**AHF/PHP/PHC**
**Quality Improvement Health Equity Committee Meeting**

**Date & Time: September 22, 2025 / 2:00 to 4:00 PM PT**

**Conference ID: Teams Meeting**

| Agenda Item | Discussion | Action Item | Responsible Party | Target Date |
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| Call to Order | Meeting called to order by Dr. Scott Howell at 2:00 PM PST on September 22, 2025. | | S. Howell/D. Stidham | |
| **A. Previous Minutes** | | | | |
| **Review of meeting minutes:** | The committee reviewed the minutes from the May 12, 2025, meeting. A motion to approve the minutes was initiated and seconded without any opposition. | | S. Howell/D. Stidham | |
| **B. Action Item Log** | | | | |
| Action Items Plan Review | The action item from the previous meeting for Michael O'Malley to follow up with Jamie regarding the pending Geo-access report. During the discussion, Sandra noted that the Geo-access report for PHC is complete and Xing stated he will put together the submission to Medicare today and the Geo-access report for PHP will be complete. Given this, the group agreed to close the action item, as both reports can be sent to MPC and then reported up through QHEC in the next meeting. The next action item was directed to Renee Barker for updated slides to be sent to Kassandra regarding the addition of restricted provider database monitoring and other enhancements to the report. Renee Barker stated that she will submit the updated slides to Kassandra today closing out this action item. | | M. O'Malley/R. Barker | |
| **C. New Business** | | | | |
| 2024 QPI Program Evaluation – AHF/PHC/PHP | Kassandra Gomez presented the 2024 QPI Program Evaluation and confirmed that the evaluation was approved via E-vote on July 24th, 2025. Tiffany Jarret noted that the lack of strength in the goals established for the 2025 evaluation and expressed the importance of establishing S.M.A.R.T goals for the upcoming 2026 program evaluation come January. Tiffany initiated a motion to approve; Donna approved the motion and a second approval from Michael. | | K. Gomez | |
| QIHEC Quarterly Summaries | Kassandra Gomez presented the Q1 and Q2 QIHEC summary reports. She stated that these reports have already been submitted and that she just needs to have a motion and approve them. Tiffany initiated a motion to approve; Donna approved motion and a second approval from Michael. | | K. Gomez | |

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| HE Reports | Tiffany Jarrett announced that Health Equity reports will be a standing item in all future meetings. Kassandra Gomez presented the Health Equity reports, highlighting four key focus areas: HEDIS Measures, Language, Demographics, and Communication and Satisfaction Surveys. All data was stratified by race, ethnicity, language, or gender. An Analysis of eye exam compliance revealed higher non-compliance among white patients compared to English-speaking patients. Another analysis focused on GSD > 9% compliance, stratified by race and ethnicity, with findings submitted to NCQA. The team analyzed members and provider language disparities. Data on annual preferred language assessment was shared to PHC California. A member and provider of analysis were conducted to identify care gaps and inform interventions. An analysis of member and provider of race/gender disparities was presented. Kassandra noted ongoing efforts to collect more providers of race and ethnicity data. She demonstrated how this data informs gap identification and supports intervention strategies. Gaps were identified in language services and satisfaction survey data. Kassandra committed to enforcing survey distribution in January and July moving forward. She will collaborate with Michelle and Matthew to manage this process. Kassandra will develop a Translation Request Log to track the translation requests we get for materials for future reporting. She emphasized the importance of evaluating, stratifying, and analyzing collected data. Tiffany Jarrett noted that for the next accreditation survey, emphasis will be placed on the intervention strategies implemented following data analysis. | | K. Gomez | |
| PHC-PHP Clinical Guidelines | Tiffany Jarrett presented the PHP-PHC Clinical Guidelines. She noted that while guidelines are typically updated in December, PHC guidelines need to be uploaded to the website. As a result, PHP guidelines applicable to PHC will be adopted, except for Medicare-related guidelines, which are still pending. For national Medical Guidelines, the team is referencing the DHCS fee schedule and provider manuals to determine clinical criteria. Tiffany requested a motion to approve the adoption of applicable guidelines. Sandra Holzner approved the motion, followed by Michael O'Malley. Anthony Dao raised a question | Review DHCS-specific coverage criteria as they are released and update clinical guidelines accordingly. | A.Dao | |

