Program Manager III, Quality Improvement</i>	X		
Mariscal, Edward <i>Director, Public Programs & LTSS</i>	X			Saldarriaga, Daniel <i>Manager, Grievance & Appeals</i>		X	
Massey, Vandana <i>Project Manager II, Program Accreditation</i>	X			Salvador, Cecilia <i>Manager, Grievances & Appeals</i>		X	
Mathew, Abey <i>Program Manager II, G&A-Utilization Management</i>	X			Schroeder, John <i>Supervisor, Credentialing</i>		X	
Medina, Regina <i>Director, Provider Data & Analytics</i>	X			Shaw, Vernell III <i>Director, Strategic Provider Partnerships</i>	X		
Messropian, Massis <i>Senior Manager, PNM Operations</i>		X		Tabarez, Renee <i>Manager, Operations</i>		X	
Miller, Nicole <i>Business Analyst III</i>	X			Tabuso, Audrey <i>Senior Director, Integrated Communications</i>	X		
Miyashiro, Manjula P <i>Director, PNM Operations (West Region)</i>		X		Toland, Guille <i>Program Manager III, Quality Improvement</i>	X		
Najarro, Michelle <i>Manager, Program Accreditation</i>		X		Tonkogolosuk, Anastasia <i>Manager, Delegation Oversight</i>		X	
Navarro, Aracely <i>Community Relations Representative III</i>		X		Turner, Sydney <i>Director, Public Policy</i>		X	
Ong, Komsan <i>Director, Provider Data & Analytics D</i>	X			Urbina, Yvette <i>Manager, Medical Management</i>	X		
Padmani, Tarjani <i>Manager, Clinical Pharmacy Services</i>	X			Vose, Shannon <i>Program Manager III</i>		X	
Pickering, Tammy <i>Manager, Contact Center Operations</i>	X			Vue, Melen <i>Program Manager III</i>	X		
Ramirez, Maggie <i>Supervisor, Care Coordination</i>		X		Wiley, Lori <i>Supervisor, Appeals & Grievance</i>	X		



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Ad Hoc Members & Guests Present	Present	Absent	Designee		Ad Hoc Members & Guests Present	Present	Absent	Designee
Wittig, Amy <i>Senior Director, Vendor Partnerships</i>		X						
Wright, Shekinah <i>Director, Quality Improvement</i>	X							
Wongvipat Kalev, Nancy <i>Senior Director, System of Care</i>	X							



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Agenda Item	Discussion	Recommendation /Decision/ Action /Date	Responsible Party
I. Call to Order	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"> • No announcements presented 		
II. Review of Minutes	Dr. Zuniga presented the meeting minutes from the HNCS meeting held on August 18, 2025 for Committee review and approval.	A motion to approve the minutes was made by Dr. Powell and seconded by Dr. Jaffi.	
III. Consent Agenda			
Consent Agenda Reports A. Member Service & Provider Call Center Report (HN/CHPIV) B. Member Experience Report (CHPIV) C. Facility Site, Medical Record, & Physical Accessibility Reviews (PARS) (HN/CHPIV) D. HNCS Statewide Public Policy Committee & Executive Committee Meetings (HN) E. Community Advisory Committee Report (HN)	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. Jaffi.	



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Agenda Item	Discussion	Recommendation /Decision/ Action /Date	Responsible Party
F. Pharmacy & Therapeutics (P&T) Metrics <i>(HN/CHPIV)</i>			
G. Service Coordination Report <i>(HN/CHPIV)</i>			
H. Network Access & Availability Governance Committee Update <i>(HN)</i>			
I. Quality & Accuracy of Member Benefit Information Report <i>(CHPIV)</i>			
J. Accessibility of Services Report <i>(CHPIV)</i>			
K. LTSS Report <i>(HN/CHPIV)</i>			
L. Behavioral Health Update <i>(HN/CHPIV)</i>			
M. Peer Review Credentialing PQI/QOC Access Report <i>(HN/CHPIV)</i>			
N. Credentialing Report <i>(CHPIV)</i>			
O. Delegation Oversight Committee Summary <i>(HN)</i>			



