



Quality Improvement, Health Education  
and Wellness

Annual Evaluation 2025

**Table of Contents**

Section 1: Summary of Overall Effectiveness of QIHed and Wellness Program..... 3

*QI Committee Structure*..... 4

*Practitioner Participation and Leadership Involvement in the QIHed and Wellness Program*..... 5

Section 2: Goals and Quality Indicators by Line of Business..... 12

Section 3: Overall Effectiveness of QIHed and Wellness Work Plan Initiatives..... 29

*3.1. Behavioral Health*..... 29

*3.2. Chronic Conditions/Chronic Disease* ..... 36

*3.3. Hospital Quality/Patient Safety*..... 39

*3.4. Member Engagement and Experience*..... 40

*3.5. Pediatric/Dental/Children’s Health Program* ..... 42

*3.6. Perinatal Health/Reproductive Health*..... 46

*3.7. Pharmacy and Related Measures*..... 47

*3.8. Preventive Health/Cancer Prevention* ..... 48

*3.9. Provider Engagement*..... 52

*3.10. Health Education and Wellness*..... 56

Section 4: QI Reporting..... 57

*4.1 Safety Monitoring of Potential Quality of Care Issues (PQIs)* ..... 57

*4.2 Vendor/Delegation Oversight* ..... 58

Section 5: Summary of Key Accomplishments..... 61

Section 6: Annual QI Program Changes ..... 63

Section 7: Appendix..... 64

## Section 1: Summary of Overall Effectiveness of QIHed and Wellness Program

Health Net annually assesses the overall effectiveness of its Quality Improvement, Health Education (QIHed) and Wellness Program at improving network-wide clinical and service practices. Health Net is a National Committee for Quality Assurance (NCQA) accredited Health Plan. The “Accredited” status is applied to the following lines of business: Commercial HMO/POS; Commercial PPO; Marketplace (Exchange) HMO; Marketplace (Exchange) PPO; and Medi-Cal HMO. Health Outcomes Accreditation (formerly known as Health Equity) and Community-Focused Care Accreditation (formerly known as Health Equity Accreditation Plus) was maintained for Commercial HMO/POS; Commercial PPO; Marketplace (Exchange) HMO; Marketplace (Exchange) PPO; Medicare HMO; and Medi-Cal HMO. The 2025 Health Plan Ratings (HPRs) for Commercial HMO/POS and Medi-Cal were 3.5 stars. For Commercial PPO, the HPR was 3 stars.

Health Net continually strives to incorporate a culture of quality across the organization and conducted operations to improve service and satisfaction. This philosophy also extended across the provider network to improve provider quality outcomes, as evidenced by the plan’s Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>), provider access, availability, and satisfaction surveys, the Experience of Care and Health Outcomes (ECHO) Survey and Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) rates. The Quality Management Department was a centralized team with specialized knowledge of each population across lines of business (LOBs) and collaborated with a dedicated analytics team.

The Health Equity strategy is set by the Chief Health Equity officer with support from the Health Equity team which provides oversight, implementation, and operational support to the Health Equity strategy. The Health Equity team supported departments throughout the organization and managed five core areas: Language Services, Health Literacy, Cultural Competency, Health Equity and Disparities, and Social Needs and Social Risks. Health Net adopted the Culturally and Linguistically Appropriate Services (CLAS) Standards. The CLAS standards represented 15 different standards that served as the foundation for the development of the Health Equity team’s strategic plans. To ensure that Health Net was continually striving to be responsive to our membership, Health Net conducted data analysis and designed and implemented services to meet the needs of members. Internally, Health Net surveyed new employees to determine staff diversity in cultural and linguistics and supported and trained bilingual associates. In 2025, Health Net completed health care bilingual certification for 132 staff members. Externally, Health Net conducted a biennial Geo Access report, which used member zip code data and correlated it with member language preference. This data was further overlaid with provider network language capabilities and a gap analysis was conducted to target network expansion. The Health Net Human Resources Department and the Diversity and Inclusion team was responsible for the overall coordination to ensure a diverse leadership and workforce.

Health Net disparity projects included a Los Angeles County Neighborhood Initiative Project to improve pediatric HEDIS measures and reduce health disparities; Improving HbA1c Management in Latino members in Los Angeles; Colorectal Cancer Screening Project for Commercial and Medicare; Improving Glycemic Status Assessment for Patients with Diabetes



for Commercial; and Improving Well Child Visits through a Neighborhood Networks project targeting the African American population in Los Angeles County.

### **QI Committee Structure**

Two Health Net committees successfully supported Health Net's QI Program in 2025: the Health Net of California Quality Improvement/Health Equity Committee (HNCA QIHEC) for Commercial/Marketplace, and the Health Net Community Solutions Quality Improvement/Health Equity Committee (HNCS QIHEC) for Medi-Cal. Health Equity served as a key function of the HNCS QIHEC in an effort to prioritize efforts towards health disparities, social risks, social determinants of health (SDoH), and community needs.

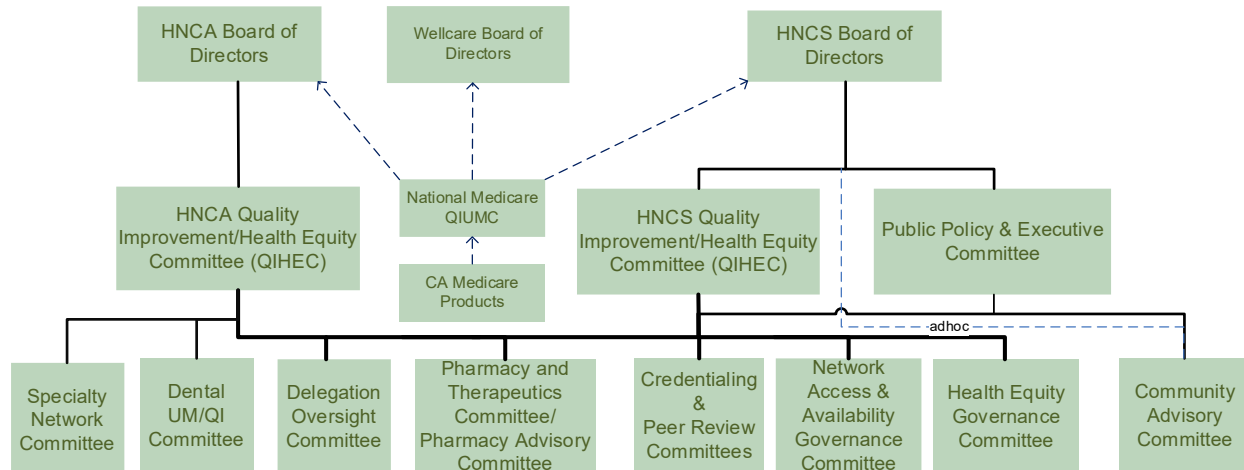
These committees oversaw the QI Program, provided feedback, decision support, and recommendations for the QI Program throughout the year, and received regular reports of program key findings and initiatives. Additionally, the Quality Governance Committee was chaired by the Sr. Director of Quality Improvement. The key objectives of the Governance Committee are to establish a company-wide vision and strategy for HEDIS and CAHPS improvement; inform stakeholders of performance; collaborate with operational leaders on needed improvements; communicate any compliance concerns and risks; and discuss best practices for interventions.

Health Net subcommittees also successfully supported Health Net's QI Program, as demonstrated in the organizational chart (Refer to Chart 1.2). Please refer to the 2025 Quality Improvement/Health Education/Wellness Program Description for more information on the subcommittees.

At the end of 2025, an opportunity was identified to form a Member Advisory Committee to specifically support HNCA's diverse and hard-to-reach member population. This new committee will provide a channel for HNCA members to engage in conversations around health disparities, social risks, social determinants of health (SDoH), and community needs. Direct engagement with members will assist in determining interventions and solutions to build more equitable care.

In 2026, the Dental Committee will change its name to the Quality Improvement and Oral Health Access Committee, which reports up to the HNCS Board of Directors. This name change is due to a new vendor contract with DentaQuest under DHCS's dental benefit in 2025. Additionally, the Health Equity Governance Committee name will change to the Internal Health Equity Governance Committee.

**Chart 1.1. 2025 Health Net Quality Improvement/Health Equity Committee Organizational Chart**



Note: The Dental UM/QI Committee only reports up to the HNCA Board of Directors (BOD).

### Practitioner Participation and Leadership Involvement in the QIHed and Wellness Program

The committee structures for HNCA QIHEC and HNCS QIHEC ensured that external and internal physicians with various specialties participated in the planning, design, implementation, and review of the QIHed Program. Five external physicians participated in the HNCA QIHEC and eight in the HNCS QIHEC. Additionally, five external physicians were participants of the Credentialing and Peer Review Committee. External physician specialties included pediatrics, behavioral health, internal and family medicine, podiatry, general surgery, obstetrician-gynecology, and emergency medicine. Additional participants included representatives from Centene Pharmacy Services, Behavioral Health, Credentialing, Health Equity, Peer Review, Provider Network Management, Appeal & Grievances, Customer Service Operations, and Population Health & Clinical Operations (PHCO) including Utilization Management, Case Management, and Medical Directors. A Health Net Medical Director chaired both committees and invited external practitioners to participate. Practitioner-involvement in 2025 included: reviewing and approving the 2024 QIHed and Wellness Year-End Work Plan and Annual Program Evaluation, 2025 QIHed and Wellness Program Description and Work Plan, and QIHed and Wellness Mid-Year Work Plan Evaluation. Practitioners also discussed opportunities for improvement based on Reporting Year (RY) 2025 HEDIS results, provider access, availability and satisfaction surveys, and CAHPS/ECHO performance.

Throughout 2025, Quality Improvement initiatives emphasized proactive and collaborative provider engagement to support care gap closure and performance improvement across priority measures. Efforts combined targeted outreach, recurring feedback mechanisms, and dissemination of actionable data to support timely clinical interventions. Providers were engaged through a combination of education, data sharing, and operational support. Ongoing collaboration with Provider Engagement enables consistent messaging, issue resolution, and

responsiveness to provider-identified barriers. This approach strengthened provider partnership, increased participation in QI initiatives, and supported sustained progress towards quality goals.

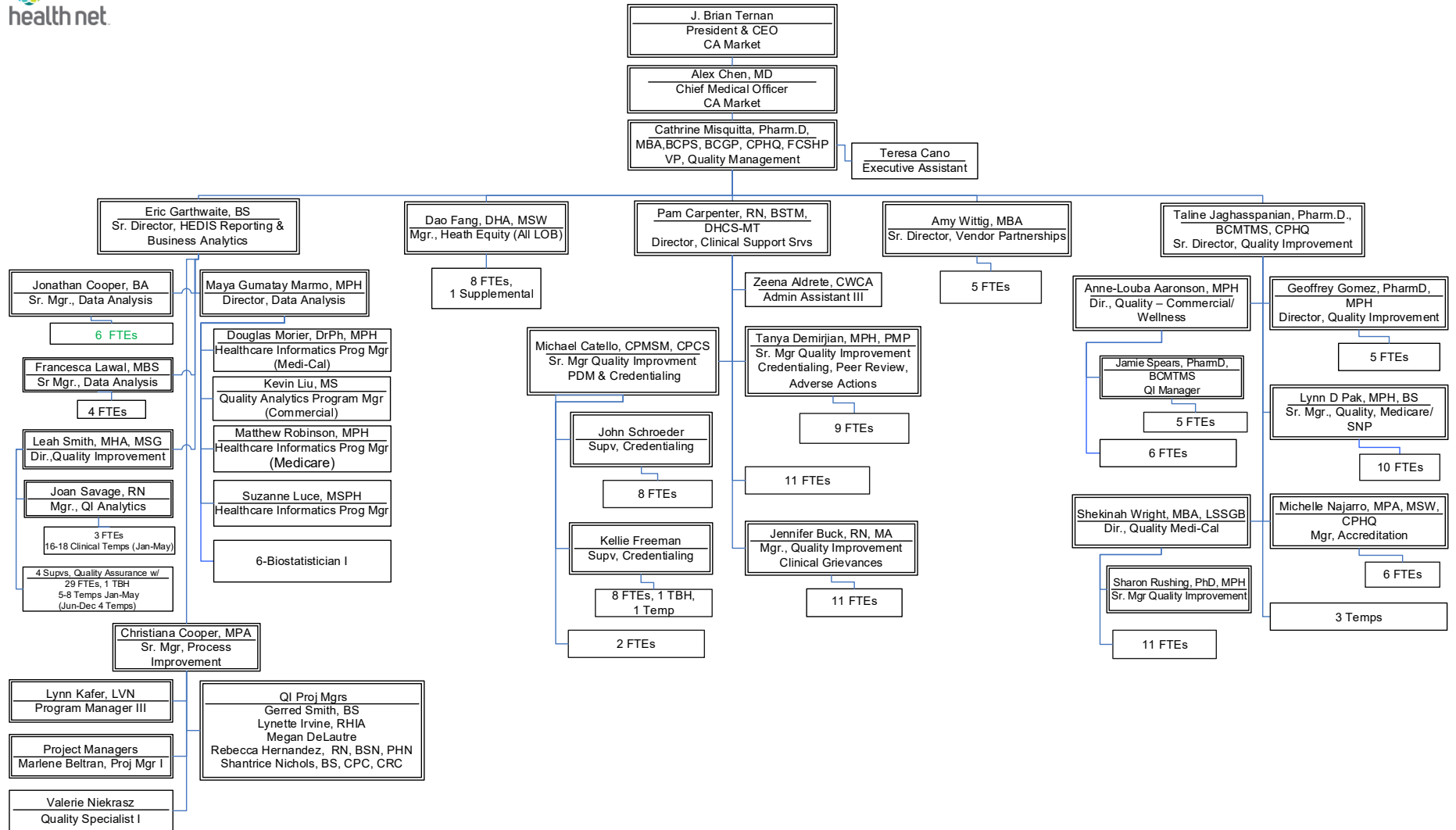
### **Adequacy of QIHED Program Resources**

In 2025, Health Net's Quality Management Department, led by a Vice President, remained a centralized, interdisciplinary team working to support members in a coordinated manner, resulting in focused efforts to improve HEDIS and CAHPS/ECHO performance across product lines. Participating Provider Groups (PPGs) could access HEDIS report cards and performance reports (Cozeva analytics provider platform), highlighting their performance on key measures compared to national benchmarks, as well as care gap reports including member and practitioner-level information for PPGs to determine actionable approaches to close care gaps. Five departments comprised Quality Management, each with a separate leadership structure: 1) Quality Improvement, for Commercial and Medicare, including Wellness; Quality Improvement for behavioral health, hospital quality and patient safety; Quality Improvement for Medi-Cal, including Health Education; 2) Credentialing/Clinical Quality of Care/Potential Quality Issues/Facility Site Review, 3) Program Accreditation, 4) Health Equity, and 5) HEDIS/CAHPS and Quality Analytics. The Quality Improvement Analytics team supported data needs across all Quality Management teams and departments. Based upon the results of the 2025 monitoring activities noted below and within the full Work Plan, Health Net has determined that program resources met the needs of its membership and providers across all lines of businesses. Overall, 94.95% of planned activities were completed (395/416) and within expected timeframes (Refer to Table 2.1). The plan demonstrated compliance or improvement in 68.75% percent of objectives met (Refer to Table 2.2).

Chart 1.2. Quality Management Department Staff



## Quality Management



## Quality Improvement Department

The Quality Improvement (QI) Department was led by four Directors, each overseeing a specific line of business or focus area:

- A Senior Director for **Medicare** QI who also oversaw the Commercial, Marketplace, Medi-Cal and Behavioral health teams
- A Director for **Behavioral Health**
- A Director for **Commercial/Marketplace** QI, and Health Education/Wellness
- A Director for **Medi-Cal** QI and Health Education/Wellness.

Each Director managed dedicated teams focused on advancing quality outcomes, regulatory compliance, and specific initiatives across lines of business.

The **Medicare** team consisted of a Senior Manager, three Program Manager IIIs, one Program Manager II, two Senior Quality Improvement Specialists, and two Quality Improvement Specialists. The team collaborated with cross-functional partners to develop a comprehensive and coordinated approach to meeting compliance for Centers for Medicare & Medicaid Services (CMS), NCQA, and Department of Health Care Services (DHCS) regulatory requirements and improving Star ratings quality performance for the Medicare Advantage Plans, inclusive of Special Needs Plans (SNPs).

The **Commercial/Marketplace** team consisted of a manager, two Senior Health Education Specialists; two Senior Quality Improvement Specialists, three Program Manager IIs; two Program Manager IIIs, one Pharmacy technician and one Health Educator. The team collaborated with cross-functional staff to develop robust initiatives to meet regulatory and purchaser requirements for Commercial and Marketplace products, CAHPS/member experience, and the Health Education/Wellness program. Initiatives were developed to meet the requirements of large purchasers, including adhering to the Covered California quality requirements and improving Quality Rating System (QRS) ratings; the Covered California Quality Transformation Initiative (QTI); implementing a QI Program (QIP) for a large employer-group; the CalPERS Quality Alignment Measure Set (QAMS); the DMHC Health Equity and Quality measure set; and performance guarantees for other purchasers. Two Program Manager III's oversaw the implementation of the CAHPS member experience survey. The team executed comprehensive improvement strategies, including Root Cause Analysis of member satisfaction, CAHPS Exposure and Training for internal and external stakeholders and Collaborative Improvement Initiatives in partnership with operations and provider-facing teams. These efforts were designed to enhance member experience, strengthen organizational readiness, and drive measurable improvements in CAHPS performance.

The **Medi-Cal** team consisted of a Senior Manager, two Program Manager IIIs, three Program Manager II's, one Project Manager II, two Senior Quality Improvement Specialists and two Quality Improvement Specialists. The team ensured compliance with all regulatory requirements from DHCS and led strategy development and implementation across all QI programs and measures advancing both targeted improvement strategies and longer-term geographic or topical approaches to improve

health education delivery and quality outcomes. The Health Education POD (program owners and drivers) implemented health education programs and compliance activities through specialized teams including external providers, clinics, and clinic staff participated to support effective implementation on activities.

The **Behavioral Health** team consisted of two Program Manager IIIs, two Senior Quality Improvement Specialists, one Quality Improvement Specialist II, and one Quality Specialist. Initiatives were developed to ensure behavioral health, hospital quality and patient safety requirements were met for all products.

Program Owners and Drivers (PODs), comprising of members from the above teams, led measure strategy development and implementation across all QI programs and measures, regardless of line of business. The PODs were led by Program Manager IIIs who drove long term strategy and quality outcomes improvement for the measures included in their POD.

### **Credentialing/Clinical Quality of Care/Potential Quality Issues/Facility Site Review Department**

Credentialing/Clinical Quality of Care/Potential Quality Issues/Facility Site review was led by a Director of Clinical Services and included two QI Senior Managers for Credentialing, Peer Review and Adverse Actions and a QI Manager of Clinical Grievance.

The Facility Site Review (FSR) team collaborated with other Medi-Cal Managed Care plans throughout the state to maintain and refine a standardized system-wide process for conducting reviews of primary care physician facility sites, along with Medical Record Review (MRR) and Physical Accessibility Review Surveys (PARS). This process minimized duplication and supported consolidation of FSR surveys. The process incorporated evaluation criteria and standards in compliance with DHCS contractual requirements and was applicable to all Medi-Cal Managed Care plans. The FSR department also conducted provider education, provider outreach, and other QI activities. The Director provided regular updates of FSR/MRR/PARS activity via reports to the Health Net Community Solutions (HNCS) QIHE Committee twice a year. These evaluation reports identified overarching areas of noncompliance by sections and selected elements, reported at the county level with year-over-year (YOY) comparison. This detailed analysis allowed for monitoring and identification of improvement opportunities. The FSR department collaborated with the Regional Medical Directors and Credentialing, Provider Network, Clinical Grievances, Health Education, Cultural & Linguistic Services, and Provider Relations departments to implement process improvements.

### **Program Accreditation Team**

The QI Sr. Director led the Program Accreditation team. The Program Accreditation team included a Manager of Accreditation, two Project Manager IIs, two Compliance Specialists, a Program Strategist, and a Quality Improvement Specialist I. This department managed the QI committees and sub-committees, led activities to ensure ongoing organization-wide compliance with requirements of accrediting bodies for the California Market, including HPA, HOA, CFCA, and external and internal audit readiness. The team also coordinated and oversaw Quality EDGE funding efforts. At

year end, the Program Accreditation/QI EDGE team had tracked/processed 390 Quality Edge requests for Health Net providers/groups.

### **Health Equity Team**

The Health Equity team was unique in its cross-functional support structure. The Health Equity team had representation throughout the State and was staffed by a Vice President of Quality Management, a Manager of Health Equity, one Program Manager III, five Senior Health Equity Specialists, two Health Equity Specialists, and one supplemental staff position. Staff covered all services related to the California Market. Health Net has a strong governance structure to oversee and provide support to cultural and linguistic/health equity services. The Health Equity team has a breadth of knowledge as it relates to the integration of cultural and linguistic services within the health plan and across operational areas of cultural competency, health literacy, language assistance services, addressing health disparities and compliance. The Health Equity team analyzed, designed, and implemented strategies to support the reduction of health disparities and facilitated the Health Equity workgroups, which were responsible for developing and implementing an action plan to reduce health disparities in targeted HEDIS measures.