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| | regarding the criteria used to select guidelines. He noted that DHCS may release special coverage criteria and instruct health plans on recommended standards. PHP currently maintains comprehensive documentation and written criteria for all drugs. For PHC, collaboration will be needed with Dr. Howell or other clinicians to ensure any special criteria released by DHCS is incorporated. | | | |
| QI Reports | Maria Sandoval Navas provided an update on the NCQA accreditation submission, noting that while all documentation has been submitted, several reports require refinement to fully meet NCQA standards. She reviewed the list of annual reports, responsible parties, and enhancements needed, emphasizing that reports must now include both quantitative and qualitative analysis to interpret the context of the data. Reports such as CAHPS, HOS, and HEDIS will be managed by the Quality Improvement team, and the Program Evaluation report will incorporate SMART goals to ensure clarity and measurability. Member movement and care coordination improvements will be addressed by UM and Care Management teams, with NCQA requiring data collection and analysis across practitioners and settings to identify opportunities for improvement. Quarterly reports must also be produced, including cultural competency, bias, and inclusion training attendance (managed by Health Equity and Quality Improvement teams), and the exhaustion of benefits and transition supports report (managed by Member Services and UM). Maria noted she will meet separately with business owners to present the submitted reports and review NCQA expectations. Tiffany Jarrett added that the exhaustion of benefits report will be straightforward for PHC, as there are currently no exhausted benefits, but the report must still be submitted. | | M. Sandoval Navas | |
| Committee Agenda Template Update | Kassandra Gomez introduced the committee's agenda template update. Tiffany noted that it applies to all committees reporting up to QIHEC. Kassandra Gomez explained that the updated template now includes sections for voting members, non-voting members, and the designated scribe, and that this format will be implemented across all committees moving forward. She | | K. Gomez | |



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| | also mentioned that the template has been provided for reference. Tiffany added that the quorum should be clearly defined at the top of the agenda to ensure compliance, and Kassandra agreed to include it in future versions. Tiffany emphasized the importance of this addition to avoid issues with the compliance officer and reiterated that listing voting and non-voting members is now a required part of the agenda format. | | | |
| Review Committee Program Documents | Tiffany Jarrett introduced the topic of committee program documents, noting that all committees reporting to QIHEC should maintain key documents such as program description, charter, work plan, and evaluation. These documents must be reviewed and approved either during the final committee meeting of the year (e.g., December) or at the first meeting of the following year. Tiffany emphasized the importance of timely approval and reporting of these documents to QIHEC, stating that the process is straightforward and essential for compliance. | | T. Jarrett | |
| **D. Committee Executive Summaries** | | | | |
| 1. Communication from the Executive Oversight Committee of the Board of Directors to QIHEC | Tiffany Jarrett addressed the topic of committee program documents, noting that while the EOC is considered the Health Plan Board of Directors due to delegation from the AHF Board, the Department of Managed Health Care (DMHC) has a different interpretation. Sandra Holzner clarified that this is not a matter of opinion but is defined by statute—certain responsibilities within the health plan, including approval of specific quality improvement documents, cannot be delegated to the EOC and must instead be reviewed and approved by the global board. As part of the remediation process with DMHC, the required documents have been submitted to the global board for the current calendar year. Tiffany emphasized the importance of maintaining high standards in documentation, as both NCQA and the global board of directors will now be reviewing these materials. | | D. Stidham/T. Jarrett | |
| 2. Member & Provider | Matthew Hendricks provided updates on Ryan White program activities, noting that the MPR was submitted and the team is back on marketing's project schedule. A meeting was held with data and PR to set up the provider's search tool for the website. For the Houston, TX location, dermatologists have been | | M. Hendricks | |

