



PHC California Quality Improvement and Health Equity Committee (QIHEC) Report

Summary Q4 2025

December 11, 2025

The following Sub-Committees reported to the QIHEC in Q4 2025:

1. Member and Provider Committee (MPC)
 - a. The PHC California Provider Manual was approved and updated to reflect current guidance and policies.
 - b. Standing reports reviewed network development, provider orientations, grievance process updates, health education newsletters, member engagement activities, provider survey analysis, and DHCS timely access metrics for PHC California.
 - c. Disenrollment data for PHC California showed a reduction compared to the prior quarter, prompting discussion of root cause analysis and mitigation strategies to support member retention and access.
 - d. Claims performance data for PHC California reflected declines in both paid and denied claims compared to the previous quarter, with discussion of monitoring turnaround times, denial rates, appeal rates, and IBNR estimates.
 - e. Regulatory updates included DMHC requirements under APL 25-007, effective January 1, 2026, impacting claims denial timeframes and retroactive denial practices, with implications reviewed for PHC California compliance planning.
 - f. Claims performance for PHC California reflected a 6.9% decrease in paid claims and a 42.8% decrease in denied claims from Q1 to Q2, with ongoing monitoring of claims metrics discussed.
2. Pharmacy & Therapeutics Committee (PTC)
 - a. Year-to-date Drug Utilization Review (DUR) campaigns for PHC California were reviewed, including provider letters and outreach conducted through MedImpact, with a focus on polypharmacy, including anticholinergic and CNS-activating medications.

- b. Comprehensive Medication Reviews (CMRs) demonstrated strong performance; however, difficulty reaching a small subset of members was noted, leading to coordination with case management to complete outreach.
 - c. HC California pharmacy operations transitioned from Magellan to Prime Therapeutics, allowing access to enhanced reporting capabilities, including reports required under the SUPPORT Act.
 - d. Data identifying providers and pharmacies with higher opioid utilization were reviewed, with targeted outreach conducted in collaboration with Valley Pharmacy and pharmacist support to assist with gradual benzodiazepine titration.
 - e. Updates to DUR educational materials and required website communications were completed, with acknowledgement of ongoing alignment with Medi-Cal DUR Board priorities.
3. Risk Management Committee (RMC)
- a. Grievance data for PHC California were reviewed, reflecting 79 reported issues involving 35 unique members, with referrals as the most frequent issue category.
 - b. Primary grievance areas included Hollywood ACC, Care Coordination, Transportation, Doctor Davidson's office, and incentive-related concerns.
 - c. Access to care and customer service grievance rates remained below threshold goals; access issues were primarily telephone-related, while customer service concerns involved staff interactions across providers and HCCs.
 - d. Transportation grievances remained elevated but showed improvement, with Lyft identified as the leading vendor contributor.
 - e. Referral-related grievances, including delays associated with a DME vendor (Ideal/Medox), were discussed, with potential escalation, contract review, and corrective action planning identified.
4. Utilization Management Committee (UMC)
- a. Compliance metrics for PHC California were reviewed, including IHRA compliance at 89.33%, annual HRA compliance at 54.52%, and year-to-date HRA performance at 71.93%, with improvements noted following updated compliance thresholds.
 - b. Updates confirmed UM turnaround time compliance at 99% for PHC California, with ongoing audits and projects conducted in collaboration with EQ Health to support reporting accuracy and compliance.
 - c. Discussion emphasized adherence to DHCS and CMS timelines, provider accountability for submitting complete information, and continued monitoring in preparation for the NCQA resurvey in Q1 2026.