Health Net adopted the Culturally and Linguistically Appropriate Services (CLAS) Standards. The CLAS standards represent 15 different standards that serve as the foundation for the development of the Health Equity Department strategic plans. To ensure that the plan was continually striving to be responsive to the membership, the Health Equity Team conducted data analysis and designed and implemented services to meet the needs of Health Net members. Internally, the Health Equity Team surveyed new employees to determine staff diversity and cultural and linguistic, and supported and trained bilingual associates. In 2025, there were 132 certified bilingual staff members who supported the Health Net service area. Externally, the Health Equity team conducted a biennial Geo Access report, which used member zip code data and correlated it with member language preference. The data were further overloaded with provider network language capabilities and a gap analysis was conducted to target network expansion. The Human Resources Department and Diversity and Inclusion team were responsible for the overall coordination to ensure a diverse leadership and workforce.

### **HEDIS Department**

A Senior Director of HEDIS Reporting and Business Analytics led the HEDIS department. There was one Director, three Senior Managers, one Manager, one Program Manager, three Medical Record Project Managers, four Supervisors, and four HEDIS Quality Improvement Project Managers, along with Medical Record Abstractors, Analysts and Customer Service Representatives that comprised the team. The HEDIS team was responsible for HEDIS measurement and reporting annual rates and outward-facing provider and member outreach to support supplemental data, EHR Improvements, education and care gap closure.

The HEDIS team also had a QI Director of Data Analysis. The Director oversaw the Analytics team within the department and was responsible for ensuring the production of detailed reporting and analytics for all lines of business. The QI Research and Analysis (QIRA) team reported to the Director and was responsible for providing data and analytical support for QI projects and was comprised of eight analysts (seven

Biostatistician I and one Biostatistician II)) on the QIRA team. Additionally, there were three Quality Analytics Program Managers (QAPMs), focused solely on Medicare, Commercial, and Medi-Cal lines of business (LOBs), respectively, and two additional QAPMs who handled all LOBs. All five QAPMs reported directly to the QI Director of Data Analysis.

***For a detailed description of each Quality Management department and function, refer to the 2025 HNCA Quality Improvement, Health Education, and Wellness Program Description.***

## Section 2: Goals and Quality Indicators by Line of Business

The Quality Improvement, Health Education and Wellness 2025 Work Plan included eight categories pertaining to each line of business. To determine Health Net's success in achieving specified goals, the plan calculated the number and percentage of activities completed and objectives met per category (**Tables 2.1 and 2.2**) and outlined RY 2025 performance by line of business against the goals in the Appendix.



**Table 2.1. Activities Completed by LOB.** Refer to 2025 QI Year End Work Plan Evaluation Section III: Quality Improvement Tracking System (QITS) year-end activities.

SECTION	ACTIVITIES COMPLETED			TOTAL
	Commercial	Marketplace	Medi-Cal	
<i>I. BEHAVIORAL HEALTH</i>	2/2 100%	2/3 66.67%	7/7 100%	<b>11/12</b> <b>91.67%</b>
<i>II. CHRONIC CONDITIONS</i>	10/11 91.91%	14/15 93.33%	30/30 100%	<b>54/56</b> <b>96.43%</b>
<i>III. HOSPITAL QUALITY</i>	18/18 100%	16/16 100%	15/15 100%	<b>49/49</b> <b>100%</b>
<i>IV. MEMBER ENGAGEMENT &amp; EXPERIENCE*</i>	N/A	N/A	2/2 100%	<b>2/2</b> <b>100%</b>
<i>V. PEDIATRIC/PERINATAL/DENTAL</i>	41/42 97.62%	40/40 100%	76/80 95%	<b>157/162</b> <b>96.91%</b>
<i>VI. PHARMACY &amp; RELATED MEASURES</i>	8/8 100%	10/10 100%	4/4 100%	<b>22/22</b> <b>100%</b>
<i>VII. PREVENTIVE HEALTH</i>	26/29 89.66%	27/32 84.38%	31/36 86.11%	<b>84/97</b> <b>86.60%</b>
<i>VIII. PROVIDER COMMUNICATION/ENGAGEMENT*</i>	7/7 100%	7/7 100%	7/7 100%	<b>21/21</b> <b>100%</b>
<b>TOTAL</b>	<b>112/117</b> <b>95.73%</b>	<b>116/123</b> <b>94.31%</b>	<b>172/181</b> <b>95.03%</b>	<b>400/421</b> <b>95.01%</b>

\* CAHPS Member Experience provider level activities are included under the Provider Communication/Engagement Section.

**Table 2.2 Objectives Met by LOB.** Refer to the 2025 QIHed and Wellness Year End Work Plan Evaluation.

SECTION	OBJECTIVES MET			TOTAL
	Commercial	Marketplace	Medi-Cal	
<i>I. BEHAVIORAL HEALTH</i>	7/16 43.75%	10/12 83.33%	12/12 100%	<b>29/40</b> <b>72.50%</b>
<i>II. CHRONIC CONDITIONS</i>	3/4 75%	3/4 75%	7/12 58.33%	<b>13/20</b> <b>65.00%</b>
<i>III. HOSPITAL QUALITY</i>	11/13 84.62%	11/13 84.62%	11/13 84.62%	<b>33/39</b> <b>84.62%</b>
<i>IV. MEMBER ENGAGEMENT &amp; EXPERIENCE*</i>	N/A	N/A	2/2 100%	<b>2/2</b> <b>100%</b>
<i>V. PEDIATRIC/PERINATAL/DENTAL</i>	12/20 60%	19/24 79.17%	44/66 66.67%	<b>75/110</b> <b>68.18%</b>
<i>VI. PHARMACY &amp; RELATED MEASURES</i>	5/12 41.67%	5/6 83.33%	3/6 50%	<b>13/24</b> <b>54.67%</b>
<i>VII. PREVENTIVE HEALTH</i>	8/10 100%	7/10 70%	14/24 58.33%	<b>29/44</b> <b>65.91%</b>
<i>VIII. PROVIDER COMMUNICATION/ ENGAGEMENT*</i>	6/13 46.15%	5/13 38.46%	5/10 50%	<b>16/36</b> <b>44.44%</b>
<b>TOTAL</b>	<b>52/88</b> <b>59.09%</b>	<b>60/82</b> <b>73.17%</b>	<b>98/145</b> <b>67.59%</b>	<b>210/315</b> <b>66.67%</b>

\* CAHPS Member Experience-provider level objectives are included under the Provider Communication/Engagement Section.

As shown in **Table 2.1**, 95.01% (400 of 421) of the total 2025 Quality Improvement activities, across all lines of business, were completed as planned, reflecting sustained high performance and consistency with the prior year. Completion rates remained strong across Commercial (95.73%), Marketplace (94.31%), and Medi-Cal (95.03%), with several focus areas including Hospital Quality, Pharmacy and Related Measures, and Provider Communication/ Engagement, achieving 100% completion across all applicable lines of business.

Following the strategic shift initiated in 2023 toward higher-impact initiatives emphasizing provider engagement and direct care gap closure, the Quality Improvement program has demonstrated continued maturity and operational stability. The rebound observed in 2024 was maintained in 2025, indicating that the refined approach is now well-established and effectively embedded across work plan activities. While select areas such as Preventive Health continue to present opportunities for improvement, overall performance reflects a deliberate prioritization of meaningful, outcome-driven activities and sustained execution across all quality domains.

As shown in **Table 2.2**, 66.67% (210 of 315) of Quality Improvement, Health Education, and Wellness objectives were met across all lines of business in 2025. Marketplace demonstrated the highest overall objective attainment rate at 73.17%, followed by Medi-Cal at 67.59% and Commercial at 59.09%. Strong performance was observed in Hospital Quality, with consistent achievement across all lines of business (84.62%), as well as Member Engagement and Experience, which achieved 100% of applicable objectives.

Objective attainment varied by focus area, reflecting differences in program maturity, measure complexity, and population-specific challenges. Areas such as Behavioral Health and Pharmacy and Related Measures showed higher performance in Marketplace and Medi-Cal, while Preventive Health and Pediatric/Perinatal/Dental objectives highlighted ongoing opportunities for improvement, particularly within Medi-Cal. Overall, results reflect a continued emphasis on higher-impact, outcome-driven initiatives within the QIHed and Wellness programs, while underscoring the need for targeted strategies to strengthen objective attainment in selected domains.

### Performance Goals for All Health Net Lines of Business

**Table 2.3** provides the performance goals across all Health Net lines of business. Quality goals varied by line of business and according to regulatory and accreditation standards, which can change annually. These goals were the overall percentiles that Health Net sought to achieve. In contrast, the objectives provided in **Table 2.2** were tied to how many of the goals were accomplished within the year, which could include meeting directional improvement (e.g., improved performance year-over-year, shown in **Chart 2.3**).

**Table 2.3. Performance Goals**

<i>LOB</i>	<i>Standard</i>	<i>Goal</i>
<i>Commercial</i>	Office of the Patient Advocate (OPA) from 1-5 Stars*	4-5 Stars
	HEDIS	50 <sup>th</sup> Percentile
	CAHPS	YOY improvement, targeting Quality Compass (QC) 25th percentile benchmark
	ECHO	N/A – Trend data and identify opportunities.
<i>Marketplace</i>	QRS from 1-5 Stars*	4-5 Stars {66 <sup>th</sup> percentile for Quality Transformation Initiative (QTI)}
	HEDIS	50 <sup>th</sup> Percentile
	CAHPS	YOY improvement, targeting rates to support 3 Star Summary Indicator (QRS)
	ECHO	N/A – Trend data and identify opportunities.
<i>Medi-Cal</i>	DHCS Managed Care Accountability Set (MCAS) Measures	50 <sup>th</sup> Percentile
	HEDIS (Plan level accreditation)	75 <sup>th</sup> Percentile
	CAHPS	YOY improvement, targeting QC 25th percentile benchmark
	ECHO	N/A – Trend data and identify opportunities.

\*Star ratings available at the composite and not individual measure level.

The health plan Commercial and Marketplace performance rates were tied to achieving results in the 50th percentile across measures. For Medi-Cal performance, rates must exceed the 50th percentile for MCAS measures as set by DHCS, or the 75th percentile for all other measures. Section 7 Appendix tables details measure-level progress toward goals.

CAHPS goals were aligned with their impact on Quality Rating Programs. For Commercial/Marketplace and Medi-Cal, the focus was year-over-year improvement, with the long-term target of reaching the QC 25<sup>th</sup> percentile benchmark.

For ECHO surveys, the plan reviews ECHO results for significant drops in results from the prior year and determine opportunities for improvement. Results for 2025 survey are not available until 2026.

**Table 2.4. Performance Goals for Hospital Quality/Patient Safety**

<i>Standard</i>	<i>Plan Goals</i>
<i>Hospital Quality/Patient Safety</i>	YOY directional improvement

Hospital Quality/Patient Safety goals target year-over-year directional improvement for the percentage of hospitals meeting the benchmark on priority metrics or sustaining appropriate performance.

**Table 2.5. Performance Goals for Provider Surveys**

<i>Survey Type</i>	<i>Plan Goals</i>
<i>Provider Appointment Availability Survey (PAAS)</i>	70% Percentage rate or YOY directional improvement
<i>PAAS Behavioral Health</i>	70% Percentage rate or YOY directional improvement
<i>Provider Satisfaction Survey (PSS)</i>	YOY improvement
<i>PSS (Behavioral Health)</i>	YOY improvement
<i>Provider After-Hours Availability Survey (PAHAS)</i>	90% Percentage rate or YOY directional improvement
<i>Telephone Access Survey</i>	90% Percentage rate or YOY directional improvement

The performance goals for provider surveys were based on internal goals as shown in **Table 2.5**.

Refer to the Appendix, **Tables A-2 and A-3**, for the summary of goal attainment by category for RY 2025.

As the tables demonstrate, there is progress needed to reach the goals set for each line of business as seen in the objectives outcomes (**Table 2.2**).

### **Goals Met by Health Net Lines of Business**

#### Commercial/Marketplace

According to the 2025 NCQA Health Plan Ratings, Health Net Commercial HMO/POS had an overall 3.5 Star rating, with 4 Stars on Prevention and Equity, 3 Stars on Treatment, and 2 Stars on Patient Experience. Commercial PPO had an overall 3 Star rating (down from 3.5 Stars in 2024), with 3 Stars on Prevention and Equity, 2.5 Stars on Treatment (down from 3 Stars), and

1.5 Stars on Patient Experience. Kaiser (Northern and Southern California) – both integrated plans – were the only Commercial plans to score 5 Stars.

For the HMO 2025-2026 Office of the Patient Advocate (OPA) Report Card, Health Net's score remained at 3 out of 5 Stars on the *Quality of Medical Care* summary composite. Kaiser in Northern and Southern California were the only plans rated Excellent (5 Stars), while Sharp Health Plan and Sutter Health Plan were rated Very Good (4 Stars). Health Net was one of seven (out of 12) HMO plans rated Good (3 Stars). On the *Patients Rate Their Experience* composite, Health Net HMO is one of six plans rated Fair (2 Stars), showing no change for Health Net. Again, this year none of the 12 HMO health plans scored Excellent, and Sharp Health Plan was the only plan to score Very Good (4 Stars).

Health Net HMO attained 4 Stars in Heart Care (up from 3 Stars), Preventive Screening and Prenatal Care domains, and attained 5 stars (1 of 6 plans) for Diabetes Care.

Targeted clinical areas, defined as those falling below 4 Stars, are Appropriate Use of Tests, Treatments and Procedures (3 Stars); Asthma and Lung Disease Care (2 Stars, down from 3 Stars); Behavioral and Mental Health Care (2 Stars, down from 3 Stars); and Child Care (3 Stars). For the member experience domains, all three areas remained below the 4 Star goal: Getting Care Easily (2 Stars, up from 1 Star); Satisfaction with Plan Services (3 Stars, up from 2 Stars); and Satisfaction with Plan Doctors (3 Stars).

Health Net PPO was not included in the 2025-2026 OPA report card due to not meeting the established criteria for enrollment size.

The Covered California QRS is the Star rating system for Exchange products and included both HEDIS and CAHPS measures based on Measurement Year (MY) 2024 results. The quality ratings were on a scale of 1 to 5. These composite score ratings served as a resource for Californians as they shop for health coverage on the Marketplace.

Health Net Ambetter HMO's *Overall* summary rating for 2026 (based on MY 2024 data) remained at 3 Stars (out of 5 Stars) and was one of eight HMO plans with a 3 Star rating. Kaiser Permanente was the only plan to score 5 Stars on the summary rating. Health Net Ambetter HMO remained at 3 Stars for *Getting the Right Care* and *Plan Services for Members*. Due to the small CAHPS sample size, Health Net did not have enough data to receive a Star rating for *Members' Care Experience*.

Health Net Ambetter PPO's *Overall* summary rating remained at 3 Stars. *Getting the Right Care* and *Plan Services for Members* also remained at 3 Stars. The *Members' Care Experience* was not reported due to the small CAHPS sample size.

### Medi-Cal

For RY 2025, HNCS achieved 29% of MCAS measures above the Minimum Performance Level (MPL).

For MY 2025, HNCS achieved performance above the Minimum Performance Level (MPL) on 29% of MCAS measures. To improve outcomes and close identified care gaps, HNCS implemented targeted interventions aligned to the strategic focus areas outlined in Chart 1.2,

including data-driven analysis, member-focused supportive and direct care services, and provider engagement and compliance activities. These efforts were supported by Quality EDGE (Evaluating Data to Generate Excellence) funding and included member incentives, One Stop Clinics, and mobile mammography events designed to drive measurable improvement.

In collaboration with the Medical Affairs and Provider Engagement teams, HNCS continued to operationalize Quality EDGE as a standardized, data-driven change management approach, as illustrated in Chart 2.2. Quality EDGE integrated focused measure sets, quality improvement tools, and provider readiness assessments to accelerate HEDIS performance. For 2025, the program established goals to achieve at least the 50th percentile across all reporting units, provide targeted action plan support to priority providers, and continuously evaluate and refine processes to ensure sustained improvement, staff engagement, and effectiveness.

### Hospital Quality/Patient Safety

Health Net’s hospital quality improvement programs helped to raise performance across our network hospitals for hospital-acquired infections (HAIs). For measurement period Q4 2023 to Q3 2024, 4 HAIs improved from the prior year among the percentage of network hospitals with a Standardized Infection Ratio (SIR) of 1.0 or lower (observed/ predicted infections). The average improvement across these metrics was greater than 10% compared to the previous year’s performance. The 5<sup>th</sup> target HAI continued to meet our target of at least 90% of network hospitals with a SIR of 1.0 or below. Performance also improved in network hospitals with respect to outliers. Among the target infections that improved the percentage meeting a SIR of 1.0 or lower, reductions were achieved in the percentage of hospitals with SIRs over 2.0. Health Net’s hospital quality initiatives included collaborative relationships with key stakeholders including The Leapfrog Group, the Health Services Advisory Group, and the Hospital Quality Institute. Health Net is also the lead health plan for the California Hospital and Multi-Plan Partnership (CHAMP), a collaborative of 5 total health plans and the California Quality Collaborative established to engage lower performing hospitals and drive improvements on priority metrics.

Collaborative participation included:

- California Quality Collaborative (CQC), with Cathi Misquitta on the Steering Committee;
- The Leapfrog Group, QI’s Program Manager III, appointed to a Co-Chair position on the Partners Advisory Committee beginning in December 2018, was extended to an eighth year for 2026; and
- Integrated Healthcare Association (IHA) Align. Measure. Perform. (AMP) Program.

### CAHPS

The following CAHPS measures met their goal of achieving the 2025 Quality Compass Benchmark 25<sup>th</sup> percentile.

Commercial HMO:	Marketplace HMO:	Marketplace PPO:	Medi-Cal:
Rating Measures <ul style="list-style-type: none"> <li>• Rating of Specialist</li> </ul>	Rating Measures <ul style="list-style-type: none"> <li>• Rating of Health Care Quality</li> </ul>	Composite Measures <ul style="list-style-type: none"> <li>• Access to Information</li> </ul>	Rating Measures

<p>Composite Measures</p> <ul style="list-style-type: none"> <li>• How Well Doctors Communicate</li> <li>• Customer Service</li> </ul>	<ul style="list-style-type: none"> <li>• Rating of Personal Doctor</li> <li>• Rating of Specialist</li> <li>• Rating of Health Plan</li> </ul> <p>Composite Measures</p> <ul style="list-style-type: none"> <li>• Access to Care</li> <li>• Access to Information</li> <li>• Plan Administration</li> </ul>		<ul style="list-style-type: none"> <li>• Rating of Health Care Quality</li> <li>• Rating of Personal Doctor</li> <li>• Rating of Health Plan</li> </ul> <p>Composite Measures</p> <ul style="list-style-type: none"> <li>• How Well Doctors Communicate</li> </ul>
--	---	--	--

Note: Commercial PPO performance did not meet the 25<sup>th</sup> percentile benchmark across the reported measures.

### ECHO Survey

The Experience of Care and Health Outcomes (ECHO) survey is used to assess the member's experience with behavioral health services, treatment, and outcomes. An analysis of the responses is completed by identifying member pain points. The results provide feedback on areas of improvement. The information below highlights the results of the 2024 survey.

#### **Commercial:**

Strengths:

- Clinician communication with members.

Challenges:

- Difficulties with getting treatment resources and treatment.
- Members feeling informed about their treatment options.

Opportunities:

- Exploring counseling and treatment resources available.
- Members feeling informed about their treatment options.
- Education for members about available resources and treatments.

#### **Marketplace:**

Strength:

- For HMO, members' perceived improvement showed an increase.

Challenges:

- Access to treatment.
- Members feeling informed about their treatment options.
- Clinician communication with members

Opportunities:

- Improve customer service responsiveness.
- Provider communication training.
- Member education about treatment options.

## **Medi-Cal**

### Strengths:

- Access to Treatment.
- Information from the health plan.