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| | recruited, and efforts are ongoing to recruit gynecologists. Contract managers shared key updates, including the non-renewal of the Los Angeles County medical subspecialty contract, which has now been added to the AOM contract with a budget of $213,000. The San Diego Ryan White contract will be amended to reduce the budget from $563,000 to $357,000. For PHP and PHC, the PHC provider manual was updated in Q1 and again in August, while the PHP manual is still under revision, with the claims section completed and under departmental review. Updates were made to the provider for post-assessment and RNCM assessment score surveys, which will be finalized after further analysis and implementation of interventions. CMS now requires tracking in-person and online health education sessions for PHP, and that process is underway. A Dental Benefit Utilization Workgroup still needs to be formed to address underutilization. The PHC California Emergency Preparedness and Response Plan was reviewed for visibility. Several PHP and PHC policies and procedures were reviewed and approved. Standing reports included GeoAccess deficiencies for PHC, which will be presented at the next meeting. No grievances were reported for Q1, and improvements to the grievance tracking process are in progress. Six provider orientations were completed in Q1—three for dual providers, two for PHP only, and one for PHC only. Delegation oversight and vendor management highlights included CMS data validation audits for Magellan, Med Impact, and VSP, all with no findings. Magellan issued a termination notice effective 12/31, and new vendor strategies are being explored. Davita reported a ransomware attack, which was filed with DMHC. The Office Ally contract was amended, and Change Healthcare updates are pending. Language Line usage data for Q1 was shared. Health education efforts include summer newsletters for members and providers, and staff education is supporting NCQA health equity accreditation. The PHP TGI training plan is in progress. Dates for the PHP MAC and PPCAC meetings were shared. PHC post-survey analysis showed no major concerns, though responses rated three or below are being addressed. DHCS timely access transportation data for PHC California was presented. Enrollee disenrollment numbers for Q1 were 23 for PHP and 41 for PHC California. Call center performance metrics were reported: Member Services at 98%, California UM at | Tiffany concluded by assigning an action item for Sandra to review the metric, with support from Anthony and Melissa if needed, to determine whether any intervention is required. | | |

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| | 95%, and Pharmacy at 93%. OTC totals were 1,677 for PHP and 4,373 for PHC. The Medi-Cal hold report for Q1 remained consistent, with improved projections for the next quarter. Claims paid and denied were reported by month and line of business. During the discussion, Tiffany Jarrett asked about the pharmacy call center performance, noting the goal is 95%. Melissa Ramos confirmed the reported 93.3% was for the pharmacy help desk, which supports Anthony Dao's team. Anthony clarified that member pharmacy benefit questions typically go through Member Services first, then to the help desk. Sandra Holzner requested clarification on the Part D call center metric, which Melissa confirmed was an internal Q1 report. Sandra noted she had not received that metric and will follow up. | | | |
| 3. Pharmacy | Anthony Dao presented updates on Q3 pharmacy programs and initiatives, beginning with the completion of three Drug Utilization Review (DUR) campaigns, with Medicare focusing heavily on polypharmacy. Two quarters of outreach campaigns are planned for polypharmacy. He reported that the Medication Therapy Management (MTM) program currently has a Comprehensive Medication Review completion rate of 86.5%, a key quality metric for CMS Star Ratings. However, a recent CMS memo indicated that this measure would move to display status for 2025 and 2026, meaning it will no longer count toward the five-star rating. Anthony also reviewed opioid-related programs managed through the formulary by MedImpact, including cumulative dose point-of-sale blocks and opioid-naive day supply blocks. Currently, pharmacies can override soft edits, but beginning in 2026, these will become hard edits requiring prior authorization. He shared updates on Medi-Cal Rx's transition to Prime Therapeutics as the new PBM vendor and noted that limited reporting access has now been granted, including opioid data for PHC members. A snapshot of average morphine milligram equivalency (MME) and medication types (long-acting vs. short-acting) was presented, along with a list of top providers with the most members on opioids. No questions were raised, and Anthony concluded his presentation. | | A. Dao | |