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<p>P. Vendor Monitoring & Oversight Summary (HN)</p> <p>Q. Provider Operations Manual Updates (HN/CHPIV)</p> <p>R. Medical & Behavioral Health Care Report (CHPIV)</p>			
IV. Health Equity (HE)			
<p>A. Health Equity (HN/CHPIV)</p> <p>a. Health Equity Governance Report</p> <p>b. GEO Access Report</p>	<p>Healthcare Effectiveness Data and Information Set (HEDIS) & Health Disparity Dashboard (HDD) not presented at this time. Ms. Gumatay-Marmo will present Q1 of 2026.</p> <p>Ms. Diaz presented GEO Access Report for HN and CHPIV.</p> <p>The RY 2025 Geo Access Assessment of Cultural and Linguistic Needs examines the composition of Health Net membership through direct data collected from state or federal electronic file feeds, including race, ethnicity, and language preference (REAL). Provider race, ethnicity and language data are collected during the contracting and credentialing review process. A gap is defined as at least one member not having access to a provider who speaks their preferred language within the required time and distance standards for their residential density (urban, suburban, rural).</p> <p>HN</p> <p>Geo Access Assessment findings for HN show 3 language gaps for both Los Angeles, and Stanislaus counties. Cambodian and Cantonese show the greatest number of gaps overall, affecting six counties: Inyo, Los Angeles, Sacramento, San Joaquin, Stanislaus, and Tulare.</p> <p>Overall, there are only a small number of counties and languages that have gaps – 15 language and county intersections have a gap at less than 100%. This is compared to 68 language and county intersections that are meeting member language needs at 100%.</p>	<p>A motion to approve the GEO Access report, Segmentation Report, PHM quarterly update, and ECM/CS Performance Report was made Dr. Powell and seconded by Dr Adeniyi.</p>	



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<p>B. Population Health (HN/CHPIV)</p> <ul style="list-style-type: none"> a. Segmentation Report (CHPIV) b. PHM Quarterly Update 	<p>Next steps will be to launch program to increase access to telephone interpretation through the customer contact center for providers when in-person interpretation or advance notice is not possible.</p> <p>CHPIV Geo Access Assessment findings for CHPIV show that there were no gaps for Imperial County. 100% of CHPIV members have access to a provider or office staff within the geographic parameters.</p> <p>Next steps will be to promote Language Access Program (LAP) resources and cultural competency training.</p> <p>Ms. Padmani presented Segmentation Report for CHPIV.</p> <p>The Population Segmentation is recorded to understand the portions of the population targeted by each Population Health Management program in accordance with NCQA Accreditation.</p> <p>Ms. Padmani provided overview of ongoing programs and activities for CHPIV targeting specific subpopulations in January 2025. This included applicable products, eligibility criteria, number of members eligible, and percentage of total membership.</p> <p>Ms. Padmani also delivered the PHM quarterly update for HN, which included an overview of community events from Population Health and Health Equity (CPHE) Campaign Management. More than half of the planned events have been completed, with all remaining events scheduled to conclude by the end of 2025. She also reviewed campaign materials for members and providers, identified impacted counties, and shared data on completed screenings, member attendance, feedback, and key lessons learned from the events.</p>		



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<p>C.</p> <p>a. Enhanced Care Management (ECM) and Community Supports (CS) Report</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 9,712 members enrolled in ECM, accounting for a 16% enrollment rate. For CS services, a total of 29,240 authorizations were submitted January through June 2025. CS claims were as follows:</p> <ul style="list-style-type: none"> • 8% - Services related to Medically-Tailored Meals/Medically Supported Foods • 21% - Short-Term Post Hospitalization Housing • 43% - Recuperative Care • 6% - Personal Care and Homemaker Services • 12% - Housing Transition/Housing Sustaining/Housing Deposits Services • 9% Diversion <p>A total of 2,317 CS referrals were made through Findhelp.</p> <p><u>CHPIV</u> There are 1,201 members enrolled in ECM, accounting for a 25% enrollment rate. For CS services, a total of 8,874 authorizations were submitted between January and June 2025. CS claims were as follows:</p> <ul style="list-style-type: none"> • 75% - Services related to Medically-Tailored Meals/Medically Supported Foods • 12% - Recuperative Care • 8% - Personal Care and Homemaker Services • 2% - Respite Services <p>A total of 83 CS referrals were made through Findhelp.</p>		



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V. Quality Improvement			
<p>A. QI (HN/CHPIV)</p> <ul style="list-style-type: none"> a. HEDIS Update b. Initial Health Assessment (IHA) Report c. Edge Funding d. Lead Screening 	<p>Ms. Wright presented Quality Improvement (QI) Program Update for HN & CHPIV.</p> <p>HN 30% of MCAS metrics performance are at or above 50th percentile. 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). 4 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. Wright also presented the 2025 DHCS Quality Monitoring Improvement Program (QMIP), which included an overview of 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 428 funding requests for HN.</p> <p>For IHA, 48% of sites were compliant in documenting and completing the Initial Health Assessment (IHA) for new members in Q2 2025. 68% of adult records and 64% of pediatric records were found compliant.</p> <p>Lead Screening was reported. Ms. Wright shared findings, barriers, and next steps.</p> <p>CHPIV For CHPIV, 78% measures are performing better than same month last year (SMLY). 14/18 measures improved Month over Month (MOM). 8 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</p>	<p>A motion to approve the HEDIS update, IHA, EDGE update, Lead Screening reports, and CAHPS report was made by Dr. Powell and seconded by Dr. Jafri.</p>	