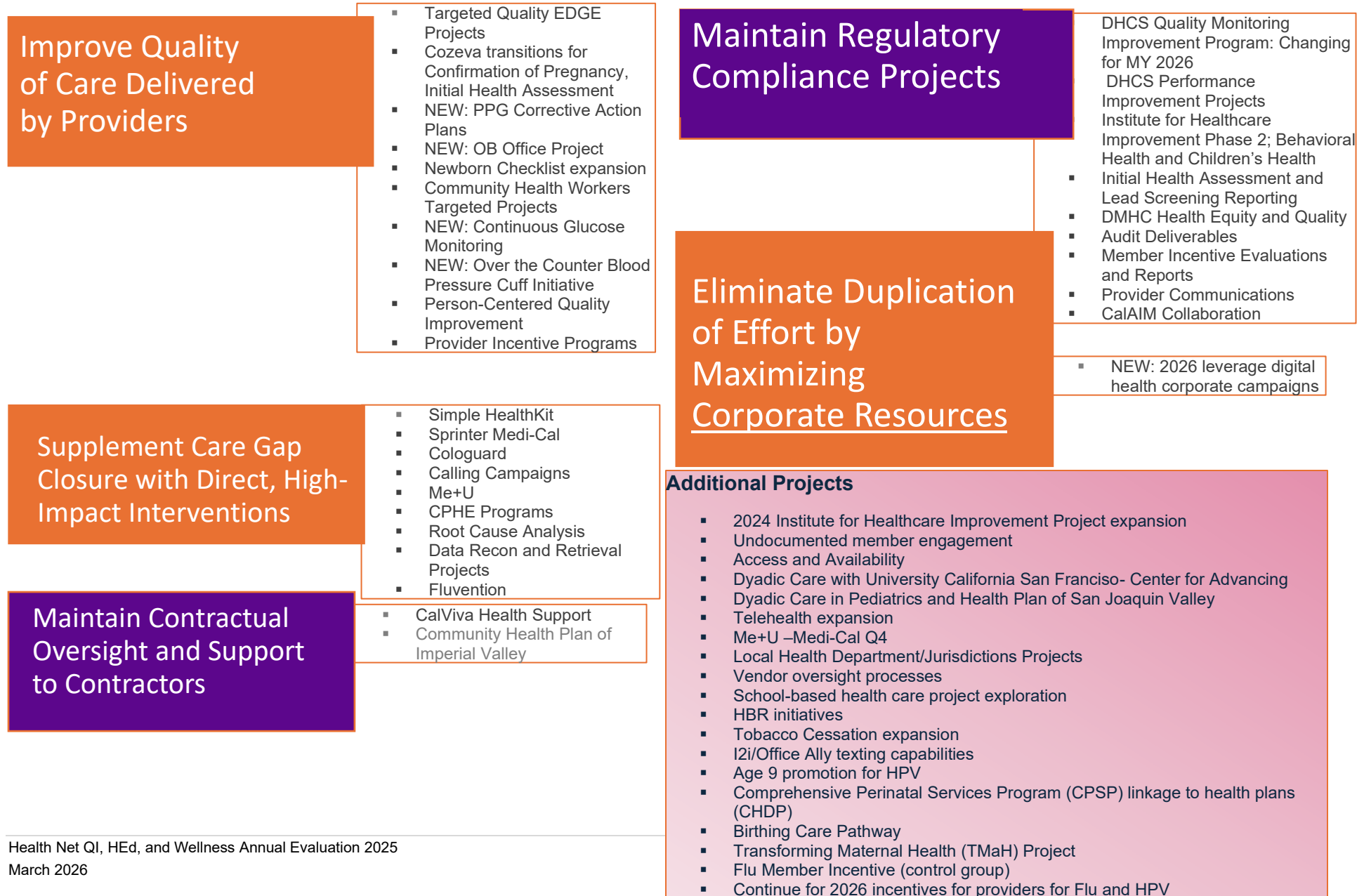
### Challenges:

- Clinician communication with members.
- Members' perceived improvement decreased in 2024.

### Opportunities:

- Explore treatment effectiveness and follow-up support.
- Educate providers about the benefit of spending enough time with patients to explain treatment options.

**Chart 2.1 2025 Quality Improvement Simplified Quality Strategy**



The Quality Improvement (QI) Team partnered with the Provider Engagement Team to advance implementation of Quality EDGE (Evaluating Data to Generate Excellence), a standardized, five-step change management approach designed to accelerate improvement in HEDIS outcomes. Quality EDGE integrates quality improvement methodologies, focused measure sets, data-driven analysis, and provider engagement strategies to drive rapid and sustainable performance improvement.

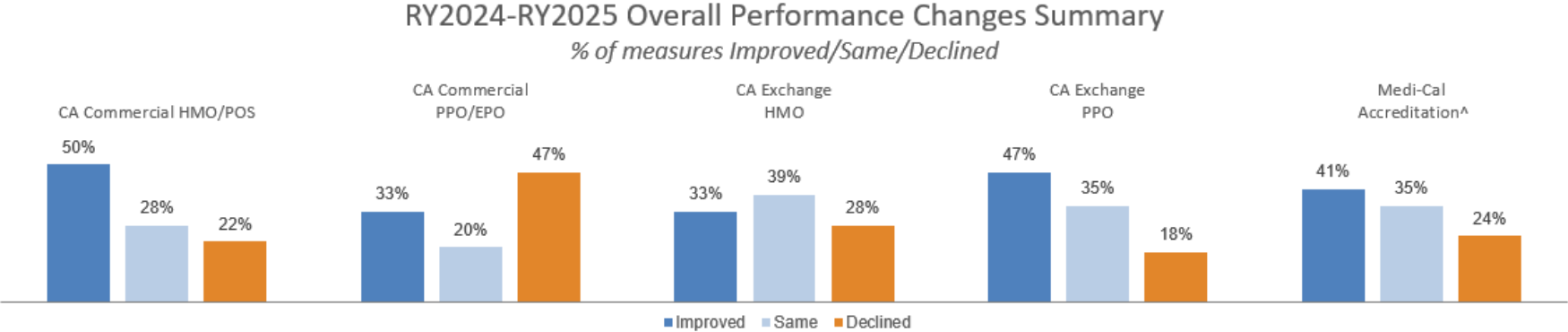
**Mission:** To outperform market competitors on quality metrics by delivering consultative services, innovative programs, and actionable reporting while advancing health equity.

**Vision:** To be the partner of choice—collaborating internally and with providers to deliver the highest quality of care to the most vulnerable populations.

For 2025, the Quality EDGE program prioritized the following strategic goals: deploying targeted action plans for priority providers; continuously measuring, evaluating, and improving processes to ensure program effectiveness and full staff engagement; and strengthening provider feedback mechanisms through enhanced Voice of the Provider initiatives.

**Chart 2.2. Year-over-Year Performance Change Summary – Overall Changes**

Chart 2.2 presents Health Net’s year-over-year performance changes from RY 2024 to RY 2025, using percentile movement to assess overall improvement across measures by product line. The analysis highlights the percentage of total measures that improved, remained unchanged, or declined relative to the prior reporting year. Performance changes were evaluated against established percentile benchmarks ranging from the 5th to the 90th percentiles, allowing for a standardized comparison of relative movement across product lines. This approach provides insight into directional performance trends and supports identification of areas demonstrating improvement, stability, or decline over time.



^Medi-Cal Accreditation includes the following counties: Kern, Los Angeles, Sacramento, San Diego, San Joaquin, Stanislaus and Tulare

Notes: Exchange HMO and PPO rates were compared against the National Quality Compass Commercial HMO and PPO benchmarks if there were no National Quality Compass Exchange benchmarks.

## **Barriers to achieving goals and objectives (across all LOBs).**

### Quality of Care Measures

- California member roster file and attribution issues impacted provider group's utilization of RxEffect and engagement with members on medication adherence in October 2024.
- Low Cozeva adoption among provider offices with small panel sizes. May be considered too time intensive to request supplemental data files from offices with low panel sizes.
- Contractual delays with vendors leading to delay in program implementation, or implementation late in the year thereby reducing impact potential. This was compounded by lengthy internal review processes.
- Staffing and resource shortages at PCP offices or specialty clinics (Radiology facilities).
- Member knowledge gap/awareness/education on existing or updated guidelines on services.
- Provider education & awareness:
  - Lack of recommendation on updated guidelines by providers.
  - Lack of provider awareness on coding pertinent to measure or overall updated recommendations.
- Lack of expanded hours programs in collaboration with provider clinics on multiple measures.
- Lack of member awareness of periodicity schedule for pediatric measures: well-child visits, immunizations and screenings.

### Behavioral Health

- Members:
  - Unreliable and highly variable contact information.
  - Stigma of mental illness and diagnosis.
- Providers:
  - Not all providers leverage Cozeva platform daily to prioritize behavioral health outreach and gap closures.
  - Timeliness of referrals and follow-ups.
- Data:
  - Care gap closures of time-sensitive HEDIS measures negatively impacted by persistent barriers in sharing information related to substance use admissions/hospitalizations.
  - Members in ADT reports not ending up in the eligible population because of missing mental health and/or substance use diagnosis.
- Access to Care:
  - Shortage of behavioral health providers and medication providers that provide medication assisted treatment.

## Chronic Conditions

- Root Cause Analysis (RCA) data delayed timely launch of e-projects. The e-projects use Power Automate to send RCA reports with actionable insights to provider groups.
- Failure to review and reconcile RCA data prevents providers from closing key care gaps.
- Vendor contracting was delayed due to shifting contract priorities and DHCS requirements, impacting outreach availability for Medi-Cal members.
- Blood pressure monitor benefit varies by LOBs, and currently is not available for Commercial LOB, limiting adoption of self-measured blood pressure monitoring (SMBP).
- Lack of home monitoring limits detection of masked or white-coat hypertension, resulting in missed diagnoses.

## Coordination of Care/Member Engagement

- Delayed receipt of Care for Older Adults-Medication Review (COA-MR) Unable to Reach list from Corporate Clinical Pharmacy Services (CPS) team postponed launch of direct care gap closure in market.
- Limited support from CalAim, Population Health, Health Equity team (CPHE) clinical pharmacist to conduct Medication Reconciliation Post-Discharge (MRP) outreach in market.
- No actionable Admission, Discharge, and Transfer (ADT) report available yet for providers to work.
- The transition of the Medicare member rewards program to a point-based system, coupled with a delayed launch led to low member engagement.
- Low Cozeva adoption among provider offices with small panel sizes. May be considered too time intensive to request supplemental data files from offices with low panel sizes.
- Lack of visibility into impact of Shared Services initiatives that directly contribute to care.

## Hospital/Patient Safety

- The all-payer status of the measures places limitations on the ability of a single plan to influence performance. Other stakeholders are needed to collectively compel hospitals to address priority metrics, especially for low performers, and to provide QI guidance to hospitals on how to improve.
- Hospital staff discontinuity and turnover disrupt implementation of best practices and quality improvement initiatives. Includes turnover of Quality leadership, especially at poor performing hospitals.
- As seasoned nurses exit the field, training and support for new-graduate hires is needed to facilitate continuous, reliable implementation of QI protocols.
- Members may not be aware of the variation in quality among local, covered hospitals, or of the online tools available to help them make an informed choice for site of care.
- Especially among poor performers, hospital leadership may not prioritize quality performance and fail to invest in evidence-based systems.

- Slippage in maintaining appropriate standards of care for hospital-level maternity services have remained a concern since the pandemic and represent a barrier to improving C-section rates.

## Pediatric

- *Childhood Immunization Status – Combination 10*
  - Lack of parent understanding of the importance of immunizations.
  - The complicated and time-bound immunization schedule – immunizations completed out of timeframe.
  - Parent refusals for vaccines during office visits.
  - Increasing amount of non-evidence-based information, confusing parents and increasing distrust of vaccines.
  - Lack of strong recommendations from providers for immunizations.
  - Lack of provider time to educate parents with evidence based data during office visits.
  - Missing one or both flu vaccines. Parent’s viewing the flu vaccine as optional.
  - Missing Hep B vaccines from hospitals.
  - Members not completing the vaccine series after turning one year.
- *Developmental Screening in the First Three Years of Life (DEV)*
  - Providers do not have an approved DEV screening tool built into their electronic health records (EHRs).
- *Immunizations for Adolescents – Combination 2 (IMA-2)*
  - Missing HPV vaccines.
  - Parent vaccine hesitancy for the HPV vaccine.
  - Providers not starting HPV vaccine series at age 9.
- *Lead Screening in Children*
  - Lack of point of care capillary testing in provider offices.
  - Member access to appointments with providers for well-child visits.
- *Oral Evaluation, Dental Services*
  - Access to pediatric dentists.
- *Topical Fluoride for Children*
  - Primary care providers do not apply fluoride varnish in medical offices.
- *Well-Child Visits in the First 30 Months of Life - 0 to 15 Months (W30-15)*
  - Members did not understand the importance of infant well-care checkups, the periodicity schedule and what to expect in infant well-care checkups.
  - Lack of connection of pregnant members to pediatricians to get the parent established with the pediatrician so the parent knows when to bring in the newborn after discharge from the hospital.
  - Data gap of W30-6+ visits. Completed W30-6+ visits are not getting to the health plan primarily due to the lack of a link between the birthing parent and the newborn.
  - Lack of access to infant well-care visits. It could take weeks or months to get well-care appointments, putting the infant behind on visits according to periodicity schedule. Lack of dedicated provider time to well-care visits.
- *Well-Child Visits in the First 30 Months of Life - 15 to 30 Months (W30-30)*

- Members did not complete infant well-care after babies turn one year.
- Parents were not able to bring children to well-care appointments during regular business hours.
- Lack of access to well-care visits. It could take weeks or months to get well-care appointments. Lack of dedicated provider time to well-care visits.
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents*
  - Access to well-care visit appointments.
  - Providers coding correctly using correct CPT II codes.
- *Child and Adolescent Well-Care Visits (WCV):*
  - Lack of provider outreach to members to complete WCV.
  - Lack of member engagement with child and adolescent well-care.
  - Parents were unable to bring children to well-care appointments during regular business hours.
  - Lack of access to well-care visits. It could take weeks or months to get well-care appointments. Lack of dedicated provider time to well-care visits.

#### Preventative Care

- Cultural stigma and sensitivity related to preventive services (e.g., cancer screenings), including fatalistic beliefs, discomfort with intimate procedures, and stigma within certain populations.
- Low member awareness and education, including limited understanding of preventive care importance, screening options, updated guidelines, eligibility by risk category, and what to expect during screening.
- Language barriers and low health literacy, including inadequate interpreter access, unclear provider communication, and lack of culturally and linguistically appropriate educational materials.
- Inconsistent or inadequate provider recommendations, including limited awareness of updated guidelines, screening options (e.g., self-testing), and appropriate coding and documentation.
- Lack of culturally and gender congruent staff and limited trauma informed care practices, which can deter members, particularly survivors of trauma, from completing screenings.
- Access and capacity constraints, including limited appointment availability, staffing shortages at PCP offices, specialty clinics, and radiology facilities, and restricted clinic hours.
- Limited screening infrastructure, such as insufficient mobile mammography capacity, limited radiology sites with language support, and regulatory or contracting delays affecting vendor implementation.
- Operational variability, including inconsistent provider follow-up practices and high traffic facilities limiting timely scheduling.
- Member engagement challenges, including inadequate or unreliable contact information, low engagement with outreach efforts, limited awareness of CHW benefits, missed appointments, and late arrivals requiring schedule adjustments.

- Physical discomfort and fear of procedures, particularly related to mammography pain and anxiety when members are not adequately counseled on what to expect.
- Vendor and program limitations, including lack of reliable in-home screening vendors for chlamydia screening and delays due to competing priorities or regulatory requirements.

#### Member Experience/CAHPS

- Access to care challenges affecting member experience/CAHPS:
  - High staff turnover rates make it hard for clinics to address patient experience.
  - Limited appointment availability.
  - Shortage of all behavioral health provider types.
  - Persistent stigma around behavioral health treatment.
  - Ongoing impacts of social drivers of health.
- Operational issues that impacted member experience/CAHPS:
  - Prior authorization delays for care.
  - PCP and specialist referral delays.
  - Delays in provider claims processing.
  - Member difficulty in navigating and understanding benefits

#### Pharmacy Measures: AMR

- *Asthma Medication Ration (AMR)*:
  - Poor medication adherence.
  - Lack of provider awareness around asthma remediation services and process to obtain Cal Aim services for Medi-Cal members.
  - Low awareness of effectiveness of inhaled corticosteroid (ICS) combo medications for rescue and maintenance.

#### Provider Access and Availability Surveys

- Specialists and Psychiatrists may not have sufficient tools and guidance to address timely access and improve member satisfaction.
- Specialists and Psychiatrists may not be maintaining sufficient office hours and not complying with timely access standards.
- Geographical constraints in more rural areas contribute to difficulty contracting with providers.
- Specialists and Psychiatrists are unable to offer timely access to appointments due to high demand for appointments, especially specialty care that creates a supply demand issue.
- Provider Appointment Availability Survey administration process has revealed certain challenges with obtaining accurate responses from provider offices especially for capturing urgent appointment availability.
- DMHC survey methodology related nuances contribute to the inaccurate capture of true availability of appointments to members for several reasons:
  - Survey response captured is for a specific practitioner. Many provider offices offer an appointment with another provider in the office if the specific provider is unable to accommodate the appointment request.

- For urgent care, several provider groups offer availability at urgent care centers, and this availability is not captured in the DMHC Provider Appointment Availability Survey.
- Nationwide shortages of Psychiatrists are recognized and documented by multiple organizations and agencies, including the Commonwealth Fund, the Association of American Medical Colleges, and the U.S. Government Accountability Office.

## Section 3: Overall Effectiveness of QIHed and Wellness Work Plan Initiatives

### 3.1. Behavioral Health

RY 2025 (MY 2024) performance goals for the behavioral health (BH) outcomes were to improve continuity of care in behavioral health for all members by aligning activities with DHCS and DMHC goals in the following measures: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP); Follow up after Hospitalization/ED Visit (FUH/FUA/FUM/FUI); and Initiation and Engagement of Substance Use Disorder Treatment (IET) across products lines in the CA Market.

- Commercial: Achieve directional improvement toward the National Quality Compass 50<sup>th</sup> percentile for the FUA, FUM, FUH, and IET measures.
- Marketplace/Exchange: Increase BH rates included in the QRS Star Rating and meet the Quality Transformation Initiative (QTI) benchmark for the DSF, IET, and FUH measures. Program objectives included achieving improvement within the Marketplace HMO and PPO product lines as well as directional improvement in the QRS for the Coordination of Care (COC) report.
- Medi-Cal: Achieve directional improvement or meet or exceed the Minimum Performance Level (MPL) for the Managed Care Accountability Set (MCAS) measures FUA and FUM. Program objectives included directional improvement in the number of reporting units that meet the 50<sup>th</sup> percentile within the Medi-Cal product line for FUA and FUM.

#### *Improve Behavioral Health (Mental Health and Substance Use) Outcomes*

##### QMIP BH Los Angeles County: Behavioral Health – FUA (Follow-Up after ED Visit)

Goal: To increase the FUA rate from 21.11% to 26.11%; MPL 30%. The rates were steadily climbing with November 2025 at 15% and December 2025 at 20%.

Health Net has implemented the following interventions:

- Expansion of the Plan provider outreach to L.A. County for Medi-Cal members who had a substance use related ED visit. Provider Engagement team will continue to distribute the updated FUA and Substance Use Disorder (SUD) tip sheet monthly to providers.
- Implemented an enhancement to the provider data analytics platform, Cozeva, used by providers to access the admissions, discharge, and transfers (ADT) feed to identify adult SUD ED visits.
- Monitor frequency when provider or Quality team logs into Cozeva to view their Hospital Activity Dashboard for any added information, including Adult Specialty Mental Health (SMH) ED visits.
- Identify resources needed to outreach to 100% of Medi-Cal members with BH ED visit in ADT reports.
- Education on 42 CFR which allows us to share ED admissions for substance use disorder.

- Utilization of the Follow-up Outreach (FOT) Team for members who had an ED visit.

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

For RY 2025 on First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP):

- 50<sup>th</sup> percentile goal **not met** for Commercial HMO/POS and PPO, and Medi-Cal

**Reference Appendix, Table A-7.**

**Table 3.1a. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)- All LOBs (MY 2022-MY 2024/Ry 2023-Ry 2025)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
<i>CA Commercial HMO/POS</i>	47.67%	56.16%	50.003%
<i>CA Commercial PPO</i>	43.75%N/A	16.67%	33.33%%
<i>Medi-Cal Accreditation</i>	22.92%	11.94%	54.19%

For all lines of business, APP did not achieve the Quality Compass National 50<sup>th</sup> performance goal.

**Commercial PPO**

The trend analysis for this measure showed a significant decline from 2022 until 2023 but improved in 2024. Despite not meeting the goal for 2024, the positive change demonstrates that the plan is headed in the right direction to meet the goal.

**Commercial HMO/POS**

The trend analysis for this measure shows an increase from 2022 until 2023 but dropping slightly in 2024. There are opportunities to continue and educate providers about coordinating care with providers that provide psychosocial services before starting a patient on antipsychotics.

**Medi-Cal**

The trend analysis for Medi-Cal shows a steady increase in rate from 2022 until 2024. The benchmark was close to being met. Continuing on this trajectory will lead to the goal being met in the future.

For RY 2025 on Follow-Up After Hospitalization for Mental Illness (FUH) for Discharges for Members 6 Years of Age and Older:

- 50th percentile goal **met** for FUH-7 and FUH-30 for Commercial HMO/POS.
- 50th percentile goal **not met** for FUH-7 and FUH-30 for Commercial PPO, and Marketplace HMO and PPO.

**Reference Appendix, Table A-7.**

Follow-Up After Hospitalization for Mental Illness (FUH) for Discharges for Members 6 Years of Age and Older

**Table 3.1b. FUH30 - Follow Up Within 30 Days After Inpatient Psychiatric Episode (Admin)-Total-All LOBs (MY 2022-MY 2024/RY 2023-RY 2025)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
<i>CA Commercial HMO/POS</i>	69.22%	76.09%	68.08%
<i>CA Commercial PPO*</i>	64.42%	63.24%	51.79%
<i>CA Exchange HMO**</i>	69.80%	70.00%	56.79%
<i>CA Exchange PPO</i>	61.47%	70.10%	56.72%
<i>Medi-Cal Accreditation</i>	37.33%	19.33%	NB

\*MY 2021 and 2022 rates listed applies to CA Commercial EPO/PPO. MY 2023 rate applies to CA Commercial PPO only. \*\*MY 2021 and 2022 rates listed applies to CA Exchange HMO/HSP. MY 2023 rate applies to CA Exchange HMO only.