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| 4. Public Policy & Client Advisory Committees | Kassandra Gomez provided an update on the PPCAC meeting, noting that although it was held in Q2, it covered Q1 activities. The meeting had strong participation with 27 attendees, including a higher number of members. Agenda topics included a review of the charter, updates on the TGI training in collaboration with Flux, and community reinvestment efforts. Members were reminded about health screenings and informed about changes to the incentive process. Dr. Khan presented a case study related to a drug trial, and the OTC benefit was discussed in detail due to member questions, including inquiries about gym memberships. A general discussion was held on improving PPCAC, which led to the creation of a Teams FAQ request form that is now distributed at each meeting. Member communication was noted as strong, with positive feedback on health screenings, incentive programs, and the inclusion of member voices in TGI training. Members expressed appreciation for the OTC benefit but requested clearer instructions and more flexibility. Overall, the meeting was considered informative and supportive, with increased attendance and engagement. | | K. Gomez | |
| 5. Credentialing & Peer Review | No Update | | R. Barker | |
| 6. Member Advisory Committee | No Update | | K. Gomez | |
| 7. Risk Management Committee | Tiffany Jarrett presented the grievance summary for PHP and PHC. For PHP, there were 70 total issues reported involving 26 unique members, with high-trending concerns including lack of telephonic accessibility and transportation issues related to Kaizen. Member Services has largely transitioned to using Lyft as a more reliable transportation option. For PHC, 69 issues were reported involving 35 unique members, with similar concerns around telephonic accessibility—specifically, members not receiving timely responses from HCCs or internal departments—and transportation challenges with Kaizen. A breakdown of high-trending sources showed Valley, UM, Westside, and Kaizen as top | Review why UM was a top-trending issue for both PHP and PHC and prepare proposed interventions for discussion at the next meeting. | E. Beneche / T. Dubuisson | |

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| | contributors for PHC, while PHP trends included Westside network providers or specialists, Valley, Kaizen, and UM. | | | |
| 8. Infection Prevention & Control | Deferred | | S. Burstin | |
| 9. Utilization Management | Tiffany Jarrett presented the aggregated committee report, highlighting that action items related to inpatient utilization were addressed. Magellan shared data on outpatient utilization and care management challenges, specifically regarding a member with repeated readmissions who declined care management services; Magellan will continue outreach unless care is explicitly refused. Although Magellan's involvement ends on 13/21, they will maintain delegated services through the contract duration. Updates were made to the UM program description and work plan to align with new standards, and the charter was reviewed with no changes for 2025. Voting and non-voting members for VSP were clarified, and concerns remain about low utilization, particularly for retinal eye exams among HCC patients. The Nurse Advice Line report is still in progress, with Melissa Ramos confirming ongoing work to differentiate data between plans and HCCs. The importance of accurate reporting was emphasized, and this remains an action item. The committee also reviewed the MLR and risk adjustment reports, network issues, and approved UM policies and procedures. PHC California reported a Q2 HRA metric of 75.45%, while PHP reported 82.79%, indicating strong performance. Utilization turnaround times were compliant, and the utilization dashboard and HEDIS data will be reviewed during the meeting. | | T. Dubuisson | |
| **E. Standing Reports (Plan)** | | | | |
| 1. Utilization Dashboard | Tiffany Jarrett presented key utilization and cost metrics for PHP and PHC. The average length of stay was 7.5 days for PHC and 6.5 days for PHP, with 9 and 12 admissions respectively. Emergency Department (ED) visits per thousand were similar across both lines of business, averaging in the upper 500s. Total costs for Q2 were approximately $830,000 for PHP and $500,000 for PHC. Projected quarterly costs were $4.4M for PHP and $6.9M for PHC, while actual costs were significantly lower at $1.8M and $500,000 respectively. Dr. Hamwi was identified as having the highest utilization among providers, marking a significant outlier. | Develop and present case studies for high-cost members, detailing the utilization management (UM) and quality interventions implemented. These case studies will be submitted to the Utilization Management Committee (UMC) | S. Howell | |