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	<p>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. Wright 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 48 funding requests.</p> <p>In Q2 2025, 100% of sites 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 63% of sites meeting documentation and completion requirements.</p> <p>Lead Screening was reported. Ms. Wittig shared findings, barriers, and next steps.</p>		
<p>B. CAHPS Update</p>	<p>Mr. Anderson presented CAHPS update for both HN & CHPIV.</p> <p>HN HN Medi-Cal improved in Getting Needed Care, Care Coordination, Customer Service, and Discussions on Cessation Medications and Strategies. How Well Doctors Communicate was the only measure to meet the Accreditation goal, while rating measures remain below the 5th Quality Compass percentile. Opportunities include better promotion of provider resources, partnership with the PEAE team to improve Access to Care, and increased digital member outreach. Remediation efforts included provider communication trainings, refreshed CAHPS resources, completion of the CAHPS survey, collaboration with provider-facing teams, 2025 CAHPS strategy sessions prioritizing Access to Care, and updated flu-related provider materials.</p>		



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	<p>CHPIV CHPIV met all rating measures for the Quality Compass Benchmark at or above the 95th percentile. The plan met or exceeded benchmarks for Getting Needed Care, Care Coordination, Customer Service, and discussions regarding cessation medications and strategies. How Well Doctors Communicate was the only measure to meet the Accreditation goal. Identified opportunities include enhanced promotion of provider resources, stronger partnership with the PEAE team to improve Access to Care, and expanded digital outreach to members. Remediation efforts included provider communication trainings, refreshed CAHPS resources, completion of the CAHPS survey, collaboration with provider-facing teams, 2025 CAHPS strategy sessions with a focus on Access to Care, and updated flu-related provider materials.</p>		
VI. Medical Management			
<p>A. UM (HN/CHPIV) a. Key Indicator Report</p>	<p>Mr. Mathew provided Q3 2025 Key Indicator updates for HN and CHPIV.</p> <p>Mr. Mathew 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 22%, Admits PTMPY decreased 10%. Average Length of Stay (ALOS) decreased to 13%, and ER utilization decreased to 8%.</p> <p>SPD Bed Days PTMPY decreased 33%, Admits PTMPY decreased 18% , ALOS decreased to 18%, and ER utilization increased to 3%.</p> <p>Dental Anesthesia was reported by county for children and adults. There was a total of 53 requests, and 1 denial. No developmental disability (DD) requests were received in Q3 2025. Non-development disability (non-DD) request volume decreased 2% from Q2 to Q32025. Non-DD Children request approval rates increased 8% from Q2 to Q3 2025.</p> <p>Turn-around-time (TAT) was not met for Routine Pre-Service Authorization with extension (non-BH) in Q3 2025.</p>	<p>A motion to approve the UM Key Indicator Report (HN/CHPIV), Under/Over Utilization & Specialty Access Report, A&G/TAT, CM Key Indicator Report, & CSS Report was made by Dr. Powell and seconded by Dr Adeniyi.</p>	



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<p>B. Under/Over Utilization & Specialty Report</p>	<p>CHPIV Bed Days PTMPY increased 17%, Admits PTMPY increased 6%, ALOS increased 12 %, and Readmits decreased 20%.</p> <p>Dental Anesthesia was reported for children and adults. There was a total of 61 requests, and 8 denials. No developmental disability (DD) requests were received in the past seven quarters. Q3 2025 request volume is 13% higher than Q2.</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 Q3 2025.</p> <p>Dr. Dixit present Under/Over Utilization report for HN.</p> <p>The purpose of the report is to ensure medically appropriate care, identify and correct patterns of over/under utilization, and to comply with DHCS requirements. The metrics are reported bi-annually.</p> <p>HN Claims data from July 2024 through June 2025 demonstrated 62 PPG outliers. 39 for re-admissions and 49 for emergency room visits per thousand (ER/K). Dr. Dixit reviewed best practices for both re-admissions and ER/K, as well as interventions and actions.</p>		
<p>C. A&G Report (HN/CHPIV) a. A&G Report b. A&G Turn Around Time (TAT) and Volume Reports</p>	<p>Ms. Wiley provided report for HN and CHPIV Appeals and Grievances for Q3 2025.</p> <p>HN The data demonstrated A&G totals quarter-over-quarter with an increase in both appeals and grievances from Q2. There were 365 appeals in Q3 2025 and the PTMPY was 1.08. There were 2,220 grievances and the PTMPY was 6.54. Medi-Cal compliance rates for appeals were 100% and 99.73% for grievances.</p> <p>The top appeal reason in Q3 2025 is ILOS Related - Meals/Medically Tailored Meals. The top QOS grievance in Q3 was Access to Care- Prior Authorization delay. The previous top type for several quarters in the past year, Transportation - General Complaint Vendor, dropped to 155 cases, remaining the 2nd highest case type for Q3. In Q3 grievances increased 249 overall from Q2. There was 1 dental anesthesia appeal that was partially overturned. There were 29</p>		