The National 50<sup>th</sup> percentile goal was not met for either FUH-7 or FUH-30 for Commercial HMO/PPO, and Marketplace HMO/PPO. The trend analysis of the lines of business which did not meet the goal show a decline since 2022.

HN Clinical Operations Case Managers (CMs) utilized daily discharge reports to continue phone outreach for all members discharged from an inpatient psychiatric stay in the Commercial and Marketplace lines of business.

- For MY 2025 for the Commercial line of business, HN achieved a 33% reach rate and engaged with 126 members out of an eligible population of 380 members.
- For Marketplace, HN achieved a 29% reach rate and engaged with 97 members out of an eligible population of 333 members.

Those who connected with a HN Clinical Operations CM reflect eligible members in the UC contract, who accepted referrals and accepted at least one intervention (such as education, follow-up calls, MHN 24/7 phone number, Teladoc etc.). These live calls are approved as a supplemental data source to identify compliant members who support evidence of FUH care gap closure. Continued collaborative efforts from point of discharge to follow-up will aid in positive change in member engagement. This will lead to improvement in the measure and better outcomes for the members overall well-being.

Follow-Up After Emergency Department Visit for Mental Illness (FUM) for ED Visits for Members 6 Years of Age and Older

For RY 2025 on Follow-Up After Emergency Department Visit for Mental Illness (FUM):

- 50<sup>th</sup> percentile goal **not met** for Commercial HMO/POS and PPO, and Medi-Cal.

**Reference Appendix, Table A-7.**

**Table 3.1c. FUM30 Follow-Up after Emergency Department Visit for Mental Illness (FUM). Total-Commercial and Medi-Cal (MY 2022-MY 2024/RY 2023-RY 2025)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
CA Commercial HMO/POS	57.72%	58.27%	53.28%
CA Commercial PPO	51.92%	47.22%	45.16%
Medi-Cal Accreditation	42.90%	24.84%	45.34%

Follow-Up After Emergency Department Visit for Substance Use Disorder (FUA) for ED Visits for Members 6 Years of Age and Older

For RY 2025 on Follow-Up After Emergency Department Visit for Substance Use Disorder (FUA) for ED Visits for Members 6 Years of Age and Older:

- 50<sup>th</sup> percentile goal **met** for Commercial PPO.
- 50<sup>th</sup> percentile goal **not met** for Commercial HMO/POS and Medi-Cal.

**Reference Appendix, Table A-7.**

**Table 3.1d. FUA30 Follow up after Emergency Department Visit for Substance Use Disorder (FUA)- Commercial and Medi-Cal (MY 2022-MY 2025/RY 2023-RY 2025)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
CA Commercial HMO/POS	30.81%	38.37%	28.74%
CA Commercial PPO	26.44%	26.15%	42.55%
Medi-Cal Accreditation	NB	NB	33.44%

NB- No benefit

HN Clinical Operations CMs continued to utilize custom ADT reports to continue with routine phone member outreach to members visiting the emergency department (ED) for a mental illness.

- In MY 2025, HN achieved a 21% reach rate and engaged 1,765 members out of an eligible population of 8,419 members.

HN Clinical Operations CMs also continued to utilize custom ADT reports to continue with routine phone member outreach to members visiting the emergency department (ED) for substance abuse.

- In MY 2025, HN achieved a 17% reach rate and engaged 1,394 members out of an eligible population of 8,069 members.

Those who connected with a CM reflect eligible members across the CA market who accepted referrals and accepted at least one intervention (such as education, follow-up calls, HN 24/7 phone number, Teladoc, etc.).

For MY 2025, results of the live calls were approved for supplemental data use to identify compliant members who support evidence of FUM/FUA care gap closure.

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E):

For RY 2025 on Depression Screening and Follow-Up for Adolescents and Adults (DSF-E):

- Goal of directional improvement was **met** for both Initial Depression Screenings and Follow-Up Screenings for Commercial HMO/POS and PPO, Marketplace HMO and PPO, and Medi-Cal.

**Reference Appendix, Table A-7.**

**Table 3.1e. DSF - Total Depression Screening (Admin)-All LOBs (MY 2022-MY 2024/RY 2023-RY 2025)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
<i>CA Commercial HMO/POS</i>	0.42%	2.74%	14.19%
<i>CA Commercial PPO*</i>	0.05%	0.59%	1.36%
<i>CA Exchange HMO**</i>	0.25%	2.09%	4.29%
<i>CA Exchange PPO</i>	0.09%	0.48%	1.96%
<i>Medi-Cal Accreditation</i>	0.92%	8.27%	11.91%

\*MY 2022 rates listed applies to CA Commercial EPO/PPO. MY 2023 rate applies to CA Commercial PPO only. \*\*MY 2022 rates listed applies to CA Exchange HMO/HSP. MY 2023 rate applies to CA Exchange HMO only.

**Table 3.1f. DSF- Follow Up On Positive Depression Screening (Admin) – Total - All LOBs (MY 2022-MY 2024/RY 2023-RY 2025)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
CA Commercial HMO/POS	67.32%	56.12%	70.51%
CA Exchange HMO*	77.46%	67.42%	71.74%
CA Exchange PPO	N/A	N/R	61.54
Medi-Cal Accreditation	74.02%	69.25%	76.97%

\*MY 2022 and 2023 rates listed applies to CA Exchange HMO/HSP. MY 2023 rate applies to CA Exchange HMO only  
N/R Not reportable due to small denominator size.

The plan continued using the PHQ2 screening tool on the Sharecare site and PHQ9 screening tool on the Teladoc app to screen and identify members with depression. If a member screened positive on the Sharecare screening, a Plan CM would conduct additional member outreach to further assess depressive symptoms, refer as needed, and use their assessment as supplemental data gap closures.

**Depression Screening Analysis:**

The trend analysis of depression screenings from 2022 until 2024 shows a gradual increase over time. Efforts to complete the screening and upload to Cozeva were implemented in 2025 and will continue into 2026. Providers have received education about the use of Logical Observation Identifiers Names and Codes (LOINC) codes in their documentation to capture clinical information for HEDIS.

**Depression Follow-up Analysis:**

The trend analysis on depression follow up also shows an upward trend from 2022-2024. There was a process in place to coordinate timely follow up with members once a screening is completed, which was positive. The member was connected with resources for treatment for depression.

**Follow-Up After High Intensity Care for Substance Use Disorder (FUI)**

For RY 2025 on Follow-Up After High Intensity Care for Substance Use Disorder (FUI):

- 50<sup>th</sup> percentile goal was **met** for Commercial HMO/POS and PPO.

**Reference Appendix, Table A-7.**

**Table 3.1g. Follow-Up After High Intensity Care for Substance Use Disorder (FUI) Commercial LOB. (MY 2022-MY 2024/RY 2023-RY 2025)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
CA Commercial HMO/POS	68.00%	64.93%	63.02%
CA Commercial PPO	77.55%	72.86%	72.41%

For the Commercial line of business, the 50<sup>th</sup> percentile benchmark was met. The trend analysis shows a slow decline from 2022-2024 despite the measure performing above the benchmark.

**Initiation and Engagement of Substance Abuse Treatment (IET)**

For RY 2025 on Initiation and Engagement of Substance Abuse Treatment (IET):

- 50<sup>th</sup> percentile goal was **not met** for IET- Initiation for Commercial HMO/POS and PPO, Marketplace HMO and PPO, and Medi-Cal.
- 50<sup>th</sup> percentile goal was **met** for IET-Engagement for Commercial PPO and Marketplace PPO.
- 50<sup>th</sup> percentile goal was **not met** for IET-Engagement for Commercial HMO/POS, Marketplace HMO, and Medi-Cal.

**Reference Appendix, Table A-7.**

**Table 3.1h Initiation and Engagement of Substance Abuse Treatment (IET)-Initiation-Total All LOB's (MY 2022-MY 2024/R Y 2023-R Y 2025)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
<i>CA Commercial HMO/POS</i>	28.55%	28.87%	32.34%
<i>CA Commercial PPO</i>	34.03%	32.87%	40.21%
<i>CA Exchange HMO</i>	33.97%	32.17%	29.91%
<i>CA Exchange PPO</i>	42.92%	45.42%	43.79%
<i>Medi-Cal Accreditation</i>	NB	NB	36.45%

NB=No Benefit

**Table 3.1i. Initiation and Engagement of Substance Abuse Treatment (IET)- Engagement-Total All LOB's (MY 2022-MY 2024/R Y 2023-R Y 2025)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
<i>CA Commercial HMO/POS</i>	11.09%	11.16%	10.74%
<i>CA Commercial PPO</i>	12.21%	15.73%	15.66%
<i>CA Exchange HMO</i>	11.62%	10.68%	11.12%
<i>CA Exchange PPO</i>	18.40%	18.98%	18.03%
<i>Medi-Cal Accreditation</i>	NB	NB	5.63%

Analysis:

The trend for the Initiation component of this measure revealed the following: The Commercial line of business was trending in a positive direction. The Marketplace HMO was trending downward while Marketplace PPO remained stable. There were no rates for 2022 and 2023, therefore a trend analysis could not be completed for Medi-Cal. Continued efforts to outreach to members or engage them while in the provider office can make a positive impact on this measure.

The trend analysis of the Engagement component revealed the following: All lines of business stayed fairly steady from 2023 until 2024. Only two product lines, Marketplace PPO and Commercial PPO, met the 50<sup>th</sup> percentile benchmark. Discussion with members about their care and treatment options may assist with engaging members to continue treatment and improve their overall well-being.

Opportunities for 2026

- Collaboration with facilities or clinics about sharing diagnosis code data from the ED so that outreach to members following discharge occurs timely.
- Promote telehealth as an option for treatment.
- Promotion of Teladoc to provide resources for members with an opportunity for the completion of the depression screening, which can link them to services if the screen is positive.
- Education to providers on the importance of documentation for DSF-E and APP measures.

**3.2. Chronic Conditions/Chronic Disease**

Controlling Blood Pressure (CBP):

For RY 2025 on Controlling Blood Pressure (CBP):

- 50<sup>th</sup> percentile goal **met** for Commercial HMO/POS and unmet for PPO.
- 50<sup>th</sup> percentile goal **met** for Marketplace HMO and unmet for Marketplace PPO.
- For Medi-Cal, all counties except Sacramento, San Joaquin and Stanislaus Counties, **met** MCAS 50<sup>th</sup> percentile goal.

**Reference Appendix, Table A-4.**

**Table 3.2a Trends in Controlling Blood Pressure (CBP) -MY 2022-MY 2024/Ry 2023-Ry 2025**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
CA Commercial HMO/POS	62.50%	70.36%	75.67%
CA Commercial PPO*	51.11%	61.80%	62.29%
CA Exchange HMO**	61.01%	62.50%	70.32%

<i>CA Exchange PPO</i>	58.05%	61.10%	62.04%
<i>Medi-Cal Accreditation</i>	62.47%	65.46%	68.86%

\*MY 2022 rates listed applies to CA Commercial EPO/PPO. MY 2023 rate applies to CA Commercial PPO only. \*\*MY 2022 rates listed applies to CA Exchange HMO/HSP. MY 2023 rate applies to CA Exchange HMO only.

**Glycemic Status Assessment for Patients with Diabetes (GSD):**

For RY 2025 on Glycemic Status Assessment for Patients with Diabetes (GSD):

- 50<sup>th</sup> percentile goal was **met** for Commercial HMO/POS and EPO/POS.
- QTI 66% percentile goal was **met** for Marketplace HMO and PPO.
- For Medi-Cal, all Counties, except Stanislaus and Tulare, **met** MCAS 50<sup>th</sup> percentile goal.

**Reference Appendix, Table A-4.**

**Table 3.2b Trends in HbA1c Control for Patients with Diabetes (HBD)  
(MY 2022-MY 2024/RY 2023-RY 2025)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
<i>CA Commercial HMO/POS</i>	64.96%	62.78%	69.83%
<i>CA Commercial PPO**</i>	63.99%	67.64%	66.67%
<i>CA Exchange HMO***</i>	59.85%	68.86%	66.44%
<i>CA Exchange PPO</i>	55.72%	60.34%	69.05%
<i>Medi-Cal Accreditation ****</i>	36.25%	36.10%	27.01%

\* MY 2022, the CDC measures were separated into three standalone measures: Hemoglobin A1c Control for Patients with Diabetes, Eye Exam for Patients with Diabetes, and Blood Pressure Control for Patients with Diabetes. \*\*MY 2022 rates listed applies to CA Commercial EPO/PPO. MY 2023 rate applies to CA Commercial PPO only. \*\*\*MY 2022 rates listed applies to CA Exchange HMO/HSP. MY 2023 rate applies to CA Exchange HMO only. \*\*\*\* For Medi-Cal LOB HbA1c Poor Control (>9.0%). A lower rate indicates better performance for this indicator.

The measure previously known as Hemoglobin A1c Control for Patients with Diabetes (HBD) was revised and renamed to Glycemic Status Assessment for Patients With Diabetes (GSD). The updated measure now includes a glucose management indicator (GMI) in addition to hemoglobin A1c, offering a more comprehensive view of diabetes management.

Eye Exam for Patients with Diabetes (EED):

For RY 2025 on Eye Exam for Patients with Diabetes (EED):

- 75<sup>th</sup> percentile goal **met** for Commercial HMO/POS and 25<sup>th</sup> percentile goal met for EPO/PPO.
- 75<sup>th</sup> percentile goal **met** for Marketplace HMO and 25<sup>th</sup> percentile goal met for PPO.

**Reference Appendix, Table A-4.**

**Table 3.2c Trends in Eye Exam for Patients with Diabetes (EED)  
(MY 2022-MY 2024/RY 2023-RY 2025)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
CA Commercial HMO/POS	60.58%	57.22%	64.48%
CA Commercial PPO**	39.42%	45.26%	46.23%
CA Exchange HMO***	49.15%	46.96%	53.53%
CA Exchange PPO	25.06%	32.36%	36.74%
Medi-Cal Accreditation	55.47%	55.61%	64.72%

MY 2022, the CDC measures were separated into three standalone measures: Hemoglobin A1c Control for Patients with Diabetes, Eye Exam for Patients with Diabetes, and Blood Pressure Control for Patients with Diabetes. \*\*MY 2022 rates listed applies to CA Commercial EPO/PPO. MY 2023 rate applies to CA Commercial PPO only. \*\*\*MY 2022 rates listed applies to CA Exchange HMO/HSP. MY 2023 rate applies to CA Exchange HMO only.

Kidney Health Evaluation for Patients with Diabetes (KED):

For RY 2025 on Kidney Health Evaluation for Patients with Diabetes (KED):

- 75<sup>th</sup> percentile goal **met** for Commercial HMO/POS and 50<sup>th</sup> percentile goal met for EPO/PPO.
- 75<sup>th</sup> percentile goal **met** for Marketplace HMO and 50<sup>th</sup> percentile goal met for PPO.

**Reference Appendix, Table A-4.**

**Table 3.2d Trends in Kidney Health Evaluation for Patients with Diabetes (KED)  
(MY 2022-MY 2024/RY 2023-RY 2025)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
CA Commercial HMO/POS	59.49%	62.57%	63.12%
CA Commercial PPO**	41.82%	48.85%	51.20%
CA Exchange HMO***	57.15%	60.01%	61.49%

<i>CA Exchange PPO</i>	48.34%	46.80%	51.20%
<i>Medi-Cal Accreditation</i>	47.40%	51.47%	51.63%

Various patient and provider related barriers continued to impact blood pressure and diabetes control, including medication non-adherence, lifestyle challenges, limited health literacy, socioeconomic factors, clinical inertia, and inconsistent guideline adherence. Communication gaps between providers and members further contributed to unmet clinical targets.

To address these challenges, targeted, data-driven interventions were implemented across lines of business. Key initiatives included expanded access to home monitoring tools (BP monitors and A1c kits), pharmacy-led clinical outreach, enhanced provider enablement, and large-scale root cause analyses to prioritize high-impact populations. Member education and multi-gap outreach efforts supported improved engagement and appointment scheduling.

### Opportunities for 2026

These interventions mentioned above demonstrated meaningful opportunities to improve quality outcomes by reducing access barriers, strengthening provider workflows, and leveraging analytics-driven outreach.

Continued focus on scalable home-based testing, proactive provider engagement, and coordinated multi-gap strategies will be critical to sustain performance improvement and closing remaining care gaps.

### **3.3. Hospital Quality/Patient Safety**

Reporting in 2025, reflecting Q4 2023 to Q3 2024 data, showed that network hospital performance improved on nearly all high priority metrics from the previous year. The five priority hospital-acquired infection scores [standardized infection ratios, or SIRs, for CAUTI (catheter-associated urinary tract infection), CLABSI (central line-associated bloodstream infection), C.Diff (Clostridioides difficile infection), MRSA (methicillin-resistant Staphylococcus aureus), and SSI-Colon (surgical site infection following colon surgery)] all improved in the percentage of network hospitals that reported an SIR of 1.0 or lower or maintained excellent performance (=>90%). All five infections reflected an improvement (reduction) in the percentage of hospitals reporting outlier SIRs of 2.0 or higher or maintained performance of <5% outliers.

A range of initiatives were focused on driving these improvements. Network hospitals received guidance about priority metrics and performance expectations, referrals to quality improvement tools and resources that address these metrics and contact information to relevant organizations and staff. Ongoing collaborative relationships with key organizations aligned across hospital quality objectives supported this work, including The Leapfrog Group, the Health Services Advisory Group, the California Maternal Quality Care Collaborative (CMQCC), the California Health Care Foundation, and the Hospital Quality Institute, in addition to other health plans. Internally, contracting staff were provided with Hospital Quality Scorecards that offered context on individual facilities' quality performance to inform that team's engagement and discussions with hospitals. Health Net worked with the Hospital Quality Institute to develop new

custom dashboards that provided tracking and trending for our network hospitals on priority metrics. These resources provided new, dynamic tools to compare hospitals' performance to our benchmarks, other facilities, and state and nationwide trends.

Health Net targeted poor performing hospitals with outreach to urge them to improve on priority metrics and identify resources available to them to support that work. A subset of those hospitals were included in a multi-health plan collaborative that Health Net spearheaded among the five participating health plans, to engage hospital leadership on priority metrics and to help identify and connect them with available QI tools and contacts to help them improve. Health Net worked closely with the California Quality Collaborative on this initiative to leverage new strategic and administrative support from their team to continue to improve and expand this multi-plan approach to hospital engagement.

### Opportunities for 2026

A priority metric that failed to improve was Nulliparous, Term, Singleton, Vertex (NTSV) C-section rates across network hospitals. Reporting for MY 2024 reflected a drop-in hospital meeting the NTSV C-section rate target of  $\leq 23.6\%$  to 42.8%, from 48% the previous year. Health Net placed concerted effort on this measure with initiatives ranging from close collaboration with CMQCC to promote their tools and programs to hospitals, particularly lower performers, and including this measure in all hospital quality programs, including multi-plan initiatives. Health Net collaborated across organizations, including with other health plans, to support the use of doulas, and conducted monthly outreach to pregnant members to raise awareness about C-section overuse and steps families can take to ensure a medically appropriate mode of delivery, including informed hospital choice for delivery. Health Net will continue to work across stakeholders to drive engagement on this metric to reverse the decline in C-section rate performance.

Member-facing resources were also featured online to raise awareness about differences in quality among hospitals and about the importance of accounting for quality performance when choosing a site for care. Members were directed to step-by-step guidance about why, how and where to access free hospital quality tools to guide informed decision making.

## **3.4. Member Engagement and Experience**

### Continuity/Coordination of Care (Behavioral)

In 2025, there was an update by NCQA of the standards for the Continuity and Coordination of Care with changes to the measures being monitored. The measures included Prenatal and Post Partum Care - Prenatal Rate, Prenatal and Postpartum Care - Postpartum Rate, Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Follow-Up after Emergency Department Visit for Mental Illness, 7 Day Total Rate (FUM), Follow-Up After Emergency Department Visit for Substance Use, 7 Day Total Rate (FUA), Follow-Up After Hospitalization for Mental Illness, 7 Days Total Rate (FUH), Follow-Up After High Intensity Care for Substance Use Disorder, 7 Days Total Rate (FUI), Initiation and Engagement of Substance Use Disorder Treatment, Engagement of SUD Treatment Total Rate (IET), and Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotics

(SSD). Reports will be created in 2026 for all product lines and actions plans developed to address opportunities for improvement.

Building on prior year successes, 2025 initiatives focused on strengthening cross-functional alignment, enhancing clinical workflows, and expanding outreach strategies to drive sustainable performance across key measures. PCR continued to pace toward goal. Transitions of Care (TRC) strategies advanced through closer alignment with enterprise clinical workflows, including pharmacist-led Medication Reconciliation Post (MRP)-Discharge outreach, resulting in 67 completed MRPs and expanded collaboration with Patient Engagement and Case Management.