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| | Dr. Luong had the highest average length of stay. A redacted slide highlighted high-cost patients, with one PHP patient accounting for over $500,000 in inpatient costs at Keck/USC. Other high-cost patients were treated at Cedars, St. John's, Dignity, and Good Sam. The team discussed the need to analyze these cases and document interventions to demonstrate that these were not avoidable admissions. Donna Stidham emphasized the importance of having a case report, analysis, and post-discharge action plan for each high-cost patient to meet NCQA documentation standards. Scott Howell confirmed that the team has the necessary data and will comply with documentation requirements. | for review and will be documented in the UMC minutes. | | |
| 2. QI & Accreditation Update | Tiffany Jarrett provided an accreditation update, stating that the health plan's accreditation submission has been completed, and the onsite review is scheduled for October 27th. All responsible business owners involved in the accreditation survey are required to be present onsite during the review. Additionally, for the health equity component, supporting documentation has been resubmitted, and the team is currently awaiting feedback from the audit team. Once the feedback is received, it will be communicated to the broader team. | | T. Jarrett | |
| 3. HEDIS/STAR Ratings Update | Ermias Yebelay presented updates on HOS, CAHPS, and HEDIS performance, noting that three HOS measures—urinary incontinence, physical activity, and fall risk management—impact Star Ratings, but none are currently reportable due to low response counts. Fall risk discussions were just one respondent short of being reportable, prompting a push for provider education. CAHPS results for PHP California showed improvements in some areas but declines in ease of filling prescriptions, rating of healthcare quality, and access to care. Tiffany Jarrett emphasized the need for pre-CAHPS member feedback and noted a new specialist survey is underway. Anthony Dao and Emelyn Beneche discussed pharmacy-related issues, and Anthony offered to investigate further. Ermias recommended expanding urgent care and telehealth, improving provider communication, and monitoring pharmacy turnaround times. Additional low- | Ermias to create internal surveys to gather actionable member feedback ahead of the official CAHPS survey. | E. Yebelay | |


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| | performing measures include advanced care planning (being addressed via the Five Wishes program), eye exams (billing issues now resolved), and TRC (expected to improve with hybrid abstraction). Quateka Cochran asked about Athena documentation, and Tiffany clarified coding requirements. Anthony and Ermias agreed to reconcile discrepancies in statin therapy adherence data. Depression screening follow-up rates are low and will be addressed through updated HEDIS coding. CAHPS results for PHC California showed declines in call center ratings, access to care, and customer service. Tiffany outlined a plan for Ermias' team to collaborate with business owners to develop targeted interventions. Urgent care access was clarified to include same-day PCP visits. Melissa Ramos confirmed CAHPS call center ratings refer to the health plan, not clinics. Proposed interventions include call center staff training, network adequacy reviews, and streamlined scheduling. Blood pressure control and colorectal cancer screening were also flagged for improvement. The team anticipates a 4-star rating for both Part C and D in 2026, a 0.5-star increase from the previous year. | | | |
| 4. Viral Load Suppression | Joshua Duque presented the Q3 report, which included deferred Q2 results. For the PHP California population, there were 58 active patients during the measurement period, with 79% having a CD4 count greater than 300, 86% achieving a viral load under 200, and 71% meeting both metrics. For the PHC California population, there were 76 active patients, with 76% having a CD4 count greater than 300, 80% achieving a viral load under 200, and 66% meeting both metrics. While both plans demonstrated strong performance, the variation in patients meeting both metrics highlights an opportunity for improvement, particularly in light of a 40% increase in active patients across both plans. These findings will inform targeted outreach and support efforts to address care gaps. | | J. Duque | |
| 5. Medical Risk Adjustment | Thomas Twentyman provided an update on Annual Wellness Visit (AWV) completion rates, reporting that completion through the end of Q2 was at 64% and has since increased to approximately 70%. With Q3 ending next week, he plans to conduct a detailed data review and will follow up with clinics to ensure all urgent cases have been addressed. By the week of October 10th, he will provide the team with a list of PHP members for whom all risk adjustment and | | T. Twentyman | |