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	<p>Evolut Appeals of which 9 were overturned, none withdrawn, and 3 upheld. Behavioral Health cases increased by 4cases, to 81in81 from 77.</p> <p>CHPIV The number of CHPIV grievances declined in Q3 2025. Appeals remained the same in Q3 and Q3 at 0.23. There were 118 grievances and 22 appeals in Q3. The top QOS (quality of service) Grievance was Transportation – General Complaint Vendor. Top Grievance type was Access to Care-Prior Authorization. Top Appeal type was Not Medically Necessary – Diagnostic – CAT Scan. There were 4 grievances related Behavioral Health.</p>		
<p>D. CM (HN/CHPIV) a. CM Key Indicator Report</p>	<p>Ms. Patnaude presented the Medi-Cal Key Indicator Report for Q3 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 is well above Q3 2024 average quarterly outreach. The percentage of members declining CM increased slightly this quarter, but remains lower than Q3 2024.</p> <p>For Case Management utilization outcomes, 2,346 members were reviewed for utilization patterns post case engagement, compared to prior utilization patterns. There was a decrease in readmissions by 3.6%, and ED utilization decreased by 30.1%. For the maternity program, 215 members met the inclusion criteria for prenatal visit, 53 members met the inclusion criteria for the pre-term delivery measure, and 834 members met the inclusion criteria for postpartum visit delivery measure.</p> <p>Ms. Patnaude also provided barriers, actions, and next steps.</p> <p>CHPIV The metrics shared included physical health (PH), BH, and maternity. Ms. Patnaude stated that the total outreached is well above 2024 average quarterly outreach. Total Engagement rate has increased compared Q3 2024. The percentage of members declining CM remained steady at 2.3% for the last two quarters. This is significantly better than 608% in Q3 2 024. Readmission rates decreased by 12.5%, well above 5% goal.</p> <p>For Case Management utilization outcomes, there was a decrease in readmissions by 12.5% and ED utilization decreased by 58.6%. For the maternity program, 49 members met the inclusion criteria for prenatal visit, 24 members met the inclusion criteria for the pre-term</p>		



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	<p>delivery measure, and 117 members met the inclusion criteria for postpartum visit delivery measure. Ms. Patnaude also provided barriers, actions, and next steps.</p>		
<p>E. CSS Report</p>	<p>Ms. Lowe presented California Children’s Services update for HN & CHPIV.</p> <p>The purpose of California Children’s Services (CCS) is to identify active members within the under 21 Medi-Cal population and provide key performance metrics to assess quarter to quarter changes.</p> <p>HN CCS key metrics indicate that the average quarterly approval rate remained steady at 77% from Q2 to Q3 2025, while Cases Pending Review declined by 7% over the same period. Additionally, the percentage of members under age 21 identified as active CCS (FFS/non-delegated only) decreased slightly from 4.3% to 4.2%. The volume of UM cases reviewed for CCS eligibility for members under 21 also declined by 11% from Q2 to Q3 2025</p> <p>Ms. Lowe also provided barriers, actions, and next steps.</p> <p>CHPIV CCS key metrics indicate that the average quarterly approval rates decreased from 71.4% to 71.1% from Q2 to Q3. Cases Pending Review also declined by 27% over the same period. Additionally, the percentage of members under age 21 identified as active CCS (FFS/non-delegated only) decreased slightly from 5% to 4.9%. The volume of UM cases reviewed for CCS eligibility for members under 21 also declined by 26% from Q2 to Q3 2025.</p> <p>Ms. Lowe also provided barriers, actions, and next steps.</p>		
<p>VII. 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: TBA Time: TBA Location: TBA</p> <p>Meeting adjourned at 4:30 P.M.</p>		