For FMC, early identification of ADT data timing and alignment opportunities prompted rapid cross-functional collaboration with corporate analytics teams. A dedicated workgroup was established to address data flow optimization while the market simultaneously began evaluating vendor-supported care coordination strategies to strengthen long-term FMC performance. COA initiatives expanded through interdisciplinary collaboration, with 2,600 medication reviews completed and increased focus on Functional Status Assessment and supplemental data capture to support care gap closure.

IHA efforts remained focused on provider education, performance monitoring, and policy alignment, while CHW partnerships supported two outreach activities to engage hard-to-reach populations and strengthen member engagement.

Collectively, these efforts reflect continued progress through clinical collaboration, operational alignment, and targeted outreach strategies to improve quality outcomes.

Opportunities for 2026:

In 2026, the focus will shift from foundational workflow alignment to scaling targeted interventions with measurable impact. For TRC, opportunities include expanding pharmacist-led Medication Reconciliation Post-Discharge outreach, improving ADT visibility, and strengthening collaboration with Patient Engagement and Case Management to increase MRP completion volume. FMC efforts will prioritize optimization of ADT data timeliness, implementation of standardized facility-level targeting, and evaluation of vendor-supported care coordination models to improve early follow-up performance.

COA initiatives will focus on increasing Functional Status Assessment capture through provider workflow integration and expanding supplemental data submission pathways to sustain medication review performance. IHA strategies will emphasize provider accountability, leveraging Cozeva outreach and exception documentation enhancements, and targeted interventions for members within the 120-day completion window.

### 3.5. Pediatric/Dental/Children’s Health Program

#### **Improve Immunizations & Well-Child Visits Among the Pediatric Population**

##### Childhood Immunization Status – Combo 10:

For RY 2025 Childhood Immunization Status – Combo 10:

- 50<sup>th</sup> percentile goal **met** for Commercial HMO/POS
- 50<sup>th</sup> percentile **not met** for Commercial PPO
- 66<sup>th</sup> percentile goal **not met** for Commercial Exchange HMO and PPO
- 50<sup>th</sup> percentile goal **not met** for Medi-Cal Accreditation

**Reference Appendix, Table A-6.**

In RY 2025, Commercial HMO/POS met the 50<sup>th</sup> percentile goal for CIS-10 and saw a 2.67 percentage point increase from RY 2024. Commercial PPO did not meet the 50<sup>th</sup> percentile in RY 2025 and did not see directional improvement from RY 2024. The Commercial and Exchange product lines did not meet the 66<sup>th</sup> percentile. Exchange HMO RY 2025 saw a 14.17 percentage point increase over RY 2024. Exchange PPO RY 2025 did not see directional improvement in CIS-10 rates. Medi-Cal Accreditation did not meet the 50<sup>th</sup> percentile benchmark and did not see directional improvement in RY 2025 compared to RY 2024.

2025 QI initiatives included live call concierge member outreach timed to the well-child visit and immunizations periodicity schedule (Exchange and Sacramento Medi-Cal only). The Member Connections team conducted home visits to members not reached by the concierge calls. Exchange and Commercial members received Proactive Outreach Manager (POM) automated phone messages and email outreaches in 2025. The Medi-Cal POM outreaches started in December 2025. Health Net also reached out to providers with care gap lists (Exchange only). The provider outreach in 2025 included a “yellow immunization card” that easily identified which doses of which vaccines were missing, making it easier for the HEDIS Outreach Team to identify which vaccines needed to be uploaded to Cozeva, when the providers submitted the child’s entire medical record. Health Net also continued with community-based approaches in Los Angeles to address disparities in CIS-10 rates (neighborhood initiative primarily targeting Medi-Cal community members). Health Net also participates in the Public Health for All Californians Together (PHACT) Coalition, which is focused on vaccine policy, access, and culturally appropriate messaging through public health partnerships, sharing tools and resources and promoting effective health communication.

Opportunities for 2026:

A key barrier to CIS-10 is the increase in parental refusals for vaccines, especially the flu vaccine. Missing flu vaccines are the primary reason that children are non-compliant for CIS-10. In 2026, QI plans to target flu vaccines to members and providers in outreaches. Health Net is also utilizing the Frameworks Institute messaging about vaccines in communications to providers and members.

**Table 3.5a. Trends in Childhood Immunization Status – Combination 10 (CIS-10) Hybrid (MY 2022-MY 2024/RY 2023-RY 2025)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
<i>CA Commercial HMO/POS</i>	62.53%	56.70%	59.37%
<i>CA Commercial PPO*</i>	52.69%	51.75%	46.67%
<i>CA Exchange HMO**</i>	46.15%	25.30%	39.47%
<i>CA Exchange PPO</i>	45.45%	42.11%	37.97%
<i>Medi-Cal Accreditation</i>	24.09%	28.71%	27.49%

\*MY 2022 rates listed applies to CA Commercial EPO/PPO. MY 2023 rate applies to CA Commercial PPO only. \*\*MY 2022 rates listed applies to CA Exchange HMO/HSP. MY 2023 rate applies to CA Exchange HMO only.

Immunizations for Adolescents – Combination 2 (IMA-2):

For RY 2025 Immunization for Adolescents – Combination 2:

- 50<sup>th</sup> percentile goal **met** for Commercial HMO and PPO
- MY 2018 25th percentile QRS 25-2-2 benchmark **met** for Exchange HMO
- MY 2018 25<sup>th</sup> percentile QRS 25-2-2 benchmark **met** for Exchange PPO
- 50<sup>th</sup> Percentile goal **met** for Medi-Cal Accreditation

**Reference Appendix, Table A-6.**

In RY 2025, Commercial HMO and PPO met the 50<sup>th</sup> percentile benchmarks and saw directional improvement compared to RY 2024. Exchange HMO met the 50<sup>th</sup> percentile and the QRS 25-2-2 benchmark and saw directional improvement in RY 2025. Exchange PPO did not meet the 50<sup>th</sup> percentile benchmark but did meet the QRS 25-2-2 25<sup>th</sup> percentile benchmark. The Medi-Cal Accreditation rate met the 50<sup>th</sup> percentile in RY 2025 and saw directional improvement from RY 2024.

2025 QI Initiatives for IMA-2 included: Family Unit HEDIS live calls; member newsletter articles on the importance of well-care visits for children and adolescents, and immunizations; and sharing American Cancer Society Provider Resources on the HPV Vaccine. Missing one or both HPV vaccines was the primary reason for non-compliance for IMA-2.

Opportunities for 2026:

QI is exploring additional member outreaches specific to HPV in 2026. Provider outreach and education to start the HPV vaccine at nine years of age will continue.

**Table 3.5b. Trends in Immunizations for Adolescents – Combination 2 (IMA-2) Hybrid (MY 2022-MY 2024/RY 2023-RY 2025)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
<i>CA Commercial HMO/POS</i>	41.85%	38.69%	41.12%
<i>CA Commercial PPO*</i>	29.19%	24.91%	28.42%
<i>CA Exchange HMO**</i>	29.56%	31.06%	37.82%
<i>CA Exchange PPO</i>	14.65%	21.69%	19.70%
<i>Medi-Cal Accreditation</i>	36.25%	35.77%	39.90%

\*MY 2022 rates listed applies to CA Commercial EPO/PPO. MY 2023 rate applies to CA Commercial PPO only. \*\*MY 2022 rates listed applies to CA Exchange HMO/HSP. MY 2023 rate applies to CA Exchange HMO only.

Well-Child Visits in the First 15 Months (W30-15):

For RY 2024 Well-Child Visits in the First 15 Months:

- 50<sup>th</sup> percentile goal **not met** for Commercial HMO/POS
- 50<sup>th</sup> percentile goal **not met** for Commercial PPO
- 50<sup>th</sup> percentile QRS benchmark **not met** for Exchange HMO or PPO
- MY 2018 25<sup>th</sup> percentile QRS 25-2-2 benchmark **not met** for Exchange HMO or PPO.
- 50<sup>th</sup> Percentile goal **not met** for Medi-Cal Accreditation

**Reference Appendix, Table A-6.**

In RY 2025, Commercial HMO and PPO did not meet the 50<sup>th</sup> percentile benchmark for W30-15 and did not see directional improvement from RY 2024. Exchange HMO and PPO did not meet the 50<sup>th</sup> percentile benchmark or the MY 2018 25<sup>th</sup> percentile, but experienced directional improvement with a 15.80 percentage points increase in HMO from RY 2024 and a 19.41 percentage points increase in PPO from RY 2024. Medi-Cal Accreditation did not meet the 50<sup>th</sup> percentile goal but did show directional improvement.

2025 QI initiatives for W30-15 included: Referrals to Black Infant Health and Enhanced Care Management for the birth equity population of focus (Medi-Cal only); member outreach via live family unit calls, Proactive Outreach Manager (POM) automated phone messages and email campaigns (Commercial and Exchange only); promotion of the CDC’s Milestone Tracker App through provider offices; provider outreach and education and data reconciliation projects.

Opportunities for 2026:

Data gaps continue to be a barrier, especially for the first two well-child visits. Data reconciliation for those first two well-child visits with targeted providers for all lines of business will continue in 2026.

**Table 3.5c. Trends in Well-Child Visits in the First 15 Months (W30-15) Admin (MY 2022 - MY 2024/ RY 2023 – RY 2025)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
CA Commercial HMO/POS	70.69%	76.34%	75.68%
CA Commercial PPO*	71.49%	62.56%	60.23%
CA Exchange HMO**	48.28%	45.07%	60.87%
CA Exchange PPO	51.52%	36.73%	56.14%
Medi-Cal Accreditation	45.14%	52.15%	53.75%

\*MY 2022 rates listed applies to CA Commercial EPO/PPO. MY 2023 rate applies to CA Commercial PPO only. \*\*MY 2022 rates listed applies to CA Exchange HMO/HSP. MY 2023 rate applies to CA Exchange HMO only.

Child and Adolescent Well Care Visits 3-21 (WCV)

For RY 2024 on Child and Adolescent Well-Care Visits 3-21:

- 50<sup>th</sup> percentile goal **not met** for Commercial HMO/POS
- 50<sup>th</sup> percentile goal **not met** for Commercial PPO
- 50<sup>th</sup> percentile QRS goal **not met** for Exchange HMO or PPO
- 50<sup>th</sup> Percentile goal **not met** for Medi-Cal Accreditation

**Reference Appendix, Table A-6.**

For RY 2025, Commercial HMO and PPO did not meet the 50<sup>th</sup> percentile benchmark for WCV, but both products demonstrated directional improvement compared to RY 2024. Exchange HMO and PPO did not meet the QRS 50<sup>th</sup> percentile benchmark; however, both products demonstrated directional improvements compared to RY 2024. Medi-Cal Accreditation did not meet the 50<sup>th</sup> percentile benchmark but demonstrated directional improvement from RY 2024.

2025 QI initiatives to improve WCV included: member outreach via live Family Unit/Multigap calls, Proactive Outreach Manager (POM) automated phone messages, provider trainings, and expanded access in targeted provider offices for well-care visits.

Opportunities for 2026:

Access to well-care appointments continued to be a barrier for WCV. QI will continue to support providers in expanding access beyond regular business hours to support well-care and preventive care in 2026.

**Table 3.5d. Trends in Well Care Visits (WCV) Admin MY 2022 - MY 2024/RY 2023 – RY 2025**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
CA Commercial HMO/POS	52.56%	54.58%	56.72%
CA Commercial PPO*	44.79%	50.76%	52.38%

<i>CA Exchange HMO**</i>	39.07%	43.50%	45.66%
<i>CA Exchange PPO</i>	38.08%	33.82%	44.21%
<i>Medi-Cal Accreditation</i>	44.04%	45.18%	49.58%

\*MY 2022 rates listed applies to CA Commercial EPO/PPO. MY 2023 rate applies to CA Commercial PPO only. \*\*MY 2022 rates listed applies to CA Exchange HMO/HSP. MY 2023 rate applies to CA Exchange HMO only.

### 3.6. Perinatal Health/Reproductive Health

In RY 2025, Timeliness of Prenatal Care (PPC-pre) for all product lines demonstrated decreased rates compared to RY 2024. Commercial HMO did not meet the 66<sup>th</sup> percentile benchmark. Commercial PPO PPC-pre exceeded the 50<sup>th</sup> percentile benchmark. Exchange HMO and PPO exceeded the QRS 25<sup>th</sup> percentile benchmark in RY 2025. Medi-Cal Accreditation met the 50<sup>th</sup> percentile benchmark in RY 2025.

**Table 3.6a. Trends in Prenatal and Postpartum Care – Timeliness of Prenatal Care (PPC-pre) Hybrid (MY 2022 - MY 2024/ RY 2023 – RY 2025)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
<i>CA Commercial HMO/POS</i>	93.15%	93.71%	87.83%
<i>CA Commercial PPO*</i>	84.40%	91.70%	86.92%
<i>CA Exchange HMO**</i>	90.37%	92.38%	90.36%
<i>CA Exchange PPO</i>	86.45%	88.44%	86.75%
<i>Medi-Cal Accreditation</i>	86.74%	87.50%	86.37%

\*MY 2022 rates listed applies to CA Commercial EPO/PPO. MY 2023 rate applies to CA Commercial PPO only. \*\*MY 2022 rates listed applies to CA Exchange HMO/HSP. MY 2023 rate applies to CA Exchange HMO only.

In RY 2025, for Postpartum Care (PPC-pst) all products demonstrated decreased rates compared to RY 2024. Commercial HMO did not meet the 66<sup>th</sup> percentile benchmark for postpartum care. Commercial PPO met the 50<sup>th</sup> percentile benchmark for PPC-pst. Both Exchange HMO and PPO exceeded the QRS 25<sup>th</sup> percentile for PPC-pst but did not meet the 50<sup>th</sup> percentile. Medi-Cal Accreditation did not meet the 50<sup>th</sup> percentile benchmark for PPC-pst.

**Table 3.6b. Trends in Prenatal and Postpartum Care – Postpartum Care (PPC-pst) Hybrid (MY 2022 - MY 2024/ RY 2023 – RY 2025)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
<i>CA Commercial HMO/POS</i>	90.41%	93.71%	89.29%
<i>CA Commercial PPO*</i>	84.40%	84.72%	84.11%
<i>CA Exchange HMO**</i>	81.85%	83.41%	78.31%

<i>CA Exchange PPO</i>	71.03%	86.71%	79.06%
<i>Medi-Cal Accreditation</i>	78.85%	82.64%	82.24%

\*MY 2022 rates listed applies to CA Commercial EPO/PPO. MY 2023 rate applies to CA Commercial PPO only. \*\*MY 2022 rates listed applies to CA Exchange HMO/HSP. MY 2023 rate applies to CA Exchange HMO only.

2025 QI initiatives for Timeliness of Prenatal Care and Postpartum Care included: referrals to Centene’s high risk case management program, *Start Smart for Your Baby*; Confirmation of Pregnancy Provider incentive (Medi-Cal only); Provider education; referrals to *Black Infant Health* (Medi-Cal only), and Enhanced Care Management for the birth equity population of focus (Medi-Cal only). The primary barrier for PPC is that the Provider Engagement teams do not have regular contact with OB/GYN specialty providers.

Opportunities for 2026:

In 2026, QI will work on a collaborative training for OB providers with other Medi-Cal health plans. The training materials may be used for all products.

### **3.7. Pharmacy and Related Measures**

#### ***Improve Pharmacy Measures***

In 2025, pharmacists reached out to Commercial and Medi-Cal members with an Asthma Medication Ratio (AMR) gap to identify and overcome barriers to asthma medication adherence. They used motivational interviews to guide members and encouraged them to talk with their providers about updating their action plans. Members were also prompted to ask providers about switching to formoterol/Inhaled corticosteroid (ICS) combinations, which better control asthma.

The Pharmacy POD educated Medi-Cal providers on CalAIM Asthma Remediation and Education Services, helping qualifying Health Net Medi-Cal members reduce asthma triggers at home and access resources like air filters, allergen-proof bedding, and pest control. Qualified members received remediation tools as outlined in the CalAIM program. Targeted provider groups participated in discussions about converting to combo inhalers and received frequent education. Two counties improved to the 75th percentile, three reached or exceeded the 50th and only one did not hit the minimum performance level (MPL).

Opportunities for 2026

In 2026, Health Net will continue to expand CalAIM Asthma Remediation services by collaborating with providers and offering the program to eligible Medi-Cal members with asthma. AMR will no longer be a HEDIS measure in 2026.

The predictive analytics application, Rx Effect, is available to Marketplace provider groups to aid with the Proportion of Days Covered (PDC) measure. Rx Effect identifies non-adherent members, enables provider groups to target outreach, and increases visibility for those at risk of failing PDC measures. Through the Corporate Adherence Care Coordination outreach over 14,000 calls, IVR, and text messages were made to Marketplace members by pharmacist to aid

in medication adherence.

**Asthma Medication Ratio (AMR):**

For RY 2025 on Asthma Medication Ratio (AMR):

1. 50<sup>th</sup> percentile goal was **not met** for Commercial HMO/POS, PPO/EPO
2. 50<sup>th</sup> percentile (QRS benchmark of 83.30%) goal was **not met** for Marketplace HMO and PPO
3. 50<sup>th</sup> percentile goal was **not met** for Medi-Cal Accreditation

**Reference Appendix, Table A-4.**

**Table 3.7a Trends in Asthma Medication Ratio (AMR) (MY 2022 - MY 2023)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
<i>CA Commercial HMO/POS</i>	76.57%	75.29%	69.37%
<i>CA Commercial PPO*</i>	82.16%	74.60%	72.92%
<i>CA Exchange HMO**</i>	70.68%	69.70%	65.60%
<i>CA Exchange PPO</i>	68.22%	68.55%	65.22%
<i>Medi-Cal Accreditation</i>	57.31%	57.56%	59.82%

\*MY 2022 rates listed applies to CA Commercial EPO/PPO. MY 2023 rate applies to CA Commercial PPO only. \*\*MY 2022 rates listed applies to CA Exchange HMO/HSP. MY 2023 rate applies to CA Exchange HMO only.

**3.8. Preventive Health/Cancer Prevention**

Preventive health and screenings are foundational to early detection and improved outcomes, particularly in underserved populations. Preventive health initiatives are most effective when they address both clinical access and non-clinical barriers to care, including communication, trust, and care coordination. Strengthening these elements supports earlier diagnosis and better population health outcomes. Cancer screening programs aim to improve the quality and accessibility of preventive health services, which lead to an increased member participation in screenings. These programs were designed to raise awareness among both members and providers, address structural barriers, and offer training and process assessments to optimize clinic workflows. In 2025, efforts to improve preventive health screening performance included multi-gap member outreach, mobile mammography services, comprehensive provider education on updated screening guidelines paired with updated clinic flow and action planning, building effective relationships with screening partners, and creating culturally responsive patient education and outreach material to support informed participation in preventive care.

Health Net members who had multiple gaps were outreached to schedule their appointments and to address other barriers related to closing breast, colorectal, and cervical cancer screening care gaps. To complement these efforts, educational resources such as tip sheets for breast cancer, cervical cancer, and chlamydia screenings were made available through the Provider Library.

The QI Team partnered with the mobile mammography vendor, Alinea, to address access challenges for Health Net members.

Provider engagement included engaging with radiology facilities to address their organizational barriers and improve breast cancer screening care delivery. Members who were non-compliant for colorectal cancer screening were sent a Cologuard kit for in-home screening. Breast and colorectal cancer screening e-projects communicated calls to actions for providers for appropriate follow-up and member outreach.

To reduce structural barriers and expand access, the mobile mammography program's workflow and processes were enhanced to strengthen vendor and provider partnerships. Provider education materials such as tip sheets were updated with the latest cancer screening and reproductive health best practices and coding practices. Office hours, webinars, and targeted meetings focused on performance reviews, improvement strategies, and partnership opportunities with low performing providers.

A health equity focused microsite was updated based on literature reviews to address racial and ethnic disparities in colorectal cancer screenings.

Community-based organizations supported culturally appropriate outreach for breast and cervical cancer screening through community health worker (CHW) engagement. This year, preventive health efforts focused on operationalizing updated screening guidance and improving equitable access to screening options. New educational collateral was developed to reflect updated cervical cancer screening guidelines which focused on self-administered testing, and chlamydia screening test options which focused on in-home screening tests. Additionally, workflows were established in collaboration with laboratory partners to support provider implementation. Cervical cancer and chlamydia screening tip sheets were also updated to incorporate self-administered and in-home screening options. In preparation for 2026, culturally and linguistically appropriate colorectal cancer screening material was developed to advance screening across diverse racial and ethnic groups. The updated 2026 collateral that was shared by the vendor is currently undergoing internal clinical review and approval.

### Opportunities for 2026

In 2026, planning initiatives include mailing in-home screening colorectal cancer screening kits to members and developing targeted strategies in partnership with providers to increase timely colonoscopy follow-up. The Cologuard program was implemented across all lines of business, including a pilot for Medi-Cal line of business. After a successful pilot with one Provider Group (PPG), we will scale the program across Medi-Cal line of business in 2026. Direct relationships and ongoing engagement were established with radiology facilities to support breast cancer screening access and coordination and to address resource limitations and enhance service capacity. Another key area where Health Net grew was identifying community-based organizations to deliver equitable and culturally sensitive care, ensuring that preventive health services are accessible and relevant to all members.