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| | clinic outreach efforts have been exhausted. This list will help identify remaining barriers to completing face-to-face visits and guide the next steps for closing care gaps. | | | |
| 6. P&P's | Sandra Holzner explained that the spreadsheet presented includes items highlighted in yellow, which were previously approved via email or ad hoc meetings. Items highlighted in orange have been reviewed by subject matter experts (SMEs) as part of NCQA or regulatory updates and have already been filed with DMHC and DHCS. As these policies and procedures have received regulatory approval, the committee was asked to formally approve them for documentation purposes. A motion to approve was made by Tiffany Jarrett and seconded by Thomas Twentyman. | | S. Holzner | |
| **F. Standing Reports (AHF)** | | | | |

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| 1. Ryan White Quality | Neil Walker provided updates on Ryan White Quality Management activities across the East Coast and Southeast. AHF Jackson hosted a successful HRSA site visit in Mississippi, and a grant application was submitted for Fulton County, Georgia, with Quality Management support. Viral load suppression rates in several Southeastern EMAs were highlighted as exceeding 92%, outperforming national averages. AHF is also participating in the CQII Care Collaborative focused on retention and viral suppression, with involvement from Broward and Fulton Counties. Sandra Najuna shared updates from the West, including in-person CQM trainings for Los Angeles and Texas sites, successful implementation of a new substance use screener in Athena (replacing a custom form), and a San Bernardino audit with no QM findings. She also mentioned a trauma-informed care collaborative in Dallas, with plans to expand successful interventions nationally. Tiffany Jarrett confirmed that only data from the new screener (post-June 1) will be used in reports and assigned an action item for Sandra, Maria Hobbs, and Joshua Duque to run and compare viral suppression reports from different sources to identify potential data discrepancies. Sophia Clemmons concluded with updates from the West Coast, including ongoing HCC quality meetings, quarterly report submissions for multiple counties, and a successful in-person Client Advisory Board meeting in Tacoma, which led to the launch of peer support groups in response to client feedback. | Run and Compare Viral Suppression Reports<br><br>Sandra Najuna: Run HAB measures report for Los Angeles.<br>Maria Hobbs: Run viral suppression report from Athena.<br>Joshua Duque: Compare both reports to BI Portal data to identify discrepancies. | N. Walker-(East)<br><br>S. Najuna-(West)<br><br>S. Clemmons-(PNW) | |
| 2. Public Health Division Report/Linkage | Deferred | | M. Gorre | |
| **E. Open Discussion** | | | | |
| **Adjourn** | | | S. Howell/D. Stidham | |


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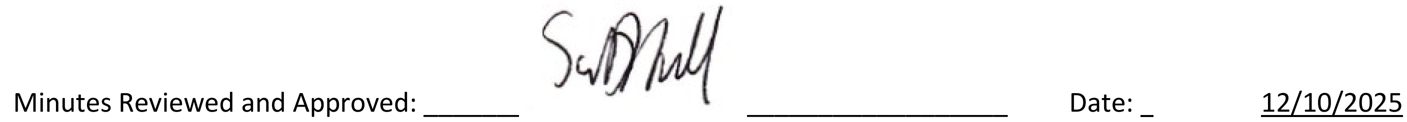
| **Next Meeting: TBD**<br>Reports and documents are due two weeks prior to scheduled meetings. | | | | |



Minutes Reviewed and Approved: _______ ___________________ Date: _ 12/10/2025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