- d. Issues were noted with providers submitting service requests that do not require authorization, prompting discussion of implementing portal alerts or stop-gap controls to reduce delays and improve operational efficiency.
 - e. Upcoming NCQA resurvey dates were noted, including the Health Equity resurvey scheduled for July 14, 2025.
- 5. Credentialing and Peer Review Committee (CPRC)
 - a. Credentialing activity for PHC California was reviewed, with a total of 75 providers approved during the quarter, including 35 initial and 40 recredentialing approvals.
 - b. No delegated groups were approved during the reporting period. Ongoing monitoring identified five CMS matches related to provider opt-out status.
 - c. Hospital privilege reviews included one approval and eight providers in process, with continued monitoring to ensure compliance with credentialing standards.
- 6. Public Policy and Community Advisory Committee (PPCAC)
 - a. The Q2 PPCAC meeting occurred during Q3 due to a delayed schedule and had 29 attendees, consistently meeting quorum.
 - b. Engagement efforts included expanding agenda content to cover health equity and education topics, sharing incentive program updates for transparency, and discussing internal initiatives such as DEI and TGI trainings.
 - c. Each meeting included an internal or external subject matter expert to support member education and address population needs, contributing to improved structure and engagement.
 - d. Plans for 2026 include maintaining the current format, continuing member reminders, and conducting outreach as needed to sustain engagement.
- 7. New Business:
 - a. The Long-Term Care QAPI Program was presented, clarified as aligned with but distinct from the general quality program to meet DHCS requirements, and approved by the committee. Future reporting will include performance results and interventions.
 - b. A revised HRA form incorporating SOGI data, pronouns, and preferred written language was reviewed. Minor edits to the material ID number were noted, and the form was approved pending final updates prior to DHCS submission.
 - c. Health Equity reports focused on CLAS and SOGI data were presented. Guidance was provided regarding letterhead usage and confirmation of contractual requirements for public posting, with follow-up assigned.

- d. Beginning in 2026, the committee agreed that reports and meeting materials will be separated by line of business to support audit readiness and compliance.
 - e. Program goals will be revised to SMART goals and incorporated into a dynamic work plan to meet NCQA accreditation requirements, with business owners responsible for submitting updated goals and performance data.
 - f. Updates to the provider directory were discussed, including adding office staff language availability and interpreter access, with work underway to update demographic and credentialing forms to support regulatory reporting.
8. Standing Reports
- a. Viral Load Suppression
 - i. No Report
 - b. Quality Improvement Intervention and Monitoring
 - i. Quarterly performance data (October–November) were reviewed, with most measures performing well; Advanced Care Planning remained low at 32%, with minimal improvement noted.
 - ii. Supplemental data sources, including EQ Health, continue to be used. Potential data mapping issues related to HRA responses were discussed, with follow-up planned to validate Athena data.
 - iii. Improvements were noted in blood pressure control, functional assessments, eye exams, and ECDS measures. Breast cancer screening showed a slight decline due to denominator changes, while colorectal cancer screening improvements are pending LabCorp integration of LOINC codes.
 - iv. Incentive program performance was reviewed, including incentives for mammograms, diabetic eye exams, colorectal cancer screening, HRA completion, and HIV-related visits.
 - v. Clarification was provided that the HIV Wellness Visit is distinct from the Annual Wellness Visit, prompting plans to update member outreach materials to reduce confusion; incentive impact reports will be added in the next reporting period.
 - c. Quality Improvement and NCQA Accreditation Update
 - i. The committee discussed upcoming health plan learning opportunities, including training on member rights and responsibilities, which will be incorporated into PHC California policies and procedures HEDIS/STAR Ratings.
 - ii. Policy and procedure uniformity and standardization were reviewed, with emphasis on ensuring PHC California P&Ps avoid inappropriate

CMS or DMHC/DHCS language and reflect correct regulatory alignment.

- iii. Policy and procedure uniformity and standardization were reviewed, with emphasis on ensuring PHC California P&Ps avoid inappropriate CMS or DMHC/DHCS language and reflect correct regulatory alignment.
- iv. Updates were noted regarding revisions to credentialing language to reflect appropriate leadership titles, with follow-up actions assigned to ensure accuracy and consistency.

d. Utilization Dashboard

- i. Inpatient utilization data were reviewed, with November admissions at approximately 204 per thousand and an average length of stay of 6.3 days; December data were noted as inadvertently included and will be corrected.
- ii. Emergency department utilization remained stable at approximately 511 visits per thousand, and inpatient admissions by race were reviewed for equity monitoring.
- iii. Outpatient utilization and cost data showed 268 utilizers with approximately \$4.6 million in annualized costs, while inpatient costs were noted to be declining more significantly than admissions per thousand, prompting further review.
- iv. Skilled nursing facility (SNF) utilization reflected two unique utilizers for the month, with costs reported at \$530,000 per thousand members.
- v. The committee requested future cost reporting be expressed as per member per month (PMPM) to align with capitation and budgeting, with plans to present both PMPM and per-thousand metrics and assess the percentage of capitation spent on inpatient services.
- vi. Requests were made to enhance dashboards by adding health equity data elements (e.g., age and social factors) to utilization and trending slides to support identification of disparities.

9. Voted and Approved

- a. Q3 2025 QIHEC Meeting Minutes were reviewed and approved.

10. Upcoming Meetings

- a. The next QIHEC meeting is scheduled for March 20, 2026.