Health Net will partner with community-based organizations in 2026 to address social determinants of health that impact screening and follow-up care while strengthening member engagement, knowledge, and trust. These strategies reflect a commitment to addressing systemic challenges while fostering inclusive, effective preventive health care.

**Breast Cancer Screening (BCS)**

- For RY 2025 on Breast Cancer Screening (BCS):
- Quality Compass 50<sup>th</sup> percentile benchmark was **met** for Commercial HMO/POS and demonstrated directional improvement in BCS-E.
  - QRS 25<sup>th</sup> percentile was **met** for Exchange HMO. QC 50<sup>th</sup> percentile benchmark was **met** for Exchange HMO. 25<sup>th</sup> percentile was **not met** for Exchange PPO.
  - 50<sup>th</sup> percentile benchmark was **met** for Medi-Cal Accreditation and demonstrated directional improvement.

**Table 3.8a. Trends in Breast Cancer Screening (BCS) (MY 2022 - MY 2024)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
<i>CA Commercial HMO/POS</i>	76.99%	76.79%	77.45%
<i>CA Commercial PPO*</i>	70.27%	70.16%	72.41%
<i>CA Exchange HMO**</i>	68.96%	71.3591%	73.47%
<i>CA Exchange PPO</i>	51.46%	53.11%	54.69%
<i>Medi-Cal Accreditation</i>	52.69%	53.96%	59.25%

\*MY 2022 rates listed applies to CA Commercial EPO/PPO. MY 2023 rate applies to CA Commercial PPO only.  
 \*\*MY 2021 and 2022 rates listed applies to CA Exchange HMO/HSP. MY 2023 rate applies to CA Exchange HMO only.

**Colorectal Cancer Screening (COL)**

- For RY 2025 on Colorectal Cancer Screening (COL):
- 50<sup>th</sup> percentile benchmark was **not met** for Commercial HMO/POS.
  - 25<sup>th</sup> percentile benchmark was **met** for Exchange HMO but **not met** for Exchange PPO.
  - Met QTI 55<sup>th</sup> percentile goal for CA Exchange HMO

**Table 3.8b. Trends in Colorectal Cancer Screening (COL) (MY 2022 - MY 2024)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
<i>CA Commercial HMO/POS</i>	Admin: 55.29% Hybrid: 58.15%	Admin: 58.96% Hybrid: 59.60%	62.76%
<i>CA Commercial PPO*</i>	Admin: 47.82 Hybrid: 54.26%	Admin: 50.13% Hybrid: 53.55%	55.88%
<i>CA Exchange HMO**</i>	Admin: 45.95% Hybrid: 53.04%	Admin: 56.4382% Hybrid: 59.7561%	58.37%
<i>CA Exchange PPO</i>	Admin: 28.08% Hybrid: 39.90%	Admin: 37.79% Hybrid: 44.77%	37.07%
<i>Medi-Cal Accreditation</i>	Admin: 32.29%	Admin: 34.86%	38.75%

\*MY 2022 rate listed applies to CA Commercial EPO/PPO. MY 2023 rate applies to CA Commercial PPO only. \*\*MY 2022 rate listed applies to CA Exchange HMO/HSP. MY 2023 rate applies to CA Exchange HMO only.

Cervical Cancer Screening Ages 21-64 (CCS)

For RY 2025 on Cervical Cancer Screening (CCS):

- 50<sup>th</sup> percentile benchmark was **met** for Commercial HMO/POS and demonstrated directional improvement.
- 25<sup>th</sup> percentile benchmark was **met** for Commercial PPO.
- QRS 25<sup>th</sup> percentile and QC 50<sup>th</sup> percentile were **met** for Exchange HMO.
- MY 2018 25<sup>th</sup> percentile QRS 25-2-2 benchmark **met** for Exchange HMO and PPO.
- 25<sup>th</sup> percentile benchmark was **met** for Exchange PPO.
- 50<sup>th</sup> percentile benchmark was **not met** for Medi-Cal Accreditation.

**Table 3.8c. Trends in Cervical Cancer Screening (CCS) (MY 2022 - MY 2024)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
<i>CA Commercial HMO/POS</i>	Admin: 73.56% Hybrid: 76.36%	Admin: 74.52% Hybrid: 74.75%	74.81%
<i>CA Commercial PPO*</i>	Admin: 69.75% Hybrid: 74.71%	Admin: 70.49% Hybrid: 72.27%	71.39%
<i>CA Exchange HMO**</i>	Admin: 60.53% Hybrid: 64.27%	Admin: 63.27% Hybrid: 63.68%	58.75%
<i>CA Exchange PPO</i>	Admin: 48.25% Hybrid: 57.18%	Admin: 47.23% Hybrid: 50.62%	45.87%
<i>Medi-Cal Accreditation</i>	Admin: 50.30% Hybrid: 58.52%	Admin: 49.63% Hybrid: 59.60%	51.84%

\*MY 2022 rates listed applies to CA Commercial EPO/PPO. MY 2023 rate applies to CA Commercial PPO only.

\*\*MY 2022 rates listed applies to CA Exchange HMO/HSP. MY 2023 rate applies to CA Exchange HMO only.

### Chlamydia Screening in Women 16-24 (CHL):

For RY 2025 on Chlamydia Screening (CHL):

- 75<sup>th</sup> percentile benchmark was **met** for Commercial HMO/POS.
- 50<sup>th</sup> percentile benchmark was **met** for Commercial PPO.
- 50<sup>th</sup> percentile benchmark was **met** for Exchange HMO and PPO.
- MY 2018 25th percentile QRS 25-2-2 benchmark **met** for Exchange HMO and PPO.
- 75<sup>th</sup> percentile benchmark was **met** for Medi-Cal Accreditation.

**Table 3.8d. Trends in Chlamydia Screening (CCS) (MY 2022 - MY 2023)**

<i>Line of Business</i>	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
<i>CA Commercial HMO/POS</i>	51.26%	53.19%	56.37%
<i>CA Commercial PPO*</i>	45.93%	46.40%	48.34%
<i>CA Exchange HMO**</i>	47.58%	47.27%	50.34%
<i>CA Exchange PPO</i>	41.54%	41.58%	44.95%
<i>Medi-Cal Accreditation</i>	65.58%	68.58%	68.98%

\*MY 2022 rates listed applies to CA Commercial EPO/PPO. MY 2023 rate applies to CA Commercial PPO only. \*\*MY 2021 and 2022 rates listed applies to CA Exchange HMO/HSP. MY 2023 rate applies to CA Exchange HMO only.

### **3.9. Provider Engagement**

#### CAHPS (Member Experience)

In 2025, there were several initiatives to improve CAHPS and address member dissatisfaction. The CAHPS Team was working more closely with provider-facing teams to better highlight CAHPS and brainstorm improvement opportunities with high volume provider groups.

The CAHPS Quality Improvement team implemented multiple initiatives to monitor and enhance member experience:

- Maintained a CAHPS Action Plan documenting improvement initiatives across multiple stakeholder departments impacting CAHPS and overall member experience. The Action Plan was reviewed regularly with key business areas.
- Held monthly Quality Focus Team meetings to review CAHPS results, share updates, and identify new initiatives and collaboration opportunities with providers facing teams.
- Communicated final CAHPS results, year-over-year trends, and improvements opportunities to CAHPS liaisons, executive leadership during the Quality Governance Meetings.

CAHPS data were analyzed to identify score trends and assess performance relative to national benchmarks. Findings were shared with internal workgroups to identify issues affecting member experience and to explore potential drivers of member complaints.

### **Commercial**

Commercial HMO/POS and PPO MY 2024 CAHPS survey results showed declines in overall rating measures and mixed performance across composite measures, highlighting opportunities for targeted improvement. Below is a more detailed analysis:

#### **Qualitative Analysis:**

1. Overall Rating measures for the HMO/POS product line demonstrated year-over-year directional improvement, with Rating of Specialist meeting the Quality Compass 25th percentile benchmark. In contrast, the PPO product line showed directional improvement in three of the four Rating measures, except for Rating of Health Quality; none of the PPO Rating measures met the Quality Compass benchmark. Ongoing operational challenges, particularly staffing shortages, likely negatively influenced member experience and may have contributed to broader performance declines through downstream effects on care delivery processes and member perceptions of care.
2. Commercial HMO/POS composite CAHPS results showed the greatest year-over-year improvement, with How Well Doctors Communicate and Customer Service meeting the 25th percentile benchmark. Improvement opportunities remain in operational and access measures, particularly Claims Processing and referral timeliness, which are affecting multiple access outcomes.
3. Commercial PPO composite CAHPS results showed mixed year-over-year performance. Improvements in Getting Needed Care, How Well Doctors Communicate, and Claims Processing were likely driven by targeted operational enhancements and focused provider and member experience initiatives implemented during the measurement year.

### **Marketplace**

Overall Rating measures for Marketplace HMO improved across all ratings, while Marketplace PPO ratings declined compared to the prior year. Both HMO and PPO product lines demonstrated mixed performance across composite measures and highlighting opportunities for targeted improvement. A more detailed analysis follows below.

#### **Qualitative Analysis:**

1. Overall Rating measures for the HMO product line met the 25th percentile benchmark, with Rating of All Health Care and Rating of Health Plan exceeding this threshold. In contrast, the PPO product did not meet the benchmark, although year-over-year improvement was observed. Operational challenges, including staffing shortages, appear to have negatively influenced members' Rating of the Health Plan and likely contributed to broader declines by creating downstream impacts on care processes and member perceptions of care.
2. Marketplace HMO composite CAHPS results showed the greatest year-over-year improvement, with Access to Care and Access to Information meeting the 25th percentile benchmark. Improvement opportunities remain in operational and access measures, particularly Claims Processing and referral timeliness, which are affecting multiple access outcomes.
3. Marketplace PPO composite CAHPS results showed mixed year-over-year performance. Improvements were observed in Access to Care, Care Coordination, and Access to Information, the latter meeting the 25th percentile benchmark, likely reflecting the impact

of targeted operational enhancements and focused provider and member experience initiatives implemented during the measurement year.

## Medi-Cal

CAHPS survey results for the HNCA Medi-Cal product saw mixed results in 2025. There continued to be an opportunity to monitor grievances and appeals around the Access to Care measures. Possible focus areas include reviewing appointment availability, prior authorizations, transportation, and provider/staff communication.

### Qualitative Analysis:

- There continued to be opportunities for improvement for the Overall Rating CAHPS measures since all were below the QC Average in MY 2024. All four of these Overall Rating measures were below the 25<sup>th</sup> percentile. The Rating of Specialist continued to be a low performer and it is important to analyze, investigate, and probe for weakness or QI opportunities among those measures or composites that were key drivers (or highly correlated) with rating of specialist. (e.g., How Well Doctors Communicate, Getting Care Quickly, Getting Needed Care, and Coordination of Care).
- The Composite CAHPS survey measures showed mixed results. The areas of focus should be around Access to Care since all these measures were below the 25<sup>th</sup> accreditation percentile. These members already have unique barriers such as not prioritizing their health care (in comparison to the Commercial and Medicare populations) due to a high number of unique barriers and social determinants of health. The Customer Service measure improved from the prior year. It is important to continue to involve the Customer Service team in QI activities, seeking concrete customer-based input and improvements. The Customer Service team needs to be fully informed of updates and changes to processes and procedures.
- Grievances and appeals show an opportunity for monitoring and improving the prior authorization and referral process. Trends in both grievances and appeals indicated that members are experiencing delays in both PCP and specialist care due to long turnaround times for prior authorizations and referrals to get approved. A recommended action includes regular monitoring of the Medi-Cal network, PCPs and specialists, to ensure members have a full provider network to choose from. The availability of appointments with a PCP continues to be a driver of grievances and there is discussion to incorporate a separate phone line to assist members with these appointments and the provider. There tends to be a higher lack of plan benefit knowledge for the Medi-Cal population. Members may not be aware of alternate means of securing appointments for their needed care. Members continue to have issues with their transportation vendor indicating an opportunity to work with the vendor to improve transportation services. Attitude and Service at the provider office and at the Call Center continue to be member pain points. The Exempt Grievances related to Attitude/Service which include, but are not limited to, Service by HN, Service by PCP, Service by PPG, Service by Pharmacy, Service by Specialist, and Service by Vendor. There should also be a focus on improving when a provider is incorrectly transferred or assigned. The Attitude and Service informal grievances are driven primarily by an incorrect PCP assigned (Health Net error and Non-Health Plan error). Many members filed informal grievances for not receiving their member ID cards. Much of the Access informal grievances are caused by issues with the transportation vendor, Telephone access and Panel Disruption, as well as limited appointment availability at both the PCP and specialist level. There is an opportunity to improve members' billing and financial issues particularly with outpatient procedures. A barrier members face is unforeseen out of pocket costs to care usually

due to billing errors and co-pay demands despite being covered. Receiving any type of bill for care will upset the member and may deter them from seeking future care due to high costs. Regular customer service training and ongoing updates are recommended for all staff who interact with members and providers.

## Provider Access, Availability, and Service and Satisfaction

### **Commercial**

In the MY 2024 PAAS, the 70% threshold was not met for 11 networks for Urgent Care Appointments; however, all 20 networks met the 70% compliance threshold for Non-Urgent Appointments and Non-Urgent Follow Up Appointments with Non-Physician Mental Health (NPMH).

### **Marketplace**

Result for the MY 2024 PAAS indicate that HMO Exchange/Marketplace PCPs met the 70% performance goal for Urgent Care Appointments and Non-Urgent Appointments. Both rates showed statistically significant increases in rate compared to the previous year.

### **Medi-Cal**

MY 2024 PAAS results show that the 70% compliance threshold was met for both Urgent Care and Non-Urgent appointments across all survey types. In MY 2023, the Urgent Care appointment and the Non-Urgent Care appointment rates were met showing the continuing trend of compliance in both years.

Based on identified opportunities, the Access & Availability team identified actions for improvement in 2026. These activities are aimed at improving member satisfaction with receiving timely appointments and care with PCPs, specialists and behavioral health care providers. The following are identified activities to drive improvements:

- Continue to conduct quarterly and annual analysis of PCP and specialist open practices to identify the percentage of PCPs open to new members and the percentage of specialty care practitioners open to referrals.
- The Plan will continue to conduct a quarterly outreach to PPGs to obtain updated information on contracting with urgent care centers, reflected in the online directories.
- Plan will continue to leverage telehealth services via contracted providers (PCPs and Specialists) and third-party telehealth vendors to offer timely appointments to members.
- The plan will perform a review of Out-Of-Network (OON) requests for specialty care to assess members being referred to out-of-network for services.
- Based on survey results, the Plan initiates Corrective Action Plans (CAPs).
- Conducts quarterly geo-access analysis to identify access issues in specific geographic areas and increase contracting efforts.
- Analyze grievances on a quarterly basis to identify providers with high volume of grievances and determine grievance reduction initiatives with providers.

## Quality EDGE

### **Commercial/Marketplace**

There was a total of 70 approved requests for Quality EDGE. The 2025 funding totaled \$363,000. Funding was allocated in the areas of Expanded Days/Hours (One-Stops), equipment/supplies, systems/consulting services, staffing, and member/staff incentives to support gap closure for CBP, COL, and WCV measures. Additionally, \$295,000 was allocated to support provider incentives targeting CIS-10 gap closures.

### **Medi-Cal**

There was a total of 295 approved requests for Medi-Cal. There were an additional 25 approved requests categorized under Sacramento Blitz for the pediatric measures. Funding allocated for the Sacramento Blitz was \$400,000. Total funding for Medi-Cal, including Sacramento Blitz equaled \$2,045,000.

### ***3.10. Health Education and Wellness***

In 2025, Health Education fulfilled a total of 94 order requests. There was a total of 590 articles requested resulting in the distribution of 69,833 pieces of printed health education materials that were distributed to provider offices. The Health Education and Wellness teams also expanded on the PowerPoint presentation of digital health education resources to support patients. The presentation consisted of QR codes with links to English and Spanish reliable sources ranging from the Center for Disease Control and Prevention (CDC), World Health Organization (WHO), and American Heart Association (AHA). This resource covered a variety of health topics ranging from asthma to senior health. The deployment of this material was a collaborative effort among Health Education and Wellness, Quality Improvement and provider facing teams. The teams worked together to distribute this resource to providers who then shared pertinent resources with members. Other key accomplishments included: the transition to Teladoc's Digital Mental Health Program; DHCS approval of a new Diabetes Prevention Program (DPP) vendor; and continuation of the partnership Every Woman Counts which offers health education classes for breast cancer and cervical cancer screenings.

## Section 4: QI Reporting

### 4.1 Safety Monitoring of Potential Quality of Care Issues (PQIs)

A PQI is any suspected deviation from provider performance, clinical care, or outcome of care which requires further investigation to determine if an actual quality of care concern or opportunity for improvement exists. PQIs are identified by plan staff, providers, health care professionals, or vendors. PQI's are separate from member identified Quality of Care (QOC) concerns.

When a potential PQI is identified, a PQI Referral Form is completed (forms are available from department supervisors and are also available to our providers and vendors on the plan's Provider Portal). The PQI Referral form is faxed to the plan's Clinical Grievance Department, where a case is systematically built and assigned to a Registered Nurse. The nurse will request the medical records needed and provide a clinical review and recommendation. Once the nurse's review is complete, it is forwarded to a Medical Director who will complete an independent review and level the case. All cases are assigned levels by the Medical Director from 0 to 4. All cases are tracked/trended with all cases leveled a 3 or 4 referred to the plan's Peer Review Committee.

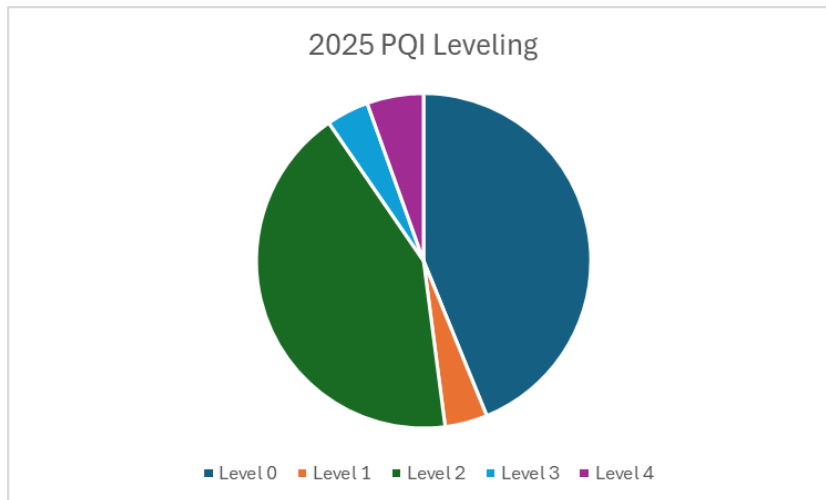
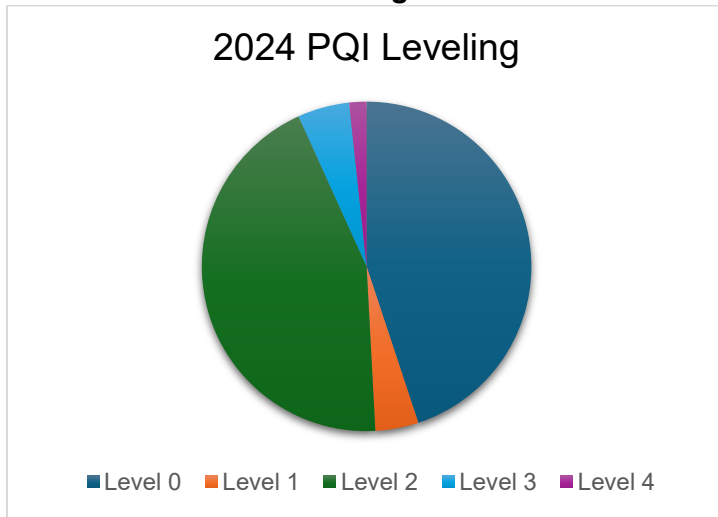
As shown in Table 4.1, Health Net received and closed 118 PQIs in 2024. The cases were completed within the 90-day turnaround time. In 2025, Health Net received and closed 73 PQIs. All cases were completed within the 90-day turnaround time. The following table shows the breakdown of leveling for cases.

- Level 0 – Investigation indicates no QOC issue has occurred.
- Level 1 – Investigation indicates that a particular case demonstrated no potential for serious adverse effects.
- Level 2 – Investigation indicates that a particular case demonstrated a minimal potential for serious adverse effects.
- Level 3 – Investigation indicates that a particular case has demonstrated a moderate potential for serious adverse effects.
- Level 4 – Investigation indicates that a particular case has demonstrated a significant potential for serious adverse effects.

**Table 4.1a 2024-2025 PQI Cases**

<b>PQI Level</b>	<b>2024</b>	<b>2025</b>
<i>Level 0</i>	53	32
<i>Level 1</i>	5	3
<i>Level 2</i>	52	31
<i>Level 3</i>	6	3
<i>Level 4</i>	2	4
<b>Total Cases</b>	<b>118</b>	<b>73</b>

**Chart 4.1a 2024 PQI Leveling**



## 4.2 Vendor/Delegation Oversight

### Vendor Oversight

Health Net ensured delegated vendors supporting the plan were compliant with contractual and regulatory requirements. This was accomplished via ongoing monitoring and auditing.

#### *2025 Delegated Vendor Auditing and Monitoring Activities*

- Annual audits were conducted for Evolent (NIA), Centene Vision, eviCore, TurningPoint, ModivCare, Molina and ASH.
- Joint Oversight Committees (JOCs) were held quarterly in which performance metrics for all delegated vendor services were reviewed.
- Semi-annual scorecard evaluations of ModivCare were conducted which included reviews of PCS form process and proper transportation level of service was provided.

- Vendor Oversight Committee (VOC) monthly meetings were held to analyze transportation data and trends to identify opportunities to improve member satisfaction and compliance.

### *Delegated Vendor Auditing and Monitoring Summary*

- Delegated Utilization Management (UM) – American Specialty Health (ASH), TurningPoint, Evolent (NIA) and eviCore were delegated for UM.
  - The eviCore annual audit resulted in UM findings related to template letters.
  - The ASH annual audit demonstrated compliance with no UM findings.
  - The TurningPoint annual audit resulted in UM findings for the following:
    - Member letter content inaccuracies.
    - Mapping non-compliance (letters sent in Spanish instead of English).
    - Letter template non-compliance.
    - Pend process non-compliance.
  - The Evolent annual audits audit resulted in UM findings for the following:
    - UM Committee structure non-compliance.
    - Same State license requirement non-compliance.
    - Administrative denial notices non-compliance.
- Delegated Credentialing – American Specialty Health (ASH) and Centene Vision were delegated for Credentialing.
  - The ASH annual audit demonstrated compliance with no findings.
  - The Centene Vision annual demonstrated compliance with no findings.
- Delegated Non-Medical Transportation/ Non-Emergency Medical Transportation (NMT/NEMT) Services – ModivCare was delegated for NMT/NEMT services.
  - The semiannual scorecard evaluation of ModivCare demonstrated compliance with the requirement to have a completed Physician Certification Statement (PCS) form on file prior to providing NEMT services. The previously issued CAP has been closed. The annual audit resulted in a Customer Service finding for Minor Consent Protocols.
- The annual audit of Molina was completed in Q1 2026 and had the following findings:
  - Appeals and Grievances:
    - A&G Representative name was not present on the written notification to the member.
    - Nondiscrimination Notice (NDN) was not in the member’s language of choice.
  - Claims:
    - Processing Payment Accuracy.
    - Contested Claims Accuracy.
    - Adjustment Processing Accuracy.
    - Family Planning Accuracy.
  - Quality Improvement
    - Dental Anesthesia is not included.
  - Oversight of Delegated Providers
    - Lack of evidence of remediation plans for findings.
  - Utilization Management
    - Notifications: clinical terms not clearly explained in the member facing letters.
    - Denial notifications were not addressed to the treating practitioner’s name.

### *2026 Opportunities/Changes*

For 2026, Health Net will continue to perform monitoring via scorecard evaluations, quarterly JOCs, monthly ModivCare VOCs and perform annual audits of delegated services.

## Section 5: Summary of Key Accomplishments

2025 was a productive year for Health Net's Quality Improvement Program. The following is a brief summary of some of the key QI interventions and accomplishments for this period.

### Health Education and Wellness

- Expanded digital QR code resource
  - Extensive library of branded and non-branded health sheets
  - Digital resources for providers to support patients
  - Easy-to-scan QR codes and clickable URL links for members/patients on several health topics
- Successful implementation of the Teladoc Mental Health Digital Program for all lines of business. Launched a company-wide training for internal stakeholders to learn about the program.
- Approval of the new Diabetes Prevention Program (DPP) vendor for Medi-Cal.
- Continued partnership with Every Woman Counts to provide education on breast cancer and cervical cancer screenings.
- Measure specific accomplishments
  - Diabetes health support page established for all lines of business.
  - Preventive Screening Guidelines updated for Medi-Cal line of business.
- Monthly Wellness Webinar series continued to have high attendance. In 2025, there were 166 participants on average that attended. We have a sign language interpreter for the monthly wellness webinar series.
- Fulfilled 94 orders for printed health education materials with 69,833 pieces of material distributed.
- A total of 138 members were referred to using the Findhelp resource.
- Increased engagement in the Health Net employee well-being program Healthy Living@Health Net.

### Quality Indicators and Ratings

- Met 25-2-2 Exclusion Policy requirements for Covered California, for both Ambetter HMO and PPO for MY 2024. Projected to meet MY 2025 25-2-2 Exclusion Policy requirements.
- Exceeded 66<sup>th</sup> percentile on four out of eight QTI measures for MY 2024. For MY 2025, all QTI measures are projected to be above the 25th percentile, avoiding a CAP, and half of QTI measures are projected to be above the 66th percentile.
- Maintained 3 Star rating on the QRS Global score for both Ambetter HMO and PPO QRS Global Rating.

### Regulatory/Accreditation Requirements and Submissions

- Maintained NCQA Health Outcomes Accreditation and Community-Focused Care Accreditation.
- Renewed Health Plan Accreditation through 2028.
- Submitted annual update for the Medi-Cal Clinical and Non-Clinical DHCS Performance Improvement Projects (PIP) to the Health Services Advisory Group (HSAG).

- Health Net, in collaboration with DHCS and the Institute for Healthcare Improvement (IHI), completed Phase I and initiated Phase II of the Child Health Equity Collaborative, a 12-month program designed to support Managed Care Plans in strengthening children's preventive services through team-based care, technology optimization, population health management, and strategies to address social drivers of health.
- Successfully completed the DHCS Quality Monitoring Improvement Program (QMIP), submitting 45 deliverables to DHCS in 2025 that detailed improvement projects implemented across the domains of Children's Health, Cancer Prevention, Behavioral Health, and Reproductive Health.
- Health Net continued active participation in the DHCS Early Childhood Affinity Group and was invited to join the 834 Enrollment File and Newborn Gateway Provider Education sub-workgroups in recognition of its leadership and collaborative contributions.
- The Health Net Quality team maintained active participation in Local Health Jurisdiction (LHJ) and health plan meetings across Medi-Cal contracted counties to support collaboration, alignment, and quality improvement initiatives.
- The Health Net Quality team successfully completed its first DMHC Corrective Action Plans (CAPs) for Medi-Cal, Commercial, and Marketplace, with a strategic focus addressing health equity gaps in priority HEDIS measures.

#### **Quality Improvement Department and Programs**

- Continued Quality Governance Committee, chaired by the Senior Director of Quality Improvement.
- Approved and processed 473 Quality EDGE requests supporting providers and members with over \$3.7 million in funds across lines-of-business.
- In support of the Quality EDGE programs, the Quality Improvement Research and Analysis (QIRA) team maintained and improved the Priority Provider Profile (PPP) built within a Power-BI dashboard that allows internal stakeholders the ability to segment priority HEDIS outcomes across individual practitioners and providers throughout the HEDIS measurement year, across all major lines of business and products. Year-over-year (YOY) and month-over-month (MOM) comparison allows teams to track performance and pacing towards the company's goals and established benchmarks.

## Section 6: Annual QI Program Changes

Based on this evaluation, Health Net's Quality Management department effectively met safe clinical practice goals, had adequate resources, and a strong QI Committee structure, which included productive practitioner participation and effective leadership. To ensure more alignment across all lines of business, Quality Management will continue as a centralized department, serving multiple business functions, and will continue to leverage Corporate Centene materials, activities, and reporting along with its internal processes. The POD approach continues to strengthen Health Net's standardized approach to quality improvement. In 2026, the Quality Improvement department will continue to focus on its strategy of provider engagement, direct care gap closure, and leveraging Corporate vendors and partners. There will be an emphasis on delivering more timely and user-friendly reports to providers to facilitate actionable care gap closure. There will be a new POD to oversee Operations, including the multigap calls and streamlining member engagement outreach modes. Additionally, Maternal Health, inclusive of maternal health equity, will be folded into the Hospital Quality/Patient Safety POD.

In Q3 2025, the Clinical Vendor Management Team (overseeing vendors providing telehealth, utilization management reviews, shared-decision making programs, etc.) was transitioned from the population health team and merged with quality team operations to streamline vendor management. The team continues to ensure established vendors are meeting terms of their contracts, measure performance, address issues, measure return on investment (ROI), assess organizational needs and onboard new vendors.

## Section 7: Appendix

For 2026, the following measures are areas of focus, or opportunities for improvement based on 2025 results, across all lines of business:

**Table A-1. Opportunities for 2026 by Category**

Adult Health Opportunities	Pediatric/Perinatal/Dental Health Opportunities
<p><b>Chronic Care</b></p> <ul style="list-style-type: none"> <li>Controlling Blood Pressure (CBP) ●●</li> <li>Diabetes Control (HBD/GSD) ●●●</li> <li>Eye Exam for Patients with Diabetes (EED) ●●●</li> <li>Kidney Health Evaluation for Patients with Diabetes (KED) ●</li> <li>Chronic Obstructive Pulmonary Disease: Corticosteroid ●</li> <li>Chronic Obstructive Pulmonary Disease: Bronchodilator ●</li> </ul> <p><b>Preventive Care Opportunities</b></p> <ul style="list-style-type: none"> <li>Breast Cancer Screening (BCS) ●●</li> <li>Cervical Cancer Screening (CCS) ●●●</li> <li>Colorectal Cancer Screening (COL) ●●</li> </ul>	<p><b>Maternal Health</b></p> <ul style="list-style-type: none"> <li>Timeliness of Prenatal Care (PPC-Pre) ●</li> <li>Postpartum Care (PPC-Post) ●●</li> </ul> <p><b>Child/Adolescent Health</b></p> <ul style="list-style-type: none"> <li>Children Under 2 Years Completing Immunizations (CIS-10) ●●●</li> <li>Improve Immunization Status for Adolescents (IMA-2) ●●</li> <li>Weight Assessment and Counseling (WCC) ●●</li> <li>Developmental Screening in the First Three Years of Life (DEV) ●</li> <li>Well-Child Visits in the First 30 Months of Life (W30-2+/W30-6+) ●●●</li> <li>Weight Assessment and counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Percentile Documentation (WCC) ●●</li> <li>Weight Assessment and counseling for Nutrition and Physical Activity for Children/Adolescents: Counseling for Nutrition ●●</li> <li>Weight Assessment and counseling for Nutrition and Physical Activity for Children/Adolescents: : Physical Activity ●●</li> <li>Child and Adolescent Well-Care Visits for 3-18 Years of Age (WCV) ●●</li> </ul> <p><b>Dental Health</b></p> <ul style="list-style-type: none"> <li>Topical Fluoride for Children (TFL-CH) ●●</li> <li>Oral Evaluation, Dental Services (OED/OEV) ●</li> </ul>

Behavioral Health Opportunities	Care Coordination/Member Engagement Opportunities
<ul style="list-style-type: none"> <li>Follow-Up After ED Visit for Substance Use – 7 Days (FUA) ●●</li> <li>Follow-Up After ED Visit for Substance Use – 30 Days (FUA) ●●</li> <li>Follow-Up After Hospitalization – 7 Days (FUH) ●●</li> <li>Follow-Up After Hospitalization – 30 Days (FUH) ●●</li> <li>Follow-Up After ED Visit for Mental Health – 7 Days (FUM) ●●</li> <li>Follow-Up After ED Visit for Mental Health – 30 Days (FUM) ●●</li> </ul>	<ul style="list-style-type: none"> <li>Initial Health Assessment/Annual Wellness Visit (IHA/AWC) ●</li> </ul>
Overuse/Hospital Quality/Patient Safety Opportunities	Member Experience – CAHPS Opportunities
<p><b>Hospital Quality/Patient Safety:</b></p> <ul style="list-style-type: none"> <li>Catheter-Associated Urinary Tract Infection (CAUTI) ●●●</li> <li>Central Line-Associated Bloodstream Infection (CLABSI) ●●●</li> <li>Clostridioides difficile (C. diff) ●●●</li> <li>Methicillin-resistant Staphylococcus aureus (MRSA) ●●●</li> <li>Surgical Site Infection-Colorectal (SSI-Colon) ●●●</li> <li>Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Rate ●●●</li> </ul>	<ul style="list-style-type: none"> <li>Adult Immunization Status - Flu (AISE) ●●</li> <li>Getting Needed Care ●</li> <li>Getting Appointments &amp; Care Quickly ●</li> </ul>
Pharmacy and Related Measures	Provider Surveys Opportunities
<ul style="list-style-type: none"> <li>Concurrent Use of Opioids and Benzodiazepines (COB) ●</li> <li>Medication Adherence for Cholesterol (MAC/PDC-Statin) ●</li> <li>Medication Adherence for Diabetes Medications (MAD/PDC-Diabetes) ●</li> <li>Medication Adherence for Hypertension MAH/PDC RAS ●</li> <li>Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH) ●</li> <li>Polypharmacy: Use of Multiple Central Nervous System (Poly-CNS) ●</li> <li>Statin Therapy for Patients With Cardiovascular Disease (SPC) ●</li> <li>Statin Use in Persons with Diabetes (SUPD) ●</li> </ul>	<p><b>PAAS (Provider Appointment Availability Survey)</b></p> <ul style="list-style-type: none"> <li>Non-Urgent and Urgent Care Appointments for PCPS and Specialists (non-BH) ●●●</li> <li>Non-Urgent and Urgent Care Services with Specialists (BH and non-BH) ●●●</li> </ul> <p><b>PAHAS (Provider After-Hours Availability Survey)</b></p> <ul style="list-style-type: none"> <li>Ability to contact on-call physician after-hours within 30 minutes ●●●</li> </ul> <p><b>PSS (Provider Satisfaction Survey)</b></p> <ul style="list-style-type: none"> <li>All measures for non-behavioral health responders ●●●</li> </ul>

- Pharmacotherapy for Opioid Use Disorder (POD) ●●

Commercial	●
Marketplace	●
Medi-Cal	●

**Table A-2. Summary of Outcomes by Category - Commercial, Exchanges (RY 2025)**

Category	Commercial		Marketplace		Total	
	N	%	N	%	N	%
Adult Chronic Care	8/14	57.14%	4/10	40%	12/24	50%
Adult Preventive Care and Utilization	5/12	41.67%	5/12	41.66%	10/24	41.67%
Adult Survey (CAHPS)	1/10	10%	1/8	12.5%	2/18	11.11%
Provider Surveys	19/36	52.78%	11/16	68.75%	30/52	57.69%
Maternal and Child Care	4/20	20%	2/22	9.09%	6/42	14.29%
Behavioral Health	6/16	37.5%	3/8	37.5%	9/24	37.50%
<b>Total</b>	<b>43/108</b>	<b>39.81%</b>	<b>26/76</b>	<b>34.21%</b>	<b>75/226</b>	<b>33.19%</b>

**Table A-3. Summary of Outcomes by Category - Medi-Cal (RY 2025)**

Category	Medi-Cal	
	N	%
Adult Chronic Care	2/9	22.22%
Adult Preventive Care and Utilization	4/6	66.66%
Adult Member Survey (CAHPS)	1/5	20%
Provider Surveys	17/24	70.83%
Maternal and Child Care	4/10	40%
Behavioral Health	0/3	0%
<b>Total</b>	<b>28/57</b>	<b>49.12%</b>

Note: Quality of Care HEDIS metrics are based on Accreditation plan level rates.

**Table A-4. Progress to RY 2024 Goals – Adult Chronic Care Outcomes (HEDIS)**

Measure	Commercial				Marketplace				Medi-Cal	
	CA HMO	Goal Met	CA PPO	Goal Met	CA MKT HMO	Goal Met	CA MKT PPO	Goal Met	CA MCL	Goal Met
Asthma Medication Ratio	69.37%		72.92%		65.60%		65.22%		59.82%	
COPD – Corticosteroid	N/R		N/R		N/R		N/R		60.25%	
COPD – Bronchodilator	N/R		N/R		N/R		N/R		78.55%	
Beta Blocker after Heart Attack	66.67%		83.33%	✓	N/R		N/R		53.13%	
Diabetes – Eye Exam	64.48%	✓	46.23%		53.53%	✓	36.74%		64.72%	
Diabetes – Kidney Monitoring	63.12%	✓	51.20%		61.49%	✓	49.04%	✓	51.63%	✓
Glycemic Status Assessment for Patients With Diabetes-A1c<8	69.83%	✓	66.67%	✓	N/R		N/R		59.12%	
Glycemic Status Assessment for Patients With Diabetes Glycemic Status >9.0%	19.22%	✓	22.14%	✓	20.92%	✓	22.38%	N/A	27.01%	
Controlled Blood Pressure	75.67%	✓	62.29%		70.32%		62.04%		68.86%	✓

N/A – Not Applicable

NR – Not reported due to small denominator

\*As of 2024, CMS QRS reporting A1c>9 (A1c poor control) replaced A1<8 as a new QRS measure.

^Administrative rate only

**Table A-5. Progress to RY 2025 Goals – Adult Preventive Care and Utilization Outcomes (HEDIS)**

Measure	Commercial				Marketplace				Medi-Cal	
	CA HMO	Goal Met	CA PPO	Goal Met	CA MKT HMO	Goal Met	CA MKT PPO	Goal Met	CA MCL	Goal Met
Breast Cancer Screening-	77.45%	✓	72.41%		73.47%	✓	54.69%		59.25%	✓
Colorectal Cancer Screening-	62.76%		55.88%		58.37%		37.07%		38.75%	✓
Cervical Cancer Screening	74.81%	✓	71.39%		58.75%	✓	45.87%		51.84%	
Flu Vaccine	33.57%	✓	25.51%	✓	23.27%	✓	18.46%	✓	17.18%	✓
Low Back Pain	73.92%		75.00%	✓	74.63%	✓	73.33%		73.93%	✓
Avoid Antibiotics for Bronchitis	45.78%		39.60%		35.29%		42.74%		44.90%	
Prevent Readmission	**		**		**		**		N/A	

N/A – Not Applicable

NR – Not reported due to small denominator

\*\*Observed to expected ratio

^Administrative rate only

Used the MY 2024 National Quality Compass Commercial 50<sup>th</sup> percentile as the benchmark. Used the MY 2024 National Quality Compass Marketplace 50<sup>th</sup> percentile for non-QTI measures.

**Table A-6. Progress to RY 2025 Goals – Maternal and Child Health Outcomes (HEDIS)**

Measure	Commercial				Marketplace				Medi-Cal	
	CA HMO	Goal Met	CA PPO	Goal Met	CA MKT HMO	Goal Met	CA MKT PPO	Goal Met	CA MCL	Goal Met
Prenatal Care	87.83%		86.92%	✓	90.36%	✓	86.75%	✓	86.37%	✓
Postpartum Care	89.29%		84.11%	✓	78.31%		79.06%		82.24%	✓
Childhood Immunization Status – Combo 10	59.37%	✓	46.67%		39.47%		37.97%		27.49%	
Developmental Screening in the First 3 Years of Life (DEV)	N/A		N/A		N/A		N/A		32.88%	
Immunizations for Adolescents – Combo 2 (IMA-2)	41.12%	✓	28.42%		37.82%		19.07%		39.90%	✓
Lead Screening in Children (LSC)	N/A		N/A		N/A		N/A		66.18%	✓
Oral Evaluation, Dental Services (OED)	N/A		N/A		11.52%		22.42%		49.83%	N/A
Topical Fluoride Application for Children	N/A		N/A		N/A		N/A		15.50%	
Weight Assessment and Counseling – BMI Percentile	74.45%		70.56%		75.67%**		77.13%**		89.29%	N/A

Weight Assessment and Counseling – Counseling for Nutrition	64.48%		33.82%		67.40%**		68.13%**		71.05%	N/A
Weight Assessment and Counseling – Counseling for Physical Activity	61.31%		32.60%		66.67%**		65.94%**		69.59%	N/A
Well Child Visits in the First 30 Months of Life – 0–15 Months	75.68%		60.23%		60.87%		56.14%		53.75%	
Well Child Visits in the First 30 Months of Life – 15–30 Months	86.17%		80.37%		82.28%		75.56%		65.05%	
Child and Adolescent Well-Care Visits	56.72%		52.38%		45.66%		44.21%		49.58%	

N/A – Not Applicable

\*\* - Used the MY 2024 National Quality Compass Commercial 50<sup>th</sup> percentile as the benchmark. The WCC measures did not meet goal. Used the MY 2024 National Quality Compass Marketplace 50<sup>th</sup> percentile for non-QTI measures.

**Table A-7. Progress to RY 2025 Goals – Behavioral Health Outcomes (HEDIS)**

Measure	Commercial				Marketplace				Medi-Cal	
	CA HMO/POS	Goal Met	CA PPO	Goal Met	CA MKT HMO	Goal Met	CA MKT PPO	Goal Met	CA MCL	Goal Met
Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics	50.00%		33.33%		N/R		N/R		54.19%	
Follow-Up after Emergency Department Visit for Mental Illness-30 days	53.28%		45.16%		N/R		N/R		45.34%	

Follow-Up After Hospitalization for Mental Illness – 7 days	49.81%	✓	30.36%		39.51%		35.82%		N/A	
Follow-Up After Hospitalization for Mental Illness – 30 days	68.08%	✓	51.79%		56.79%	✓	56.72%		N/A	
Initiation of Substance Use Disorder Treatment	32.34%		40.21%		29.91%		43.79%	✓ *	N/A	
Engagement of Substance Use Disorder Treatment	10.74%		15.66%	✓	11.12%		18.03%	✓	N/A	
Follow up after Emergency Department Visit for Substance Abuse- 30 days	28.74%		42.55%	✓	N/R		N/R		33.44	
Follow-Up After High Intensity Care for Substance Use Disorder	63.02%	✓	72.41%	✓	N/R		N/R		N/R	

N/A – Not Applicable

NR – Not reported due to small denominator

^Administrative rate only

\*Given no Exchange benchmarks for Initiation/Engagement of Substance Use Disorder(IET), Commercial National Quality Compass benchmark was used as proxy.

**Table A-8. Progress to RY 2025 Goals – Adult Survey Outcomes (CAHPS)**

Measure	Commercial				Marketplace				Medi-Cal	
	CA HMO	Goal Met	CA PPO	Goal Met	<sup>1</sup> CA MKT HMO	Goal Met	<sup>1</sup> CA MKT PPO	Goal Met	CA MCL	Goal Met
Getting Needed Care	71.3%		70.5%		70.7%		61.0%		75.5%	
Getting Care Quickly	73.4%		67.3%		66.9%		62.8%		75.4%	
Care Coordination	81.8%		75.8%		78.2%		79.7%		80.7%	
Rating of Health Care	70.0%		60.3%		80.8%	✓	71.5%		74.9%	✓
Customer Service	86.2%	✓	68.1%		N/A		N/A		86.4%	

N/A – Not Applicable

NR – Not reported due to small denominator

^Administrative rate only

\*Given no Exchange benchmarks for Initiation/Engagement of Substance Use Disorder(IET), Commercial National Quality Compass benchmark was used as proxy.

**Table A-9. RY 2025 CAHPS Survey Summary - Commercial HMO/POS**

Measure	2024 Final		2025 Final	
	Rate	Percentile	Rate	Percentile
Getting Needed Care	69.2%	<5th	71.3%	<5th
Getting Care Quickly	70.2%	5th	73.4%	5th
How Well Doctors Communicate	94.4%	25th	95.2%	25th
Customer Service	78.2%	<5th	86.2%	25th
Claims Processing	78.0%	<5th	78.7%	10th
Care Coordination	81.4%	25th	81.8%	10th
Rating of Health Care Quality	69.1%	<5th	70.0%	10th
Rating of Personal Doctor	80.6%	<5th	81.1%	<5th
Rating of Specialist	79.3%	<5th	82.0%	25th
Rating of Health Plan	65.5%	<5th	65.3%	<5th
Advising Smokers and Tobacco Users to Quit	72.0%	NR	68.4%	NR
Discussing Cessation Medications	33.3%	NR	34.8%	NR
Discussing Cessation Strategies	37.0%	NR	27.3%	NR

\*2025 Percentile is based on final top box rate against 2025 National Quality Compass percentile cut points (non-PPO and PPO). All the 4 Overall Rating measures are rates of the top 8, 9, 10 categories.

NR: The QC HMO and PPO benchmark for the smoking measures was not reported/provided by NCQA due to low response rates across plans.

■ 2025 percentile higher than 2023    ■ 2025 percentile lower than 2024

**Table A-10. RY 2025 CAHPS Survey Summary - Commercial PPO**

Measure	2024 Final		2025 Final	
	Rate	Percentile	Rate	Percentile
Getting Needed Care	68.3%	<5th	70.5%	<5th
Getting Care Quickly	80.2%	10th	67.3%	<5th
How Well Doctors Communicate	92.1%	5th	93.1%	5th
Customer Service	70.1%	NR	68.1%	NR
Claims Processing	69.8%	<5th	76.8%	5th
Care Coordination	78.9%	10th	75.8%	5th
Rating of Health Care Quality	41.3%	<5th	60.3%	<5th
Rating of Personal Doctor	64.1%	<5th	78.7%	5th
Rating of Specialist	63.0%	<5th	76.3%	10th
Rating of Health Plan	28.6%	<5th	47.9%	5th
Advising Smokers and Tobacco Users to Quit	55.6%	NR	66.7%	NR
Discussing Cessation Medications	20.0%	NR	0.0%	NR
Discussing Cessation Strategies	10.0%	NR	11.1%	NR

\*2025 Percentile is based on final top box rate against 2025 National Quality Compass percentile cut points (non-PPO and PPO). All the 4 Overall Rating measures are rates of the top 8, 9, 10 categories. NR: The QC HMO and PPO benchmark for the smoking measures was not reported/provided by NCQA due to low response rates across plans.

■ 2025 percentile higher than 2024    ■ 2025 percentile lower than 2024

**Table A-11. RY 2025 CAHPS Survey Summary - Exchanges HMO and PPO**

Measure	Covered CA HMO				Covered CA Health Net PPO			
	2024 QHP Final		2025 QHP Final		2024 QHP Final		2025 QHP Final	
	Score	Percentile	Score	Percentile	Score	Percentile	Score	Percentile
Access to Care	69.2%	25th	68.8%	25th	59.7%	<5th	61.9%	<5th
Getting Care Quickly	68.6%	N/A	66.9%	N/A	57.0%	N/A	62.8%	N/A
Getting Needed Care	70.8%	N/A	70.7%	N/A	61.4%	N/A	61.0%	N/A
Care Coordination	82.1%	25th	78.2%	5th	75.2%	<5th	79.7%	10th

<i>Cultural Competence</i>	65.9%	N/A	70.6%	N/A	64.7%	N/A	57.1%	N/A
<i>Access to Information</i>	65.9%	75th	56.8%	75th	64.7%	75th	49.4%	25th
<i>Assistance Smoking and Tobacco Use Cessation</i>	58.3%	75th	N/A	N/A	22.0%	75th	N/A	N/A
<i>Rating of All Health Care</i>	77.2%	10th	80.8%	50th	69.7%	<5th	71.5%	<5th
<i>Rating of Personal Doctor</i>	86.0%	10th	87.9%	25th	81.6%	<5th	85.0%	5th
<i>Rating of Specialist</i>	83.7%	10th	84.4%	25th	81.5%	<5th	81.7%	5th
<i>Rating of Health Plan</i>	74.5%	75th	77.2%	75th	63.4%	5th	63.5%	5th
<i>Plan Administration</i>	67.9%	25th	67.7%	25th	63.3%	5th	65.4%	10th

\* 2025 and 2024 QHP final scores are case-mix adjusted scores (in normal font) and scaled mean scores (in italics).

The 2025 percentile is based on the displayed score against the 2024 QHP Proof Sheet benchmark.

N/A: No 2024 benchmark for the measures Getting Care Quickly, Getting Needed Care, Cultural Competence, and Assistance Smoking and Tobacco Use Cessation.

■ 2025 percentile higher than 2024    ■ 2025 percentile lower than 2024

**Table A-12. RY 2025 CAHPS Survey Summary – Medi-Cal**

<i>Measure</i>	2024 Final		2025 Final	
	Rate	Percentile	Rate	Percentile
<i>Getting Needed Care</i>	74.5%	<5th	75.5%	5th
<i>Getting Care Quickly</i>	77.5%	25th	75.4%	10th
<i>How Well Doctors Communicate</i>	92.2%	25th	91.9%	25th
<i>Customer Service</i>	85.9%	5th	86.4%	10th
<i>Care Coordination</i>	78.9%	<5th	80.7%	5th
<i>Rating of Health Care Quality</i>	74.6%	<5th	74.9%	25th
<i>Rating of Personal Doctor</i>	80.8%	<5th	85.7%	50th
<i>Rating of Specialist</i>	83.2%	<5th	80.4%	10th
<i>Rating of Health Plan</i>	78.4%	<5th	79.8%	50th
<i>Advising Smokers and Tobacco Users to Quit</i>	64.1%	5th	62.3%	5th
<i>Discussing Cessation Medications</i>	36.9%	<5th	43.5%	5th
<i>Discussing Cessation Strategies</i>	32.8%	<5th	45.6%	25th

■ 2025 percentile higher than 2024    ■ 2025 percentile lower than 2024

**Table A-13. Provider Appointment Availability Survey (PAAS) Results – Commercial HMO/POS**

Access Measure	Standard	Source	Performance Goal	HMO/POS		
				2024 n (%)	2023 n (%)	Goal Met
<b>Access to Primary Care Physicians (PCPs)</b>						
<i>Urgent Care Appointment with PCP</i>	Within 48 hours of request	PAAS	70% or YOY improvement	6099 (62.6)	6281 (70.0)	No
<i>Non-Urgent Appointment with PCP</i>	Within 10 business days of request		70% or YOY improvement	6343 (77.0)	6590 (79.7)	Yes
<b>Access to Specialty Care Physicians (SCP)</b>						
<i>Urgent care services with Specialist</i>	Within 96 hours of request	PAAS	70% or YOY improvement	6947 (49.3)	5819 (59.1)	No
<i>Non-Urgent Appointment with Specialist</i>	Within 15 business days of request		70% or YOY improvement	7486 (63.5)	6639 (62.5)	Yes
<b>Access to Specialty Care Physicians (SCP) – High Volume (Obstetrics/Gynecology)</b>						
<i>Urgent care services with Specialist</i>	Within 96 hours of request	PAAS	70% or YOY improvement	374 (46.8)	213 (56.3)	No
<i>Non-Urgent Appointment with Specialist</i>	Within 15 business days of request		70% or YOY improvement	396 (67.7)	224 (71.0)	No
<b>Access to Specialty Care Physicians (SCP) – High Impact Specialists (Oncology)</b>						
<i>Urgent care services with Specialist</i>	Within 96 hours of request		70% or YOY improvement	38 (55.3)	17 (64.7)	No

<i>Non-Urgent Appointment with Specialist</i>	Within 15 business days of request	PAAS	70% or YOY improvement	40 (80.0)	17 (88.2)	Yes
<b>Access to Ancillary Providers - Physical Therapy, Mammogram</b>						
<i>Non-Urgent Ancillary Services</i>	Within 15 business days of request	PAAS	70% or YOY improvement	1366 (90.7)	1301 (92.9)	Yes
<b>Access to Mental Health Providers – Psychiatrists, Non-Physician Mental Health</b>						
<i>Urgent Care services with Specialist (Psychiatrist)</i>	Within 96 hours of request	PAAS	70% or YOY improvement	2479 (55.6)	1918 (60.1)	No
<i>Non-Urgent Appointment with Specialist (Psychiatrist)</i>	Within 15 business days of request		70% or YOY improvement	2766 (80.0)	2244 (80.7)	Yes
<i>Urgent Care services with NPMH Provider</i>	Within 96 hours of request		70% or YOY improvement	4939 (72.2)	4322 (76.9)	Yes
<i>Non-Urgent Appointment with NPMH provider</i>	With 10 business days of request		70% or YOY improvement	5902 (88.6)	5260 (85.6)	Yes
<i>Non-urgent follow-up appointment with NPMH provider</i>	With 10 business days of request		80% or YOY improvement	5840 (88.6)	5192 (86.0)	Yes

**Table A-14. Provider Appointment Availability Survey (PAAS) Results – Commercial and Marketplace**

Access Measure	Standard	Source	Performance Goal	HMO Exchange /Marketplace		
				2024 n (%)	2023 n (%)	Goal Met
<b>Access to Primary Care Physicians (PCPs)</b>						
<i>Urgent Care Appointment with PCP</i>	Within 48 hours of request	PAAS	70% or YOY improvement	2490 (76.8)	2515 (74.4)	Yes
<i>Non-Urgent Appointment with PCP</i>	Within 10 business days of request		70% or YOY improvement	2549 (87.4)	2637 (83.7)	Yes
<b>Access to Specialty Care Physicians (SCP)</b>						
<i>Urgent care services with Specialist</i>	Within 96 hours of request	PAAS	70% or YOY improvement	3197 (61.1)	2567 (70.0)	No
<i>Non-Urgent Appointment with Specialist</i>	Within 15 business days of request		70% or YOY improvement	3340 (73.1)	2585 (70.0)	Yes
<b>Access to Specialty Care Physicians (SCP) – High Volume (Obstetrics/Gynecology)</b>						
<i>Urgent care services with Specialist</i>	Within 96 hours of request	PAAS	70% or YOY improvement	163 (50.9)	61 (47.5)	Yes
<i>Non-Urgent Appointment with Specialist</i>	Within 15 business days of request		70% or YOY improvement	174 (67.2)	68 (69.1)	No
<b>Access to Specialty Care Physicians (SCP) – High Impact Specialists (Oncology)</b>						
<i>Urgent care services with Specialist</i>	Within 96 hours of request		70% or YOY improvement	33 (54.5)	11 (54.5)	No

Access Measure	Standard	Source	Performance Goal	HMO Exchange /Marketplace		
				2024 n (%)	2023 n (%)	Goal Met
<i>Non-Urgent Appointment with Specialist</i>	Within 15 business days of request	PAAS	70% or YOY improvement	35 (82.9)	15 (80.0)	Yes
<b>Access to Ancillary Providers - Physical Therapy, Mammogram</b>						
<i>Non-Urgent Ancillary Services</i>	Within 15 business days of request	PAAS	70% or YOY improvement	995 (95.7)	956 (97.1)	Yes
<b>Access to Mental Health Providers – Psychiatrists, Non-Physician Mental Health</b>						
<i>Urgent Care services with Specialist (Psychiatrist)</i>	Within 96 hours of request	PAAS	70% or YOY improvement	1575 (62.7)	1276 (64.3)	No
<i>Non-Urgent Appointment with Specialist (Psychiatrist)</i>	Within 15 business days of request		70% or YOY improvement	1763 (87.1)	1440 (83.3)	Yes
<i>Urgent Care services with NPMH Provider</i>	Within 96 hours of request		70% or YOY improvement	3106 (80.2)	2913 (77.4)	Yes
<i>Non-Urgent Appointment with NPMH provider</i>	With 10 business days of request		70% or YOY improvement	3634 (92.6)	3385 (85.8)	Yes
<i>Non-urgent follow-up appointment with NPMH provider</i>	With 10 business days of request		80% or YOY improvement	3606 (92.9)	3338 (86.0)	Yes

**Table A-15. Provider Appointment Availability Survey (PAAS) Results – Medi-Cal**

Access Measure	Standard	Source	Performance Goal	Medi-Cal		
				2024 n (%)	2023 n (%)	Goal Met
<b>Access to Primary Care Physicians (PCPs)</b>						
<i>Urgent Care Appointment with PCP</i>	Within 48 hours of request	PAAS	70% or YOY improvement	1091 (67.2%)	1358 (78.4%)	No
<i>Non-Urgent Appointment with PCP</i>	Within 10 business days of request		70% or YOY improvement	1116 (79.7%)	1415 (86.2%)	Yes
<b>Access to Specialty Care Physicians (SCP)</b>						
<i>Urgent care services with Specialist</i>	Within 96 hours of request	PAAS	70% or YOY improvement	1113 (52.1%)	1382 (66.0%)	No
<i>Non-Urgent Appointment with Specialist</i>	Within 15 business days of request		70% or YOY improvement	97 (66.7%)	1515 (68.3%)	No
<b>Access to Specialty Care Physicians (SCP) – High Volume (Obstetrics/Gynecology)</b>						
<i>Urgent care services with Specialist</i>	Within 96 hours of request	PAAS	70% or YOY improvement	50 (62.0%)	55 (63.6%)	No
<i>Non-Urgent Appointment with Specialist</i>	Within 15 business days of request		70% or YOY improvement	59 (67.8%)	59 (84.7%)	No
<b>Access to Specialty Care Physicians (SCP) – High Impact Specialists (Oncology)</b>						
<i>Urgent care services with Specialist</i>	Within 96 hours of request	PAAS	70% or YOY improvement	1 (50%)	4 (75.0%)	No
<i>Non-Urgent Appointment with Specialist</i>	Within 15 business days of request		70% or YOY improvement	2 (100.0%)	4 (100.0%)	Yes
<b>Access to Ancillary Providers - Physical Therapy, Mammogram</b>						
<i>Non-Urgent Ancillary Services</i>	Within 15 business days of request	PAAS	70% or YOY improvement	115 (95.0%)	244 (96.3%)	Yes
<b>Access to Mental Health Providers – Psychiatrists, Non-Physician Mental Health</b>						
<i>Urgent Care services with Specialist (Psychiatrist)</i>	Within 96 hours of request	PAAS	70% or YOY improvement	260 (70.0%)	245 (62.0%)	Yes

<i>Non-Urgent Appointment with Specialist (Psychiatrist)</i>	Within 15 business days of request		70% or YOY improvement	292 (87.7%)	269 (82.5%)	Yes
<i>Urgent Care services with NPMH Provider</i>	Within 96 hours of request		70% or YOY improvement	794 (71.4%)	820 (76.2%)	Yes
<i>Non-Urgent Appointment with NPMH provider</i>	With 10 business days of request		70% or YOY improvement	899 (86.4%)	945 (84.3%)	Yes
<i>Non-urgent follow-up appointment with NPMH provider</i>	With 10 business days of request		80% or YOY improvement	887 (85.8%)	797 (100.0%)	Yes

**Table A-16. Provider Satisfaction Survey Results – Commercial HMO-POS** (Behavioral Health and Non-Behavioral Health Providers)

Access Measure	Source	Commercial HMO-POS		
		MY 2024 N (%)	MY 2023 N (%)	Goal Met
<i>Referral and/or prior authorization process</i>	Health Net Provider Satisfaction Survey	72.4	81.7	No
<i>Access to urgent care</i>		74.5	79.7	No
<i>Access to non-urgent primary care</i>		76.8	80.1	No
<i>Access to non-urgent specialty services</i>		71.0	82.6	No
<i>Access to non-urgent ancillary diagnostic &amp; treatment services</i>		73.3	84.1	No
<i>Access to current and accurate provider directory data</i>		65.8	77.7	No

Plan goal for PSS is YOY directional improvement.

**Table A-17. Provider Satisfaction Survey Results – Medi-Cal** (Behavioral Health and Non-Behavioral Health Providers)

Access Measure	Source	Medi-Cal		
		MY 2024 N (%)	MY 2023 N (%)	Goal Met
Referral and/or prior authorization process	Health Net Provider Satisfaction Survey	80.7	80.0	Yes
Access to urgent care		84.4	82.2	Yes
Access to non-urgent primary care		86.9	83.4	Yes
Access to non-urgent specialty services		79.0	77.3	Yes
Access to non-urgent ancillary diagnostic & treatment services		80.6	78.9	Yes
Access to current and accurate provider directory data		76.8	74.4	Yes

Plan goal for PSS is YOY directional improvement.

**Table A-18. Telephone Access Survey Results – Medi-Cal**

Access Measure	Standard	Goal	MY 2024 Rate (%)	MY 2023 Rate (%)	Goal Met
Telephone Answer Time	Within 60 seconds	90% or YOY improvement	100.0	100.0	Yes
Provider Call-back for non-urgent issues during normal business hours	Within one business day	90% or YOY improvement	82.2	19.7	Yes

**Table A-19. Provider After-Hours Availability Survey Results – Commercial HMO/POS**

<b>Access to After-Hours Care (PCP)</b>	<b>Source</b>	<b>Standard</b>	<b>MY 2024 Rate (%)</b>	<b>MY 2023 Rate (%)</b>	<b>Goal Met</b>
<i>Appropriate After-Hours Emergency Instructions</i>	PAHAS	90% or YOY improvement	92.2	93.9	Yes
<i>Ability to contact on-call physician after-hours within 30 minutes*</i>		90% or YOY improvement	71.5↓	77.3	No
<i>N = number responded to question</i> <i>↑ ↓ Statistically significant difference between MY 2024 vs MY 2023, p&lt;0.05</i>					

**Table A-20. Provider After-Hours Availability Survey Results – Exchange Individual/Family Plan**

<b>Access to After-Hours Care (PCP)</b>	<b>Source</b>	<b>Standard</b>	<b>MY 2024 Rate (%)</b>	<b>MY 2023 Rate (%)</b>	<b>Goal Met</b>
<i>Appropriate After-Hours Emergency Instructions</i>	PAHAS	90% or YOY improvement	91.0	95.1	Yes
<i>Ability to contact on-call physician after-hours within 30 minutes*</i>		90% or YOY improvement	79.5	80.8	No
<i>N = number responded to question</i> <i>↑ ↓ Statistically significant difference between MY 2024 vs MY 2023, p&lt;0.05</i>					

**Table A-21. Provider After-Hours Availability Survey Results – Medi-Cal**

<i>Access to After-Hours Care (PCP)</i>	<i>Source</i>	<i>Performance Goal</i>	<i>MY 2024 N (%)</i>	<i>MY 2023 N (%)</i>	<i>Goal Met</i>
<i>Appropriate After-Hours Emergency Instructions</i>	PAHAS	90% or YOY improvement	95.0	95.7	Yes
<i>Ability to contact on-call physician after-hours within 30 minutes*</i>		90% or YOY improvement	75.7	78.4	No